

2015

General Education Diploma Students' Familial Attachment Experiences Influencing Premature High School Departure

Tonya Suzanne Wright-Stone
Walden University

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>

 Part of the [Counseling Psychology Commons](#), and the [Educational Psychology Commons](#)

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Counselor Education & Supervision

This is to certify that the doctoral dissertation by

Tonya Wright-Stone

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee

Dr. Laura Haddock, Committee Chairperson, Counselor Education and Supervision Faculty

Dr. Barbara Benoiel, Committee Member, Counselor Education and Supervision Faculty

Dr. Jason Patton, University Reviewer, Counselor Education and Supervision Faculty

Chief Academic Officer
Eric Riedel, Ph.D.

Walden University
2015

Abstract

General Education Diploma Students' Familial Attachment Experiences Influencing Premature

High School Departure

by

Tonya S. Wright-Stone

MED, Clemson University, 1998

MED, Converse College, 1994

BA, University of South Carolina at Spartanburg, 1989

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Counselor Education and Supervision

Walden University

December 2014

Abstract

Lowered academic achievement and premature departure from high school continue to plague the educational system, creating the need for greater insight into experiences affecting students' classroom performance. Much is known about academic achievement; however, less research has focused on the role of familial attachment on premature departure from high school. Guided by attachment theory, the purpose of this interpretative phenomenological study was to gain insight into General Education Diploma (GED) students' familial attachment experiences influencing premature departure from high school. The research questions focused on GED students' primary caregiver and educational experiences. Participants (n = 14) consisted of current or previous GED students 18-30 years of age. Data were gathered from semistructured interviews and a Life Map used to capture expression of feelings through symbols. Interview transcriptions were hand-coded by bracketing words and phrases for composite textual descriptions. Data interpretations were bolstered by committee member checking and participants' review of extracted data. Findings revealed a close connection between the types of attachment formed with primary caregivers and early departure from high school, but participants were more strongly influenced by external influences such as relationship conflicts, health crises, domestic violence, abuse, loss, and paternal abandonment. This study offers insight to educators, counselors, and those within the criminal justice system on these students' emotional and mental needs.

General Education Diploma Students' Familial Attachment Experiences Influencing Premature

High School Departure

by

Tonya S. Wright-Stone

MED, Clemson University, 1998

MED Converse College, 1994

BA, University of South Carolina at Spartanburg, 1989

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Counselor Education and Supervision

Walden University

December 2014

Dedication

This study is dedicated to all the students who work diligently to overcome the gap created relationally because of experiencing ambivalent and avoidant familial attachment type with their primary caregiver.

Acknowledgments

To my husband, who has been a constant source of empowerment, your words of encouragement and belief in me have made all the difference. To my children, your sacrifices have been enumerable, and I am so grateful and blessed to have such loving, caring, and giving children; thank you for giving me room to live my dream. To my parents, thank you first and foremost for leading me to the one true source of my life, My Lord and Savior, Jesus Christ, and thank you for modeling determination, dedication, and commitment and most of all, unconditional acceptance and love.

To Dr. Laura Haddock, thank you for being an ever-inspiring presence over the last 4 years, you have breathed life into my hope and dreams. To Dr. Barbara Benoliel, thank you for being a constant presence along my pathway as a novice qualitative researcher; your belief in me helped me to soar to new heights. To Dr. Jason Patton, thank you for dedicating your time and effort; your pursuit of excellence has been an inspiration.

Finally, I thank my creator, the Almighty God, who without his source of strength and constant presence, I would never have achieved this milestone.

Table of Contents

List of Tables	ix
Chapter 1: Introduction to the Study.....	1
Background.....	1
Statement of the Problem.....	9
Purpose of the Study.....	12
Research Questions.....	12
Theoretical and Conceptual Framework for the Study	12
Nature of the Study.....	13
Definitions of Terms.....	17
Assumptions.....	19
Scope and Delimitations	19
Limitations	20
Significance.....	20
Summary.....	21
Chapter 2: Literature Review.....	23
Introduction.....	23
Methods Used to Review Literature	24
Research Strategy.....	24
Purpose of the Research.....	25
Overview of Premature Departure from High School	25
Familial Attachment and Bonding.....	27

Attachment Theory’s Origin	29
Strange Situation Supporting Attachment Theory	31
Secure Attachment	33
Ambivalent Attachment	35
Avoidant Attachment	36
Attachment Theory and Familial Influences.....	39
Attachment Type Influences Over One’s Lifetime.....	39
Familial Attachment and Students’ Perceptions of Academic Achievement	40
Conceptual Framework.....	41
Emotional Mental Wellness.....	42
Familial Stressors.....	42
Socialized Children and Academic Success	45
Academic Achievement	45
Premature Departure from High School and Adult Education	47
Summary	49
Chapter 3: Research Method.....	53
Introduction.....	53
Criteria for Research.....	54
Research Design and Rationale	57
Role of the Researcher	59
Methodology	60
Procedures for Recruitment, Participation, and Data Collection	61

Selection of Participants	61
Data Collections.....	62
Interview Process	64
Interview Questions	65
Interview Questions and Review of Literature Connectedness	66
Initiation of Study and Invitation of Participants Letters.....	67
Predata Collection Observation of Participants/Bracketing	67
Ethical Concerns	69
Data Analysis Plan.....	70
Data Analysis	70
Issues of Trustworthiness.....	72
Credibility and Internal Validity.....	74
Transferability and External Validity	75
Ethical Procedures	76
Summary	77
Chapter 4: Results	78
Introduction.....	78
The Research Purpose and Questions	79
Setting	79
Demographics	81
Data Collections.....	82
Participants Profiles	84

Participant 20A	84
Participant 20C.....	84
Participant 20D	85
Participant 20G	86
Participant 20H	87
Participant 20I.....	88
Participant 20J.....	88
Participant 20K	89
Participant 20L.....	90
Participant 20M.....	91
Participant 20N	92
Participant 20O	92
Participant 20P	93
Participant 20Q	94
Data Analysis Process.....	95
Codes	96
Themes.....	97
Results.....	98
Life Altered by Disruptive and Stressful Events	133
Father Absenteeism.....	134
Caregiver Divorce/Separation.....	136
Mother’s Absence	137

Moving/Transferring School.....	137
Parental Role Reversal.....	138
School Discipline	139
Loss	139
Caregiver Substance Use	142
Participant Substance Use.....	142
Alternative Schooling	143
Fugacious Childhood	144
Mom/Dad Incarcerated (Absent)	145
Broken Trust	145
Abandonment (Father).....	146
Abandonment (Maternal).....	148
Physical/Sexual/Molestation/Incest/Abuse	148
Teen Pregnancy.....	149
Bullying.....	149
Special Education Placement.....	150
Risk Factors Associated with Educational Difficulties	150
Socialization Influences Associated with Educational Difficulties	152
Caregiver Present Influencing Early Childhood and Elementary Education	
Years	152
Caregiver Present and Influencing Middle School Years.....	155
Caregiver Present and Influencing High School Years	158

Caregivers Belief about Getting an Education.....	160
Stresses Influencing Risk Factors Associated with Educational Difficulties	161
Learning Disabled and Received Special Educational Services	162
Influences on Participants’ Early Departure from High School	163
Song, Poem, Movie, or Book Title Representing Participants’ Life	165
Life Map.....	171
Birth to 2 Years of Age.....	173
3-5 Years of Age.....	174
6 to 12 Years of Age	175
13-15 Years of Age.....	176
16-18 Years of Age.....	177
19-21 Years of Age.....	178
22-25 Years of Age.....	179
25-30 Years of Age.....	179
Evidence of Trustworthiness.....	180
Credibility	180
Transferability.....	181
Dependability and Confirmability	181
Summary.....	183
Chapter 5: Discussion, Conclusions, and Recommendations	185
Introduction.....	185
Interpretation of the Findings.....	187

Common Traits and Characteristics.....	188
Attachment Theory	188
Primary Caregivers	189
Attachment Type and Influence.....	193
Emotional and Mental Consequences.....	198
Life Events and Stressors.....	200
Attachment and Trauma.....	202
School, Peer and Academic Influences.....	204
Early Childhood Years.....	205
Elementary School Years.....	207
Middle School Years.....	208
High School Years	209
Limitations of the Study.....	212
Researcher as Instrument of Research	214
Recommendations.....	216
Strengths Influences.....	217
Limitations Influences	218
Implications.....	219
Implications for Social Change.....	220
Methodological Implications	221
Theoretical Implications	222
Empirical Implications.....	223

Recommendations for Practice	223
Conclusions.....	224
References.....	227
APPENDIXES	243
Appendix A: Informed Consent Letter	243
Appendix B: Cooperation from a Community Research Partner	248
Appendix C: Formal, Open-Ended Questioning Guide (Protocol) for Researcher	249
Appendix D: Counseling Services & Self-Help Guide.....	250
Appendix E: Data Collection Coordination Request	251
Appendix F: Letter to Prospective Participant.....	252
Curriculum Vitae	253

List of Tables

Table 1. Demographics	82
Table 2. Themes Identified in the Study	99
Table 3. Primary Caregiver Attachment Type	100
Table 4. Participants' Primary Caregiver Description	105
Table 5. Secondary Caregiver Attachment Type	111
Table 6. Health or Medical Conditions	126
Table 7. Life Altering Disruptive and Stressful Events	134
Table 8. Family Influences Risk Factors Associated with Educational Difficulties	151
Table 9. Socialization Influences Risk Factors Associated with Educational Difficulties	152
Table 10. Stresses Influencing Risk Factors Associated with Educational Difficulties .	162
Table 11. Primary Caregiver Influence on Premature from High School	163
Table 12. Song, Poem, Movie or Book Title Representing Life	167
Table 13. Life Map Results.....	173

Chapter 1: Introduction to the Study

Background

The phenomenon of lowered academic achievement and students who prematurely departed from high school continues to plague the educational system. The National Center for Educational Statistics (NCES; 2009, 2014) analyzes data collected from public schools throughout the United States providing statistical reports for enrollments and dropouts. One way the NCES tracks students is through the True 9 status (NCES, 2009). Beginning with initial Grade 9 enrollment, students are identified as true freshman (True 9) and are tracked for 4 years to determine the percentage of students who complete high school in 4 years. Students who prematurely depart from high school are coded as a high school dropout, unknown status, or withdrawn unknown. In 2009, students in Grades 9 through 12 equaled 2, 619, 425; of these 267, 999 males and 198, 699 females failed to complete high school in a 4-year period. Statistics continue to reveal premature departure from high school is an ongoing national dilemma; a dilemma for which numbers expose a problem but thus far society as a whole has failed to remedy.

One of the first remedying approaches to premature departure from high school dates back to World War II. Adult education was implemented during the Second World War as a means for soldiers returning from the war to finish their high school education; the General Education Diploma (GED) was originally available only to veterans (Rachael & Bingham, 2004). A GED is equivalent to a high school diploma and is obtained by taking the General Education Exam and earning a passing score. In the 1940s, The American Council on Education began to offer GED programs to the general population.

By 1974, each of the 50 states offered a GED program as a means of obtaining an equivalency to a high school diploma; still today, GED programs exist throughout the nation to bridge the gap for those who prematurely depart from high school (Smith, 2003).

Attachment types are based on the findings of studies conducted by Bowlby (1988) and Ainsworth (1989). Behaviors occurring when primary caregivers are absent were observed by Bowlby (1988) and later named to indicate the relationship bond developed between a primary caregiver and child. Types of attachment, secure, ambivalent, and avoidant develop in first years of one's life (Ainsworth, 1989). A secure attachment occurs when a primary caregiver meets and exceeds a child's needs on a consistent basis. Ambivalent attachment result when a child's needs are met partially and irregularly. Finally, avoidant attachment result when a child's needs go unmet due to his or her caregiver being unreliable, inconsistent, and unavailable (Ainsworth, 1989).

Larose, Bernier & Tarabulsy (2005) conducted a study involving family influences on academic achievement; the results of this study determined a relationship exists between family members' influences and academic achievement. Familial relationships influence academic achievement however; the actual experiences occurring in the relationships are not clear and warrant further study.

Research regarding premature departure from high school is heavily supported through quantitative data. Little research was found that investigated the lived experiences of adult GED students and their familial attachment influences, particularly on academic achievement. This lack of research warranted a qualitative study aimed at

gaining insight and understanding into the lives of adult GED students and their primary caregiver's familial attachment influences. Teo et al. (1996) identified that the home environment has a significant influence on the attachment type developed between a child and his or her primary caregiver. Gaining insight into experiences occurring within the home provided insight into adult GED students' perceptions of their primary caregiver relationship affected them academically, mentally, emotionally, and socially.

The purpose of this qualitative interpretative phenomenological study was to gain insight into the lived experiences of adult GED students who prematurely departed high school and perceptions of their primary caregiver's familial attachment influences. Hammond, Linton, Smink, and Drew (2007) discovered in their research, 40% of students identified family as influencing their premature departure from high school. When considering family influence, gaining insight into the lived experiences of the home, day-to-day routines, interactions, conversations, familial relationships, and other experiences were pertinent to this study.

Mental stability and instability, emotional ineptness, immaturity, and socialization were found to affect academic achievement (Jacobsen & Hofmann, 1997; Larose & Roy, 2005; Teo, Carlson, Mathieu, Egeland, & Sroufe, 1996. Borelli et al. (2008) discovered students' academic achievements are directly influenced by stress; lower stress equated to higher achievement, and higher stress equaled lower achievement. Stress has many different forms and meanings; stress for one may not be stress for another. Therefore, the need to study the lived experiences, of familial stressors, for those who prematurely depart from high school exists.

Over the last 3 decades, studies involving academic achievement have revealed individuals' mental wellness directly influences learning (Bernier, Larose, Boivin, & Soucy, 2004; Borelli et al., 2010; Bretherton, 1992; Rogers, Ozonoff, & Maslin-Cole, 1991). Studies involving familial attachment and its influence on academic achievement are minimal; however, I was able to find two such studies that determined students who had secure attachment were more apt to explore their educational surrounding, resulting in greater academic success (Borelli et al., 2008; Larose et al., 2005). Proceeding with this knowledge, more needs to be known about familial attachment types and the perceived influences these have on academic achievement. Gaining an understanding of common familial attachment experiences, shared among adult GED participants, increases awareness of influences affecting their education.

Hickman and Heinrich (2011) discovered common traits exist as early as kindergarten among students who prematurely departed high school. These findings are supported by Borelli et al. (2008) and Larose et al. (2005), whose findings concluded, family stress is a primary influencer upon one's academic achievement. Proceeding with the knowledge, a list of common traits exists, further insight into the lived experiences, life stressors, familial attachment types, and how adult GED students perceived these influenced them academically, mentally, emotionally, and socially was warranted. Furthermore, gaining perspective into lived experiences of the GED student who prematurely departed from high school, provided insight into their perceptions of how this affected them on multiple psychological levels.

Other studies looked at influences such as socioeconomic status, academic teacher reports, behavioral assessments, and peer experiences as influencing a student's early departure from high school (Larose & Roy, 2005; Ve`ronneau, Vitaro, Pedersen, & Tremblay, 2008). These experiences significantly affect attachment influences. Within the family, primary caregiver, familial attachment is a primal influence and affects one throughout his or her lifespan (Bowlby, 1988). Gaining insight into how the adult GED student perceived this relationship will further the body of research involving attachment and create awareness regarding influences on premature departure from high school.

Hickman, Bartholomew, Mathwig, and Heinrich (2008) evaluated school records of those who prematurely departed high school and found academic performance discrepancies existed as early as kindergarten (Hickman et al., 2008). From this study, Hickman et al. developed an at-risk list consisting of common factors shared among those who prematurely departed high school. Further research will add to existing data and provide insight and understanding of how adult GED students perceived their experiences with the primary caregiver influenced their lives, specifically premature departure from high school.

Various influences affect individuals throughout their educational experiences and affect their psychosocial development. Psychosocial development is defined as connections existing between social and psychological development (Munley, 1975). Psychosocial influences include environmental factors, parental influences, and stressors directly affecting the development of an individual (Erikson, 1968). Aforementioned research, identified influences as early as kindergarten affect student learning and

potentially leads to premature departure from high school (Hickman et al. 2008). Familial influences, socialization, environment, and stress can affect psychosocial development. More research is needed as a means for potentially providing insight and understanding into how these experiences affects the lives, specifically academic achievement, of those who prematurely depart high school.

Ainsworth (1990) found students who navigated their surroundings were better at socializing and interacting among strangers and peers. Socially competent students freely navigate their surroundings and become comfortable with classmates, thus taking more risk in the classroom. Those who are socially inept continue to distance themselves, resulting in lowered academic achievement (Ainsworth, 1990). Positive socialization in early childhood is a prerequisite for students' safe and free navigation of the classroom. Influencing a student's psychosocial development, maintaining emotional regularity and using interventions to influence peer interactions could yield fewer students departing from school early. In conjunction with current research, more information will possibly bridge the gap providing insightful understanding of the lived experiences and influences on psychosocial development.

Moreover, primary caregiver attachment is the precursor for which all other attachments occur, therefore, familial relationships influence trust and security development (Ainsworth, 1989; Sroufe, 1985). Lowered academic achievement has been connected with conflict occurring within the family (Larose et al. 2005). Attachment with the primary caregiver influences the type of lens (secure, ambivalent, or avoidant) from which the world is viewed (Ainsworth, 1989; Larose et al. 2005). Ainsworth found the

lens used to view one's world is affected by conflict. Studying life experiences of those who prematurely departed high school provided insight into the types of conflicts occurring relationally and in the home.

Following the basis of Bowlby's theory, safety and security are the foundation upon which a secure attachment develops between a child and his/her primary caregiver. The attachment occurring between caregiver and child has the power to dictate relationship for the remainder of an individual's life (Sroufe, 1985). Attachment influences, potentially affect an individual during multiple phases of life, especially the school years where interdependence and interactions occur on a daily basis (Ainsworth, 1989; Hickman & Heinrich, 2011). Bowlby (1988) and Ainsworth (1989) determined that the bond between a child and his/her primary caregiver develop either securely or insecurely, and impacts him or her on many psychological levels (academic, mental, emotional, and social).

In the early years, the absence or presence of safety influences the child mentally and emotionally (Bowlby, 1988). There is a great deal of information about the three types of attachment; however, limited information exists regarding how these attachments influence the learner. Borelli et al. (2010) provided evidence that a child's attachment with peers and teachers influences academic achievement. Research data exist about the types of attachment bonds but are lacking in the actual experiences of these influences.

Borelli et al. (2010) determined in their research, children who feel secure and safe are more apt to navigate their surroundings, strongly suggesting that securely

attached children are higher achievers. On a similar note, Ve´ronneau et al. (2008) compiled strong evidence that students who were from lower socioeconomic groups, lived in stressful homes and experienced poor parenting practices were prone to premature departure from high school. Linking these study’s findings, insecure attachment bonds, stressful homes, and psychosocial development strongly influenced early departure from high school (Borelli et al. 2010; Ve´ronneau et al. 2008).

Additionally, Hammond et al. (2007) found parental influences such as day to day routine, work ethic, dependency upon outside sources for income (government assistance), and values placed upon education affect academic achievement. For a minimum of 18 years, GED students’ lives are affected by their primary caregiver therefore; gaining insight into the participants’ parental influences shed light on the meaning of these experiences as perceived by the participants. Students who fail to complete high school create economic hardship upon themselves and the community in which they live (Orfield, Losen, Wald, & Swanson, 2004). Students, who fail to finish high school, lack the necessary job skills, often setting up a potential lifelong dependency on government aide resulting in a societal burden (Orfield et al., 2004).

Further study of familial attachment types and stressors in the home provided understanding of how this relationship influenced the adult GED students’ primary and secondary educational experiences. Using the at-risk list of common characteristics developed through research conducted by Hickman and Heinrich (2011), interview questions were created aimed at getting to the essence of primary caregiver familial attachment experiences as perceived by the adult GED participants. Because of this

research, the findings informed a new level of advocacy on behalf of those who exhibit at-risk characteristics common with those identified in this study. Furthermore, effectively influencing students identified as at-risk for premature departure from high school will further develop the way educators intervene and provide programs to keep these students in school. The shared experiences among participants from this study and using information that already exists can assist in developing individual plans for at-risk students. The findings of this study provided common characteristics compared with intervention and prevention models that best meet academic, individual, and family needs. Meeting the needs of these students may influence their classroom performances, thereby potentially decreasing the number of students who prematurely depart from high school.

This chapter will define the problem statement, state the purpose of the study, identify the review questions, outline the theoretical and conceptual framework, discuss the nature of the study, identify and define terms, and provide the scope, delimitations, and limitations of this study. An overview of the study and significance infused throughout the chapter and finally a summarization will provide a transition for Chapter 2.

Statement of the Problem

Family stressors as well as cultural and individual differences have a direct impact on learning (Bernier et al. 2004; Hickman, et al. 2008; Jacobsen & Hofmann, 1997; Moss & St-Laurent, 2001; Teo et al. 1996; Ve´ronneau et al. 2008;). The greatest influential predictor of one’s ability for safe and curious navigation of his or her surroundings is

impacted by the primary caregiver familial attachment type developed during the early years of life (Ainsworth, 1990; Bowlby, 1982). Children who form secure attachments are more apt to explore their surroundings because of feeling safe and secure (Ainsworth, 1990). Ainsworth discovered children who develop ambivalent or avoidant attachments with their primary caregiver are adversely affected both emotionally and mentally, seldom finding the level of safety and security of those who have secure attachments. Currently, limited research exists related to adult GED students who prematurely departed high school and how the familial attachment bond influenced his/her life experiences.

As previously stated, much exists statistically about high school dropouts. In the United States of America, academic achievement has long been associated with the successful completion of 12 grades of education. Stakeholders in the educational process are inundated with quantitative data regarding high school dropouts; however, what influence familial attachment and stressors have on early departure from high school is unknown. Researchers have looked at the relationship between academic achievement and mental health, and the findings strongly suggested mental health influences student's achievement (Larose & Roy, 2005). Mental health is associated with mental and emotional wellness, partially dependent upon the familial attachment type developed with the primary caregiver, formed at the earliest point in life between a child and the primary caregiver (Ainsworth, 1989; Bowlby, 1988).

The types of attachment, secure, ambivalent, or avoidant occur in early infancy and continue to influence one throughout their lifespan (Ainsworth, 1989). Family

structure, stressors and conflict directly influence relationship experiences between caregiver and child (Larose & Roy, 2005). Orfield et al. (2004) determined mental and emotional wellness is impacted by family structure, and when changes occur, children experience stress, potentially lowering their academic achievement. Furthermore, changes in the parent-child relationship potentially impaired the emotional and mental wellness of the child. Orfield found emotional and mental impairment were traced to changes in relationships between child, school, and home. Similarly, Hammond et al. (2007) found that family stressors influence students, potentially placing them at-risk for early departure from high school.

Continued study of predictors influencing premature departure from high school was needed to build upon current prevention and intervention practices as well as create new model approaches. In this study, adult GED participants provided a looking glass back in time through shared lived experiences. The lived experiences provided insight into how their familial attachment bond with their primary caregiver influenced them academically, mentally, emotionally, and socially. As previously mentioned, much is known quantitatively about students' academic achievement; however, little is known about the adult GED student who prematurely departed from high school and his or her familial attachment life experiences and influences upon academic achievement.

Research is lacking that links lived experiences of social, emotional, and mental stressors and common at-risk characteristics exhibited as early as kindergarten for those whom prematurely departed high school. Familial attachment and the day-to-day interactions influencing premature departure from high school provided insight into

shared characteristics existing among those who drop out of high school and enter a GED program. Furthermore, the means for developing a list of common characteristics shared among those who prematurely depart from high school is based on the perceived attachment bond that exists between adult GED participants and their primary caregivers.

Purpose of the Study

The purpose of this qualitative hermeneutic (interpretative) phenomenological study was to gain insight into the lived experiences of adult GED students who prematurely departed high school and their perceptions of their primary caregiver familial attachment influences.

Research Questions

Central question: What are the experiences of primary caregiver attachment among GED students? In further dialogue, some of the subquestions I explored included the type of attachment, familial stressors, academic achievement influences, and mental, emotional, and social influences within the home and school.

- How do GED participants describe the attachment type they developed with their primary caregiver?
- What do GED participants recall about their early childhood educational experiences?

Theoretical and Conceptual Framework for the Study

Attachment is a connection occurring between two individuals based on an experiential relationship (Ainsworth, 1990; Bowlby, 1982). Attachment theory is the foundational theoretical development used for this study. Ainsworth (1990) identified

three levels of attachment: secure, avoidant, and ambivalent. Familial attachment type between adult GED students who prematurely departed high school and their primary caregivers researched in this study were used to add to the current research regarding the premature departure from high school and the influences that shaped learning as well as mental and emotional wellness.

Considering the research of Larose and Roy (2005), parental influence seemingly has both a positive and negative impact on a student's educational success. Parental influence is the day-to-day interaction that occurs within the home; these influences can be modeled or developed by expectations set forth by parents. Parental influence begins at birth when the primary caregiver's role meets the needs of an infant (Ainsworth, 1990). Parental influences significantly affect the type of attachment bond developed between a child and his or her primary caregiver. Bowlby (1982) and Ainsworth (1990) identified attachment as the bond that develops between a child and his or her primary caregiver. For the purpose of this research, attachment theory provided the conceptual framework and the basis for understanding the types of attachments discussed by the GED participant.

Nature of the Study

In this hermeneutic (interpretive) phenomenological study, gaining insight into the phenomenon of familial attachment as perceived by adult GED participants provided a lens into how the familial attachment experienced with their primary caregiver influenced them academically, mentally, emotionally, socially, and specifically their early departure from high school. Hermeneutic is best described as interpretative, an art

for interpreting historical experiences for understanding (Miles & Huberman, 1994). Greek philosophers were the first to employ hermeneutics as a means for understanding linguistic expression (Miles & Huberman, 1994). The study of meaning derived from language is century's old, using oral and written language to gain understanding and insight. For the purpose of this study, understanding how adult GED participants perceived their familial attachment type influenced them academically, mentally, emotionally, socially, and specifically their early departure from high school was best achieved by using a hermeneutics approach.

The setting of this study took place in a rural southeastern state within the perimeter of three counties in which GED programs exist for adults who return to the classroom to obtain the equivalency of a high school diploma. Candidates for participation included adults currently or previously enrolled in an adult GED program. Interviews took place at two sites selected by participants based on convenience and limited transportation. In addition to interviews, participants completed a Life Map (Trent, 1998). I believed interviewing adult GED students would provide insight and understanding of how they perceived their attachment experiences with their primary caregiver influenced premature departure from high school. The interviews further provided insight into the influences of family stressors and the participants' perspective of how this affected their relationship with their primary caregiver and vicariously influenced their education.

For the purpose of this study, I conducted interviews to obtain the lived experiences of adult GED participants who prematurely departed from high school and

how their primary caregiver familial attachment type influenced them; these transcriptions' analyses identified common experiences. In addition, participants used a projective style assessment known as Life Map (Trent, 1998) as a means for expressing life experiences. The Life Map (Trent, 1998) uses road signs to identify life experiences. I provided the participant open ended questions that gave an opportunity to share the richness of their familial attachment life experiences and how these experiences have affected them academically, mentally, emotionally, socially, and specifically their early departure from high school. In Chapter 3, I discuss the methods used when interviewing participants, obtaining their choice of a movie, poem, music, or book title best representing their familial attachment relationship as well as their Life Map (Trent, 1998) choices.

Sampling in a qualitative study most often uses small samples yet obtains details embedded in the participants' lived experiences (Miles & Huberman, 1994; Patton, 2002;). Patton (2002) found there are no true rules when choosing a sample size. Therefore, research sampling began with recruiting a minimum of 15 adult GED participants aged 18 to 30 who prematurely departed from high school. Maxwell (2005) reminded researchers that qualitative sampling is not just about the interview but also the setting, events, and processes involved in the participant's life that influenced their choices. Hence, determining a meaningful and purposeful sample is necessary to being an effective qualitative researcher (Creswell, 2007). I conducted interviews at the participants' requested sites within the communities where adult participants are currently enrolled in GED classes. After reviewing and organizing data into themes, a second

interview occurred in which adult GED participants reviewed my interpretations for accuracy, thus employing triangulation. Reviewing transcriptions for accuracy and extracted meanings, written as themes and codes with the study's participants, provided an accurate understanding of the influences they perceived that their primary caregiver familial attachment had on their early departure from high school.

For this phenomenological research, I focused on family background influences, especially the influence of primary familial attachment influences upon adult GED students' early departure from school. The sampling derived from a pool of qualified participants who attended GED classes in the upstate of a Southeastern state. Research interviews and post interviews conducted at sites selected by participants were based on convenience and limited transportation. Creswell (2007) outlined a need for selecting both participants and the sites for interviewing because they both inform the study. Thus, the GED classrooms housed in the community centers was pertinent to this study as this was where potential participants were taking classes in preparation for getting a GED and where I invited these students to participate in this study. Miles and Huber (1994) listed a typology of sampling types and their purposes; for the needs in this research, a purposeful sampling was selected based on the qualifications (an adult GED student who prematurely departed from high school) needed in this study.

Educators, schools, mental health professionals, school counselors, adult GED programs, counselor educators and many other educational arenas work directly with students who experience lowered academic achievement. The results of this research provided insight into the influences of various familial attachment types (secure,

ambivalent, and avoidant) and the life experiences that impacted participants' academic, social, emotional, and mental wellness. Therefore, school districts, social workers, mental health clinicians, school counselors, individual school personnel, and GED programs will benefit from the insight gained from the commonly shared experiences that influenced the social, emotional, and mental wellness of the participants who took part in this study.

Definitions of Terms

Academic achievement: The level of achievement (grades, aptitude, and intellectual abilities) an individual obtains when attending school, grades kindergarten through the 12th grade (Hickman & Heinrich, 2011).

Ambivalent attachment: A child who forms an ambivalent attachment experiences great duress when separated from his/her caregiver, and upon reunification has difficulty being calmed; these children are leery of their caretaker's absence and inquire often of their whereabouts and their return (Ainsworth, 1978).

Attachment: An affectionate bond developed between child and caregiver as a means to provide basic needs of safety and protection (Bowlby, 1969/1997).

Attachment styles: Bowlby (1969/1997) identified behaviors associated with the types of attachment bond held between a child and caretaker.

Attachment theory: How a caregiver's attachment influences the child; a child's social and emotional health is a result of the type of attachment developed in infancy (Ainsworth, 1964; Bowlby, 1969/1997).

Avoidant attachment: A child who forms an avoidant attachment fails to form a bond with his or her caregiver and lacks the skill to develop long term or lasting

relationships; these children show little to no concern when a caretaker departs and treats strangers as though they are family (Ainsworth, 1978).

Familial attachment: Familial refers to members of one's family; familial attachment refers to the type of bond held between family members (Stevenson-Hinde, 2007).

Familial stressors: Familial refers to family; familial stressors refer to stressors (criminal domestic violence, alcoholism, drug abuse, and violence) that occur within the family environment (El-Sheikh & Buckhalt, 2003).

High school dropout: An individual who does not complete 12th grade; this individual did not receive a high school diploma (Hickman & Heinrich, 2011).

Primary caregiver: The primary caregiver is the individual who at the time of birth takes on the role of raising a child. Some of the roles involved include but are not limited to (a) providing food, clothing, and a home, (b) meeting the grooming needs of the child, (c) making medical decisions, and (d) teaching the child life's basic skills (USLegal, 2013).

Psychosocial development: Erikson identified psychosocial development as a stage process in which mental, emotional, social, and intellect is developed over one's life time (as cited in Kail & Cavanaugh, 2004).

Secure attachment: A child who forms a secure attachment develops confidence in his or her caregiver's provision of safety, security, and presence; these children when separated from their caregiver will experience distress but are able to return to their play and then when reunited they are easily calmed and settled (Ainsworth, 1978).

Assumptions

I had various assumptions regarding the participants and their role in the study. The assumptions included participants would be able to provide information to help identify the type of attachment he or she held with his or her primary caregiver based on the definitions of attachment types provided. Participants would also be able to provide personal experiences they associated with the type of attachment held with their primary caregiver and their perspectives of how these experiences influenced them academically, mentally, emotionally, socially, and specifically premature departure from high school. Further, I assumed that participants would share what they recollected and details would be accurate but possibly exaggerated. Finally, I assumed the participants had adequate cognitive skills to understand and answer the interview questions. These assumptions relied on participants' willingness to experience vulnerability and openly expose their lives by responding to interview questions and interview techniques I used.

Scope and Delimitations

Delimitations occurring in this study included excluding ages beyond 30 and below 18, interviewing participants in a rural southern setting, and confining the study to three rural counties GED setting within a community center. Transferability is important for this study's repetition; repetition of a study is important to validity and reliability of results. Furthermore, choosing limited GED classrooms and age groups, 18 through 30, related to transferability.

Limitations

Limitations involved in this phenomenological study included the participants' perceptions of their past, sampling of only GED students in a rural community within the upstate of Southeastern state, and limiting the age range of 18-30. I diligently maintained self-awareness, a crucial piece to ensure credibility and quality results. Finally, I brought a limitation to the study simply by virtue of my interpretations of the data and assumptions.

Significance

Gaining insight and understanding of familial attachments can potentially influence several areas: individuals, educators, schools, mental health professionals, school counselors, and many other arenas that work with children. Furthermore, insight into the adult GED participants lived experiences will provide understanding of the influences of types of familial attachments and the perceived influence upon the participants socially, emotionally, and mentally, and their premature departure from high school.

The educational significance of this study involved identifying common characteristics shared among adult GED students who prematurely departed high school. Discovery of common characteristics enabled at-risk indicators to be determined based on interview results. An at-risk list for premature departure from high school will provide further study into ways to develop intervention and preventive measures.

The mental health significance of this study was identifying the essence of familial attachments and the lived experiences influencing mental and emotional stability

in relation to adult GED individuals who did not finish high school. Ainsworth (1990) revealed that secure attachments resulted in strong levels of mental health while ambivalent and avoidant attachments showed lowered levels of mental health. The results of this research provided common themes shared among those in the study who identified a particular attachment type and their perceptions of how this affected them psychologically (emotionally and mentally) in relation to life experiences, especially how it influenced them educationally. Results provided a list of common themes (life experiences) shared by those who prematurely departed high school and how they viewed the attachment bond formed with their primary caregiver influenced them emotionally and mentally. These results will provide counselors, therapists, psychologists, psychiatrists, and counselor educators how to more effectively meet the emotional needs of these students, thus influencing their academic achievement.

Teachers, administrators, district level employees, state legislatures, government officials, mental and community health agencies, dropout prevention programs, at risk prevention programs, drug and alcohol commissions, GED programs, and early prevention model programs could benefit from the results of this study by means of increasing awareness.

Summary

Premature departure from high school has been an age-old phenomenon that plagues society and limits these individuals' ability for successful navigation into adulthood. Social, emotional, and mental abilities significantly influence academic achievement. Familial stressors influence a child's mental and emotional states. Various

studies have proven that stressors in the home influence the attachment bond between child and primary caregiver. Attachment bonds developed during infancy between a child and his or her primary caregiver are identified as secure, ambivalent, or avoidant types. The attachment type developed between a child and his or her primary caregiver influences the individual throughout life.

In Chapter 2, I will provide an overview of the current literature associated with attachment theory, attachment types, familial stressors, and academic achievement. In the first section, I will provide an overview of attachment theory as researched and defined by Bowlby and Ainsworth. In the next section, I will identify and define the three types of attachment. In the remaining sections, I will discuss familial stressors, psychosocial development, and current research on premature departure from high school high and practices currently being used as a means for premature departure prevention.

Chapter 2: Literature Review

Introduction

In the literature review, a comprehensive overview of refereed articles written within the last 10 years related to this study was reviewed. In the review of literature, I used the following key terms: attachment and familial attachment, familial stressors, academic achievement, psychosocial development, and high school dropout. Three particular themes were used for researching key terms in this study; the three themes include the development of attachment bonds, influences that support or alter attachment bonds, and the various influences on academic achievement beginning in kindergarten and concluding at the high school level. Further review of material evolved from research already mentioned; socialization became a common discussion among researchers as well as mental and emotional wellness.

Dissertation studies were researched relating to attachment theory, premature departure from high school, and adult education. Studies involving attachment and emotional and mental wellness were researched as a means to connect the need for further understanding how attachment bonds influence mental and emotional health directly influences academic achievement. The insight gained from understanding familial attachments, mental and emotional wellness, and its influence on academic achievement can potentially affect several areas: individuals, educators, schools, mental health professionals, school counselors, counselor educators and many other arenas that work with children. Insight into the adult GED participants' lived experiences provided their familial attachment influences and how this affected them academically, mentally,

emotionally, and socially. Furthermore, how adult GED students perceive these experiences influenced their early departure from high school is the essence of this study.

Methods Used to Review Literature

I used two strategies in reviewing relevant literature: (a) integrative methodology involving a review of all pertinent literature for comparing and contrasting relevant themes and (b) theme extractions to inform the major points of this study. In the initial information presented in the review of the literature, I will discuss attachment theory defined by Bowlby (1982) and familial attachment types defined by Ainsworth (1990). In the second section, I will provide an overview of types of familial stressors and the impact on children and adolescents. In the third section, I will provide an overview of psychosocial development and how early social constructs impact children. In the final section, I will provide an overview of current dropout research and common characteristics shared among students who prematurely leave high school.

Research Strategy

The review of literature involves reviewing articles from journals, books, and qualitative dissertations. I used the following databases to obtain journal articles, books, and dissertation studies involving attachment and high school dropouts: PsycArticles, PsychInfo, SocIndex, ProQuest Central, SAGE, EBSCO, ERIC, and PsycBOOKS. Journal articles used for this study were peer reviewed or refereed and limited to within the last 10 years, 2003 through 2013; however, several earlier studies are included based on information contained in the articles from the last 10 years. Historical studies involving Ainsworth (1990) and Bowlby (1982) were also searched using PsycBOOKS,

PsycArticles, and PsychInfo. I searched PsycArticles, PsychInfo, PsycBOOKS, and ERIC using *attachment theory, familial attachment, familial stressors, academic achievement, psychosocial development, high school dropout, adult education, and premature departure from high school*. The SocIndex search included *familial stressors*, and the ProQuest Central, SAGE, and EBSCO search included *high school dropouts, adult education, and premature departure from high school*. Employing a tier (layering) approach, an exhaustive search began by searching *attachment and attachment theory*; a second layer involved *familial attachment and familial stressors*, a final layer involved *academic achievement, psychosocial development and high school dropouts/premature departure from high school*. Upon completion of layering searches, a condensing of information and cross referencing *attachment and academic achievement* as they relate to *premature departure from high school* was conducted. In the remaining parts of this chapter, I will cover the research strategy, review of literature, attachment theory as the theoretical foundation, framework for study, and a summary of Chapter 2.

Purpose of the Research

The purpose of this qualitative hermeneutic phenomenological study was to gain insight into the lived experiences of adult GED students who prematurely departed high school and their perceptions of their primary caregiver familial attachment influences.

Overview of Premature Departure from High School

Over the last 3 decades, dropout data have concluded that students who depart early from high school share common characteristics; these are considered risk factors for premature departure from high school (Hickman et al. 2008). Recent research is being

developed around how family stressors and individual and cultural influences impact learning (Bernier, Larose, Boivin, and Soucy, 2004; Hickman, Bartholomew, Mathwig, Heinrich, 2008; Jacobsen & Hofmann, 1997; Moss & St-Laurent, 2001; Teo, Carlson, Mathieu, Egeland, & Sroufe, 1996; Ve´ronneau, Vitaro, Pedersen, & Tremblay, 2008). In 2009, the NCES identified 2, 619, 425 students enrolled in Grades 9 through 12; 267, 999 males and 198, 699 females failed to complete high school. Over 3 decades of dropout data, researchers have concluded that students who depart early from high school began to show signs prior to secondary grades (Hickman et al., 2008). The National Dropout Prevention Center (NDPC; 2007) used 25 years of literature to identify common at-risk characteristics shared among high school dropouts. At-risk characteristics previously identified include individual backgrounds, adult responsibilities, attitudes, values, academic achievement, school involvement, school behavior, family influences, and family involvement.

Much of the research supports the belief that family has the most significant influence on a student's decision of premature departure from high school (Bradley & Renzulli, 2011). Bradley and Renzulli (2011) identified two influences believed to direct paths of premature departure from high school: pushed out and pulled out. Pushed out is described as influences within the school leading to early departure, and pulled out refers to the demands on the student's life influencing a choice to leave school and fulfill those demands.

In further review of literature, I was unable to find studies that looked directly at familial attachments and attachment type influencing premature departure from high

school, thus establishing the need to study the meaning derived from familiar attachment as experienced by those who prematurely depart from high school and how they perceive this affected their academic achievement. Hickman et al. (2008) discovered familial factors play the largest role in influencing a child's academic achievement. In this study, attachment theory informs the basis of this research and identifies familial attachment as the type of attachment formed between the participant and primary caregiver.

Familial Attachment and Bonding

Familial attachment, as described by Bowlby (1982), has the greatest influence on a child's ability to navigate and explore his or her surroundings. When children bond (attach) with their primary caregivers, they develop a secure, ambivalent, or avoidant attachment; the type of attachment affects the child both emotionally and mentally (Ainsworth, 1990). Larose and Roy (2005) looked at the relationship between academic achievement and mental health; the findings strongly suggested a student's mental health significantly influences academic achievement. Orfield et al. (2004) discovered that single or stepfamily structures influence early departure from school because of changes in parent-school or parent-child relationships. Furthermore, Hammond et al. (2007) found family stressors influence students, potentially placing them at-risk for early departure from high school. Gaining insight into the lived experiences of familial attachment may provide understanding and insight into common characteristics of those who prematurely depart from high school and provide at-risk indicators based on types of attachments developed between participants and their primary caregivers.

Attachment, as described by Bowlby (1982), is an innate bond between the primary caregiver (most likely the mother) and the child that begins at birth and dictates how the individual will experience his or her world throughout his or her lifespan. Attachment is further defined as a connection occurring between two individuals based on experiential relationship and provides the primary function of protection by means of developing assurance of closeness and response to an infant's needs (Ainsworth, 1990; Bowlby, 1988). Stevenson-Hinde (2007) redefined Bowlby's definition of attachment as an emotional bond between a child and parent in which the security of the attachment determines a child's psychological well-being.

Attachment type is believed to influence the perception one has of self as well as others; furthermore, the type of attachment formed with one's primary caregiver is the basis or lens from which one views all relationships with others (Reuther, 2014). The attachment relationship experiences shared with primary caregiver influences so much more than just the relationship; the attachment figure also is a direct expression of behavior and cultural influences (Merleau-Ponty, 2010).

When considering the development of attachment, one must return to the basic of all needs; according to Maslow, the basis of all needs arises from having the physiological needs of food, water, and shelter met (Maslow, 1968). Maslow's hierarchy shows safety and belonging as the next two levels of needs in order for one to acquire self-actualization. When physiological and safety needs are met, the infant is able to feel a belongingness, thus enabling attachment to occur (Maslow, 1968). For the purpose of this phenomenological study, attachment theory (Bowlby, 1988) is the theoretical base

because of the evidence-based research, especially the research that has occurred over the last 4 decades. Most attachment theorists agree that an attachment bond created in infancy is repetitious throughout one's lifespan, thus influencing his or her major life events (Grossman, Grossman, & Waters, 2005; Thompson, 2000). Proceeding with this knowledge, determining the type of attachment that developed between participants and their primary caregivers sheds light on major life events, especially premature departure from high school, that were influenced as a result of the primary caregiver's attachment bond.

Attachment Theory's Origin

The theoretical foundation for this study is rooted in attachment theory, a theory developed from studies involving infant and mother dyad patterns of attachment studied and identified by John Bowlby and Mary Ainsworth (Ainsworth, 1990; Bowlby, 1988). Bowlby began his studies at the Tavistock Clinic observing children to make sense of what he saw. Bowlby's observations became the theoretical basis for attachment based on this young child's behaviors (Bowlby, 1969, 1988). Bowlby's first attachment study findings published stressed infancy was anything but passive; instead, infancy is a time of development and the bond established with the caretaker creates a direct behavior and response actions between the two. Bowlby (1969, 1973, 1980, 1997, 1998) grounded his findings in a belief system that all infants are predispositioned to seek a close proximity with a primary caregiver, thus attachment issues arise out of an activation of this system when a caregiver is out of the infant's close proximity. Bowlby (1969, 1997) firmly

believed the affective tie that exists with primary caregivers is the pillar upon which all future attachment relationships form.

In 1973, Bowlby's second book published findings regarding separation anxiety and anxious attachment identified insecurity as the root derived from the original attachment between the primary caregiver and infant. Bowlby (1969, 1988) believed strong ties existed between security and attachment as a means for successfully navigating one's world; secure bonds experienced by children and their primary caregiver provides security for their natural progression of exploration of their world. The basis of attachment theory involves the complex interactions between a primary caregiver and infant and the primary caregiver's ability to synthesize the needs of the infant and meet their needs accurately and timely (Bowlby, 1969, 1982). In 1980, Bowlby's third book published the findings of his study on avoidant attachment; he concluded that a memory of interactions with a caregiver that was not secure when recalled creates distress and anxiety. Through Bowlby's continuous study of attachment, he further concluded that children develop an internal model (expectations, beliefs, and emotions) of attachment similar to their primary caregiver, and this determines how the child attaches and expects others to attach throughout his or her lifetime (Bowlby, 1969, 1988).

Attachment theory is rooted in both secure and insecure experiences within close relationships, namely that of the primary caregiver and infant; thus, it is the premise for which a child's attachment experiences inform his or her feelings on an intrapersonal and interpersonal state (Mikulincer, Shaver, Sapir-Lavid, & Avihou-Kanza, 2009). Infants and children under the age of three who encounter extended separation from their

primary caregivers, because of unplanned absences, can develop emotional detachment, thus affecting them throughout life (Achenbach, 1991; Quinton & Rutter, 1976).

Ainsworth (1989) defined attachment as a relatively long enduring tie between primary caregiver and infant. When an infant experiences the need for comfort and security from his or her primary caregiver, close proximity and timely response over time develops a secure attachment (Ainsworth, 1989). A strong secure bond develops personal security for the infant, and he or she will begin to navigate her or his own surroundings; on the contrary, a lack of developing a personal security will result in duress that creates an insecure bond (Ainsworth, 1989). Ainsworth (1990) identified three levels of attachments, secure, ambivalent, and avoidant, as a means to describe the emotional bond established between child and caretaker; defining the three types of attachments would be to identify the behaviors that are most associated with the bond held between the primary caregiver and the individual. Employing the strange situation, Ainsworth described the behaviors that are associated with each type of attachment type (Ainsworth, 1990).

Strange Situation Supporting Attachment Theory

Strange situation studies conducted by Ainsworth (1989) identified the types of attachment shared between the child and primary caregiver; in this study, the mother would leave the room for a period of time and then return. The findings of these studies consistently resulted in children who were securely attached to their mothers crying upon the mother's departure and clinging to her upon return but were easily quieted and returned to play. Sroufe, Egeland, and Kreutzer (1990) repeated Ainsworth's strange situation, and their findings were consistent: A child's secure attachment with his or her

primary caregiver provided a safety net for exploration; crying occurred upon the primary caregiver's departure and clinging upon reunification, but the child easily returned to play. In additional comparative studies, Sroufe et al. (1990) determined that children who have secure attachments have greater rapport with their peers and teachers. An infant whose primary caregiver provides consistent stability develops healthier and stronger attachments (Sroufe, 1985). Using the research from Strange situation, the following is the best way to define the behaviors associated with each type of attachment: Securely attached children freely roam the room, dislike a primary caregiver leaving the room, and can be comforted by the stranger, but upon reunification prefer the caretaker and are comforted and able to return to play; the caregiver in a secure attachment responds appropriately to the needs of the child with promptness and consistency. Ambivalently attached children have a preoccupation with the primary caregiver's presence and absence, experiencing anxiety and a range of emotions during the absence of the caregiver, at which point they are unable to receive comfort from the stranger, and upon reunification with the primary caregiver are not easily calmed. The primary caregiver in an ambivalent attachment responds inconsistently, at times responds appropriately and at other times with neglect to the needs of the child. Finally, avoidant attached children showed little to no emotion or distress when the primary caregiver left; observations revealed friendliness towards the stranger, and upon reunification with the primary caregiver showed little to no response; the primary caregiver in an avoidant attachment lacked responding to the child's distress and pursued the child's independence instead of a place of dependence.

Further studies utilizing the Strange Situation revealed the best indicator of attachment is the ability of the child to explore his or her surroundings (Capps, Sigman, & Mundy, 1994; Rogers, Ozonoff, & Maslin-Cole, 1991). Sroufe (1985) expressed in his research that a child's disposition is an extension of his or her style of attachment. Recalling that attachment is built upon closeness and feelings of protection (Bowlby, 1985), further studies reveal that securely attached children are viewed as more social and openly engages with their surroundings. Attachment has lifelong implication, when faced with stressful situations, especially those that present a threat, an individual will automatically respond with their style of attachment learned in infancy (Bretherton, 1985; Feeney, 1998; Koback & Sceery, 1998; Rholes, Simpson, & Stevens, 1998). Levels of psychological distress are often equally associated with the type of attachment developed in the early years of one's life (Levendosky & Shapiro, 1999). Individuals with secure attachments are at an advantage for psychological wellness in comparison to those who form insecure attachment types.

Secure Attachment

Ainsworth identified secure attachment as a child who feels safe, exploring their surroundings in the presence of their primary caregiver and when separated is easily quieted upon reunification with the caregiver (Ainsworth, Blehar, Waters & Wall, 1978). From these studies, Ainsworth (1963, 1967) further discovered primary caregivers who fostered secure attachments were better able consistently meet the needs of their infants.

Children who have formed a secure attachment learned dependency on their primary caregiver as a result of needs being met therefore, the consistency of having need

meet resulted in a belief their primary caregiver was safe and available (Main, 1995, 2000). Mothers who are supportive and responsive to their infants develop positive relationships (Duggan, et al. 2009). Attachment studies by Slade and Cohen (1996) discovered children with secure attachment developed stable emotional affect while those with insecure attachment developed a denial system to the painful negative affect.

When children form secure attachments, he or she develops a strong self-esteem and over time forms healthy relationships (Ainsworth et al. 1978). Further studies reveal the behavioral goals for infants in keeping their caregiver within close proximity results in developing attachment type. When a child's expression of need fails to be met, a disposition for ambivalent or avoidant attachment follows (Crowell & Waters, 1994). A behavioral preface implies that a child learns how secure their world based on caregiver's responses to their cries.

Crowell and Waters (1994) findings indicated when a child receives appropriate responses and in timely manner, he or she learns their needs are met therefore a secure attachment forms. Ainsworth, et al. (1978) concluded from her studies a maternal sensitivity increased the likelihood of a secure attachment forming between primary caregiver and child. A secure attachment between child and primary caregiver is more likely to enhance the child's ability to regulate their emotions (Sroufe, 1985). School aged children who formed secure attachment with their primary caregiver are more likely to cooperate and interact with teachers and other peers (Sroufe, Egeland, Carlson, & Collins, 2005).

Developmental specialists identify advantages for children who have secure attachments with their primary caregiver; these children are more prone to developing greater social-emotional functioning throughout their lifespan (Kobak et al. 2005). Children who form secure attachment are prone to higher achievement levels and strive for higher achievement (Elliott & Reis, 2003). Elliott and Reis (2003) found in their study of adults who identified a secure attachment with their primary caregiver expressed a need for academic achievement and low fear of academic failure.

Ambivalent Attachment

Ainsworth's observations of ambivalent attachment involved observing a child's behavior when their primary caregiver left and returned. During these observations, children inquired of their caregiver's return while expressing great distress and upon the reunification, the child was not comforted or quieted (Ainsworth, et. al. 1978). Based on the studies conducted by Lyons-Ruth and Jacobvitz (1999), a caregiver's unresolved conflict or trauma distorts their ability to meet the needs of children thus creating an insecure environment in which children receive nurture. When children experience nurture in an insecure environment, emotional regulation is difficult thus affecting their ability to self-regulate (Elliott & Reis, 2003).

Children who form ambivalent attachments often become impulsive and anxious (Ainsworth, et. al., 1978). Ambivalent attached children often express little tolerance for closeness (Elliott & Reis, 2003). Cassidy and Berlin (1994) discovered in their home studies, children who had ambivalent attachments were less likely to experience touch by their primary caregiver. Ambivalent attachments are associated with several experiences

during infancy; a child's cries results in fluctuating responses. This type of response implies his or her needs are not valued and lack significant (Elliott & Reis, 2003; Hazen & Shaver, 1987). Bowlby expressed internal working models were the result of the bond created between caregiver and infant; children with ambivalent attachment have an internal working model prone to rejection (Steele et al. 2014).

Children who experienced ambivalent attachment are more prone to average academic performance and fear failure (Elliott & Reis, 2003). Feeney (1998) identified in his studies that children who lack secure attachment often experience lowered self-esteem resulting from lacking confidence in relating to others. Children who form ambivalent attachment with their primary caregiver are prone to less interaction with their teachers and peers, lacking interest, and distant (Sroufe, Egeland, Carlson & Collins, 2005).

Avoidant Attachment

Ainsworth's observations of avoidant attach children's behaviors involved children distancing themselves from their primary caregiver and upon unification do not seek close proximity (Ainsworth, et. al., 1978). When children are under duress and lack secure attachment, their internal working model believes emotions are a separate dependent act from that of their primary caregivers therefore influencing their actions of autonomy (Arsenio & Lover, 1995; Cooper, Shaver & Collins, 1998). Studies have shown infants are at risk for developing avoidant attachments when born into lower socioeconomic status, poverty, single parent mothers, or to mothers who have unresolved childhood conflicts (Cohen et al. 1999). A child in distress seeks a caregiver's response and upon the lack of, the child experiences distress (Solomon & George, 1999).

Emotionally detached children are often the product of avoidant attachment (Ainsworth et. al.1978). Kobak (2009) found in his study that children who had avoidant attachment with their primary caregivers would often lesson their needs for their caregiver in an effort to keep their proximity closer and not drive them further away.

Cassidy (1994) describes avoidant attachment as attachment insecurity. Donovan, Leavitt and Balling (1978), Nachmias, et al. (1996), Spangler and Grossman (1993), and Sroufe and Waters (1977) discovered in their studies avoidant attached children were prone to higher levels of stress and anxiety as evident by the amount of cortisol in their saliva when compared to ambivalent and secure attachment children. These children are often less likely to take a chance on a new task. Main (1995, 2000) discovered in his studies that children who had avoidant attachments were less able to adapt to a day care situations as compared to children who had secure and ambivalent attachments.

Furthermore, avoidant attached children are more self-critical, and lack proficient skills for displaying emotional affect effectively (Main, 2000). Studies continue to support the attachment findings of Ainsworth (1989) and Bowlby (1988) regarding its' significant influence on a child's psychological and emotional states and throughout their life. The type of attachment style a child develops very possibly dictates their functioning in future human interactions (Ainsworth, 1989). This finding supports the new definition of attachment disorder in the DSM-V; attachment disorders as reactive attachment disorder woven into a new diagnosis, developmental trauma disorder (DTD) (DSM-V, 2013).

Attachment occurring during infancy has long-term effects influencing one throughout their lifetime. Behavioral characteristics that continue to plague those who have ambivalent or avoidant attachment types include (a) failure to adapt and self-regulate, (b) sensory overload or under active, (c) emotional instability, (d) concern over safety and (e) inappropriate intimacy (DSM-V, 2013). These findings reveal that the attachment bond developed between an infant and his or her primary caregiver continues throughout one's lifespan, affecting the individual, particularly in relationships.

Attachment research is rooted in years of national and international studies. The basis for using attachment theory as the theoretical base for this phenomenological study is empirical data. Attachment theory has been researched for decades resulting in longitudinal studies revealing similar and common results. Current and continued research study of attachment supports data derived from studies as far back as the 1930s and 1940s. Upon the completion of this study, the validity and reliability rely on understanding attachment types and its' influence on individuals.

Moreover, attachment theory provides insight into the participants' familial attachment experiences yielding the foundation for validity and reliability of this research when compared with other studies conducted with similar interest. Furthering our understanding of attachment experiences and influences on academic achievement requires more research. Influences that affect academic achievement previously studied include familial stressors, peer influences, social and emotional wellness, self-esteem and mental health. Social and emotional wellness is a good indicator to the types of attachment an individual formed with their primary caregiver. Research exists to support

the connection between mental and emotional wellness and the type of attachment formed during infancy therefore, attachment theory, is the best choice for this study.

Attachment Theory and Familial Influences

Psychoanalyst Freud influenced Bowlby, but greater influence rested with Bowlby's oppositions to psychoanalyst Melanie Klein beliefs regarding psychoanalyzing children and their subconscious influences (Grosskurth, 1986). Bowlby on the other hand, believed family had the greatest impact on a child (Bowlby, 1988). Bowlby's work in the London Child Guidance Clinic and School for Maladjusted Children exposed him to many cases in particular 44 cases regarding the child's state of attachment and the influence attachment had on the developing child. Bowlby's findings were consistent with his thoughts that behaviors and actions of children directly related to the type of attachment experienced with their parental figures. Bowlby (1988) found children affected adversely when deprived of care or from primary caregiver separation. In the late 30s and early 40s, Bowlby worked Tavistock Clinic in London and more studies were completed further grounding his belief that a child's attachment with caregivers is of great significance and provides a child's basis for security and safety (Bowlby, 1949). During Bowlby's early years at Tavistock Clinic in London, Mary Ainsworth's studies corroborated his findings and further developed the theory to involve three types of attachment formed between the primary caregiver and child (Ainsworth, 1983).

Attachment Type Influences Over One's Lifetime

Over the last ten years, attachment studies have discovered self-regulations impact attachment as a direct result of stressors over one's life span (Polan & Hofer,

1999; Fonagy & Target, 2002). Adult self-regulation is visible in their actions and behaviors that are a direct result of their attachment style (Bowlby, 1973; Bretherton & Mulholland, 2008). Bakermans-Kranenburg, Van IJzendoorn, and Juffer, (2003) further noted in their studies that there is a link between infants' attachment signals and the primary caregiver's (mother) response influencing attachment styles. Kobak (2009) found that infancy and child attachments could occur with multiple caregivers; however, one caregiver will be preferred when in need. This primary caregiver influences the type of attachment the infant will develop and will influence them throughout their lifetime (Kobak, 2009). Borelli, Crowley, David, Sbarra, Anderson, and Mayes (2010) determined from their studies of attachment that one of the main functions for developing attachment is to regulate affective responses in the midst of a threat over a period of one's lifespan. Cassidy (1994) discovered one's emotional regulation is equal to their attachment style: one's attachment style dictates psychological development and one's response to stress (Rutter & Sroufe, 2000; Lopez & Brennan, 2000).

Familial Attachment and Students' Perceptions of Academic Achievement

Larose, Bernier, and Tarabulsky (2005) utilized the AAI (Adult Attachment Interview) (1996) and TRAC (Test of Reaction and Adaption to College) (1995) to determine if relations existed between successful collegiate success and the type of attachment held with their caretaker. The findings stated college students who identified a secure bond with their caregiver are positioned to achieve on an academically higher level than their peers who identified ambivalent and avoidant attached types. Going forward from the findings of this research, the results fail to show what the familial

attachment experiences were and influenced participants on a daily basis nor does it share how the participants view experiences that led to lowered academic achievement. The aim of this study is to identify the participants' lived experiences, what they believe about these experiences, and their perceptions of how this influenced their academic achievement, mental, social, and emotional wellness.

Conceptual Framework

The phenomenon of attachment studied for over half a century has provided consistent data; however, in reviewing literature, I was unable to find research on the influences of the type of attachment and what influences it may have on pre-mature departure from high school. Bowlby's theory of attachment results from empirical data and backs up the findings of researchers on a consistent basis. Empirical data consistently reveals types of attachment created between infant and their primary caregiver will directly affect their mental and emotional health throughout one's life. Armed with this knowledge, studying the attachment bond shared between a primary caregiver and GED students who prematurely departed high school will provide insight into the perceptions of how this attachment influenced them day to day and during their school years. In order to obtain perceptions of attachment type shared with primary caregivers, participants answered several interview questions relating to which attachment type would they choose and why. The interview questions developed for this study utilized questions from Adult Attachment Inventory (AAI) (Main, 1984) (See Appendix F). AAI questions based on the definitions of the three types of attachment and ask questions in a way that participant answers reveal common beliefs and experiences that match a specific bond. A

second means for gaining insight into the type of attachment developed between the participant and caregiver involves giving definition of each type and asking the participant to pick the one that best describes the relationship shared with their primary caregiver. Descriptions outlining the types of attachment provide participants with an understanding of attachment types formed with primary caregivers. From the chosen attachment type, participants will provide some examples of their experiences that reveal a true understanding of the attachment type. In review of attachment theory, I was unable to find significant studies conducted on attachment type and academic achievement. Fully understanding the influences of attachment bonding between a child and caregiver is imperative to gain an understanding of the definition of attachment, the three types of attachment and its effects on individual throughout their life. Attachment theory and its origin, the type of attachment formed this influence impacts an individual is the theoretical basis for this research.

Emotional Mental Wellness

Familial Stressors

The mental health significance of this study is identifying the essence of familial attachments and the lived experiences affecting mental and emotional stability.

Ainsworth (1990) identified secure attachments resulted in strong levels of mental health while ambivalent and avoidant showed lowered levels of mental wellness. The results of this research should identify themes and common shared experiences of students who do not graduate which will allow counselors, therapists, psychologists, psychiatrists and counselor educators to implement more effectively evidence based treatments and

intervention methods with attachment disorders. Borelli et al. (2008) and Larose, Bernier and Tarabulsky (2005) studies reveal children who are under familial duress are more likely to have lower academic achievement. Larose and Roy (2005) determined a connection existed between stress and lowered academic achievement indicating a need to understand the stresses shared by high school dropouts.

Research has shown that conflict stressors longitudinally affect the mental stability of one throughout their lifetime (Choi & Marks, 2008). One study conducted by Karney and Bradbury (1995) showed a child's mental health is impacted by familial stresses involving conflict within the home. Children are vulnerable to oppression simply based on their age, ethnicity, culture, and even communities. Ohmer, Warner and Beck (2010) discusses the community in which one lives establishes trust and values.

Hammond, Linton, Smink, and Drew (2007) identified family influence as an at-risk characteristic for students who departed early from high school. One factor that seems to influence a student's successful completion of high school is family (Hammond, Linton, Smink, & Drew, 2007). In Hammond et al. (2007) research, family influence was responsible for the largest percentage for early departure from high school, a percentage of over 40 percent. Hammond et al. (2007) provided a foundation of truth that undergirds this study, participants, and primary caregiver life experiences within the home greatly influenced mental and emotional wellness as evidenced by their shared stories.

Children from all lifestyles enter school each year having lived experiences of family dysfunction, these experiences can and often do become a hindrance to their academic achievement as well as social and emotional wellbeing.

Family dysfunction can isolate children and influence their socialization and safety within the world they encounter, these children enter our schools daily and some have developed ambivalent or avoidant familial attachments (Borelli, David, Crowley, Sbarra, Anderson, and Mayes, 2010).

Children are a product of their environment; conflicts that arise in the home have direct influence over children. Children who experience divorce or parental separation are vulnerable to psychological and emotional difficulties (Vera, Daly, Gonzales, Morgan, & Thakral (2006). Ve'ronneau et al., (2008) completed a 17-year longitudinal study, results found students from lower socioeconomic groups, and stressful homes were often experienced poor parenting practices resulting in lower academic achievement and in turn pre-mature departure from high school. Research reveals that much of the influence over a child's life is the result of her or his personal and cultural experiences.

In keeping with the theme of negative influences, alcoholism is a stressor that leads to behavioral disorders in children (El-Sheikh & Buckhalt, 2003). El-sheikh and Buckhalt (2003) studied children raised in alcoholic homes and the challenges this presented. This study determined that alcoholism is a family dysfunction occurring in homes; children who live in homes with alcoholic parent often develop interpersonal difficulties and family discord. The outcome of this study revealed children who lived in an alcoholic home developed cognitive and social difficulties, thus school achievement was heavily impacted (El-Sheikh & Buckhalt, 2003). Bourassa (2007) found similar results with children raised in homes with parents who abuse drugs.

Studies conducted on marital strife reveal its effect on children, marital conflict leads to maladjustment and problem behaviors (Kaczynski, Lindahl, Laurenceau, & Malik, 2006). In another study, Chan, Brownridge, Yan, Fong, and Tiwari (2011) researched children who were exposed to psychological aggression, the use of words to demean or control the child, physical maltreatment, neglect, domestic violence were revealed to be associated with lowered self-esteem, increased anxiety, and less interactions or exploration within children's environments. A similar study involved children exposed to criminal domestic violence were more prone to depression and lowered self-esteem (Piotrowski, 2011).

Socialized Children and Academic Success

Socialized children historically academically achieved on a higher level than their less socialized peers (Newland & Coyl, 2010). Data shows children socialized are more willing to navigate their classrooms and, as a result, have greater success in those classrooms (Bretherton, 1992). Multiple studies consistently reveal data indicating a securely attached child is more socially apt when compared to insecurely attached peers (Newland & Coyl, 2010; Bretherton, 1992; Stevenson-Hinde, 2007).

Academic Achievement

The educational significance of this study is the identification of common characteristics shared among those who pre-maturely depart from high school. Discovery of common characteristics will enable at-risk indicators to be determined based on interview results. At-risk indicators establish a pathway for interventions implemented to deter early departure.

Ambivalent and avoidant attached children are impacted negatively emotionally and psychologically (Ainsworth, 1990; Stevenson-Hinde, 2007). When attachment is ambivalent or avoidant, children are inhibited to navigate and investigate their surroundings, therefore producing lowered academic achievement (Borelli et al., 2010). Larose and Roy (2005) proposed mental health influences child, adolescent, and adult academic achievement, thus it is crucial to educational longevity to associate attachment and academic achievement. Children who form secure attachments develop autonomy subsequently pursuing the classroom environment and engaging in self-learning (Elliot & Reis, 2003). Lyons-Ruth, Easterbrooks, Cibelli (1997) discovered in their studies, children who formed ambivalent and avoidant attachment showed less cognitive skills when performing simple math reasoning compared to those who had formed secure attachments. This study further showed children who had ambivalent or avoidant attachment were less likely to engage with their teachers or perform on command; the longitudinal study of these children revealed they were continuously challenged in cognitive domains throughout their early childhood experiences (Lyons-Ruth et al., 1997). On the other hand, Sroufe (1979) found that children who formed a secure bond with their caregivers were able to diligently work on tasks that required persistence and concentration at a greater rate and more successfully than those children who were identified with ambivalent or avoidant attachments. Granot and Mayseless (2001) completed a study involving fourth and fifth graders, in which a review of teacher's comments revealed students who identified as securely attached received comments indicating better adjustment to school and those who identified avoidant attachment

failed to adjust to the school environment. These studies indicate need for further research to gain understanding of the influences of familial attachment experiences on academic achievement.

Premature Departure from High School and Adult Education

Over the last four decades, researchers have developed a keen interest in determining what influences academic achievement (Bernier, Larose, Boivin, and Soucy (2004), Jacobsen & Hofmann, 1997; Moss & St-Laurent, 2001; Teo, Carlson, Mathieu, Egeland, & Sroufe, 1996). The National Center for Educational Statistics (NCES) (2009), a federal governing body who collects, analyzes and reports statistical data related to the United States of America's public education institutions, found in 2009 there were 2, 619, 425 students enrolled in grades 9-12, of which 267, 999 males and 198, 699 females prematurely departed from high school. Borelli et al. (2008) conducted a test-re-test study with children to determine how stress affected their academic achievement; the results were less stress equaled greater academic achievement. Larose, Bernier, and Tarabulsky (2005) found a connection existed between student achievement and familial attachment. Borelli et al. (2008) found that students who had secure attachment were more apt to explore their educational surrounding and thus had greater academic success.

Larose and Roy (2005), Borelli et al. (2008), and Larose et al. (2005) research supports Hickman and Heinrich's (2011) conclusion that as early as kindergarten, students exhibit at-risk characteristics common among those who prematurely depart from high school. Hickman, Bartholomew, Mathwig, and Heinrich (2008) evaluated high

school dropouts based on their developmental pathways influencing early departure from school and found academic performance discrepancies existed in kindergarten.

Proceeding with the knowledge that academic achievement discrepancies exist, studying early childhood educational experiences involving familial influences will provide insight into common experiences affecting academic achievement and premature departure from high school.

Ve´ronneau, Vitaro, Pedersen, and Tremblay (2008) used a 17-year longitudinal study to evaluate the effect of peer acceptance on graduation from secondary school. Nine-hundred and ninety-seven male students were followed, beginning at age six through ages 23. Ve´ronneau et al. (2008) hypothesized that students experiencing negative peer influences would result in early departure from school. Over a period of seventeen years, studies conducted included socioeconomic status, academic teacher reports, behavioral assessments, and peer experiences from elementary, middle, and secondary years. The results showed students who experienced lower socioeconomic status, high stress homes, and inconsistent parenting practices resulted in lower academic achievement. Students who have limited academic success are prone to prematurely exit high school (Larose et al., 2005). Armed with the knowledge that influences can begin as early as kindergarten would suggest further study of how implementing interventional programs influencing psychosocial development, teaching emotional regulation, and teaching socialization could yield fewer students departing from school early.

Borelli, David, Crowley, Sbarra, Anderson, and Mayes (2010) studied connections between a child's attachment and emotions affect performance on various

tasks. Ve´ronneau, Vitaro, Pedersen, and Tremblay’s (2008) study showed lower socioeconomic status, high stress homes, and inconsistent parenting practices influenced early departure from school. Both of these studies continue to support the need for attachment theory being the theoretical framework for this study. Parental influence seemingly has both positive and negative impact on a student’s educational success, thus framing the need to gain insight into lived familial attachment experiences of those who drop out of school.

The United States Department of Education (USDE) describes adult education as formalized basic skills training preparation for taking the General Education Diploma (GED) exam (USDE, 2007). In 2007, participants who were identified as adult education students varied by gender, age, race, occupation and differing levels of high school education completion. The highest percentage of students who enrolled in adult education during 2007 ranged in age from 16-24, and was dominantly female (USDE, 2007). Limited data was available regarding research in the past 6 years; however, currently a study of 2012 is being conducted determining similar statistical data previously mentioned.

Summary

Several common themes arise from the literature review. In this section, themes reviewed are a summarization of the findings. The attachment type developed between child and primary caregiver has significant influence on a child’s mental, emotional, and social development. Those within their family unit influence a child both socially and culturally. At the time of a child’s birth, his or her caregiver brings into the relationship

their personal, social, and cultural experiences influencing the type of attachment formed with the infant. The attachment type developed in early childhood significantly influences all interactions and relationships throughout one's lifetime. Ambivalent and avoidant attachment types negatively affect an individual mentally, emotionally, and socially making it difficult to explore surroundings safely. On the other hand, a strong secure attachment has a powerful influence on the individual's sense of safety providing a basis for developing confidence and self-esteem.

Secure children faced with separation from their caregiver experience distress and when reunited are easily calmed and able to return to playing. On the other hand, when faced with the same situation, ambivalent attached children experience greater distress, upon reunification with their caregiver are unable to be comforted, calmed, or return to playing. Avoidant attached children are self-occupied interacts with the stranger and upon caregiver's return do not seem to notice or alter their behavior. Individuals who formed avoidant and ambivalent attachment lack emotional, social, and mental stability in comparison to their securely attached counterpart. A child's self-esteem is influenced by his or her emotional, social, and mental stability. Children with lower self-esteem lack the confidence to explore and navigate their surroundings; however, children who formed a secure attachment explore their surroundings freely. A prerequisite for learning is exploring and navigating one's surroundings. Secure children exceed their insecure (ambivalent/avoidant) classmates in exploring, interacting, and actively being a part of the classroom environment.

Familial stressors (dysfunction) influence the attachment developed between primary caregiver and child. Types of dysfunctions that are common familial stressors include, drug abuse, alcoholism, criminal domestic violence, child abuse, child neglect, divorce, and parental abandonment. Children born into homes with high stressors are likely to develop less secure attachments. Stress has a direct impact on the mental stability of an individual. Dysfunctional homes affect children's learning on all three levels, mentally, emotional and socially. These children tend to separate themselves from others and this separation further affects them socially.

Research has continued to support academic achievement is highly influenced by race, socioeconomic status, mental illness, and behavioral disorders. Children who are in the minority or come from impoverished and lower socioeconomic backgrounds academically perform below their peers. Children diagnosed with a behavior or mental disorder likewise perform academically below their peers. Research continues to support the knowledge of these influences. The influence familial attachment experiences and individual attachment types have on academic achievement among those who prematurely depart from high school is unknown. It is the intent of this phenomenological study to determine the types of attachment and common experiences of those who prematurely depart from high school. In an effort to gain understanding and insight into lived experiences of those who prematurely depart high school, interviews were conducted and research participants answered questions regarding their familial life experiences. Based on provided attachment definitions, participants' chose an attachment type best describing relationship experiences with their primary caregivers. Interviews

further identified familial stressors (if any) experienced during the early and middle childhood, and how participants would describe their academic career while in primary, middle, and high school grades. A final part of the research participants completed a Life Map (1998) illustrating life experiences utilizing constructions signs as a means to describe their primary caregivers attachment influences.

Chapter 3: Research Method

Introduction

The purpose of this qualitative hermeneutic phenomenological study was to gain insight into the lived experiences of adult GED students who prematurely departed high school and their perceptions of their primary caregiver familial attachment influences.

A holistic review of this chapter will provide insight into the research component of this study, details of the research conducted, outline of data analysis and the research conclusion. This chapter will include (a) the criteria for research, (b) the research design and rationale, (c) the role of the researcher, (d) methodology, (e) participant selection, (f) instrumentation (g) data collection, (h) data analysis, (i) issues of trustworthiness, (j) ethical procedures, and finally (k) an entire chapter summarization.

The research component of this study began by identifying potential participants and conducting semistructured interviews. Fourteen GED students volunteered to participate, questions were posed and responses were recorded. At the conclusion of the interview, participants completed a Life Map (Trent, 1998) and selected a poem, music, or movie title that best described their familial attachment experiences. Interview transcriptions and Life Map (Trent, 1998) results provided insight into attachment experiences and how participants perceive this relationship influenced their lives academically, mentally, emotionally, and socially, specifically their premature departure from high school. Furthermore, these insights provided a lens from which to view participants' lived experiences (day-to-day interactions with the primary caregiver),

therefore providing understanding of the influences a particular type of familial attachment had on participants.

Criteria for Research

This study is based on the criteria used to establish a qualitative interpretive phenomenological approach, specifically hermeneutic (Patton, 2002). GED students' shared familial attachment experiences filled with rich descriptions. Hermeneutic at its core is an interpretation of communication, both written and oral (Aspers, 2009). Using previous qualitative research aimed at determining the meaning of some phenomenon, phenomenological was selected as the best method to use for this study. Patton (2002) referred to phenomenological as the search for meaning derived from an experience of a group of individuals who each encountered the same phenomenon.

The essence of a phenomenon requires a place of solitary inward and outward consciousness to be used by those experiencing the phenomena (Creswell, 1998). Volunteer participants shared their life experiences during their early, middle and secondary school years. These perceptions provided the essence of their experiences. During the interview process, GED participants culminated the essence of their experiences through both an inward and outward consciousness by way of answering interview questions, completing a Life Map (Trent, 1998), and choosing a poem, movie, or book title. Analyzing the data required that I employ this same lens and have awareness of my own life experiences and bias. Coding and theme reduction required me to identify meaning from the data without judgment or preconceived thoughts regarding the phenomena studied.

Phenomenological methodology is the best choice for this study as it offers the most accurate process for gathering research that is unbiased and a true representation of the participants' experiences. Aspers (2009) defined phenomenology as "that which appears" (p. 1). Aspers pulled his insight and understanding from Husserl, the founding father and a great philosopher of phenomenology who based the concept on one's experience does not start from without but from within in the form of language derived from awareness and the mental directedness that accompanies it. Furthermore, Husserl believed that studying phenomena comes from the foothold used to establish understanding of how one perceived his/her experiences and not from sets of assumptions about an experience (Aspers, 2009).

Perceptions of an experienced phenomenon influences behaviors possibly shared among others who experienced the same phenomenon. Understanding is intricately intertwined with the experiences, as it is being experienced; phenomenology is, at its heart, an attempt to unweave these intricacies to establish an interpretation of the experience (Natanson, 1986). Schultz referred to phenomenology as the process of gaining insight into one's inner world (as cited in Natanson, 1986). Schultz, like Husserl, agreed one's experience is housed inside the mental constructs from which he or she experienced the phenomena (as cited in Aspers, 2009). Uncovering these experiences, layer by layer, exposes at the root the essence of the phenomena being reviewed; it is in review, the true meaning is derived (Natanson, 1986). It is also in this understanding of phenomenology, the researcher is qualified to inquire about a particular phenomenon being studied; methodically reviewing the phenomena through the mental constructs of

those who experienced the phenomena is the basis of gaining insight into a human experience.

Studying phenomena implies the researcher is methodically inquiring of a particular human experience (Natanson, 1986). This study originated in my belief that the type of attachment developed between child and primary caregiver influences an individual emotionally and mentally as well as academically. The desired outcome of this study was to provide meaningful data expressed by participants through shared experiences, beliefs, and perceptions resulting from primary caregiver influences. Within the findings, analysis revealed perceptions of attachment influences how participants believed this affected their social, emotional, and mental health as well as their academic achievement. The perception of familial attachment influences were used to develop a list of common experiences shared among participants. This insight informs schools, administrators, counselors, counselor educators, and mental health workers which interventions and preventions best meet these needs.

The way we work with children at risk for premature departure in primary and secondary schools can be enhanced with the findings of this study. Data interpretations of interview transcriptions, the Life Map (Trent, 1998), and a poem, movie, or book title provided insight into the derived meaning of participants' familial attachment experiences and their perception of how this influenced their premature departure from high school. The remainder of this chapter will encompass an overview of research design and rationale, role of the researcher, methodology, participant selection,

instrumentation, data collection procedures, participant recruitment, data analysis plan, trustworthiness, ethical procedures, and a summary.

Research Design and Rationale

In a phenomenological study, a central question provides the opportunity to obtain the essence of lived experiences as perceived through those who experienced the phenomenon (Natanson, 1986). The phenomenon explored in this qualitative study was familial attachment type experiences shared between participant and their primary caregiver and how this influenced academic achievement. According to Bowlby (1988), every child enters the world with an innate drive to attach with her or his primary caregiver. In this study, participants share two common phenomena: premature departure from high school and an attachment bond (secure, ambivalent, or avoidant) with their primary caregiver. The perception of their primary caregiver attachment relationship will provide answers to interview questions and, of particular interest, how these experiences may have influenced premature departure from high school.

Qualitative research is steeped in gaining understanding and insight into lived experiences. Creswell (2009) stated, “qualitative research is used as a broad explanation for behavior and attitudes and it may be complete with variable, constructs and hypotheses” (p. 61). The core meaning for gathering data to create a hypothesis is based on the information gathered. In qualitative research, the researcher is giving meaning to life experiences, beliefs, and attitudes for individuals or groups (Creswell, 2009). Qualitative analysis is at its deepest core concerned with gaining insight into the explored area of research. Exploration occurs because of open-ended questions and personal

observations provided by those experiencing a phenomenon. The findings provide insight as a means for informing others as if having been there firsthand (Creswell, 2007).

A hermeneutic phenomenological qualitative approach was been selected as the research method for this study. Hermeneutic is best defined as interpretative, understanding human experiences through their perspective (Willis, 2007). The phenomenon in this study involved familial attachment experiences and early departure from high school. I looked specifically at participants' beliefs about their attachment relationship and its influence on their early departure from high school. The rationale for choosing a hermeneutic phenomenological approach lies in the interpretivism required for this study. Interpretivism is best described as a layering approach (Miles & Huberman, 1994). In this study, semistructured interviews, using questions and probes, were conducted to obtain participants' beliefs about their primary caregiver familial attachment influences and early departure from high school. Analysis of transcriptions provided the essence or rich description that provided meaning and understanding. The insight gained from transcription reviews drew out the essence of the lived experiences. This is interpretivism at its best.

A final thought regarding interviews, drawing out the essence of participants' experiences involved a process called triangulation. Triangulation is a process occurring after transcriptions are completed; the researcher returns to the participants and reviews the extracted data to determine its accuracy. Using multiple reviews of extracted and interpreted meanings from interviews, in addition to, other data points, increases the validity of the meaning and understanding of the phenomenon being studied (Creswell,

2007). Transcribed interviews, Life Map (Trent, 1998) and movie, poem, music, or book title analysis shared with participants (triangulation) to corroborate my accuracy, of capturing the true meaning of their experiences, ensured the validity and credibility of this study.

Role of the Researcher

I am in my 25th year as an educator and my 17th year as a school counselor. In the role of school counselor, I have fulfilled consultation roles with educators, parents, district personnel, and community stakeholders. In the upstate areas in which this study occurred, I have never held the position of a GED instructor nor have I been a school counselor or community counselor where the sampling was drawn from. As the school counselor, I have advocated for detached students for many years; I have spent hours working with these students to pull them out of their shells and find meaningful ways to feel safe and become a member of their school community, especially in the classroom. When I shared my interest in working with students who prematurely departed from high school, I was met with enthusiasm and open access to the GED classroom(s).

The tenure I possess as an educator is a plus in the role of researcher. Having worked with students who are detached, failing academically, have lower aptitudes, and are burdened by the dysfunction of their homes, I bring to the researcher's role understanding, experience, and ability to delve deeper into the participant's responses. As a researcher, I bring understanding of Maslow's Hierarchy of Needs (Beckett & Taylor, 2011), Piaget's Developmental Stages (Beckett & Taylor, 2011), and Erikson's Psychosocial Stages of Development (Beckett & Taylor, 2011) that enable insight and

understanding of how attachment or the lack of attachment has affected the participants and limited their growth emotionally, socially, and cognitively.

As the researcher, I bring 25 years of working with students in kindergarten through 12th grade. As a result, I bring a general bias to this study. I have been constantly aware of the needs of students and the influences of their familial relationship successes and failures. Being aware of this bias and keeping interviews, open ended is the best means for ensuring the participants are heard and their stories are told without my influence. Interview questions were designed from the rich reviews of literature involving familial attachments, bonding, types of attachments, family stressors, mental and emotional wellness, and socialization. Interviews were conducted using open-ended questions in such that researcher bias was kept in check with inquiries and probes that established and supported the participants' conversations and disclosures ensuring accuracy of being heard and understood.

Methodology

In research, samples are chosen based on the sampling strategy (Patton, 2008). In this qualitative phenomenological study, the method of sampling strategy type was purposeful. According to Creswell (2007), choosing a specific site and individuals because of their ability to provide purposeful information is known as a purposeful sample. When considering the sampling strategy for this qualitative phenomenological study, participants were selected based on their involvement current, or previously, in a GED program, being between the ages of 18 to 30 and having departed prematurely from high school.

Procedures for Recruitment, Participation, and Data Collection

Selection of Participants

In phenomenological studies, the number of participants is directly related to saturation. Saturation is the point where shared information becomes repetitive and contains similar words used to describe and define the experiences (Patton, 2002). I used two GED classes to obtain participants. GED classes are offered twice per day, morning and evening. The process of selecting participants began by placing posters in the classrooms and on the bulletin boards in the centers where GED classes are held. In addition, GED instructors announced the study and students who requested information were provided such by the instructor. Participants who initiated interest with the GED instructors were handed the envelope. The envelope contents include a letter to potential participants (Appendix F), participation consent form (Appendix A), requirements to participate, interview questions, and the researcher's contact information.

Participant pool refers to a group of individuals who agree to participate in a study (Patton, 2008). For this study, the participant pool consisted of GED students; aged 18 to 30 who volunteered to participate. Selecting the participant pool brings two points that must be considered to ensure selection of participants is ethical, Moustakas (1994) discusses the need to consider ethnic and cultural make up of a participant pool and to be conscious of unseen factors such as, socioeconomic and religious influences. In this study, GED students who volunteered determined the makeup of ethnicity, gender, and age. Prior to the interviews being arranged, a phone or email consultation occurred with

those who indicated interest in participating. During the phone consultation, a face-to-face meeting was scheduled to complete the interview.

Data Collections

This study utilized interviews by which participants and I will engaged in a rich verbal exchange of conversation aimed at obtaining the life stories, specifically, perceptions of their familial attachment experiences and influences on premature from high school. In addition to the interview, participants were asked to complete a Life Map (Trent, 1998). The Life Map (Trent, 1998) utilizes symbols such as road signs, soft shoulders, roadblocks, open roads, divided road, potholes, and dead ends to illustrate their life experiences relationally with their primary caregivers. In additions, interactions in their homes, socialization, family stressors, and academic achievement were part of the choices made to describe their primary familial attachment relationship.

Analysis of the data began with transcribed interviews. Transcriptions were bracketed based on the questions. Bracketed statements were further analyzed via horizontalization, a process whereby every statement has equal value. Statements are then reviewed for repetitiveness; these are then extracted as themes. Composite textual descriptions were derived from the extracted themes. In chapter 5, both composite and individual textual descriptions (meaning, essence of experience) are provided. The analysis was further used to derive at structural descriptions both individual and composite; structural descriptions provided the essence of participants' attachment experiences and influences upon their lives. The final transcriptions and Life Map (Trent,

2008) will go into a private and secured file for later comparison with others involved in the research to determine common themes and experiences.

The sampling recruitment began with 10 to 15 adult GED students; these 10 to 15 participants were selected based on the way in which phenomenological studies are constructed. When studying a phenomenon, it is true that all the participants will have experienced the same phenomenon; however, it is precarious to think they all experienced it the same way and reacted to the experience the same way. Sampling in phenomenology builds upon information obtained from participants. In this study, I began with five interviews. I transcribed and then analyzed the first five interviews. Common statements assisted in adding probes and altered questions for participants 6-10 in order to gain a richer understanding of the phenomenon (Creswell, 2009; Moustakas, 1994). I continued this process for interviews 11-14. Data collection reached saturation with 14 interviews. The point where shared information became repetitive and contained the same language was the point where their experiences reached saturation.

Using individual participant experiences as a means to gain insight into a phenomenon is considered a phenomenological interpretive approach (Moustakas, 1994). A phenomenological interpretive approach was the framework for this research. Understanding how individuals experience a phenomenon meant becoming completely immersed in participants' responses. The questions utilized for interviewing provided participants and I the opportunity to exchange communication aimed at reaching rich descriptions of their familial attachment experiences.

This was a voluntary study, all participants were willing volunteers, and participation remains anonymous. Participant recruitment occurred over two ways. The first was posters being placed inside the GED classrooms and on the bulletin boards within the community center. These posters outlined the research study, my contact information, and requirements to participate. The second means for recruitment involved the GED teachers announcing to their classes a study is being conducted and where envelopes containing an invitation to participate could be found.

Participants' who showed interest communicated via phone and during the phone consultation, a review of the envelope contents were discussed and a face-to-face meeting to conduct an interview was scheduled. At the agreed upon interview meeting, participants signed the Informed Consent (Appendix A) identifying their willingness to participate in this study. Informed Consent outlines the procedures utilized in the study. Procedures included, topic of study, interview questions, research based study, purpose of the study, participant requirements, descriptions of foreseeable risk and benefits when participating, types of assistance provided for those who experience discomfort, debriefing of participant process, and statement of confidentiality.

Interview Process

During the initial phone consultation, a meeting was scheduled to conduct the interview. The interviews were privately conducted either in the community or in counseling center. At the interview, the informed consent was reviewed in detail. Participants were asked if they would still like to participate and upon agreement, the consent was signed. A semistructured interview approach was used. I individually

interviewed each participant using open-ended questions and allowing plenty of time for processing thoughts. Each interview time had been set up for a minimum of sixty minutes. At the conclusion of interviews, participants completed a Life Map (Trent, 1998) and selected a poem, movie, music, or book title that best described their primary familial attachment relationship experiences. The interview was aimed at providing opportunity for participants to share responses that related back to the central question (What are the experiences of primary caregiver attachment among GED students?) defining the purpose of this study. Participants were encouraged to give detail of their beliefs, feelings, memories, decisions, stressors, education, and behaviors as a member of their family and the relationship influences experienced with their primary caregiver.

Interview Questions

Throughout the review of literature, common explanations and findings continued to emerge regarding familial attachment influences on relationships. Common findings surrounded family stressors impacts familial attachments and academic achievement. Socialization also was a focus point as research supported social interactions is tied to security and safety and both are directly influenced by the type of familial attachment bond developed between child and their primary caregiver. Proceeding with this knowledge, the concepts that continued to emerge from research were used to develop the interview questions. Interview questions were open-ended and encouraged extended answer responses as a means to reach the full essence of the participant's experience. At points where participants may express less, probing was used to get to the depth of their experience.

Interview Questions and Review of Literature Connectedness

Interview questions (Appendix C) were developed as a means to extract familial attachment life experiences as perceived by participants. The questions were developed based on the review of literature studies involving attachment theory, attachment types, familial stressors, psychosocial development, and socialization. As noted in Chapter 2, various common themes emerged from reviewing relevant literature; these themes intentionally informed the creation of interview questions and as an added measure to ensure researcher bias did not sway the direction of questions or progression of questioning.

Familial attachment influences an individual throughout their life span (Borelli, et al. 2010). Proceeding with this thought, a person's experiences are their perceptions of what they experienced so much so, two people can experience the same situation but have different perceptions. Maxwell (2005) cautions researchers to minimize their influence over the participant and at all points throughout the completion of the questionnaire and interview to stay steadfast in their personal awareness for influence (Creswell, 2007). Creswell (2007) strongly urges the researcher to maintain open dialogue with the participant in effort to develop trust. Developing rapport was crucial to creating an inviting atmosphere in which obtaining data was a natural exchange of language between the participant and me. I maintained rapport by modeling unconditional positive regard and transparency to create a safe atmosphere for rich language exchange.

Initiation of Study and Invitation of Participants Letters

Participants had two ways of being invited to participate in this study, first, the use of posters placed inside community centers and second, GED instructors announcing the study and providing students locations where envelopes can be obtained. The contents of the envelope include a Letter of Participation (Appendix F), Informed Consent Letters (Appendix A), Formal Interview Questions, (Appendix C), and my contact information. Sharing one's historical memories regarding primary caregivers can potentially trigger emotional distress, to ensure participants that their emotional and mental health was considered, counseling services information was provided and a list of self-help books as a means for closure to their emotional discord was provided. (See Appendix D)

Predata Collection Observation of Participants/Bracketing

Observations of participants are significant for identifying potential biases that may influence interpreted themes that emerged during the interview process. Identifying preconceived notions, beliefs, and personal experiences on the front end will limit the potential for biases that may color the interview process or stymie the rapport built between the participant and myself (Moustakas, 1994). Removing the lens from which I see the world and adjusting my vision to seeing the world through the participants' lens requires personal awareness of judgments and biases. The potential for unconscious judgment is possible leading to my influencing the results instead of participant leading results; therefore, I needed to identify any judgments to bypass a potential pitfall in this qualitative study (Moustakas, 1994).

Qualitative research uses scientific inquiry, therefore, in this study; I was operating in the role of a scientist. Scientific inquiry required that I use my senses while interviewing participants; hearing shared stories immersed me in participants' life experienced thus providing a mental visualization. A key to insightful understanding requires using intuition, as a means for developing probing questions so participants can express the depth of their experiences, intuition was incorporated.

During the interviews, an iPad digital recording device with associated iPad recording app was used. The device was turned on at the onset of the interview, participants were identified by a letter and a number, and the interview began. Interviews were conducted in which questions were asked and participants were given time to respond. At the end of various interview questions, I asked for clarification or probed for further understanding. This process continued until the interview questions were completed and participants were given an opportunity to share anything else they would like to add. Debriefing occurred at the end of various interviews to ensure the participant was leaving mentally and emotionally well.

At the conclusion of all interviews, I placed the iPad in my locked case until I arrived at home where I transferred the digital recording to a cd. Upon ensuring the cd had maintained the interview, the digital recording was erased and the cd was placed in the participants secure file in my home. Within the first two to three days following the interview, I transcribed the interview into a word document that outlined the entire interview.

Ethical Concerns

In conducting research, ethical guidelines are of utmost importance. Ensuring ethics are followed; several points were reviewed for potential ethical concerns. Dual relationship has the potential for harm. Realizing I am doing research within the community in which I live, I looked closely at the potential of duality. Educationally, I do not have a past with the areas in which I will conduct research that conflicts with my role as researcher. The range of age for this study is 18 to 30, I have spent the last 7 years in an elementary setting, and previously I was in a middle school. Students who are currently involved in the adult GED classes are aged 18 and above; however, it is possible that by chance someone in the classroom is known to me due to being a community member. Another ethical concern is biases. I bring a rich heritage of work with students in kindergarten through 12th grade. Having experienced each grade level, each age group, and multiple cultural groups, I bring vast experience with education, students who prematurely depart high school, and meeting the psychological needs of students. Having witnessed the effects of primary caregiver influences upon children, it is my personal belief that academic achievement is directly impacted by primary caregiver influences. To avert this potential ethical concern, I reached out to committee members, specifically my methodologist as a means of management.

A final ethical concern is power differentials. At this point, other than being a professional educator in the upstate region of a southeastern state, I do not possess personal power over those who agreed to participate; however, a power differential does

exist by virtue of education level. I made every effort to balance the power differential using unconditional positive regard and developing rapport with my participants.

Data Analysis Plan

In a qualitative phenomenological study, Creswell (1998) provided an outline for which researchers approach data analysis. Creswell's outline is as follows, (a) the researcher provides insight into the phenomena as he/she personally experienced (b) participants' experiences of the phenomena are expressed through responses to open ended questions (c) utilizing horizontalization, statements or clusters are equally listed, (d) grouping of statements occurs and provides meaning to the cluster statements, actual events and experiences are expressed, (e) researcher intuition is used to give insight into the participants' shared experiences, (f) based on researcher insight, a meaningful description of the experiences is provided, (g) the researcher provides a conclusion where all experiences are expressed in a conclusion.

The data collection process is pertinent for credibility and validity to be established. In this phenomenological study, various types of data were reviewed. In addition to the interview, participants completed a Life Map (Trent, 1998) and identified a poem, music, and movie or book title to express their relationship with their primary caregiver. The aim of these additions to interviews is to get at the heart of their familial attachment experiences through written and creative expression.

Data Analysis

In reviewing the data, I used horizontalization, a process by which clusters of meaning were derived from the participant's interviews, My Life Map (Trent), and the

music, poem, book, or movie title submission; clusters of meaning were then transposed into constructed sentences that gave expression to how the individuals experienced the phenomenon. Transposed constructed sentences offer a summarization of the participants' experiences; themes were developed from the summarizations providing the essence of the lived experiences. Analysis of the data began with transcribed interviews. As previously mentioned, transcriptions were bracketed based on the questions and these statements. Utilizing horizontalization each of the participants, statements were given equal value. From the horizontalization, statements were scanned for repetitiveness. Repeated statements were identified by codes. These codes were further developed into themes. Composite textual descriptions were derived from the extracted themes. In chapter 5, both composite and individual textual descriptions (meaning, essence of experience) are provided. The analysis was further used to derive at structural descriptions both individual and composite; structural descriptions provided the essence of participants' attachment experiences and influence upon their lives, in other words, the essence of the phenomenon.

The horizontalization process involves reviewing data ensuring validity and credibility is achieved. Horizontalization begins with data analysis of the transcribed transcripts, reading the transcriptions and looking at the meanings of the experiences as told by the participants. This is done using a horizontalization coding process. I placed the information into columns based on attachment type, attachment experiences as related to academic, emotional, mental, social influences and outliers. The participants responses were placed into these columns and this process continued through the first five

interviews. At the conclusion of the first five interviews, comparisons were done between the columns and various themes that are alike were identified. The extracted common meanings from interviews 1-5 informed the direction in which interviews were conducted with participants 6 through 10. This process continued until saturation occurred.

The process of analyzing data began with how data was handled. Analysis began with reviewing the pieces of data, this process included the following pieces, (a) My Life Map (Trent, 1998), (b) CDs that contain the interviews burned from the digital recorder (c) all researcher notes, transcriptions and other file contacts were reviewed for common themes, (d) the researcher provided an overview of how the phenomenon was experienced as perceived from the research participants, (e) columns were used to list the common statements stated by the participants, (f) statements were further divided into common themes and codes, (g) beginning with what happened and listing an outline of events provided a picture of the phenomenon (textual delineation), (h) culmination of the essence of the participants' experience in written form, (i) coding of common themes and outliers through analysis of textual delineation.

Issues of Trustworthiness

In this qualitative phenomenological study, self-report data from participants provided insight and a means for creating a picture with words that described their experiences with familial attachment and premature departure from high school. The result of this study relied solely on the participants' shared experiences as told through words, Life Map (Trent, 1998) and selecting a movie, poem, music or book title that best describes the relationship with their primary familial caregiver. The main purpose of a

phenomenological study was to get to the essence of the phenomena being studied by way of shared explanations given from those who actually experienced the phenomenon. The credibility and validity of this qualitative study was dependent on the shared experiences of those who participated in the study and their perception of those experiences. Several methods were usable for ensuring credibility of the researcher's theme extraction; two in particular, one, triangulation and two, the use of my committee, particularly my methodologist. Triangulation and the use of committee members reviewing the data were essential to making this a credible study in addition to the second meeting with the participants to ensure credibility and validity occur using triangulation.

Triangulation is rooted in a term called land surveying (Creswell, 2002). Interviews offered participants a means to tell their story; however, going beyond the words and actually getting to the root is the landmark of influence that provided understanding of participants' perspective (Patton, 2002). Triangulation allows analysis to occur from more than one style (Patton, 2007). When various analyses are used and the obtained, themes and codes are extracted with the same meaning, this consistency is referred to as triangulation.

Miles and Huberman (1994) outline multiple ways to ensure the quality of the data collected in qualitative research. I utilized the following three, getting feedback from participants (triangulation), data plausibility, and congruent theoretical results that match the theory used to inform the study. In the case of this phenomenological study, it is pertinent to return to the source of one's data and clarify data analysis for accuracy. Analyzing data means identifying major and minor categories (Janesick, 2011). When

analyzing the data, I brought personal experiences in the field and the participants brought expertise of the phenomena. Asking participants to confirm my analysis makes for stronger data. In addition to being stronger, participant's authenticity of data will also give plausibility to the shared phenomena being studied. When looking at the data from the participant's affirmation, bias is limited and plausibility is at its highest stake for potential effectiveness. A final strategy is determining if the findings are congruent with the theoretical base for which the study is grounded in. In this case, I used attachment theory studies conducted by Bowlby (1984) and Ainsworth (1990) specifically the three types of attachment that grounded this study. Furthermore, attachment theory provided insight into participants' shared familial attachment experiences and how they perceived the experience influenced them, particularly their premature from high school.

Credibility and Internal Validity

The credibility or internal validity of this study was established through triangulation, saturation, and peer review. Triangulation occurred following coding and theme identification. I went back to the participants and inquired of the accuracy of transcription analysis. Codes and theme extraction accuracy is pertinent to conveying the essence of the phenomena being studied. Triangulation created credibility by way of participants' validation of themes and codes extracted from their interview transcriptions. The use of 14 participants increased the chances of saturation and ensured credible results. Saturation is the point in which the participants no longer provide new material when answering interview questions. According to Given (2008) the point in which results from participants no longer yields any new or relevant data saturation is best

defined as. Furthermore, saturation occurs when the theory that is grounding the study is supported by the data offered from the participants and nothing new is being offered (Moustakas, 1994). The final credibility piece for this study was the use of committee members, specifically my methodologist to review the results. After I had coded and identified themes from the interviews, my methodologist reviewed the codes and transcripts to ensure the credibility of themes as well as ensuring researcher bias had not influenced the analysis.

Transferability and External Validity

Future research of attachment types and academic achievement as presented in this study is dependent on transferability. Transferability refers to researchers building upon current and related research further developed an understanding of a given phenomenon (Moustakas, 1994). The goal of this study was to determine the lived experiences of attachment bonding and how this relationship influenced participants' academic achievement particularly, premature departure from high school. Patton (1990) refers to phenomenology as thick description achieved through analyzing codes and themes. Providing a thick description of the experiences of those interviewed will increase the transferability and external validity, future researchers can vastly benefit from the thick description or coding themes of the attachment bonding influences on the individual, especially academic achievement in a rural upstate area of a southeastern state.

Ethical Procedures

Phenomenology is a qualitative method adhering to gaining insight and understanding of the personal experiences a particular phenomenon. Phenomenological study involves the participants self-reflections thus the accuracy of these reflections as well as researcher coding is pertinent when considering ethical concerns. The Institution Review Board's approval was based on identified standards and the research meeting these standards. Plagiarism is a major violation of the research process and breeches all ethical guidelines.

The research identified in this study was the result of interviews with GED students past or present who prematurely departed high school. Triangulation and peer review provided the support to ensure ethical guidelines were followed. Upon IRB approval for research, I begin data collection in May of 2014. Utilizing the IRB application that outlined research methods systematically, I followed the IRB application steps accurately and consistently. To change the procedures, results or falsify data would be an ethical violation and fail to ensure credibility of the study. Crediting and citing authors, coding, theme extractions, and providing results was significance for following ethical behavior and guidelines. The use of ethical codes and guidelines established by the researcher's creed, is the protocol and expected behavior when IRB provides approval for research to begin. Guidelines outlining the storage of material from interviews, My Life Map (Trent, 2008) and poem, music, book or movie title selection were maintained in secure file. The interview transcriptions were placed in files per participant, identified by letter and number, and then placed in a locked file cabinet for the duration of the

research. Confidentiality and ethical behavior are things I take seriously. I complied to ensure the results are credible with the existing scientific findings regarding attachment relationship influences.

Summary

In summary, Chapter 3 provided an explanation of the methodology used in this qualitative phenomenological study. The chapter began by outlining the study's purpose as gaining insight into the lived experiences of high school dropouts and their attachment influences. The remaining sections covered, research and design, role of the researcher, methodology, instrumentation, participation, recruitment, data analysis, trustworthiness, and the final section outlining the ethical concerns. IRB review and approval transitioned the dissertation from actively reviewing literature and writing a proposal to actively researching the approved proposed study. Chapter 4 will provide the interpretation of transcribed interviews, coding and theme extraction through visual displays of data tables. Chapter 5 will include the research findings' interpretation, recommendations, implications, and conclusions.

Chapter 4: Results

Introduction

Chapter 4 includes a comprehensive overview of the findings for this study. Employing a semistructured interview, 14 GED student participants' life experiences were explored. Insight into primary caregiver relational influences, specifically beliefs about influences upon premature departure from high school were obtained. Participants' willingness to share common experiences produced rich themes among participants resulting in themes supported by theories used to anchor this study. As previously mentioned in both Chapters 1 and 2, familial attachment has the greatest influence on a child's ability to navigate and explore his or her surroundings (Bowlby, 1982). When children bond with their primary caregiver, a secure, ambivalent, or avoidant attachment is developed, and affects the child emotionally and mentally throughout their lifespan (Ainsworth, 1990). Furthermore, familial influences and academic achievement are relationally linked. As previous research has indicated, 40% of students who prematurely departed high school identified family as the greatest influential factor (Hammond et al., 2007; Larose et al., 2005). The common themes among participants provided insight into the type of attachment and its influences upon their life, specifically their premature departure from high school.

In addition to the research outcomes, Chapter 4 includes a review of the purpose of this study, research questions, and description of the setting, demographics, data collection, analysis, and evidence of trustworthiness.

The Research Purpose and Questions

The purpose of this qualitative interpretative phenomenological study was to gain insight into the lived experiences of adult GED students who prematurely departed high school and the perceptions of their primary caregiver familial attachment influences. Specifically, this study examined areas influencing academic achievement upon premature departure from high school, including academics, mental stability and instability, emotional ineptness and immaturity, and various socialization challenges.

The central question was as follows: What are the experiences of primary caregiver attachment among GED students? In further dialogue, some of the subquestions explored included the type of attachment the participant had with the primary caregiver, familial stressors, academic achievement influences, and mental, emotional, and social influences within the home and school:

1. How do GED participants describe the attachment type they developed with their primary caregiver?
2. What do GED participants recall about their early childhood educational experiences?

Setting

The setting for interview completion was selected by each participant. Two sites were used to conduct interviews. A local community center was used to advertise voluntary participation in this research study. A poster was placed on bulletin boards both inside and outside the GED classroom. The general directions on the poster were to call a listed telephone number to volunteer. Within the setting, the GED instructor was involved

in communicating with participants who inquired of her information regarding the study. After communicating with me the interest of students in her classroom, previously provided information packets (envelopes) were distributed to students, or they were directed where to obtain materials. Envelopes were given to the GED instructor to provide for students who inquired about the study in addition to those placed near the posters. The contents of the envelope included (a) the informed consent (see Appendix A), (b) formal open-ended questions (see Appendix C), and (c) the letter to the prospective participant (see Appendix F). Upon receiving the envelope and reviewing contents, students then communicated via phone or email to indicate their interest in participating. Participants who responded to the invitation were asked to select their preference of location to complete the interview. The majority of the participants (13 of 14) selected the community centers for completing the interviews due to accessibility and an absence of transportation to alternate sites. When participants selected the interview location, I communicated with the center to schedule the use of a private location to conduct the interview.

Two community centers were used based on spring and summer term GED class locations. The students who were enrolled in the spring semester were housed in one location; however, the summer term was only offered in one general location, which became the hub for all students in the county enrolled in the GED program. The spring term community center offered me the use of a private office space to conduct the interviews. The office contained typical office furniture including a desk, chair, and a sitting area with a small sofa, coffee table, and two chairs. The second community center

used as the summer hub for GED students provided me with an empty classroom in which to conduct the interviews. This classroom was away from the main flow of traffic and contained a few tables and chairs, as the majority of the classroom furniture was being stored for summer. One other room, a counseling office was used within the community center and it contained one conference table and six chairs.

Participants selected the locations and interview times based on convenience, availability, proximity, and transportation. Interview times ranged from early morning to late evening, depending upon class or work schedules.

In reflection, the interview times and locations were unencumbered by traffic flow, interruptions, or time constraints. During each interview, participants were willing to share their life stories, while being and each completed a Life Map (Trent, 1998). No physical handicaps limited participants from being able to move to and from the interview and each was able to speak clearly and convey their life stories with intelligible clarity.

Demographics

The sample used in this study included 14 participants made up of five males and nine females. Genders were identified as 79% female and 21% male. The majority, 13 of 14 participants, were current GED students. The range of age for females was 18 to 30 years while males were 18 to 25 years. The mean age was 23; median age 22, and mode ages were 18 and 19. Only gender and age were used to identify demographics. Ethnicity was not used due to the small sample not providing enough information to draw conclusions regarding race/ethnic influences. Participants selected their primary caregiver

in response to the interview question, “Who would you say was your primary caregiver?”

The majority of participants, 11 of 14, selected mother as their primary caregiver. Table 1 presents the demographic data derived from participants during the interview.

Table 1

Demographics

Participant	Gender	Age	GED student	Primary caregiver
20A	F	18	Yes	Mother
20C	F	18	Yes	Father
20D	F	19	Yes	Mother
20G	M	19	Yes	Mother
20H	F	26	Yes	Mother
20I	M	25	Yes	Mother
20J	F	30	No	Mother
20K	F	19	Yes	Grandmother
20L	M	22	Yes	Mother
20M	F	29	Yes	Grandmother
20N	F	29	Yes	Mother
20O	M	18	Yes	Mother
20P	F	22	Yes	Mother
20Q	M	24	Yes	Mother

Data Collections

Upon receiving approval for Walden University’s Internal Review Board (IRB), approval number 05-05-14-0262647, which expires May 4, 2105, I began seeking research participants following the approved protocol. Fourteen participants identified interest in participating in the project, and all 14 participants fully completed the interview process. Each of these participants communicated their desire to participate by picking up an envelope containing participant information, or communicating their interest with their GED instructor, who then provided the envelope containing participant information. The contents of the envelope provided information about the research

project and the eligibility requirements as well as my contact information. The majority of participants requested meeting at the community center where they attend GED classes. An alternate location within the community center, a counseling office was used for a participant who desired another option. During the initial contact via phone or in person, the entire contents of the envelope were explained. Upon completing the envelope content review, those who agreed to participate scheduled a time and date to meet and complete the interview. Prior to the onset of the interview, the Informed Consent was reviewed and signed by both the participant and myself.

Beginning Tuesday, May 13, 2014 through Wednesday July 16, 2014, 14 face-to-face interviews were conducted and recorded. During the week of May 12 to 16, 2014, five interviews were completed. During the week of May 19 to 23, 2014, one interview was completed. A pause in data collection occurred following the second week of interviews as the regular school year ended and summer school began. During the week of June 30 to July 4, 2014, one interview was completed. The remaining seven interviews occurred between July 10, 2014 and July 16, 2014. All 14 interviews were completed during a 9-week period. During the 9 weeks, six completed interviews were transcribed. At the conclusion of the last eight interviews, an additional 3 weeks were used to complete the transcriptions; therefore, a total of 12 weeks were used to conduct interviews and complete transcriptions. Audio recordings ranged from 10 minutes 23 seconds to 92 minutes 15 seconds. At the completion of each participant's interview, I added my thoughts to the Life Map (Trent, 1998) as a way to capture the essence of my observations and interactions.

Participants Profiles

Participant 20A

Participant 20A was female, 18 years of age, and currently a GED student.

Participant 20A communicated to her GED instructor her interest in participating in the study, and a packet of information was provided by the GED instructor. The potential participant called me via telephone, and a review of the packet's contents was conducted. At the conclusion of the conversation, a face-to-face interview was scheduled for an agreed upon time and location. Participant 20A and I met at the local community center where she attends GED classes. An office space was provided by the community center for use while conducting interviews. An Apple iPad with a recording application was placed on a coffee table between the participant and me to record the interview. I involved Participant 20A in answering the interview questions and then completing a Life Map (Trent, 1998). The recording of Participant 20A's interview was 37 minutes 36 seconds and the completion of the Life Map (Trent, 1998) was 15 minutes. When the data analysis was complete, a return visit to the community center was scheduled for a follow up face-to-face interaction to determine the accuracy of the analysis. This took approximately 25 minutes; the analysis was deemed accurate, and no changes were made.

Participant 20C

Participant 20C was female, 18 years of age, and currently a GED student.

Participant 20C communicated her interest in participating in the project to her GED instructor who provided her with a packet of information. She called me via telephone, we reviewed the packet's contents, and I answered any questions regarding the study. At

the conclusion of the conversation, we agreed upon a time and location to meet and complete the interview. Participant 20C and I met at our scheduled time at a local community center where she attends GED classes. An office space was provided by the community center to conduct a private interview. An Apple iPad with a recording application was placed on a coffee table between the participant and me to record the interview. The interview involved Participant 20C answering the interview questions and then completing a Life Map (Trent, 1998). The interview was recorded in two recordings due to a technological glitch; the recording device timed out stopping the recording, thus causing a second recording to be used to ensure the entire interview was recorded. Participant 20C's first recording was 49 minutes 53 seconds and the second recording was 41 seconds. The Life Map (Trent, 1998) was completed in 14 minutes. When the data analysis was complete, a return visit to the community center was scheduled to conduct a face-to-face interaction to determine the accuracy of the analysis. This took approximately 25 minutes, the transcription analysis was deemed correct, and no changes were made.

Participant 20D

Participant 20D was female, 19 years of age, and currently a GED student. Participant 20D communicated her interest in participating in the study to her GED instructor who provided her a packet of information. This participant called via telephone, and a review of the packet's contents was conducted. At the conclusion of the conversation, an agreed upon a time and location to meet and conduct the interview was arranged. Participant 20D and I met at our scheduled time at the local community center

where she attends GED classes. An office space was provided by the community center for use while conducting interviews. An Apple iPad with a recording application was placed on a coffee table between the participant and me to record the interview. The interview involved Participant 20D answering interview questions and then completing a Life Map (Trent, 1998). The recording of Participant 20D's interview was 21 minutes 17 seconds and completion of the Life Map (Trent, 1998) was approximately 10 minutes. When the data analysis was complete, a return visit to the community center was conducted to allow a face-to-face interaction to determine the accuracy of the analysis. This meeting took approximately 15 minutes and accuracy was confirmed; thus, no changes were made.

Participant 20G

Participant 20G was male, 19 years of age, and currently a GED student. Participant 20G communicated to his GED instructor his interest in participating in the study, and a packet of information was provided to him. Communication occurred in person at the community center by invitation of the GED instructor due to phone limitations of the participant. A face-to-face interaction occurred after the GED class on a Tuesday afternoon. During this interaction, the contents of the packet were explained and questions were answered. At the conclusion of the conversation, Participant 20G and I agreed upon a time to return to the community center to conduct the interview. At the agreed upon time, an office space was utilized at the community center for use while conducting interviews. An Apple iPad with a recording application was placed on a coffee table between the participant and me to record the interview. The interview

involved Participant 20G answering a series of interview questions and then completing a Life Map (Trent, 1998). The recording of Participant 20G's interview was approximately 27 minutes 54 seconds and completion of the Life Map (Trent, 1998) was 10 minutes. When the data analysis was complete, a return visit to the community center was scheduled to facilitate a face-to-face interaction to determine the accuracy of my analysis. This took approximately 25 minutes, the analysis was deemed correct and no changes were made.

Participant 20H

Participant 20H was female, 26 years of age and currently a GED student. Participant 20H communicated to her GED instructor interest in participating and a packet of information was provided. Communication occurred by phone and a review of the packet's contents were discussed. At the conclusion of the conversation, an agreed upon time to meet and complete the interview was arranged, Participant 20H and I met at the agreed upon time at a local community center where she attends GED classes. An office space was provided by the community center for use while conducting interviews. An Apple iPad with a recording application was placed on a coffee table between the participant and me to record the interview. The interview involved Participant 20H answering interview questions and then completing a Life Map (Trent, 1998). The recording of Participant 20H's interview was 16 minutes 30 seconds and completion of the Life Map (Trent, 1998) took 14 minutes. When the data analysis was complete, a return visit to the community center enabled a face-to-face interaction to determine the

accuracy of the analysis; this took about 15 minutes and deemed correct thus no changes were made.

Participant 20I

Participant 20I was male, 26 years of age and currently a GED student.

Participant 20I communicated to his GED instructor interest in participating and communication occurred in person at the community center following a meeting with Participant 20I. During the interaction, a conversation ensued discussing the research project and a packet of information was obtained for discussing its contents. At the conclusion of the conversation, an agreed upon time to meet and complete the interview was decided. Participant 20I and I met at the agreed upon time at a local community center where he attends GED classes. An office space was provided by the community center for use while conducting interviews. An Apple iPad with a recording application was placed on a coffee table between the participant and me to record the interview. The interview involved Participant 20I answering interview questions and then completing a Life Map (Trent, 1998). The recording of Participant 20I's interview took 17 minutes 54 seconds and completion of the Life Map (Trent, 1998) took 10 minutes. When the data analysis was complete, a return visit to the community center enabled a face-to-face interaction to determine the accuracy of the analysis; this took approximately 20 minutes and deemed correct thus no changes were made.

Participant 20J

Participant 20J was female, 30 years of age and is not currently a GED student.

Participant 20J communicated by phone her interest in participating in this study. A

packet of information was left for her to pick up and return a call once she had the material. Communication occurred by phone and a review of the packet's contents were discussed. At the conclusion of the conversation, an agreed upon time to meet and complete the interview was arranged. Participant 20J and I met at the agreed upon time at a local counseling community center. A conference room space was provided by the counseling center for use while conducting the interview. An Apple iPad with a recording application was placed on a coffee table between the participant and me to record the interview. The interview involved Participant 20J answering interview questions and then completing a Life Map (Trent, 1998). Participant 20J's interview was 29 minutes 19 seconds and the Life Map (Trent, 1998) was 25 minutes. When the data analysis was complete, a phone call was made to communicate my analysis and to determine the accuracy of my analysis. A thorough review of the analysis was reviewed and deemed accurate and no changes were made.

Participant 20K

Participant 20K was female, 19 years of age and currently a GED student. Participant 20K communicated to her GED instructor interest in participating and a packet of information was provided. Communication occurred by phone and a review of the packet's contents were discussed. At the conclusion of the conversation, an agreed upon time to meet and complete the interview was arranged, Participant 20K and I met at the agreed upon time at a local community center where she attends GED classes. A classroom space was provided by the community center for use while conducting interviews. An Apple iPad with a recording application was placed on a coffee table

between the participant and me to record the interview. The interview involved Participant 20K answering interview questions and then completing a Life Map (Trent, 1998). The recording of Participant 20K's interview was 16 minutes 35 seconds and completion of the Life Map (Trent, 1998) was 20 minutes. When the data analysis was complete, a return visit to the community center enabled a face to face interaction to determine the accuracy of my analysis, this took about 35 minutes; the analysis was deemed accurate thus no changes were made.

Participant 20L

Participant 20L was male, 22 years of age and currently a GED student. Participant 20L communicated to his GED instructor interest in participating and a packet of information was provided. Communication occurred by phone and a review of the packet's contents were discussed. At the conclusion of the conversation, an agreed upon time to meet and complete the interview was arranged, Participant 20L and I met at the agreed upon time at a local community center where he attends GED classes. A classroom space was provided by the community center for use while conducting interviews. An Apple iPad with a recording application was placed on a coffee table between the participant and me to record the interview. The interview involved Participant 20L answering a series of interview questions and then completing a Life Map (Trent, 1998). In the interview, the participant stopped the recording 15 times, each time he was asked one of the interview questions, he would stop the recording until he had thought about his answer and then start the recording again to provide his response, because he did this, the Apple iPad recorded 15 separate recordings for this interview.

The participant identified himself as one who is autistic and described having difficulty thinking while the recording was occurring. Participant 20L's interview was 11 minutes 35 seconds and completion of the Life Map (Trent, 1998) was 5 minutes. When the data analysis was complete, a return visit to the community center enabled a face to face interaction to determine the accuracy of my analysis, this took approximately 5 minutes; the analysis was deemed accurate thus no changes were made.

Participant 20M

Participant 20M was female, 29 years of age and currently a GED student. Participant 20M communicated to her GED instructor interest in participating and a packet of information was provided. Communication occurred by phone and a review of the packet's contents were discussed. At the conclusion of the conversation, an agreed upon time to meet and complete the interview was arranged, Participant 20M and I met at the agreed upon time at a local community center where she attends GED classes. A classroom space was provided by the community center for use while conducting interviews. An Apple iPad with a recording application was placed on a coffee table between the participant and me to record the interview. The interview involved Participant 20M answering interview questions and then completing a Life Map (Trent, 1998). The recording of Participant 20M's interview took approximately 92 minutes 15 seconds and completion of the Life Map (Trent, 1998) was 45 minutes. When the data analysis was complete, a return visit to the community center enabled a face to face interaction to determine the accuracy of my analysis, this took approximately 45 minutes; the analysis was deemed accurate thus no changes were made.

Participant 20N

Participant 20N was female, 29 years of age and currently a GED student. Participant 20N communicated to her GED instructor interest in participating and a packet of information was provided. Communication occurred by phone and a review of the packet's contents were discussed. At the conclusion of the conversation, an agreed upon time and location to meet and complete the interview was arranged, Participant 20N and I met at the agreed upon time at a local community center where she attends GED classes. A classroom space was provided by the community center for use while conducting interviews. An Apple iPad with a recording application was placed on a coffee table between the participant and me to record the interview. The interview involved Participant 20N answering a series of interview questions and then completing a Life Map (Trent, 1998). The recording of Participant 20N's interview was 22 minutes 11 seconds and completion of the Life Map (Trent, 1998) was 15 minutes. When the data analysis was complete, a return visit to the community center enabled a face to face interaction to determine the accuracy of my analysis, this took approximately 25 minutes; the analysis was deemed accurate thus no changes were made.

Participant 20O

Participant 20O was male, 18 years of age and currently a GED student. Participant 20O communicated to his GED instructor interest in participating and a packet of information was provided. Communication occurred by phone and a review of the packet's contents were discussed. At the conclusion of the conversation, an agreed upon time to meet and complete the interview was arranged, Participant 20O and I met at

the agreed upon time at a local community center where he attends GED classes. A classroom space was provided by the community center for use while conducting interviews. An Apple iPad with a recording application was placed on a coffee table between the participant and me to record the interview. The interview involved Participant 20O answering a series of interview questions and then completing a Life Map (Trent, 1998). The recording of Participant 20O's interview was 27 minutes 38 seconds and completion of the Life Map (Trent, 1998) was 15 minutes. When the data analysis was complete, a return visit to the community center enabled a face to face interaction to determine the accuracy of my analysis, this took approximately 35 minutes; the analysis was deemed accurate thus no changes were made.

Participant 20P

Participant 20P was female, 22 years of age and currently a GED student. Participant 20P communicated to her GED instructor interest in participating and a packet of information was provided. Communication occurred by phone and a review of the packet's contents were discussed. At the conclusion of the conversation, an agreed upon time to meet and complete the interview was arranged. Participant 20P and I met at the agreed upon time at a local community center where she attends GED classes. A classroom space was provided by the community center for use while conducting interviews. An Apple iPad with a recording application was placed on a coffee table between the participant and me to record the interview. The interview involved Participant 20P answering a series of interview questions and then completing a Life Map (Trent, 1998). The recording of Participant 20P's interview took approximately 22

minutes 43 seconds and completion of the Life Map (Trent, 1998) was 15 minutes. When the data analysis was complete, a return visit to the community center enabled a face to face interaction to determine the accuracy of my analysis, this took approximately 25 minutes; the analysis was deemed accurate thus no changes were made.

Participant 20Q

Participant 20Q was male, 24 years of age and currently a GED student.

Participant 20Q communicated to his GED instructor interest in participating and a packet of information was provided. Communication occurred by phone and a review of the packet's contents were discussed. At the conclusion of the conversation, an agreed upon time to meet and complete the interview was arranged. Participant 20Q and I met at the agreed upon time at a local community center where he attends GED classes. A classroom space was provided by the community center for use while conducting interviews. An Apple iPad with a recording application was placed on a coffee table between the participant and me to record the interview. The interview involved Participant 20Q answering a series of interview questions and then completing a Life Map (Trent, 1998). The recording of Participant 20Q's interview was 10 minutes 23 seconds and completion of the Life Map (Trent, 1998) was 8 minutes. When the data analysis was complete, a return visit to the community center enabled a face to face interaction to determine the accuracy of my analysis, this took about 5 minutes; the analysis was deemed accurate thus no changes were made.

Data Analysis Process

Chapter 3 included an overview of the process of horizontalization used for data analysis. Horizontalization allows for clusters of meaning to be derived from rich text (Moustakas, 1994). Utilizing this approach, clusters of meaning were derived from a paragraph-by-paragraph analysis; this analysis provided means for constructing sentences revealing how the individuals experienced the phenomenon of shared familial attachment experiences with their primary caregiver and its influence on premature departure from high school.

The process of data analysis began by reading the transcriptions and looking at the meanings of the experiences as told by the participants. Coding was completed by hand, paragraph by paragraph, for each interview. As the paragraphs were read and re-read, similarities, differences, and frequency of common words were identified and coded. The identified similarities, differences, and common term codes were made into sentences providing a theme for the paragraphs. These sentences were then used to develop overarching themes that were common among other participant.

Horizontalization provided a means for repetitious reviewing of participants' interviews, paragraph for paragraph, developing iterative results (Moustakas, 1994). Theme extraction was then used to relate back to the research questions. After the themes were analyzed, the central research question was reviewed and theme analyses were done to determine relationship between themes and research questions. Analysis of themes provided a means for identifying the frequency at which participants' life experiences were directly related to the central and research questions used to develop this study.

Codes

Each of the participants provided in depth responses to the questions provided during the interview. Transcribed interviews provided rich text illustrations of the lived experiences of each participant. During the analysis of data, open coding identified common topics that were frequently expressed. Topic coding was then utilized to provide focused coding which produced grouped data for developing themes. Common codes that emerged among the 14 participant interview responses included (a) origins, “*I came from*” (b) familial relationships, “*We were close*”; “*I was never alone*” (c) familial roles, “*She was always there*”; “*my dad was never around*” (d) health issues or crisis, “*I started having seizures*”; “*I had liver failure*” (e) life altering events, “*my grandmother died*”; “*I became pregnant*” (f) deity intervention, “*God has given me this card*”; “*If it were not for the Lord*” (g) caregiver sacrifices, “*She gave up what she loved for who she loved*”; “*she tried and tried with me*” (h) academic achievement, “*Math was difficult*”; “*When I tried math it was hard*” (i) transferring schools, “*I changed schools 3 times*”; “*We moved around a lot*” (j) familial attachment experiences, “*She was always there for me*”; “*She took me places, helped me with my homework*” (k) fugacious childhood, “*I was like ahead of my time*” (l) instability, “*my father’s absence made me doubt*”; “*mom working third shift, we didn’t have enough money*” (m) independence, “*I didn’t want to depend on her, I have trust issues*” (n) finances, “*didn’t have enough money*” (o) goals, “*I am getting my GED to have a better future*” and (p) discipline, “*I was sent to military school.*”

Topic codes were further developed into focused codes. Focused codes are general categories developed from topic that headline a group of codes (Moustakas, 1994). Focused codes were identified as (a) conflict, (b) caregiver relationship/influences, (c) spirituality, (d) education, (e) disruptive events, and (f) attachments. Focused codes were developed into themes. Themes were developed and supported by theory used to ground this study.

Themes

Codes revealed a plethora of experiences amongst participants who prematurely departed from high school. Upon reviewing focused codes, themes began to emerge among the shared experiences. Themes from focused coding paralleled theory used to anchor this study and provided insightful answers to the research questions developed for this study. Common themes among the participants' attachment experiences included; (a) familial attachment types formed with primary caregiver, (b) secondary caregivers, (c) positive and negative influences of primary caregiver, (d) relationship struggles between caregiver and mate, (e) relationship struggles between participant and peers, (f) participant conflicting struggles within self, (g) health or medical condition, (h) life experiences being under the influence of a higher power (deity), (i) life altered by disruptive and stressful events, (j) risk factors associated with educational difficulties, (k) learning disabled (l) influences and participant's decision to prematurely depart from high school. Common themes woven among the participants' experiences provided insight into both relationship and educational influences by way of sharing their life story.

Participants used rich descriptions to identify their beliefs regarding their life experiences as either securely, ambivalently, avoidant or a combination of secure/ambivalently attached to primary caregivers. Theme analysis answered the two research questions used to develop this study.

(1) How do GED participants describe the attachment type they developed with their primary caregiver?

(2) What do GED participants recall about their early childhood educational experiences?

In reflection of early education experiences, many participants recalled being happy and engaged as learners but around grade, three or four, participants began realizing things were just not quite right and expressed interpersonal struggles as well as academic difficulties. The results section will provide examples of these findings, as well as, a thorough review of the themes and examples from participants' responses to support the analysis.

Results

In a phenomenological study, particularly hermeneutic, themes provide a baseline for outlining common language expressed by those who experience the same phenomenon (Moustakas, 1994). The phenomenon in this study is premature departure from high school as experienced through the lens of attachment with a primary caregiver. Participants' shared stories of experiences of their attachment with their primary caregiver evoked deep responses; these responses were analyzed for common themes (See Table 2) as a means for developing a common language describing participants' life

experiences as an attached or detached individual who prematurely departed high school. Many described their primary caregiver attachment experiences as “warm, loving, and caring”, while others described feelings of being “unwanted, unloved, and unsafe”. Analyzing the themes provided meaning for the 14 participants’ lived experiences as with primary caregivers and how they believe this relationship influenced their lives, specifically, premature departure from high school.

Table 2

Themes Identified in the Study

Themes	Number of Participants
Familial attachment type formed with Primary Caregiver	14
Secondary caregiver	08
Positive and negative influences	
Positive influences	07
Positive and negative influences	06
Negative influences	01
Relationship struggles between caregiver and significant other	08
Relationship struggles between participant and peer	11
Participant conflicting struggle within self	14
Health or medical condition	
Physical Impairment	04
Mental Illness	07
Emotional Impairment	11
Life experiences being under the influence of a deity	09
Life altered by disruptive and stressful events	14
Risk factors associated with educational difficulties	14
Learning disabled (Special education services)	05
Influences on education decision to prematurely depart high school	14

Familial attachment types formed with primary caregiver

During the interview, participants were provided the definition for each type of attachment and asked to select the one that best describes their experience. (See Table 3) Definitions provided for participants were “secure attachments occur when a child establishes confidence in their caregiver’s ability to provide safety, security and provision on a consistent basis, ambivalent attachment occurs when a child’s needs (safety, security and provision) are met intermittently and avoidant attachment develops when a child’s needs (safety, security and provision) are not met. Secure attachment was selected by 7 out of 14 participants, ambivalent attachment was selected by four of 14 participants, a cross between secure and ambivalent was selected by two of 14 participants, and avoidant was selected by one of 14 participants as the best description for the type of attachment they developed with their primary caregiver.

Table 3

Primary Caregiver Attachment Type

Participant	Primary caregiver	Attachment type
20A	Mother	Secure
20C	Father	Ambivalent
20D	Mother	Secure
20G	Mother	Secure
20H	Mother	Secure
20I	Mother	Ambivalent
20J	Mother	Avoidant
20K	Grandmother	Secure
20L	Mother	Secure/Ambivalent
20M	Grandmother	Secure
20O	Mother/Father	Ambivalent
20P	Mother	Secure/Ambivalent
20Q	Mother	Secure

The majority of participants selected their biological mother as being their primary caregiver; likewise, these same participants identified their primary caregiver attachment as secure. Participant 20H provided this insight when referring to the reason they selected secure, “mom always been there...she never left my side.” Participant 20Q provided a description of their secure familial attachment, “I mean, she did whatever she had to do, if I need it, anyway, if I need, not what I want, but what I need, she took care of us though.”

Participant 20A: “Secure...We have always been very open, like our relationship is very open, like our relationship is very open, like I could tell her anything and she always blames the nurse’s child, but I mean we just never, I guess a part of it is, it’s just me and her so, I mean we just always been grounded so we just never had like any conflict you know.”

Participant 20C: “Ambivalent...because it’s like I had a deep repressed anger towards them, but then again, they made me and it’s like I love them and it’s just hard, and it’s like I know I can’t be around it because it’s not good for me.”

Participant 20D: “Secure...She took care of me, when I was sick; she took me to the doctor when I needed it.”

Participant 20G: “Secure...waking me up every morning and going to school, taking me to school, and stuff, yea...telling me what is right and wrong and stuff like that.”

Participant 20H: “Secure...my life really, I guess, she’s just always there, she helps me through whatever I’m going through, even whenever I give up on myself, my mom is always there.”

Participant 20I: “Ambivalent...well, uhm, I mean, I just think it’s because I’ve always been real close to her and even right now that I’m grown up, I’m 25 year old man, I mean I just feel like when she’s far away from me, she’s...just real hard and when she’s close to me, I just feel, you know secure when she’s around like because we’ve always been close, us, me, mother, and my brother and when she is not around, it’s just hard.”

Participant 20J: “Avoidant...I think it uhm, it came from getting tired of vying for her affection. I just realized there is no use in that nothing I would ever do would be good enough.”

Participant 20K: “Secure...without her I would not have been secure for sure, but she definitely made sure I had everything I needed emotionally and everything else.”

Participant 20L: “Between Secure and Ambivalent...Sometimes, more so she did but sometimes she didn’t” (meet my needs).

Participant 20M: “Secure... all of my needs were met, she was real good to me, she was so good to me even sitting here telling you this story, I can’t believe why I left her cause anything I wanted, anything, it didn’t matter how much, how what... why I didn’t’ stay with her and I still don’t.”

Participant 20N: “Ambivalent... well, she was there and she wasn’t, you know what I mean, but she is still there... she drives me crazy.”

Participant 20O: “Ambivalent... I guess if I was raised in like I could get everything I want, then I would be spoiled and you know, I wouldn’t have the best attitude so, some things I asked from my mom, sometimes its yes and sometimes it’s no for either a good cause or just to protect me cause or just cause it’s the right thing to do... I grew up with ADHD so I always wanted to have attention. I have to admit to that and you know sometimes she just didn’t have a choice but to ignore me because I was a little bit crazy, so she did what she could and she took care of me.”

Participant 20P: “Between Secure and Ambivalent... uhm, ambivalent emotionally, you know, just that one time spring break 5th grade, just hat time but other than that my whole entire life has been secure.”

Participant 20Q: “Secure...She did whatever she had to do, if I need it anyway, if I need, not what I want but what I need, she took care of us though.

Descriptions of primary caregivers were provided by participants in response to the interview question, “please provide 3 adjectives that best describes your primary caregiver.” The three words are listed in Table 4. The majority of participants provided positive and caring terms describing their primary caregivers. The two most common words used to describe the participants’ primary caregivers were “caring” and “loving”. Overall, the general terms were positive and showed a kindred affection between participant and primary caregiver. A common descriptive thread among secure attachment descriptions were the primary caregiver was “caring”, “loving”, and “giving”. Ambivalently attached participants described their primary caregiver as “selfish”, “needy”, “strong”, “smart”, and “caring”. The one avoidant attachment provided “smart”, “manipulative” and “wounded” as the best description for their caregiver. Finally, the two participants who identified a cross between secure and ambivalent stated “giving”, “loving”, “a little mean”, “medically inclined”, “loving,” and “brilliant”. The analysis reveals that participants who selected secure as the type of attachment he/she developed with their primary caregiver used multiple endearing terms to describe their caregiver while ambivalent, avoidant, and a cross between secure and ambivalent attachment selected descriptive words without emotional enduring meaning.

Table 4

Participants' Primary Caregiver Description

Participant	<i>Description 1</i>	<i>Description 2</i>	<i>Description 3</i>
20A	Independent	Goal driven	Caring
20B	Selfish	Needy	Unavailable
20C	Caring	Loving	Honest
20D	Blunt	Honest	Caring
20G	Loving	Caring	Forgiving
20H	Strong	Smart	Caring
20I	Smart	Manipulative	Wounded
20J	Forgiving	Understanding	Loving
20K	Giving	Loving	A little mean
20L	Loving	Caring	Kind
20M	Talkative	Sensitive	Ambitious
20O	Caring	Loving	Happy
20P	Medically inclined	Loving	Brilliant
20Q	Caring	Loving	Leader

Participant 20A: *Strong-willed*, “she is really, this could be a positive and a negative...head strong...really head strong.”

Caring, “Because she cares about everybody, she will go the extra mile for people and she goes the extra mile for herself so she keeps it balanced.”

Independent, “They divorced when I was like 12 and ever since (mom) became really both, that is pretty much it.”

Participant 20C: *Selfish*, “he put drugs before me, he wanted to always feel better, make his self feel better...why couldn't you just spend time with me and you be happy doing that or spend time with the family, why couldn't you do that?”

Needy, “he always got mom, she was a nurse, to steal like prescriptions from like the nursing homes and he depended on it, he thought that he actually needed it to live, so she was needy”

Unavailable, “he was always incarcerated whenever I needed him the most.”

Participant 20D: *Caring*, “She would stop what she was doing to help me.”

Loving, “She gave me hugs.”

Honest, “She would always tell me the truth.”

Participant 20G: *Blunt*, “You would have to meet her; she tells it like it is.”

Honest, “She is just an honest person”

Caring, “Just like, she is always there for you, she just like she will help out pretty much anybody.”

Participant 20H: *Loving, Caring, Forgiving*, “She’s just open-minded, you know, she don’t never give up. She thinks that if there’s a will, there’s a way if there’s a possibility the outcome of it is going to be all right.”

Participant 20I: *Strong*, “Uhm...well it’s um...she was living with my dad, for maybe 20 years, and we didn’t have a good life with my dad and um, he was not a very good person, and that’s why my, I mean I think she’s strong and she always will be strong because she put up with all that and we did too, with all my dad mean stuff he, that he did to her and to me and to my brother and sister.”

Smart, “She is smart because uhm, she never gave up on us. Just she never walked out on us like other moms or wives do and just forget about the kids, because she can’t take the, the lot, I mean the husband or the dad, and they walk off, and my mother she never did and she stayed right beside us and put up with my dad and I think that is why.”

Caring, “She cares about everybody.”

Participant 20J: *Smart*: “Because she is, she is very smart. Uhm, she is a math whiz, she retains knowledge very easily, she can read something and understand it pretty quickly, uhm, I don’t know it’s just her, its one thing I do realize she is very intelligent.”

Manipulative: “Because she is, because she is manipulative, her intelligence can be used, you know to get her way or get, and my mom can sell you a bag of dog crap if she wants to and make you think you really need it.”

Wounded: “In reflection, after I realized wounded people wound others, and she wounded her children, their grown, I am not sure what it is, I do know she had a child very early, I am going to say probably about the same time I did, 15, early teens and she gave him to my aunt that raised him and my grandmother that passed away as well but my mother still denies it. I think that was a significant turn in her life.”

Participant 20K: *Forgiving*: “Because there are a lot of things I did to her that I feel like wouldn’t be able to forgive if someone did them to me but she did.”

Understanding: “She was a good shoulder to cry on. Like she didn’t make me explain anything, she just knew if I was upset that, to come to her she was very open like that.

Loving: “She loved in every way, she is the best person I have ever met, she is like an angel sometimes, and I thought she was, she just loved me very much.”

Participant 20L: *Giving* “She gives me stuff and I don’t even have to ask for it yet she still gives it.

Loving: “She is a little over protective.”

Little Mean: “My dad left when I was little and that put a lot of stress on my mom.”

Participant 20M: *Loving*: “No matter how many times I went back to my mama and I decided to come back to her, she always gave me open arms.” *Caring*: “She still treated me like the same little girl that I left, no matter how bad I came back; she still cared the same way for me.” *Kind*: “She never no matter how many times I did run to her, she still kind to me, she still looked at me, I never to that hint, you know you could do something to

somebody and you could feel that hey this person is still mad at me about this, never felt that way.”

Participant 20N: *Talkative*: “Okay, talkative, she will talk you ear off.”

Sensitive to a point: “Where when she gets tears in her eyes, you better walk away and I mean walk away fast.”

Ambitious: “I mean she likes to do stuff on her own, she don’t want to depend on anybody but if she has to she will.”

Participant 20O: *Caring*: “Because she has always cared for me, she has always been there for me and no matter whether she shows it or not, she has always been there for me.”

Loving: “She just, you can tell she does a lot for our family, she’s a lover and not a hater and she just loves the whole family, I mean you can just tell, it’s a mom thing I guess.”

Happy: “Because no matter what she goes through, she always puts a smile on her face.”

Participant 20P: *Medically Inclined*: “She is a nurse and even before she became a nurse, she knew everything, didn’t matter what it was, I could call her and she was right, I would go look up on the computer to make sure and she was right. She knows everything, she is so, so smart. *Loving*: “She is my mom!”

Brilliant: “She is very smart, it’s like she looks at something and she just knows it.”

Participant 20Q: *Caring*: “She tried to show me what to do, I just didn’t, I don’t know.” *Loving*: “She hugs me; every time we leave she tells me she loves me, every time she sees me.”

Leader: “Because she is, she try to tell me to do the right thing, she don’t stir me in no wrong directions or anything that is about it though.”

Secondary caregivers

Regardless of the type of attachment formed with primary caregivers, a common thread began to emerge regarding caregivers; seven of 14 participants identified additional caregivers affected their lives based on absentee parenting, deceased parent, drugs and alcohol, and criminal domestic violence. (See Table 5) Participants 20C, 20D, 20I, 20J, 20K, 20M, and 20N identified secondary caregivers as one or more of the following, grandmother, aunt, brother, mother and or father as a result of one or more of the following, primary caregiver’s death, abandonment, irresponsibility, drug/alcohol abuse, criminal domestic violence, cultural belief or absenteeism. Participant 20C, 20K, and 20M identified their biological mother as a secondary caregiver, participants 20C and 20D identified their grandparent, particularly grandmother as a secondary caregiver, participant 20C and 20N identified their aunt as a secondary primary caregiver, participant 20J identified her father as a secondary caregiver and finally, participant 20I indented his brother as a secondary caregiver .

Table 5

Secondary Caregiver Attachment Type

Participant	Secondary Caregiver	Attachment Type
20A	None	N/A
20C	Mother	Ambivalent
20D	Grandmother	Avoidant
20G	Grandfather	Avoidant
20H	Aunt	Avoidant
20I	Aunt	Secure
20J	Grandmother	Secure
20K	Grandfather	Secure
20L	None	N/A
20M	None	N/A
20N	Brother	Secure
20O	Father	Ambivalent
20P	Mother	Did Not Choose
20Q	None	N/A

Participant 20C: “Me and mom didn’t get along, don’t like her, still don’t like her. I haven’t anything for her. She kicked me out of the house. So it was like, I’m not going to talk to you anymore and you don’t want me. I don’t want nothing to do with you. I was close to my aunt for a little while. She backstabbed me. She told some things that I thought I had confided and she went behind my back and told some things that she shouldn’t have said and added things to it and got me in a lot of trouble. So now, I live with my other aunt and I love her to death. Like her birthday is the day after mine. We believe in like the Zodiacs and all that and like it just happened like two months ago moved in with her, and I feel like I’m in a stable home and I’m okay now.”

Participant 20D: “I live with my grandparents, they are my legal guardians because my mother passed away when I was 9 and my dad lives, he went back to Puerto Rico just to stay there and I guess I have been with my grandparents for the last 10 years.”

Participant 20I: “My brother, he is practically my, my dad, like my older brother. He’s two years ahead of me, but, because my dad he wasn’t really around, so he had to drop out as well, when he was 13 years old just so he can provide for me and my mom and my sister.”

Participant 20J: “My mom left when I was probably, I remember the day, I was probably five, uhm...her and dad had gotten into a fight and I had this little red rocking chair that I absolutely loved and we were all in the corner, me and my brothers, there were five of us in the house at the time and uhm we were all in the corner and they were fighting and she picked up that little red rocking chair and busted it over my dad’s head and the next thing I remember is loading up in my dad’s truck and uhm...and he is telling us we are going to visit our grandmother.”

Participant 20K: “Gosh...don’t, present, that is really hard. Not really, I mean I lived with them (mom and dad) technically but I stayed with grandmother probably 5 to 6 days a week. Not really, that is why I asked you about legal caregivers because she (mom) was

but she really wasn't there at all...I really don't remember her being there in my childhood what-so-ever."

Participant 20M: "What I mean by that is because my mother didn't want me when I was a child, my grandmother went and got me from the hospital and she raised me until I was 5 years old. Then when my grandmother decided to move to _____, my mother was not going for it, you know, she needed help, my mother needed help and she needed that girl role model in her life, to help her so my mother took me from my grandmother at five years old and I went and stayed with her and that is where my life just wasn't supposed, not the way my grandma told me it was supposed to be anyway and that is when a lot of bad stuff started to happen."

Participant 20N: "Okay, well my primary caregiver was my mom. She worked a lot too but she never left me anywhere where I wasn't safe....she worked on and off out through the years, she takes care of my aunt...my second one is the one I was talking about; she took care of me when my mom had to work and stuff, and my other aunt done a little bit too."

Positive and negative influences of primary caregiver

Much of what was discovered in research regarding attachment provided evidence of both positive and negative influences affecting the relationship between primary caregiver and child. Primary caregivers' familial attachment type is primal in influencing

the child; this influence positively and or negatively impacts one throughout their lifespan (Bowlby, 1988). Participants were asked, "Please share your general impression of your primary caregiver," 7 of 14 securely attached participants' impressions were filled with positive life influences, 2 of 14 secure/ambivalently attached participants' impressions were interspersed with both positive and negative life influences, 4 of 14 ambivalently attached participants' impressions were woven with less positive and more negative life influences and 1 of 14 avoidant attached participants' impressions were filled with negative life influences.

Participant 20A: "My mom, uhm, she is awesome. She is great, she uhm, when I got sick, she had to leave from work, take a leave, and that was very stress...that added stress to the whole entire situation but she has definitely been like the person, my person through all of this you know, she is very, she is like the best woman ever. She is just really like, I'm like, I'm her like, were the same person except I'm you know obviously younger, but I mean, like that, just the fact she take, it's just me and her, were just on our own and it has always just been me and her and she is very strong independent and she takes good care of me."

Participant 20C: "Well, he just did everything for me. He went above and beyond. When I was like three years old, I've seen pictures. I had like gold rings on. I'm like three. Gold necklaces, earrings, I had it all. He started doing drugs and he never had had a job."

Participant 20D: “She took care of me when I was sick, she took me to the doctor when I needed it, and she provided a food and a house.”

Participant 20G: “My mom, my dad was really never around, she was always there for me and stuff, me and my two sisters, I am the oldest. She is pushy; she is really pushy, uhm...waking me up every morning and going to school, taking me to school and stuff, yea, telling me right from wrong and stuff like that.”

Participant 20H: “Uhm, my mother is outstanding. She uhm, I give all the credit to her. She’s tried with me, and you know, my brother and my sister for many, many years. Growing up my mother never did any drugs...we grew up in an environment of drugs and things like that, but my mom was never a user...uhm, I grew up in violence, criminal domestic violence and things like that, but uhm, my mom always seems to put up with it for such an amount of time until she’d find a way out, and then you know, she left. My mom practically just raised me and my brother and my sister...so like it never was really the misguidance of our mother, you know. She always did the right thing and worked and took care of us and stuff, and she spent the time with us and things like that that we needed.”

Participant 20I: “My mom, well she is a really nice person. She’s...she cares about everybody. She tries to do, I mean, anything so you can

be happy. She's always there for...for me and my brother, for anybody, friends, and she's...she's just a strong, she's strong, strong woman.”

Participant 20J: “That is a twisted issue, uhm, my mother, my mother struggles with her own issues, there are some big dark things that has affected her that she is not wanting to confront, uhm...she is uhm...very wise, if you sit and talk to her but...so very manipulative, she was very controlling, uhm...she played a lot of favoritism as we were coming up, uhm...she isolated me for a pretty good bit from the rest of the family. Uhm, she has uhm, trying to think what it is called, uhm, I can't think of the name of it, the issue but she uhm...she manipulated us in to thinking she had cancer, most of her life and I think that was for attention issue, for attention, uhm, she uhm...I think she cries out for help and nobody has really ever heard her.”

Participant 20K: “I consider that to be my grandmother, uhm, which was my legal caregiver but she was the person who raised me my whole life. Uhm, she passed away probably three years ago, when I dropped out of high school, uhm, she meant a lot to me, she was definitely like my rock, she was the person who helped me get through a lot of hard times in my life.”

Participant 20L: “I live with my mother and my step-dad; she went to college and got a college degree.”

Participant 20M: “My grandmamma...because all of my needs were met. When I stayed with her, anytime I lay down at nighttime, she always prayed. Anytime I had a problem in school, she was always there. Grandma would stay up all night long until I learnt that word with me and that is something I didn't have at home...she was real good to me, she was so good to me.”

Participant 20N: “Okay, well, my primary caregiver was my mom. She worked a lot too but she never left me anywhere where I wasn't safe.”

Participant 20O: “There are times when it has been good and there are times where it's been bad but I've always been raised a Christian and follow God and go to church and stuff but things happen...I've had a lot and several things happen to me and well, I know my parents are sitting there right behind me fighting for me and doing everything they can to get me to survive in life.”

Participant 20P: “My mom, our relationship wasn't very good when I was younger, uhm...we have an amazing relationship now...she is always there for me, it doesn't matter what I need...she is there and she's the best, she's like my best friend.”

Participant 20Q: “My mama, she is a good person, she been working like at like hotels, cleaning and house cleaning, stuff like that, I got...she

had like 5 kids, I got 2 sisters and 2 brothers, I'm the middle child, that's about it really though."

Relationship struggles between caregiver and significant other

Safety and security were dominating pieces of the foundation for developing secure attachment with one's primary caregiver; however, one of the extenuating factors influencing the attachment between caregiver and participants included marital strife and marital discord. Many studies have been conducted on marital strife and its effect on children; marital conflict leads to maladjustment and problem behaviors (Kaczynski, Lindahl, Laurenceau, & Malik, 2006). Relationship struggles or conflicts occurring between primary caregiver and their significant other were identified by eight of 14 participants as a stressor affecting them mentally, emotionally, socially, and academically.

Participant 20A: "Emotionally availability, uhm, she was, well see, okay that's different because my parents were going through a divorce, I mean, she has always been like the greatest mom but like obviously she was going through a transition in her own life separate from me.."

Participant 20C: "I loved riding in the car, but then again, it was the yelling, the fighting, uhm, the slamming of things and just a lot of fighting when I was younger."

Participant 20G: "My mom and dad used to argue a lot."

Participant 20H: "Grew up in violence, criminal domestic, and things like that."

Participant 20I: “My dad, and uhm, he was not a very good person and that’s why my, I mean I think she’s strong and she always will be strong because she put up with all that and we did too with all my dad mean stuff that he did to her and to me and to my brother and sister.”

Participant 20J: “I was probably five, uhm, her and dad had gotten into a fight, she and dad had gotten into a fight and I had this little red rocking chair that I absolutely loved and we were all in the corner me and my brothers, there were five of us in the house at the time and uhm, we were all in the corner and they were fighting and she picked up the little red rocking chair and busted it over my dad’s head.”

Participant 20L: “My dad left when I was little and that put a lot of stress on my mom.”

Participant 20M: “I went to school, but I was ready to go home to see if she (mom) was okay, there was a lot of fighting, she had a lot of guys and stuff and she always fought, all the time.

Relationship struggles between participant and peers

In Bowlby’s study of attachment, he concluded that children develop an internal model (expectations, beliefs & emotions) of attachment similar to their primary caregiver and this determines how the child attaches and expects others to attach throughout their lifetime (Bowlby, 1969/1988). Children who form secure attachments develops a strong

self-esteem and over time forms healthy relationships (Ainsworth et. al., 1978).

Developmental specialists identify advantages for children who have secure attachments with their primary caregiver; these children are more prone to developing greater social-emotional functioning throughout their lifespan (Kobak, Cassidy, Lyons Ruth, & Ziv, 2005). Feeney (1998) identified in his studies that children who lack secure attachment often experience lowered self-esteem resulting from a lack the confidence in relating to others. Securely attached participants expressed peer relationships that were positive and enjoyable while participants' ambivalently, secure/ambivalent combination and avoidant attached expressed peer interactions had more of a negative impact on their lives.

Participant C: "When I went to high school, I was popular but it was amongst guys and I guess it was because my dad wasn't around so I wanted that attention from a guy and so I would run off with a dude, to like Carver and at the time I started doing pills."

Participant G: "I had a couple of bad times in school, like bullying and stuff...getting picked at and stuff like that because of my size, my weight, and stuff because I was always big."

Participant H: "High school, I just uhm...from, I guess, being treated like the way he treated me for so long, I was um, not a bully but I bullied other bullies that picked on other kids. Uhm, I did not like that a lot. I had a real bad issue with that."

Participant K: "I was a very shy child and I was very anti-social...I was like, different and I was made fun of a lot in school."

Participant L: “It was really hard, the kids made it hard, kids were cruel.”

Participant N: “I really had a bad schooling experience. It all started when me and my well she was my step-sister at the time, we were riding our bikes down a hill really, really fast and she turned quick, I slammed on my breaks and flipped over my handle bars and chipped these two front teeth, and the nicknames started...beaver, beaver, you know the two front teeth.”

Participant O: “I wanted to be right there in the next grade with all my friends, moving up, moving on up in high school and then when I failed, I started to realizing a lot of things, I started to get emotional and depressed and angry all the time because of stuff that went on in my life...I turned my back on high school and started hating people.”

Participant P: “Jealously of other kids and me and my twin somewhat in elementary and middle school.”

Participant Q: “When I was in elementary school, my dad had died, uhm...that was a little rough yea, my home boy I stay wif, he was bad.

Participant conflicting struggles within self

Attachment theory is rooted in both secure and insecure experiences within close relationships, namely that of the primary caregiver and infant; it is the premise for which a child’s attachment experiences inform his/her feelings on an intrapersonal and interpersonal state (Mikulincer, Shaver, Sapir-Lavid, Avihou-Kanza, 2009). Changes

within the home and stresses affecting the family unit can alter a safe bond established with a primary caregiver (Sroufe, 1985). A secure attachment between child and primary caregiver is more likely to enhance the child's ability to regulate their emotions but can still be impacted by changes within the home (Sroufe, 1985). Participants experienced various influences within their home nine of 14 identified struggles based on caregiver influences and most often, the struggles were unresolved.

Participant 20A: "Because I knew she had a lot on her plate so like I didn't want to depend on her like, for everything, because you know she is already doing everything and more for you, you know she is already doing her job and someone else's so, it made me feel like you now, don't be hard on her ever...I remember that I just kind of rolled with it. I didn't really, I don't know, I didn't really deal with my emotions maybe, probably haven't."

Participant 20C: "That is a tough question, because I'm not the type person really that gets close to people, even if they are family. I have trust issues, my dad was the closest to me, he got incarcerated, never trusted anybody since...I had deep repressed anger towards them, but then again, they made me and it's like I love them and it's just hard and it's like I know I can't be around it because it's not good for me."

Participant 20G: “I think when my mom and dad used to argue a lot...kinda of like, just laid, just thought about it and thought about what was going on at the house and laid thee with my head down.”

Participant 20H: “Grew up on violence, criminal domestic violence and things like that...uhm, I feel like maybe we was just, wanted, lack of attention from our fathers in our lives maybe that we didn’t get, so we lashed out and kind of was the troubled kids that we wanted to be.”

Participant 20J: “Absentee, it was not there. At the time, it was viewed as she was working to provide a living for us, to provide a home, you know whatever, but in again, in reflection, I think she really didn’t know how to raise us...I would go into uhm...what I now know is I went into my own imaginary world and created sometimes disastrous circumstances.”

Participant 20K: “She meant a lot to me, she was definitely like, my rock, she the person who helped me get through a lot of hard times in my life...I became very rebellious, I guess I kinda of bit the hand that fed. My grandma who was as if my best friend, I kinda of like, assumed she was my enemy. I thought everyone was my enemy.”

Participant 20M: “My mother didn’t want me when I was a child; my grandmother went and got me from the hospital and she raised

me until I was 5 years old...I would do anything just to have that love still for her (mom), whatever it took for me to just be close to her, I did it...I started getting real rebellious and started drinking every night.”

Participant 20N: “She worked a lot but she never left me anywhere where I wasn’t safe...I was skipping school a lot and doing drugs and stuff.”

Participant 20O: “Everything that he has been through, his whole life with his father passing, away when he was 18, my grandpa, every since then he’s been going through a lot more hell than anything I could think of...All my life I have grown up fearing to fail, and I’ve never wanted to fail.”

Health or medical conditions

As participants began to share their life experiences, a common theme of health and medical conditions began to emerge, of the 14 participants, each identified at least one if not two, physical, mental, or emotional impairment as influencing both their academic achievement and primary caregiver relationship. Having not previously researched health related risk and academic achievement, I returned to the previous research sources outlined in chapter 2, PsycArticles, PsychInfo, SocIndex, ProQuest Central, SAGE, EBSCO, ERIC and PsycBOOKS and one article was found and deemed sufficiently supportive of this theme. Due to the awareness of the potential influence on academic achievement, the physical, mental, and emotional health of American school aged children has gained significant interest over the last few years (Joe, Joe & Rowley, 2009). Joe, Joe and Rowley (2009) identified common health conditions that influence a students' ability to attend school and as a result, potentially lead to lowered academic achievement; the health conditions mentioned resulting in acute and chronic absenteeism include, injuries, HIV/AIDS, heart disorder, cancer, obesity, epilepsy, sleep disorders, kidney disorders, teen pregnancy, depression, ADHD, Conduct Disorder (ODD), and eating disorders. Table 6 illustrates the various types of health or medical related experiences participants shared among participants as influencing their academics, primary caregiver attachment, and general outlook on life. Each of the participants identified a health or medical condition that influenced them physically, mentally or emotionally. The shared experiences were parallel to the findings in study conducted by Joe, Joe and Rowley (2009).

Table 6

Health or Medical Conditions

Health/Medical condition	Participants
Seizure disorder	20A
Bulimic/Anorexia	20C
OCD	20C
Depression	20C
Hydrocephalus	20D
Psychological distress	20A, 20C, 20D, 20G, 20H, 20I, 20J, 20K, 20L 20M, 20N, 20O, 20P, 20Q
Addictions	20C, 20J, 20M, 20N
Autism spectrum	20L
Over dosing (OD)	20C
ADD/ADHD	20K, 20N, 20O
Anxiety	20K, 20L
Suicidal	20M
Head injury	20N
Liver failure	20O
Teen pregnancy	20J, 20K, 20M, 20P

Participant 20A: *Seizure Disorder*: “I started having seizures, at school I had been and you know, I was homebound for some of my sophomore year, I was about 15, we had already known about the condition before I moved here, so it was already a factor when we moved and we knew school was not an option for me because I would like have seizures like 3 and 4 times a day.”

Psychological Distress: “I collapsed during one of our practices and they wouldn’t let me participant anymore because just like I slide validly, like I don’t know, so it became really real for me, like yea...you’re not going to be able to do all the things you use to do.”

Participant 20C: *Bulimic/Anorexia*: “Um, I was kind of chubby, and at a time my dad was on drugs, so I was called a pig, and I stopped eating and I started making myself throw up...”

OCD: “I would flip over the smallest of things and I’m real OCD and all it would take is like me come home and my bed and everything would be made, I’d come home and someone’s been in my room, my bed is messed up, stuffs knocked over in my room, I’d flip and start screaming and crying.”

Depression: “After the high or something wears off, you’re still depressed, yours still the same person you were when you started, and it was just really hard coming off it all.”

Over Dosing: “I’d OD every now and then, get put in the hospital and have to take a pill like charcoal in my mouth, and like pump my stomach and I’d be fine.”

Addictions: “I’d go to like big parties. I’d do ecstasy, acid, shrooms, and the party drugs you could think of. I like done everything and I’d OD every now and then.”

Psychological Distress: “I just wanted to be numb to everything and I was.”

Participant 20D: *Hydrocephalus* “I have a shunt in the right side of my brain.”

Psychological Distress: “My mother passed away when I was 9.”

Participant 20G: *Psychological Distress*: “Yes, she was always there for me...like

I had a couple of bad times in school, like bullying and stuff...I was bullied...yes, getting picked on and stuff like that because of my size, my weight, and stuff because I was always big...I mean I hated it but it was just like, I mostly kept to myself, never really said anything to people, especially like out of the way.”

Participant 20H: *Psychological Distress*: “Uhm, school was all right for me up

until sixth grade, I guess, I mean, I was good in school, I never got in trouble, things like that, mostly I was having problems at home... with his drug use and you know the criminal domestic violence and my mom working third shift, you know, keep us kids took care of and things like that, I guess would be where my downfall kind of went.”

Addictions: “I am a recovering drug addict...I went in to just full blown meth and it, didn't even know I really existed.”

Participant 20I: *Psychological Distress*: “We didn't have a good life with my dad

and, and, uhm, he was not a very good person, and that's why my, I mean, I think she's (mom) strong and she always will be strong because she put up with all that and we did too with all my dad mean stuff that he and that he did to her and to me and to my brother and sister.”

Participant 20J: *Psychological Distress*: “My dad was an alcoholic...with my

mom, I think, I think her absence...I was out of being molested and I couldn't trust.”

Addictions: “I am a recovered alcoholic, recovered drug addict.”

Teen Pregnancy: “I got pregnant at 15.”

Participant 20K: *Psychological Distress*: “My grandmother, uhm, which was my

legal caregiver, but she was the person who raised me my whole life, uhm, she pass away probably three years ago when I dropped out of high school.

Anxiety: I was a very shy child and I was anti-social. Uhm, my parents really didn't spend a lot of time with me so, I was like different and I was made fun of a lot in school.

ADD: “I had really bad ADD, it was really hard for me to concentrate.”

Teen Pregnancy: “I am taking this GED class for my unborn child, to give him the best education and to be the best mom I can be.”

Participant 20L: *Psychological Distress*: When asked to tell about school

experiences, “it was really hard...the kids made it hard...kids were cruel.”

Anxiety: “Sometimes I was real nervous.”

Autism Spectrum: After the initial question, participant stopped the recorder and stated, “I need to think, I am autistic and I don’t want the recording going while I am thinking.”

Participant 20M: *Psychological Distress:* “My mother didn’t want me...my mother used to always beat on us whenever, put her hands on us and she used to handcuff, you know so I wouldn’t run, feet and hands, beat us and she beat me for no reason.”

Addictions: “I stayed high all the time because every time he come in from work and stuff he want to fight, you know, I did something wrong or somebody said they seen me on the corner.”

Teen Pregnancy: “My mom was married to this man...he started coming into my room...he started fiddling with me...he started penetrating me...I ended up pregnant...I was in the 8th grade.”

Suicidal: “I got tired of being beat, let me tell you, I really did. I got knocked unconscious one time...I just got tired of getting beat so, by the time I was in the 9th grade, 7 months, I tried to kill myself about 4/5 times, I slit both my wrists 3xs.”

Participant 20N: *Psychological Distress:* “I would come home crying cause the kids were teasing me about my teeth and stuff, one time I went

to school and my head was shaved because I had lice at one time.”

Head Injury: “I was in a real bad car accident, got flipped from the vehicle 20 odd times, landed on my knees so my knees are pretty bad, my head is all screwed up.”

Addictions: “I was skipping school a lot and doing drugs and stuff...I smoked pot at 14, got into the coke, then the pills, then when I was out of school I did other stuff too.”

ADD: “I didn’t go as far as 10th grade cause I mean I wasn’t able to concentrate.”

Participant 20O: *ADHD:* “I’ve experienced a lot since I’ve had ADHD...I was a trouble maker and I was the class clown.

Liver Failure: “First year of 9th grade around September, my birthday, I had liver failure.

Psychological Distress: “I ended up failing 9th grade...I always had study skills, which is a class for people with ADHD who really can’t comprehend and people who can’t focus right and I always hated that class because it was special education and I was considered special ed.”

Participant 20P: *Psychological Distress:* “I was molested when I was 13 and he was like 21.”

Teen Pregnancy: “In 10th grade, I had a miscarriage and I and they were twins.”

Participant 20Q: *Psychological Distress*: “When I was in elementary school, uhm, my daddy had died, that was a little rough.”

Life experiences being under the influence of a higher power or deity

As participants shared their life stories, a common theme emerged regarding the influence of a deity that directed their life course. Participants readily disclosed their belief in a God or god that directed their footsteps, and provided grace, forgiveness, love or direction. Christianity was the single most common spiritual influence among participants. Ohmer, Warner & Beck (2010) discusses the community in which one lives establishes trust and values; children are influenced both socially and culturally by those within their family unit. Seven of 14 participants (20A, 20C, 20D, 20H, 20J, 20M, and 20O) identified a belief that God or a deity directs and alters or empowers their life as a means for providing redirection and provision.

Participant 20A: “I have come to terms with like you know, God gave, has given me this card, that I was dealt with so I just have to go from here with it.”

Participant 20C: “My aunt, me and her are both Pisces.”

Participant 20D: “A Living Prayer...of all of the like trials I have been through and I actually got a house I can live in.”

Participant 20H: “Amazing Grace, just the downfalls and being on my knees and then just rising, I guess accomplishing the things that you’re capable of, I guess.”

Participant 20J: “I am a student in Chaplaincy.”

Participant 20M: “When she came along she started teaching me about the bible and everything and reading and praying and stuff.”

Participant 20O: “I’ve always been raised as a Christian and follow God and go to church and stuff.”

Life Altered by Disruptive and Stressful Events

Research reveals familial stressors potentially influence students’ academic achievement negatively resulting in early departure from high school (Jacobsen & Hofmann, 1997; Teo, Carlson, Mathieu, Egeland, & Sroufe, 1996; & Larose & Roy, 2005). Borelli, Crowley, David, Sbarra, Anderson, and Mays (2008) discovered students’ academic achievement is directly influenced by stress; lower stress equated to higher achievement and higher stress equaled lower achievement. Erikson (1968) determined environmental factors, parental influences, and stressors directly affect the mental and emotional development of an individual. Stressful and disruptive events occurred among the participants (See Table 7).

Table 7

Life Altering Disruptive and Stressful Events

Disruptive/Stressful Events	Number of Participants
Father absenteeism	13
Caregiver divorce/Separation	11
Mother's absence	06
Moving/Transferring school	05
Parental role reversal	04
School discipline	03
Loss	11
Caregiver substance use	05
Participant substance use	05
Alternative schooling	03
Fugacious childhood	05
Mom/Dad incarcerated	02
Broken trust	04
Abandonment	11
Physical/Sexual/Molestation/Incest/Abuse	05
Teen pregnancy	04
Bullying	05
Special education placement	05

Father Absenteeism

Participant 20A: “Well uhm, he left, they divorced when I was like 12, I’ve seen him probably like 3, 3 times.”

Participant 20C: “My dad was the closest to me, he got incarcerated.”

Participant 20D: “My dad lives, he went back to Puerto Rico, just to stay there.”

Participant 20G: “My dad, he liked lived with us and then go stay at his mom’s house, that is where he stays right now, that is where he has been staying.”

Participant 20H: “Um, my dad has been in and out of prison all my life.”

Participant 20I: “My brother, he was practically my dad...he’s two years ahead of me, but because my dad, he really wasn’t around.”

Participant 20J: “I was probably about 5, her and dad had gotten into a fight...next thing I remember is we are loading up in my dad’s truck...I have one or two random memories of her until I was about 9...she came back and visited for a week or two and then she got custody of us, I want to say about 13, 12 or 13 uhm...I started visiting my dad again.”

Participant 20K: “My parents really didn’t spend a lot of time with me.”

Participant 20L: “My dad left when I was little and that put a lot of stress on my mom.”

Participant 20M: “I meet my dad for the first time, I seen him when I was little but I never knew him and I met him for the first time and he was like, come move over here with me...I was 20 year old then.”

Participant 20N: “My primary caregiver was my mom, she worked a lot too but she never left me anywhere where I wasn’t safe...uhm...she has another young’un too, a half-brother.”

Participant 20P: “I met my father two years ago, my real father, he’s in my life now but I don’t really speak to him much.”

Participant 20Q: “When I was in elementary school my daddy died, uhm that was a little rough.”

Caregiver Divorce/Separation

Participant 20A: "They divorced when I was like 12."

Participant 20C: "I was living with my mom when I dropped out...my dad has been in and out of prison since I was in diapers."

Participant 20G: "My dad, he liked lived with us and then go stay at his mom's house, that is where he stays right now, that is where he has been staying."

Participant 20H: "My dad has been in an out of prison my whole life. Her and my dad was only married for not even a whole year."

Participant 20I: "My dad, he wasn't really around."

Participant 20J: "Dad was a farmer, we didn't go out to eat, we ate what he grew...with mom, were able to go on vacations, we swam in pools...she too us out to eat."

Participant 20L: "I live with my mom and step-dad...my dad left when I was little."

Participant 20M: "I met him (dad) for the first time and he was like come move over here with me...I was 20 years old."

Participant 20N: "Well, my primary caregiver was my mom, she worked a lot but she never left me anywhere where I wasn't safe...she has another young'un too, a half-brother."

Participant 20P: "I met my father two years ago."

Participant 20Q: "When I was in elementary school, my daddy had died."

Mother's Absence

Participant 20C: "Me and my mom didn't get along, Don't like her, still don't like her...She kicked me out of the house."

Participant 20D: "My mother passed away when I was 9."

Participant 20J: "I was actually living with my father until I was 9."

Participant 20K: "She (mom) was but she really wasn't there at all, I really don't remember her being there in my childhood what-so-ever."

Participant 20M: "My mother didn't want me, when I was a child; my grandmother went and got me from the hospital."

Participant 20N: "She (mom) was there but she really wasn't, you know what I mean?"

Moving/Transferring School

Participant 20A: "We lived in a neighbor, really nice neighborhood, we left it, I mean I grew up there but obviously couldn't keep it, keep that up by herself so we had to move out of our home."

Participant 20C: "We were moving up here, when we were moving from Florida...I never enrolled back into school for like that whole year...Like my parents would come up to , drop me off, I'd stay up here for like 6 months.."

Participant 20D: (Changing Schools) "I had to restart everything...it was all new."

Participant 20I: “So far I’ve been here in the United States, in Texas and North Carolina.”

Participant 20M: “DSS came even bigger in our life...mama sent me away because she said I was a trouble maker...so eventually I did go back to home at 11.”

Parental Role Reversal

Participant 20C: “Elementary school, I was more focused on taking care of my brother at the time, because my mom and dad were off on their own destructive path, so I was just of like the one that took care of my brother, change his diaper, fed him...you think of your parents are taking care of you, but really, you’re having to take care of your younger sibling and it’s not something you should have to do.”

Participant 20I: “Until I was in ninth grade and I had to dropout so I can, you know, take care of her too and because I had to step up because my brother had already gotten married.”

Participant 20K: “With mom, I was pretty much on my own, uhm, making sure I got things done, or asking one of my brother for help or whatever.”

Participant 20M: “I took care of my 7 brothers and sisters, I cooked, I cleaned.”

School Discipline

Participant 20C: “In high school, I would skip Spanish, I would skip Driver’s Ed., I would skip ROTC, even though I loved it...I started skipping math class.”

Participant 20G: “I mean...I ignored it sometimes, but, I really got into fights, I only got into like 5 fights my whole school, but, just because I was like tired of it and stuff like that.”

Participant 20H: “Uhm, I’m pretty sure it’s because the way I got treated, but uhm, that’s when my problems started coming in. I uhm, would get suspended a lot and things like that.”

Participant 20N: “I was skipping school.”

Participant 20O: “I was a trouble maker and I was the clown of the class...I’ve had 14 referrals in one classroom, almost sent to the alternative school.”

Participant 20P: “I was going to finish and I had gotten into a little trouble (jail), it messed me up.”

Loss

Participant 20A: “This is not what I would have chosen for my life, like I’d rather, you know have a diploma and walk with my friend...so, it became really real for me, like yea, you’re not going to be able to do all the things you used to do...I’m trying to think and 4th

grade, pretty sure like when it became, you know apparent to me that you know my dad is involved.”

Participant 20C: “My dad has been in and out of prison since I was in diapers...my mom never really would do nothing for me...couldn’t depend on her for nothing.”

Participant 20D: “My mother passed away when I was 9.”

Participant 20G: “I loss my grandma when I was at least, whenever I was in the 11th grade.”

Participant 20H: “I lost custody of my children to DSS that last July...my dad has been in and out of prison all my life.”

Participant 20I: “My dad, he wasn’t really around.”

Participant 20J: “My mom left when I was probably, I remember the day, I was probably about 5.”

Participant 20K: “Uhm, gosh, don’t, present, that is hard, not really. I mean, I lived with them technically, but I stayed with my grandma probably 5 or 6 days a week...my grandma died when I was 17.”

Participant 20L: “My dad left when I was little and put a lot of stress on my mom.”

Participant 20M: “ I was still looking for mother’s love, even to this day, I still is...I not even gonna sit here and tell you no lie, I still been looking for her love...I just had a 20.00 habit and I sold myself every day, I had a client for every different day, I was fine with

it, you know, I felt like hey, look, as long ain't nobody bothering me and I don't know nobody, I am fine...I don't know what is going on and eventually, I told him, cause I needed to stop...it was getting bad, I almost lost the apartment.”

Participant 20N: “Well, first my papa died, I was really little, my step-dad, my uncle, my older aunt was married to uhm, okay, my mom's best, one of my mom's best friends, ahh...let's see, I'm trying to see, my ex-boyfriend died.”

Participant 20O: “First year of 9th grade around September, my birthday, I had liver failure, I failed 9th grade once and went up to 10th grade and failed it once...every since I had my liver failure, everything stressed me, stressed me out, cause all of my life, I grown up fearing to fail and I've never wanted to fail because I wanted to be right there in the next grade with all my friends, moving up, moving on up in high school and then when I failed, I started realizing a lot of things.

Participant 20P: “10th grade, I was 16, I had a miscarriage...I had very little friends, uhm...at the time because of it, I had become anti-social, I did used to have a lot of friends, I was very popular and then lost everything.”

Participant 20Q: “When I was elementary uhm...my daddy had died, I was 11.”

Caregiver Substance Use

Participant 20C: “Like, she (mom) does drugs, but she tells everybody and she’s not, whenever she’d drink with me, she’d do drugs with me, and I’d buy her drugs and she’d buy me them...He (dad) started doing drugs and he never had had a job.”

Participant 20H: “Uhm, with his (step-father) drug use, and you know, the criminal domestic violence...”

Participant 20J: “Uhm, I think that during that time, she was struggling with her own alcoholism and drug addictions...dad drank so much.”

Participant 20M: “I took care of my 7 brothers and sisters, I cooked, I cleaned, uhm, I stole, she taught me how to steal, bought drugs for her. If she (mom) woke up one day and couldn’t get crack she would just bet me. He did pop up again, and he was there, he was still selling drugs and she was still doing drugs.”

Participant Substance Use

Participant 20C: “I guess whenever I drank, according to my friends, whenever I drink, it’s like once I’m drunk, I just keep drinking, and drinking and drinking, like I don’t stop. It’s like take a drink and it’s just like I don’t even taste it any more, it’s like water, I dabbed in coke, I never shot up anything, I did heroin...I’d do ecstasy; acid, shrooms, all the party drugs you could think of.”

Participant 20H: “I got introduced to methamphetamine. I started using methamphetamine, and um, my husband was supposed to be a vegetable and um...from that point in my life, I just, I was always a good kid and I always did right, I’d experiment you know, with a little pot, a little Xanax.”

Participant 20J: “I am a recovered alcoholic, a recovered drug addict...”

Participant 20M: “I was 20 years old then, watching dad, he was like nothing, nah...don’t mess with this don’t do this, I was like let me, let me try it anyway. So, I tried it, did crack for a while, uhm, then I really started doing it on my own.”

Participant 20N: “Fourteen, I started smoking pot, then I got into the coke, the pills...”

Participant 20O: “On my birthday, I was just doing stupid things and I ended up having liver failure on accident.”

Alternative Schooling

Participant 20A: “I started having seizures at school, I had been and you know, I was homebound for some of my sophomore year.”

Participant 20C: “I dropped out, stayed out of school for about 4 months and just did whatever I wanted, and then ended up truancy, tried to come after me and I ended up going to school in Virginia, military school.”

Participant 20J: “I got pregnant at 15, I turned 16 and that was my last year in school. Uhm, I was a year behind already, I should have been in high school but I was just in the eighth grade and I went to a girl’s home down in Belton.”

Participant 20K: “I got into some really dumb stuff and school was not a priority. Uhm, actually, my mom wanted to try and homeschool me, which didn’t work for me very well.”

Participant 20O: “I didn’t want to do anything, so in the 11th grade, I was in one class and I got into trouble, they ended up sending me to the alternative school.”

Fugacious Childhood

Participant 20A: “I’ve always been more ahead of my time, like, I’m young but like so much older, I feel like that is what it was like then too, a little bit, like, I’m a very old soul.”

Participant 20C: “I was kind of an odd child, I guess, I’ve always been kind of ahead of it, ahead of my age, and it’s like to act I was dumb when I was little.”

Participant 20I: “I was in the ninth grade and I had to drop out so I can, you know, take care of her (mom) too and, I had to step up because my brother had already gotten married... I dropped out, yeah so I could try and help my sisters, my little sisters, I have two younger sisters and help my mom.”

Participant 20J: “When I should have been in high school, it was early mother, you know, early motherhood with me.”

Participant 20M: “I’m stuck, because her it is, my kids are being teen agers and stuff and I never had a teenagehood, I was a mother instantly from the age of 8 years old cause my mother didn’t do anything.”

Mom/Dad Incarcerated (Absent)

Participant 20C: “He (dad) was always incarcerated whenever I needed him the most.”

Participant 20H: “Dad is the type of person, if he wants to do it; he’s going to do it. He’s not really a drug user anymore, but he recently, like I said, just got out of prison again, so it’s a cycle that keeps repeating.”

Broken Trust

Participant 20A: “Father’s absence made me doubt, made me ask why, why is it like that.”

Participant 20C: “I have trust issues; I am not the kind of person who gets close to people.”

Participant 20H: “My dad is sorta different, I mean, I love him, but, it’s just different, you know. I don’t hold him accountable for the actions that I took in my life, but I feel that he could have made better choices, I guess. So, I used to, I held onto that and I

resented him for that, you know, and tried to use that, as I guess you would say, excuses for my actions sometimes.”

Participant 20J: “I couldn’t trust, that was a stressor to me.”

Participant 20K: “I kinda of like assumed she (grandmother) was my enemy, I thought everyone was my enemy.”

Participant 20M: “You know, they all tried to talk to me but I think by the time I got to middle school, those teachers were like more determined, they were like, hey look, tell us, talk to me, you know, so, I made good grades, I did real good in school, I never talked to anybody, I couldn’t talk to anybody, I was scared to talk to anybody, because every time I talked to somebody, I wanted to tell somebody something, anything, but this little box I had in me, I just wanted to let it out, just holler...”

Abandonment (Father)

Participant 20A: “Well uhm, he left, they divorced when I was like 12, I’ve seen him probably like 3, 3 times.”

Participant 20C: “My dad was the closest to me, he got incarcerated.”

Participant 20D: “My dad lives, he went back to Puerto Rico, just to stay there.”

Participant 20G: “My dad, he liked lived with us and then go stay at his mom’s house, that is where he stays right now, that is where he has been staying.”

Participant 20H: "Um, my dad has been in and out of prison all my life."

Participant 20I: "My brother, he was practically my dad...he's two years ahead of me, but because my dad, he really wasn't around."

Participant: 20J: "I was probably about 5, her and dad had gotten into a fight...next thing I remember is we are loading up in my dad's truck...I have one or two random memories of her until I was about 9...she came back and visited for a week or two and then she got custody of us, I want to say about 13, 12 or 13 uhm...I started visiting my dad again."

Participant 20K: "My parents really didn't spend a lot of time with me."

Participant 20L: "My dad left when I was little and that put a lot of stress on my mom."

Participant 20M: "I meet my dad for the first time, I seen him when I was little but I never knew him and I met him for the first time and he was like, come move over here with me...I was 20 year old then."

Participant 20N: "My primary caregiver was my mom, she worked a lot too but she never left me anywhere where I wasn't safe...uhm...she has another young'un too, a half-brother."

Participant 20P: "I met my father two years ago, my real father, he's in my life now but I don't really speak to him much."

Participant 20Q: “When I was in elementary school my daddy died, uhm that was a little rough.”

Abandonment (Maternal)

Participant 20C: “Me and my mom didn’t get along, Don’t like her, still don’t like her... She kicked me out of the house.”

Participant 20D: “My mother passed away when I was 9.”

Participant 20J: “I was actually living with my father until I was 9.”

Participant 20K: “She (mom) was but she really wasn’t there at all, I really don’t remember her being there in my childhood what-so-ever.”

Participant 20M: “My mother didn’t want me, when I was a child; my grandmother went and got me from the hospital.”

Participant 20N: “She (mom) was there but she really wasn’t, you know what I mean?”

Physical/Sexual/Molestation/Incest/Abuse

Participant 20C: “My mom is a psycho ward, like one minute she loves me and wants me and cares about me, and then the other, she hates me and wants to fight with me, we used to get in fist fights all the time.”

Participant 20I: “I mean, I think she’s strong and she always will be strong because she put up with all that and we did too, with all my dad mean stuff that he, that he did to her and to me and to my brother and sister.”

Participant 20J: "I was out of being molested and uhm, I couldn't trust."

Participant 20M: "That is when the molestation started too, and uhm, mommy say that I have to listen to him, because he my father now and I used to get beat a lot."

Participant 20P: "I was molested when I was 13 and he was like 21."

Teen Pregnancy

Participant 20J: "I got pregnant at 15, turned 16 and that was my last year of school."

Participant 20K: "Uhm, I am taking this GED class for my unborn child."

Participant 20M: "We moved around and he (step-father) started penetrating me then, I ended up pregnant."

Participant 20P: "In the 10th grade, I was 16, I had a miscarriage and I and they were twins and I dropped out."

Bullying

Participant 20G: "Like, I had a couple of bad times in school, like bullying and stuff, people bullying me."

Participant 20H: "High school, I just, uhm, from, I guess, being treated like the way he (Step father) treated me for so long, I was, uhm, not a bully, but I bullied other bullies that picked on other kids."

Participant 20L: "It was really hard, the kids make it hard, kids were cruel."

Participant 20N: "I really had a bad school experience, it all started when me and my, well she was my step-sister at the time, we were riding

bikes down a hill really, really, fast and she turned in so quick I slammed on my breaks and flipped over my handle bars and chipped these two front teeth.”

Participant 20P: “Everybody found out about what was wrong with me; I just couldn’t handle it, emotionally insecurities...I had very few friends, uhm at the time because of it, I had become anti-social, I did used to have a lot friends, I was very popular and then lost everything.”

Special Education Placement

Participant 20D: “Probably been my learning disability, I think that is what most affected it (academic achievement).

Participant 20G: “I wish I could have gotten out of special education.”

Participant 20M: “I went to a special education class for reading to help me with my words and stuff, like pronouncing words and stuff.”

Participant 20O: “I always had study skills which is a class for people with ADHD who really can’t comprehend and people who can’t focus right and I always hated that class because it was special education and I was considered special ed and I didn’t want to be considered special ed.”

Risk Factors Associated with Educational Difficulties

As participants shared memories of early childhood, elementary, middle and high school experiences, various influences were shared among the participants. Most if not all

participants identified fond memories of their earliest educational experiences; however, around third grade, a full awareness of both school and home difficulties began to emerge. Influences that were shared included family, peers, academics, and the general disposition they took towards life and school. Family, socialization, environment and stress were identified as influencing education as early as kindergarten (Hickman, Bartholomew, Mathwig, & Heinrich, 2008). One factor that seems to affect a student's successful completion of high school is family (Hammond, Linton, Smink, & Drew, 2007). In Hammond et al. (2007) research, family influence was responsible for the largest percentage for early departure from high school, a percentage of over 40 percent. As participants shared their family life experiences participants revealed drugs, alcohol, criminal domestic violence, abandonment, poverty, and parental role reversals as affecting their education (See Table 8).

Table 8

Family Influences Risk Factors Associated with Educational Difficulties

Family Influences	Number of Participants
Caregiver's substance use, drug and alcohol	4
Criminal domestic violence, fighting or arguing	6
Abandonment, paternal and or maternal caregivers	13
Financial, difficulties or poverty	4
Caregiver and child role reversals	4
Homeless	3
Death or loss	10
Divorce or separated	10
Abuse, physical or sexual	4

Socialization Influences Associated with Educational Difficulties

Participants' further insights revealed how their educational paradigm reflected primary caregiver's beliefs but was considered by only five of 14 participants' as influencing their early departure from high school. Participants shared their beliefs regarding their primary caregiver's support during their educational experiences. Twelve of 14 participants shared their primary caregiver put emphasis on their education and believed he/she should have completed high school. Participants were asked to share their beliefs about their primary caregiver's availability both physically and emotionally during their early childhood and elementary years, middle school and high school years. As previously mentioned in chapter 2, this is best referred to as socialization; socialization involves the primary caregiver's influences that shaped and develop participants' view of self, life, education, and future. (See Table 9)

Table 9

Socialization Influences Risk Factors Associated with Educational Difficulties

Socialization Influences	Number of Participants
Caregiver present influencing early childhood and elementary years	14
Caregiver present and influencing middle school years	13
Caregiver present and influencing high school years	11
Caregiver belief about getting an education	9

Caregiver Present Influencing Early Childhood and Elementary Education Years

Participant 20A: "Emotionally availability, uhm, she was, well see, okay, that's different because my parents were going through a divorce, I mean, uhm, she has always been like the greatest mom, but like

obviously, she was going through a transition in her own life separate from me, so I mean, she was like, she was still the same woman she is now.”

Participant 20C: “He wasn’t, because whenever I was first born, he went away for 6 years.”

Participant 20D: “I guess she was there for me, I guess she was trying to help me.”

Participant 20G: “She was always available; I don’t think there was ever a time when she was not there.

Participant 20H: “Um, mom, like I said, has always been there, whether it was a struggle for her, fast food, or whatever, you know, she’s had to do, she’s took care of me

Participant 20I: “Well, she’d always send me to school, me and my brother and sisters, but when we had like any kind of school program, like maybe singing or you know, special programs, they have after school, she never attended to it. The reason is because, uhm, well, we really never had a car.”

Participant 20J: “Well, I was actually living with my father until I was 9 and I can’t remember a whole lot about except for I rode the bus back and forth and some happy memories are they uhm, nap time, recess, the earliest memory I have of elementary age is when uh, probably at about 2nd or 3rd grade and I had taken a cabbage patch doll to school, I was living with mom by that time and I

had taken cabbage patch doll to school, uhm, after she had told me not to and uhm, she brought, she came to school and embarrassed me in front of the whole class and took it back.”

Participant 20K:”Uhm, my parents really didn’t spend a lot of time with me, so I was like, different and I was made fun of a lot in school...My grandma (primary caregiver) kinda taught me how to socialize and how to make friends and if I ever had a bad day at school, 2nd and 3rd grade, she was really there for me, she told me it was alright, everybody does not have to like you, that has really helped me with my life you know. they were like the best years I had.”

Participant 20L: “I can’t remember much about elementary school, but I just remember she was in my life.”

Participant 20M: “Life changed, I was with my ma, so, getting up in the morning wasn’t just getting me up, it was getting me and four others up and making sure I didn’t make mom mad, I don’t think I ever liked focused on school, then I was really liked focused on is ma happy, what is ma doing right now, you know, is she gonna come up to the school today, is she gonna come see me dance today, is she gonna come give me a hug today, can I go in her room and give her a hug, I think that is mainly what I was focused on when I was a little girl.”

Participant 20N: “My mom was because she, uhm had to, after I got out of school, I had to go to day care cause she had to work, so the day kinda of took care of me until my mom came and got me, I don’t know what to do, it was about dark time, almost dusk, so actually, nobody was there really except the day care at the time...so...they were still there in spirit, even though they were doing another thing at the time.”

Participant 20O: “Uhm, yea, they was there....they were there like I said, if I got in trouble they were right behind me doing what they can to keep me in school and keep me doing good.”

Participant 20P: “Always, always tutoring, always teaching me always you know, I learned so much from her, she’s she should have been a teacher uhm, she was very helpful.”

Participant 20Q: “O’ yea, she been there all my life though.”

Caregiver Present and Influencing Middle School Years

Participant 20A: “Middle school was great, I say it all the time, I wish I could go back to middle school, because that was like before everything, before like the condition those were good like even when my dad was like, I kinda accepted the fact that he was not there, so it was just very good times...it obviously hurt, you know the he wasn’t around but middle school was good. Those were the no worries kinds of days. She (mom) has always been like the

greatest mom but like obviously she was going through a transition in her own life separate from me, so I mean, she was like, she was still the same woman she is now, just, uhm, she was probably a little more stressed.”

Participant 20C: “Middle school years, he wasn’t there.”

Participant 20D: “Yes.”

Participant 20G: “Yes, she was always there for me, I like had a couple of bad times in school, like bullying and stuff and she was there.”

Participant 20I: Well, she’s that is, she’s always told me to stay in school, and do something with my life. When I was in 6th, 7th, and 8th, she told me the same thing. She’s always given me good, good ideas for me to do something in life and I just, I just didn’t do it, I didn’t do it.”

Participant 20J: “My dad was very much involved as far as our education goes, I mean, he demanded not only that we respect him, but we respect our teachers... he had this scale, A=Alright down to D=Daddy’s gonna get ya!” You know, you didn’t bring bad grades home. With my mom, I was pretty much on my own, making sure I got things done and asking one of brothers for help.”

Participant 20K: “That is pretty much the same like 4th, 5th, and 6th grade, it was really the same, more like hormones, I guess, I guess, I was like whatever. It was fine, it wasn’t hard really.”

Participant 20L: "I can't remember much about elementary school, but I just remember, she was in my life and she was there in middle school and high school."

Participant 20M: "Oh' I loved school...I had a whole lot of nice teachers, all of my life, I had nice teachers, you know, they tried to talk to me about I think by the time I got to middle school those teachers were like more determined , they were like, hey, look, tell us...talk to me. I made good grades, I never talked to anybody, I couldn't talk to anybody, I was scared to talk to anybody."

Participant 20N: "Uhm, not really present at that time either."

Participant 20O: "I just wanted to talk to a lot of people, have fund and be funny and be somebody, which I was in middle school, uhm, I've had 14 referrals in one class almost sent to the alternative school for many different reasons and then my father convinced the principal I to let me stay, so big thanks to my dad for that...he always did what he could no matter what it took."

Participant 20P: "She was always available... was there except for that one incidence, uhm, we really didn't get along then because I really didn't know what to do and so my sister rad my diary and told her about and wash was like, look, you need to go apologize to, so but other than that it was find, she was still helped me, she still makes sure I made straight A's.

Participant 20Q: "O' yea, she been there all my life though."

Caregiver Present and Influencing High School Years

Participant 20A: "About the end of my freshmen year, I started having seizures at school, I had been and you know, I was on homebound for some of my sophomore year, I was about 15. My mom, uhm, she is awesome, she is great, when I got sick, she had to leave from work, take a leave and that was very stress, that added stress to the whole entire situation but she has definitely been like the person, my person through all of this."

Participant 20C: "He wasn't there."

Participant 20D: "Uhm, Uhm" (agreeing caregiver present).

Participant 20I: "Until I was in the 9th grade and I had to drop out so I can, you know, take care of her too."

Participant 20J: "I got pregnant at 15, I turned 16 and that was my last year in school. Uhm, I was a year behind already, I should have been in high school but I was just in the eighth grade, I went to a girl's home."

Participant 20K: "I became rebellious, I guess I kinda of bit the hand that fed me, my grandma, who was like my best friend, I kinda of like assumed she was my enemy. I thought everyone was like my enemy. I got into some really dumb stuff and school was not a priority. Actually, my mom wanted to homeschool me, which

didn't work for me very well because she didn't spend time with me. I pretty much graded my own stuff, I did everything by myself, it was all me to get stuff done. If you had questions, there really wasn't anyone I could ask, I mean, my grandma (primary caregiver), as sweet as she was, she wasn't educated as much as my parents but work has always been my parent's priority."

Participant 20L: "I don't remember much about elementary school, but I just remember she was in my life and she was there in middle school and high school."

Participant 20M: "I ran away, I started 10th grade and like I said, the lady, she helped me get away, I found out where my grandmother (Primary Caregiver) was and she was still in the same house."

Participant 20O: "Yes."

Participant 20P: "She was always there, supportive; she made sure I was doing everything right. Fun, she is like my best friend, she as good, she was really made when I was pregnant but uhm, we only knew for like a two days before it happened, uhm, I actually moved out and was with the guy that I got pregnant from for those two days and then when he called and told her, look, I know you are mad at her, she is miscarrying, she is in the hospital, my mom went and packed all of my stuff from his

house, put them into the care and then went to the hospital with me and then took me back home with her...She is very fun, very loving, very supportive of a lot of things I did, very, very supportive.”

Participant 20Q: “O’ yea, she been there all my life though.”

Caregivers Belief about Getting an Education

Participant 20A: “I didn’t want to think about it and she said, look, it is going to be the same thing, you are going to get your GED and go to college. I mean, you may not be able to go off to a university but you can start at the community college and then you can progress from there, so she is always keeps that in the back of my head.”

Participant 20C: “I guess just the point of nobody caring and knowing I could do it and nobody will even care because I was living with my mom when I dropped out and she was on drugs and I knew that, well, she doesn’t care, so I’m just willing to drop out.”

Participant 20I: “Uhm, every since I was a kid, like, I remember she’s always told me and my brother and my sisters that she wanted us to do something like, like a lawyer or a doctor, something you know and she never, she never wanted me to drop out.”

Participant 20J: “I think He (dad) wanted something better for us. He was an intelligent man but he was not an educated man and I think,

even though his alcoholism, he knew we needed something better than what he had. No adult in my life stressed the importance of an education at that time.”

Participant 20K: “Her passing away...my grandma died when I was 17, uhm that was really hard, sorry. I went through a really hard time already, so I was really angry, confused, like why did you leave me, I didn’t have anybody else, you know.”

Participant 20N: “No, that was all me, that was all me, that was all my influences, no body helped me on that, I did that on my own, I screwed myself up.”

Participant 20O: “No, no, they didn’t want me to.”

Participant 20P: “She begged me not to, she begged me not to so bad, I told her I couldn’t take it because it’s so embarrassing, and I was like I can’t take it.”

Participant 20Q: “See, I was going to finish and I had gotten into a little trouble (jail), it messed me up and I got out, that’s it, and wasn’t no school no mo.”

Stresses Influencing Risk Factors Associated with Educational Difficulties

Participants’ perspectives of stressful situations influencing their education revealed much about the influences of their home in addition to the school environment. Most participants identified a particular subject difficulty, peer conflict, teen pregnancy, loss, transferring school, special education, and alternative instruction. Research has

shown conflict stressors longitudinally affect the mental stability of one throughout their lifetime (Choi & Marks, 2008). The stressors (See Table 10) identified by participants as influencing their education are similar to at risk factors found in the Hickman, Bartholomew, Mathwig, and Heinrich (2008) study of at risk characteristics common among those who prematurely departed high school.

Table 10

Stresses Influencing Risk Factors Associated with Educational Difficulties

Stressful events	Number of participants
Attendance/Absenteeism	7
Transferring schools	5
Caregiver involvement in education	9
Caregiver absent from education	6
Familial stresses in the home	11
Behavior problems/Suspensions	6
Peer difficulty/Bullying	11
Learning disability	6
Substance use	6

Learning Disabled and Received Special Educational Services

As previously mention, Hickman et al. (2008) study identified academic difficulty as an at-risk indicator for premature departure from high school. Participants 20D, 20G, 20K, 20L, 20M, 20N and 20 identified a learning disability or an attention difficulty that directly influenced their education. Many felt being placed in special education services were their detriment and wished they had never been referred. A resource model was the direct service added to their daily schedule. When asked which subject placed them into the resource model, math was the unanimous answer. The initial placement into resource took place during the third or fourth grade; however, one student was placed in high

school as Other Health Impaired (OHI) due to an ADHD diagnosis. These participants also felt their premature departure from high school was the result of special education and not passing the exit exam.

Influences on Participants' Early Departure from High School

As previously mentioned, multiple risk indicators potentially influence early departure from high school. Each of the participants was asked, "What if any influence did your primary caregiver have on your decision to pre-maturely depart high school?" The answers varied from participant saying they made the choice against their caregiver's protest and others stating their primary caregiver influenced their premature departure from high school. Table 11 illustrates participants' belief regarding their primary caregiver influencing their premature departure from high school.

Table 11

Primary Caregiver Influence on Premature from High School

Caregiver influence	Number of Participants
Caregiver influenced departure	5
Caregiver did not influence departure	8
Did not answer	1

Participant 20A: "I mean she worried, she was scared to death to send me to school sometimes because I mean she like got a call from the principal like one day, I had passed out in the middle of the hallway, like she was very concerned about that, cause you know, a head injury and stuff and she was also worked about me, worried about the emotional me."

Participant 20C: “Uhm, I guess just the point of nobody caring and me knowing I could do it and nobody will even care.”

Participant 20D: “Probably if I didn’t have this learning disability and gotten rid of some of the high school students I probably wouldn’t be here right now.”

Participant 20G: “I was in special education, I got a life skills diploma, and the positive part about it is I had to do it (GED), I mean, you can’t get by without it.”

Participant 20H: “Uhm, just really at the time, young and time to be grown and not really understanding life and being involved in drugs.”

Participant 20I: “Oh’ no, she’s, ever since I was a kid like I remember she’s always told me and my brother and my sisters that she wanted us to do something like, like a lawyer or a doctor or something, you know and she never, she never wanted me to drop out.”

Participant 20J: “Uhm, I would say so, but nobody ever said, you need to go to school, no adult in my life stressed the importance of an education at that time, no adult in my life said, we’ll keep the baby while you go back to school.”

Participant 20K: “Uhm, her passing away, I was really mad.”

Participant 20M: “I ran away. I started 10th grade and like I said, the lady, Sister, she helped me get a way, I found out where my grandmother was and she was still at the same house, she had to stay in the

same house so I could always find her cause you know,
everything that I knew of my grandmother, phone numbers,
everything, my mother threw away.”

Participant 20N: “No’ that was all me, that was all of me, that was all my
influences no body helped me on that, I did that on my own, I
screwed myself up.

Participant 20O: “No, no, they didn’t want me to.”

Participant 20P: “She begged me not to, she begged me not to so bad, I told her I
couldn’t take it cause it so embarrassing, I was like I can’t take,
I’m the girl who got pregnant, I was the most popular one, I’m
the one that got pregnant, I’m the one that had a miscarriage,
I’m the one that was passing out at school, and was like, I can’t
do it mom.”

Participant 20Q: “I got involved in the wrong activities, so it messed me up...I
was hard headed, hard headed.”

Song, Poem, Movie, or Book Title Representing Participants’ Life

The final question asked of participants was to identify a song, poem, and movie or book title that best describes their life. Participants were then asked to share their reasoning for selecting a particular song, poem, and movie or book title (See Table 12). There were 5 of 14 who did not choose to answer, 4 of 14 who selected a song title, 2 of 14 selected a movie title, 1 of 14 selected a poem title and 1 of 14 selected a book title she is currently writing and 1 selected an identity she had been given by her grandmother

indicating how she was perceived. Many of the participants' responses were based on either a past reflection of their life or a future desire for their life experiences.

Each one who answered expressed their reasoning for their choices and in these responses, it is clear a reflective look back or an envisioned place of their future.

Participant 20A related her health condition to that of the main character in *Steel*

Magnolias and the role the mother in the film played reminded her of her health crisis.

Participant 20C compared her life to the lyrics of song and how she felt as if she is looked at through glass and her parents do not really see her for who she is or what she feels.

Participant 20D choose to relate her life to a song, *Living Prayer* as the basis for which

she has been sustained through the trials of her life. Participant 20G shared a song he felt reminded him of his mother, a fondly spoken about primary caregiver throughout his

interview. Participant 20H recalled her life in the song *Amazing Grace* she felt gratitude for what she had been given to spite the circumstances she found herself in. Participant

20K shared an endearing term spoke over her by her grandmother, a beautiful disaster, a statement explained by the participant as her grandmother's words describing her life.

Participant 20M identified a book title of a book she has almost completed about her life.

She shares that her choice to write this book is because healing has occurred in her life as a direct result of mentoring other women, adolescents and young girls who have

experienced a similar life as hers. Participant 20O identified a movie title, *The Pursuit of Happiness* as his life example because he felt this illustrated a never give up attitude and

if one never gives up they succeed. Participant 20P shared a book title she believes she will write someday because of sharing her life story as a means for hope to others.

Finally, reflecting and envisioning themes among the participants revealed gratitude, care, love, mentoring, hope and spiritual influences that they felt had fulfilled, redeemed, delivered or inspired them.

Table 12

Song, Poem, Movie or Book Title Representing Life

Participant	Song, poem, movie or book	Title
20A	Movie	Steel Magnolias
20C	Song	Through Glass
20D	Song	A Living Prayer
20G	Song	Sing About Me
20H	Song	Amazing Grace
20I	No answer	N/A
20J	No answer	N/A
20K	Personal selection	Beautiful Disaster
20L	No Answer	N/A
20M	Autobiography book	A Girl Lost
20N	No answer	N/A
20O	Movie	The Pursuit of Happiness
20P	Personal selection	Succeeding as a Diamond in the Rough
20Q	No answer	N/A

Participant 20A: “Well, uhm, the daughter was sick, diabetes, and uhm, you know she was kinda, she was not really diligent with her condition, I mean I am a little more probably, more, well, no not really, you know you heard Ms. Libby say get your water like, I want really, I kinda of push it away sometimes, so yea, that is kinda of how we are the same and she got sick and had you know, went against her mom’s wishes and you know had a child and knowing you know possibilities and uhm and it turned out not in her favor,

then you know her mom gave her the kidney and told her to see if it would help her and you know she obviously didn't get better, not my case but it is kinda of the same, like it is the relationship."

Participant 20C: "Yeah, by Sour Stone, I think. That's like my whole life story.

Basically it probably wouldn't make sense to nobody else, but in my head, I...it just makes sense to me. Uhm, it describes my whole life and like my parents, and basically how I feel and I know that they're just, they're just looking at me thinking one thing but really it's another, you know, what I mean? They're not looking at me, and basically feeling one way and acting another."

Participant 20D: "I guess because of all of the trials I have been through and I actually to a house to live in."

Participant 20G: "Uhm, I wouldn't really say particular...just makes me think about her (mom) sometimes...not really sure why, but I just think of her.

Participant 20H: "Uhm, just the downfalls and being on my knees and then just rising, I guess and accomplishing things that you're capable of, I guess."

Participant 20K: "My grandma called me a beautiful disaster, she was like, you're a beautiful girl, but you don't really see yourself that way. You cheat yourself a lot with people."

Participant 20M: “Uhm, I felt like, because I also mentor a lot of people, in the mix of going through everything I’ve gone through, I have some wonderful women, some wonderful teenagers and some wonderful little girls that I also mentor too and I hear my story so much and I look at these women and teenagers and they say, their s no hope I say, look at me, in spite of everything, look at me, and I guess that what keep me so strong and tell this story. It wasn’t counseling that did this, it was me mentoring to those other people that say, I have no way out...I can’t get out, I’s tuck. No, you’re not, it just has to be your determination and knowing where you want to go, setting your goals, and literally writing them out an saying, I’m going to stick to this goal right here and I got to accomplish it, like coming to school, I make a goal that I have to accomplish before I can actually leave school. As long as I accomplish that before I leave out these doors, I am fine.”

Participant 20O: “The Pursuit of Happiness is one movie that will show you, you need to keep moving forward, stepping on and do not give up and you will achieve great things.”

Participant 20P: “Everybody always told me I should write a book cause there is so much more but I don’t know, maybe after I succeed I will.

I've always been told I, that you need to write a book about your life for real."

Discrepant and Nonconforming Data Factored Into the Analysis

Data analysis revealed participants' experiences were parallel to the research and theories utilized to ground this study. I have to admit that I was in awe of the commonalities among members and the direct ties held among those who participated in this study. When asked about their primary caregiver, there were common responses regarding who were their primary caregiver as well as similarities among their experiences. Each of the participants' selected a type of attachment they felt best fit the bond they held with their primary caregiver. There were two cases where the participant could not choose of the three and blended two attachments. I accepted their answer and did not try to hem them into choosing one or the other. Participants 20L and 20P selected a combination of secure and ambivalent and when asked, what made this so, 20L agreed that there were times she (mom) did meet his needs and sometimes she didn't and 20P responded with, "ambivalent emotionally, uhm, you know, just that one time spring break in 5th grade, just that time, but other than that my while entire life has always been secure." These were simply added to the analysis and interpreted as a conflict within the individual for determining that one had greater influence over the other in their experiences.

Participants shared experiences regarding the presence of their caregivers and these were parallel to the types of attachment he/she had selected, almost textbook based on theory and previous research. Most often participants provided memories he or she

recalled based on pleasure or pain; likewise, these were parallel to research utilized to ground this study. Along this same line, participants were asked about their caregiver's presence during their educational experiences, again, plenty of shared experiences matching the theory and research grounding this study. The participants were sharing similar stories; however, there were differences when it came to personal memories, some shared a great deal of dysfunction, and others were less open and shared minimally. The life experiences shared by participants were utilized in the analysis and provided support for the theory utilized for this study.

Finally, there were several answers about life events that were not part of the research or theory; the events included health issues and participant (20D, 20G, 20L) who were in GED programs but had stayed in school and considered failure to graduate due to lacking the units and passing the exit exam. These students were identified in the study as being in special education; however, there were some participant (20M, 20O) who were in a resource model and earned units but prematurely departed high school. These findings were considered in the findings as much of the research and at risk characteristics for academic difficulties is a prelude to premature departure from high school.

Life Map

Life Map (Trent, 2008) is a projective way of presenting one's life events through symbols and then explaining the reasoning for choosing these symbols. Participants completed this task at the conclusion of the interview either self-directed or responded verbally as dictation or I wrote their responses on the corresponding age grids.

Participants selected road signs they felt best described their life at various stages. In general, caution, curvy road, road closed, do not enter, wrong way, slow and keep out were the most common symbols selected to illustrate life at various age brackets.

The majority of participants selected a symbol of bears crossing to illustrate their birth to 2 years relationship with their primary caregiver. (See Table 13) The majority of sign selections during the years 2-5 revealed similar results as birth to two; however, there was an awareness of these years being a turning point in many of their lives. Six to 12 years of age revealed awareness about school, home life and the influences of choices made on their behalf. Thirteen to 15 years of age revealed perceptions of being on the wrong path, making poor choices, being influenced by outsiders, school difficulties and a game changer for their life's outlook. Sixteen to 18 years of age revealed a desire to stop, turn around, slow down, and go a different direction, even the responses provided by participants' revealed self-awareness unlike the previous years. Nineteen to 21 years of age revealed feelings of being overwhelmed, wishing to turn around, crisis in the coming days, and being back in school. Twenty-Two through thirty reveal more caution, being back in school, and finding dead ends requiring them to return to obtain their GED.

Table 13

Life Map Results

Participant	Birth-2	2-5	6-12	13-15	16-18	19-21	22-25	25-30
20A						N/A	N/A	N/A
20C						N/A	N/A	N/A
20D							N/A	N/A
20G							N/A	N/A
20H								N/A
20I			No Choice	No Choice		No Choice		N/A
20J								
20K							N/A	N/A
20L							N/A	N/A
20M								
20N								
20O						N/A	N/A	N/A
20P								N/A
20Q								N/A

Note. Life Map (Trent, 1998) symbols selected by participants.

Birth to 2 Years of Age

Participant 20A: “Life was starting but my mom was really all I had, my dad was gone a lot.”

Participant 20C: “Grow up too fast, needed to be a child, wanted to be.”

Participant 20D: "I needed mama for everything."

Participant 20G: "I had to have my mama, dependent on her for everything."

Participant 20H: "Mom was only one stable. Life with dad, drugs, CDVs and dad
in and out of jail."

Participant 20I: "Needed my mama, she took care of me."

Participant 20J: "Mother neglecting care of me."

Participant 20K: "Because I took a different route than planned."

Participant 20L: "Mama and school."

Participant 20M: "Grandma was always there."

Participant 20N: "You are not supposed to smoke around children."

Participant 20O: "Family, dependency."

Participant 20P: "My mother and I."

Participant 20Q: "I was following her and she was leading me on."

3-5 Years of Age

Participant 20A: "These years were slow, lots of change and still very dependent
on parents (mama) for everything; preschool."

Participant 20C: "Can't do childhood over, childhood is gone."

Participant 20D: "I did not want to stay in daycare; I wanted to be at home."

Participant 20G: "Limits were set for me, I was cared for."

Participant 20H: "I was in school; I always tried to do right during these times."

Participant 20I: "Reminds me when we came to USA, during these years seeking
a better life, entering unknown with caution."

Participant 20J: "Sexual molestation began."

Participant 20K: "She (grandma) became my mother."

Participant 20L: "Describe, time was slow."

Participant 20M: "Still (grandma) holding onto me."

Participant 20N: "Adults have to cautious of what their child is doing."

Participant 20O: "Family, dependency."

Participant 20P: "my mom always read to me, always tutored me."

Participant 20Q: "Potty trained, stayed home with my mama."

6 to 12 Years of Age

Participant 20A: "Life seemed to go in a circle, there did not seem to be a change or anything new; elementary school years."

Participant 20C: "Many mistakes, many changes, no straight path."

Participant 20D: "Stay in one place a long time: life sorta stopped and change when mama died."

Participant 20G: "Being in grades 1-6 took a long time, forever."

Participant 20H: "A lot of change, introduced to drugs, not enough protection."

Participant 20J: "Family hides everything."

Participant 20K: "Do not enter, taught me a lot about life, dos and don'ts."

Participant 20L: "During that time, I was in school, reading was my favorite, transferred schools, and change and started over."

Participant 20M: "I stayed to myself not to tell what was going on around me and in my home. So there was no trust for no one."

Participant 20N: "After school, I had to walk over to daycare."

Participant 20O: "Being on time, excitement."

Participant 20P: "Same, we were always reading and being tutored."

Participant 20Q: "Hooked up with the wrong people in school."

13-15 Years of Age

Participant 20A: "This was a time when things were going really well until I got sick and my plans detoured."

Participant 20C: "Cut myself from people, I changed."

Participant 20D: "I was slower than my classmates; they were more advanced than me."

Participant 20G: "Worse time in my life, I was bullied because of my size and my disability."

Participant 20H: "I was doing pot; I was trying others, in school, not making good choices, getting suspended."

Participant 20J: "Teen mother."

Participant 20K: "Wasn't doing the right things."

Participant 20L: "Hard time, went round and round, too much going on, people doing stupid stuff around me, I was around it and got in fight one time, someone messing with me."

Participant 20M: "My step-dad was in my room so much he finally got me pregnant. Now what is a girl to do, am already got 6 kids, now here come this little one."

Participant 20N: "Most difficult time while in school."

Participant 20O: "All about school."

Participant 20P: "Same, we were always being read to and working on school stuff. Mom should have been a teacher."

Participant 20Q: "Hanging out with the wrong crowd, people from the same neighborhood."

16-18 Years of Age

Participant 20A: "Started out curvy but eventually became straight. It seemed like a lot of challenges and then a direction."

Participant 20C: "People telling me I'm going the wrong way, I'm taking my own way."

Participant 20D: "There were so many things I was not able to do."

Participant 20G: "Lots to see, lots to do, enjoy."

Participant 20H: "No straight path, lots of mistakes and lots of wrong choices."

Participant 20I: "I had to drop out and work to take care of my family, left school to become primary caretaker of mom and sisters after brother married, it had been my brother."

Participant 20J: "Life as I knew it stopped to raise a baby."

Participant 20K: "My grandmother wanted to stop me from my bad decisions."

Participant 20L: "When I didn't graduate, I was very angry; I was sent to voc. Rehab, I didn't like it. I wanted a part time job, they put me in

youth builders, I don't like it either and no one told me I didn't have the units to graduate.”

Participant 20M: I met my first husband and he showed me the roles a married woman should do.”

Participant 20N: “I quit school and started exotic dancing.”

Participant 20O: “Going the wrong way in life, needed to turn around and go the other way.”

Participant 20P: “Lost twins, popular girl who got pregnant and I couldn't do it.”

Participant 20Q: “Needed to have slowed down and made different choices. 17 years old, dropped out of high school, went to jail, wanted back in school, no school.”

19-21 Years of Age

Participant 20D: “I'm in school right now getting my GED.”

Participant 20G: “Obstacles everywhere, not straight path.”

Participant 20H: Made bad choices, went the wrong way, overwhelmed with life, drug dependent.”

Participant 20J: “Slow, first job, 1st home of my own.”

Participant 20K: “I was very overwhelmed and alone.”

Participant 20M: “No U-turn, I'm tired, am running away from this man, I can't do this no more; drugs are my friends.”

Participant 20N: “Meet my first x-boyfriend and still dancing, car accident, thrown from jeep, flipped 25xs, boyfriend’s dad died in the accident.”

Participant 20P: “I was jumped by 2 guys and 2 gals, fight.”

Participant 20Q: “Slow down, had my first little boy, having a child turned my life around.”

22-25 Years of Age

Participant 20H: “These years were not turning out good, went to jail, probation, 20 year sentence, life detoured, jail, kids taken, probation, husband’s accident, and now GED.”

Participant 20I: “I have to go back to school for a better life; GED to have a better life.”

Participant 20J: “1st marriage, didn’t want to end in divorce.”

Participant 20M: “To anyone that wanted to help but opened to all bad cause my pain is still here.”

Participant 20N: “Got married, starting putting my life together, I got Sally (dog).”

Participant 20P: “No smoking, I quit.”

Participant 20Q: “Getting my GED, get a job and might go to college.”

25-30 Years of Age

Participant 20H: “Not good, turning it around.”

Participant 20J: “2nd marriage to abusive husband, isolation, relationships with others changed.”

Participant 20M: “Life was turned around, God makes everything alright, thank you Lord.”

Participant 20N: “In school now, Tiki (dog) I got her.”

Evidence of Trustworthiness

Credibility

As mentioned in chapter 3, the credibility and validity of a qualitative study is dependent on the shared experiences of those who participate in the study and the analysis of those experiences (Miles & Huberman, 1994). The credibility or internal validity of this study is established through triangulation, saturation, and peer review. In this study, I utilized hand coding, researcher theme extraction, peer review, and triangulation. Utilizing my committee, particularly my methodologist as a peer review for all data (transcribed interviews, codes, themes, and data analysis) provided one means for credibility to this study. A second means for credibility involved triangulation; triangulation occurred in two ways, one, while I was interviewing the participants and two, a follow up meeting with participants to ensure my analysis captured accurately stated the essence of their experiences. During the interview, spot checking occurred by way of asking the participant if I had understood correctly what they were trying to say and the second meeting allowing participants to see and read my analysis for accuracy. Finally, saturation was utilized for credibility. The first ten interviews, 20A, 20C, 20D, 20G, 20H, 20I, 20J, 20K, 20L, and 20M revealed many common shared experiences with

the tenth interview revealing no new information. As participants 20N, 20O, 20P, and 20Q interviews were analyzed; credibility was further solidified as no new information was presented.

Transferability

Transferability refers to researchers building upon current and related research further developed understanding of a given phenomenon (Janesick, 2011). The goal of this study was to determine the lived experience of attachment and the relationship affected the participant's academic achievement, particularly how this may have influenced premature departure from high school. Utilizing previous research regarding attachment, premature departure from high school, previous studies involving attachment, and premature departure from high school and various risk factors associated with premature departure provided a means for developing the interview questions allowing participants sharing a rich and thick description of their life experiences increase the transferability and external validity of this study. Future researchers will benefit from the thick description provided by participants, data analysis' theme extraction, and codes regarding attachment, premature departure from high school and the influences as perceived by the participants, especially academic achievement in a rural upstate area of a southeastern state.

Dependability and Confirmability

Procedures for recruitment, participation, and data collection were diligently maintained in accordance with the steps outlined in chapter 3. Recruitment was maintained via posters being placed in the GED classroom and bulletin boards.

Participants all volunteered and semi structured interviews were recorded. Interviews were transcribed and each transcription was reviewed by my committee methodologist to provide inter-rater reliability as well as dependability. Upon completing the interview transcriptions, initial coding occurred. The initial codes were reviewed by my committee methodologist. This process was repeated at intervals, participants 1-5 were analyzed, then 6-10 were analyzed, and finally, 11-14 were analyzed. Each of the analysis involved coding that was reviewed by my committee methodologist. The codes were then developed into themes and themes were reviewed by both my committee chair and methodologist.

Strategies outlined in chapter 3 were followed and provided the means for ensuring credibility and reliability. Strategies began when the Walden's Institution Review Board's approval was granted based on identified standards and the research involved in this study meeting these standards required by The Institutional Review Board to provide approval. The research outline was followed accurately and consistently; had any changes been done, the results would have been invalid. None of the information was falsify reported neither was any information added or taken away from. Had any of the above been handled other than the strategies outlined in chapter 3 and following the ethical guidelines identified by the Walden's Institutional Review Board the results would lack credibility, reliability, dependability, and validity of the study.

Summary

In this chapter, the research findings were based on my study of gaining insight into the lived experiences of adult GED students who prematurely departed high school and their primary caregiver's familial attachment influences. This chapter covered a brief review of the purpose and research questions as well as an overview of the setting, demographics, data collections, design, procedures, data analysis, and evidence of trustworthiness, results, and summary. Utilizing the central question, what are the experiences of primary caregiver attachment among GED students? Attachment, familial stressors, academic achievement influences, and mental, emotional and social influences within the home and school were reviewed for relevant themes. These themes providing a segway for answering how GED participants describe the attachment type they developed with their primary caregiver and what GED participants recall about their early childhood educational experiences. Common terms were used to describe the participant's primary caregiver include, independent, goal driven, caring, selfish, needy, unavailable, loving, honest, blunt, forgiving, strong, smart, manipulative, wounded, understanding, a little mean, kind, talkative, sensitive, ambitious, happy, medically inclined, brilliant, and leader. The majority of participants recalled their earliest elementary experiences as enjoyable, fun, and really unaware; however, upper elementary and middle school offered a different perspective as participants' awareness started to reveal truths of their of their home life, their academic struggles. Chapter 5 will provide an interpretation of the analysis results, limitation of the study, future research options resulting from the

findings and a summarizing conclusion that will provide a powerful message revealing the essence of this study.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this chapter is to provide a summarization of the results identified in Chapter 4 and to discuss the findings of the 14 participants who prematurely departed from high school and their familial attachment experiences with their primary caregiver. In Chapter 2, I provided a review of current and relevant literature regarding attachment, attachment theory, and premature departure from high school; recent research has been reviewed in light of the results as well as the time when Chapter 2 was written to ensure the most recent research is being used to support the findings. The review of related research revealed a significant gap regarding the lived experiences of those who prematurely departed high school, their perceptions of the type of attachment shared with their primary caregiver, and how they believe their attachment type influenced them mentally, emotionally, and academically.

The nature of this hermeneutic (interpretive) phenomenological study involved conducting semistructured interviews and having each participant complete a Life Map (Trent, 2008) to obtain insight into the participants' perceptions of their primary caregiver's influences, specifically early departure from high school. The results of this study include data derived from participant interviews and a life map. Life experiences were shared by participants regarding their familial attachment, attachment type, and how they perceived this attachment influenced them, specifically their belief regarding their premature departure from high school. Furthermore, these results were reviewed, and rich

descriptions were extracted and used to form key findings that will be dispersed throughout Chapter 5.

The key findings in this study resulted from reviewing the central question as well as the two research questions used to develop the interview questions. The central question, “What are the experiences of primary caregiver attachment among GED students?” provided insight into the day-to-day and year-to-year experiences shared between participants and their primary caregiver. Transcript analysis revealed participants were influenced by familial attachment types formed with primary caregivers and some secondary caregivers. Both positive and negative influences, relationship struggles, struggles within self, and stressful events had a far greater impact on participants’ emotional and mental wellness. The first research question, “How do GED participants describe the attachment type they developed with their primary caregiver?” was answered by participants based on the attachment type each believed best represented their experiences. Seven out of 14 participants selected a secure attachment, four of 14 participants selected an ambivalent attachment, two of 14 participants chose to blend two and selected a combination of a secure and ambivalent attachment, and one of 14 participants selected an avoidant attachment. The second research question, “What do GED participants recall about their early childhood educational experiences?” was answered based on participants’ reflections of their primary and elementary school years. Furthermore, after listening to participants share their early childhood and elementary experiences, I broadened the question to include middle and high school in order to have

a thorough review of their education timeline and familial caregiver experiences during that time.

The results of this study could enhance the way we work with children during their early childhood years as an intervention means to alter their life course towards early departure from high school. In addition, understanding the stressors experienced by those who prematurely depart from high school, the findings of this study can assist mental health workers, school counselors, educators, and administrators who work directly with these students through interventions strategies such as active learning, afterschool opportunities, career center education, family engagement, mentoring, and tutoring (National Dropout Prevention Center, 2014). Furthermore, the results of this study could enhance the data that already exist regarding premature departure from high school from a qualitative perspective; understanding life experiences and its influences during the educational years can lead to enhancing interventions, strategies, and dropout prevention programs that currently exist.

Interpretation of the Findings

In Chapter 2, I provided an in-depth review of research that was current through December 2013. A second review of literature was conducted in November 2014 upon completion of the data analysis to ensure the most current findings regarding attachment, attachment theory; familial stressors, academic achievement, psychosocial development, and premature departure from high school were used to interpret the findings. In this section, the results of the study's findings will be presented in regards to theory and related research. The majority of the research findings were consistent with theory and

related research; however, some data were inconsistent and will be shared as discrepant findings.

Common Traits and Characteristics

The research analysis of data revealed traits or characteristics common among participants who prematurely departed from high school. Common themes included (a) familial attachment types formed with primary caregiver, (b) secondary caregivers, (c) positive and negative influences of primary caregiver, (d) relationship struggles between caregiver and mate, (e) relationship struggles between participant and peers, (f) participant conflicting struggles within self, (g) health or medical condition, (h) life experiences being under the influence of a higher power (deity), (i) life altered by disruptive and stressful events, (j) risk factors associated with educational difficulties, (k) being learning disabled, and (l) influences and participant's decision to prematurely depart from high school. These common themes reveal life influences directly impacted participants academically, mentally, and emotionally. Participants revealed academic and peer difficulties existed as far back as first grade and life events such as life stressors, substance abuse, domestic violence, physical and sexual abuse, lack and neglect impacted participants both positively and negatively and both personally and academically. In the remainder of this chapter, I will reveal interpreted and summarized data as it related to theory and current research relevant to the findings.

Attachment Theory

Bowlby presented from his findings that all humans form attachment with their closest caregiver (most often mother) beginning in infancy; furthermore, there is a belief

from these findings that infants instinctively form an attachment (Reuther, 2014).

Attachment theory was the foundation anchoring this study. In this study, the purpose was to gain insight into the lived experiences of those who prematurely departed from high school and the influences of their primary caregiver; the results were overwhelmingly supportive of both previous and current research regarding attachment and the lifelong impact of the type attachment formed between primary caregiver and the participant.

Primary Caregivers

When providing participants with definitions of the three types of attachment, secure, ambivalent, and avoidant (Ainsworth, 1990), not one participant said, “I did not form an attachment;” however, each of them very easily selected one or a combination of two attachment types they felt best described their primary caregiver relationship. The majority of participants easily selected their primary caregiver; however, one participant requested clarification in choosing their primary caregiver based on guardianship and then apologizing for it not being either their biological mother or father. Participant 20K lived with her biological parents who were custodial but selected her maternal grandmother as her primary caregiver. Participants who selected mother did so very easily and without hesitation while others vacillated between guardianship, secondary caregivers, and alternative caregivers due to loss or absence of primary caregivers. Participants who selected grandmothers were similar in their life experiences as those who selected mother. Finally, the one who selected father I believe did so out of a need to confabulate (Hirstein, 2009) their life story.

The majority of participants, 11 of 14 or 78.6%, selected their birth mother as their primary caregiver. In Bowlby's (1982) studies, he concluded that most often the birth mother was the primary caregiver and the first attachment bond experienced by an infant. The remaining three participants selected an alternative primary caregiver (two maternal grandmother or 14.3% and one father or 7.1%) based on either guardianship or confabulation; guardianship refers to the assignment of a child to an alternative caregiver because of absent parents, and confabulation refers to a distorted memory of one's world (Hirstein, 2009). My observations of 20C's choice may have been the need for emotional protection, thus possibly confabulating. Identifying a more desired outcome than what was reality is one means for coping and self-protecting. Participant 20C is reasoning for selecting her father who was incarcerated during her infancy instead of her biological mom who was present. Several times during Participant 20C's interview, she stated, "My mother did not want me." This is consistent with an attempt to self-protect or self-preserve instead of allowing her to identify with a caregiver who did not want her; the need to feel loved and wanted surpassed her ability to identify with the truth of her circumstances.

Of the 11 who selected mother as primary caregiver, five selected a secure attachment, three selected ambivalent, two selected a combination of secure and ambivalent, and one selected avoidant. The five who selected a secure attachment style with their primary caregiver told of feeling safe and their needs being met on a consistent basis. Ainsworth (1990) discussed that securely attached children are apt to investigate their surroundings, and the participants' life stories that were shared supported this

assertion; the securely attached individuals identified involvement in extracurricular activities, found their early childhood experiences to be positive and successful as well as parental involvement in many facets of life. The three who selected ambivalent attachment style shared life stories riddled with inconsistencies as part of their relationship with their mother. The two who choose to combine secure and ambivalent disclosed their hate for feeling conflicted and being unable to choose one over the other; however, their life stories were more aligned with the inconsistencies of those who selected ambivalent attachment versus the consistencies shared among securely attached participants. Finally, the one participant who selected avoidant attachment style shared life stories punctuated by cold, aloof, and absentee parenting, which resulted in feeling her needs, was never met. There were two participants who selected their grandmother as their primary caregiver and both selected a secure attachment type to describe their relationship. The life experiences shared by these two participants were consistent with the participants who selected a secure attachment type relationship with their mother.

A discrepant selection of attachment type occurred with Participant 20C choosing a secure attachment with an absentee father who was incarcerated during the first 6 years of her life. As previously mentioned, the psychology world coined the word confabulation to identify distortion of memory, in this case, choosing a secure attachment with an absent father may have been a strategy of self-protecting both an emotional and mental state due to her perception that she was unwanted by her mother as stated several times throughout the interview.

Attachment theory is supported by evidence-based research; many studies continue to support the original findings of Bowlby (1982) and Ainsworth (1990). The findings of this study provided continued support for attachment theory; however, one piece of data that provides an extension to the findings is how participants expressed the influences of their primary caregiver influenced their early departure from high school. The participants who indicated a direct relationship between their early departure from high school and their primary caregiver influences provided thoughts of “lack of caring or a devaluing of their education, in other words, they didn’t care why should I?” These participants identified their caregiver attachment type as ambivalent or avoidant; the impact of the attachment formed was still influencing their decisions and directly related to the type of attachment formed. Mikulincer et al. (2009) determined the attachment formed in infancy directly impacts one’s emotional and mental stability; the participants who indicated their caregiver was not for them finishing high school shared both academic and life experiences that revealed a compromised emotional and mental stability. Further study of interventions or strategies that can impact the primary caregiver and child relationship is a key insight from this study. Understanding the emotional and mental stability of children who ambivalently and avoidant attached to their caregiver is crucial to impacting academic achievement, at minimum, interventions with these students prior to middle school when internal struggle is at its height is clearly conveyed in the findings of this study.

Attachment Type and Influence

Bowlby (1982) and Ainsworth (1990) provided the evidence-based research that grounds this study. As participants shared their stories, the reported life experiences consistently matched definitions of secure, ambivalent, and avoidant attachment as described by Ainsworth (1990). One relevant finding with regard to attachment influences involved self-regulating. Self-regulating is best defined as the ability to self-manage one's own behavior (Reuther, 2014). The studies conducted by Bowlby (1998) concluded that self-regulation comes because of having had repetitive responses from a primary caregiver who brought security following a time of separation. Ainsworth (1990) concluded this as well in her research study Strange situation; children who were securely attached self-regulated their behavioral responses in the absence of their primary caregiver and could do so consistently while those who were ambivalently or avoidant attached were unable to self-regulate, and reunification with their primary caregiver resulted in clinginess and a period of adjustment. Participants who selected ambivalent or avoidant attachment types expressed more prevalence of discord, disunity, and distrust and were more closed in their relationships.

Self-regulation involves monitoring one's self and behaviors (Reuther, 2014). Reuther (2014) reviewed Martin Heidegger's existential thought regarding attachment in which he viewed attachment as critical to survival and survival is connected to stability, structure, and security that ultimately determines ones' ability to feel secure and invest in relationships. Participants who identified as ambivalent or avoidant attached were often conflicting in their feelings, stated they were untrusting, and had very few friends.

Participants who described a secure attachment experience revealed stability existed with their primary caregiver as well as with peers, teachers, community leaders, and so forth. Ambivalent and avoidant attached participants revealed labored and broken relationships, especially when intimacy was involved. Relationship struggles, trust and intimacy issues, and shallow investment in relationships were prominent among ambivalent and avoidant attached participants. Early attachment experiences potentially influence the individuals throughout their lifetime; influences among participants included mental, emotional, and social stability, most prominently viewed in their future goals.

The results of this study revealed conflict with primary caregivers was responsible for internal struggles among participants. Ambivalent and avoidant participants shared life stories riddled with primary caregiver conflict more so than those with secure attachment. In light of study conducted by Reuther (2014), the internal struggle caused by conflict with primary caregivers abates emotional and mental stability, thus directly affecting the individual's ability to self-regulate. This finding adds to the attachment literature and provides insight into the lived potential impact of lived experiences involving conflict between individuals and their primary caregiver. Further research involving types of caregiver conflict and perceptions of how this affected the individual while in school could provide insight into elapsed time required to self-regulate. This elapsed time could be insightful regarding lack of focus occurring in the classroom, thus vicariously effecting academic achievement.

Maslow's Hierarchy of Needs (1968) displays a growth and developmental pyramid scale indicating the process by which one develops self-actualization. Self-

actualization is the process in which one reaches the pinnacle of their fullest potential or autonomy. The pyramid base consists of physiological needs such as food, water and shelter being the required foundation for safety and belonging (the second pyramid level) to occur. Participants who selected a secure attachment consistently shared their basic needs were met and they felt as though they were safe and they belonged; however, those who selected ambivalent, avoidant or a combination of ambivalent and secure clearly convey the absence of reaching safety and belonging thus the basic needs for attachment to happen never occurred.

Mikulincer, Florian, and Hirschberger (2004); Thompson, (2000); and Grossman, Grossman and Waters (2005) discussed the significance of attachment and how the earliest bond formed between the child and primary caregiver influences relationships that occur throughout one's lifetime. The study's findings stressed the importance of our earliest experiences developing trust or mistrust influences all relationships occurring in one's lifetime. Shared stories of middle and high school experiences revealed inconsistent relationships, influences and few positive relationships among participants who selected ambivalent, a combination of ambivalent and secure or avoidant attachment types. As previously mentioned, interventions at the middle level or earlier would be the best use of interventions and strategies based on the findings of this study. Prior to this study, attachment was deemed influential; one new insight is the depth of impact occurring during the late elementary and middle school years. Participants shared life stories during their late elementary and middle school years revealing the impact of a caregiver's influences and when aware of this impact is evident. In my review of the current

literature, I was unable to find the educational level in which school achievement was affected the greatest; this study reveals from participant's life experiences the late elementary and middle school years had the most influence. Further study into these developmental years occurring in late elementary and middle school along with the lived experiences previously and currently occurring will provide insight into common experiences, at-risk characteristics and how students perceive this influences them. The results of such a study could provide insight into individual interventions and strategies as well as family interventions and strategies that could influence the mental and emotional instability thus affecting academic achievement.

In 1980, following Bowlby's continued study of attachment, especially the absence of a primary caregiver, a common thread emerged; in the absence of a secure attachment, ambivalently and avoidant attached children are distressed both in interacting with their world and in relationships. As participants discussed their life experiences with their primary caregivers, without fail, those who selected ambivalent or avoidant attachment recalled high stressors and distressing interactions with their primary caregiver that ultimately influenced their life. Participants openly shared how their primary caregiver was influential in their safety, provision and security; securely attached participants shared their primary caregiver was always present and never left their side, while ambivalent and avoidant attached participants described their caregivers as absent, unable to be depended upon and delivering zero stability.

There is something about knowing that one is cared for, loved, and wanted. Truly having value to someone, to know unconditional love and that you matter, and to feel

wanted significant produces more stability in one's mental and emotional state. When participants who shared ambivalent and avoidant attached life experiences, the mental and emotional irregularity was present and they were more likely to engage in high risk behaviors. Referring back to Maslow's Hierarchy of Needs (1968), it is very clear how much significance a primary caregiver influences has in shaping the foundation of belonging, a crucial piece of one's development. In order to experience love and belonging, one must first have security. The absence of presence is equated to feelings of abandonment. Participants, who identified their primary caregiver as absent expressed unmet needs, questioned being wanted and loved, grew up too fast, and lacked stability; constantly seeking security resulted in an inner struggle challenging the emotional and mental wellbeing of the participants. Bowlby (1980) referred to this as an internal working model or one's inner model. An inner model of struggle resulted in duress and struggle, which was chronicled through participants' shared stories of their life stressors.

In 1973, Bowlby's second book was published in which his findings regarding separation anxiety and anxious attachment were identified because of fear derived from the original attachment between the primary caregiver and infant. Bowlby (1969/1988) believed strong ties existed between security and attachment as a means for successfully navigating one's world; secure bonds experienced by children and their primary caregiver provides security for their natural progression of exploration of their world. The basis of attachment theory involves the complex interactions between a primary caregiver and infant and the primary caregiver's ability to synthesize the needs of the infant and meet their needs accurately and timely (Bowlby, 1969/1982).

In 1980, Bowlby's third book was published with the findings of his study on avoidant attachment; he concluded that a memory of interactions with a caregiver that was not secure when recalled creates distress and anxiety. Participants who experienced distressed life experiences with their primary caregiver far outweighed the direct influence the relationship and type of attachment held between primary caregiver and participants. These life events came with emotional and mental consequences that were consistent among the participants.

Emotional and Mental Consequences

Mikulincer, Shaver, Sapir-Lavid, Avihou-Kanza (2009) discussed the premise from which one derives inter and intrapersonal mental and emotional states. Quinton and Rutter (1976) and Achenbach (1991) concluded absence from a primary caregiver for an extended amount of time influences the infant's emotional state and can result in detachment. This was evident in the words selected by participants to describe their primary caregiver. Descriptive words used by participants included "selfish, needy, unavailable, manipulative and wounded." Participants' words describing perceptions of their primary caregiver provided insight and relationship experiences revealed whether feelings of belongingness were ever achieved. One thought that increasingly crossed my mind as participants selected descriptive words is the amount of times I heard the words "loving and caring." Caring and loving were selected eight of 14 times and transcended the types of attachment selected. In reflection of this data, I bring back the confabulation (Hirstein, 2009) thought and the need to see things better than what they were as a means to self-preserve. The conflicting evidence among ambivalently attached participants

included their life stories in which various stories of drug use, verbal abuse, abandonment, domestic violence and such were prevalent but their descriptive words about their primary caregiver included loving and caring. Slade and Cohen (1996) provided insight through their studies findings; insecurely attached individuals develop a denial system to protect their mental and emotional states. It seemed that despite drug use, verbal abuse, absenteeism and criminal domestic violence, denial was used to preserve the mental and emotional states of both securely and insecurely attached participants.

Participants produced words that expressed a positive self-esteem among their shared stories of lives filled with chaos, stressors, losses, physical and sexual abuse, substance abuse, and criminal domestic violence. Reuther (2014) stated students who developed a secure attachment with their primary caregiver have similar patterns of those insecurely attached when confronted with life altering events; however, one significant difference is the ability to move towards a state of homeostasis and return to a neutral basis of existence. I did not find evidence of this to be true, of the challenges presented by participants, no matter what type of attachment each selected; life crisis had a detrimental effect upon the lives of participants. This result supports the findings of Maslow's Hierarchy of Needs (1968) supporting the concept that when a crisis happens, the basic needs become the primary source of focus and until these are met, the individual is unable self-actualize and the focus are on survival. Participants who expressed a life riddled with abuse, neglect, parental substance abuse and such provided an overview of

their life as having secondary caregivers, being homeless, being taken away, substance abuse, teen pregnancy and choosing to engage in at-risk behaviors.

Finally, behavioral characteristics that continue to plague those who have ambivalent or avoidant attachment types include (a) failure to adapt and self-regulate, (b) sensory overload or under active, (c) emotional instability, (d) concern over safety and (e) inappropriate intimacy (American Psychiatric Association, 2013). These findings reveal that the attachment bond developed between an infant and their primary caregiver continues throughout one's life span affecting the individual, particularly in relationships and choosing similar attachments to those they developed in infancy. Participants shared life events that revealed at-risk behaviors such as substance abuse, being under the influence and driving at a high rate of speed, suicidal gestures, teen pregnancy, skipping school and so forth. These findings related directly with the *Diagnostic and Statistical Manual of Mental Disorders* (APA, 2013) behavioral characteristics for someone who has an attachment disorder. Along with this finding, it was also noted that many of the participants with insecure attachments also exhibited behaviors that were consistent with adjustment disorder, particularly academic impairment lasting longer than 6 months, for many it plagued their entire educational career (American Psychiatric Association, 2013).

Life Events and Stressors

Life events and stressors that affected participants and their primary caregivers were commonly shared and with similar emotional and mental impact. The most common life stressor was father absenteeism. Of the 14 participants, 13 described the absence of their father figure and the demands this placed on their mom in a single-family

household. Mental and emotional impact included feeling as though there was something he or she was missing, that they were different or feelings of neglect. The current data on father absenteeism is startling. One third or 15 million American children are living in single-family homes (Anderson, 2013). There are many studies available regarding a father's influence upon children and the results of this study support the evidence that the father's absence significantly influences children.

Participants shared life events involving primary caregiver and father/significant other marital discord, poverty, substance abuse, domestic violence, role reversals, financial strains, loss of home(s), frequent moves, abandonment, incarcerated parent(s), violated trust, and abandonment. These life stressors were indicative of influencing the emotional and mental stability of participants but vicariously influenced their academic achievement. Experiences shared by participants indicted a pre-occupation with what was happening at home while they were at school. The need to hurry home to check on the status of parents, fear of leaving parent due to violent history in the home, role reversals when primary caregiver due to fear. In addition, a caregiver's inability to parent due to substance use or neglect and being unable to focus on school due to home life resulted in school having little or no significant to them was evident. Losses were consistently shared among participants regardless of the attachment type; common losses included death, childhood, divorced or separated parent, and innocence due to violence, abuse, neglect, safety due to violation, domestic violence and accident. Participants who shared stories of loss identified conflicting emotions and feelings of despair. Securely attached participants expressed the same feelings of loss and despair as those who were

ambivalently and avoidant attached. Humans are motivated by necessity to ensure safety and a state of belongingness (Drake, Belsky, & Fearon 2014). Loss results in exposing our mortality and recognizing our mortality can result in despair simply from awareness of the unknown. The findings in this study revealed the greater the loss, the greater despair and emotional impairment. The majorities of losses were personal and reduced the participants' sense of security. The loss of security resulted in emotional and mental instability.

Attachment and Trauma

Trauma was a common thread among participants. Stories of physical and sexual abuse, molestation, prostitution, neglect, abandonment, incest, death of a parent, homelessness and financial loss were commonly shared among participants. As stories were shared, one commonality that existed was the absence of coping skills. As participants shared their life events, there was an absence of closure and a lack of skill to cope with the circumstances that had influenced their life. Considerable research along the lines of attachment and trauma revealed that adult attachment difficulties could be tied to poor post-trauma adjustment (Shallcross, Frazier, & Anders, 2014). In addition to the already distressed relationships many of the participants described, traumas that further complicated their mental and emotional states thus impacting their adjustment and basic need of belonging heightening the absence of feeling safe and secure vicariously impacting their current as well as future relationships. This study's results indicated life stressors and crisis had the greatest impact on the participants' lives. Shallcross et al. (2014) findings identified attachment influences could be impacted by trauma. Without

fail, all participants had at least one life crisis that influenced their life. The main difference noted in this study and adds to the attachment influences discovered by Shallcross et al. (2014) research is those who were securely attached did not have the depth of mental or emotional instability as those who were ambivalently and avoidant attached. In other words, the emotional instability was far more fragile for those who had unsecure attachment. Studying the lives of those who encounter life altering experiences and the type of attachment he/she develops could provide insight into shared characteristics offering insight into interventions programs that may increase mental and emotional stability thus vicariously influencing academic achievement.

As I reflect on the findings of the emotional and mental impact of life stressors, as an educator, I see the impact this has on a student's ability to self-control, find emotional equilibrium and self-regulate. Participants who expressed life experiences involving domestic violence and abuse indicated he/she had been diagnosed with a mental or emotional impairment. It became clear in their shared experiences, the mid to late elementary years were identified as most difficult and the absence of resilience was absent from their lives. The lack of resilience brought a point of what creates a drive to overcome difficult and potentially harm inducing experiences. Resilience has gained national attention as of late due to the insurmountable crisis that are occurring worldwide. Determining what actually affects an individual when involved in the same life-threatening situation but seemingly come out unscathed by the events is needed (Gladstone, Boydell, & McKeever, 2006). In review of the 14 interviews, I only heard one individual speak in such a way I could say resilient effort was in place and stirred a never give up and never

let circumstances beat you attitude. Participant 20A was dealt a physical challenge that altered her life course and her effort to return and live her dreams is evident in her relentless pursuit. In reflection of my own life and evidenced by the life stories of the 14 participants, mental and emotional challenges existed among all participants regardless of attachment type and clearly impacted them directly, indirectly and vicariously but the absence of resiliency may have impacted them more than the type of attachment he/she developed with their primary caregiver. It behooves me to stress the need for further study of resilience and the factors that create determined will.

School, Peer and Academic Influences

Participants describe their primary caregiver and influences on their educational experiences based on developmental periods of growth, particularly early childhood, elementary, middle, and high school years. Participants shared early childhood years experiences filled with fond school memories and very little awareness of life difficulties. Data collected regarding the elementary years, evidence existed of awareness of circumstances in their homes, parental conflict and how they felt. Middle school years brought periods of revolt and rebellion based on internal and external conflicts both at home and school. The high school years and early adult years were often spoke of as where mistakes were made, regret was experienced and wishes for do overs existed. Participants who selected a secure attachment identified parental involvement in their school years equal with those selecting ambivalent and avoidant attachments. It would appear from the findings of this study; the greatest impact on the participants' choice to leave high school prematurely resulted from life events, life stressors and being learning

disabled. The remainder of this section will review the findings of each level of education, the influences during those years and how the participant perceived this affected their education.

Early Childhood Years

Children who form secure attachments are willing to navigate their surroundings, interact with others and develop relationship with peers, teachers and other support people (Duggan, Berlin, Cassidy, Burrell, & Tandon, 2009; Main, 1995, 2000; Sroufe, 1985). All the participants described some form of like for their early childhood years. School was not viewed as difficult nor was it considered a place one did not want to be. One participant described being socially anxious thus making school a difficult place to be relationally, but did not state a discord for the classroom during the earliest years of her education. Many participants described these years as fun, seeming to last a long time and the time when school was engaging. Academically, very little was said regarding grades during these years and more social functions like, PTA, performance nights and such were part of participants' life stories. When asked directly, a common subject was stated as being a struggle; math was indented as the most difficult by the majority of participants.

The majority of participants spoke of these school years as being positive and their primary caregiver being directly involved both in their school and assisting at home with school work. Participants who spoke of difficulty during these years identified other influences such as lacking a car that affected their caregiver's role in their education. It was evident throughout the early childhood years participants' shared stories of familial

involvement regardless of the type of attachment formed with their primary caregiver.

Children who form secure attachments are willing to navigate their surroundings, interact with others and develop relationship with peers, teachers and other support people

(Duggan, Berlin, Cassidy, Burrell, & Tandon, 2009; Main, 1995, 2000; Sroufe, 1985).

All the participants described some form of like for their early childhood years. School was not viewed as difficult nor was it considered a place one did not want to be. One participant described being socially anxious thus making school a difficult place to be relationally, but did not state a discord for the classroom during the earliest years of her education. Many participants described these years as fun, seeming to last a long time and the time when school was engaging. Academically, very little was said regarding grades during these years and more social functions like, PTA, performance nights and such were part of participants' life stories. When asked directly, a common subject was stated as being a struggle; math was indented as the most difficult by the majority of participants.

The majority of participants spoke of these school years as being positive and their primary caregiver being directly involved both in their school and assisting at home with school work. Participants who spoke of difficulty during these years identified other influences such as lacking a car that affected their caregiver's role in their education. It was evident throughout the early childhood years participants' shared stories of familial involvement regardless of the type of attachment formed with their primary.

Elementary School Years

Participants' life stories during the elementary years took on their own identifies and life events began to come into awareness as well as the impact these events had on the participants. Participants shared life stories during these years that defined the attachment types developed with their primary caregiver and how the relationship may have influenced them. Educational awareness increased during these years as well, stories become clearer and insights were more detailed, especially as the later elementary years were discussed. A disparity began to emerge among participants based on the types of attachment and the influences of these relationships during the elementary years.

Academic struggles began to emerge during the 3rd and 4th grade years; participants described educational difficulties and being placed in special education classes for additional help due to the academic difficulties. Arithmetic (math) was the most identified curriculum that required participants' to be placed in special education classes, most identified this change in their education as occurring during the 3rd and 4th grade. In addition, many shared stories of being transient, moving from school to school and being tardy or absent from school. Life events were also noted as affecting participants' lives; losses, violence, and bullying were all described as having influenced focus and attentiveness. These influences occurred in spite of attachment type transcending across type and having equal impact.

Securely attached students have greater mental and emotional stability than those insecurely attached providing them the ability to experience greater levels of academic achievement because of self-motivation (Kobak, Cassidy, Lyons Ruth, & Ziv, 2005;

Elliott & Reis, 2003). The analysis of data did not inclusive support this finding during the elementary school years. Participants who selected a secure attachment were equally challenged in their academics as those who were insecurely attached. A large number of participants shared they were diagnosed with a learning, mental or emotional disability and these diagnosis transcended across all types of attachment. It appears the greatest impact upon the participants' academic achievement at the elementary years included learning disabilities and life stressors, specifically crisis, abuse and loss.

Middle School Years

The middle school years were identified as most stressful by the majority of participants. Descriptions of feeling different, being bullied, falling behind in classes, skipping school, excessive absences, tardies, losses, domestic violence, primary caregiver absence, teen pregnancy, participant substance abuse, transferring schools, loss of family member, homeless, suspended from school, troubled kid, financial strain awareness and parents' substance abuse. During these years, participants took ownership of their life and educational decisions. Once again, the type of attachment shared by participants and their primary caregiver did not keep life experiences or academic difficulties from occurring. These years were riddled with peer awareness and becoming more engaged in relationships both within and outside the school. In addition, these relationships influenced participants both positively and negatively. It was interesting to hear the life stories during these years; participants who developed ambivalent or avoidant attachment with their primary caregiver identified more with peers who were risk takers and non-positive influencers. Participants who selected a secure attachment to describe their

primary caregiver identified more as a troubled kid who did things to get attention during these years because of their home environment influences. This phenomenon is interesting to me as an educator, countless times, I observed new students arrive and quickly are drawn to peers who have similar backgrounds but are unaware of this. Seemingly, this drawing towards peers plays a large role in how students in middle school select friends and what may be an unknown force of attraction that draws kindred spirits. Likewise, students who are emotionally impaired draw others who are emotionally impaired and often times are labeled with a cultural slur that describes this phenomenon (i.e. emo). Further research may shed light on this phenomenon by way of interviewing a current student body and as new students enroll, interview them to obtain familial backgrounds and observing students who they are drawn to relationally. Participants expressed greater turmoil and conflict during their middle school years both academically and relationally. Piaget's stages of development identify this time as Formal Operations Stage, during this stage of development the individual is referencing their world based on their internal working model, abstract thinking and reasoning as a means for validating their world lens (Davenport, 1998).

High School Years

Participants' life stories became more vivid and more detailed as we explored the later developmental years. Several unexpected life experiences that influenced their lives emerged. Physical disabilities were introduced that impacted learning that had previously not been a factor. Alternative education and the failure of these were also introduced as having influencing participants' academic achievement. Participants also began to

identify the years in which they prematurely departed high school and the influences occurring during that time that affected their learning. Medical emergency emerged because of life altering events, suicide attempts, teen pregnancies, substance abuse, and sexual promiscuity. Academic crisis emerged when medical emergencies introduced alternative learning environments such as homebound, military school, alternative school, and virtual school. Participants shared story after story of failed alternative educational services and a GED was their last alternative to getting the equivalency of a high school diploma.

Life crisis continued to plague participants during their high school years and included death of a loved one, absentee father, financial crisis, incarcerated parent(s), teen pregnancy, motherhood, and bullying. The impact of life crisis on participants during their high school years was similar to that of elementary and middle school years as well as truancy, disciplinary issues, and special education classes directly influenced their academic achievement. A significant difference in high school as compared to elementary and middle school years are the age at which a student may willingly chose premature departure from high school. All participants who were in regular education classes identified reasoning for early departure began during their early high school years. Dropout reasons included being too far behind in school, truancy, learning disabilities, motherhood, teen pregnancy, stupidity, lack of thinking through the consequences, lack of assistance with household finances and provision for mother and siblings, being unaccepted upon return to school, and incarceration. Participants who

were in special education identified their learning disability as the reasoning for their departure from school and enrollment in GED classes.

Several participants identified their primary caregiver as having a direct influence on their early departure from high school; one identified her primary caregiver lacked caring about her education and upon giving birth did not support her return to the classroom while another stated she did not care so why should she. The remaining participants indicated they had made the choice to quit on their own free will. In reflection, I see life events and stressors directly impacted early departure from high school. In addition, continued plagues that affect their lives result in unresolved internal struggles as evidenced by verbiage such as, “I have not dealt with it”; “I guess I never dealt with it” or “I didn’t feel it so I guess I still have not processed that part of my life.”

Many participants shared life experiences in which they were exposed to substance abuse, addictions, absenteeism, domestic violence, abuse, and losses. These life stressors were indicative of the participants’ view of self and their outlook on life. Many shared how they did not have focus or their focus was not on school and many stated they had a fugacious childhood or experienced role reversal. The internal working model of these participants while in school was one of survival; survival mode limits the ability of one to see the need to prepare for tomorrow when the goal is to survive today (Shallcross, Frazier, & Anders, 2014). Distracted is the term used to define how participants’ felt during their educational years. As I reflect on these findings, I am aware of the absence of coping skills or the presence of unhealthy coping skills that resulted in emotional and

mental impairment implicating a need for teaching coping skills, assisting in the development of coping skills and confronting unhealthy coping skills.

Limitations of the Study

The limitation of this study included ethnicity, age, gender and lack of cultural diversity. Ethnicity was not considered for this study due to the limited number of participants and the purpose of the study; however, a greater number of each ethnic group would have been needed to view primary caregivers' influences based on ethnicity. Gender and age were limited based on the sampling process. Participants had to identify interest in taking part and the process of sampling (convenient) used for this study resulted in the gender and age being determined by participation. The majority of participants (9 of 14) were female in their early to early-20s. For the study to have more diversity, gender, and age the sampling would needed to have been much larger; however, the type of analysis conducted (qualitative) was not conducive to larger numbers of participants which would have impacted coding and theme analysis; the greater the sample the more the data which compromises saturation.

As with any qualitative study, dependency upon self-report to develop findings is a limitation. Participants shared their life stories as he/she perceived and considerably safe for their personal liking. Interviews were utilized and participants answered based on the questions I posed. When asked if there was anything the participant wanted to add to their interview, without fail, they responded with "no" or "I think that covers it." The questions themselves may have been a limitation resulting in missing pieces of their

experiences simply because of a lack of having the right probe following the participants' responses.

As a researcher who finished high school but lived through many of the same life stressors shared among participants, it became obvious very early on that I was able to relate when analyzing data. Utilizing both committee members was pertinent to keep theme extraction and coding based on the interview transcriptions and not my personal life experiences. I feel as though this was accomplished and the data analysis reveals on the truths of the participants' life stories.

Opening up this study to high school dropouts who were not GED students past or present may have provided a different set of results. Having students who are or were GED students as the participant pool limited insight into the lives of those who were not part of the GED classes but did prematurely depart from high school, the findings may be similar or strikingly different.

The eldest participant (30) revealed greater insight when compared with other participants. It became very clear that her ability to reflect upon her life far surpassed that of her younger peers. Several studies on the brain, particularly the medial prefrontal cortex and posterior cingulate region reveal development of this region is detrimental to accurate reflections of self (Cahill, 2000). Having a limited number of participants who had reached the age in which brain development (middle 20s) allows for reflecting insight results in participant reflections being possibly misaligned due to the lack of brain development that assist in accurate self and experiential reflection.

Another limitation is the location in which the study takes place. Participants were all from a small southeastern state and rural community. Since all the participants were from the same region and the same school district, variations of belief and or perceptions were limited thus affecting the outcome the findings. Extending the study to other states, urban or suburban developments and so forth would have increased the diversity of the findings and enhanced the understanding of those who prematurely departed from high school.

Researcher as Instrument of Research

Phenomenological qualitative research design employs the researcher to be an instrument in the research process. Moustakas (1994) described the researcher as a pointed part of the creating meaning from participants' shared stories. In this study, I was a vital part of making meaning from the shared life stories of participants. I utilized my thoughts along with research and theory to determined common themes thus arriving at meaning of the phenomenon of life experiences with a primary caregiver and early departure from high school. Utilizing an interview to obtain the life stories, I was an active participant in the data collecting process and as shared throughout this study, the bias I bring to the table include being a daughter experiencing primary caregiver attachment, as a student with decades learning, and an educator of 25 years. I have made great effort to identify these biases by way of using committee members to review the findings and co-labor with me as researchers. The results of this study were read and re-read for clarity, reviewed with the participants' for accuracy and then reviewed alongside my committee members to ensure I was providing insight into the participants' lives as

expressed. I strived for excellence at each step to provide insight into the lives of those who prematurely departed high school and their familial attachment experiences with their primary caregiver.

In chapter 1, a limitation of trustworthiness was stressed regarding my ability to maintain self-awareness while interpreting the findings, credibility and quality depend on this awareness to stay in focus. This was accomplished yet there is still an influence simply by virtue of my lens in which I view the world. I believe I see the world as an existentialist; life has meaning and we are all striving to find meaning for our existence (Batthyany, 2010). As life stories were told, I utilized basic interviewing skills such as being attentive, reflecting and probing to obtain the essence of participant's experiences.

My role as the researcher required that I be present and unconditionally accept each participant. Initial interaction with participants involved reviewing the purpose for this study and my interest in the topic. I shared my personal belief that the attachment type established between child and primary caregiver directly affected the individual, specifically academically. I shared with them my years as an educator working with detached students and how much this influenced their academic achievement. I explained that my belief is related to the thought that an established secure attachment would influence the child because of having a safe and secure core that engaging in the surroundings would naturally occur resulting in a positive impact upon their education. I continued to provide insight into the interview questions and how these questions would help participants tell their life stories thus providing insight into life experiences as a secure, ambivalent or avoidant attached student who prematurely departed from high

school. Gaining insight into the perceptions of the influences of their primary caregiver, specifically on academic achievement is the crux of this research project. I believe I was able to keep an open mind and heard the life stories of each participant as described and then conducted the data analysis based on the emerging codes and themes without my beliefs and personal experiences creeping into the analysis.

Recommendations

In reflection, this study has produced data and inquiry based questions that could be developed into further study. I often mused over some of the life experiences shared and how common the familial dynamics were similar, both positive and negative. I was confronted by role reversals occurring in the lives of participants and how universally accepted this seemed. I was further mused by lack of resilience among participants. Pondering the findings of this study, it became clear that a consistent factor existed among each of the participant, the father factor. Participants spoke of absenteeism and unavailability or simply missing father figures. Research currently exists regarding the father factor and this study continues to support what is available; current research indicates a radical change occurred in society when fathers began to leave their homes (Oliker, 2011). Another factor that rose from participants' life stories was the difficulties in math and the early detection; however, it was never improved upon. Story after story, participants' share of being passed on but eventually failure to finish and earn a high school diploma resulted.

Strengths Influences

Academics and familial attachment experience insights are the strength of this study. Participants shared insight into relationship with their primary caregiver; they also provided insight into the influences these life experiences had on their life and academics. Results of this study solidly collaborate what was known about attachment types and how these influences affect a child throughout their lifespan. The one thing that stood out was the number of alternative caregivers identified by participant. Further research of the influences of secondary caregivers may enhance current research regarding attachment what leads to secondary attachments when primary caregivers are present.

An academic finding that could lead to further research involves physical sickness resulting in homebound or alternative education placement. Three of the participants indicated life threatening health conditions that altered their course of education. Prior to this study, I never conceived of studying students who become physically unable to attend school and how this may affect them academically. It was apparent in all three cases that their physical limitation affected their ability to keep up with their education and ultimately resulted in their failure to finish high school.

Special education was another common thread that could provide an avenue for further study. Many of the participants discussed special education needs and often placed blame as the reasoning for not completing high school. As an educator, I have observed special education students become tracked and how seldom students are moved out once labeled. In the case of these participants, once they were placed in a special education class, they were never mainstreamed back into regular education classes on a

full time basis. Although this is tied to Individual with Disabilities Education Act (IDEA, 1997) laws, these students felt as though this was the cause for their failure to finish, thus it may make a great topic for further research when looking at influences affecting student achievement.

Limitations Influences

Reviewing the findings in light of theory and related research, one limitation stood out. The life stories shared by participants were in response to a series of questions used during an interview. The interview questions were designed based on Main's, Adult Attachment Inventory (AAI) (Main,1994) to obtain the lived experiences of those who prematurely departed high school life experiences resulting from the attachment type formed with their primary caregiver. I believe after reading and re-reading participant 20M's transcript, it may have benefited to have life stories simply told by participants based on the three level of academic achievement reviewed in this study instead of asking questions from a questionnaire. Looking at the lived experiences during early childhood, elementary, middle and high school and simply asking participants to share a story about their life with their caregiver and one about their classroom experience may have provided details of these experiences. Studying the attachment type in relationship to developmental periods without questions may produce even greater insight into the perceived influences of the primary caregiver.

The demographic limitation of this study includes ethnicity and cultural sampling. These two were not directly included in the analysis due to the small sample. It may be beneficial to further this study by looking at participant from one culture and

another culture and then doing a comparison study of the lived experiences and influences. The one cultural piece that did occur in this study but was not addressed due to only having one sample involved a participant's loyalty to his family (cultural) that overrode his mother's beckoning to stay in school, his loyalty to his family was of greater influence than his mother's request to finish school. A possible limitation that could be addressed is cultural, looking at the different cultures and perceptions of their primary caregiver attachment influences.

Implications

The potential for positive social change in this study includes potential impact in individual, family, organizational, and societal/policy arenas. Schools continue to do things based on laws, regulations, families continue to do things based on generational influences and responses to school, and familial problems continue to be responded to by DSS, mental health facilities, churches and so forth. This study has the potential to affect how schools work with students who experience trauma, loss, parental substance use, neglect, or abuse. Social change is a concept whereas awareness of disadvantaged or unfair circumstances exists resulting in a stance for equality being taken and change occurs (Eriksen, 1997).

A grievous consequence exists among those who suffer from attachment difficulties (Bowlby, 1982). In my role as school counselor, I have been confronted daily with the consequence familial influences. Mental health and academic achievement are linked and thus it is crucial to address both as a means to ensure successful academic achievement (Larose & Roy, 2005). As previously shared in chapter 2, Borelli et.al. (2010)

studied connections between a child's attachment and emotions directly impacts academic performance. As an educator in the field of school counseling, I advocate daily for the needs of students. The findings of this study empower my advocacy by way of increased competency to advocate as an educator, mental health specialist and scholar practitioner.

Implications for Social Change

Advocacy is the beginning of change. Social change as presented above begins with awareness; a future impact is the implied when viewing how change will occur. From this study, life stories brought awareness of the positive and negative influences resulting from experiences with a primary caregiver. Primary caregivers influenced participants on an emotional level, life experiences were riddled with influences both directly and indirectly. Primary caregiver choices influenced the lives of participants and their mental and emotional wellness. Utilizing a needs assessment such as Social-Emotional Learning Assessment Measures for Middle School Youth (Haggerty, Elgin, & Woolley, 2011) with middle school children may reveal some of these and interventions can be implemented possibly alter the life course of students who exhibit emotional or mental impairment.

Proceeding with awareness, advocacy begins by way of providing information to educators, administrators and school counselors. The data analysis revealed common emotional and mental impairment among participants; advocating for these needs may provide new ways of thinking and dealing with students who are exhibiting attention and focusing issues. Furthermore, students whose parents who fail to show for conferences

and school related functions may need to be identified and their needs addressed differently than the mainstreamed population.

Advocating for early intervention with at-risk students is clearly a take away from this study. Data analysis revealed participants' lacked coping skills or utilized unhealthy coping skills to manage their emotional impairment. Programs across the nation could implement coping skills training because this study brings awareness of the impact of unhealthy coping skills has on the learner. Counselors and mental health specialist providing coping skills training for students as early as kindergarten who share common at-risk characteristics for premature departure from high school may significantly affect emotional and mental health.

Future application of this study as it applies to current and relevant research involves awareness that coping skills directly influence resiliency. In this study, participants often expressed negative coping skills such as substance abuse and sexual promiscuity as a means to replace their negative feelings. Implementing a program such as coping skills strategies training and then following the group over an extended period of time (longevity study) as a means to determine the training effectiveness and impact on learning as well as mental and emotional health would be an extension of this study and its usefulness to the current literature.

Methodological Implications

Methodological implications are often viewed on two levels, macro and micro. For this study, the macro level is attachment experiences with a primary caregiver and academia. The micro level involves the influences that affect the macro level. Several

things that were consistently shared among participants included academic difficulty, parents' marital discord, substance abuse, and so on. Academic achievement was vicariously impacted by the influences of their primary caregiver as well as the influences of their academic weaknesses. In order for social change to occur on both a macro and micro level, there must be awareness, advocacy on behalf of the student and family, and providing the avenue for change to occur. School counselors need to be aware of the students who identify as challenged academically, tardy, absent and withdrawn in the classroom. Teachers need to be aware that these common characteristics are risk indicators for pre-mature departure from high school. Finally, educators as a whole need to research the most effective program for preventing premature departure from high school and determining if it fits the needs of their school community.

Theoretical Implications

In theory, there is always a means to an end; it is in the application process where many of the intensions are lost. In this study, attachment theory serves to ground this study. Attachment theory provided the three types of attachment utilized to describe the relationship bond held between participant and their primary caregiver. In theory, there is a natural description for the attachment experiences; theoretical social change based on theory of attachment implies awareness of the positive and negative influences associated with attachment and how each attachment influences the emotional stability of students. Advocacy at the school level might include programs that work with anger management, self-esteem, socialization and so forth. Implementing family programs in the community

to enhance communication and understanding of the influences occurring between primary caregivers and their children can further influence emotional and mental health.

Empirical Implications

Evidence based practice and observations are the basis of empirical change. Programs that offer preventive and intervention techniques backed by continued practice and evidenced change provide the foundation for advocating for change. Again, awareness is half the battle; understanding the needs of the school community and being informed of the various programs with evidence-based success can bring about social justice to those who experience emotional and mental impairment because of their familial attachment influences. The most recent research reveals social skills training (i.e. Social Skills Intervention) implemented in the early years of education makes a tremendous impact on student learning as well as interaction with their environment; school environment includes teachers and peers while the home includes family members and community members (Gresham & Elliott, 2008). Advocacy for programs that target the needs based on the findings of this research provides an avenue for social change.

Recommendations for Practice

Direct social change implications benefit the school, student, educator, school counselor, administrator, mental health field, private counseling practice sector, criminal justice systems and both state and national levels of public education. Indirect social change implications include the community at large, peers, religious organization, and community athletic associations to name a few. Recommended practice for change involves bringing students' emotional and mental needs to the forefront of awareness and

implementing programs that meet these needs. Currently, criminal justice systems work with offenders believing the primary caregiver's influence has the greatest influence. The results of this study showed the primary caregiver's attachment does have influence but is superseded by external influences resulting from life events. Common shared experiences exist among students who prematurely depart from high school; advocacy implies making schools and the community at large aware of these, identifying students from within the school population, implementing empirical based programs and then gathering data, preferable, longitudinal data to determine the effectiveness of the program's prevention or interventions.

Conclusions

Chapter 5 is the basis for which an overall review captioned the findings of this study. In reflection, data findings regarding attachment and primary caregiver influences were the pinnacle, the prize possession of this study.

The overarching finding from this study is, types of attachment formed with primary caregivers had significance, but the greater impact occurred as a result of external influences resulting from life events. It was clear that primary caregivers have influence but it was life experiences both positive and negative that influenced academic achievement as well as mental and emotional wellness.

Attachment is the most potent influence upon a child's ability to relate with their world. Bowlby (1997) described attachment as the bond that develops between an infant and their primary caregiver; the attachment bond from which all other relationships are influenced in one's lifetime. The findings of this study show that a child is directly

influenced both emotionally and mentally by the type of relationship one develops with their primary caregiver. It is further understood that a child's mental and emotional wellness is a determining factor for academic achievement. From the initial idea to the analysis of data, the opportunity to gain insight into the lived experiences of those who prematurely departed high school and their familial attachment experiences was the platform from which meaning was gathered and focus for future implications were identified for future implementation.

The review of current and relevant literature focused on attachment, attachment theory, and high school dropouts. Participants identified the type of attachment they believe best described the relationship he/she developed with their primary caregiver. Primary caregivers were identified most as the biological mother or the maternal grandmother and a secure attachment was selected most to identify the type of attachment developed with caregivers. The type of attachment did not influence the participants' academic achievement as much as the life stressors and familial experiences that occurred. Loss and parental marital strife had the greatest impact on participants' emotional and mental wellness. Participants lacked positive or healthy coping skills and this was evident though out their life stories and regardless of developmental period, healthy coping skills were absent. What was present was a discombobulated internalization of their life experiences. Many told of life events that had yet to be resolved or processed thus affecting their emotional and mental wellness. No participant was exempt and this trauma transcended all types of attachment as well as all types of life experiences.

A common thread of familial conflict plagued the participants. Life experiences with their primary caregiver was riddled with paternal absence, substance abuse, neglect, physical and sexual abuse, homelessness and abandonment. All participants experienced a minimum one of these familial conflicts resulting in lacking focus in school or being unable to concentrate while in school. The biggest take away from this study is that the attachment type did not directly influence the participants; the life experiences with these caregivers had greater influence and a significant impact on them mentally, emotionally and socially.

References

- Achenbach, T. M. (1991). *Manual for the child behavior checklist, 4-18 and 1991 profile*. Burlington, VT: University of Vermont, Department of Psychiatry.
- Ainsworth, M. D. (1964). Patterns of attachment behavior shown by infant in interaction with their mother. *Merril-Palmer Quarterly*, *10*, 51-58.
- Ainsworth, M. D. (1967). *Infancy in Uganda: Infant care and the growth of attachment*. Baltimore, MD: John Hopkins University Press.
- Ainsworth, M. D. S. (1983). A sketch of a career. In A. N. O'Connell & N. F. Russo (Eds.), *Models of achievement: Reflections of eminent women in psychology* (pp. 200-219). New York, NY: Columbia University Press.
- Ainsworth, M. D., Blehar, M., Waters, E., & Wall, S. (1978). *Patterns of attachment: A psychological study of the Strange Situation*. Hillsdale, NJ: Erlbaum.
- Ainsworth, M. D. (1989). Attachments beyond infancy. *American Psychologist*, *44*, 709–716.
- Ainsworth, M. D. (1990). Some considerations regarding theory and assessment relevant to attachments beyond infancy. In M. T. Greenberg, D. Cicchetti, & C. M. Cummings (Eds.), *Attachment in the preschool years* (pp. 1–96). Chicago, IL: University of Chicago Press.
- American Psychiatric Associates. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.

- Anderson, K.(2013, January 4). *The number of US children living in single-parent homes has nearly doubled in 50 years: Census data*. Retrieved from <https://www.lifesitenews.com/new/>.
- Arsenio, W. F., & Lover, A. (1995). Children's conception of sociomoral affect: Happy victimizers, mixed emotions, and other expectancies. In M. Killen & D. Hard (Eds.), *Morality in everyday life: Developmental perspectives* (pp. 87-128). New York, NY: Cambridge University Press.
- Aspers, P. (2009). Empirical phenomenology: A qualitative research approach. *Indo-Pacific Journal of Phenomenology*, 9(2), 1-12.
- Bakermans-Kranenburg, M. J., Van IJzendoorn, M. H., & Juffer, F. (2003). Less is more: Meta-analyses of sensitivity and attachment interventions in early childhood. *Psychological Bulletin*, 129, 195–215.
- Batthyany, A. (Ed.) (2010). The placement of logotherapy within psychiatry and psychology. In V. Frankl, *The feeling of meaninglessness: A challenge to psychotherapy and philosophy* (pp. 31-41). WI: Marquette University Press.
- Beckett, C. & Taylor, H. (2011). *Human growth and development* (2nd ed.). Los Angeles, CA: Sage Publication, Ltd.
- Bernier, A., Larose, S., Boivin, M., & Soucy, N. (2004). Attachment state of mind: Implications for adjustment to college. *Journal of Adolescent Research*, 19, 783–806.
- Blount, T. (2012). Dropout prevention: Recommendations for school counselors. *Journal of School Counseling*, 10, 1-33.

- Borelli, J. L., Crowley, M. J., David, D. H., Sbarra, D. A., Anderson, G. M., & Mays, L. C. (2010). Attachment and emotion in school-aged children. *Emotion, 10*(4), 475-485. doi: 10.1037/a0018490
- Bowlby, J. (1949). The study and reduction of group tensions in the family. *Human Relations, 2*, 123-128.
- Bowlby, J. (1969/1997). *Attachment and loss: Vol. 1. Attachment*. London, England: Pimlico.
- Bowlby, J. (1973/1998). *Attachment and loss: Vol. 2. Separation*. London, England: Pimlico.
- Bowlby, J. (1980/1998). *Attachment and loss: Vol. 3. Loss*. London, England: Pimlico.
- Bowlby, J. (1982). *Attachment and loss: Vol. 1. Attachment* (2nd ed.). New York, NY: Basic Books.
- Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development*. New York, NY: Basic Books.
- Bowlby, J. (1988). Developmental psychiatry comes to age. *American Journal of Psychiatry, 145*, 1-10.
- Bradley, C. L., & Renzulli, L. A. (2011). The complexity of non-completion: Being pushed or pulled to drop out of high school. *Social Forces, 90*(2), 521-545.
- Bretherton, I. (1992). The origins of attachment theory: John Bowlby and Mary Ainsworth. *Developmental Psychology, 28*(5), 759-775.
- Bretherton, I., & Munholland, K. (2008). Internal working models in attachment relationships: Elaborating a central construct in attachment theory. In J. Cassidy

- & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (2nd ed., pp. 102–127). New York, NY: Guilford.
- Capps, L., Sigman, M., & Mundy, P. (1994). Attachment security in children with autism. *Developmental and Psychopathology*, *6*, 246-261.
- Cassidy, J. (1994). Emotion regulation: Influences of attachment relationships. *Monographs of the Society for Research in Child Development*, *59*, 228–283.
- Cahill, L. (2000). Neurobiological mechanisms of emotionally influenced, long term memory. [Review]. *Progressive Brain Research*, *126*, 29-37.
- Chan, K. L., Brownridge, D. A., Yan, E., Fong, D. Y. T., & Tiwari, A. (2011). Child maltreatment polyvictimization: Rates and short-term effects on adjustment in a representative Hong Kong sample. *Psychology of Violence*, *1*(1), 4-15.
- Choi, H., & Marks, N. (2008). Martial conflict, depressive symptoms, and functional impairment. *Journal of Marriage and Family*, *70*, 377-390.
- Cohen, N. J., Muir, E., Lojkasek, M., Muir, R., Parker, C. J., & Barwick, M. B. (1999). Watch, wait & wonder: Testing the effectiveness of a new approach to mother-infant psychotherapy. *Infant Mental Health Journal*, *20*, 429-451.
- Collins, N. & Read, S. (1990). Adult attachment, working models, and relationship quality in dating couples. *Journal of Personality and Social Psychology*, *58*(4), 633-664.
- Cooper, M. L., Shaver, P. R., & Collins, N. L. (1998). Attachment styles, emotion regulation and attachment in adolescence. *Journal of Personality and Social Psychology*, *74*, 1380-1397.

- Corsini, R. (2002). *The dictionary of psychology*. New York, NY: Brunner-Routledge.
- Creswell, J. W. (2007). *Qualitative inquiry & research design: Choosing among five approaches*. (2nd ed.). Thousand Oaks, CA: Sage Publications.
- Creswell, J. W. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches* (3rd ed). Thousand Oaks, CA: Sage Publications.
- Crowell, J. A., & Waters, E. (1994). Bowlby's theory grown up: The role of attachment in adult love relationships. *Psychological Inquiry*, 5(1), 31-34.
- Davenport, G. C. (1998). *An introduction to child development*. London, England: Unwin Hyman, Limited.
- Donavon, W. L., Leavitt, L. A., & Balling, J. D. (1985). Maternal physiological response to infant signals. *Psychophysiology*, 15, 68-74.
- Drake, K., Belsky, J., & Fearon, R. M. (2014). From early attachment to engagement with learning in school: The role of self-regulation and persistence. *Developmental Psychology*, 50(5), 1350-1361.
- Duggan, A. K., Cassidy, J., Berlin, L. J., Burrell, L., & Tandon, S. D. (2009). Examining maternal depression and attachment insecurity as moderators of the impacts of home visiting for at-risk mothers and infants. *Journal of Consulting and Clinical Psychology*, 77(4), 788-799.
- El-Sheikh, M., & Buckhalt, J. A. (2003). Parental problem drinking and children's adjustment: Attachment and family functioning as moderators and mediators of risk. *Journal of Family Psychology*, 17(4), 510-520.

- Elliott, A. J., & Reis, H. T. (2003). Attachment and exploration in adults. *Journal of Personality and Social Psychology*, 85(2), 317-331.
- Erikson, E. H. (1968). *Identity: Youth and crisis*. New York: Norton
- Erikson, K. (1997). *Making an impact: A handbook on counselor advocacy*. New York, NY: Routledge.
- Eriksen, K. (2008). Interpersonal clients, students, and supervisees: Translating Robert Kegan. *Counselor Education and Supervision*, 47(4), 233-248.
- Frankfort-Nachmias, C. and Nachmias, D. (1996). *Research Methods in the Social Sciences* (5th ed.). New York, N Y: Worth Publishers.
- Feeney, J. A. (1998). Adult attachment and relationship-centered anxiety: Responses to physical and emotional distancing. In J. A. Simpson & W. S. Rholes (Eds.), *Attachment theory and close relationships* (pp. 189-218). New York: Guilford.
- Fonagy, P., & Target, M. (2002). Early intervention and the development of self-regulation. *Psychoanalytic Inquiry*, 22,307–335.
- George, C. Kaplan, N., & Main, M. (1996). *Adult Attachment Interview* (AAI). Unpublished manuscript, Department of Psychology, University of California, Berkeley (3rd ed.).
- Giles, T. L. (1994). *Test of Reactions and Adaptation to College* (TRAC). U.S. Department of Education, Washington, DC: ERIC Clearinghouse.
- Given, L. M. (2008). *Data Saturation*. The SAGE Encyclopedia of Qualitative Research Methods. Retrieved on January 18, 2014 from <http://srmo.sagepub.com/view/sage-encyc-qualitative-research-methods/n99.xml>.

- Gladstone, B. M., Boydell, K. M., & McKeever, P. (2006). Recasting research into children's experiences of parental mental illness: Beyond risk and resilience. *Social Science & Medicine* 62(10), 2540-2550.
- Gresham, F. M., & Elliott, S. N. (2008). *Social skills training guide*. Minneapolis, MN: Pearson and Frank M.
- Granot, D., & Mayseless, O. (2001). Attachment security and adjustment to school in middle childhood. *International Journal of Behavioral Development*, 25(6), 530-541.
- Grosskurth, P. (1986). *Melanie Klein: Her world and her work*. New York: Alfred A Knopf, Inc.
- Grossman, K. E., Grossman, K., & Waters, E. (EDS.). (2005). *Attachment from infancy to adulthood. The major longitudinal studies*. New York: The Guilford Press
- Haggerty, K., Elgin, J., & Woolley, A. (2011). *Social-Emotional Learning Assessment Measures for Middle School Youth*. Seattle: Social Development Research Group, University of Washington Commissioned by the Raikes Foundation.
- Hammond, C., Linton, D., Smink, J., & Drew, S. (2007). *Dropout risk factors and exemplary programs: A technical report*. National Dropout Prevention Center, Clemson University, Clemson, SC. [Author]. Retrieved from http://www.dropoutprevention.org/sites/default/files/uploads/major_reports/DropoutRiskFactorsandExemplaryProgramsFINAL5-16-07.pdf
- Haven, C., & Shaver, P. (1987). Romantic love conceptualized as an attachment process. *Journal of Personality and Social Psychology*, 52(3), 511-524.

- Hickman, G. P. & Garvey, I., (2006). Analysis of academic achievement and school behavior problems as indices of program effectiveness among at-risk adolescents enrolled in youth-based mentoring program. *Journal of At-Risk Issues, 12*(1), 1-15.
- Hickman, G. P., Bartholomew, M., Mathwig, J., & Heinrich, R. S. (2008). The differential developmental pathways of high school dropouts and graduates. *Journal of Educational Research, 102*(1), 3-14.
- Hickman, G. P. & Heinrich, R. S. (2011). *Do children drop out of school in kindergarten: A reflective, system-based approach for promoting deep change*. Lanham, MD: Rowman & Littlefield Publication, Inc.
- Hirstein, W. (Ed.) (2009). *Confabulation: Views from Neuroscience, Psychiatry, Psychology and Philosophy*. Cambridge, MA: MIT Press.
- Individuals with Disability Education Act Amendments of 1997 [IDEA]. (1997). Retrieved from <http://wrightslaw.com>.
- Jacobsen, T., & Hofmann, V. (1997). Children's attachment representations: Longitudinal relations to school behavior and academic competency in middle childhood and adolescence. *Developmental Psychology, 33*, 703–710.
- Joe, S., Joe, E., & Rowley, L. (2009). Consequences of physical health and mental health risks for academic achievement in grades K-12. *Review of Research in Education, 33*, 283-309.
- DOI: 10.3102/0091732X08327355

- Jimerson, S., Egeland, B., Sroufe, L. A., & Carlson, B. (2000). A prospective longitudinal study of high school dropouts examining multiple predictors across development. *Journal of School Psychology, 38*(6), 525-549.
- Kaczynski, K. J., Lindahl, K. M., Laurenceau, J. P., & Malik, N. M. (2006). Marital conflict, maternal and paternal parenting, child adjustment: A test of mediation and moderation. *Journal of Family Psychology, 20*(2), 199-208.
- Kail, Robert V. & Cavanaugh, John C. (2004). *Human development: A life-span view* (3rd ed.). Belmont, CA: Thomson/Wadsworth.
- Karney, B. & Bradbury, T. (1995). The longitudinal course of marital quality and stability: A review of theory, method and research. *Psychological Bulletin, 118*(1), 3-34.
- Kobak, R. (2009). Defining and measuring of attachment bonds: Comment on Kurdek (2009). *Journal of Family Psychology, 23*(4), 447-449.
- Kobak, R.R, Cassidy, J., Lyons R, K., & Ziv, Y. (2005). Attachment, stress and psychopathology: A developmental pathways model. In D. Cicchetti, & J.D. Cohen (Eds.), *Developmental psychopathology, vol. I: Theory and method* (2nd ed., pp. 333–369). Hoboken, NJ: Wiley.
- Kobak, R. R., & Sceery, A. (1988). Attachment in late adolescent: Working models, affect regulations, and representations of self and others. *Child Development, 59*, 135-146.

- Larose, S., & Roy, R. (1995). Test of Reactions and Adaptation in College (TRAC): A new measure of learning propensity for college students. *Journal of Educational Psychology, 87*, 293–306.
- Levendosky, A. A., & Shapiro, D. L. (1999). Adolescent survivors of childhood sexual abuse: The mediating role of attachment style and coping in psychological and interpersonal functioning. *Child Abuse Neglect, 23*, 1175- 1191.
- Lyons-Ruth, K., Easterbrooks, M. A., & Cibelli, C. D. (1997). Infant attachment strategies, infant mental lag, and maternal depressive symptoms: Predictors of internalizing and externalizing problems at age 7. *Developmental Psychology, 33*(4), 681-692,
- Main, M. (1984). *Adult Attachment Interview: Scoring and classification system*. Unpublished manuscript, University of California, Berkeley.
- Main, M., (1995). Recent studies in attachment: Overview, with selected implications for clinical work. In S. Goldberg & R. Muir (Eds.), *Attachment theory: Social, developmental, and clinical perspectives* (pp. 407–474). Hillsdale, NJ: Analytic Press, Inc.
- Main, M., (2000). The organized categories of infant, child, and adult attachment: Flexible vs. inflexible attention under attachment-related stress. *Journal of the American Psychoanalytic Association, 48*, 1055–1096.
- Maslow, A. (1968). The psychology of man: Today. *Psychology Scene 2*, 5-16.
- Merleau-Ponty, M. (2010). *Child psychology and pedagogy: The Sorbonne lectures 1949-1952*. Evanston, IL: Northwestern University Press.

- Moss, E., & St-Laurent, D. (2001). Attachment at school age and academic performance. *Developmental Psychology, 37*, 107–119.
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage Publications.
- Mikulincer, M., Florian, V., & Hirschberger, G. (2004). The terror of death and the quest for love: An existential perspective on close relationships. In J. Greenberg, S. L. Koole, & T. Pyszczynski (Eds.), *Handbook of experimental existential psychology* (pp. 287–304). New York, NY: Guilford Press.
- Mikulincer, M., Shaver, P. R., Sapir-Lavid, Y., & Avihou-Kanza, N. (2009). What's in the mind of securely and insecurely attached people? The secure-base script and its associations with attachment-styled dimensions. *Journal of Personality and Social Psychology, 97*(4), 615-633.
- Munley, P. H., (1975). Erik Erikson's Theory of Psychosocial Development and Vocational Behavior. *Journal of Counseling Psychology, 22*(4), 314-319.
- Natanson, M. (1986). *Anonymity: A study in the philosophy of Alfred Schutz*. Bloomington, IN: Indiana University Press.
- National Dropout Prevention Center [NDPC] (2014). *Effective strategies for dropout prevention*. Alexandria, VA. Retrieved from <http://www.dropoutprevention.org/effective-strategies>.
- National Dropout Prevention Center [NDPC] (2007). *Dropout risk factors and exemplary programs: A technical report*. Alexandria, VA: Communities in Schools, Inc.

- National Center for Educational Statistics [NCES] (2009). *Dropout statistics*. United States Department of Education. Washington DC: Author. Retrieved from <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2011312>
- National Dropout Prevention Center for Students with Disabilities (NDPC/SD). (n.d.) *Effective models*. Clemson, SC: National Dropout Prevention Center for Students with Disabilities (NDPC/SD Web site). Retrieved December 28, 2011, from <http://www.ndpc-sd.org/practices/models.htm>.
- Newland, L. A., & Coyl, D. D. (2010). Fathers' role as attachment figures: An interview with Sir. Richard Bowlby. *Early Child Development and Care*, 180(1), 25-32.
- Ohmer, M. L., Warner, B. D., & Beck, E. (2010). Preventing violence in low-income communities: Facilitation residents' ability to intervene in neighborhood problems. *Journal of Sociology and Social Welfare*, 37(2), 161-181.
- Oliker, D. M. (2011). The importance of fathers. *Psychology Today*, 42(6), 23-26.
- Osher, D. M. (2002). Creating comprehensive and collaborative systems. *Journal of Child and Family Studies*, 11(1), 91-99.
- Patton, M. Q. (2002). *Qualitative research & evaluation methods* (3rd ed.). Thousand Oaks, CA: Sage Publications.
- Piotrowski, C. C. (2011). Patterns of adjustment among siblings exposed to intimate partner violence. *Journal of Family Psychology*, 25(1), 19-28.
- Polan, H. J., & Hofer, M. (1999). Psychobiological origins of infant attachment and separation responses. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of*

- attachment theory, research and clinical application* (pp. 162–180). New York: Guilford Press.
- Quinton, D. & Rutter, M. (1976). Early hospital admissions and later disturbances of behavior: An attempted replication of Douglas' findings. *Developmental Medicine and Child Neurology* 18(4), 447-459.
- Reuther, B. T. (2014). On our everyday being: Heidegger and attachment theory. *Journal of Theoretical and Philosophical Psychology*, 34(2), 101-115.
- Rholes, W. S., Simpson, J. A., & Stevens, J. G. (1998). Attachment orientations, social support, and conflict resolution in close relationships. In J. A. Simpson & W. S. Rholes (Eds.), *Attachment theory and close relationships* (pp.166-178). New York: Guilford.
- Rogers, S. J., Ozonoff, S., & Maslin-Cole, C. (1991). A comparative study of attachment behavior in young children with autism of other psychiatric disorders. *Journal of the American Academy of Child and Adolescent Psychiatry*, 30, 483-488.
- Shallcross, S. L., Frazier, P. A., & Anders, S. L. (2014). Social resources mediate the relations between attachment dimensions and distress following potentially traumatic events. *Journal of Counseling Psychology*, 61(3), 352-362.
- Slade, A., & Cohen, L. J. (1996). The process of parenting and the remembrance of things past. *Infant Mental Health Journal*, 17, 217–222.
- Solomon, J. & George, C. C. (1999). *Attachment disorganization*. New York, NY: Guilford Press.

- Spangler, G., & Grossman, K. E. (1993). Bio behavioral organization in securely and insecurely attached infants. *Child Development, 64*, 1439-1450.
- Sroufe, L. A., & Waters, E. (1977). Attachment as an organizational construct. *Child Development, 48*(4), 1184-1199.
- Sroufe, L. A. (1978). The coherence of individual development: Early care, attachment, and subsequent developmental issues. *American Psychologist, 34*(10), 834-841.
- Sroufe, L. A. (1985). Attachment classification from the perspective of infant-caregiver relationships and infant temperament. *Child Development, 56*, 1-14.
- Sroufe, L. A., Egeland, B., & Kreutzer, T. (1990). The fate of early experience following developmental change: Longitudinal approaches to individual adaptation in childhood. *Child Development, 61*, 1363-1373.
- Steele, R. D., Waters, E. A., Bost, K. K., Vaughn, B. E., Truitt, W., Water, H. S., Booth-LaForce, C., & Roisman, G. I. (2014). Caregiving antecedents of secure base script knowledge: A comparative analysis of young adult attachment representations. *Developmental Psychology, 50*(11), 2526-2538.
- Stevenson-Hinde, J. (2007). Attachment theory and John Bowlby: Some reflections. *Attachment & Human Development, 9*(4), 337-342.
- Larose, S. & Roy, R. (1995). Test of Reaction and Adaptation in College (TRAC): A new measure of learning propensity for college. *Journal of Educational Psychology, 87*, 293-306.

- Teo, A., Carlson, E., Mathieu, P., Egeland, B., & Sroufe, L. A. (1996). A prospective longitudinal study of psychosocial predictors of achievement. *Journal of School Psychology, 34*, 285–306.
- Thompson, R. A. (2000). The legacy of early attachments. *Child Development, 71*, 145-152.
- Trent, J. (1998). *Life Mapping*. Colorado Springs, CO: WaterBrook Press.
- U.S. Department of Education, National Center for Education Statistics (USDE) (NCES) (2007). *The Condition of Education 2007*, Washington, DC. Retrieved on December 24, 2013 from <http://nces.ed.gov/fastfacts/display.asp?id=89>
- U.S. Department of Education, National Center for Education Statistics (USDE) (NCES) (2014). *The Condition of Education 2014, Status Dropout Rates*, Washington, DC. Retrieved on November 1, 2014.
- United States Legal (USLegal) (2013). *Caregiver law and legal definition*. USLegal, Inc. Retrieved on October 28, 2013 from <http://uslegal.com>.
- Van der Horst & van der Veer (2010). The ontogeny of an idea: John Bowlby and contemporaries on mother-child separation. *History of Psychology, 13*(1), 25-45.
- Vera, E., Daly, B., Gonzales, R., Morgan, M., & Thakral, C. (2008). Prevention and outreach with underserved populations; Building multisystemic youth development programs for urban youth. In R. L. Toporek, L. H. Gerstein, A. Fouad, G. Roysircar, T. Israel, (Eds.), *Handbook for social justice in counseling psychology: Leadership, vision, and action* (pp. 86-99). Thousand Oaks, CA: Sage Publication.

Ve'ronneau, M. H., Vitaro, F., Pedersen, S., & Tremblay, R. E. (2008). Do peers contribute to the likelihood of secondary school graduation among disadvantaged boys? *Journal of Educational Psychology, 100* (2), 429-442. DOI: 10.1037/0022-0663.100.2.429

Willis, J. (2007). *Foundations of Qualitative Research: Interpretive and Critical Approaches*. Thousand Oaks: Sage Publications.

APPENDIXES

Appendix A: Informed Consent Letter

You are invited to take part in a research study, *General Education Diploma Students' Familial Attachment Experiences Influencing Premature High School Departure*. The study aims to gain understanding into bonding with your primary caregiver (example: mother) and how this relationship impacted you in the home and in the classroom.

You are invited to participate if you,

- Aged 18-30
- Dropped out of high school
- You are a GED student or you were a GED student

This letter is part of “informed consent.”

Informed consent says,

- You meet the requirements to participate.
- You are volunteering to take part.
- You agree to a taped interview
- You agree to meet in person twice (1. Sign consent form, 2. Interview)

Background Information

This study is being done by a researcher named Tonya S. Wright-Stone, who is a doctoral student at Walden University.

The purpose of this study

- To gain understanding of GED students life experiences with their primary caregiver (example: Mother)
- To gain understanding of GED students beliefs about these life experiences and how it influenced them educationally, especially premature departure from high school.

Procedures

If you agree to be in this study, you will be asked to:

- Meet with the researcher and sign the informed consent.
- Agree to meet for an interview with the researcher.
- Agree to audio tape the interview.
- Answer the interview questions to the best of your memory.
- Choose a song, movie, poem or book title that best describes your relationship with your primary caregiver.
- Complete a Life Map (A writing tool that uses road and construction signs to describe relationship with your primary caregiver).
- Agree to receive an email and respond with agree or disagree with my findings from your interview responses.
- The amount of time required for participation includes a meeting to sign informed consent (15-30 minutes), a face to face interview (60-90 minutes) and reviewing the researcher's findings (15-30 minutes).

Voluntary Nature of the Study:

- This study is voluntary.
- Everyone will respect your decision of whether or not you choose to be in the study.
- No one in the Upstate areas of South Carolina GED programs will treat you differently if you choose not to be in the study.
- If you decide to join the study now, you can still change your mind later.
- You may stop at any time.

Risks and Benefits of Being in the Study:

- Taking part in this study involves small risk of the minor discomforts that can be experienced in daily life, such as fatigue, stress or becoming upset at the feelings memories may stir.
- Being in this study does not pose risk to your safety but could create emotional distress from recalling interactions with your primary caregiver.
- Should you become uncomfortable during the interview, the interview will stop and a simple debriefing exercise will occur.
- Debriefing includes deep breathing exercises and simple reflections to help return comfort levels.
- Should your participation in this study cause emotional distress that deep breathing and simple debriefing does not return to a comfort level, a local mental health facility has agreed to referrals. (Medicaid eligible participants will receive services at no cost; insured participant a co-pay cost or sliding fee scale is available for participants who fit neither of these categories.)

Participation benefits in this study

- An opportunity to tell your story
- Provide a better understanding of how to work with families and students who struggle with their primary caregiver
- Provide a better understanding for educators who work with students who struggle academically.

Duty to Warn

During the interview, sharing your life story may disclose information that must be shared per South Carolina State Law.

- I will keep your information in total confidence with exceptions to those required by law to tell.
- Duty to warn means that the researcher must verbally tell, if the participant discloses intent to harm, the intended victim must be warned, if

he/she has been harmed, if neglect is occurring or violence has been carried out against the participant.

- Duty to protect implies the researcher determines if the participant presents a serious danger of violence to self, others or has been the victim of harm.
- If these areas are disclosed in the telling of your story, confidentiality would be broken as I am required by law to disclose through a warning, police notification, or other necessary steps.

Payment:

- There are no monetary payments for your participation in this study.
- I will offer you a letter of gratitude for your time and your role in my dissertation.

Privacy:

- Any information you provide will be kept in a confidential file located in my home. (See Duty to Warn above for exception).
- All information will be confidential with exception to duty to warn (see above).
- During the interview, you will be identified by number and a letter.
- The researcher will not use your personal information for any purposes outside of this research project.
- The researcher will not include your name or anything else that could identify you in the study reports.
- Data will be kept secure by being placed in a file and transported in a locked case and then upon arrival to my home, the files will be placed in a locked file cabinet.
- Data will be kept for at least 5 years, as required by Walden University.

Contacts and Questions:

- Please call or you can email if you would like to participate in this study.

- If you want to talk privately about your rights as a participant, you can call Dr. Leilani Endicott. She is the Walden University representative who can discuss this with you. Her phone number is 612-312-1210 extension **3121210**.
- Walden University's approval number for this study is IRB (05-05-14-0262647) it expires on IRB (May 4, 2015).
- The researcher will give you a copy of this form to keep.

Statement of Consent:

I have read the above information and I feel I understand the study well enough to make a decision about my involvement. By signing below "I consent" that I understand and I am agreeing to the terms described above.

Printed Name of Participant: _____

Date of consent: _____

Participant's Signature: _____

Researcher's Signature: _____

Appendix B: Cooperation from a Community Research Partner

Community Research Partner Name:

Contact Information

Date

Dear Researcher Name,

Based on my review of your research proposal, I give permission for Tonya S. Wright-Stone to conduct the study *General Education Diploma Students' Familial Attachment Experiences Influencing Premature High School Departure* within GED classrooms and community partner. As part of this study, I authorize you to insert specific recruitment, data collection, member checking, and results dissemination activities. Individuals' participation will be voluntary and at their own discretion. We understand that our organization's responsibilities include: access to GED instructor(s), freedom to post posters outlining the research study being conducted on bulletin boards throughout the community centers, and resources. We reserve the right to withdraw from the study at any time if our circumstances change. I confirm that I am authorized to approve research in this setting. I understand that the data collected will remain entirely confidential and may not be provided to anyone outside of the research team without permission from the Walden University IRB.

Sincerely,

Authorization Official

Contact Information

Walden University policy on electronic signatures: An electronic signature is just as valid as a written signature as long as both parties have agreed to conduct the transaction electronically. Electronic signatures are regulated by the Uniform Electronic Transactions Act. Electronic signatures are only valid when the signer is either (a) the sender of the email, or (b) copied on the email containing the signed document. Legally an "electronic signature" can be the person's typed name, their email address, or any other identifying marker. Walden University staff verifies any electronic signatures that do not originate from a password-protected source (i.e., an email address officially on file with Walden).

Appendix C: Formal, Open-Ended Questioning Guide (Protocol) for Researcher

I would like to sincerely thank you for volunteering and willingly participating alongside me on this important project. Your participation will help me understand your lived experience with your primary caregiver. Over the next sixty or ninety minutes, I will conduct an interview with you, if at any point you begin to feel uncomfortable or need a break, please let me know, the interview will not be affected. Please be honest, open and as descriptive as you can be. I will assign you a letter and a number and at no point will I use or refer to you by your real name. I will not discuss your answers with anyone. Please assist me by not disclosing any of the questions I ask. Are there any questions about the interview process? Are you ready to start the interview? Let's begin by telling me a few demographic identifies about you. Please tell me how old you are, your gender, and your race.

1. Please describe your general impression of your primary caregiver.
2. Looking at the definitions below, which describes your relationship experiences with your primary caregiver?

Secure Attachment: A child who forms a secure attachment develops confidence in their caregiver's provision of safety, security and presence.

Ambivalent Attachment: A child who forms an ambivalent attachment experiences great duress when separated from their caregiver.

Avoidant Attachment: A child who forms an avoidant attachment fails to form a bond with their caregiver and lacks the skill to develop long term or lasting relationships.

3. Please tell me about your primary caregiver's physical and emotional availability or unavailability during your early, elementary and middle school educational experiences.
4. What 3 words would you use to describe your primary caregiver? What made you choose these words?
5. What familial stressors did you experience during your early, elementary, middle and high school experiences?
6. What if any experiences with your primary caregiver may have influenced your premature departure from high school? This concludes the interview portion of our time.

Please complete the two writing activities. Choose a book, poem, movie or song title that best represents your relationship with your primary caregiver and complete the Life Map (Trent, 2008). Thank you for your participation and I will be communicating with you in the next few weeks to go over my analysis of your responses to ensure accuracy.

Appendix D: Counseling Services & Self-Help Guide

Dear Participant,

If your involvement in this study brings about emotional distress, counseling services will be provided for you if insured, at the cost of your co-pay, if Medicaid eligible, free of charge or if neither are applicable, a sliding fee scale is available. The information listed below is just for your awareness, should a referral be needed, I will provide you with contact information in addition to the address listed below.

Self-Help Guide

Adult Children: The Secrets of Dysfunctional Families (John & Linda Fried)

Angle of Response (Wallace Stegner)

Coming Home Again: A Family Origin of Consultation (James Framo)

The Family Crucible (Augustus Napier & Carl Whitaker)

Family Healing: Strategies for Hope and Understanding (Salvador Minuchin)

Family Kaleidoscope (Salvador Minuchin)

Going Home without Going Crazy: How to Get Along with Your Parents & Family - Even When They Push Your Buttons (Andra Medea)

The Shelter of Each Other: Rebuilding Our Families (Mary Pipher)

The Way We Never Were: American Families and the Nostalgia Trap (Stephanie Coontz)

You Can Go Home Again: Reconnecting with Your Family (Monica McGoldrick)

Making Peace With Your Past (H. Norman Wright)

A Better Way to Think: Using Positive Thoughts to Change Your Life (H. Norman Wright)

Recovering from Losses in Life (H. Norman Wright)

Appendix E: Data Collection Coordination Request

Date _____

Dear GED Instructor,

I have obtained the superintendent's support to collect data for my research project entitled General Education Diploma Students and Their Perceived Familial Attachment Influences upon Premature Departure from High School.

I am requesting your cooperation in the data collection process. I propose to place posters both inside and outside your classrooms on the bulletin boards. I propose to collect data March 2014 and April 2014 and will coordinate the exact times of data collection with you each potential participant upon their contact with me. The meeting for interviewing will occur at a neutral site and will not interfere with class.

If you agree to be part of this research project, I would ask that you allow me to post posters containing envelopes attached both inside and outside your classes on the bulletin boards that provide my contact information and enable students who would like to participate to contact me.

If you prefer me not to post posters, that is not a problem at all. If circumstances change, please contact me via cell or email.

Thank you for your consideration. I would be pleased to share the results of this study with you if you are interested.

I am requesting your signature to document that I have cleared this data collection with you.

Sincerely,
Tonya S. Wright-Stone

Printed Name of Teacher _____

Date _____

Teacher's Written or Electronic* Signature _____

Researcher's Written or Electronic* Signature _____

Electronic signatures are regulated by the Uniform Electronic Transactions Act. Legally, an "electronic signature" can be the person's typed name, their email address, or any other identifying marker. An electronic signature is just as valid as a written signature as long as both parties have agreed to conduct the transaction electronically.

Appendix F: Letter to Prospective Participant

May 2014

Greetings,

Thank you for your interest in taking part in my dissertation research. I am a doctoral student at Walden University. As part of my program, I am completing my dissertation research by studying GED students and how they believe their attachment with their primary caregiver (example-mother) influenced their life.

Thank you for taking the first step and picking up an envelope. As a potential participant

You are or were a GED student

You are 18-30 years of age

You dropped out of high school

If you fit these three requirements, you are eligible to participate. Research is being conducted by Tonya Wright-Stone, a PhD student at Walden University. Tonya's dissertation is titled General Education Diploma Students and Their Perceived Familial Attachment Influences upon Premature Departure from High School and aims to gain insight into GED students' familial experiences with their primary caregiver. Enclosed documents include,

Letter to Prospective Participants

Informed Consent

Copy of the interview questions

An overview of the research, background information, research being voluntary, risk and benefits of participation, payments, privacy and Tonya's contact information.

Informed Consent

An agreement signed by participants to take part in this research. Signing the informed consent provides permission for the interview to take place and to be taped.

Copy of the Interview Questions

A copy of the 6 interview questions has been included to acquaint potential participants with the content of the questions.

The type of research I will be conducting requires a face to face interview. During the interview, six questions will be asked and your responses will be recorded. Upon completion of your interview, I will ask that you complete a Life Map and choose a song, poem, movie, or book title that best describes your attachment with your primary caregiver and what made you choose this title. After our interview, I will take a few days to review your responses and write a narrative describing the meaning I concluded based on your life experiences. I will share these findings with you via email to ensure I have correctly drawn conclusions from your experiences.

In order to take part in this research, please take the next step and contact Tonya Wright-Stone. I look forward to hearing from you and then meeting you in person.

Sincerely,

Tonya S. Wright-Stone
Walden University PhD Student

Curriculum Vitae

Tonya Wright-Stone, M.ED.

Education:

Doctor of Philosophy – Counselor, Education and Supervision	Expected 2015
Walden University, Minneapolis, Minnesota	
Master of Education – Guidance and Counseling Services	1998
Clemson University, Clemson, South Carolina	
Master of Education-Learning Disabilities	1994
Converse College, Spartanburg, South Carolina	
Bachelor of Arts– Early Childhood/Elementary Education	1989
University of South Carolina at Spartanburg, Spartanburg, South Carolina	

Relevant Professional Experience:

School Counselor 1998-Present
Professional School Counselor
Spartanburg School Districts One, Two and Six
Union County Schools
Provided counseling services for students aged kindergarten through twelfth grade.
Counseling included academic, career, social and emotional services for student counts ranging from 100 to 1000

Journey Counseling Ministry

Licensed Professional Counselor 2007-Present

Licensed Professional Counselor Supervisor 2009-Present

Private Counseling Services and Licensed Professional Counselor Intern (LPC-I)
Supervision

Counseling Services Provided for Children, Adolescents, Families and Women

Supervision offered for LPC-I

Areas of Specialty: Trauma, Children Dealing with Domestic Violence, Sexual Abuse Survivors, Divorce, ADHD, Anxiety Disorders, Adjustment Disorders, and Grief.

Clemson University 2011-2013

School Counselor Practicum Supervisor

Provided supervision for students enrolled in the school counseling practicum.

Other Experience:

Spartanburg County Parks and Recreation 1985-1989

Provided playground supervision for the summer programs in Spartanburg County.

Developed daily plans for art and physical activities. Organized and oversaw the lunch distribution for underprivileged children on a daily basis during the summer months.

Hardee's #5 1985-1989

Cashier and Customer Relations Person

Ran a cash register and provided food services for customers. In the role of Customer Relations Person I provided a buffer between employees and disgruntled customers. I over saw the counting of registers and closing procedures.

Community Service:

Member, Baptist Disaster Relief 2006-Present
 Medical Reserves Corps 2011-Present

Licenses and Certifications:

Early Childhood Education-1989 Certification#159134
 Elementary Education-1990 Certification#159134
 Secondary Guidance and Counseling Services-1998 Certification#159134
 Elementary Guidance-2008 Certification#159134
 South Carolina, Licensed Professional Counselor-2007 LPC# 4856
 South Carolina, Licensed Professional Counselor -Supervisor 2009 LPCS# 5216
 National Board Certified Counselor-2002 Certification# 78505
 National Board Certified School Counselor-2002 Certification#78505
 Global Career Developmental Facilitator-2008 Certification#GDCF08871

Professional Presentations and Papers:

Wright-Stone, T. (2009). *Single Gender Counseling Services*. A workshop presented at the South Carolina School Counselor Conference. November 2009.
 Wright-Stone, T. (2012). *Single Gender Counseling Services*. A workshop presented at the South Carolina Single Gender Conference. February 2012.
 Wright-Stone, T. (2012). *Working with Children Who Grieve*. A workshop presented at Middle Tyger Community Center for local Licensed Professional Counselor- Interns. August, 2012.

Honors and Awards:

Honor Graduate, Clemson University, Chi Sigma Iota 1998

Professional Affiliations:

Member, American Psychological Association
 Member, American Academy of Clinical Psychology

Grants:

Mary Black Foundation
 \$1,500
 8/21/2008-5/31/2009
 “Groovy Grieving”