To the Graduate Council:

I am submitting herewith a dissertation written by Lawrence Josephs entitled "Bereavement During Adolescence: A Study of Adult Women Whose Fathers or Mothers Died During Their Adolescence." I have examined the final copy of this dissertatation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Psychology.

Leonard Handler, Major Professor

We have read this dissertation
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Graduate Studies and Research

BEREAVEMENT DURING ADOLESCENCE: A STUDY OF ADULT WOMEN WHOSE FATHERS OR MOTHERS DIED DURING THEIR ADOLESCENCE

A Dissertation

Presented for the

Doctor of Philosophy

Degree

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ABSTRACT

The purpose of this study was to examine the responses to and effects of a previous parental death on normal adolescent daughters. The subjects were adult women who experienced the death of either their mother or father during their adolescence. Data were gathered through a structured clinical interview and the administration of the Object Relations Technique. Thirty subjects were studied. Fifteen lost a father, fourteen lost a mother, and one lost both her father and her mother.

The subjects as a group responded to the loss with feelings of grief and sadness. Other frequently reported reactions were shock, anger, and guilt. Subjects tended not to share their feelings and thoughts about the parent's death with anyone else. Subjects tended to feel that they went through the bereavement experience alone with few interpersonal supports. They tended to view the surviving parent as emotionally inaccessible.

Subjects felt that they had to grow up fast at the time of the loss. They felt that they became more mature, responsible, independent, and cynical as a result of the loss. As adults they continued to miss the deceased parent and wished that the parent was still alive to share the subject's adult developmental experiences.

Subjects with disturbed childhoods tended to feel isolated and insecure at the time of the loss. They frequently reported feelings of guilt and depression in the years following the loss. As adults these subjects tended to feel that their lives were filled with emotional

turmoil and relationship difficulties. They tended to feel that the bereavement had a permanent negative influence upon their lives. Subjects with normal childhoods tended to view the bereavement as a painful experience that they endured and left behind without any lasting ill effect.

The case studies illustrated how the parental bereavement does not create new personality disturbances but rather reinforces trends already present from early childhood. The subject's personality appeared to mold the nature of the bereavement experience rather than the bereavement experience producing a lasting effect upon the personality structure.

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CHAPTER I

INTRODUCTION

Purpose

The purpose of this study was to examine in detail the responses to and the effects of a previous parental death on normal adolescent daughters. The subjects were adult women who experienced the death of either their mother or father during their adolescence. Data were gathered through a structured clinical interview and the administration of the Object Relations Technique.

The major focus of investigation concerned the intrapsychic processes through which the daughter coped with the parental death. In addition, the long-term effects of the death on the daughter's personality were examined. Given that the study utilizes adult retrospection, the data may tell us something about the manner in which the bereavement has become integrated into the fabric of the daughter's adult life. Comparisons were made between maternal loss vs. paternal loss. Factors contributing to adaptive vs. maladaptive coping with the death were considered.

At a theoretical level the issue of the age at which mourning becomes possible was addressed. This entailed an analysis of the concept of mourning and a consideration of relevant developmental issues.

Review of the Literature

The meaning of death has been enigmatic to man throughout recorded history. Although it is an incontrovertible fact that every human being will eventually die, just what happens to a person when he dies has remained a subject of debate. Religious and mystical perspectives advocate a belief in some sort of afterlife such as in a heaven or through a merging into the cosmic oneness. The alternative to a belief in the afterlife is to appreciate death as simply total personal annihilation, a complete cessation of being.

The meaning of life is vitally influenced by whether death is understood as a transition to an afterlife or as annihilation. Faith in an afterlife insures a future that can bring ultimate salvation and fulfillment. Death understood as annihilation creates a finite future ending in nothingness. The current time-limited life is all one has.

In recent times a conviction that death is equivalent to annihilation has become increasingly prevalent concurrent with the shift from a religious to a scientific outlook towards life. Unfortunately, "death as equivalent to annihilation" is a rather difficult belief to come to terms with and is often dealt with through denial and avoidance. Aries (1974) notes that in modern western civilization death has become taboo much as sexuality had been during the Victorian era. The concrete realities of death (e.g., dying people and decaying corpses) as well as the emotional and conceptual realities of death are avoided. In Becker's (1973) view the denial of "death as annihilation" is a

fundamental aspect of one's character formation during early childhood. Wahl (1958) considers the denial of "death as annihilation" as an attempt to maintain an infantile sense of omnipotence. Freud's (1915) attitude towards the denial of death was that such an illusion had no value; "if you would endure life be prepared for death."

It is within this context of an appreciation of death as total personal annihilation that the topic of bereavement has been considered in the psychological literature. The bereaved individual is confronted with the permanent loss of a real life external relationship, being left only with memories and fantasies of relationship to the deceased. There is no possibility of future reunion. The bereaved person must deal with the hard cold facts of life—that he is mortal and that relationships with loved ones are ultimately transient.

For an adult the death of a loved one is at best a bitter pill to be endured and somehow assimilated. For a child, only beginning to learn how to be alone with his human neediness, a bereavement such as the loss of a parent must be overwhelmingly problematic. R. Furman (1964) notes "the almost universal pain evoked in all adults when they are exposed to the poignancy of a child's mourning, particularly for a parent" (p. 329). Furman (1964) describes how emotionally trying it can be for a therapist to support a child with his mourning and how often it is wished that the child should not know the pain of mourning.

It is within this context that we should consider the major debate in the literature: at what age is mourning possible, mourning considered to be the most mature method of coping with the death of a loved one. Saving a more detailed analysis of the concept of mourning

for later, it will suffice to briefly state Freud's (1915) definition:

> Reality-testing has shown that the loved object no longer exists, and it proceeds to demand that all libido shall be withdrawn from its attachment to that object (p. 244) . . . Each single one of the memories and expectations in which the libido is bound to the object is brought up and hypercathected, and detachment of the libido is accomplished in respect of it (p. 245). . . . when the work of mourning is completed the ego becomes free and uninhibited again (p. 245).

It is apparent that to be in a position to mourn requires a wide variety of psychological capacities and a good deal of personality integration that can be achieved only through a considerable amount of maturation and psychological development. As Freud mentions, good reality testing is essential. This not only involves discriminating internal from external experience, the highly invested memories, images and fantasies of the loved one from the external reality of his nonexistence, but it also assumes a prerequisite clear differentiation of the self from the object, the living vital self from the dead. For death to be recognized, an appreciation of finitude and nonbeing is necessary in order to deduce that the absence is permanent and that the person is nowhere to be found. In addition to these cognitive factors, mourning involves toleration of powerful affects such as grief and longing if the investment is to be left behind in the past to make way for future ones. Since ambivalence in relationships is ubiquitous, mourning also requires tolerance of anger and guilt and a capacity to make internal reparation and restitution.

In reviewing various opinions in the literature concerning when mourning is possible we discover an age range from six months to approximately 18 years. Bowlby (1960) believed that mourning was

possible and can be observed from the sixth month of life onward. Bowlby (1963) later modified his position and compared childhood mourning to pathological mourning in adults. Apparently after six months of age one can observe a distressful response to separation but this is not mourning in the Freudian sense. R. Furman (1964, 1968, 1970, 1973) and E. Furman (1974) assert that a 3-1/2 to 4 year old can mourn under favorable circumstances. They emphasize the need for a sensitive and supportive adult who can assist the child in this difficult task. Hilgard, Newman, and Fisk (1959) suggest that around age 9 there is a major shift in the ability to cope with the concept and experience of death. After 9 years of age death is recognized as final and inevitable. The child realizes that it happens to everybody (Nagy, 1959). Wolfenstein (1968) and Nagera (1970) believe that mourning is not possible until the detachment from parental figures has taken place in adolescence. Shambaugh (1961) and Rochlin (1959) believe that mourning processes in children and adults differ although there may be apparent similarities. Nevertheless, all agree that the assistance of a supportive adult minimizes the traumatic impact of the loss.

The controversy over the age at which mourning is possible may be in part due to a lack of clarity in the use of the concept of mourning and is due in part to the fact that there is not yet a sufficiently rich data base upon which to develop a comprehensive and in-depth understanding of bereavement, especially during childhood and adolescence. The data base for childhood bereavement has consisted primarily of patients undergoing psychotherapy who were either bereaved children or adults who lost a parent during their childhood (Miller, 1971). Henrich's (1978)

study of adult women who lost a father during latency is a beginning attempt to expand the data base to include a normal population. The literature on adult bereavement has been fairly comprehensive in presenting a picture of normal bereavement. Classical studies such as those by Lindemann (1944) and Parks (1972) have provided well-detailed behavioral and phenomenological descriptions of normal adult bereavement. Gaining a comprehensive understanding of the subjective experience of the bereaved child or adolescent has been more problematic. As we shall see in the literature review this is in part due to children's difficulty in discussing their bereavement reactions.

The data base for bereavement during adolescence is rather sparse. As in the childhood literature there are a number of case studies of patients in psychotherapy (Arthur & Kemme, 1964; Fleming & Altschul, 1963; Laufer, 1966; Root, 1957; Shoor & Speed, 1963; Volkan, 1970; and Wolfenstein, 1966, 1969). Interestingly, the normal intrapsychic development of the adolescent has been likened to a mourning process (A. Freud, 1958; Lampl De Groot, 1960; and Sugar, 1968).

There is no literature specifically comparing differences in the bereavement processes between adolescent boys vs. adolescent girls or comparing the death of a father vs. the death of a mother. A psychoanalytically informed position would postulate that Oedipal dynamics would be relevant to these gender-related issues. For example, if an adolescent female's mother died she might feel rather guilty over an unconscious sense of Oedipal triumph and concurrently be rather threatened by the lack of the mother's external presence to prohibit acting upon incestuous desires.

The literature never explicitly discusses the relationship between personality style and the method of coping with bereavement. Intuitively it is apparent that a schizophrenic would react differently to bereavement than would an hysteric. For example, a 27 year old male schizophrenic seen by the author in psychotherapy began hallucinating as a teenager shortly after his mother died. Several of his initial hallucinations were of his dead mother. He reported breaking down and crying at the funeral not because of any sense of grief but because people were staring at him and expected it. He is still currently convinced that his wish that she die so people would feel sorry for him actually caused her death. He does not feel guilty about causing her death but is frightened at the power of his thoughts which he feels he must control to prevent a replay with someone else. In this case the bereavement was readily assimilated into the patient's primitive magical and egocentric mode of adaption. This style of adaption is quite different from mourning which entails sadness, often guilt, and good reality-testing.

The current study attempted to expand the data base for bereavement during adolescence through the study of a normal population. The population consisted of adult women whose fathers or mothers died during their adolescence.

Before going into a detailed review of the literature on bereavement during adolescence, reviews of the literature on bereavement during childhood and adulthood will also be presented for the sake of comparison.

Normal adult reactions to the death of a loved one constitute the prototypical mourning response. Mourning appears to run its course

in a fairly routine manner, typically expending itself after a year or two. Thus, although mourning involves grave departures from the normal attitude to life, it never occurs to us to regard it as a pathological condition (Freud, 1915). Most of the literature on adult mourning refers to coping with the death of a mate, although it does include coping with the death of a parent or child.

The adult's initial reaction to the news of the death often involves a disturbance in his sense of reality. There are feelings of unreality and increased emotional distance (Lindemann, 1944). This life is felt as unreal; reality can only be accepted as real if the deceased is still living (Parkes, 1972). The mourner feels that it is he who has been cast out of this world, not the dead person (Parkes, 1972). Psychosis is a rare consequence of bereavement (Parkes, 1972), but occasionally observed pathological extremes involve affectlessness, derealization, and increasing social isolation (Lindemann, 1944).

The disturbance in the sense of reality is often associated with extreme anxiety and insecurity. The bereaved feels that the world has become an insecure and dangerous place (Parkes, 1972). To accept the fact that death can strike anywhere and that illness is no respector of persons undermines one's faith in the world as an ordered and secure place (Parkes, 1972). There is a sense of helplessness in the face of events since one is powerless to snatch the lost one from the jaws of death and one may feel unable to live without the support of the loved one (Siggins, 1966). The self may be experienced as quite fragile (Parkes, 1972). There may be sensations of somatic distress, with waves of discomfort lasting from 20 minutes to an hour (Lindemann, 1944).

However, the major pain of mourning appears to be an intense pining for reunion. Parkes (1972) suggests that there is a persistent and obtrusive wish for the lost person and an urge to search for the lost person. There is a preoccupation with a vivid image of the dead in an attempt to hold on to him. The mourner has a perceptual set for the lost one and may even call for him. The mourner may misinterpret stimuli as representing the dead person. There may be a false perception that the corpse is breathing or moving and there is a reluctance to separate from the corpse (Pollock, 1961). The mourner is concerned about the comfort of the corpse and is very careful with the deceased's possessions.

At the affective level the mourner oscillates between grief, anger, and guilt. The bereaved can express his affective reactions and may wish to reminisce with others over memories of the deceased. There is a painful repetitive recollection of the loss experience as if it could be undone (Parkes, 1972). The mourner sometimes stubbornly waits for the dead person's return, disbelieving the facts in order to avoid waking up to the emptiness of it all (Parkes, 1972).

Somatic symptoms of mourning can be insomnia, loss of appetite, sighing, weeping, and identification with the dead person's pre-morbid symptoms (Siggins, 1966). Parkes (1972) also cites restlessness, irritability, weight loss, and dry mouth.

Mourning may also involve alterations in one's self image and confusion concerning what to do with the image of the deceased. There is a feeling of loss of self as well as of the loved one. This is felt as an inner hole, an emptiness, a gap quite analogous to bodily

mutilation (Parkers, 1972). The mourner is perplexed as to where to place the living self of the dead; in oneself, in a chair, in the grave, etc. (Parkes, 1972). For Abraham (1924) the consolation is that "my loved object is not gone, for now I carry it within myself and can never lose it." This is often realized by an identification with certain traits of the dead. Some mourners continue to sense the presence of the dead and sometimes hallucinate seeing the dead (Parkes, 1972).

Gradually the intense somato-affective pining gives way to more somber low-key states. The mourner may experience despair, meaninglessness, and apathy; a loss of heart. He feels hopeless to achieve reunion, resigning himself to living in a constant state of emptiness. Freud (1929) believed that some permanent sense of emptiness always remained after the death of a loved one since no new love relationship could ever entirely take the place of the relationship to the deceased. The relationship with the dead continues in fantasy. The bereaved may feel guilty because he survives to enjoy life while the deceased is gone forever. Paradoxically there may be more consideration for the dead, who no longer need it, than there is consideration for the living (Freud, 1951a). To protect the memory of the dead from hostility their memory may be somewhat idealized.

If the loved one was a burden or a stifling influence, there may be a sense of relief and even emancipation (Siggins, 1966). Mourning never completely ends, for it can always begin anew when life situations evoke aspects of the lost relationship (Siggins, 1966). In a study of elderly reactions (Stern, 1951) there was found to be little overt grief

or guilt and a preponderance of somatic illness accentuated by the loss. There was increasing self-isolation, idealization of the dead, and animosity towards the living.

There have been no studies of the long-term effects of a normal mourning that is successfully completed. Presumably there are no major long-term effects on the personality. One might postulate that after a successful adult mourning one might have some deeper appreciation of life and a sense of the tragic. The internalization of the relationship with the deceased might enrich the personality of the survivor. Volkan (1970) has observed depression or defenses against depression as a common long-term effect of adult bereavement. Anniversary reactions have been noted as an occasional long-term consequence of adult bereavement (Pollock, 1970).

The literature discussing children's responses to bereavement deals primarily with the reactions of latency-age children (e.g., approximately ages 6-12 years). Latency-age children frequently respond overtly to the death of a parent with little affect, weeping is curtailed, and there is a continuation of daily activity (Wolfenstein, 1966; Deutsch, 1937). E. Furman (1974) notes that with adult assistance, be it a surviving parent or a therapist, the child is able to express affects such as grief, anger, and guilt. Henrich's (1978) data indicate that the child often does not discuss the death with anybody and keeps her reactions to herself.

The latency child's denial of the death appears related to the fear of an unbearable panic state. "If I would admit to myself that my mother is dead, I would be terribly scared" (Wolfenstein, 1966). The

pining for reunion would be unbearably intense and seemingly without limit. Wolfenstein (1966) cites a nine-year old boy who described the prospect of unstoppable grief that would overwhelm children if they were unable to forget about a painful loss. They would cry and cry. "They would cry for a month and not forget it, and the tears would roll down their eyes and they wouldn't know it. And they would be thinking about it and tears just running down their eyes at night while they were dreaming" (p. 103).

Although bereaved children do not express their reaction to the death directly, they do exhibit behavior suggestive of severe emotional disturbance. "Blanching, restlessness, paradoxical and inappropriate laughter, and various regressive behaviors including disorganization in play, excessive eating, soiling, and masturbation made their appearance within a relatively short time after the child's being told. These behaviors clearly indicated that the child while refusing to deal with the trauma in direct verbalization, nevertheless had at some level comprehended the significance of what he had been told" (Arthur & Kemme, 1964, p. 43). Children who lost their fathers in air raids did not mention their experience for many months. Speech did not serve as an outlet until the feelings about the father's death had been dealt with in some other way (A. Freud & D. Burlingham, 1943).

Despite external indifference or the expression of grief, in Wolfenstein's (1966) view the child always maintains a secret incorrigible fantasy that the parent is not really dead and that reunion will somehow be possible. This view contrasts with Furman's (1974) view that the latency-age child is capable of both cognitive and emotional acceptance.

Wolfenstein (1966) believes that the child can understand that the parent is dead and can grudingly admit this fact but that the child is incapable of emotional acceptance. Any sadness that is expressed relates to someone who is missed because of a temporary separation rather than because of a permanent absence.

There has been debate concerning the child's cognitive capacity to appreciate the death. Furman (1964) believes that the two- to three-year-old can master the concept of death. Nagy's (1959) research suggests that the child does not recognize death as final until age five. Before this age death can be conceived only in terms of separation (Kastenbaum, 1976). From age five to nine the child realizes that the death is final. Death is personified as a separate evil being who possibly can be tricked and eluded (Nagy, 1959). After nine years of age death is recognized as final and inevitable. The child realizes that it happens to everybody (Nagy, 1959). Wolfenstein (1966) suggests that not until adolescence can the irreversibility of time and the irrevocability of the past be accepted.

Arthur and Kemme (1964) noted that bereaved children under eight had difficulty in comprehending the finality of death. The child often believed that the dead continued to exist in another place, such as heaven. Children also have difficulty with the notion of the cause of death. They often assume that either their own aggressive wishes or their surviving parent's aggressive wish is to blame for a parent's death (Arthur & Kemme, 1964).

The child frequently interprets the death as an abandonment or as punishment for his badness (Arthur & Kemme, 1964). Children have

reported an emotional emptiness, a feeling of being lost, and a sense of futility (Arthur & Kemme, 1964). Some become fearful that the surviving parent may die and that temporary absences portend calamity, death, and irreversible loss (Arthur & Kemme, 1964). In some cases atonement for hostilities felt toward the deceased become a key feature of the post-traumatic adjustment (Arthur & Kemme, 1964).

The child's consuming motivation is for reunion with the lost parent. The child may make bargains with fate such as that he will from now on be good and self renouncing in order to get his parent back (Wolfenstein, 1966). The child may behave like a suffering martyr, as if his suffering will coerce the parent's return (Wolfenstein, 1969). Bowlby (1963) notes that in the child's stubborn search for the lost parent reality must constantly be denied. Anger over the affair is displaced towards the surviving parent (Bowlby, 1963). In blaming the surviving parent for the loss, the child comes to feel that he has lost both parents (Wolfenstein, 1966).

There are a wide variety of environmental factors in addition to the pre-morbid personality characteristics and the nature of the prior relationship to the deceased which will determine the nature and outcome of bereavement. The major factor is the surviving parent's capacity to help the child deal with his reactions to the death, in order to reassure the child concerning what the future will bring, and to attend to the child's physical needs (Furman, 1974). The nature of the death and its suddenness may have a significant effect. Unexpected and violent death are more difficult to manage. The child requires concrete proof of the death for his reality-testing to be facilitated

(Furman, 1974). Although the surviving parent is needed as an auxiliary ego, it is often found that the parent fails to execute this function. Sometimes the child is used as a replacement for the dead spouse, a task which the child feels inadequate to meet and over which he feels guilty (Wolfenstein, 1966).

The long-term personality effects are variable. Wolfenstein (1966) often found ego arrest, dating from the time of death. She believes that in a supportive environment with tactfully introduced parental substitutes the pathological result can be minimized. There is less sense of disloyalty if there was an attachment before the death (Wolfenstein, 1966). Numerous studies have correlated adult psychopathology with the death of a parent during childhood. In Henrich's (1979) review of this body of literature he noted that schizophrenia and depressive psychosis were found more frequently when the mother died during the child's infancy. Effects in later life as a result of parental deaths have included depression, conflicts with dependency, and conflicts in heterosexual relationships. Idealization of and identification with the deceased become important features of the adult's personality dynamics.

As mentioned previously the literature on bereavement during adolescence is rather sparse. Adolescence here is roughly considered to be between 12 and 18 years of age. Wolfenstein (1966) and Nagera (1970) do not believe that the adolescent is capable of adult mourning. Wolfenstein (1966) suggests that the adolescent's reaction is rather similar to the latency child's bereavement reactions. Affective expression is curtailed, but not as severely as in latency. There may

be depressed moods but these are not associated with thoughts of the dead. The adolescent is more ready to admit to the fantasy of the parent's return in contrast to the latency child who will keep it a secret. In summary of Wolfenstein's observations, the adolescent has similar emotional reactions to the latency child but he appears to have more perspective on the situation, somewhat lessening the traumatic impact. The adolescent has a capacity for formal and abstract thinking which should enhance his adaptive capacities.

Wolfenstein (1966) believes that ego arrest is a frequent consequence of adolescent bereavement, although she does posit more adaptive outcomes when the adolescent has a supportive environment upon which to rely. Laufer (1966) suggests that the bereaved adolescent may be unable to detach himself from Oedipal object ties as adolescents normally do because of a need to idealize the lost object as a consequence of bereavement. Hetherington (1972) has data which suggest that adolescent daughters of widows manifest inhibition, rigidity, avoidance, and restraint around males. This research does not indicate the age of the daughter when the father died.

Addressing the focus of this study, the bereavement reactions of adolescent daughters, summaries of several case studies of bereavement reactions of adolescent daughters will be presented. It should be kept in mind that these case studies are all of psychotherapy patients who can be presumed to be suffering from more psychopathology than a normal population. Thus their bereavement reactions probably reflect the more maladaptive end of the spectrum of the ways that a female adolescent might respond to parental death.

Case 1

Ruth was 15 when her mother died of a brain hemorrhage. Before her mother's death she had shown much ambivalence towards her but immediately after began to idealize her. Her memories of childhood took on an aura of enveloping emotional warmth. Ruth had repeated fantasies of finding mother substitutes and was disappointed in the ones she found. The second year after her mother's death it emerged that she still hoped for her mother's return. She dieted as her mother recommended in the hope of coercing a reunion. Ruth did not like being reminded of her mother's death and felt she was waiting for her to return. To truly find a mother substitute would mean disloyalty to her mother.

At an affective level Ruth was unable to cry. She felt an inner emptiness, and as if a glass wall separated her from what was going on around her. Ruth went through a phase of depression. She complained that nothing gave her pleasure any longer. At times she was euphoric and experienced "oceanic feelings." Finally in therapy she stated, "If my mother was really dead, I would be all alone."

Little is said about her relationship with her father. When he remarried 3 years after her mother's death Ruth was angry at what she felt was her father's disloyalty to her mother. (Wolfenstein, 1966)

Case 2

Mary's father died when she was 14. At age 19 she entered treatment with complaints of depression, apathy, and derealization. Mary felt embittered about the loss of her father. In the time following his death she had had the fantasy that there had been some kind of doctor's plot, the family being told that the father was dead to observe their reactions, and that eventually he would return from where he was being kept in hiding. Later she had fantasies of his returning and reproaching her for her promiscuous life, and in her dreams he sometimes came back and attacked her.

Mary exhibited in her adult personality an inability to renounce the lost object, the persisting demand to be be taken care of, a vindictive rage against the world at large, and an effort to force the lost parent to return by her sufferings. She exhibited a self-inflicted repetition of loss in numerous unhappy affairs with men. (Wolfenstein, 1969)

Case 3

Diane started treatment when she was not quite fifteen, a month before her mother died. She had made a suicide attempt at the time her mother was hospitalized with terminal

cancer. In a self-destructive course, Diane made repeated suicide attempts, dropped out of school, and became increasingly addicted to drugs. Diane's behavior could be construed as demonstrating what happens to a motherless girl and attempting to coerce the return of her mother to take care of her. (Wolfenstein, 1969)

Case 4

The patient was a 29 year old woman who separated from both her parents at age 15. At that time her parents remained in Europe and were later killed in World War II, sometime around her eighteenth year. The patient felt good and independent about the separation. When she heard of their death she felt no grief and felt guilty about her lack of affect. The patient denied the reality of their death and also of the passage of time. As an adult she lived as a rebellious adolescent, refusing to depend on anyone. She felt that if she could perpetuate the feelings of conflict with them she could continue to reenact the pre-loss relationship with them and so continued to believe they were alive. She felt rather guilty about her pleasure in separation and that she survived and they did not. (Fleming & Altschul, 1963)

Case 5

The patient entered therapy at age 19 suffering from fatigue, depression and general anxiety. In addition she exhibited marked inhibition, indecision, and a sense of inadequacy. Less than two months before the onset of menstruation, the patient's mother was killed in an auto accident. It was a time of fear, suspicion, and disbelief. She did not experience missing her mother. She had dreams and fantasies of reuniting with her mother in a sanitarium, and also frightening ones of seeing her with the gory signs of head and face injuries. She remembered her mother as a wonderful woman.

After her mother's death, she took over her mother's place at the table and the responsibility for running the home. She felt guilty over taking pride in this. For a short time she continued to get into her father's bed on Sunday morning until one day she had the thought she might become pregnant. As an adult she felt that to experience sexual pleasure was too aggressive an act toward her mother.

As an adult the patient continued to deny her emotional reactions to the event and at some level appeared to deny that the event actually occurred. (Root, 1957)

Case 6

A 13 year old girl who had been particularly close to her father prior to his death and whose relationship to her

> mother was a rather stormy one, told of how she felt "all alone" with "no one on my side any more." Following her father's death she refused to eat for 2 weeks, contracted a throat infection, and said that she hoped she would die from it, that she did not want to carry on her education, and that there was "no use" in getting up in the morning. (Arthur & Kemme, 1964)

In summary of these case studies, it is apparent that all of the patients had difficulty mourning the death of their parent during their adolescence. Reunion fantasies were maintained and the loss was denied at some level. Reunion was always with an idealized image of the parent. Depression, or defenses against depression, were major aspects of their later functioning. Several of the women whose mothers died showed increased difficulty in their relationships to their fathers.

Keeping in mind that adolescence is a time of normal detachment from parents, it is interesting that in Fleming and Altschul's (1963) case the patient had successfully separated from her parents. Her difficulty was that she felt guilty, believing that her valued autonomy was won at the expense of her parents' death. The other cases did not show any pre-morbid or post-morbid indications of detachment from dependent parental relationships. Their bereavement responses suggested a tremendous neediness in being deprived of the dependent parental relationship. They appeared unable to continue normal adolescent renunciation of infantile object ties.

Wolfenstein (1969) has described a more adaptive response to adolescent bereavement which does not entail mourning. The adolescent may identify with the deceased in a constructive way so that the child becomes a parent to himself. This mode of adaption leads to precocious independence and high ego ideals. It is consistent with the developmental

trends towards separation and learning to meet adult responsibilities. Possibly this mode of adaption is more reflective of the manner in which a relatively normal adolescent would respond to bereavement.

Theoretical Considerations

Freud's theory of mourning was previously stated. Reality-testing suggests that the loved one is dead and that the bereaved person painfully proceeds to withdraw his emotional investment. Anna Freud defines mourning an external loss in a similar manner:

> The process of mourning taken in its analytic sense means to us the individual's effort to accept a fact in the external world (the loss of the cathected object) and to effect corresponding changes in the inner world (withdrawal of libido from the lost object, identification with the lost object). (A. Freud, 1960, p. 58)

The energy transfer model of mourning does not account for how the mourner can come to stop feeling guilty towards the deceased. Klein (1940) and Winnicott (1954), in discussing the concept of the depressive position, describe how ambivalence and guilt can be managed internally. In the development of a "good enough" relationship, a person comes to internalize a sense of positive relatedness to the significant other. Unfortunately this sense of relatedness is rather fragile. The positive relatedness can be disrupted by the pressure of one's devouring neediness and rage at the frustration of these needs. The consequence is a sense of relatedness characterized by anger, hate, and fear. Having destroyed what was good in the relationship, the person is left feeling guilty and empty. Drawing on memories of what was good in the relationship the person is motivated to attempt reconciliation with the internalized representation of the other.

Through reparation and restitution one can atone for destructive urges and thereby restore the sense of positive relatedness. Reparation is a continual internal process since internal destruction in the attempt to have all one's needs met is also a continual process. Destruction is felt to occur through using up what is good and getting rid of what is frustrating.

In the development of the individual these processes must occur interpersonally before they can become an internalized intrapsychic process. Interpersonally the party that has been injured either in fantasy or in reality must survive ultimate destruction and be available to accept the destructive one's restitutive gesture. Eventually one learns to make up for fantasized and sometimes real aggression internally without necessarily having to act it out. The capacity to manage ambivalence and guilt internally does involve a capacity for concern for others and to be able to give them what they need for their continued survival. Most of all, others must be protected from one's own destructive urges. Their needs must be met so that they do not get used up in meeting one's own needs.

In the case of the death of a loved one, interpersonal reparation cannot occur. The other no longer survives and is unavailable to accept restitution. Funeral rites involve much consideration for the dead but the dead person is not alive to appreciate it. Thus, atoning for hostility toward the dead must be primarily an intrapsychic readjustment. It is a lengthy process since in addition to atoning for hostility towards the dead while he was alive, one also must atone for anger over the death perceived as an abandonment. Eventually the

bereaved resolves to love the deceased and feel loved by the deceased despite the other's permanent absence. The meaning of the relationship for the survivor is settled and it becomes an enriching ground for subsequent relationships. What has been described as decathexis might more appropriately be described as the relationship to the deceased retreating from figure to ground. Thus, libido is never completely withdrawn from the relationship to the lost object as seems to be implied in the Freudian model.

The theory of mourning thus far still does not account for the transient but pronounced disturbance in the sense of reality, the acute anxiety, and the intense longing for reunion that the bereaved adult experiences. To better appreciate these phenomena is would be wise to introduce a psychology of the self. Freud, utilizing the term "ego" as referring to the "self," described how the loss of close relationships affects one's sense of self. "These loves ones are on the one hand an inner possession, an ingredient of our personal ego, but on the other hand are partly strangers, even enemies" (Freud, 1915a). "He knows whom he has lost but not what he has lost in him" (Freud, 1915). If the ego is identified with the object, then object-loss becomes transformed into an ego-loss (Freud, 1915).

The death of a loved one must constitute some loss of the sense of self, a deep narcissistic injury, even in a healthy adult. This suggests that even in healthy adults we are vitally dependent on external relationships to maintain our narcissistic equilibrium and sense of wholeness. Our neediness may not be as great as a child's but adult responses to bereavement seem to reveal our vulnerability. Consequently the pining for a reunion relates to the narcissistic deficiency

that the death produced, a phenomenological vacuum, emptiness, or hole which requires filling.

The disturbance in the sense of reality suggests that even our mature perceptions of reality are to some degree dependent on satisfactory interpersonal relations. Kohut (1971), in discussing narcissistic disturbances, and Guntrip (1969), in discussing schizoid phenomena, note how people who are chronically disconnected from others are left vulnerable to frightening experiences of derealization and depersonalization. Apparently during the initial stages of adult bereavement there is a pervasive disconnection of self/object relationships, resulting in temporary panic and loss of reality contact until a sense of relatedness can be restored. Thus, even our cognitive functioning is quite dependent on the quality of our object relationships.

Wolfenstein (1966) posits that the bereaved child suffers a "decomposition of ambivalence." The latency child has achieved object constancy (e.g., the integration of good and bad object representations) but loses it under the impact of parental death. Thus the traditional theory of mourning based on the dynamics of relating to ambivalently perceived objects is not relevant to childhood bereavement. The relevant psychodynamics relate to splitting, idealization, devaluation, projection, introjection, and attempts to seek or avoid merger between dichotomized self and object representations. Typically the deceased parent is idealized, the surviving parent is devalued, the past self (e.g., responsible for the death) is devalued, and the self that the child will attempt to be is an idealized one that will be worthy of reunion with the idealized image of the dead parent.

Evidently the latency age child cannot tolerate being left alone with his intense neediness. The loss is perceived as an isolating abandonment into an emotional vacuum which is responded to with primitive rage. The bereaved latency child, unable to make interpersonal reparation with the dead parent nor sufficiently mature to make intrapsychic reparation, resorts to a primitive manner of attempting to heal the emotional trauma. Through "splitting," a dichotomization of self and object representations into devalued and idealized aspects, the child attempts to protect something good within himself from destruction by his overwhelming rage. The idealized other is yearned for and protected while negative affects are channeled towards the image of an abandoning and rejecting object. Angry and needy aspects of the self are disowned and hated while an ideal grandiose self is developed that seeks reunion with the idealized other. The hope is that through merger of idealized self and object representations a sense of wholeness can be restored and one's neediness assuaged. Unfortunately "splitting" further violates the coherency of the self and attempts at the merger of omnipotent self and object representations evoke paranoid anxieties of annihilation. Consequently the child is left emotionally isolated and yearns for a connection to an idealized parent while grappling with anger towards devalued objects who he feels must hate him.

Given the primitive mode of adaptation that the latency child utilizes, it is surprising that there is not more in the literature detailing disturbances in the child's sense of reality as is found in the adult literature. The bereaved child is incapable of discussing

the loss except in the context of a supportive reliable relationship. Thus the child may experience disturbances in his sense of reality but is incapable of discussing it as does the adult. Often parents mistakenly interpret the child's apparent indifference as a lack of reaction when in fact the child may be attempting to defend himself against severe narcissistic decompensation.

Adolescence then would be a transitional stage in the development of the capacity to mourn. The bereaved adult deals fundamentally with a depressive conflict related to object loss. In the adult more primitive reactions are transient although intense. The bereaved child appears to grapple with more fundamental issues: deep narcissistic injury and maintenance of defenses against psychological decompensation. Adaptive coping during latency involves maintaining a cohesive sense of self despite the narcissistic injury. For the adult adaptive coping means sufficiently mastering a love/hate conflict so that life can once more be enjoyed.

The fundamental task of adolescent development entails an internal renunciation of infantile dependency and Oedipal attachments. This process is behaviorally manifested in detachment and separation from the parents. A. Freud (1958) refers to this process as a recapitulation of the Oedipal conflict due to the physiological pressures of puberty. Blos (1967) refers to this process as the second separation-individuation. As mentioned previously normative adolescent development has been considered by a number of theorists to be analogous to mourning.

The results of adolescent development are manifold. Consolidation of a sexual identity (Freud, 1905), a beginning cultural and vocational

identity (Muensterberger, 1975), and a readiness to develop heterosexual intimacy (Erikson, 1950) are a result of successful development. The adolescent will internalize a number of ego functions which his parents or parental substitutes have performed for him. The internalization of these functions can be seen in the post-adolescent's relatively realistic ego ideal and superego.

The adolescent still must fight regressive temptations that come from within although he obtains pleasure in mastery and maturation. Thus, adolescence has been considered to be a time of inner turmoil and crisis (Erikson, 1950). Adolescents are notorious for externalizing their internal dilemmas. Parents or authority figures become prohibitive forces who attempt to maintain the adolescent's childlike dependency. Thus the adolescent often feels that his freedom must be won through rebellion. Winnicott (1963) refers to this conflict as "defiance in dependence." The adolescent may succumb to his dependent strivings in his search for heroes or ideologies. Yet, disillusionment is always forthcoming as he resents his dependency on his idealizations. Winnicott (1963) notes that separation from the parents means recognizing one's personal isolation as a separate individual. This requires relinquishing illusions of one's own narcissistic self-sufficiency or of the possibility of union with a perfect all-gratifying other. It means acceptance of the limitations of oneself, others, and reality.

Associated with the adolescent's acknowledgment of his emotional separateness and increased capacity for spatial separateness from his parents there is also a change in the adolescent's perception of time.

Kastenbaum's (1959) research suggests that the adolescent lives in an intense present, giving little structure to the past or remote future. The adolescent feels himself to be at an important beginning, death being perceived as a frightening empty ending. Kastenbaum postulates that the adolescent projects onto death the terror of his dependent, undifferentiated past. Wolfenstein (1966) notes that as adolescence progresses a new feeling about the past emerges. She states, "There is a nostalgia for a lost past, a combined yearning and sense of irrevocability—the past assumes a mythical aura—There may be an acute awareness of the transience of present pleasure, that every moment is slipping into the past, that life itself is ephemeral" (Wolfenstein, 1966, p. 112). Thus the adolescent comes to appreciate his finitude and potential for non-being. Freud (1915b) believed that "in the unconscious every one of us is convinced of his own immortality." Freud seems to be saying that we all retain some sense of infantile omnipotence. This involves a mode of perception in which there are no unbendable temporal and spatial limitations, where reality maintains a fluidity. This resembles what Choron (1963) calls "mythical time consciousness." Time for primitive man was circular, with an eternal present. A linear conception of time involves differentiation of a past, present, and future. Also involved is a change from an egocentric to an objective world view (Malmquist, 1978). Piaget (1975) has described the change from concrete operations to formal operations which begins around age 11 or 12. Within concrete operations one can only relate to objects, their physical and mental representations. The capacity for abstract thinking allows one to manipulate ideas and symbols. It allows for imaginary projection

into the future and for logical deduction. Thus, adolescence can bring a greatly broadened perspective to the nature of reality.

Considering the adolescent's level of development we can formulate some hypotheses concerning what his responses to bereavement might be. Given the adolescent's angry, rebellious attitude towards his parents and the underlying fantasy of narcissistic triumph over them one might expect the bereaved adolescent to experience a considerable amount of guilt. In a normal adolescence the parent survives and the youth moves onward. How can the adolescent continue to rebel against and devalue the parent when the result is death? The bereaved adolescent may feel that his rebellious, devaluing wishes have injured the parent and caused the death. When speaking of guilt one must wonder how the adolescent would attempt atonement and reparation.

The other crucial variable would appear to be to what degree the adolescent has been able to separate himself from infantile and Oedipal attachments to his parents. To the degree that the adolescent feels unready to become autonomous and independent a bereavement might precipitate panic and insecurity. Adaptation might involve fixation on infantile object ties which may inhibit the developmental thrust towards separation. If the adolescent has made sufficient progress towards separation at the time of the parental death we might expect that trend to continue or accelerate. The adolescent has had a taste of autonomy and may decide that it is better to become self-sufficient than to remain vulnerable in dependency on objects that may die. Here we might expect complications from precocious independence.

In considering the female adolescent's response to bereavement, Oedipal dynamics might be relevant. The mother's death has implications

of Oedipal victory as well as threatening the violation of the incest taboo with the father. If the father dies the daughter may experience a rejection of her Oedipal strivings. The prospect of heightened maternal dependency might be rather threatening. The long-term results of these sorts of conflicts could be marked ambivalence towards the development of a mature sexual identity.

In summary, in the older adolescent who has achieved a good degree of autonomy one might expect depression and defenses against depression as a result of parental bereavement. Possibly this type of conflict can be resolved and we might observe a process quite similar to adult mourning. In the younger adolescent who has not grown out of parental dependency one might expect ego arrest or regression. In this case mourning would not take place and one might observe denial of the death with a tenacious clinging to a fantasy of reunion. The bereaved adolescent would be unable to grow out of the need for an idealized nurturing other. The bereaved female adolescent may have difficulty achieving a mature sexual identity related to unresolved Oedipal conflicts.

CHAPTER II

METHOD

The Subjects

The subjects were volunteers who responded to a brief announcement in either The University of Tennessee, Knoxville student newspaper, the Knoxville News-Sentinel, or the Oak Ridge newspaper. Please refer to Appendix A for the text of these announcements. Approximately 70 women responded by phone to these announcements. Thirty of these women served as subjects. Twenty-nine of these women scheduled appointments but did not show up for their appointments. Eleven women did not qualify as subjects.

The subjects were 30 women who ranged in age from 22 years old to 54 years old. Fifteen of these women were in their twenties, while eight were in their forties, and three were in their fifties. Fifteen of the women experienced a paternal bereavement during their adolescence. Fourteen of the women experienced a maternal bereavement during their adolescence. During one subject's adolescence both parents died. Table 1 summarizes the demographic information pertaining to these subjects.

Seven of the subjects experienced the parental death when they were 12 or 13 years old, while fourteen of the subjects experienced the parental death when they were 14, 15, or 16 years old, and nine of the subjects experienced the parental death when they were 17 or 18 years old.

Table 1

Subjects' Demographic Information

Subject number	Chron. age	Marital status[a]	No. of children	Level of education	Occupation	Birth order[b]	Mother or father died[c]	Subject's age at death	Cause of death
1	23	S	0	graduate	audiologist	3/5	F	12	cancer
2	23	S	0	graduate	student	2/3	F	17	suicide
3	27	S	0	college	printer	1/1	F	13	heart attack
4	34	D	0	graduate	student	1/1	F	16	heart attack
5	24	S	0	graduate	student	2/3	M	12	cancer
6	29	D	0	college	psychological technician	1/1	M	15	cancer
7	23	S	0	graduate	librarian	2/2	M	14	cancer
8	23	S	0	college	student	1/1	F	18	cancer
9	22	M	3	H.S.	housewife	3/3	M	15	suicide
10	34	D	0	graduate	professor of communication	7/7	F & M	17, 17	heart attack
11	26	M	0	college	nurse	3/3	F	16	cancer
12	23	M	0	graduate	clerk/typist	2/2	F	12	cancer
13	43	M	3	college	dairy farm	1/2	F	13	heart attack
14	33	D	0	college	administrator	2/2	M	15	suicide
15	33	M	1	H.S.	lab assistant	1/2	F	15	accident
16	25	S	0	graduate	nutritionist	3/5	F	18	suicide
17	46	M	2	H.S.	housewife	2/3	F	13	during ulcer surgery
18	23	S	0	college	management	5/5	M	18	cancer
19	26	M	0	graduate	student	2/2	F	18	cancer
20	48	M	1	H.S.	housewife	8/8	F	14	Bright's disease
21	22	S	0	H.S.	cook	3/3	M	16	cancer
22	51	M	2	H.S.	housewife	1/1	M	16	cancer
23	32	M	0	college	phys. ed.	3/3	F	16	cancer
24	26	M	0	college	secretary	3/5	F	17	heart attack
25	51	M	4	college	nurse	1/2	M	14	suicide
26	54	M	3	graduate	housewife	1/4	M	17	cancer
27	34	M	2	H.S.	administrator	1/2	M	14	cancer
28	31	M	1	graduate	nurse	2/3	M	15	cancer
29	48	M	5	H.S.	housewife	9/9	M	18	heart attack
30	34	M	3	H.S.	housewife	2/2	M	13	multiple sclerosis

[a]S = single; M = married; D = divorced. [b]Birth order (e.g., 3/7 = 3rd born of 7 children.

[c]F = father; M = mother; F & M = father and mother.

Fifteen of the parents died from cancer, seven died from heart attacks, and five committed suicide. Three died of other diseases and one died in an accident.

Regarding marital status, nine of these women were single, seventeen were married, and four were divorced. Twelve of the subjects have one or more children.

Five of the subjects were primarily students. Eighteen primarily worked outside the home and seven were primarily housewives. Nine of the subjects had no more than a high school education, while ten of the subjects had no more than a college education and eleven of the subjects had no more than a graduate education. All the subjects resided in either Knox County or Anderson County, Tennessee, during the summer of 1980.

The Measures

Two measures were employed in this study: an individual clinical interview and the Object Relations Technique. The interview was administered by the writer and involved employing a list of structured open-ended questions (Appendix B). The interview included the questions developed by Henrichs (1978) for his study of adult women whose fathers died during their latency years. In addition the writer developed 14 additional questions that were included in the interview.

The interview was designed to gather demographic data, a social history, and information concerning the subject's personality. The principal focus was upon elucidating the subject's responses to bereavement: immediate and long-term, intrapsychic and interpersonal.

The Object Relations Technique is an instrument constructed by Phillipson (1955) who was influenced in the construction of the test by the object relations perspective as defined by Klein and Fairbairn. It is a projective device designed to tap the nature of the subject's internal representation of the self and others. It utilizes a series of 12 plates similar to the Thematic Apperception Test Cards, except that the human figures are drawn ambiguously as to sex, movement in relation to others, and facial expression.

The subjects were requested to write a story which they felt was depicted in the pictures. The form which each subject used to write her story appears as Appendix C.

The Object Relations Technique was chosen for this study in order to elucidate some of the subjects' perceptions of separation and loss. There were several reasons for expecting that the ORT would elicit subjects' attitudes towards separation and loss. It was felt that the ORT's use of solitary figures and of single figures separated from groups of two or more would elicit subjects' attitudes towards separation. In addition, it might be expected that the subjects' foreknowledge that the study concerns their parent's death might predispose them towards responding to the ORT with themes of death and loss.

Given the expectancy that subjects would respond to the ORT with themes of death and loss, the manner in which each subject treats these themes could be examined to discover their individual perception of those themes. In the Results section comparisons were made between subjects' perception of the parental death as reported in the clinical interview and subjects' treatment of the themes of loss and death in the ORT.

Procedures

Subjects were recruited through a brief announcement in three different local newspapers (see Appendix A). Potential subjects were requested to call a number at the Psychology Department. To protect anonymity only first names and phone numbers were left.

The Project Director, Lawrence Josephs, then contacted by phone potential subjects and assessed whether they met the requirements to serve as subjects. They were asked how old they were currently and how old they were when their father or mother died. Subjects were required to be 21 years old or older. Adolescence was considered to be from age 12 through 18. If the subject qualified for participation in the study, the Project Director discussed the purposes, procedures, and time requirements of the study and answered any questions (see Appendix D). If the subject agreed to participate in the study, an appointment was scheduled at that time, in which the subject was informed of the time and place of her participation.

The research was conducted in a quiet and private room in the Psychology Department that had been set aside for research. The Project Director met the subject for her appointment and began by explaining to her the informed consent procedure. The subject was then requested to sign a participant's informed consent statement (see Appendix E).

The subject was then administered the Object Relations Technique. It was explained that she was to write on the answer sheets: "What has led to the situation in the picture?", "What is happening now in the story?", "How do the people feel about each other or about the

situation?", "What might they be thinking about?", and "How does the story end?". The subject was left alone in the research room to answer the questions in privacy. She was informed of the location of the water fountain, soda machine, and the rest room for her convenience. The Project Director checked periodically on the subject's progress.

After the Object Relations Technique was completed, the information gathering interview was begun (see Appendix B). The interviews were recorded with a cassette tape recorder and were later transcribed. During the interview the Project Director took notes. When the interview was completed the subject was informed that the Project Director would make a brief follow-up phone interview in about two weeks to provide for further comment concerning the study.

One of the purposes of the follow-up phone interview was to assess any after-effects of participation in the study and to make an appropriate referral if it was called for. Only two subjects had any further comment on the study in the nature of further recollections concerning their bereavement. One subject discussed her surprise that she had cried during the interview. The rest of the subjects had no comment. All the subjects were thanked for their participation in the study and no referrals were made.

Data Analysis

The data were studied and categories were developed which appeared to reflect common themes or elements in the subjects' responses. These categories were developed in consideration of significant variables mentioned in the literature such as "presence of

fantasies of reunion," "expression of grief," "reminiscing about lost parent," etc. Once the categories were established, in order to ascertain the reliability of this writer's judgment in rating the subjects' responses, independent ratings were obtained from two raters. The two raters were both fourth year clinical psychology graduate students on internship. Four randomly selected subjects were chosen for the comparison.

Items rated were scored either present or absent. On the basis of chance the probability of either a present or absent score would be 25%. The probability that two raters would agree by chance on an "either/or" scoring is 25%. The probability that three raters would agree on an "either/or" scoring is 12.5%. In the present study perfect agreement between all three raters was obtained on 80% of the 322 items scored by each rater. The difference between the level of agreement obtained (e.g., 80%) and that expected on the basis of chance (e.g., 12.5%) suggests that there was good reliability in the scoring of the data. In addition, the percent agreement obtained appears sufficiently high to suggest that the scores reflect a valid estimate of the subjects' responses.

In addition, the writer chose three subjects which he judged to be representative of the influence of the individual personality on adolescent bereavement. These subjects are discussed individually in detail in the Results section.

CHAPTER III

RESULTS

The first part of the Results section will describe the subjects as a group. In addition to describing the group as a whole several comparisons within the group will be examined: father loss vs. mother loss, normal childhood vs. disturbed childhood, bereavement during early adolescence vs. bereavement during late adolescence, and the influence on the subjects' adjustment to bereavement of having an emotionally supportive surviving parent vs. having an emotionally inaccessible surviving parent. As mentioned in the previous section, subjects' responses were catalogued according to common elements in their responses. In addition, illustrative verbatim examples will be presented from the subjects' clinical interviews. The data analysis will progress in the same manner that the clinical interview progressed, beginning with childhood, moving into adolescence and the bereavement, and ending with adulthood. The data from the Object Relations Technique will be used to ascertain some of the current thematic concerns of the subjects and subjects' strategies for coping with loss.

The second part of the Results section will consist of three case studies. An attempt will be made to illustrate the various coping strategies employed by individual subjects and the consequences on their adult adjustment. Subjects of divergent personality styles will be presented. A more individualized analysis of these subjects' Object Relations Technique will be made in order to develop a better picture of their psychodynamics.

Appendix F summarizes the results of the group data as a whole. Appendix G summarizes the results of the comparisons between the different subgroups.

The Group Data

Childhood

In reviewing the group data for childhood it appeared that most of the subjects described relatively normal upbringings and that approximately one-third of the subjects described disturbed family backgrounds. This division between subjects was by no means clear-cut but for the sake of comparison the subjects were divided into two groups: a normal childhood group and a disturbed childhood group.

The disturbed childhood group consisted of 37% of the subjects (e.g., 11 subjects). This group included all the subjects who lost a parent through suicide during their adolescence. It includes all the subjects who viewed their parents as having an argumentative relationship with each other as the subject was growing up. One subject who did not remember anything before age 12 was included. Another subject was included whose father died when she was 8 years old and whose mother died when she was 14 years old. Her earliest memory was of her mother having a heart attack when the subject was 4 years old. Subjects in this group often felt close to only one parent and not the other. Some of the subjects reported that their fathers were alcoholics.

The normal childhood group consisted of all the subjects who were not placed in the disturbed childhood category. Sixty-three percent of the subjects (e.g., 19 subjects) were placed in this

category. These subjects typically described being close to their parents as they were growing up and they indicated that their parents had a good relationship with each other.

There was no apparent distinction in their description of their childhoods between subjects whose fathers died and subjects whose mothers died. In both normal childhood and disturbed childhood groups the distribution of father loss as compared to mother loss was approximately equal (Appendix G).

There was no distinction in their description of their childhoods between subjects who lost their parent in early adolescence as compared to those who lost their parent in their late adolescence. For the sake of comparison, early adolescence was considered to be from 12 years old through 15 years old. This group included 53% of the subjects (e.g., 16 subjects). Late adolescence was considered to be from 16 years old through 18 years old. This group included 47% of the subjects (e.g., 14 subjects). In both normal childhood and disturbed childhood groups the distribution of loss during early adolescence as compared to loss during late adolescence was roughly equivalent (Appendix G).

All the subjects described growing up in nuclear family situations. Their mothers were predominantly housewives who worked in the home. Their fathers typically worked outside of the home and provided most of the financial support for the family.

Coping with the Dying Parent

For 37% of the subjects the parent's death was sudden. For the remaining 63% there was time spent coping with a sick and dying parent.

Of these subjects only two were not aware that the parent would die a month before the parent died. The others had over a month to cope with the expectation of death.

During this period subjects reported experiencing a variety of affects and thoughts. The most common reaction was to somehow deny the inevitability of the death. This was achieved in a number of ways. Some subjects simply would not let themselves think about it. Some would not let it sink in. Even though they knew that the parent was dying they maintained a sense of disbelief. Others continued to hope for a remission or cure of the illness. Fifty-eight percent of the subjects described some sort of denial. Sixteen percent described being numb and in a "state of shock" during this period.

When denial was not operative a number of different affects emerged. Foremost was insecurity and anxiety (34%). Some of it was simply of a freefloating kind. There was dread, apprehension, and worrying about the future. How would the family get along without the dying parent? Some subjects (11%) reported feelings of helplessness.

Some subjects reported feelings of sadness and crying (26%). A few (16%) felt angry, that it was unfair. Some felt guilty (21%) that they were somehow responsible or to blame for the loss.

Forty-two percent of the subjects helped take care of the dying parent. Often, the sick parent spent much time at home bedridden. These women would often help bathe, feed, and even give injections to their parents. Twenty-one percent felt that they had to become more responsible and more mature. They felt that they had to assume a parental role in the family by watching out for younger siblings or the healthy parent.

Very few of the subjects discussed with the dying parent his/her forthcoming death. Only 16% had the opportunity to discuss the situation with the dying parent or to spend special time together with the dying parent. Typically discussion of the parent's death and dying was taboo. Sixteen percent of the subjects mentioned that they felt quite left out of the whole process and alone in dealing with the parent's dying.

Twenty-six percent of the subjects recalled that they wished that the parent would die already. These subjects watched their parent's increasing deterioration and had difficulty tolerating the parent's suffering. They realized that the death was inevitable and wished that it was over with so that they could go on with the business of living.

In summarizing the subjects' responses as a group to this period of living with a dying parent it appears that subjects displayed a variety of bereavement reactions. Denial of the imminent loss tended to be maintained despite subjects' everyday dealings with the dying parent. The most commonly reported emotional response was anxiety and insecurity. Subjects worried about what life would be like without the parent. Subjects, in having to cope with a dying parent, tended to try to be more mature and responsible. None of the subjects reported acting more childlike or infantile in their behavior.

For the most part there were no differences on the measures between father loss and mother loss. Of the parents who died a sudden death 70% were fathers and 30% were mothers.

There were some trends in comparing early adolescence to late adolescence. The early adolescence group tended to evidence denial

more commonly than the late adolescence group. Of the subjects who employed denial 64% were early adolescents as compared to 36% late adolescents. The late adolescent group tended to take care of the dying parent and entertain conscious death wishes more commonly than the early adolescence group. Of those subjects who cared for a dying parent 67% were late adolescents and 33% were early adolescents. Of those subjects who had death wishes 75% were late adolescents and 25% were early adolescents.

In summary, early adolescents tended to have less responsibility for taking care of the dying parent and were more likely to deny the forthcoming loss than late adolescents. Late adolescents tended to more easily accept the parent's dying and were more likely to wish for the parent's death.

There were no relevant differences on the measures between normal childhood and disturbed childhood groups.

To give a better flavor of what this period was like, a few examples will be presented in the subjects' own words.

Subject #27 was 14 years old when her mother died of cancer. She was one of the few subjects who was able to spend some special time with her parent before she died.

> In October my Dad told us that she would die. He had wanted to buy her a Christmas present and had put us (the subject and her younger sister) in the car. We were driving down the turnpike and he pulled off the side of the road and told us what the doctors had found and what they expected and that he didn't expect that she would live very long. And he cried and we cried. And everybody kind of hugged each other. And he started the car and we went out and bought her a Christmas present.
>
> I was totally devastated. You couldn't imagine. I made all kinds of bargains with God not to let my momma die.

Well, it was hard. We had to do a lot of the housework and our grades fell off. We had to care for her. She was not in enormous amounts of pain until the last that she was losing weight and having trouble eating and was generally not well at all. I was real glad that Dad told us because I got to spend a lot of special time with her. There was not any acknowledgement of the fact that she was gonna die between us. It wasn't ever discussed. I don't remember it ever being discussed again, not by anybody. I didn't talk about it with my sister until after the night Daddy told us. We talked about it in bed that night.

We said we didn't want her to die. If we prayed hard enough she probably wouldn't. That if she was gonna die we wanted her not to die before Christmas. We wanted to keep her for Christmas at least. And that if we prayed real hard God would probably let us keep her for Christmas. At that time she was sick but she did not look that sick. Not sick enough to die. She was recovering from surgery so she was sore and not well but she didn't look that you know deathly ill.

Well, she got progressively sicker. We spent a lot of time talking. She talked about when she was a child. She talked about when she met Daddy. The other people she dated. Talked about their marriage. Talked about being pregnant with us and giving birth to us. More or less giving her history. Talked about her parents that were both dead and had been for some time, her brothers and sisters, and nieces and nephews that she was close to. Talked about Daddy's family and gave some fairly good advice. They had not approved of their marriage and gave some fairly good advice on how to handle the situation. She seemed to know that he would take us back to them to finish raising us. She taught me how to cook things that I didn't know how to cook until the very last.

I was real unhappy about this situation. I didn't like it a bit. But there wasn't anything I could do about it. I did what I could to make her comfortable and to make her happy. Spent as much time with her as I could as she could take. She didn't want to leave the house. She didn't want to go to the hospital and we didn't want her to. We wanted to take care of her as long as we could. I was frightened. I didn't know what was going to happen. Didn't want her to die. I was angry that this had happened to her. I wanted somebody to stop it. We had been a religious family. I didn't believe God would take my mother away, but she was obviously getting sicker and sicker and I believed more or less that she was really gonna die.

Subject #5 was 12-1/2 when her mother died of cancer. She was excluded from contact with her mother's dying and was required to manage her feelings on her own.

> She had been sick for about a year. I did a lot of growing in that year. I don't know. It didn't occur to me at the beginning that she was that sick. She had been in the hospital before. It didn't occur to me until about three months before her death that she was going to die. It was quite a growing experience for me.
>
> Well she had been in and out of the hospital two times. The third time she went in, I didn't really think anything of it. I was listening over the phone to my uncle. And he was talking about the illness and said she had been on a plateau and that she was going down from the plateau which she had been on at Christmas. It occurred to me that she wasn't going to get well. And later when I thought about it I realized that she was going to die. I remember when I really realized it. I was laying in bed and started to cry and I thought well don't cry now wait until it really happens. That's basically the way I reacted.
>
> I wasn't very upset. It seems like I took on the mother role in the family. I was upset but I was concerned about keeping things stable. To reassure my brother and sister that everything was going to be all right. And my father too. It sort of brought us together in a way. Well it made us fight less and we reassured each other that things were OK. A lot more than we used to.
>
> I remember changing my vocabulary a little. And starting to refer to what I used to refer to as my mother's room, which was my mother's and my father's room, and started to refer to it as my father's room. I don't really remember what I was thinking then. I started thinking about things I was worried about at school. Friends or boys that they really weren't that important. I remember throwing away a diary because I had been keeping all this trivial nonsense in it. It just seemed like it was trivial and childish and threw it away.

Both of these examples illustrate the group trend towards denial and an effort to be more mature and responsible. These two examples also illustrate some important individual differences. Subject #27 received considerable familial support. This support helped to free her to experience and express her affective reactions to the loss. During the "special" time she spent with her mother the subject was able to gradually adjust to the idea of her death. In addition, the mother continued in the maternal role, teaching her adolescent daughter the things that would prepare her for adulthood. The subject had a

final opportunity to identify with and emulate her mother as a role model. Subject #5 apparently had little familial support in dealing with the loss. She severely curtailed her affective reactions. Her efforts to be more responsible appeared to precipitate a pseudo-maturity. Rather than emulate her mother, she tried to replace her by assuming responsibilities for both her siblings and her father. Rather than continue to be an adolescent, she devalued as immature her adolescent behavior, such as keeping a diary or an interest in boys. Thus, she seemed to stifle her own further growth by adopting an overly serious ahedonistic coping strategy.

Further elaboration of each subject's history and personality would reveal some of the precursors of these coping strategies. The case studies to be presented after the group presentation will demonstrate the connection between the subject's premorbid personality and her strategy for coping with a parental death.

Bereavement: Initial Reactions at the Time of the Death and the Funeral

Fifty-seven percent of the subjects were either closely involved or actually present at the parent's dying and death. Subjects tended to want to be in on the experience as much as possible.

Subject #23 was 16 years old when her father died of cancer at home. She witnessed the death and found that it was helpful in her adjustment.

> Saturday night I was supposed to have a date and Daddy had been unconscious for I guess since Friday some time and we just sort of had the feeling. My mother and I had the feeling that it was coming pretty soon. Uh and I felt like mother knew that. She didn't really say that to me and I didn't say it to her. We just I guess felt like something was happening and so I cancelled my date to stay home to

> help mother and we were taking shifts. We were staying up with him around the clock cause we weren't sure what was going to happen. Mother was at this point giving him shots at home and we were doing all the things we could there. I was sitting up with him reading and mother was asleep on the day bed and I remember his breathing was a little labored and at one point I was sitting and his breathing changed. It became almost as though he took sort of a deep breath and then his breathing became a little bit quieter and it frightened me so I got up and went and looked at him and listened to him and got close and it was summertime so it was quite hot and I got a washcloth and bathed his face and he seemed to be all right. So I went back and started reading and at the four o'clock shift I didn't feel very tired so I didn't wake mother up right away and I went ahead and stayed until 4:30 and it was beginning to get light outside. So I went ahead and woke her up and she got up and I told her what had happened and I went into the living room to lie down on the couch to go to sleep and I had just put my head down and mother yelled for me and I got there just as he took like 2 breaths and sort of like he just took a breath and just relaxed and it was really neat. It was just cause I had always feared dying and I still do but it was just so nice to see it be that pleasant. That he just seemed to relax and be at peace and after seeing him in pain for so long it was really pleasant to see him be so comfortable.

Subject #9 was 15 years old when she found her mother dead. The mother had committed suicide through a drug overdose.

> The day she died she was constantly telling me that she loved me, to be careful. I went skating and as I was skating I just got a feeling. Something told me to come home. Well you know I didn't go and I went on to the bowling alley and played a couple of games of bowling and I went home and I saw my cat up in the window and I went in and threw my jacket down on the bed and I went in there and she had her head tilted and something was coming out of her mouth. I run over and shook her and hollered and slapped her in the face and carried on and she was dead.
>
> I was scared. I didn't know what I was gonna do. I tried killing myself. I beat my head against the wall. I had got in a police cruiser and there was a gun in the middle and I tried to get it and kill myself. I tried taking pills to kill myself. Well, I had found her and she was the only momma I had and we were real close.

Subject #10 was 16 years old when her mother died suddenly of a stroke. She was not present at the death.

> One day I came home from school. Mother was always very active in her own way. She was not a hypochondriac. Never sick. I never remember her being sick. So I came home one day and she was disoriented. She said that she fell down, she couldn't stand up. I was a little concerned but then the next day I came home and she was lying in bed and she had a stroke. She didn't know what was going on. She was really disoriented. I had never seen my mother out of control before. A person very unemotional. So we called our family physician and they took her to the hospital. I went to the hospital with her and the doctor said that she would be fine. So my little boyfriend was with me that evening. See, I didn't even take that seriously. I thought mother's always been well so she'll be fine. I said mother I need to go home and study for a test the next day. Well she knew good and well I never studied for anything. So she looked at me and said, "Well, all right." But for the first time in my life, I'd never done this before, I kissed her on the cheek and I said good-bye and she died that night. So they called the next morning and I just went crazy. I was really upset that she had died. I felt guilty of course about lying to her and all that.

Subjects described a variety of situations surrounding the parent's death. The most common experience was with a parent who had been sick with cancer for quite a while (50%). For 37%, as mentioned previously, the death was sudden. For 5 subjects the parent had committed suicide.

The most frequently reported initial reaction (67%) to the news of the parent's death was shock and numbness. Subjects described feeling dazed and detached, that things seemed unreal and dreamlike.

Subject #17 was 13 years old when her father died unexpectedly during an ulcer surgery operation.

> The impression was like everything had changed. It was a different kind of world. It's hard to describe. It's an undescribable feeling unless you have gone through it I guess. It's like everything is just out of focus a little bit.

Subject #1 was 12 years old when her father died of cancer.

> It was just like in a zombified state. It was like I can't remember any exact thoughts. It was like everything

> just seemed cluttered in your mind. It was like I can't think of any exact feelings or thoughts cause it was just overwhelming. That was really the word, it was just overwhelming. So I just didn't think.

Subject #8 was 18 years old when her father died of cancer.

> Things seemed to be kind of in a blur. There seemed to be a big buzzing in my head.

Subject #14 was 15 years old when her mother committed suicide.

> I must have been in a state of shock because I don't have a lot of memories for about 3 days. I have some memories but it's a virtual blackout. Kind of a numbness. I didn't feel or think, just a numbness.

Subject #9 was 15 years old when her mother committed suicide.

> At the funeral I felt like she wasn't really gone. I don't know, like I was dreaming. I was in a dream world. It was strange, because I had to wake up to the fact that she was gone and it was hard to wake up.

Subject #17, mentioned previously, experienced the funeral somewhat similarly to what Subject #9 described.

> It just seemed kind of strange, there was always an unreal quality. Like I was going through it but another part of me was standing off here observing it. It's like an actor in a play and maybe when the play is over you'll go back to being yourself.

The next most frequently mentioned initial reaction was sadness (60%). These subjects experienced much grief and were typically able to cry and express their sorrow.

Subject #1 was able to verbalize some of the thoughts associated with her sense of loss.

> I felt an emptiness. I felt like a part of me was missing just because Daddy dying took a part of me, but I didn't ever feel lonely or isolated because I had my brothers and sisters. I think that helped.
>
> We're from a close family. So we really cared, you know, and do care a lot about each other. So everybody in my family is a part of me. It's like they're a part of my life. They're a part of my little world. So when that

> part of my little world went away it was like a side of you was gone and that side would have been a father-daughter interaction. That was gone, permanent, zip. And like you knew it.

Subject #30 was 13 when her mother died of multiple sclerosis. She did not get along with her father and felt isolated in her grief.

> I guess my father told me and I think I cried a lot. All I can remember is crying and I wanted to live with my uncle, my mother's brother.
>
> I guess I was very lonely cause she had died but yet not feeling any comfort that I could turn to him.
>
> I can remember going to the funeral home and seeing her and I can remember going to the burial and all the people around me and I can remember crying and not wanting to see them put her in the ground.
>
> And I can remember the night that she was buried and I guess really for the first time just crying and crying and crying and feeling so very lonely.

Forty-three percent of the subjects reported feeling angry. Some felt that the death was unfair. Why their father? Why them? Others felt angry at relatives or friends for what they may have seen as overinvolved or hypocritical behavior on their part.

Subject #11 was 16 when her father died of cancer. She recalls being angry with her uncles for what she felt was inappropriate behavior while her father was comatose.

> Well he had some brothers that came to see him and I remember this was before he died that evening. I remember being kind of angry. He wasn't conscious and they were sitting around talking about him and to him like they were just bullshitting. Most of the time they just talked about totally irrelevant things. I felt it was sort of disrespectful.

Subject #3 was 13 years old when her father died suddenly of a heart attack. She assumed responsibility for making the funeral arrangements.

> All the people that were normally strong around me became totally weakened in sorrow. They were not hardly able to take hold of themselves much less anyone else.

> They were definitely perplexed at that point so that I made the funeral arrangements. I was extremely bitter. That I would be placed in that situation. Not only that, but I could look around and people who were called adults could not handle the situation.

Later on in the interview subject #3 discusses her attitude toward the funeral.

> Just to get everything done and over with. This was a ritual that everyone seemed as if they must have. That I could see only caused grief. It was unbelievable. I felt resentful.

Forty-three percent became concerned for the welfare of other family members. They would try to be stoic and strong to hold up for others who were handling the death more emotionally. They would feel protective towards the other family members in a parental sort of way.

Subject #15 was 15 years old when her father died in a scuba diving accident. She curtailed her emotional expression in order to be a support for her mother and sister.

> My mother and my sister showed their emotion. They did an awful lot more crying and stuff than I did. I kept thinking Daddy would want me to hold up and take care of them because they seemed to need more support and I thought that he would want me to hold up if I could and help take care of them. I did very little crying. I felt real bad for them, a kind of motherly concern of trying to help console them.

Subject #16 was 18 years old when her father committed suicide. He poisoned himself with carbon monoxide in the garage while the family was home. He was an alcoholic.

> I felt real sorry for my mother. I felt sorry that she would have to go through losing her husband with 5 kids. Mother had never known any other life. I felt real compelled to get the garage all cleaned up, I had cut my Dad's clothes off him. Get all that cleaned up and wash up all the blood off the floor so that Mom wouldn't see it. My little brother was crying but I don't think he realized what was going on. I took him back in the house and tucked him in bed. Then I

> called my 2 sisters. Did all this busy work. The emergency squad came and they revived him but I think he was gone when they got to him.

Thirty-three percent of the subjects reported feelings of guilt. Somehow they felt responsible or to blame for the parent's death. Some subjects also felt guilty for what they saw as immature, egocentric, and selfish behavior in relation to the dying parent.

Subject #24 was 17 years old when her father died suddenly of a heart attack.

> It lasted about 4 years. I felt guilty. I thought I had done it, because we had argued the night before about my getting married.
>
> I blocked his death completely from my mind, because I wondered if I caused it. I wondered then, I don't know. I accepted the fact that it was his time to go and that I don't think that it would have mattered much if we had argued or not. Then as far as I am concerned, I still feel bad about that. I don't think it mattered.

Subject #1 was 12 years old when her father died of cancer.

> This is terrible. The day before Daddy died was my birthday and he was really sick, we knew the time was near. So I went down to my grandmother's house for a small little birthday party. Anyway, I remember thinking, it's terrible to say, but I remember thinking that I was just real angry that Daddy had to be so sick, so near my birthday, because it was ruining my birthday. That's terrible. Later I thought "Oh! How could you think that?"

Thirty-three percent of the subjects felt a sense of relief after the parent's death. They typically attributed their sense of relief to their parent not having to suffer any longer with the pain of the sickness. They had often watched their parent deteriorate during a long illness.

Subject #27 was 14 years old when her mother died of cancer after a protracted illness during which the subject cared for her. The subject's father died when she was 8 years old. Before the death,

when the mother had deteriorated considerably, the subject wished that she would die.

> Well, not that I couldn't stand seeing her, she just looked horrible. I guess maybe it was because I was selfish. I knew that if she died things would be better for me and my brother. We would possibly go live with a family that was a family.
>
> When she died, like I said I wanted her to die. I guess I was relieved. All I knew, I wanted her to die and she did. I guess I was glad for myself and for her to be out of her misery. She was so sick.

Denial was not as commonly reported as it had been during the time period when the parent was dying. Twenty-three percent described trying not to think about it, to block their thoughts. Seventeen percent expressed disbelief. They thought to themselves that the parent wasn't really dead; that it was a mistake. Seventeen percent tried to block their feelings. They curtailed their emotional reaction to the loss. Ten percent recalled being confused.

Subject #26 was 17 years old when her mother died of cancer. She was informed by a telephone call from the hospital that she had died.

> Not seeing her leave the house and not being there when she died I think that you have to block it off and you think somewhere underneath that it didn't happen, perhaps.
>
> I just felt very strange, separate, and apart.
>
> I didn't cry. No I don't think so. I'm sure I must have. I tried to put it out of my mind. There really wasn't a place where you could have too many feelings.

A few subjects (13%) felt that they became hysterical and overemotional in response to the news of the death.

Subject #22 was 16 years old when her mother died of cancer. The subject was given whiskey as a sedative. She recalled that that

was the first time she was ever drunk in her life. During her thirties she became an alcoholic.

> Daddy went to get a doctor and I was sitting out on the bed beside her and I felt her pulse go out in her elbow and she was gone. And I went to tell Daddy and he pitched a fit and started yelling and crying and that upset me because Daddy acted like that and so then I reacted. I started yelling and crying and ran out of the house and the neighbor came downstairs from her apartment and took me up there and put me to bed and the doctor's wife came and said get me some whiskey. Well honey, they got me some whiskey and I got drunk on Sunday morning for the first time in my life. God I wish it had been the last time too.

Thirty percent of the subjects recalled feeling alone, isolated, and left out. These subjects often did not feel that they had any supports, that now they were on their own in the world. Some subjects described experiencing an inner void, an emptiness (10%).

Subject #9 was 15 years old when her mother committed suicide.

> Just feelings of emptiness, I guess. Not having a mother. I felt lost and lonely. You know, empty.

Subject #7 was 15 years old when her mother died of cancer. Her father had died when she was eight years old.

> I think I did cry when we were walking out with one of my aunts. I turned to her and I said, "I don't have anybody. What am I going to do? I don't have any parents or anybody." She says, "I know, I know." All I could think about was being an orphan, somebody adopting me or something.

Seventeen percent of the subjects described being anxious and worried. For the most part they felt insecure about what the future would bring. Thirteen percent described being frightened.

Subject #18 was 18 years old when her mother died of cancer.

> I felt relief yet a fear of how strange it was going to be and if it would change my life. If things really would be different. There was no way that I could imagine what it was going to be like. That I just had to go on.

Subject #6 was 15 years old when her mother died of cancer.

> It was awful. It's like the death rattle when people breathe. The breathing was really labored and loud and terribly abnormal and scary. I was scared to death and then it just stopped. She was dead. Yeah I was crying when she was breathing like that and I certainly realized at that point that she was dying if I didn't ever realize it. Just a totally helpless fear.

Sixty-three percent of the subjects viewed the surviving parent as reacting rather emotionally. Thirteen percent viewed the surviving parent as being emotionally controlled.

Subject #6, previously mentioned, recalls her father reacting quite strongly to his wife's death.

> I remember my daddy crying and I remember me crying. I feel like I was crying more because he was crying, emotional contagion. Then he just about stopped living. He was lost, I mean he was just lost . . . I went out on a date one night and I remember him telling that guy to be careful, that I was all he had and crying. He just embarrassed the shit out of me, but yeah he was lost.

Subject #1 felt that her mother coped exceptionally well.

> She handled it perfectly. She was very strong. She knew it was coming and she was totally and completely prepared. She accepted it. That's the way it was and she would carry on as best she could and that's what she did. Maybe once or twice she cried in front of us. She did not want us to see her upset because she knew it would upset us.
>
> I think if I could do that good that I would be doing pretty damn good, if the same thing happened to me. She has our utmost respect.

Subject #18 felt that she was able to share in the expression of grief with her father.

> That was the time when Daddy and I really got very close. I was the only person that Daddy would cry in front of. He was kind of lonesome for somebody to talk to about his own problems, I kind of became that person. He was just as strong as he had ever been. He and I could kind of collapse with each other but as far as the rest of it was concerned he never got upset and was always very comforting. Always took care of everybody else.

Two subjects reported no sense of loss when the parents died. In both cases the father who died was disliked and the parents had been divorced for some time.

In summary, of the initial reactions to the bereavement the most frequent responses appeared to be shock and grief. The sense of shock was often associated with feelings of unreality. As mentioned in the literature review, adults also frequently responded to bereavement through intense although transient experiences of unreality. The subjects' frequent expression of grief contrasts with the frequent response of bereaved latency age children who tend to curtail their expression of sadness and grief.

Subjects also frequently reported feelings of anger and guilt. These emotional reactions are also typical affects experienced by bereaved adults. The subjects also demonstrated an increased concern for other family members and a sense of insecurity.

Concurrent with these emotional reactions were also defensive efforts to block feelings and thoughts related to the death. The initial sense of shock also appeared to be a sort of defensive numbing to attenuate the impact of the news of the death. Subjects appeared to allow themselves to experience intense affects and were also able to take a defensive respite from these strong feelings. This response contrasts with the response of bereaved latency age children who tend to be unrelenting in defending themselves against affects related to the loss. Thus subjects' initial responses to bereavement appear rather like the responses of adults to bereavement as detailed in the literature review.

There were some differences on the measures between father loss and mother loss groups. Of the subjects who reported being angry about the death, 66% lost fathers and 34% lost mothers. Of the subjects who described being worried about other family members, 60% lost fathers and 40% lost mothers. Of the subjects who reported a sense of relief, 60% lost fathers and 40% lost mothers. Of the subjects who described feeling isolated, 67% lost mothers and 33% lost fathers.

There were some differences on the measures between early adolescence and late adolescence groups. Of the subjects who reported being worried about their family, 70% were early adolescents and 30% were late adolescents. Of subjects who described feeling isolated, 67% were early adolescents and 33% were late adolescents. Of those subjects who described being shocked and numb, 60% were early adolescents and 40% were late adolescents. Of those subjects who reported being angry, 62% were late adolescents and 38% were early adolescents. Of those subjects who reported being relieved, 70% were late adolescents and 30% were early adolescents. A composite picture of the early adolescent group suggests that they are more likely to feel shocked and isolated than are late adolescents. They tend to worry more about the welfare of other family members. The late adolescent is more likely to feel angry or relieved than is the early adolescent.

The normal vs. disturbed childhood groups also exhibited some differences on the measures. Of the disturbed childhood group 45% felt guilty whereas of the normal childhood group 26% felt guilty. Of the disturbed childhood group 45% reported feeling isolated whereas 21% of the normal childhood group reported feeling isolated. Of the

disturbed childhood group 55% reported a sense of relief whereas 21% of the normal childhood group reported a sense of relief. Of the normal childhood group 68% described feeling sad whereas 45% of the disturbed childhood group described feeling sad. Of the normal childhood group 74% reported being shocked whereas 55% of the disturbed childhood group reported being shocked.

In summary, the disturbed childhood group was more likely to feel guilty, isolated, and relieved whereas the normal childhood group was more likely to experience a sense of shock and sadness.

Bereavement: Long-Term Adjustment

This period covers the next few years after the parent's death. For most of the subjects this period constituted the rest of their high school years. For some it was spent in college. For others it was spent in marriage.

Internally the subjects continued to deal with the loss. Fifty-seven percent continued to think about the deceased parent and reminisce about times spent together. Sixty percent of the subjects described some sort of fantasy of reunion with the deceased parent. The typical fantasy was that the parent was in heaven and when the subject died there would be a reunion. Sixty percent of the subjects recalled having dreams about the dead parent. Seventeen percent of the subjects thought about the deceased parent's opinions of various things and used the deceased parent's values as a guide.

Subject #30 described some of the typical thoughts she had about her mother in the years after her death.

> Well I thought about a lot of things. Sometimes I thought about things I said that I shouldn't have and wish I hadn't and would have given anything to take back.
>
> I remember wishing that she was there that I could turn to her and talk to her and just have her there. I thought about her a lot. I wished she were alive to see this or to see that.

Subject #23 was 16 years old when her father died of cancer. She described how her reminiscences were sometimes happy and sometimes sad.

> Sometimes it was very positive and pleasant to think back on those things. Other times I could think of the very same thing and would cry or feel sad. I could be the very same incident that I felt very happy about and this time I felt very sad because that was something that was gone away.

Subject #25 described a rather vivid and emotion-laden fantasy of what reunion would be like with her mother in heaven when she died. The subject cried during the interview while describing this fantasy.

> It would be like a child running to her mother. I think up there there is no age. There are no marriages in Heaven the Bible tells me, but the loved ones will know each other. I don't think too much about running to my dad, although I certainly hope that he'll be there. But with her it's just like that light that time when I was a child, that she died. It's just like it's going to be this special light and I'm going to be like a child running to her mother.

Subject #28 did not learn that her mother was dying of cancer until two weeks before she died. She was told of the news of the death by a nun at the Catholic boarding school she attended. She recalled a reunion fantasy that she entertained in the months afterward.

> Yeah, every now and then I would fantasize that she came back. That this was all a big spy plot or something. She really was alive and I was glad to see her again.

Subjects reported a variety of dreams, from pleasant ones of reunion to dreams bordering on nightmares. Subject #27 described the recurrent frightening dreams that she had of her deceased mother.

> I had these horrible nightmares of her body in the casket. It was bizarre, awful. I had nightmares of her looking bigger and looking frightening, being different colors. The ones that upset me most were the ones where I would see her someplace and she would say that she wasn't dead, that she was just pretending.

Subject #5 recalled a happy reunion dream with her mother.

> I dreamed that I was walking up to my church and I saw this woman who looked like my mother and she had three children which were us. They were much younger than me. It was just sort of strange. I think I was elated at finding myself. Finding myself with the three children. Finding my mother again. It was a happy dream I think. It was sort of confusing when I woke up. I had to piece together things. It didn't occur to me until I'd wake up that I was outside looking at myself and my mother.

Subject #1 described a dream about her father after his death in which he could not save her from danger.

> We owned this farm up in Union County. When we were little we always went up to the farm and fed the cows. A neighbor had this big white bull and it was a mean bull and we all knew. Momma and Daddy made it clear, look this bull is mean. I can remember dreaming I was at my Grandfather's house, which is not at the farm. I can remember standing there and the bull would be coming for me and Daddy would be coming to get me, but his legs would not move. It was like he would sink in the ground and then he would get up to come nearer to get me and he would sink back down. It was like a slow gradual process. The bull always started getting to me before he did, because I always woke up, before the bull got to me or before he got to me. But I can remember that dream many, many times and it was always the same thing. The bull would be coming from one direction, Daddy would be coming from the other and I would wake up before either got to me.

Subjects reported continuing to have feelings related to the loss of the parent. Fifty percent of the subjects reported periodic bouts of grief and sadness, usually related to reminiscing about the deceased

parent. Forty percent of the subjects described periods of depression in the years after the death. Twenty percent reported continuing to grapple with feelings of guilt about the death.

Subject #12 described a cathartic experience about a month after her father's death during which she was able to work through many of her feelings about the loss.

> I didn't think much about him at all until it was about a month to the day later when I just woke up one day and that's all I could think about. I just felt horrible and all I could think about was him and it was like I was forcing myself to think it all out and that's when I just really cried for three days. I couldn't come up for air. I felt really purged.
>
> I thought how can you do this to me? How can you leave me in this situation? I didn't know that you could do that and you're not supposed to, you're a father.
>
> I started feeling all the regrets of I wish I had said these things to him or been this way or that. I thought about all the times he had ever gotten mad at me about something which were pretty few but it's amazing how you can dredge them up from down under.

Subject #15 described how she would be reminded of her father by different things and how that would stir up feelings of loss even to this day.

> Sometimes just out of the clear blue and other times it would be seeing something or hearing something. Going to school every morning remembering that the year before we had gone together. My mind would wander off I suppose, during the first year. There was a lot of missing and hurt. Even now, I cried the other night at church when we sang a song that Daddy sang.

Some subjects reported that feelings of loss especially re-emerged at family holidays, such as Christmas. At these times the parent's absence was acutely felt.

Subject #9 described being depressed after her mother's death.

> I didn't return to school for a month and then when I did return I just sat there like a dummy. I didn't even lift a pencil and when I got home I'd just go outside and

> think. I didn't do any of the activities I'd done before for quite a long time. Maybe for a year I didn't do much of anything. I didn't see my friends. I was mostly by myself for a long time.

Subject #5 reported quite a long-term depression following her mother's death.

> Well, it was depressing to be depressed for 8 or 10 years. I didn't enjoy life at all very much. I wasn't depressed all 8 years. It was on and off.

Three subjects reported suicidal attempts or feeling suicidal during their adolescence. Subject #3 described a series of suicidal attempts at ages 16, 18, and 22. She attempted to overdose on pills. Nobody knew anything about the attempts except once, when a friend discovered her. Subject #4 recalled that the content of her suicidal ideation involved a fantasy of reunion with her father. She felt that he was the only person who ever did or ever could love her unconditionally. Subject #9, previously described, tried to kill herself immediately after she discovered that her mother had committed suicide.

Subjects also continued to try to defend themselves against their reactions to the loss. Forty-three percent of the subjects tried not to think about it. Twenty percent found that keeping themselves busy and active kept their minds off the loss. Seventeen percent tried to block themselves from having feelings or expressing their emotions.

Subject #15 described how being active at school helped her deal with the first year after her father's death.

> I suppose there was a year where it was pretty hard. Although school began a month after his death I was extremely active in a lot of things besides just classes. I think even though it was a hard year I kept it off my mind and stayed real busy. There was no real bad time

> of adjustment I suppose. I worked pretty hard at staying busy that first year.

In adjusting to the death most of the subjects refrained from discussing their feelings about the death with anyone (67%). These subjects were able to discuss their reactions years later in adulthood. For a few subjects their first discussion of the death was during the clinical interview for this study. Of the subjects who were able to ventilate their reactions to the death with someone else, 90% of them did so with their friends, 30% with their siblings, 30% with some adult, and 10% with the surviving parent. Only one subject in the study was able to share her feelings with the surviving parent. That was subject #18 who, as previously described, was able to share her grief with her bereaved father.

Subject #28 described the rather indifferent manner in which she introduced the topic of her mother's death to others.

> It was kind of like an unreal thing. My name is so and so and my mother died. Kind of a vital statistic or something. It was almost kind of amusing the kind of shock value it had to people. It was almost kind of an asset in terms of it was something different about me. I guess at that age you want to be outstanding.

Subject #29 reported a cathartic effect from talking to others about her mother's death.

> It was healing to think. We remembered the good times. We all had good memories. Mostly the talk was about the good memories we had of her. How Dad was going to need our support. How we would adjust. I talked most to my sisters and my husband more than my brothers. Now when I say my sisters I mean my sisters-in-law also. They were just like sisters. It was a relief to have someone to talk to that would understand. I have often thought through the years that I was thankful that my mother knew my husband and that my husband knew my mother because when you talk to someone that knows the person you're talking about you feel more sympathy, empathy, or whatever.

Subject #19 found it helpful to discuss her father's death with her boyfriend.

> This guy I was dating at the time, his brother had died the year before of cancer, so he was somebody that I could talk to about it. We talked a lot about it. He wasn't being made uncomfortable if you mentioned it. It was real nice. It was better than talking about it to most people because they don't really understand what you are talking about. He did. It was a real fresh experience for him. We just talked about everything that had to deal with it.

Fifty-three percent of the subjects reported that they became more protective of the surviving parent. They felt responsible for safeguarding the surviving parent's welfare. A few subjects mentioned that this was related to a fear of losing their remaining parent. Thirty percent of the subjects felt that the surviving parent was emotionally accessible to the subject for support. Fifty-three percent tended to see the surviving parent as emotionally inaccessible. These subjects tended to see the parent as too immersed in his/her own grief to be available for support.

Subject #1 described the relationship of feeling protective towards her mother and feeling afraid of losing her.

> I worried if Momma was gonna be next. All of us had a super fear that something would happen to our mother. We're still pretty protective of her. Like if she gets a cold, we bitch at her. You just couldn't separate losing one without losing the other.

Subject #16 decided to postpone moving so that she could stay at home and help her mother adjust to the death.

> I guess I stayed home for another year. I felt that I should be responsible with my brother growing up and making it through high school and not goofing up or something. I felt responsible for taking over and running the house because my middle sister had already gotten married and moved out. But after my mother adjusted to my father's death, after she had finally come to grips

> with it in her own way, she sort of let me know that I should butt out of her business. It was really hard for us to let her begin on her own life. A new life without father.

Subject #5 described how her sexuality inhibited her from expressing her protective feelings towards her father. When the father remarried she then felt competitive with her stepmother.

> I wanted to comfort him in a way but I didn't feel that I was able to. I remember being afraid of my sexuality with respect to him. I didn't really have any grasp of it back then, but I knew I couldn't really feel close to him since he wasn't a member of my own sex.
>
> When my father remarried it was pretty traumatic. I had taken on this role as a mother figure and it was hard to deal with somebody who wanted to take over the authority and didn't want to become a mother to us. So there was a conflict there. We didn't get along. We fought quite a bit while I was living at home. Now we just tolerate each other.

Subject #12 described how her mother withdrew in order to deal with her husband's death.

> She just disappeared a lot. She would set her rocking chair next to a radio in her room and stay there and for the first time shut the door. She had never done that before. I understood that she just wanted to be by herself, but that was unusual just having her shut the door. She was much more susceptible to tears. She took me to the doctor one time for anemia and I was so mad that she made me go to the doctor that she said, "You look like you could kill me." And I said, "I sure could." I was nasty at the time. She just started crying and went in the doctor's office. It freaked me out. I realized then how much more vulnerable she was than before.

During this period of adjustment subjects described a variety of changes within themselves which they felt were related to the parent's death. The most commonly reported change (70%) was that the subjects felt they had to grow up fast, become more mature, responsible, and independent. A number of subjects cited a common rationale for this change. It is preferable to become independent, whether or not

one is ready for it, than to remain dependent upon parental figures that might be lost.

Subject #8 was able to describe her changes in attitude about dependency subsequent to her father's death.

> I depend on myself a lot more. I think I realized that nothing is permanent. Relationships can last for a long time but they don't have to last forever.

Subject #14 described how for her becoming independent wasn't a choice but a necessity for survival.

> By necessity it made me more independent. I wasn't in a position where I had someone else I could transfer my dependence to. She had raised me, cooked for me, cared for me, and all those things so by necessity it made me a much more independent person. I matured a lot faster at that point because I had to. It put me in a role of caring for my father in a great number of ways. I did the cooking and cleaning and all that. I don't recall resenting having to do that. It was just something that had to be done and it fell on my lot to do it. I became not just more independent but developed a determination. I knew I could survive on my own.

Subject #27 described how she became her own person after her mother died.

> I felt like I was independent when she died. I mean there wasn't anybody to tell me what to do. I did what I wanted to, if they didn't like it I didn't tell them about it. If they found out I was doing something that they didn't like (her grandparents) I just listened and told them yes they were probably right, then I went on and did what I wanted to do. I read about passive resistance that Ghandi employed in India. I thought it was a real clever thing and adopted it for my own.

Subject #24 married shortly after her father's death. She attributed her sense of independence to not wanting to be a dependent wife like her mother and lose her husband.

> It game me an awful lot of determination. Determination to be independent, "headstrong" is the way my husband would put it. I will not get caught off guard like my mother was.

Subject #22 described that with her mother dead there was a lack of parental guidance so that she had to become more independent.

> I felt like I didn't have anything to grasp or to lean on anymore. I was on my own and I had to be independent and do my own thinking and do my own thing and that nobody could really try to tell me what to do from now on because my mother was gone. She was the only person I ever listened to. I didn't pay any attention to my daddy. He said so much.

Many subjects were able to get their dependent needs met. As mentioned previously, the surviving parent continued to be available for a number of subjects. Thirty-three percent reported that they were able to find parental substitutes for the lost parent. Twenty-three percent of the subjects sought to meet their needs by marrying shortly after the parent's death.

Subject #10 was 17 years old when both her parents died. She married when she was 19 years old and became quite attached to her in-laws.

> My childhood sweetheart who incidentally was very much like daddy, came down and visited me every week. He asked me to marry him and I loved his family. I married him to get his family more than I married to be with him. I adored his mother and father and I slipped right into the child role with them. I was their daughter and I loved going over to their house. I did all the things for them that I didn't do for my parents and they showed me the love and affection that my parents couldn't show me. When I got divorced at 24 years old I felt totally abandoned. Then I really felt the impact of being alone.

Subjects often reported becoming more cynical in their outlook on life (43%). Subject #21 described how she became less trusting.

> I was less trusting. It used to be I could have somebody tell me something and I would just totally believe it, after a while I stayed away from people. I didn't believe anything they said. I didn't want to have any love from anybody. I ran away from it. I was afraid of it, because I didn't want to care for somebody and have them die.

Subject #20 described how her attitude about "give and take" in relationships changed. Her family suffered serious financial hardship after her father's death.

> I'm very cynical and I'm too analytical. I don't take relationships at face value. I have seen too much which is bad in a lot of cases and sometimes I read things in that aren't really there. I feel uncomfortable if someone is trying to give me something. Anything I have I want to earn it.

Subject #12 who felt she had a protected childhood became more cynical after her father's death.

> I was much more cynical, you know when you've been sheltered as I was all your life and everything just turns up roses and your parents keep you from getting bee stings and broken bones and you think everything is going to be like that. Well, I found out that just a small change in the wind can change everything. I spent a lot of time thinking about that.

Forty-seven percent of the subjects reported that they felt more insecure, both about themselves and the world. Because of the threat of loss, the world was no longer dependable. They felt insecure about themselves, unsure of how they could handle further loss of relationships upon which they depended. Thirty-three percent of the subjects described feeling all alone in the world. Despite the presence of a surviving parent there was no one they could depend upon except themselves. For them even temporary dependence was no longer an option.

Seventeen percent of the subjects reported an increase in rebellious behavior. Subject #9 experienced a rather stormy adolescence after her mother's death. She began "hanging out" with "a wilder type crowd," began taking hallucinagenic drugs, was expelled from school, and ran away at 17 to marry. Subject #11 began testing her mother as an authority figure after her father's death. She felt she had to

assert herself against her mother in order to become a more independent person. She felt that with her mother she was able to get away with behavior which her father would have been able to put a stop to if he had remained alive.

In summarizing the long-term process of bereavement, it appears that for about one year after the death there is quite a bit of "working through" of the loss. The subjects reminisce, fantasize and dream about the deceased parent. Bouts of grief occur periodically. Some suffer from an overall depression. These reactions continue in attenuated form for a number of years. Even in adulthood, in situations such as the clinical interview for this study, strong affects related to the death can be re-experienced. Concurrent with these reactions to the loss are also defensive maneuvers to suppress and repress the response to the parental death. These responses are similar to those described in the literature review for adult bereavement.

At the time of the loss during their adolescence most subjects did not make use of interpersonal supports in adjusting to the death. Most subjects did not discuss the death with anyone or ventilate their feelings with anyone else. Many subjects viewed their remaining parents as emotionally inaccessible, withdrawn into their own grief and felt that it was their responsibility to be supportive of their bereaved parent. Subjects who were able to discuss the death often stated that it was helpful in their adjustment. Most often a friend was chosen with whom the subject shared her thoughts and feelings.

The subjects' lack of discussion of the death contrasts with the response of bereaved adults who often share their feelings and reminisce with others. Bereaved latency age children, like the subjects in this

study, typically do not discuss their reactions with others. Bereaved latency age children also commonly experience the surviving parent as emotionally unavailable.

Subjects cited a variety of changes in themselves which they attributed to the parent's death. Most subjects reported becoming more independent. This appeared related to a fear of being dependent on relationships that might be lost. Despite this fear a number of the subjects continued to depend upon surviving parents, sought parental substitutes, or got married. Subjects noted that they became more cynical about life and in general felt more insecure. Idealizations of life were shattered by the harsh reality of death as they perceived it.

The subjects' perception of themselves as having become more independent and cynical as a result of the parental death, are responses that the literature has not cited as characteristic of either bereaved adults or of bereaved latency age children. Possibly these responses to bereavement may be more characteristic of adolescent bereavement than bereavement at other periods of development.

Comparisons of father loss vs. mother loss groups suggest that in certain respects mother loss was more difficult and conflictual than father loss. Subjects who lost mothers more commonly reported feeling insecure (60%/40%), guilty (60%/40%), all alone in the world (78%/22%), and depressed (60%/40%). Of subjects who had reunion fantasies 60% lost their mothers and 40% lost their fathers. Of subjects who married during their adolescence 60% lost their mothers and 40% lost their fathers. Subjects who lost their fathers more commonly cared for the

surviving parent (60%/40%) and found the surviving parent emotionally accessible (60%/40%). Subjects who lost their fathers appeared to be able to maintain a close and supportive relationship with their mothers more easily than subjects who lost their mothers could maintain such a relationship with their surviving fathers.

The long-term adjustment of early adolescent subjects appears to have been somewhat more difficult than the adjustment of late adolescent subjects. Early adolescent subjects more commonly reported feeling guilty (60%/40%), all alone in the world (60%/40%), and insecure (60%/40%). Early adolescent subjects viewed themselves as becoming cynical more frequently (70%/30%). Late adolescent subjects tended to feel more supported in coping with their bereavement. Late adolescent subjects more frequently talked about the death with others (60%/40%) and felt that the surviving parent was emotionally accessible (60%/40%).

The disturbed childhood group exhibited more difficulty in their long-term adjustment than the normal childhood group. The percentage of disturbed childhood subjects was higher than the percentage of normal childhood subjects who reported becoming cynical (55%/37%), feeling insecure (55%/32%), feeling all alone in the world (55%/21%), and that the surviving parent was emotionally inaccessible (70%/55%). The percentage of normal childhood subjects was higher than the percentage of disturbed childhood subjects who reported reminiscing (68%/36%), talking to others about the death (36%/27%), expressing grief (58%/36%), that the surviving parent was emotionally accessible (37%/27%), sought parental substitutes (37%/27%) and got married during adolescence (31%/10%).

Subjects with normal childhoods appeared more able to work through the loss and appeared better able to find and utilize interpersonal supports. Subjects with disturbed childhoods tended to feel more isolated and alone with no one to turn to for support. To them, becoming independent seemed to be a matter of psychological survival. Three subjects in the disturbed childhood group reported having suicidal ideation and two of these subjects actually made suicide attempts.

Subjects whose surviving parent was emotionally accessible appeared to be able to work through the loss better than subjects whose surviving parent was emotionally inaccessible. The percentage of the ten subjects who described their surviving parent as emotionally accessible was higher than the percentage of the twenty subjects who described their surviving parent as inaccessible who reported reminiscing (70%/52%), talking to others (40%/30%), caring for the surviving parent (70%/50%), and expressed grief (70%/40%). The percentage of subjects with inaccessible surviving parents was higher than the percentage of subjects with accessible surviving parents who reported reunion fantasies (75%/30%), depression (50%/20%), insecurity (55%/30%), feeling guilty (25%/10%), and feeling all alone in the world (40%/20%).

The subject with an emotionally accessible parent can make use of the interpersonal support to work through the loss by reminiscing and expressing her grief. The subject whose surviving parent is emotionally inaccessible is more likely to become depressed and assuage herself through reunion fantasies.

Adulthood

This section will describe the subjects as a group of adults. Some of the previously mentioned demographic data will be repeated. The age range of subjects was from 22 years old to 54 years old. Most of the subjects were in their twenties and thirties. Regarding marital status: nine were single, seventeen were married, and four were divorced. Twelve of the subjects had one or more children. Eighteen of the subjects primarily worked, seven worked in the home as housewives, and five were primarily students. Two-thirds of the subjects had either some college or graduate education.

In reviewing the group data for adulthood it appeared that most of the subjects described relatively normal adulthoods. As a group subjects tended to view themselves as predominantly independent persons (77%). Subjects tended to feel that they became more independent at the time of their parents' death and remained independent as adults. Seventy-three percent of the subjects noted that they periodically became depressed. They typically attributed their depression to situational circumstances related to relationships or achieving goals. Subjects did not attribute their periods of depression to their bereavement during their adolescence. Fifty-seven percent of the subjects reported some difficulty with heterosexual relationships. Four of the subjects had been divorced. Subjects typically did not cite any connection between heterosexual difficulties and their parents' death. In the adult data a group of subjects could be established whose adult adaptation was disturbed. Twenty-seven percent of the subjects reported experiencing considerable emotional turmoil throughout their lives. These subjects tended to feel alone

in the world. They felt that dependent supports were either unreliable or nonexistent. These subjects tended to perceive the parent's death as having had a negative influence on their lives. Subjects with disturbed childhoods more commonly viewed their adult lives as filled with emotional turmoil than those subjects with normal childhoods (48%/16%). In addition, subjects with disturbed childhoods more commonly cited difficulty with heterosexual relationships than those with normal childhoods (73%/47%). The data suggest continuity between the subjects' childhood background and their later adult adaptation. The case studies will illustrate in more detail how the adolescent bereavement was integrated into their lives in a manner consistent with their premorbid styles of adaptation.

Subject #22 during her adulthood had several psychiatric hospitalizations. She linked a suicide attempt at age 29 with her mother's death.

> I just thought my time was up. My mother hadn't lived very long and my health wasn't too hot either and that perhaps I shouldn't live any longer. I wouldn't live any longer than she did. I wanted to be like my mother and I thought that if I died I'd be like her: I thought she was wonderful. She was just so perfect.

Subjects did mention that they still might experience occasional bouts of grief and miss their deceased parent. One hundred percent of the eight women whose mothers died and later became mothers themselves described having feelings about the loss of their mother reawakened when they became mothers themselves. The four women whose fathers died and who later became mothers did not report a re-experience of the loss of their fathers. These women who lost their mothers wished that the mother was still alive to give them advice, to show

them how to be a good mother, and to watch the children grow up with her. A number of subjects who lost either their father or their mother regretted that their children would never know the deceased parent.

Subject #29 described how she felt she missed her mother more when she was 30 years old than when her mother died.

> I missed my mother more at 30 than I did when I was 20. Once I adjusted to the fact that she was gone I just went on with my life so I wasn't so regretful that she wasn't there. When I began having problems with the children or doubts about myself I really wished she was there. I just wished she was there so that I could talk to her. So I could discuss the problems that I felt that she would understand and perhaps be able to advise me about. Advice me how to cope with it or how to accept it or whatever.

Subject #22 reported how her feelings of loss were reawakened shortly after her second child's birth.

> When John was 9 days old I had a fit of depression. I got a bad crying spell and that was because of my mother. I was thinking about my baby boy and how she loved baby boys. The doctor told me it's probably just post partum depression. That it's very common and not unusual.

Subject #28 described how she felt a positive identification with her mother was reawakened when she became a mother herself.

> I remember thinking after my daughter was born having a feeling of deja vu while breast feeding. It was a neat thing, a way of getting in touch with what my mother must have felt.

A number of subjects who were parents wanted to prepare their children to face death and potential parental loss. Subject #28 described her feelings about raising her daughter.

> I have a really strong sense of wanting to prepare my daughter to be independent. I know mothers can die before their children are old enough. I want to give my daughter a lot of self-confidence and independence so that if that happened to me she would be prepared.

Forty-seven percent of the subjects tended to idealize the deceased parent. They would discuss the parent in glowing terms and emphasize the parent's specialness.

Subject #1 reported how she was looking for a man like her father but could never find one.

> I'll tell you exactly what I want. I want somebody like my father. I know that sounds weird. I want a tall man, an outdoorsy man who enjoys nature, and a fun loving man like my father. Little, short, intellectual men, sexually I don't look twice at.

Subject #18 felt that her mother was an exceptional person.

> She was a very very special lady and I don't say that merely as her daughter. She was very protective and very old fashioned, always the lady. She had a beautiful singing voice. She was the kind of person that if you met her on the street she would stop to talk to you and it was like there was nothing else in the world to listen to. She was very caring. Sacrificed anything of her own for her children or even just acquaintances who were in need.

Eighty-three percent of the subjects felt that they had identified with traits of the deceased parent. Eighty percent of the subjects felt that they identified with traits of the surviving parent as well.

Subject #9 reported how she tried to pattern her life after her mother's life.

> I'm just like my momma. I've got ways like her and I believe I've got bad nerves like she did. There's not too much difference between us. I believe I'm gonna be just like her. I look a lot like her when she was young and everything . . . In a way I see myself like my mother when she was young. You know growing up like her and I feel I'm just like her. I had my first child when I was 18 and I know it was cause she had her first child when she was young.

The subjects who lost their mothers tended to report more difficulty with relationships as adults than subjects who lost their

fathers. Of the subjects who described difficulty with heterosexual relationships 62% lost their mothers and 38% lost their fathers. Of the four subjects who were divorced, two lost their mothers, one lost both father and mother, and one lost her father. Subjects who lost their fathers more commonly described themselves as independent (64%/36%). The subjects who lost their mothers may continue having difficulty with adult heterosexual problems as they had difficulty relating to their fathers during the years following their mothers' deaths.

There was no difference between the early adolescence loss group and the late adolescence loss group in their adult lives.

In summary of the data for adulthood, the subjects overall were relatively normal, well-adjusted adults. They encountered typical difficulties with relationships and careers but appeared to manage these situations adequately. They tended to feel that they were independent persons. One group of subjects could be established who perceived their adult lives as filled with emotional turmoil. These subjects frequently had disturbed childhoods.

In general subjects did not cite any lasting effects of the adolescent bereavement. They felt that they became independent at the time of the death and remained so as adults. Occasional bouts of grief still occurred as adults. This was especially salient in subjects who lost mothers and later became mothers themselves. Idealization of the deceased parent was common. Subjects reported being in general equally identified with the traits of both the surviving parent and the deceased parent. Subjects whose adult adjustment was more disturbed tended to view the parental bereavement as

having had a more traumatic impact on their lives than subjects whose adult adjustment was adequate. Subjects who lost fathers tended to have more heterosexual difficulty than subjects who lost mothers.

The Object Relations Technique

Subjects knew that the study would be examining their parents' death before they were administered the ORT. Thus subjects in thinking about death before taking the ORT and possibly thinking that the Project Director would be looking for attitudes towards bereavement might be expected to respond to the ORT with themes of loss and death.

As expected, as a group the subjects' responses to the Object Relations Technique reflected their concern with loss and death. Seventy percent of the subjects responded with themes of natural death. This involved funeral scenes and scenes concerning a dying person. Fifty percent of the subjects repeated the theme of death more than once in their protocol. Thirty-three percent of the subjects responded with themes of violent death. In these stories death was a result of either a natural disaster, war, or murder. Eighty-three percent of the subjects responded with themes of loss and separation that were unrelated to death. Sixty-seven percent of the subjects repeated the theme of loss and separation unrelated to death three or more times in their protocol.

Other common themes were of heterosexual romantic intimacy and of family togetherness. Ninety percent of the subjects responded with a theme of romantic intimacy at least once. In contrast to themes of death this one is frequently found in ORT protocols. Seventy-seven

percent of the subjects responded with a theme of family togetherness at least once in their protocol.

In order to assess the prevalence of loss themes to the prevalence of togetherness themes, the total frequency of the natural death, violent death, and other types of loss themes per protocol were tabulated and the total frequency of the romantic intimacy and family togetherness themes were tabulated. Fifty-three percent of the subjects showed a higher frequency of loss themes than togetherness themes. Forty percent of the subjects showed a prevalence of togetherness themes. Seven percent of the subjects showed the same frequency of loss and togetherness themes.

Subjects with disturbed childhoods exhibited a greater prevalence of depressive themes than those with normal childhoods. Seventy-three percent of the disturbed childhood subjects showed a prevalence of loss themes over togetherness themes whereas 42% of the normal childhood subjects showed a prevalence of loss themes over togetherness themes. Fifty-six percent of the subjects with disturbed childhoods responded with themes of violent death whereas 21% of normal childhood subjects responded with themes of violent death. Thus the subjects with disturbed childhoods appear more preoccupied with loss and angrier than subjects with normal childhoods. The prevalence of loss themes in the protocols of subjects with disturbed childhoods suggests that the subjects' high rate of response to the ORT in terms of loss themes was not entirely due to the subjects' pretest set but also was related to the subjects' personal concern with the issues of loss and death.

The subjects' ORT stories of loss and death were also examined in more individual detail in order to ascertain how the subjects

perceived these issues. Each story of loss or death was rated in terms of how the characters responded to loss (e.g., grief, shock, etc.), the quality of the characters' interpersonal relations while undergoing the loss experience (e.g., supported, solitary) and the long-term effect of the loss on the characters (e.g., no effect, depressed, etc.).

Eighty-four percent of the subjects wrote stories in which loss was responded to with grief. Subjects tended to perceive loss and death as very sad and sorrowful events. Thirty-six percent of the subjects wrote about characters feeling lonely. Other reactions that were described were guilt (24%), anger (20%), detachment (16%), shock (16%), and fear (12%).

These results are fairly similar to the subjects' response to their parents' death as described in the clinical interview. Subjects predominantly view loss and death as a painfully sad experience. Other affects such as guilt and anger are commonly reported but these are infrequently predominant reactions. There were no differences on any of the subgroup comparisons in their response to loss on the ORT.

Subjects tended to view their characters as undergoing the loss experience in an isolated, solitary manner (64%). Thirty-six percent of the subjects described their characters receiving interpersonal support during the loss experience. Again this result parallels the adolescent bereavement. In general subjects view bereavement as an experience that is undergone alone. Subjects usually did not discuss their parents' death with anyone and usually found that their surviving parent was emotionally inaccessible.

As might be expected, subjects with disturbed childhoods more commonly described solitary loss experiences compared with subjects with

normal childhoods (67% vs. 47%). Subjects with normal childhoods more commonly described being supported in the loss compared with subjects with disturbed childhoods (37% vs. 18%). In addition, subjects with emotionally accessible surviving parents more commonly described loss experiences in the ORT in which the characters were supported than subjects whose surviving parents were emotionally inaccessible. These results point to the continuity between premorbid personality adjustment and familial relations and the way in which loss is perceived.

Most subjects did not describe any long-term effect of loss (60%). These subjects in their response to "how the story ends" described how characters would adjust to the loss and proceed with the business of living. Twenty-eight percent of the subjects described the characters as becoming depressed. These characters were fated to endure loneliness and depression for an indefinite period of time after the loss. Two subjects described how family life became closer after the loss. One subject described a character becoming more independent after the loss. These results suggest that subjects tend to perceive loss as a painful event which is resolved over time typically without any lasting ill effect.

Subjects with normal childhoods more commonly described no effect of the loss than subjects with disturbed childhoods (59% vs. 36%). Subjects with disturbed childhoods more commonly viewed characters as becoming depressed as a result of the loss than subjects with normal childhoods (36% vs. 16%). Subjects with emotionally accessible surviving parents more commonly described no effect of the loss compared with subjects with emotionally inaccessible surviving

parents (60% vs. 40%). Subjects with emotionally inaccessible surviving parents more commonly viewed characters as becoming depressed as a result of the loss compared with subjects with emotionally accessible surviving parents (30% vs. 10%). These results suggest that subjects with more disturbed backgrounds tend to view loss as having a negative effect on one's life. Subjects with more normal backgrounds tend to view loss as a painful event but one that does not necessarily leave any lasting ill effect. Subjects who have been supported in their bereavement by surviving parents tend to view the issue of loss more benignly than subjects who were not supported in their loss by their surviving parent.

The Case Studies

Subject #12

Subject #12 was chosen for a case study because she appeared to have a relatively healthy and happy upbringing. She appeared to be able to fully experience her grief over her father's death at the age of 12. Her adult adjustment appeared to be good. She described a stable marriage and plans to pursue graduate education.

Childhood. Subject #12 describes the overall family atmosphere while growing up.

> I thought it was very typical at the time. I think I had a traditional type father who worked and came home and went through his routines with dinner and everything. He didn't talk much and my mother and I talked extensively, always very open and my mother and father were very open with each other. I don't think they argued that much but if they did they were always very careful to make sure that I didn't think they were arguing, just discussing.

The subject describes a nuclear family situation. She appears to have had a very close relationship with her mother, who was a housewife. Family life was dependable, predictable, and sheltered. People in the family treated each other nicely. Conflict was avoided. She had a half-brother who was 13 years older, to whom she was not close. She had a female cousin four years older with whom she grew up like a sister. The subject describes her father as she saw him in her childhood.

> He was a quiet, intelligent, a very common sense person who was very protective of me but he wasn't the one that always did the protecting. He would ask my mother to do the protecting but he was always a stable person, always there. Every once in a while he would get a bug to talk just about whatever was going on. He was always interested in what I had to say about things, but he didn't often initiate the conversation. I usually did enough of that to take care of both of us.

The subject appears to have looked up to and admired her father for his intelligence and dependability as she was growing up. Although she describes him as passive, he appeared interested and concerned in her. He was emotionally available if she took the initiative in the relationship and apparently she frequently did.

The subject describes her mother as she saw her in childhood.

> When I was younger, she was the rock of Gibralter and always very consistent and dependable in everything, in affection and discipline. I always could depend on her. Very friendly and funny and always seemed to be just the perfect Mom but she had the misfortune of having to be the disciplinarian so she got the brunt of all my animosities when things would go wrong. As time has gone by I've seen she's not the rock of Gibralter. She's very vulnerable and emotional and probably was a complement to my father in his common sense sort of way.

The subject describes herself as a child.

> I was very energetic and talked a lot and I was quick. I learned quickly and I was hard to keep up with as far as

> keeping me under control. I was always out gallivanting around trying to find something interesting to do. I was very happy all the time. I can remember just waking up in the morning and thinking, oh, it's so good to be alive, and I'd run out and jump on my swingset and do all sorts of fun things. I made friends pretty quickly and liked to single out certain people to be best friends and were loyal to them.

Her perception of herself as a child appears somewhat idealized. She seems to have been outgoing, sociable, and generally well-behaved. There appears to have been a mischievous element in her personality. There is also quite an emphasis on the happy lively side of herself. She seems well defended against any depressive affects. Her personality style could be considered hysteroid.

One of her early memories appears to corroborate her sense of herself as a self-satisfied, self-indulgent, and uninhibited "kid."

> I remember going on a vacation to Florida in an unairconditioned '53 Pontiac when I was 2 years old and getting there and being so hot that I rushed in and fell on the bed and said "cool man cool" cause there was an airconditioner in there. And also on the same trip there was a dolphin, one of those that you put the dime in and you ride the dolphin. It was ecstasy. There couldn't be anything better than the beach and Florida and doing all those fun things like having your little floating toy. The sky was the limit on vacations and you could get away with murder.

Another memory suggests the loss of some of her prior sense of omnipotence. In this memory the subject discovers that the world can be dangerous and she runs back home where she feels protected.

> My worst fear came when I saw a snake one time when I was in my father's garden and I'd gone to pick some tomatoes. I guess I was about 4 or 5 and I'd reached my hand down and there was this snake right there by my hand and it was about 200 yards back to the house. I just about killed myself running back to the house. I couldn't talk, it just scared me so bad and that stuck with me for a long time.

Coping with the dying parent. The subject's father died of cancer when she was 12-1/2 years old. She knew her father was sick and had a tumor but was never told that he was going to die. Gradually, in the few weeks before his death, as he was deteriorating, she gradually pieced together that his condition was quite serious, but she never allowed herself to consciously entertain the idea that he would die. Even at the end, when he went into a coma she still expected him to come home and eventually be cured.

> Things weren't too different for me because they didn't really tell me much of what was going on. I knew that he had a tumor . . . a week before that Christmas I heard my mother crying and I went in her room and she said that they'd found out when they ran the tests that it was malignant and I didn't really know what that meant but it just upset me to see her crying. I think it was the first time I'd ever seen her cry in my entire life. She just told me that it was very serious and I didn't ask anymore questions. I don't think I really wanted to know. So I was worried but I could do pretty well putting it out of my mind most of the time . . . I felt really left out of things. They wouldn't tell me things. Like if he had to go back to the hospital, they would send me off to live with my cousin. I thought it was for my best interests because Mom had always been one of those that I never really could have proved her wrong on anything she's done for me my entire life . . . They wouldn't let me too near him and I never really saw much of him . . . I expected them to cure him of whatever he had. I guess I was just a little bit naive for someone who was 12 years old. I should have been a little bit more perceptive but I was probably doing it halfway on purpose, trying to stay out of the whole thing, thinking it would all be OK if I just stayed out of it.

The family continued to be overprotective of her as they had been in her earlier years. They did not discuss things with her and tried to keep her sheltered. The subject appears quite ambivalent about being kept in the dark. On the one hand she felt left out and was probably resentful, but yet being sheltered was consistent with her own defensive denial. She employed her hysteriod defensive style

of repression and naive idealism. Depressive affects such as her mother's crying were difficult for her to tolerate. She was bright enough to put all the facts together but she never could consciously admit to herself that he would die. There also appeared to be some egocentric sense of responsibility, that somehow her behavior of staying away from the father might save him. Her idea also seems to imply that being close to the father might hurt him.

Bereavement: Initial reactions. The subject's initial reaction to the news of her father's death was shock. She blocked all emotional expression and felt uncomfortable when her mother or other relatives cried in her presence. Rather than think about her own reaction to the loss she worried about how her mother was doing. At the time of the funeral she still had difficulty accepting that her father was really dead. She thought that somehow he would come back to life and that she could make it happen if she concentrated hard enough on it.

> In the morning my mother came in and told me that he had died. I was totally taken aback. I couldn't say anything. I was sort of wondering how I was gonna react so I sat there thinking about how I was gonna react and I just couldn't say anything. I didn't know how you were supposed to behave and I didn't want to cry. I just wanted to sort of take it all in and try to reason it out what the next step was gonna be and I didn't want to be embarrassed in front of my relatives, falling apart. So I was very, very quiet and my mother just said did you hear what I said? Do you understand? . . . I felt sorry for her because I realized what she had probably been through for a couple of months. I wasn't mad at her for not telling me anymore than she did . . . (at the funeral) I was just totally shocked. I had never seen a dead person before and I just stared at him for the longest time expecting him to move. I kept waiting. I just knew if I stared a hole through him that his eyes would blink or something and then he'd be alive again . . . I had several cousins who I'd really liked and admired and enjoyed their company and they were very funny and were fun to be with and I figured that's what I wanted more than

> anything else to be cheered up by these people rather than have to go through the ceremony.

The subject appeared to feel that it was imperative for her to stay in control of herself. She could not focus on herself and her feelings. She wanted to be cheered up, to be able to feel that things were O.K. Again the subject resorted to a sense of egocentric omnipotence in order to undo the loss through magical thinking, that somehow she could bring him back to life. Given that the subject felt that she could somehow prevent the death from being an actuality, it might be hypothesized that at some level she may have felt responsible for it.

Bereavement: Long-term adjustment. Although initially the subject completely blocked emotional expression, after one month she was able to express her grief rather fully.

> I just woke up one day and all I could think about was him. I just felt horrible and it was like I was forcing myself to think it all out and that's when I just really cried for like 3 days. I couldn't come up for air but after those 3 days, I felt really purged.

During this period, in addition to her grief the subject worked through her anger at being abandoned and her feeling of how unfair it seemed to her that her father was gone forever. She felt that a father was supposed to be all powerful and was not supposed to die. She felt guilty about all the times that her father had been angry with her and regretted her behavior at the time. She tried to reconstruct in her mind what her father's thoughts and feelings must have been during his last days. She continued to hope that somehow the death could be undone; maybe if she suffered enough or protested enough he would be

returned; maybe it was all a mistake. Scenes from early childhood would be recalled and she would think about those.

Even though the subject mourned intensely for three days, these same sorts of feelings and thoughts continued for many years. The subject reported that even to this day if she becomes depressed she thinks that it would really make her day if her father returned. For her the feelings and thoughts became more attenuated as the years progressed, but they could always be potentially re-evoked.

The subject's capacity to experience and to work through her strong affective reactions at 12-1/2 years old suggests that her parents had indeed provided her with a strong emotional foundation for further development. She was able to do this even without much overt support from her mother. The mother, in her grief, isolated herself in her room and locked the door. The subject felt rather left out and understood that her mother was unavailable for emotional support. The subject instead assumed a rather parental attitude towards her mother in which she tried to be understanding of her mother's need to be alone. In one instance, the mother burst into tears. The subject felt guilty and began to view her mother as a vulnerable person who needed to be protected.

A hypothetical dynamic in the relationship with the mother could be the projection on to her mother her own sense of fragility and of being overwhelmed by grief. Then she tried to be understanding towards her mother—the way she wished she would be treated. In assuming a parental attitude she could deny her own sense of helplessness in the face of loss. In rationalizing her mother's withdrawal she was able to

deny her anger at her mother for "keeping her in the dark" and being emotionally inaccessible. Evidently after seeing the results of expressing her anger, she dared not express her anger any longer for fear of losing her one surviving parent. Eventually the subject reached a reconciliation with her mother. She reported that gradually they became closer and depended upon each other.

The subject described two dreams she had about her father where she woke up feeling "miserable."

> I would see him on the street and go up to him and say are you first name last name and he would say "yes" and before I got a chance to really say anything he would disappear.
>
> I would see him in the house standing next to the refrigerator and he wouldn't admit who he was. He'd say, "I don't know what you're talking about lady."

These dreams appear to reflect her grief over the loss. In both dreams she attempts to make a connection with her father but is unable to do so and wakes up feeling "miserable." The subject reported that to this day when she is depressed she feels it would make her day if her father walked in the door. Thus the subject maintains a wish to reunite with her father. The subject appears to feel that a dose of her father's approval would really bolster her self-esteem.

The subject reported how she hoped her father died feeling "proud" of her with "a good loving feeling" towards her. She hoped that she was not remembered as a "brat." Thus, entering puberty she wanted to be seen in her father's eyes not as a "bratty kid" but as a mature person of whom he would be proud.

The subject reported that her outlook on life became more cynical and that she tended to be quiet and mildly depressed during her adolescence. Evidently her cheerful optimistic outlook of early

childhood became quite subdued during her adolescence. The subject reported that her mother and relatives pampered her and that she did not feel the need to be independent but could indulge herself because she was a "half orphan." The subject was quite studious and involved in many activities during high school. She dated some but did not consider herself particularly active or successful in that area.

Adulthood. The subject completed college and felt that it was a good experience. Shortly after graduation she married a man she had known for three years and described a successful marriage. She gave graduate school a try but dropped out in order to work. She plans to return to graduate school in the future. She was 23 years old at the time that the present study was conducted.

There is a marked contrast from the way she spoke of herself as a child and in her description of herself as an adult. As an adult she views herself as a dependent person who is prone to mild depressions. She feels that she is overly analytic and introspective. She feels somewhat insecure and feels that she has lost her childhood sense of confidence in herself.

> After he died I started losing confidence in myself, always more hesitant to say things and I felt less like the star of the show. I started feeling like I wasn't at the top but trying to get to the top.

In terms of relationships the subject mentioned that she preferred men to women for company. With men she felt she could be "one of the guys" but with women she does not like the gossipiness or flirtiness. With her husband she felt that their relationship was based more on companionship and friendship than on romance. She liked to stay home with him for quiet evenings and did not like going out much.

The subject's Object Relations Technique addressed the theme of death and loss and also illustrated some other aspects of her personality functioning. The subject responded to card 5 with a funeral scene.

> There has been a death and the body is lying in state at a church. Several people have come to view the body. The 3 to the left are closely related to the deceased and to each other. They stand quietly, amazed at the way the person looks in death, and fearful of each other's pain in the situation. The onlookers are not so close and stand off in respect to the priority of the others. They too, are in grief, but cannot empathize enough with the former three. The 3 on the right finish their meditation and go off together. The onlookers slowly file past the casket and out the door.

This story suggests that the subject does not feel alone in her grief but still maintains an idea of togetherness and connectedness with others in the face of a shared bereavement experience. Her anxiety appears to relate to a fear of being overwhelmed with grief. The maintenance of composed "meditative" self-control appears to her to be preferable to a flood of affect and weeping. At the time of her father's death the subject was frightened of losing control of her emotions. She wanted to make sure that she behaved in a socially appropriate and mature manner in public. It was not until a month later that she allowed herself a catharsis of grief while alone. The subject in general appears conflicted between being a spontaneous, uninhibited emotional person and being a responsible, well-controlled person who puts others first. The subject's response to card 3 suggests her concern for the feelings of others and her tendency to suppress herself so that others will not be upset by her.

> A wealthy man has invited a colleague over to discuss business. They have talked over coffee in front of the fireplace. Their discussion has reached a point of disagreement which has been a recurring problem in their relationship. The host stands up, facing away from his guest, in order that he can gather the courage to tell them his true opinion on the issue. The men respect each other, but the host cannot tolerate his guest's stubborness any longer. He wonders how his guest will react and the guest questions the host's unusual behavior. The host tells the guest his opinions, but doesn't manage to be as firm as he would have liked. They continue talking falling back into the same old pattern.

The subject appears to feel that she should be the perfect hostess and treat everyone as guests. The atmosphere is an over-protective and comfortable one, much as she described her childhood family atmosphere. The story suggests an underlying wish that the "host" could feel more comfortable in asserting himself and not to be so concerned about the other's reaction. At the time of her father's death the subject adopted a protective parental attitude towards her mother. At the time the subject felt guilty about upsetting her mother who would become upset when the subject was obstinate and expressive.

The subject's response to card 1 illustrates her basically optimistic outlook on life. The world is viewed as a place where people help each other out through life's struggles.

> Two people, a man and a woman, have been walking at night. They have stopped to rest, the woman sits down, but the man continues standing in order to keep watch on the road. She admires him and he is protective of her. They seem apprehensive about their destination, traveling in silence. The sun begins to rise and the man helps her to continue walking.

This story also reveals some of the subject's attitudes towards heterosexual relationships. The man is viewed as the admired strong protector much as she viewed her father. The woman is viewed as the protected and appreciating person.

In reviewing the subject's development it is apparent that she has submerged the "bright-eyed, spunky girl" of childhood. In the ORT there were no stories illustrating the kind of spontaneous emotional expression that she recalled in her early memories of herself as a child. Although the suppression of that aspect of herself appeared to predate her father's death, there appeared to be a major suppression of that side of herself when her father died. At that time she felt that she lost her prior sense of confidence in herself and was no longer at the top. At that time she appeared to become quite invested in being a responsible, well-behaved, socially appropriate person. The subject's adult adaptation suggests that it is difficult for her to regain access to the confident and expressive aspect of herself. She feels that she needs to be a good hostess even though she dislikes not being able to fully express her feelings and opinions.

Subject #4

Subject #4 was selected for a case study because she described a disturbed family background and experienced serious adjustment problems as an adult. She perceived her father's death when she was 16 years old as an extremely traumatic life event which she felt had profound repercussions on her personality and subsequent life.

Childhood. Subject #4 describes the family atmosphere of her childhood.

> There was only the 3 of us, my mother, my father, and myself. As far as a close family, my father drank most of the time. He and my mother fought a lot. I felt pulled between the 2 of them. It was a tense atmosphere. It was lonely. We were very very poor.

The subject describes herself as a child.

> Very serious, very serious and very sad. Those are the 2 words I would use: serious and sad. And far too old for my years. And very self-reliant. And very lonely. Not your typical kid.

The subject describes her earliest memory.

> My parents were arguing probably and of my being alone and an outsider because I didn't understand what was going on. And being very upset because I loved them both and it really hurt a lot.

The subject described herself as an isolated and lonely child. There is not mention of any anger towards her parents for the felt deprivation. Her adjustment appears to have been a rather stoic one. Despite her idealization of her father's love and support she decided to grow herself up by her own bootstraps. There appears to have been a precocious development of the ideational and intellectual aspects of her personality. Evidently withdrawal into a world of books offered her the best relief from her emotional turmoil. Unfortunately this adaptation precluded socialization and play with other children her age, thereby reinforcing her sense of interpersonal isolation. Associated with this line of development is an aggrandisement of herself as a special, self-sufficient, precociously mature person.

Coping with the dying parent. The subject's father died of a heart attack when she was 16 years old. She was 11 years old when he had his first heart attack and had to stop working. At 13 years old she realized that he would die.

> He'd have heart attack after heart attack. It was just a horrible series of getting up in the night and hearing the ambulance come and he'd go to the hospital and come back. I used to dream about him. I used to have nightmares about him being dead and they'd say I'd wake up screaming for Dad. I felt a lot of guilt because

> I couldn't do anything to help him . . . I'm sure I was angry at him because I knew what was happening. Anger and hate. Sometimes I wish that it would be all over with because I knew what was coming and it was just horrible. . . . I was suicidal by the time I was 13 or 14. Some of it was real, some of it was melodramatic. I was going through a stage where I was reading people like Jean Paul Sartre and existentialism. But I think some of it was real because of the situation at home was so terribly. terribly bad. I just couldn't grow up fast enough.

The subject appears to have been quite frightened by the prospect of her father's death. It would mean the loss of the one person who she felt really loved her and being left with her overly possessive mother. She appeared to be quite overwhelmed in the management of her anger and guilt. In her sense of helplessness in the face of imminent loss she withdrew into morbid preoccupation with existential philosophy. Here again, as in earlier childhood, the subject withdraws into ideational pursuits in order to escape from a painfully conflictual situation.

Bereavement: Initial reactions. Despite knowing that he would die several years in advance of the death, the actual death itself was still perceived as quite traumatic. The subject continued to be unable to resolve her sense of anger and guilt.

> I was with my mother. The doctor told us he was dead. I think I started screaming or something. I think they started to slap me because I couldn't shut up . . . It was just kind of a nightmare. It was one of the supports of my life that had been taken away. I guess I kind of felt that things would never be the same again . . .
>
> . . . Guilt, great guilt. Horrible excruciating guilt . . . Anger, I felt like he never had a chance at life. Anger for myself, everybody else has a normal home life, why don't I? . . . I can barely remember the funeral . . . I was pretty numb. I think I was dazed through the whole thing. I probably didn't feel much right then.

The subject appears to identify quite a bit with her father. She views them both as tragic figures who never were given a chance in life. The protective attitude towards her father continues from childhood through his death. Apparently her notion of having available a loving, accepting father was a major support of her sense of security. Now that he is gone life can never be the same again. Her anger appears related to her sense of abandonment and deprivation in losing her father. The subject never makes clear the source of her sense of guilt. One hypothesis is that she felt that she should have been strong enough to have protected him from death and feels guilty that she failed to keep him alive. Another hypothesis would be that in her anger at him over abandonment she felt that she had injured him and caused his death.

Bereavement: Long-term adjustment. The patient describes the deterioration in her relationship with her mother after her father's death.

> She almost collapsed. She had a nervous breakdown about a year later . . . She was depressed. She didn't want to do anything. She didn't want to work. I stayed away a lot. Her life was over. She was afraid she couldn't cope . . . All of a sudden she started romanticizing, talking about how good he was and all this. I thought that was rather ironic considering the way she treated him. I thought it was a bit excessive. I was a little bit contemptuous of it.

When the subject was 21 years old her mother remarried.

> Because of my stepfather I can't go home. I keep thinking that if Daddy were alive, I'd still have a home. The change from a father who loves you to a stepfather who hates you no matter what you do is quite radical. My stepfather used to throw it up to me that I killed my father and everybody knew how I treated him.

The relationship with the mother appears to involve quite a bit of mutual rejection. She resents her mother's idealization of her father. Possibly she felt that this somehow intruded upon her own special relationship with her father. The subject continues to idealize her father and devalues her mother and stepfather. The dichotomy of the all-hateful stepfather and the all-loving real father could be suggestive of a defensive splitting of the paternal representation.

The subject reported that the rest of her adolescence she kept busy and concentrated on her school work. She did not recall reminiscing about her father or engaging in any mourning over his death. She felt that she became more bitter and pessimistic about life. She felt resentful towards and jealous of friends who had both parents alive. She recalled identifying with her father and trying to assume a protective role towards her mother. She felt that she had to become independent.

> I tried to emulate him a lot. I tried to become like him in some ways. I drove the way he did kind of consciously. I started smoking cause he smoked. I cursed because he cursed, started drinking because he drank . . . Since my mother collapsed I had to be the supportive strong one in the family. In that sense I kind of took over . . . It was hard because my mother threatened to commit suicide and she had a gun and she'd get out her gun and I'd have to sit there and argue with her for hours to keep her from killing herself.

The subject's immersion in her school work is consistent with her typical defensive strategy of withdrawal into intellectual pursuits. A hypothetical interpretation of her identification with her father could be that to preserve him and keep him alive she attempted to become the father. An interpretation of her effort to become more independent and a protector could be that to master her own sense of

helplessness and passivity in being abandoned by her father upon whom she depended she would gain a sense of mastery by attempting to leave behind her passive-dependent needs and become self-sufficient. The subject became an excellent student who received scholarships and went on to college.

Adulthood. The subject did well academically in college and is currently in graduate school. Just as when she was a child, intellectual activity provided an escape from her emotional problems. She describes an adulthood filled with repeated failed attempts to achieve a stable heterosexual relationship. She had what she described as a "devastating" 8-year-long marriage that ended in divorce. Emotionally she has considered herself to be chronically depressed, rageful, insecure, and dependent on men.

The subject describes her relationship with her husband.

> It was a terrible sexual relationship from the beginning. Probably one of the reasons I married him was because he seemed even-tempered and I could do all kinds of really rotten, nasty things and he'd be there to pick up the pieces. He cared for me anyway. It was just a rotten relationship. He could deal with my depression and my rages.

In the marriage the subject appears to be testing her husband to see if he can be the unconditionally loving father who will not abandon her no matter how bad she is. Thus she seems to be searching for reunion with the lost idealized father whose love will allow her to feel like a good person.

The subject describes her opinion of the effect of her father's death on her personality.

> He took security out of my life. Made me fear relationships with men because I was afraid they would leave too. I really miss having that male presence and I keep trying to replace that in relationships with other men and it doesn't seem to work that well. If my father were still here and I knew he loved me I wouldn't be so desperately wondering if a man could love me.

Thus the subject feels that only reunion with her father can allow her to feel secure and lovable. With men she continues to repeat a pattern of anger, loss, and guilt. Only her father can accept her for what she is. The subject describes a recurrent reunion fantasy that is related to a suicidal tendency within herself.

> There isn't a night that goes by I don't think of him. I think sometimes it comes from guilt. There was one period when I was just really unhappy and I kept thinking I'll kill myself and maybe I'll see my father. I started thinking I don't deserve to live because my father's dead.

The subject describes a recurrent dream that she has about her father.

> It happens over and over again. The dreams are always the same. In the dream he is always sick and is going to die. I know he's going to die and I can't do anything about it. It just happens over and over for the last 18 years.

One possible interpretation of the dream could be that the dream represents her attempt to master the sense of helplessness over being abandoned. Apparently as an adult the subject cannot maintain her self-esteem without the sense of being supported by an unconditionally loving father figure. She experiences the loss of such a figure as quite devastating.

The subject responded to the ORT with frequent themes of death, loss, and violence. This is consistent with her repeated experience of being abandoned by men and her anger about that. Her response to card 1 illustrates her experience of bereavement.

> A death in the family. The family members are mourning. They are separated from each other by their grief. Each person in his/her own world. They are stunned by the enormity and finality of the tragedy. They go through a period of depression and re-evaluation. Each one blames him/herself for the death. Eventually they will reunite but will be sadder and more wary of life.

The subject experiences the bereavement as an isolating experience. There is no mutual support. There is no catharsis of grief but rather depression and guilt. The subject hopes that eventually the isolation of individuals will end and all will be reunited and they (she) will be less vulnerable to subsequent loss. The subject's use of "his/her" and "him/herself" may be suggestive of some confusion in her sexual identity. The subject responded to card 8 with a story about a son informing his parents that he is gay.

The subject's response to card 10 illustrates her sense of isolation and envy of others who have familial supports.

> Two boys are leaving for college. One boy is waiting for the train, surrounded by his family. The group is happy and optimistic. The other boy waits alone. He feels isolated and frightened. The others are oblivious to him because they are self-contained. The boy with a family to see him off will join a fraternity, go to law school, and have a well-ordered, happy life. The boy alone will be an honor student, suffer from too much introspection and become a writer. His life will have more lows than highs.

The story illustrates the subject's sense of isolation and lack of support. In the story she shows how the pursuit of an intellectual life can lead to an empty existence. The subject in the story is able to acknowledge the emotional poverty of ideational living which she had aggrandized in the past.

The subject's response to card 6 reflects her sense of having become a permanently injured and damaged person.

> Socially unacceptable sexual desires. The stepfather is coming to rape his young stepdaughter. The mother is out of town and the two are alone. The child is asleep, unaware of the approaching danger. She will be beaten and sexually assaulted. The child is traumatized but the mother remains married to the stepfather. The girl will leave home for an unhappy early marriage. She will never fully recover from the emotional effects of the episode.

The story reflects the subject's sense of helplessness and powerlessness in the face of a traumatic experience. It also reflects the subject's enduring sense of lack of maternal support. The themes from these 3 examples of the subject's ORT are consistent with the life themes that emerged in her clinical interview.

In conclusion the father's death appeared to reinforce trends already present in her personality. It further confirmed her sense of isolation in the world and her being a helpless damaged victim. She dealt with the death through her typical withdrawal into intellectual pursuits despite the emotional poverty of this style of adaptation. She continued to idealize her father and continued to feel that only his love could redeem her. Thus wishes to reunite with her father were strong even during her adult life. The subject felt that her suicidal tendencies were related to a wish to reunite with her father. In the subject's view the loss of her father was a traumatic event which she felt had permanently injured her.

Subject #26

Subject #26 was selected for a case study because she appeared illustrative of a person whose outward life has been quite well adjusted but who internally has had to manage a strong depressive trend. The subject's mother died of leukemia when she was 17 years old. She

went on to finish college and obtain a Master's degree. She then married and had 3 children. At the time of the study she had been married 26 years.

Childhood. The subject describes her father.

> I was always considered my father's girl. I admired him pretty much. He was sort of a vigorous, jolly, sort of person. He was an active person, a worker who had goals.

The subject describes her mother.

> She was the leader in the family. She was extremely intelligent. A very strong person. Calm and quiet but she had a firm hand on the family . . . I always thought of my mother as my best friend. She did everything that she could to help . . . I always respected her and I really think we had fewer fights really than most adolescent girls.

She describes her parents' relationship with each other.

> They got along very well because of my mother's temperament. She was not a quarrelsome person. I think that she understood my father and she knew how to get along without fighting.

She describes her relationship with her 2 younger brothers.

> Oh, we rolled around and scuffled and played. We had a good time together.

The subject describes herself as a child.

> All my buttons on go. Vigorous, physical activities, roller skating, running. Very hard for me to sit still at school. I suppose I was a tomboy. I was 5'7" by the end of my 12th year.

The subject described a rather repressed childhood. Home life was orderly, disciplined, and protected. Her mother appeared to be the dominant one in the family. The subject, although active, appeared to be a well-behaved and obedient child. Both parents were viewed rather positively.

She felt that she had a special relationship with her father and was rather in awe of her mother, who she felt had the father quite under her control. She appears to have admired and identified with both of her parents. She plays down the extent of any adolescent rebelliousness she may have shown towards her mother.

Coping with the dying parent. The subject describes the period before her mother's death.

> She had been sick a long time. We didn't know. I'm sure that she knew that there was something wrong. She died in October. She didn't get sick until mid-June.

The subject describes how she discovered that her mother was dying.

> We were supposed to feed her extra special nourishing food. I was the cook. I put onions and tomatoes in things and with leukemia your stomach is upset, though I didn't know that so my Dad got mad at me because I was cooking things that made her not feel well. He blurted out that she was dying. That's how I found out. I was in shock. It just began a very strange time. He told me not to mention it. You couldn't talk to your brothers, couldn't talk to him, couldn't talk to your mother. It was kind of strange. People didn't have feelings back then, long before the days of psychology. Got up in the morning and did what you were supposed to do and if you did that everything was OK. It was very strange, a lot of feelings but suppressed. You couldn't talk to anyone. You didn't know whether your brother knew.

The subject in her mother's last months stayed home to take care of her. She described her mother's gradual deterioration.

> Every day she was a little less strong. It was a gradual wasting away and lack of strength. She got thinner. You could see the inevitable coming . . . You were really alone then. I remember that I began not to go into her room. Looking back, I think about how lonely both of us were. But what could you say to someone . . . ? I used to wonder about how hard it must have been to have an adolescent girl try to take care of her.

The subject describes the period before the mother's death as a very isolated and lonely time. The father appears to have been rather nonsupportive of the subject and apparently made her adjustment more difficult by not allowing her to discuss the death with anyone. Evidently the attitude of protectiveness resulted in isolating everyone and leaving each person to cope with their feelings on their own. Although the subject spent considerable time with her dying mother, the mother appears to have been emotionally unavailable and did not help the subject with her adjustment. The subject's coping strategy was to suppress her feelings and keep busy. Rather than express her own needs she tried to be responsible and selfless.

Bereavement: Initial reactions. The subject did not appear able to mourn the death when it occurred. She did not feel any sense of support from her father or from any other family members. She continued to try to suppress her feelings and to be a responsible person.

> I expected it. I knew it was coming. You just feel strange and apart. It's just a very strange and apart feeling. I think that's the only words I could use . . . Whatever I felt I kept it to myself.

The subject described her underlying denial of the reality of the death especially since she was not present when her mother died.

> Not seeing her leave the house and not being there when she died I think that you have to block it off and you think somewhere underneath that it didn't happen perhaps.

The subject recalled a memory one week before the mother died where the mother became angry with the subject over the subject's implicit denial of the forthcoming death.

> I told her that I decided to wait buying new school clothes until March when she'd be better. This was just a week before she died also. She had an absolute fit, a roaring fit. You have no idea how big a fuss. I suppose that took the last bit of strength she had . . . She had a fit to my father when he came home that night. When she got through with daddy well he came out and jumped on me.

Both her parents appear to have taken their anger out on the subject which she passively accepted. The subject completely suppressed any anger she had although she expressed her disappointment with her father during the clinical interview.

> I think my father made several mistakes. I think he should have told us. We all should have known . . . My father to this day thinks that my mother didn't know she was dying.

The subject described how after the death her father immersed himself in his work and became inaccessible.

> He left the house at 5 in the morning before we got up. He got back at 6 or so in the evening. Other than the times he got mad at us, or at me mainly for the housekeeping and stuff, we just didn't see much of daddy.

The subject appears to have been the brunt of considerable anger and took it apparently without protest. Being sensitive to parental approval and disapproval, she simply tried to be responsible and suppress any needs of her own. Emotionally she was on her own. In terms of support she no longer had a mother or a father.

Bereavement: Long-term adjustment. Two weeks after the mother's death the subject left for college. She immersed herself in her school work and did not think about her mother's death. She also felt at that time that she had emotionally separated from her father as well.

> I think there was a separation with my father. A sort of final one really because I don't think that I ever really respected him as much since. We were really brought

> up to do what we were supposed to do and to go forward with it and not look back. I think at the time of her death that's what we tried to do.

The subject describes her general mood at the time.

> That was a very peculiar time. She died in October of 1943 and that was when the war was at its worst. I think not unless you were living then you could realize how dark the world seemed at that time. Things were not going too well for the U.S. and the Allies. I suppose in my life too at that time things weren't going well.

It appears as though a depressive tone colors the subject's long-term adjustment. She resigned herself to having to be responsible and work. She stoically accepted her separation from both her parents. There is no evidence of the vigor and robustness that characterized her description of herself as a child. She appeared quite repressed and inhibited. She made little connection between her dysphoria and her mother's death.

Her adjustment to the death is the same general coping strategy that her parents had fostered. Evidently they tended to expect obedient responsible behavior and were critical of shortcomings in that area. In order to please her parents the subject became a rather reserved and compulsive person with a severe superego. In response to the death she became even more serious and stoic in her attitude at the expense of having an emotional life.

The sense of separateness from her family appears to involve mutual rejection. Although her father withdrew from family life the subject was also quite disillusioned with him. Her opinion of him went down quite a bit from her admiring attitude as a child. It also appears that she did not seek out support from her brothers. Thus her isolation may have been to a large degree self-imposed.

Her psychosexual development appeared to become rather arrested at that time. She reported that she did not date much and was rather shy with boys. Instead she tended to be rather studious and keep to herself. Evidently in her view being an obedient and responsible person left little room for sexuality.

Adulthood. The subject completed college and went on to obtain a Master's degree. When she was 28 years old she married. She quit work to become a housewife and raise her three children. She describes her husband as a typical "research personality, one of those minds that just sort of wanders from problem to problem." The subject felt that raising her children was more difficult than she expected. She felt that she did it mainly by herself and regretted having quit her work.

The subject describes how she views herself currently.

> I like to carry things to a finish. To have a job, plan it, carry it out, and finish it. I think I'm a dependable and loyal friend. I try very hard to stand behind my children and see that they got what I could provide for them. I keep a reserve. I suppose a wall in front of me. I stand behind it.

The subject describes what she feels is the source of depression in her life.

> I was brought up and I trained myself to work. I should have worked. I never really felt that a person who stayed home and took care of children is really particularly productive. I do not care for housework. Even though I have done cub scouts and girl scouts and other things I don't value work like that.

The subject describes the role not having a mother has played in her adult life.

> I remember her as my friend. I really missed her through that period of life that paralleled hers. I think that women with small children need a mother to talk to.

> I miss that very much. With the family, you have ups and downs and I always sort of envied those girls because they would go home to mama, for a weekend. I never had her to go home to.

The subject feels that her personality is quite similar to her father's personality which she dislikes. She views herself as basically dissimilar from her mother who she admires. Thus the subject's self-esteem would tend to be low and, as is evident from the interview material, she tends to be self-critical.

The subject reported that over the years she has sought out older women for mother figures and has had several close friendships of that sort. In terms of men the subject described difficulty dealing with men's sexuality.

> I never liked the ones who are really sexually oriented ones. I never liked that. Never had patience with it or them. The ones that I've been friends with over the years are the ones who would give me space. I do not want to be taken care of and the flirting and stuff like that embarrasses me. I'm not that kind of person.

The subject as an adult appears to be an obsessive-compulsive personality who is prone towards depression. She experiences her life as all work and no play. Yet, she feels that her self-esteem is low because she is not sufficiently productive. The subject is walled off from her own sexuality and spontaneity. She finds her own reserve and inhibition to be rather egosyntonic.

The subject's ORT corroborates this picture of her adult adjustment. Her ORT suggests that she tends to be rather depressed. The subject responded to 5 out of the 13 cards with death themes. The scenario that repeats is a funeral scene in which people control their

emotions and feel isolated. Her response to card 1 illustrates her attitude toward bereavement.

> Since I'm thinking of death, perhaps a funeral. One at which people walk past the open casket at the end of the service. Uptight, determined not to cry, by yourself, alone. Family sits till last so see all these people that you don't know (mother's family) and you resent them parading past.

The subject in the story reflects her anxiety about expressing her grief. She feels alienated and alone. There appears to be anger and resentment towards other family members who are not of any support. The subject at the time of her mother's death stifled all emotional expression. She withdrew and isolated herself at the time. The ORT suggests that the subject was angrier at the time of her mother's death than she was willing to admit to herself. Instead of expressing anger she tended to be the brunt of her father's anger without protest.

The subject's response to card 8 reflects her chronic sense of loneliness and depression.

> A shadow world again and separation . . . In every group of 3 it divides into 2-1 groups. Sometimes the groups shift membership back and forth—often not. With children it sometimes ends in 1-1-1. I wonder how 2 who have meant so much to each other can end up so far apart. From observation I judge this to be part of growing up and a common theme.

The subject's response to this card suggests the status of her internal object relations. Initially she describes exclusion from a triadic relationship and then she cites that dyadic relationships also end. She rationalizes that growing up means stoic isolation. It appears that to avoid the anxiety of interpersonal living she has walled herself off into a "shadow world" in which she is alone.

In her response to card 4 the subject reveals some of her passive-dependent wishes.

> Child in bed and parents on the way to bed. In my own situation I could hear my parents come up the stairs and I always felt safer. At sometime in my middle childhood I used to scare myself half to death with an imagination that worked over time. My parents coming up the stairs together roused me out of a bad dream. I could go back to sleep in perfect safety.

In the story the subject requires escape and rest from her own excessive ideational activity. Possibly the subject feels burdened by her obsessive ideation and her compulsivity and wishes that she could just let go and relax in "perfect safety." In the story the parents are viewed as reassuring. This perception of them contrasts with her perception of them during her adolescence when she described them as demanding and hypercritical. In the story the parents provide no actual contact, nor do they even check in on the child. The child's sense of reassurance is more imagined than actually provided by the parents.

In conclusion, the subject appeared to experience the mother's death as burdensome and isolating. She became increasingly compulsively work-oriented and emotionally cut off as she became an adult. This strategy was consistent with her well-behaved, well-controlled adaptation of childhood. She was an obedient child who was sensitive to the approval or disapproval of her parents, who tended to be hypercritical. In her adult adaptation there is little evidence of the vigorous and robust "tomboy" who liked to "scuffle."

Discussion

The subjects as a group responded to the bereavement in a rather adult-like manner. They exhibited many of the same responses described in the literature review detailing adult reactions to bereavement. Their initial reactions tended to be shock and feelings of unreality. They experienced intense feelings of grief, sorrow, and sadness. Other affective reactions such as guilt and anger were present but were not predominant. Bouts of grief, reminiscing, reunion fantasies, and dreams about the dead parent continued for a number of years. Bereavement reactions could still be re-experienced as adults.

The subjects' affective response to bereavement was unlike the frequent response of bereaved latency age children who tend to curtail and deny their affective reactions. The subjects appeared to be able to experience strong affects and then were able to take defensive respites from thoughts and feelings about the death.

Subjects in the present study were like bereaved latency age children in that they tended not to discuss their feelings and thoughts about the death with anyone else. Subjects tended to feel that they went through the bereavement experience alone with few interpersonal supports. They tended to view the surviving parent as emotionally inaccessible. This solitary approach to managing bereavement contrasts with adults who ventilate their feelings in family gatherings at the time of the burial and afterwards.

Subjects felt that the major effect of the bereavement on their functioning was that it propelled them into growing up faster than they would have grown up if the parent had survived. They felt that they

became more mature, responsible, and independent as a result of the loss. In addition, they felt that they became more cynical. They felt that they began to view life in less idealistic and harsher terms. As adults these subjects felt that they continued to be independent and realistic about life. Otherwise they did not cite any long-term effects of the loss. Subjects as adults continued to miss their deceased parent and wished that the parent were still alive to share the subjects' adult developmental experiences. This was particularly salient in women whose mothers died and later became mothers themselves.

For the most part there were few differences between subjects who lost mothers and subjects who lost fathers. One trend that emerged was that subjects who lost mothers found their surviving parent less supportive than subjects who lost fathers. In addition, subjects who lost their mothers had more difficulty with heterosexual relationships than subjects who lost fathers.

For the most part there were few differences between subjects who lost a parent during early adolescence and those who lost a parent during late adolescence. There was some trend towards early adolescents being more curtailed in their affective expression and feeling more insecure than late adolescents.

Subjects who felt that their surviving parent was emotionally accessible tended to feel more of a sense of support in their grief than subjects whose surviving parent was emotionally inaccessible. Subjects with accessible surviving parents were better able to express their grief and reminisce. Subjects whose surviving parent was emotionally inaccessible tended to feel more isolated and insecure.

Subjects with disturbed childhoods found the bereavement experience more difficult to bear than did subjects with normal childhoods. These subjects tended to feel isolated and insecure at the time of the loss. They more frequently reported feelings of guilt and depression in the years subsequent to the loss. As adults these subjects tended to feel that their lives were filled with emotional turmoil and relationship difficulties. They tended to view the bereavement as having had a long-term negative influence on their lives. Subjects with normal childhoods tended to view the bereavement as a painful life event that they endured and then left behind to get on with the business of living, feeling a bit more toughened to life's hard edges. The differences in responses to bereavement between the disturbed childhood group and the normal childhood group point to the continuity between premorbid adjustment and the manner in which the loss was assimilated.

The case studies illustrated how the parental bereavement does not create new personality disturbances but rather reinforces trends already present from early childhood. It might be more appropros to say that the subject's personality molds the nature of the bereavement experience rather than that bereavement affects the subject's personality.

The case studies also illustrated how each subject's bereavement was in some respects unique to her own individual personality. Even though in the group presentation a composite picture of the typical bereaved adolescent female was drawn, the case studies give a flavor of the long-term personal struggle of each subject to assimilate the death.

The case studies suggest how personality can be more important than age in how well the bereaved individual adapts. Subject #12 was able to more fully work through her loss at age 12 than was either subject #4 or subject #26 who were ages 16 and 17, respectively, at the time of their loss.

Subject #12, a hysteric, had difficulty dealing with the bereavement because of her fear of being socially inappropriate if she expressed her affects. As a "good" hysteric she needed to try to maintain her naive optimism and deny her underlying grief.

Subject #26, an obsessive-compulsive, needed to remain in control of herself and her situation. Rather than experience and express her feelings she would keep herself compulsively busy and interpersonally isolated no matter how burdensome this adaptation would become.

Subject #4 could be thought of as a borderline personality. She was subject to chronic rages and depression. Her heterosexual relationships were stormy, characterized by mutual rejection and abandonment. She had difficulty assimilating her father's death in that she feared that she would be unable to survive without her father as an idealized dependent support. She felt that her father's death was an emotionally devastating experience.

In comparing the results of the present study to the literature review for bereaved adolescents a number of interesting differences emerge. In the case studies cited (Wolfenstein, 1966, 1969; Fleming & Altschul, 1963; Root, 1957; Arthur & Kemme, 1964) the authors contended that the patients who had suffered adolescent bereavements had not

mourned the loss and that it remained an unresolved issue, producing pathological effects. It was felt that the adolescents were not yet sufficiently mature to truly mourn a loss. The adolescent bereavement tended to be viewed as a traumatic experience which left an imprint on the personality. For example, Wolfenstein (1966) believed that an adolescent bereavement could result in "ego arrest" and "decomposition of ambivalence" or in "precocious ego development." Laufer (1966) suggested that an adolescent bereavement would prevent the adolescent's detachment from Oedipal ties to her parents.

The present study suggests that the premorbid personality of the bereaved must be taken into account. For example, it might be expected that a borderline personality would exhibit a "decomposition of ambivalence" (e.g., splitting) in managing the loss. For example, subject #4 viewed her father as all good and her mother as all bad. After the father's death she continued to view her father as all good and viewed both her stepfather and mother as all bad. Thus one might expect that much of the pathology cited in the literature as a result of the bereavement may have been simply a continuation of trends already present.

In the current study there were few instances of what could be considered "ego arrest" or a "decomposition of ambivalence" except in those subjects with disturbed childhoods who as adults had considerable adjustment difficulties. The study does not lend much support to a notion of "precocious ego development." Although subjects viewed themselves as having had to grow up fast and become prematurely independent they did not view themselves as being precocious adults.

Thus they did not develop precocious egos as a result of the loss. They may have had to address certain life issues sooner than some of their peers but that does not appear to have caused any structural changes in their egos. The study does not lend much support to the notion that bereaved adolescents would continue to maintain Oedipal ties more strongly than others who did not experience an adolescent bereavement. As adults many of the subjects idealized the deceased parent and still wished that the parent was alive. For example, subject #12 admired her father before he died and as an adult still felt that his reappearance would make her day. Thus she idealized him somewhat before he died and continued to feel the same way towards him after he died and into her adulthood. There was no intensification of her tie to the father but simply a continuation of the same feelings and attitudes that were going on before his death. There was no reason to think that she would have renounced these feelings if her father had not died.

The question that arises at this juncture of the discussion is the one: "Can adolescents mourn?" The subjects in the present study displayed a wide variety of reactions to bereavement. According to E. Furman (1974) adolescents would be capable of mourning. The subjects in the present study grieved, reminisced, and gradually moved on in life into new relationships. E. Furman might suggest that these phenomena were reflective of mourning. According to Wolfenstein (1966) and Najera (1970) adolescents cannot mourn. The subjects in the present study as adults continued to idealize the deceased parent, re-experience bouts of grief, and spend time thinking about the lost parent. The subjects as adults were still highly invested in their relationship

with the dead parent. Wolfenstein and Najera might suggest that these reactions demonstrate that adolescents do not mourn.

A re-examination of the concept of mourning may help to clarify these issues. E. Furman (1974) appears to equate a catharsis of grief with mourning. Under this definition latency age children who can allow themselves to cry over a parental death could be considered capable of mourning. Adolescents who express their grief would also be considered capable of mourning. Freud's definition of mourning does not refer to the expression of grief as a criterion of mourning but rather refers to a reordering of the bereaved individual's internal object world. Freud's definition entails a "decathexis" of the lost relationship so that the ego would be free to cathect a new object. Authors who do not believe that adolescents can truly mourn note that the image of the deceased parent remains highly cathected throughout adolescence and into adulthood and that reunion fantasies remain.

As noted in the earlier theoretical discussion the notion of "decathexis" and of the energy transfer model of internal object relations appears inadequate to address the apparent facts. One might question whether parental representations are ever decathected, whether or not the parent is dead. As psychotherapy data suggest, strong feelings about one's parents can be evoked at any point in one's life whether or not the parents are dead. This suggests that there always remains a strong underlying investment in the relationship with the parents. Thus the concept of mourning as Freud defines it suggests what may be an idealistic and illusory state—an ego free from and uninhibited by its internal relationships with parental objects. Redefining

mourning in purely behavioral terms such as the expression of grief also appears to be inadequate. As Bowlby (1960) notes, a six-month-old baby may cry upon being separated from its primary caretaker. Crying in response to loss does indeed occur early in human development but should it be considered mourning or some primitive precursor of mourning? When mourning is defined in terms of decathexis, it appears as though almost no one upon close examination of their feelings and fantasies about the deceased would be considered to have truly mourned because it would be discovered that the person still has strong feelings towards the deceased parent. When mourning is defined in terms of crying or the expression of grief, then almost everyone who expresses their feelings would be considered capable of mourning. Anyone who did not express and ventilate their grief would be considered to not have mourned.

Idealistic notions of adolescent development also complicate the picture in assessing whether or not mourning has occurred. According to A. Freud (1958) the Oedipal conflict is recapitulated during adolescence and according to Blos (1967) adolescence is a second period of separation and individuation. According to Wolfenstein (1966) and Nagera (1970) it is the recapitulation and resolution of these issues during adolescence which provide the adolescent with a capacity to mourn. From their perspective mourning cannot be accomplished until these issues are resolved. Hypothetically the postadolescent would have to be a fully individuated person who has resolved his Oedipal conflicts in order to be capable of mourning. The present study suggests few significant differences between early adolescents, late adolescents, and adults in the manner with which they react to bereavement. Thus

the present study does not lend much support to the notion that a postadolescent would necessarily be in a better position to manage a bereavement for having traversed adolescent developmental vicissitudes. Yet, the study also does not lend much support to the notion that adolescents can mourn in the sense of decathecting the relationship to the deceased parent.

The data appear to call for a somewhat less idealistic developmental perspective. This perspective would assume that the internal relationship to the parents remains important throughout the life cycle whether or not the parent is dead or alive. The internal relationship is never decathected but simply reworked as life experience is accumulated. Oedipal conflicts, separation-individuation difficulties, depressive position conflicts, etc. could be viewed as existential issues that reverberate throughout the life cycle and are never fully resolved. Working through a bereavement would entail adjusting to the fact that the loved one's permanent absence but it would not necessarily involve giving up one's investment in the relationship. Thus reunion fantasies or bouts of grief over the years would be reflective of the fact that the relationship continues to play an important role in one's internal object relations but it would not suggest that the person has not adjusted to or accepted the death. The nature of the continued internal relationship to the parent would be dependent upon the personality of the individual and the quality of the premorbid relationship.

The data suggest that there is no simple phenomenon of mourning or of not mourning but rather that there are a variety of ways that

individuals with different personality styles assimilate bereavement. The differences in personality appear to overshadow the issue of the stage of development during which the loss occurs. Thus, coming to terms with a loss entails coming to terms with whatever the focal conflicts are for a given personality.

Thinking in terms of focal conflicts one may wonder what sorts of psychodynamic interpretations of the data lend some depth to an understanding of the data. The two major internal issues frequently raised in the literature in regard to integrating a bereavement experience would be the Oedipal conflict and the struggle to achieve separation and individuation.

The Oedipal dynamic would suggest that an adolescent female views her father as a desirable sexual object and feels that her mother is her rival for the love and attention of her father. An Oedipal victory would be to capture her father's love all to herself and eliminate her mother from the picture. The daughter fears being punished by her mother for these wishes. She feels guilty about her desire to eliminate her mother whom she also loves. In order to alleviate her anxiety about punishment, the daughter comes to view her incestuous and matricidal impulses as unacceptable and represses them. The wishes would continue to be operative unconsciously.

The bereavement would be assimilated in terms of the unconscious Oedipal fantasy. The mother's death would unconsciously be viewed as an Odeipal triumph stimulating feelings of guilt and anxiety about punishment. The father's death would be unconsciously interpreted as punishment for having had the incestuous wishes in the first place.

In both cases the daughter would believe at some level that her forbidden and unacceptable wishes and impulses were somehow responsible for the death. The original wishes being unconscious, the sense of guilt may also be unconscious. The conflict would be revealed in some sort of symptomatic behavior that would emerge in response to the bereavement.

The data suggest that 33% of the subjects experienced conscious guilt feelings. In none of the cases did the subjects believe that they really caused the death. Yet, they felt somehow responsible. No subjects reported that they felt guilty because of Oedipal wishes. The question arises of whether or not all guilt is a result of Oedipal conflicts. For example, the conflicts of the "depressive position" as described by Klein (1940) and Winnicott (1954) also generate feelings of guilt. Klein (1940) has used her concept of the depressiye position as a model of mourning. In this model guilt arises out of the fantasized destruction caused by the fulfillment of oral incorporative wishes and out of the destructiveness felt to be generated when these wishes are frustrated. It goes beyond the scope of this study to tease out the psychosexual level of the conflict through an examination of symbolic derivatives of these conflicts.

Possibly a case for unconscious guilt could still be made if certain responses to bereavement were demonstrated to be reflective of a reparational activity. Reparational behavior could be considered symptomatic of the underlying conflict. It would be possible for the bereaved individual not to experience any feelings of guilt but still evidence reparational activities as a salient aspect of the postmorbid

adjustment. As a group the effort of the subjects to become more responsible and independent persons could be construed as representing reparational activity. Rather than be "bad" persons (e.g., childlike with childish wishes and impulses) they would renounce childish fancies about life and become "good" persons (e.g., adultlike: well-behaved and well-controlled). In the case studies both subject #12 and subject #26 described themselves as spontaneous vivacious children who grew up to become overly inhibited and overly responsible adults. Although the subjects' transition from being self-centered and childish to being responsible and self-controlled can be interpreted as being in part motivated by a wish to make reparations for what are felt to be destructive infantile wishes, it is difficult to demonstrate that the bereavement exacerbated this process. Possibly the bereavement experience provided the adolescent daughters with an opportunity to prove themselves as being more adult than childlike. Rather than be demanding and self-centered in the face of loss, they chose to be responsible and protective towards other family members as they felt a "good" daughter should be. Subject #12 made a point of the fact that she hoped that her father died being "proud" of her and not remembering her as a "brat."

This perspective also sheds some light on the adult adjustment of these subjects. During adulthood the representation of the deceased parent became somewhat idealized and served as a model for identification. In a sense the representation functioned as a superego informing the subjects what was acceptable and what was not acceptable and in doling out praise and disapproval. These processes were most salient in

the women whose mothers died and later became mothers themselves. The idealized image of their deceased mother served as a guide, model, and standard of their own maternal behavior. Since they did not have a living mother around to assist them they therefore had to rely upon their memory of their deceased mothers. They felt that their success as mothers would have been appreciated by their own mothers.

Thinking in terms of separation-individuation the same data can be reinterpreted in a different light. The adolescent female is struggling to leave behind dependent relationships with her parents and become an autonomous person. Becoming individuated means learning to accept one's separateness as a solitary individual. One might expect the bereavement experience of a dependent person to be different than the bereavement experience of an independent person. The bereaved dependent person would feel deprived of the support system that maintains his psychological equilibrium. The bereaved independent person would feel the sense of loss but would not be expected to feel that his psychological survival was threatened.

The subjects' attempts to become more independent could be interpreted as a natural continuation of their developmental thrust towards independence. Subjects may have felt that this was an opportune time to become autonomous rather than to remain dependent on a surviving parent who may die. To remain dependent would have left them in a passive, vulnerable, and helpless position given that the deceased parent was permanently unavailable and that the surviving parent was often lost in grief. The cynicism could reflect their resentment. They felt as though they did not have a choice except to grow up. They may

have felt that dependency gratifications could no longer be guaranteed. The sense of insecurity and isolation of some of the subjects could be interpreted as reflecting their uncertainty over whether they would be able to make it as independent persons without the support of the dead parent.

It appeared that the disturbed childhood group in particular found themselves in the dilemma of experiencing themselves as dependent persons with no one upon whom they could rely. Subject #4 appeared illustrative of this difficulty. She felt that her relationship with her father was perfect and that if she could reunite with him all her needs would be taken care of. In the meantime, she felt that all real-life relationships were inadequate. The normal childhood group appeared to feel confident in their sense of autonomy. Their internal relationship to the deceased parent tended to revolve around issues of approval and disapproval rather than around issues of dependency.

One piece of data that has not yet been examined theoretically is the finding that most of the subjects dealt with the loss in a solitary manner. They did not discuss the loss and did not find their surviving parents supportive. The disturbed childhood group tended to feel more isolated than the normal childhood group. The group of subjects who did feel that their surviving parents were supportive tended to view bereavement as an experience that need not be endured alone.

One interpretation of the data is that certain subjects were emotionally open people with supportive parents who were able to make use of interpersonal supports in dealing with the bereavement. They discussed their feelings with their friends and felt that they still

had a family support system. Subjects with disturbed backgrounds felt that they had no family support system and may have not had the personal skills to turn to friends for support.

Introducing developmental considerations, the lack of communication between bereaved daughter and surviving parent could be viewed in terms of the adolescent daughter's attempt to establish a private life of her own. The development of a private personal life would enhance her sense of separateness and autonomy. At the same time, she would just be beginning to learn how to share private aspects of her life with friends and boyfriends so that she might not feel as comfortable turning to peers as an adult might. Managing the bereavement in a solitary manner could help her in establishing a sense of herself as a person who stands "on her own two feet" and is prepared to tackle life's hardships as they come.

In conclusion, an adolescent bereavement must be viewed as a life event that becomes thoroughly integrated into the fabric of the adult personality. The bereavement experience does not become an undigested trauma that generates pathological effects. Rather, the bereavement is an experience that is assimilated in each individual's characteristic manner of adaptation. Developmental considerations and psychoanalytic theories of intrapsychic life add depth to an understanding of the phenomena studied.

REFERENCES

REFERENCES

Abraham, Karl. "A Short Study of the Development of the Libido Viewed in the Light of Mental Disorders." In Selected Papers on Psychoanalysis. London: Hogarth Press, 1924, 418-501.

Aries, P. Western Attitudes Toward Death. Baltimore: John Hopkins University Press, 1974.

Arthur, B., & Kemme, M. L. "Bereavement in Childhood." Journal of Child Psychology and Psychiatry, 1964, 5, 37-49.

Becker, Ernest. The Denial of Death. New York: Free Press, 1973.

Blos, P. "The Second Individuation Process of Adolescence." The Psychoanalytic Study of the Child, 1967, 22, 162-186.

Bowlby, John. "Pathological Mourning and Childhood Mourning." Journal of the American Psychoanalytic Association, 1963, 11, 500-541.

Choron, Jacques. Death and Western Thought. New York: The Macmillan Company, 1963.

Deutsch, Helene. "Absence of Grief." Psychoanalytic Quarterly, 1937, 6, 12-22.

Erikson, E. H. Childhood and Society. New York: Norton, 1950.

Fleming, J., & Altschul, S. "Activation of Mourning and Growth by Psychoanalysis," International Journal of Psychoanalysis, 1963, 44, 419-431.

Freud, Anna. "Adolescence." The Psychoanalytic Study of the Child, 1958, 13, 255-278.

Freud, Anna. "Discussion of Dr. John Bowlby's Paper." The Psychoanalytic Study of the Child, 1960, 53-63.

Freud, A., & Burlingham, D. War and Children. New York: Medical War-books, 1943.

Freud, Sigmund. "Three Essays on the Theory of Sexuality." (1905), Standard Edition, 7, London: Hogarth Press, 1957, 125-245.

Freud, Sigmund. "Mourning and Melancholia." (1915), Standard Edition, 14, London: Hogarth Press, 1957, 237-258.

Freud, Sigmund. "Thoughts for the Times on War and Death." (1915a), Standard Edition, 14, London: Hogarth Press, 1957, 273-302.

Freud, Sigmund. "Letter to Binswanger." (1929), In Letters of Sigmund Freud, Editor E. L. Freud. New York: Basic Books, 1960.

Furman, Erna. A Child's Parent Dies. New Haven and London: Yale University Press, 1974.

Furman, Robert. "Death and the Young Child, Some Preliminary Considerations." The Psychoanalytic Study of the Child, 1964, 19, 321-333.

Furman, Robert. "Additional Remarks on Mourning and the Young Child." Bulletin of the Philadelphia Association of Psychoanalysis, 1968, 18, 51-64.

Furman, Robert. "The Child's Reaction to Death in the Family." In Schoenberg, E., Carr, A. C., Puretz, D., & Kutscher, A. H. (Eds.), Loss and Grief: Psychological Management in Medical Practice. London: Columbia University Press, 1970, 70-86.

Furman, Robert. "A Child's Capacity for Mourning." In Anthony, E. J., & Koupernik, C. (Eds.), The Child in His Family: The Impact of Disease and Death: Yearbook of the International Association for Child Psychiatry and Allied Professions. New York: Wiley, 1973, 2, 225-231.

Guntrip, Harry. Schizoid Phenomena, Object Relations, and the Self. New York: International Universities Press, 1969.

Henrichs, Michael. "Daughters' Responses to Paternal Bereavement: A Study of Women Who Were Latency Age When Their Fathers Died." Unpublished doctoral dissertation, University of Tennessee, Knoxville, 1978.

Hetherington, E. M. "Effects of Father Absence on Personality Development in Adolescence Daughters." Developmental Psychology, 1972, 7, 303-326.

Hilgard, J., Neuman, M., & Fisk, F. "Strength of Adult Ego Following Childhood Bereavement." American Journal of Psychiatry, 1959, 788-798.

Kastenbaum, Robert. "Time and Death in Adolescence." In H. Feifel, H. (Ed.), The Meaning of Death. New York: McGraw-Hill Book Company, Inc., 1959.

Kastenbaum, Robert & Aisenberg, Ruth. The Psychology of Death. New York: Springer Publishing Company, 1976.

Klein, Melanie. "Mourning and Its Relation to Manic Depressive States." International Journal of Psychoanalysis, 1940, 22, 125-153.

Kohut, Heinz. The Analysis of the Self. New York: International Universities Press, 1971.

Laufer, M. "Object Loss and Mourning During Adolescence." The Psychoanalytic Study of the Child. 1966, 21, 269-293.

Lampl-De-Groot, J. "On Adolescence." The Psychoanalytic Study of the Child, 1960, 15, 95-103.

Lindemann, Erich. "Symptomatology and Management of Acute Grief." American Journal of Psychiatry, 1944, 101, 141-148.

Malmquist, C. P. Handbook of Adolescence. New York: Jason Aronson, 1978.

Miller, Jill B. "Children's Reactions to the Death of a Parent: A Review of the Psychoanalytic Literature." Journal of the American Psychoanalytic Association, 1971, 19, 679-719.

Muensterberger, W. "The Adolescent in Society." In The Psychology of Adolescence: Essential Readings. New York: International Universities Press, 1975.

Nagera, H. "Children's Reactions to the Death of Important Objects: A Developmental Approach." The Psychoanalytic Study of the Child, 1970, 25, 360-400.

Nagy, M. H. "The Child's Theories Concerning Death." (1948) In H. Feifel (Ed.), The Meaning of Death. New York: McGraw-Hill Book Company, Inc., 1959.

Parkes, Colin Murray. Bereavement: Studies of Grief in Adult Life. New York: International Universities Press, 1972.

Piaget, Jean. "The Intellectual Development of the Adolescent." In A. H. Esman (Ed.), The Psychology of Adolescence: Essential Readings. New York: International Universities Press, 1975.

Phillipson, H. The Object Relations Technique. London: Tavistock Publications, 1955.

Pollock, George H. "Mourning and Adaption." International Journal of Psychoanalysis, 1961, 42, 341-361.

Rochlin, Gregory. "The Loss Complex. A Contribution to the Etiology of Depression." Journal of the American Psychoanalytic Association, 1959, 7, 299-316.

Root, Nathan. "A Neurosis in Adolescence." The Psychoanalytic Study of the Child, 1957, 12, 320-334.

Shambaugh, B. "A Study of Loss Reactions in a Seven-Year-Old." The Psychoanalytic Study of the Child, 1961, 16, 510-522.

Shoor, M. & Speek, M. "Delinquency as a Manifestation of the Mourning Process." Psychiatric Quarterly, 1963.

Siggins, L. D. "Mourning: A Critical Survey of the Literature." International Journal of Psychoanalysis, 1966, 47, 14-25.

Stern, K., Williams, G. M., & Priados, M. "Grief Reactions In Later Life." American Journal of Psychiatry, 1951, 108.

Sugar, M. "Normal Adolescent Mourning." American Journal of Psychotherapy, 1968, 22, 258-269.

Volkan, Vamik. "Typical Findings in Pathological Grief." Psychiatric Quarterly, 1970, 440, 231-251.

Wahl, C. W. "The Fear of Death." In H. Feifel (Ed.), The Meaning of Death. New York: McGraw-Hill, 1959, 16-29.

Winnicott, D. W. "The Depressive Position in Normal Emotional Development." (1954) In Through Pediatrics to Psychoanalysis. London: Tavistock Publications, 1958.

Winnicott, D. W. "Communicating and Not Communicating Leading to a Study of Certain Opposites." (1963) In The Maturational Process and the Facilitating Environment. New York: International Universities Press, 1965.

Winnicott, D. W. "Hospital Care Supplementing Intensive Psychotherapy in Adolescence." (1963) In The Maturational Process and the Facilitating Environment. New York: International Universities Press, 1965.

Wolfenstein, Martha. "How is Mourning Possible?" The Psychoanalytic Study of the Child, 1966, 21, 93-123.

Wolfenstein, Martha. "Loss, Rage, and Repetition." The Psychoanalytic Study of the Child, 1969, 24, 432-462.

APPENDIXES

APPENDIX A

NEWSPAPER AD

Newspaper Ad

Adult females whose father or mother died during their adolescence (12-18 years old) needed. Psychological study helping future daughters' adjustment. Call #_____. Leave first name only, telephone number.

APPENDIX B

INTERVIEW QUESTIONS

1. What is your birthday?

2. Where were you born?

3. Do you have brothers and sisters?

4. How old are they?

5. What do you do now?

6. What are your career plans?

7. Please describe how your family interacted when you were a young child.

8. What is your earliest memory?*

9. What was your relationship with your father like?

10. What was your relationship with your mother like?

11. Please describe your relationship with other children.

12. What was school like for you?

13. How would you describe yourself as a child?*

14. How old were you when your father (or mother) died?

15. Please describe how he (or she) died.

16. How did you find out he/she died? When? Who told you? (e.g., mother or father, relative, sibling)

17. What do you remember was your first reaction to this news?

18. What other reactions did you have? What did you think about? How did you respond emotionally? Do you remember feeling sad? angry? scared? guilty? lonely? empty? isolated? shocked? panic?

19. Do you recall any physical symptoms at the time of his/her death?

---

*All the questions are from Henrich's (1978) study except the astericked questions which were developed by the author.

20. If appropriate:

    Do you remember how your brothers and sisters reacted? What did you do in response to their reactions?

21. How did your father (or mother) react? What did you do in response to his (her) reaction?

22. Do you remember talking with others about his (her) death: peers, teachers, family?

23. What events concerning his (her) death (wake, funeral, burial) do you recall? What experience stands out in your mind?

24. What changes occurred in your family immediately after his (her) death?

25. What differences did it make in your immediate life?

26. Do you recall thinking about him (her), crying, remembering times spent together with him (her)?

27. Did you have difficulty accepting that he (she) was dead?

28. Did you ever fantasize about him (her)? Describe these fantasies.*

29. What effects did his (her) death have on the way you felt about yourself?*

30. What effects did his (her) death have on the way you felt about the world?* about life?

31. What effect did his (her) death have upon your relationship to others?* (surviving parent, siblings, friends, teacher)

32. What did the concept of death mean to you when your father (mother) died?

33. Which person(s) helped you most in your adjustment to his (her) death?

34. How long did it take you to adjust to his (her) death? What was that like for you?*

35. Did you ever become "moody" as a result of his (her) death?

36. Were new responsibilities and duties required of you now? Were you pampered and protected?

37. Did you notice any change in your interests after his (her) death?

38. How did you change as a result of his (her) death?

39. Please describe your adolescence, peer and boyfriend relationships and academic progress in high school.

40. Did your mother (father) remarry? When?

41. Has there been a significant male (female) figure in your life since your father's (mother's) death?

42. How are your relationships with women now?

43. How are your relationships with men now?

44. Describe some men you have liked. Have not liked.

45. Describe some women you have liked. Have not liked.

46. What role, if any, has religion played in your life? Was it helpful in your adjustment?

47. How close is your family now?

48. How do you see yourself now?*

49. How are you similar or different from your mother?*

50. How are you similar or different from your father?*

51. Do you consider yourself a dependent or independent person?

52. Do you ever get depressed or moody? Describe.

53. What are your attitudes about death now?*

54. How do you remember your father (mother) now?*

55. What would he (she) be like if he (she) were alive today? How would your life be different? What effect has your father's (mother's) death had on your life?*

56. What do you wish would have been different about the way you were treated at the time of, and after, his (her) death?

57. What do you wish would have been different about the funeral events held?

58. Is there any other information you think would be important for me to know about you?

APPENDIX C

OBJECT RELATIONS TECHNIQUE ANSWER SHEET

Subject Number _____ Picture Number_____

What has led to the situation?

What is happening now in the story? How do the people feel about each other or about the situation? What might they be thinking about?

How does the story end?

APPENDIX D

PARTICIPANTS' INFORMED CONSENT STATEMENT

The present study is designed to increase our understanding of the effects of a father's or mother's death during a daughter's adolescence on her adult adjustment and to discover the most beneficial ways to help a daughter in coping with a parental death. Because so little is known of this topic this information should be of value to surviving parents, relatives, teachers, friends, adult women who experienced similar circumstances, professional clinicians, dying parents, and bereaved daughters.

Every effort has been made to protect your personal rights of privacy. As a subject you will be asked to complete a standard personality test and participate in a taped information gathering interview. All information you provide will be treated as confidential, and your identity will remain anonymous due to the design of the study including the use of first names only and the assignment of numbers for each subject's data. The audio tape recordings of the interview will be personally erased by the Project Director, Lawrence Josephs, following the transcription of the data and rating by impartial judges who will not know your identity.

Although the topic of this study and some of the material to be discussed can be sensitive for you, it is not meant to be stressful, therefore, if at any time you feel anxious or unduly stressed please inform the Project Director, Lawrence Josephs.

A brief follow-up phone interview will be conducted about two weeks following your initial interview to allow you to provide any further comments about the study. The total time of your participation should be about 3 hours on a single day. You are free to discontinue the study at any time.

The Project Director will be glad to answer any questions you may have now or at any point in the study. Please sign your name below, in order to signify that you understand what will be required of you and that you agree to participate as a subject.

In keeping with the procedures for obtaining informed consent for research conducted at The University of Tennessee, Knoxville, this statement is to be included in the informed consent document: "I understand that in the event of physical injury resulting from the research procedure, financial compensation is not available and medical treatment is not provided free."

Signed: _____

Date: _____

Witnessed: _____

Date: _____

University of Tennessee
Psychology Department
Austin Peay Building
Knoxville, Tennessee 37916
Phone Number: 974-2161

APPENDIX E

INITIAL PHONE CALL: DESCRIPTION OF STUDY

Initial Phone Call: Description of Study

Very little is known about the effects of a father's or mother's death on an adolescent daughter. Less is known about the most beneficial ways to help a daughter in adjusting to a parental death. My dissertation project will study both of these questions. Because so little is known of this topic this information should be of value to surviving parents, bereaved daughters, friends, relatives, and professionals.

The study will require about 3 hours of your time on a given day. Your participation will involve responding to a standard personality test and participating in an information-gathering interview that I will conduct myself. All information that you provide will be treated as confidential and your identity will remain anonymous. Although the topic of the study and some material to be discussed can be sensitive to you, it is not meant to be stressful and if at any time you feel anxious or unduly stressed please tell me about it. You are free to discontinue the study at any time.

APPENDIX F

SUMMARY OF GROUP DATA

Childhood	# of Subjects	% of Subjects	
Relationship with mother			
positive maternal	21	70	
distant	7	23	
overinvolved	3	10	
Relationship with father			
positive paternal	17	57	
distant	8	27	
disciplinarian	7	23	
mean or punitive	7	23	
passive and quiet	5	16	
alcoholic	3	10	
Parents' relationship with each other			
close	14	47	
distant	8	27	
argumentative	8	27	
Childhood personality: Self description			
sociable	15	50	
shy	15	50	
assertive	16	53	
inhibited	14	47	
achievement oriented	10	33	
tomboy	7	23	
Coping with the dying parent			
sudden death	11	37	
long sickness	19	63	
knew parent would die only 1 month in advance	2	7	out of 19 subjects
knew parent would die but denied it	11	58	" "
cared for sick parent	8	42	" "
took a parental role in family	4	21	" "
had opportunity to talk a lot to the dying parent	3	16	" "
felt insecure	7	37	" "
felt sad, cried	5	26	" "
guilt	4	21	" "
anger	3	16	" "
shock, numbness	3	16	" "
wished parent would die already	5	26	" "

	# of Subjects	% of Subjects	
felt left out, alone, separate	3	16	out of 19 subjects
felt helpless	2	11	" "

Bereavement: Initial reactions at the time of the death and funeral

	# of Subjects	% of Subjects
involved or present at dying and death	17	57
shock, numbness	20	67
frightened	4	13
insecure	5	17
sadness, crying	18	60
guilt	10	33
anger	13	43
felt left out, isolated	9	30
felt an emptiness, a void	3	10
felt overwhelmed	4	13
sense of relief	10	33
concerned or worried about other family members	13	43
didn't think, blocked thoughts	7	23
blocked emotions, feelings	5	17
disbelief	5	17
confused	3	10

Bereavement: Long-term adjustment

	# of Subjects	% of Subjects	
reminisced	17	57	
tried not to think about it	13	43	
kept busy	6	20	
had a dream(s) about the deceased	18	60	
had reunion fantasies	18	60	
thought about deceased's opinions, values as a guide	5	17	
did not discuss death with anyone	20	67	
discussed death with a parent	1	10	out of 10
discussed death with a friend	9	90	subjects
discussed death with siblings	3	30	who did dis-
discussed death with other adult	3	30	cuss the
blocked emotions	5	17	death
guilt	6	20	
depression	12	40	
bouts of sadness, grief	15	50	
felt all alone in the world	10	33	
insecure	14	47	
became more cynical	13	43	

	# of Subjects	% of Subjects	
rebelled more	5	17	
sought parental substitutes	10	33	
became more independent	21	70	
married during adolescence	7	23	

Relationship to surviving parent

	# of Subjects	% of Subjects	
parent's bereavement reaction			
emotional, upset, depressed,	19	63	
stoic, unemotional	4	13	
emotionally available to subject for support	9	30	
emotionally unavailable for support	16	53	
subject became protective of, parental towards the surviving parent	16	53	

Adulthood

	# of Subjects	% of Subjects	
feels independent	23	77	
feels dependent	12	40	
tendency towards depression	22	22	
heterosexual difficulty	17	57	
adult life perceived as struggle for survival	8	27	
idealizes deceased parent	14	47	
feelings about deceased mother re-evoked when became a mother	8	100	out of 8 mothers who lost a mother
identifies with deceased parent	25	83	
identifies with surviving parent	24	80	

Object relations technique

	# of Subjects	% of Subjects
themes of natural death	21	70
repeat theme of natural death more than once	15	50
themes of violent death	10	33
themes of loss and separation (correlated to death)	26	87
repeat themes of loss and separation three or more times	20	67
themes of romantic intimacy	27	90
themes of family togetherness	23	77

	# of Subjects	% of Subjects
Loss and death themes	25	83
No loss themes	5	17
Response to loss (out of 25 subjects)		
grief	21	84
Detachment	4	16
loneliness	9	36
shock	4	16
guilt	6	24
fear	3	12
anger	5	20
Interpersonal relations during loss		
Supported	9	36
Solitary	16	64
Result of loss		
no effect	15	60
depressed	7	28
closer	1	8
independence	2	4

APPENDIX G

SUBGROUP COMPARISONS

The ratio of subjects who lost fathers to those who lost mothers was approximately 50%/50%. Of the subjects who reported a given response the percentage of those subjects who lost mothers was compared to those who lost fathers. For example, of the subjects who felt they had to grow up fast 50% lost fathers and 50% lost mothers. Of the subjects who cared for a sick parent 25% lost fathers and 75% lost mothers. The two percentages always add up to 100%. On the basis of chance one would expect a 50%/50% ratio for any given response. The same procedure was utilized for the early adolescence/late adolescence category which also was 50%/50%.

The ratio of normal childhood subjects to disturbed childhood subjects was not equivalent. It was 63% healthy/37% disturbed. The percentage of disturbed childhood subjects who reported a given response was compared to the percentage of healthy childhood subjects who reported a given response. For example, 9% of the disturbed childhood subjects cared for a sick parent where 37% of the normal childhood subjects cared for a sick parent. Thus, normal childhood subjects more commonly cared for a sick parent than did disturbed childhood subjects. If the percentage was equivalent it would suggest no difference between the two groups. The same procedure was employed for comparing surviving parents who were emotionally accessible to those parents who were emotionally inaccessible. That ratio was 33% accessible/67% inaccessible.

I father died = f.d.; mother died = m.d.

II early adolescence = e.a.; late adolescence = l.a.

III normal childhood = n.c.; disturbed childhood = d.c.

IV emotionally accessible = acc.; emotionally inaccessible = inacc.

Childhood

	I	II
Normal childhoods:		
	f.d. = 55%	
	m.d. = 45%	
Disturbed childhoods:		
	f.d. = 45%	e.a. = 55%
	m.d. = 55%	l.a. = 45%
Early adolescence death:		
	f.d. = 46%	
	m.d. = 54%	
Late adolescence death:		
	f.d. = 60%	
	m.d. = 40%	

Coping with the Dying Parent

	I	II	III
Denial			
	f.d. = 45%	e.a. = 64%	n.c. = 42%
	m.d. = 65%	l.a. = 36%	d.c. = 27%
Cared for sick parent			
	f.d. = 25%	e.a. = 36%	n.c. = 37%
	m.d. = 75%	l.a. = 67%	d.c. = 9%
Death wish			
	f.d. = 50%	e.a. = 25%	
	m.d. = 50%	l.a. = 75%	
Sudden death			
	f.d. = 70%	e.a. = 64%	
	m.d. = 30%	l.a. = 36%	

Initial Responses to Bereavement

	I	II	III
Present at death	f.d. = 47% m.d. = 53%	e.a. = 53% l.a. = 47%	n.c. = 57% d.c. = 56%
Shock	f.d. = 55% m.d. = 45%	e.a. = 60% l.a. = 40%	n.c. = 74% d.c. = 55%
Sadness	f.d. = 55% m.d. = 45%	e.a. = 45% l.a. = 55%	n.c. = 68% d.c. = 45%
Guilt	f.d. = 55% m.d. = 45%	e.a. = 50% l.a. = 50%	n.c. = 26% d.c. = 45%
Anger	f.d. = 66% m.d. = 34%	e.a. = 38% l.a. = 62%	n.c. = 42% d.c. = 45%
Isolation	f.d. = 33% m.d. = 67%	e.a. = 67% l.a. = 33%	n.c. = 21% d.c. = 45%
Relief	f.d. = 60% m.d. = 40%	e.a. = 30% l.a. = 70%	n.c. = 21% d.c. = 55%
Worried about family	f.d. = 60% m.d. - 40%	e.a. = 70% l.a. = 30%	n.c. = 42% d.c. = 45%

Long-Term Adjustment

	I	II	III	IV
Reminisced				
	f.d. = 53%	e.a. = 58%	n.c. = 68%	acc. = 70%
	m.d. = 47%	l.a. = 42%	d.c. = 36%	inacc. = 52%
Reunion fantasies				
	f.d. = 40%	e.a. = 55%	n.c. = 63%	acc. = 30%
	m.d. = 60%	l.a. = 45%	d.c. = 56%	inacc. = 75%
Dreams				
	f.d. = 53%	e.a. = 55%	n.c. = 67%	acc. = 60%
	m.d. = 47%	l.a. = 45%	d.c. = 55%	inacc. = 60%
Talked about death to others	f.d. = 50%	e.a. = 40%	n.c. = 36%	acc. = 40%
	m.d. = 50%	l.a. - 60%	d.c. = 27%	inacc. = 30%
Grew up fast				
	f.d. = 50%	e.a. = 50%	n.c. = 73%	acc. = 70%
	m.d. = 50%	l.a. = 50%	d.c. = 72%	inacc. = 60%
Depressed				
	f.d. = 40%	e.a. = 50%	n.c. = 37%	acc. = 20%
	m.d. = 60%	l.a. = 50%	d.c. = 45%	inacc. = 50%
Found parent substitute				
	f.d. = 45%	e.a. = 50%	n.c. = 37%	acc. = 20%
	m.d. = 55%	l.a. = 60%	d.c. = 27%	inacc. = 40%
Married during adolescence				
	f.d. = 33%	e.a. = 43%	n.c. = 31%	acc. = 33
	m.d. = 67%	l.a. = 57%	d.c. = 10%	inacc. = 35%
Became cynical				
	f.d. = 46%	e.a. = 70%	n.c. = 37%	acc. = 60%
	m.d. = 54%	l.a. = 30%	d.c. = 55%	inacc. = 35%
Grief				
	f.d. = 53%	e.a. = 53%	n.c. = 58%	acc. = 70%
	m.d. = 47%	l.a. = 47%	d.c. = 36%	inacc. = 40%
Insecure				
	f.d. = 40%	e.a. = 71%	n.c. = 32%	acc. = 30%
	m.d. = 60%	l.a. = 29%	d.c. = 55%	inacc. = 55%
Guilt				
	f.d. = 40%	e.a. = 60%	n.c. = 21%	acc. = 10%
	m.d. = 60%	l.a. - 40%	d.c. = 18%	inacc. = 25%

Long-Term Adjustment (continued)

	I	II	III	IV
Cared for parent				
	f.d. = 60%	e.a. = 60%	n.c. = 58%	acc. = 70%
	m.d. = 40%	l.a. = 40%	d.c. = 55%	inacc. = 50%
Felt all alone in the world				
	f.d. = 22%	e.a. = 60%	n.c. = 55%	acc. = 20%
	m.d. = 78%	l.a. = 40%	d.c. = 70%	inacc. = 40%
Parent inaccessible				
	f.d. = 45%	e.a. = 50%	n.c. = 21%	acc.
	m.d. = 55%	l.a. = 50%	d.c. = 55%	
Parent accessible				
	f.d. = 60%	e.a. = 40%	n.c. = 37%	acc.
	m.d. = 40%	l.a. = 60%	d.c. = 27%	inacc.

Adult Personality

	I	II	III	IV
Independent	f.d. = 64% m.d. = 36%	e.a. = 52% l.a. = 48%	n.c. = 68% d.c. = 91%	acc. = 80% inacc. = 75%
Dependent	f.d. = 50% m.d. = 50%	e.a. = 50% l.a. = 50%	n.c. = 37% d.c. = 45%	acc. = 40% inacc. = 40%
Depressed	f.d. = 52% m.d. = 48%	e.a. = 55% l.a. = 45%	n.c. = 74% d.c. = 80%	acc. = 50% inacc. = 85%
Heterosexual difficulty	f.d. = 38% m.d. = 62%	e.a. = 59% l.a. = 41%	n.c. = 47% d.c. = 73%	acc. = 40% inacc. = 65%
Divorced	f.d. 1 subj. m.d. 2 subj.	e.a. 2 subj. l.a. 2 subj.	n.c. 2 subj. d.c. 2 subj.	acc. 1 subj. inacc. 3 subj
Adult life psych. survival	f.d. = 43% m.d. = 57%	e.a. = 57% l.a. = 43%	n.c. = 16% d.c. = 45%	acc. = 10% inacc. = 35%
Idealized deceased	f.d. = 43% m.d. = 57%	e.a. = 50% l.a. = 50%	n.c. = 53% d.c. = 57%	acc. = 50% inacc. = 45%

Object Relations Technique

	I	II	III	IV
More loss themes than togetherness themes:				
	f.d. = 47%	e.a. = 44%	n.c. = 42%	acc. = 30%
	m.d. = 53%	l.a. = 56%	d.c. = 73%	inacc. = 65%
Violent death themes (frequency 1 or more/subject				
	f.d. = 55%	e.a. = 40%	n.c. = 21%	acc. = 20%
	m.d. = 45%	l.a. = 60%	d.c. = 56%	inacc. = 40%
Romantic intimacy (frequency 1 or less/subject)				
	f.d. = 45%	e.a. = 45%	n.c. = 37%	acc. = 30%
	m.d. = 55%	l.a. = 55%	d.c. = 45%	inacc. = 45%
Family togetherness (frequency 1 or less/subject)				
	f.d. = 38%	e.a. = 43%	n.c. = 37%	acc. = 40%
	m.d. = 62%	l.a. = 57%	d.c. = 64%	inacc. = 50%
Loss and separation themes (frequency 5 or more/subject)				
	f.d. = 54%	e.a. = 44%	n.c. = 42%	acc. = 30%
	m.d. = 47%	l.a. = 56%	d.c. = 73%	inacc. = 65%
Loss and death themes				
	f.d. = 56%	e.a. = 56%	n.c. = 84%	acc. = 80%
	m.d. = 44%	l.a. = 44%	d.c. = 82%	inacc. = 85%
No loss themes				
	f.d. = 40%	e.a. = 60%	n.c. = 46%	acc. = 20%
	m.d. = 60%	l.a. = 40%	d.c. = 18%	inacc. = 15%
Response to loss grief				
	f.d. = 52%	e.a. = 52%	n.c. = 74%	acc. = 60%
	m.d. = 48%	l.a. = 48%	d.c. = 63%	inacc. = 71%
Detachment				
	f.d. = 50%	e.a. = 50%	n.c. = 10%	acc. = 20%
	m.d. = 50%	l.a. = 50%	d.c. = 20%	inacc. 10%

Object Relations Technique (continued)

	I	II	III	IV
Loneliness				
	f.d. = 60% m.d. = 40%	e.a. = 55% l.a. = 45%	n.c. = 36% d.c. = 18%	acc. = 40% inacc. = 25%
Guilt				
	f.d. = 60% m.d. = 40%	e.a. = 50% l.a. = 50%	n.c. = 16% d.c. = 27%	acc. = 20% inacc. = 20%
Anger				
	f.d. = 60% m.d. = 40%	e.a. = 40% l.a. = 60%	n.c. = 20% d.c. = 10%	acc. = 10% inacc. = 20%
Interpersonal relations during loss Supported				
	f.d. = 55% m.d. = 45%	e.a. = 34% l.a. = 66%	n.c. = 37% d.c. = 18%	acc. = 40% inacc. = 25%
Solitary				
	f.d. = 50% m.d. = 50%	e.a. = 50% l.a. = 50%	n.c. = 47% d.c. = 67%	acc. = 40% inacc. = 60%
Effect of the loss No effect loss				
	f.d. = 60% m.d. = 40%	e.a. = 53% l.a. = 47%	n.c. = 59% d.c. = 36%	acc. = 60% inacc. = 45%
Depressed				
	f.d. = 43% m.d. = 57%	e.a. = 57% l.a. = 43%	n.c. = 16% d.c. = 36%	acc. = 10% inacc. = 30%

VITA

Lawrence Josephs was born in Jersey City, New Jersey, on May 9, 1954, to William and Annette Josephs. He was educated in the Bayonne, New Jersey, school system, graduating from Bayonne High School in 1972. He majored in Biological Sciences at Rutgers College in New Brunswick, New Jersey. He received his B.A. from Rutgers College in 1976 where he graduated with High Honors and High Distinction in Psychology.

Lawrence was a graduate student in The University of Tennessee, Knoxville Psychology Department from 1976 through 1981. He did his practicum at Daniel Arthur Rehabilitation Center, The University of Tennessee, Knoxville Psychological Clinic, and Helen Ross McNabb Mental Health Center. In 1980 and 1981 he completed an internship in clinical psychology at the Postgraduate Center for Mental Health in New York City. Lawrence will be pursuing postdoctoral training at the Postgraduate Center for Mental Health in their Fellowship Training Program in Psychoanalysis and Psychotherapy beginning September, 1981.