

PARENTAL DEATH: IDENTIFYING ADJUSTMENT
PROBLEMS SPECIFIC TO ADOLESCENTS

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CHAPTER 1

INTRODUCTION

Adolescence is considered to be a crucial period of adjustment as one marks his or her way through the gateway of adulthood. When the threads that connect the parents to the child are prematurely broken, are the developmental tasks of the adolescent further complicated? How does a youth's encounter with the death of a parent affect his or her performance in life? What are the adjustment problems unique to an orphaned adolescent?

The nursing profession has been committed to the maintenance of life and is frequently present at life's extinction--death. Within recent years there has been a large amount of energy consumed in exploring the subject of death. The nurse's relationship with the dying patient, the stages of death and dying, the family and the terminally ill child, and other concepts regarding death have provided insight and understanding to the needs of individuals.

However, nurses have not fully addressed the lack of information pertaining to family survivors--particularly the problems of children and adolescents who would seem

vulnerable to a parent's demise. The loss of a parent by death can be considered a stressful event. This stress would appear magnified if compounded by the developmental period of adolescence.

In an attempt to gain a better understanding in this area, the adolescent who has experienced the loss of a parent by death was the subject of this investigation. With a broader knowledge base concerning a youth's experience with parental death, nurses can intervene and prevent possible adjustment problems encountered by adolescents.

Statement of Problem

This study was designed to determine if adolescents who have had the loss of a parent by death have significantly more adjustment problems compared to adolescents who have both parents living.

Justification of Problem

Little, if any, information has been written about the adjustment of an orphaned adolescent. The following will explore the significance of this study.

A growing number of nurses have addressed the age of adolescence as being a period of growth and development which should be given close attention. Fagin (1972) viewed the period of adolescence as a "developmental

crisis" (p. 82). Kalafatic (1975) stated that adolescence is "a stage separate and unique along life's continuum" (p. 1). Even though the American culture has been considered to be child-centered, Leininger (1973) accused society of being guilty of "adolescent avoidance" (p. 162). Due to the physiological, psychological, and emotional changes occurring in the body, adolescents so often are strangers to themselves as their own "moods and inclinations shift dramatically" (Fagin, 1974, p. 135).

Wessel (1976) implied that the underlying process during a healthy adolescent's growth is the struggle to free oneself from the bonds of parental dependency. In addition, the author related that the normal family constellation usually permits the adolescent to break away gradually and test relationships in the outside world. Ironically, the adolescent can often be antagonistic during this phase of emancipation. Yet, for the adolescent, some consolation exists in the fact that the parent's existence provides the opportunity to regress to his or her childhood needs. Wessel (1976) hypothesized that a youth's loss of a parent by death could provide a unique dilemma when encountered during the stage of adolescence due to the specific tasks of this developmental period. Therefore, based on this hypothesis,

striving for independence within the framework of parental availability would differ from accomplishing the tasks of adolescence without the parental figure present. Wessel (1976) concluded that a parent figure is essential to the developmental process for a healthy adolescent. So often, in the light of a parent's demise, the adolescent will deny a parent's absence and hold firmly to the belief that the deceased parent is alive and accessible (Wessel, 1976).

There has been a paucity of literature available about parental death and its impact on youth. In regard to psychoanalytic posture, J. B. M. Miller (1971) has supplied the most comprehensive compilation of literature on children and adolescents reaction to parental death.

There has been much question as to when a youth has the capacity to mourn the death of a parent and the effect the loss has on the individual. Wolfenstein (1966) hypothesized that the period of "adolescence constitutes the necessary developmental conditioning for being able to mourn" (p. 122). Rochlin (1959, 1961, 1965) has written on the response of children to object loss defining it as "the forced abandonment of a desired and valued relationship" (1965, p. 1). Rochlin (1965) concluded that object

loss has a detrimental impact on the quality of self-esteem.

In viewing parental death as a precursor for psychiatric mental illness, the literature provides different trends of thought. The findings in a study of adolescents by Seligman, Gleser, Rauh, and Harris (1974) suggested that "early parental loss is a factor in the appearance of emotional as well as some physical illness in adolescence" (p. 475). Munro and Griffiths (1968) concluded that physical separation of a parent and child for a period longer than 3 months prior to the 16th birthday was significantly related to the possibility of emotional disturbance in an individual. The authors later questioned whether parental deprivation was a direct cause of psychiatric illness. However, their research noted that emotional deprivation in childhood could damage the personality development (Munro & Griffiths, 1968).

The Group for the Advancement of Psychiatry (GAP) reported in 1974 that "disruptions in parent-child relationships have been implicated in a wide range of childhood disorders of adaptation and development" (p. 27). The GAP (1974) concluded that there is a limited knowledge of the ramifications of the faulty parent-child relations in the personality development of the child. This study

is justified in that it addresses the adolescents' adjustment to the disruption of a parental death.

Conceptual Framework

From a psychoanalytical perspective, adolescence was viewed by A. Freud (1958) as a "stepchild" (p. 255) in psychoanalytic theory. This view stemmed from her belief that a great deal is understood about the behavior of a child and adult, but little is understood regarding the adolescent's behavior. A. Freud (1958) believed that there is much normality in the "inconsistent and unpredictable manner" (p. 275) of an adolescent.

Some agreements were present in the psychoanalytic literature regarding the state of adolescence. The task of adolescence is the developmental maturation of the ego and super ego. The theoretical framework for this study was provided by Erikson (1963) who deemed the main task of the adolescent as being the establishment of an identity. He separated the life cycle into the following eight stages:

Oral-Sensory	Basic Trust vs. Mistrust
Muscular-Anal	Autonomy vs. Shame, Doubt
Locomotor-Genital	Initiative vs. Guilt
Latency	Industry vs. Inferiority
Puberty and Adolescence	Identity vs. Role Confusion
Young Adulthood	Intimacy vs. Isolation

Adulthood	Generativity vs. Stagnation
Maturity	Ego Identity vs. Despair
(Erikson, 1963, p. 273)	

Ideally, the youth will have successfully passed through the first four developmental stages before entering adolescence where he or she then forms a crucial sense of identity. The Oedipus complex continues to play a vital role in the adolescent psyche within the realms of the identity process. According to Mullahy (1948):

At puberty the importance of the Oedipus complex has by no means vanished. When at this time the sexual instinct asserts its demands with all the strength and intensity of adolescent lust, the original object of sexual desire, the parents, become once more the objects of the libido. The individual must now free himself from his parents and discover a foreign object whom he can love.
(p. 29)

Hence, the role of the parent during the course of adolescence is an important ingredient to facilitate a youth's interpersonal relationships with others. The loss of a parent by death was conceptualized as a type of disruption in the parent-child relationship. Therefore, adolescents who have experienced the death of a parent may experience more adjustment problems compared to adolescents whose parents are alive.

Assumptions

The following were assumed in this study:

1. Children are born with considerable individuality, but are influenced to a large extent by interactions with significant people.
2. The period of adolescence is considered to be a period of developmental transition.
3. Each participant would be honest in answering the questionnaire.

Hypotheses

There were seven measurements of the dependent variable known as adjustment problems, and thus seven hypotheses were stated.

1. Adolescents who have experienced the loss of a parent by death will have increased adjustment problems in the area of health and physical development (HPD) compared to adolescents who have both parents living.
2. Adolescents who have experienced the loss of a parent by death will have increased adjustment problems in the area of school (S) compared to adolescents who have both parents living.
3. Adolescents who have experienced the loss of a parent by death will have increased adjustment problems in

the area of home and family (HF) compared to adolescents who have both parents living.

4. Adolescents who have experienced the loss of a parent by death will have increased adjustment problems in the area of money, work, the future (MWF) compared to adolescents who have both parents living.

5. Adolescents who have experienced the loss of a parent by death will have increased adjustment problems in the area of boy and girl relations (BG) compared to adolescents who have both parents living.

6. Adolescents who have experienced the loss of a parent by death will have increased adjustment problems in the area of relations to people in general (PG) compared to adolescents who have both parents living.

7. Adolescents who have experienced the loss of a parent by death will have increased adjustment problems in the area of self-centered concerns (SCC) compared to adolescents who have both parents living.

Definition of Terms

For the purpose of this investigation the following terms were defined:

1. Parent--a biological father or mother.
2. Death--the act or fact of dying.

3. Adolescent--an individual who is in the stage of development between childhood and adulthood. For the purpose of this study, the adolescent will range from 12 to 15 years of age.

4. Adjustment problems--difficulty in human conduct or relationships, as measured by the number of underlined problems in each of the seven subscales of the Mooney Problem Check List. The seven subscales are: (a) health and physical development (HPD), (b) school (S), (c) home and family (HF), (d) money, work, the future (MWF), (e) boy-girl relations (BG), (f) people in general (PG), and (g) self-centered concerns (SCC).

Limitations

There were no controls over the following variables:

1. The rate of developmental process may differ in each individual.
2. The cause and/or nature of a parent's death may affect the youth's adjustment.
3. The age of the child at the time of a parent's death may affect the youth's adjustment.
4. The adolescent's previous experience with death may affect the youth's adjustment.

5. The cultural background of the adolescent's family may affect the youth's adjustment.

6. The educational level of family members may affect the youth's adjustment.

7. The sibling position or number of siblings may affect the youth's adjustment.

8. The number of years the parents were married prior to the parental death may affect the youth's adjustment.

9. Remarriage of a surviving parent to another partner may affect the youth's adjustment.

10. Individual or family therapy prior to testing may affect the youth's adjustment.

11. The differential effects of the investigator's personality upon the subject may affect the youth.

12. The differential effects of personalities of the other participants may affect the youth.

Summary

This descriptive study was designed to determine if adolescents who have experienced the loss of a parent by death are prone to more adjustment problems than adolescents who have both parents living. There has been a dearth of information available about parental death and

its impact on the period of adolescence. This research was implemented to enrich the understanding of the possible adjustment problems encountered by youth who have experienced such a loss.

CHAPTER 2

REVIEW OF THE LITERATURE

How does the death of a parent influence the quality of an adolescent's life? Does a youth experience greater adjustment problems during the adolescent years if he or she has lost a parent by death? These questions are relevant due to findings from 1972 statistics showing 15% of the child population in the United States has a deceased mother and/or father. In 1972, the White House Conference on Child Health and Protection (cited in Rothman & Rothman, 1972) noted that approximately 85% of Caucasian children had both parents alive. Other racial sectors had less than 85% parental vitality (Rothman & Rothman, 1972).

There is a limited amount of literature available on a youth's adjustment in adolescence when there has been a history of parental death. Case studies and retrospective research with adults were the most prevalent types of literature available on this topic.

This chapter first examines a review of stress and human development followed by the concepts of adolescence and parental death. Subconcepts under the heading of

adolescence include: (a) adolescent adjustment studies; (b) health and physical development; (c) school; (d) home and family; (e) money, work, and future; (f) boy-girl relations; (g) people in general; and (h) self-centered concerns. Subconcepts under the heading of parental death include: (a) incidence of parental death, (b) significance of parental death, (c) sex of deceased parent, (d) maternal loss, (e) paternal loss, (f) mourning, and (g) coping responses of bereaved youth. The review incorporates material from the fields of nursing, psychology, psychiatry, medicine, anthropology, sociology, and thanatology.

Stress and Human Development

Within recent years much research has been done on the effect of stress on individuals. Meyer (1903/1948) is remembered for his creation of a life chart that demonstrated the relationships between the biological, psychological, and sociological phenomena to the process of health and disease in man. Selye (1956) brought to light the relationship stress has to the physiological and emotional components of a human organism. The concept of stress was empirically studied by Holmes and Rahe (1967) through their Social Readjustment Rating Scale. In their

research the stress of life changes was correlated with the onset of illness. On a scale from 1 to 100 the death of a spouse had the highest mean value of 100 followed by divorce which registered at 73. Marital separation, a jail term, and the death of close family member all tied for 63. The social rating scale would imply a possibility of decreasing emotional and physical illness in individuals. This could be accomplished by aiding individuals to avoid high numbers of life changes in a short period of time.

The significance of life events as causative factors in the diseases of children was studied by Coddington (1972a) who utilized the method of Holmes and Rahe (1967) in evaluating the effects of stress on individuals. A group of 243 individuals composed of teachers, pediatricians, and mental health workers employed in academic divisions of child psychiatry helped determine a social readjustment scale for youth. The death of a parent received the highest mean values for preschool and elementary children with respective numbers of 89 and 91 units. The junior high school group ranked the death of a parent second to the unwed pregnancy of child and was given a mean value of 94.

Andreasen and Wasek (1980) researched stress and its effect on the adjustment disorders in adolescents. They found that school problems were the main stressors in adolescence followed by parental rejection, alcohol or drug problems, parental separation or divorce, and problems with girlfriends or boyfriends.

The life stress of a youth's adjustment to adolescence, compounded by the death of a parent, was dealt with in this study. The challenge of stress management has been felt by health providers in the nursing arena. Neuman (1974) noted nursing as "a unique profession in that it is concerned with all variables of an individual's response to stress" (p. 102). Leininger (1973) has charged that:

Mental health nurses should direct much of their time and effort toward studying common and recurrent life stresses of groups and individuals in a variety of settings in our society. Once these common stresses were identified and classified, the nurse could determine ways to prevent undue stresses to alleviate known discomforts. (p. 4)

Adolescence

Historically, the concept of adolescence is a relatively new term. Hall (1904) pioneered the frontiers of adolescent literature with his notable book on

adolescence. His monumental work filled two volumes with phenomenal knowledge regarding modern man.

The psychoanalytic study of adolescence commenced in 1905 with S. Freud's observations about puberty. S. Freud (1901-1905/1953) defined puberty as the time of transition when infantile sexual life took on its final form. The main tasks of adolescence included the emergence of genital areas as erotogenic zones, differentiation of masculine and feminine sexual identities, and the establishment of new sexual objects outside the oedipal relations in the home.

The tableau of the adolescent's experience has so far been painted with conflicts, upheaval, growth, and change. Maurer (1964) whimsically referred to this youthful period as "the elephant of adolescence" (p. 75). He continued to describe the adolescent as:

On the threshold of independence, lives in an intense present and is concerned primarily with life, love, autonomy, choice of vocation, status, the pressure of peer conformity, and how to get his hands on an automobile. (p. 75)

Adolescent Adjustment Studies

The period of adolescence presents itself as a time of adjustment for a youth. In assessing these adjustments Burdt (1977) acknowledged that self-reporting

inventories provide information about habits and attitudes of individuals. Mooney and Gordon (1950) revised a self-report instrument, the Mooney Problem Check List (MPCL), to assess the adjustment problems which concern youth. Deiker and Pryer (1973) supported the credence that the MPCL is an important source of information on the nature and distribution of individual problems.

Garrison and Cunningham (1952) conducted a study on personal problems of ninth grade students using the MPCL. Their findings showed that the youths ranked their concerns in the following order. The mean number of responses per category is shown in parenthesis.

1. School (7.10).
2. Money, work, and future (5.32).
3. Self-centered concerns (5.08).
4. Boy-girl relations (4.75).
5. Relations to people in general (4.57).
6. Health and physical development (3.69).
7. Home and family (3.00).

Hence, school seems to be the major adjustment area for adolescents with home and family adjustment being the area of least concern.

Esper (1964) studied MPCL characteristics of junior high school students who sought counseling. School,

self-centered concerns, relations to people in general, boy and girl relations, home and family, money, work, and future, and health and physical development were the order of their concerns. The mean number of responses per category were highest at 6.57 for school and lowest at 3.10 for health and physical development.

Amos and Washington (1960) compared pupil and teacher perceptions of pupil problems with the MPCL. Their findings indicated that pupils perceived problems in the following order of significance:

1. School.
2. Self-centered concerns.
3. Money, work, and future.
4. Health and physical development.
5. Relations to people in general.
6. Home and family.
7. Boy and girl relations.

Again school surfaced as the main concern of the youth with a mean average of 5.70 per category. Boy and girl relations was the area of least concern with a mean response of 3.10.

In summary, the above three studies performed using the MPCL have indicated that youths perceived school to be their main problem area. The studies were in less

agreement with problems of least concern. Home and family, health and physical development, and boy-girl relations were the areas of least concern in each respective study.

Health and Physical Development

According to a Medical World News report ("Adolescents: They Seek Care," 1979), the major health care problems that exist for teenagers today are: unplanned pregnancy, abortion, venereal disease, suicide, alcohol use, and drug use. Adolescents, however, tend to have a different perspective of their health. Radius, Dillman, Becker, Rosenstock, and Horvarth (1980) cited frequent adolescent health complaints as being: "having something in the eye" and "headaches." Youths of today seem to take little responsibility for their own health. Radius et al. (1980) surveyed beliefs of adolescents to determine more about their health attitudes and behaviors. Their research conveyed that at least 44% (45.4% males and 43.5% females) reported that they worried about their health. However, from a different perspective, more than one-half of the boys and girls did not express health concerns. There was a tendency for females to

state health concerns more than males with males' interest in health increasing with age.

Deiker and Pryer (1973) also found that males were less likely to express health concerns compared to females. Through use of the MPCL they found that emotionally disturbed adolescents had more health concerns than the normal group. Esper (1964) found in a study of junior high school students who seek counseling that they reflect a higher number of concerns in the health area as compared to those who are referred and do not seek counseling.

Many adolescent adjustment problems are initially expressed as a physical complaint (Fine, 1973). Stressful events can impact the individual with increased physical symptoms. Findings have confirmed the hypothesis that children in patient populations experience more significant "life events" preceding an illness than is to be expected in a normal population. Heisel, Ream, Raitz, Rappaport, and Coddington (1973) found that 34% of a patient population "developed illness following a year in which they faced major psychophysiologic adjustments to the external environment" (p. 122).

Health maintenance for this age group poses a challenge. Adolescents frequently find themselves in a

dilemma with the health care system and health care providers. Often teenagers lack trust in the confidentiality of the family physician, view themselves as too mature to see pediatricians, and not old enough or sick enough for internists and gynecologists ("Adolescents: They Seek Care," 1979).

The nurse can play an important role in facilitating communications with an adolescent. Daubenmire, Pierce, and Weaver (1960) found in their research of hospitalized adolescents that youths who did seek information from hospital personnel most frequently chose the nurse. This finding does not place the nurse in an omnipotent position to meet all adolescent needs. However, it does illuminate the potential of the nurse-patient relationship in the promotion of health in a youth.

School

The school environment is a powerful influence on the growing adolescent. The youth's obtainment of an education provides the opportunity of exercising responsibility and engaging in relationships with others outside the family system. In addition, education provides a vehicle for individual achievement in our society based

on ability versus social class distinction (Williamson, 1977).

In 1980 Smith surveyed a group of adolescents and found their greatest concern for information existed in the area of school/grades. Andreassen and Wasek (1980) found that stress from school problems precipitated 60.3% of the adjustment disorders in the adolescents surveyed.

According to Daniel (1977), "Adolescence can bring problems of self-worth, acceptance by a group, drug abuse, acting out or rejection of education" (p. 208). Performance in school can often act as a barometer reflecting other aspects of an adolescent's life. D. Miller (1974) cited that adolescents frequently act out at school the tensions resulting from conflicts within the family. An example is a decline in the quality of school work as a result of parental separation.

Poor school performance can result from many causes. The family may have problems which are acted out in the school. On the other hand, a youth may experience problems in school which are acted out at home. Burdt (1977) studied the relationship between adolescents' personal concerns and their study habits. The study concluded that "students who report high concern in a personal area

are also students who report study habits and attitudes predictive of academic difficulty" (p. 304). In a study of characteristics of students referred for counseling, Esper (1964) found that referred junior high school students displayed the highest incidence of school problems.

The teacher can have a direct effect on a youth's school adjustment. Farnsworth (1976) indicated that poor morale among teachers exists as a result of inferior salaries, poor working conditions, and feeling misunderstood, and this is often reflected in the attitude of the pupils. This lowered morale can indirectly affect the youth's school experience.

According to Deiker and Pryer (1973), school problems were more frequently experienced by emotionally disturbed adolescents, younger adolescents, and females. The issue of an individual's gender and school problems is debatable. McIntyre (1953) in a study establishing the validity of the MPLC confirmed his hypothesis that boys experience more problems than girls in the area of adjustment to school work.

Home and Family

The family is recognized as a valuable social unit which fulfills many functions for its members and society

as a whole. King (1971) wrote that the family is where an individual makes his "debut into his first human group" (p. 53). Satir (1972) claimed that the family is the "factory" where people are made.

The family lives, breathes, and survives within the walls of its home. D. Rogers (1972) stated that the "home is the reservoir of strength upon which the child draws to meet his physical and emotional needs, its warmly intimate contacts contribute to his feelings of security and belongingness" (p. 261).

Parents and siblings seem to hold major concern for adolescents. Smith (1980) in a survey of adolescent interests found that youth expressed strong concern for "sibling relationships" and "parents." A study by Yeaworth, York, Hussey, Ingle, and Goodwin (1980) which studied overall life stress event scores found the most frequent event experienced was "hassling with brother and sister," 87.18%, and "hassling with parents," 75.83%.

Deiker and Pryer (1973) reported that emotionally disturbed adolescents had more problems with home and family matters as compared to normal adolescents. Females within the clinical group reflected a higher average of problems than males in the clinical group. Sex

differences were not significant in the normal group for home and family problems.

Research on youths from broken homes supported that they had increased problems. McIntyre (1953) confirmed that students not living with both natural parents had more problems than those from intact homes at an .05 level of confidence.

Money, Work, and Future

In this society of change, the areas of money, work, and future pose unanswered questions to the adolescent. The fiscal issues in a youth's life are compounded by the American credit card lifestyle and the soaring double digit inflation.

Smith (1980) documented that the "future" was an unanticipated "strong" concern expressed by 271 adolescents in a survey which asked "What kind of things are you concerned about?" followed by the clarification, "What kind of things bother you?"

The future may hold questionable promises in the area of work opportunities. Presently the unemployment figure for teenagers is soaring. There is ever present talk of decreasing the minimum wage for youths so they will not compete with adult employment. Nall, Goldsmith, and

Greenspan (1978) viewed that social changes stemming from women's liberation, urbanization of population, changing child-rearing practices, and the demise of the nuclear family as possibly contributing to an undifferentiated gender role among youth. One possible outcome of the above changes would be an overt loaded job market accompanied by no work opportunities.

Social changes of the day may be having an impact on a youth's adjustment to money, work, and future. In a 1953 survey using the MPCL with 407 Pennsylvania high school students, McIntyre (1953) confirmed his hypothesis that boys have more problems than girls in the area of future vocational and educational concerns. However, 20 years later Deiker and Pryer's (1973) findings disagreed with McIntyre (1953) in that in a study of 366 youths, females responded with the highest concern for problems with money, work, and future. Deiker and Pryer (1973) went on to submit that emotionally disturbed adolescents had more concerns with money, work, and future than normal adolescents.

The future is given much importance in the adolescent's quest for identity. As indicated by Douvan and Adelson (1973):

The future enters adolescent identity like a crucial piece omitted from a picture puzzle. The color and content of the piece are missing, but the shape is established, and bears an intimate relationship to bordering pieces. (p. 172)

Change is a given in the world today and may have negative effects on the individual. Elkind (1979) contended that adolescents suffer "severe success anxiety." He suggested that society has switched from a generation of spoiled children who had the pleasures of much freedom and a lengthy adolescence to children who are encouraged to grow up quickly and achieve more in the academic, social, and sexual areas. These "hurried young people" live with the fear of failure and the disappointment that society's promises of success to them are being broken. He asserted that successful maturation for the youth can result from family bonds which support a balance between freedom and responsibility, loyalty and commitment, and achievement and support.

Boy-Girl Relations

During puberty a striking change takes place in a youth's attraction to the opposite sex. In childhood girls view boys as rough and boys observe girls to be silly. They peer at each other from a distance avoiding each other like a deadly disease. As adolescence begins

to take shape, the quarantine on social interaction between these two groups gradually disappears. Ironically, within several years, the heterosexual relationship seems to be a youth's most pressing concern. From a psychoanalytic perspective, an adolescent's libido evolves to detaching itself from the parents and to cathecting new objects (A. Freud, 1958). Therefore, as a boy moves toward adulthood he reverses his position with the women in his life. Cutting the ties of dependency from his mother, often a boy looks forward to providing for a woman and having her depend on him. The girl completes the resolution of her oedipal attachment to her father and redirects her attentions to other male objects.

Burchinal (1964) pointed out that American boys and girls begin to date or go steady around the median age of 14.1 and 14.9 years. The "dating game" is a social aspect of life in the United States. Dating provides an opportunity for youth to test out their culturally assigned gender roles. Activities of dating include telephone conversations, eating out, parties, movies, dances, and degrees of physical interaction.

Dating is an area of concern to many adolescents. Smith's (1980) survey of 271 adolescents indicated dating

as the second most important topic to them of 69 concern areas. Problems may result from the dating relationship which precipitates adjustment. In 1972a, Coddington surveyed professionals in order to get their opinion of situations which required a high degree of social readjustment in adolescence. The survey provided the following results: "unwed pregnancy of a child" was valued as the most stressful event for a junior high school age group with "fathering an unwed pregnancy" as the seventh highest value.

Coddington (1972b) later administered the Social Readjustment Rating Questionnaire to 1015 junior high school youth of which 989 were utilized in his study. Frequency of life events was significant in the area of boy-girl relations. "Breaking up with a boyfriend or girlfriend" was ranked second and "beginning to date" was ranked fifth out of a total of 40 life events.

Deiker and Pryer (1973) found that emotionally disturbed adolescents expressed more problems in the area of courtship and boy-girl relations than normal adolescents. In another study, Andreasen and Wasek (1980) found problems with girlfriends and boyfriends to be a quite common (19.6%) stressor in adolescents who experienced an adjustment problem.

The central theme of adolescence is the development of an identity. Giutta (1975) cited that fears of homosexuality and/or sexual inadequacy may arise during this developmental period. It is through relationships with members of the opposite sex that adolescents are able to crystalize their own sexual persona.

People in General

An individual's lifestyle is greatly influenced by his social relationships. Adler (1938) felt that a person's attitude toward friendship largely determines his capacity for life in common with his fellow man.

Outside the family the adolescent spends much time with youth of a similar age group. The peer group of an adolescent holds much significance. Douvan and Adelson (1973) probably provided the most thorough analysis of adolescent friendship in the literature. Their research primarily dealt with girls, but it supplied noteworthy observations. In early adolescence friendship seems to stem around some activity. The emphasis on friendship moves to security in middle adolescence and deepens to a feeling of mutuality in late adolescence.

Friendships with a peer group mirror an adolescent's feelings about himself. A youth's vision of himself is

clarified as he looks at himself through the eyes of others. A positive relationship between an individual's self-acceptance and his approval by others has been demonstrated by Rogers and Dymond (1954).

Deiker and Pryer (1973) found that females acknowledged more problems in their relations with other people than males. Their study went on to confirm the hypothesis that emotionally disturbed adolescents had more concerns in this area than normal adolescents. In another study, Esper (1964) found that students who were referred for counseling by teachers had the least concern for relations to people in general compared to others who were self-referred or sought no counseling at all.

Yeaworth et al. (1980) in studying life stresses of 207 adolescents found that the second most stressful event to a youth was "making new friends" (84.81%) which was given 27 out of 100 on the Adolescent Life Change Event scale. Adolescents can suffer from not belonging to a group. Erikson (1968) claimed that young people have the capacity to be cruel and clanish in their exclusion of others who are "different." For an adolescent to be "different" often implies inferior. In summarizing the importance of others, Erikson (1963) stated:

The sense of ego identity, then, is the accrued confidence that one's ability to maintain inner sameness and continuity . . . is matched by the sameness for one's meaning of others. (p. 89)

Self-Centered Concerns

The adolescent's self-centered concerns vitally shape his personality. The concept of self and its relationship to personality has been studied by Adler (1938), Sullivan (1948, 1953), and C. R. Rogers (1977). Adler (1938) supported the concept of the creative self which is a highly subjective personalized system which interprets and makes meaningful the experiences of the individual. C. R. Rogers (1977) acknowledged that the development of the self-concept is a dynamic process which evolves from the individual's perceptions of these experiences in his environment. He theorized that a healthy development requires a strong degree of self-acceptance and approval from others.

Sullivan (1953) emphasized the tremendous effect that the parent, especially the mother, has on the child's "self-system." The parents' approval or disapproval of the child has a great influence on a youth's self-acceptance or self-rejection. Significant relationships between self-esteem and feelings toward parents are

further supported by Jourard and Remy (1955), Rosenberg (1965), Gecas (1971), and O'Donnell (1976).

Self-acceptance has been shown to be related to feelings regarding friends. Coopersmith (1967) reported that perception of the ability to make friends is correlated with self-esteem. Lanza (1970) found that individuals with high self-esteem viewed themselves as having close relationships with their friends.

Students with problems have defined the area of self-centered concerns as a major target for intervention. Esper (1964) investigated youths who seek counseling and found them to have the greatest incidence of problems in the area of self-centered concerns. Deiker and Pryer (1973) found that emotionally disturbed adolescents had more problems with self-centered concerns than normal adolescents. Their findings also concluded that girls in general had more difficulty in this area than boys.

The quest for solidification of identity and self involves social, educational, heredity, and personal factors. Meeks (1971) described the adolescent era as a time of vanity. He pointed out that society in the past has permitted the early adolescent girl to be preoccupied with her looks, clothes, hair styles, mannerisms, and

general appearance and must now also give way for boys to have the same concerns.

In closing this section of the review, Leininger (1973) is quoted for the purpose of emphasizing the need to assess adolescent conflict:

Adolescents and young adults express feelings of alienation, isolation, and neglect when questioned about their problems and deep inner concerns. In attempting to reduce such dominant feelings or change their way of life, many are turning to drugs, alcohol and other means to cope with reality. The adolescent is a very sensitive person who probably needs more adult love, acceptance and protection than most adults care to believe. At practically every turn in their daily lives they meet new situations, problems, and conflicts that appear great to them and require gentle counseling, often at the most unexpected moments. Most adolescents are quick to identify areas of conflict with our dominant cultural values, but then they often feel lost and helpless in dealing with the reality of these values. Reducing the adolescents' feelings of conflict, loneliness, and neglect then, is another humanistic problem that needs still more attention by professional workers. (p. 162-163)

Parental Death

Parental death separates a child from his or her most significant object of love. Arthur and Kemme (1964) stated that the death of a parent "confronts the child with an object loss that is complete, final, irreversible, and frequently sudden and unanticipated" (p. 37). McConville (1974) viewed the loss of a parent as a

"catastrophic event" (p. 179) for the child. This section on parental death will address the following areas: incidence of parental death, significance of parental death, sex of deceased parent, maternal loss, paternal loss, mourning, and coping responses of bereaved youth.

Incidence of Parental Death

Parental death is an ever present predicament facing a child's existence. The number of parents lost to death are closely related to cultural, political, environmental, and health variables existing in society. Violence has become a counterpart of the American culture. The increase of crime, homicide, and suicide leaves many children minus a parent.

Black (1978) claimed that the incidence of parental death is on the decline although studies have shown it to be an ever present situation in society (Rochlin, 1959). As noted earlier in the review, the White House Conference on Child Health and Protection (cited in Rothman & Rothman, 1972) stated that 15% of Caucasian youth under the age of 15 had experienced a parental death.

In reviewing the incidence of parental death for adolescents, Munro (1965) reaffirmed the above figures by claiming that childhood bereavement before the age of 15

is not a rare experience. He further suggested that in the population at large at least 1% of parents die during each year of childhood and adolescence.

Significance of Parental Death

The death of a parent is a unique loss. Given that a child does not die prematurely, all individuals can expect to experience biological parental death only twice in their lifetime. The death of a parent experienced from a child's viewpoint holds special significance. Parents provide immediate role models for a child. A child in turn derives immense security from his parents who become objects of his love and devotion.

Studies on bereaved children have helped give insight to the adjustment of youth. Munro and Griffiths (1968) found physical separation of parent and child, for whatever cause, for a period of 3 months or more before the 16th birthday to be significant. Black's (1978) thorough review of bereaved children showed that they experienced a slightly higher degree of psychiatric disorders both in childhood and adulthood than children from intact homes. She also noted that children bereaved between the ages of 3 and 5 were at increased risk for depressive and phobic disorders. Arthur and Kemme's

(1964) sample of 43 bereaved children showed that 52% manifested conflicts arising from struggles of defiance, manipulativeness, and triumphant satisfaction in getting away with something. Seligman et al. (1974) found that early parental loss is a factor in the appearance of emotional as well as some physical illness in adolescents. However, the loss of a parent whether through death, separation, or illness did not automatically lead to pathology. The adjustment to a parental death is variable. It has been theorized that the impact of such an event on a person's psychological development is determined by the degree of drive development, the quality of his object relationships, and the level of ego maturity attained before the loss (A. Freud, 1960; R. A. Furman, 1964a, 1964b). Tessman's (1978) recent publication of Children of Parting Parents has given further case studies relating to this subject.

Retrospective studies with adult populations give insight to the adjustment of bereaved youth. Gregory (1958) provided a systematic, critical review of early studies of parental deprivation which gives insight to the sources of error in these studies. The association of early parental loss with subsequent development of psychopathology has been addressed by some authors. In

1939 Barry found the incidence of maternal deaths was three times as great among young psychotic persons as among normal controls (15.7% versus 5.3%). The incidence of paternal deaths was almost equal when compared to psychotic and normal persons (11.1% and 10.0%). In a later study, Barry (1949) found an increased significance of maternal bereavement before the age of 8 in psychiatric patients. Wahl (1954) studied 392 schizophrenic patients and found that 95 or 24% had lost a father, mother, or both by death before the age of 15.

Later studies have tried to associate parental deprivation with depressive illness. Brown (1961) found that 41% of 216 depressed adult patients had lost a parent by death before their 15th birthday. This incidence was found to be significantly greater than the incidence of orphanhood in the general population in England (12%) and in a comparison group of 267 medical patients (19.6%). Hill and Price (1967) found in a study of depressed and nondepressed psychiatric inpatients that bereavement in depressed patients centered around paternal loss, with girls being more affected than boys and that the ages of 10-14 were extremely vulnerable years for a youth to experience a parental death.

Beck, Sethi, and Tuthill (1963) studied 297 inpatients and outpatients of a psychiatric setting to determine the relationship of orphanhood to depression. Their findings indicated an increased incidence of orphanhood in high depressed patients which provided evidence that the death of a parent in childhood may be a factor in the development of a severe depression. Hopkinson and Reed (1966) studied 200 inpatients with the diagnosis of manic-depressive psychosis. Their findings showed 39 of those patients (19.5%) had lost one or both parents before they were 15 years of age. These findings showed a lowered significant incidence than previously reported by Brown (1961). Munro (1966) found that the death of a parent during childhood appears no more important in the etiology of depressive illness than loss of a parent for other causes than death. As a result of the contrast in these studies and the information of studies done on normal populations, more research is indicated to determine specific outcomes of parental death.

Sex of Deceased Parent

The sex of the deceased parent holds interest to the outcome and impact on the adjustment of the child. Neubauer (1960) felt that the loss of a parent

represented a loss of oedipal reality. Birtchnell (1969) cited that the loss of a parent of the opposite sex represented the removal of the most coveted love object. Brown (1961) held that the loss of a parent of the same sex as being just as significant as the loss of a parent of the opposite sex. In a different finding, Gay and Tonge (1967) found that the loss of a parent of the same sex as being associated with a neurotic disorder while the loss of a parent of the opposite sex as being associated with reactive depression. The following will take a closer look at issues associated with maternal and paternal loss.

Maternal Loss

Bowlby (1951, 1958, 1960a, 1960b, 1961a, 1961b) pioneered research in infant-maternal bonding. He viewed the separation from the mother figure as having the potential "to evoke psychological processes of a kind that are as crucial for psychopathology as are inflammation and its resulting scar tissue to physiopathology" (1961a, p. 487). Barry, Barry, and Lindemann (1965) agreed that maternal deprivation has the possibility of causing adverse chronic effects on the later life of an individual. Barry et al. (1965) reported a higher

incidence of neurotic patients who have experienced maternal bereavement while Hilgard, Newman, and Fisk (1960) along with Wilson, Alltop, and Buffaloe (1967) reported a higher incidence of psychotic patients after maternal loss. Authur and Kemme (1964) studied nine girls whose mothers had died, of which four became "tomboys." The remainder displayed hysteroid reactions which included a symbolic acting out of the oedipal victory by their taking over as mother of the household. ~~was~~

Case studies of maternal bereavement illuminate the adjustment of a youth to a maternal death. Kahn (1978) presented a case involving a 12-year-old girl who suffered unresolved grief after her mother's death, the lack of a permanent home, and the complication of a difficult stepmother. Cohen (1979) reported on a 13-year-old girl whose mother had died of cancer. Four years after her mother's death, the girl developed a skin condition which she scratched until she bled. Cohen (1979) hypothesized that the girl's illness resulted from her inability to see her mother at the hospital prior to her death and then later discuss her fears and fantasies regarding the loss of her mother. Moore (1976) presented a 15-year-old girl who after the death of her mother and her father's remarriage, wished to have her stepmother's

2-year-old daughter. Her behavior also included episodes of shoplifting dolls, cosmetics, and clothes which was seen as a way that she could identify with her own mother.

Laufer (1966) worked in therapy with a 15-year-old male whose mother's death was later dealt with by his urgency to decide on his occupation and future work. The following will review paternal loss and its effect on a youth.

Paternal Loss

Homer (cited in Brown, 1966) signified the loss of a father in the following words:

The day of his father's death cuts a child off from his playmates, his head is bowed down and his cheeks are wet with tears. He goes to his father's friends for help, tugs one by the cloak, another by the sleeve. (p. 1040)

The death of a father is a severe loss to a child. Kestenbaum and Stone (1976) viewed the effects of fatherless homes upon 13 daughters. It was determined that the effects of parental loss are varied and not easily predictable. In addition, it was concluded that the absence of a father need not be pathogenic, although it could become so through interaction with other factors. Adjustment reactions were documented in other studies of

paternal loss. The following studies illustrate problems in affectual adjustment, depression, and identification after the father's death.

[Nelson (1980) studied 45 families coping with the loss of a father by death and divorce. Conclusions of his study supported the hypothesis that children of widows and divorcees reported significantly lower affective adjustment than children of married couples. Williams and Harper (1979) studied 93 children in a residential setting who had the diagnosis of depression. Their results indicated that parental loss, particularly by the loss of the father through death or desertion, was a factor in the depressive disorder. Arthur and Kemme (1964) noted that out of 83 emotionally disturbed bereaved children, 57% of the boys whose fathers had died tended to pattern themselves after their mothers and exhibit ambivalence in regards to their masculinity. The rationale for the ambivalence stemmed from males being viewed as vulnerable and deserters. Possibly, the subjects experienced intense guilt toward their fathers which barred expression of their masculine impulses.

Paternal loss has marked effects throughout the developmental phase of childhood. Lifshitz (1976) studied effects of father loss on social perceptual

differentiation in 136 adolescents. She concluded that children who lose their fathers, particularly at an early age, tend to be constricted in their awareness of their social environment. Oshman and Manosewitz (1978) studied parental perceptions of father absent and father present adolescents. Their findings confirmed that the loss of a parent at an earlier developmental period complicates the decathexis process in adolescence.

Mourning

In recent years death has been a highly popular subject which has attracted much study, interest, and controversy. From an optimistic perspective, death can be viewed as the friend of life since its reckoning makes the numbered days of life so precious. Yet, the survivors of a deceased person are usually the recipients of temporary or permanent emotional upheaval. The concept of mourning is summarized in the following passages.

Mourning as a result of the loss of a significant other is of interest to many researchers and mental health providers. Black (1978) viewed the death of a significant individual as a discrete, datable event which usually constitutes a psychic trauma to a person leaving

immediate or subsequent effects on their health, personality, and basic functioning.

In his paper, "Mourning and Melancholia," S. Freud's (1917/1957) study of mourning provided a primary psychoanalytic source from which to study an individual's reaction to loss. He wrote:

Mourning is regularly the reaction to the loss of a loved person . . . although mourning involves grave departures from the normal attitude of life, it never occurs to us to regard it as a pathological condition and to refer it to medical treatment. We rely on its being overcome after a certain lapse of time, and we look upon any interference with it as useless or even harmful. (pp. 243-244)

S. Freud (1917/1957) further described the mourner as an individual who is experiencing emotional pain, apathy to the outside world, and the inability to relate to a new object of love until the task of mourning is completed. Therefore, the energy invested in mourning is seen by S. Freud as a necessary process. Mourning provides the opportunity for the bereaved individual to separate himself from the lost love object and reinvest his libido into a new love object. The process of mourning is accomplished according to S. Freud (1917/1957) as follows:

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
when the work of mourning is completed the ego
becomes free and uninhibited again. (p. 245)

Deutsch (1937) pointed out that mourning may not always follow a normal course but may exhibit itself in patterns of intensity or chronic melancholia. The presence of guilt or ambivalence toward the lost object may interfere with the completion of mourning, thus allowing the libidinal or aggressive attachments to persist. When the above exists, the painful affect remains and the attachments are unresolved.

Grief is generally accepted as a mourning response to loss. Ferguson (1978) related that grief is a definite reaction which can be characterized by psychological and physiological symptoms. Lindemann (1944) provided some of the first research findings about the symptomatology of normal grief. Observations of grieved individuals were remarkably similar. Lindemann described the following symptoms:

Sensations of somatic distress occurring in waves lasting from 20 minutes to an hour at which time, a feeling of tightness in the throat, choking with shortness of breath, need for sighing, an empty feeling in the abdomen, lack of muscular power, and intense subjective distress described as tension or mental pain. (p. 141)

An issue that has caused great debate among researchers is the question of when an individual has the capacity to mourn (Bowlby, 1958, 1960a, 1960b, 1961a, 1961b; A. Freud, 1960; Ferguson, 1978; R. A. Furman, 1964a, 1964b; Wolfenstein, 1966). A discussion about "mourning" and children seems inconsistent. As adults, it is a common response to protect a child from ugliness--especially the ugliness of death.

Bowlby (1951, 1958, 1960a, 1960b, 1961a, 1961b) must first be recognized for his discussion of grief and mourning in infancy. He noted that separation of the young child from the mother or mother figure initiates phases of protest, despair, and detachment once the bond between the parent and child was broken. Bowlby (1958) observed a mourning process with a persistent longing for the lost love object that was frequently associated with hostility. Nevertheless, it may be concluded that ego development suffers jeopardy if the psychobiological unity of the mother and the child is seriously disrupted in the first year of life.

Bowlby's (1958) theoretical orientation of "psychobiological unity" was questioned by A. Freud (1960). Bowlby's biological approach was based on the assumption that there is an inborn urge which ties the infant to its

mother. A. Freud (1960) upheld that the infant bonds to an object that supplies it pleasure and does not necessarily have to have its biological mother.

To differentiate between a child's ability to comprehend death and his ability to tolerate what has occurred has interested many researchers. A. Freud and Burlingham (1943) wrote about the reactions of children in the Hempstead Nurseries during World War II:

It can be safely said that all the children who were over two years at the time of the London "blitz" . . . realize that the house will fall down when bombed and that people are often killed or get hurt by falling houses. (p. 15)

They also described a 4-1/2-year-old child acknowledging his father's death: "My father has been killed . . . he will not return" (p. 69).

It is difficult to evaluate a child's capacity to adjust to his or her own parental death. There are disagreements in the literature as to when a child has the capacity to mourn (E. Furman, 1974). The question of an individual's capacity to mourn is generally agreed to be based on that same individual's capacity to formulate a concept of death.

Piaget (1929, 1930) has made great contributions toward the understanding of conceptual and behavioral patterns of children. According to Piaget, child

development is an evolution of thought process which helps the child adapt to his environment. Thus, thought becomes more logical as the child matures.

Piaget's (cited in Ferguson, 1978) theories have pointed out that children conceptualize their world differently and are not simply miniature adults. As a child matures, it seems that his concept of death would mature also. Anthony (1940) reported definitions of the word "dead" given to 91 children between the ages of 5 and 13 years. It was observed that as children grew older their definitions of death developed from very limited meanings such as "to go to sleep" to those of "when you have no pulse, and no temperature, and can't breathe." Anthony found that the years 7 to 8 are critical in a child's ability to gain a complete comprehension of death. In a similar finding, Menis-Peterson (1978) studied narratives about death produced by children between the ages of 3.5 and 9.5 years. She found that death narratives barely existed in children under the age of 5.5 years, but that a child over the age of 6 years could spontaneously talk about death. Only the 9-year-old children indicated emotional reactions to a death of their affection for the deceased. She concluded that young children have difficulty coping with death in

emotional terms and suppress or deny their affective reactions to it.

R. A. Furman (1973) agreed that the mourning task is dependent on the ability for an individual to have a concept of death. However, he proposed that a 2 to 3-year-old can master the concept of death; and that a 3-1/2 to 4-year-old can mourn with the encouragement and support from others.

R. A. Furman (1964a, 1964b) was disputed by Wolfenstein (1966) who contended that mourning does not occur in children of preadolescent age. Wolfenstein (1966) found denial to be a defense mechanism in children who had experienced a parental death. She observed that mourning as described by A. Freud (1960) did not occur in bereaved children. Expression of sad emotions were limited and most children immersed themselves immediately into the activities of daily living. The youth seemed to be denying the finality of the loss.

Deutsch (1937) further supported that a child's ego is not mature enough to take on the work of mourning and that it utilizes a defense mechanism to circumvent the process. Altschul (1966, 1968) believed that not only can a child deny the loss of a parent, but that denial leads to the arrest of ego development. He concluded with Deutsch

(1937) that such incomplete processes have a disturbing effect upon adult psychic development.

Finally, McConville (1974) held that bereavement has multifaceted effects on a child. Intellectual, environmental, and affectual factors varying according to age and developmental stage will interplay with past and present experiences. There is a great need for professionals to understand the dynamics of bereavement for a child. McConville warned that unless bereavements are adequately treated there may be prolonged emotional stress which leads to family breakdown and children with deep internal despair.

Coping Responses of Bereaved Youth

Kubler-Ross (1969) is widely recognized for her work with dying patients and individuals' responses to loss. She identified the sequence of coping responses to loss as denial, anger, bargaining, depression, and acceptance. Individually or as a succession these attributes have been observed in bereaved individuals--young and old.

Defense mechanisms observed in bereaved youth have primarily been observed to be denial, identification, and regression. Affectual changes are usually seen in the emotions of depression, anger, and guilt.

Wolfenstein (1966) observed that most children experienced much denial in the experience of a parental death. Wessel (1976) seemed to support Wolfenstein in that he saw the loss of a parent as an interruption in the healthy development of an adolescent. He observed bereaved adolescents to cling frequently to the idea that their parents were still very much alive. Often the youth would idealize the deceased person and regress under stress to an earlier child-like state.

Identification with the deceased parent is not an uncommon experience for the youth. According to D. Miller (1974) the deceased parent may be buried in reality, but the adolescent cannot bury the ties to the lost parent. Birtchnell (1969) wrote:

Identification occurs irrespective of the sex of the parent lost. Such a reaction is probably an attempt to deny the loss. It is as though the child is saying, "My father is alive because I am he." (p. 8)

As a result of the parental death, the child loses a part of himself.

Rochlin (1959, 1961, 1965) addressed the response of youth to object loss. He defined it as "the forced abandonment of a desired and personal relationship" (1965, p. 1). He viewed the consequences of object loss from the perspective of its impact on self-esteem which is bound

throughout life from early childhood onward. His findings concluded: "In the dissolution of a relationship, a satisfying image of the self tends in part to be given up" (1965, pp. 2-3). Basically, Rochlin (1959, 1961, 1965) observed fixations, regressions, identification, and heightened narcissism to combat the anxiety of loss.

Affectual responses to the death of a parent vary in youth. Themes that have been noted in children's perception of parental death are: that the death was regarded as (a) an abandonment, or (b) as an event which signaled their own culpability and called for punishment (S. Freud, 1917/1957). These reactions frequently could bring on the feelings of worthlessness and depression.

Guilt feelings associated with the dead parent seemed to stem from the child's feelings that his own "hostile" thoughts or actions caused the parent's demise. Arthur and Kemme (1964) found many cases in which psychological testing revealed underlying guilt of which a child was not consciously aware.

These guilt feelings laid the foundation for masochistic tendencies and a need to punish the self (D. Miller, 1974). Suicide attempts or threats should be taken seriously in bereaved children (Dorpat, Ripley, & Jackson, 1965; Greer, 1964). Arthur and Kemme (1964)

stated that younger children will often fantasize over a reunion with their parents "up in heaven"; older youths have a more concrete understanding on the meaning of death and pursue suicide as a means of joining their parents.

The idea that the deceased parent has chosen to leave the youth gives way to a child's feeling of anger toward the dead parent and toward the remaining parent for allowing the event to happen (D. Miller, 1974). Wolfenstein (1969) in earlier findings spoke of rage which she frequently observed in children. Feelings of anger may be directed inward or outward to social injustice.

Summary

From the above review it can be seen that parental death is accepted as a traumatic adjustment for a youth to experience. The research in this area found many case studies and retrospective studies from adult psychiatric populations; however, few studies were found that address the youth's additional adjustment during the course of adolescence. It was the intent of this review to examine more closely adolescence and parental death to determine

the possible adjustments encountered by a bereaved adolescent.

CHAPTER 3

PROCEDURE FOR COLLECTION AND TREATMENT OF DATA

The research was descriptive, comparative, cross-sectional, and nonexperimental in nature. This chapter presents the methodology that was utilized in carrying out the study.

Setting

The setting for this study was 10 Protestant churches located in a county which is in a southwestern state of the United States. The county where the churches were located constituted a large metropolitan city and its suburbs. The area in which the churches were situated was largely populated by white middle-to-upper-middle class families. The membership of the churches ranged from approximately 500 to 10,000 members. All of the churches used for this study had been established for at least 10 years.

Administrative staff members from the churches were asked to identify subjects for the study. Subjects were tested individually in their own homes. Each subject was encouraged to find a comfortable setting such as the

kitchen or dining room table in which to fill out the tool. Adequate lighting and a quiet environment were available for each subject.

Population and Sample

This convenience sample consisted of 32 adolescents who met the following delimitations:

1. Subjects were limited to adolescents ranging from 12 to 15 years of age.
2. Participants were attending middle-to-upper-middle class Protestant churches where the data was collected.
3. Subjects were living in a large metropolitan suburban area located in a southwestern state of the United States.
4. Subjects could read, write, and speak the English language.
5. Subjects were either male or female.
6. A parental death had not occurred prior to the adolescent's third birthday.
7. A parental death had not occurred within 6 months prior to the scheduled testing session.

Difficulty was experienced in obtaining subjects, especially in the group of adolescents who had

experienced a parental loss. Most of the churches interviewed could identify at least one or two families where there had been a parental death. However, the limitation on the age of the youth to be tested (12-15 years) proved to eliminate several potential subjects. One church in the community had seven families in its congregation that had experienced a parental death for a total of nine youths who would meet the qualifications of this study. Approximately one of every two potential subjects who had experienced a parental death were not approachable due to the remaining parent's refusal to have the child participate in the study. On one refusal a parent had recently remarried and did not want to upset the "new family system" by stirring up memories of the deceased mother. Parents had a tendency to protect girls from this study. In one family a widow gave permission for her 15-year-old son to be tested but requested that her 12-year-old daughter not participate because she was "too young."

The researcher found that several families were very resourceful in identifying other potential subjects who had lost a parent by death. In addition, Parents without Partners provided a resource for identifying several subjects.

In order to obtain the subjects and accommodate them with a minimum of inconvenience, some subjects were tested in their homes instead of the church location. None of the subjects refused to participate in the study after parental permission was given. Only one female, age 12 years, whose father had died of cancer seemed to be upset by participating in the study. She cried quietly after finishing and stated, "I didn't want dad to die at home--my friends don't know."

In conclusion, the sample tested was a highly screened group. The adolescents involved in the study had many support systems within the family and the church. Thirty-two subjects were tested which resulted in an even distribution of 16 subjects for each of the following 2 groups:

Group I--Adolescents who had experienced the loss of a parent by death.

Group II--Adolescents who had not experienced the loss of a parent by death.

Protection of Human Subjects

In order to protect the rights of the subjects engaged in this study, permission to do the study was obtained from the following:

1. Texas Woman's University Human Research Committee (Appendix A).

2. An administrative staff member from participating churches--Agency Permission for Conducting Study (Appendix B).

3. Parent and adolescent subjects of the research project--Written Consent to Act as a Subject for Research and Investigation (Appendix C).

The subjects were informed of the benefits and risks of the study which were identified as the following:

1. Stirring up negative emotions produced by memories.
2. Eliciting anxiety with respect to test performance.
3. Public embarrassment.
4. Improper release of information.

Time was set aside to answer the questions of the participants before the questionnaire was given. The investigator offered to counsel with any of the participants after the questionnaire was taken to deal with negative emotions or anxiety. Participants were assured that there were no "right" or "wrong" answers, and that the data would be reported in terms of group means. Anonymity was established by assigning each subject a

number for identification, and a group Roman numeral (I or II) for each population being studied. The signed consent forms were kept separate from the questionnaires.

Instrument

The instrument used was the Mooney Problem Check List (MPCL), Junior High School Form (Appendix D). The MPCL was copyrighted and permission was obtained for its use in this study (Appendix E). The MPCL, developed for junior high, high school, and college students, was constructed in the early 1940s by Mooney, who wished to "systematize his methods of discovering the problems of young people" (Mooney & Gordon, 1950, p. 11). In his work at Ohio State University as an administrator and psychological counselor, Mooney saw a need to develop a more effective way to assess the problems of youth. As a result of his efforts, a list of items was drawn up and categorized into different areas. The MPCL being used is the 1950 revised edition. This pencil and paper instrument has 210 items representing seven problem areas:

- I. Health and Physical Development (HPD)
- II. School (S)
- III. Home and Family (HF)
- IV. Money, Work, and Future (MWF)
- V. Boy and Girl Relations (BG)

- VI. Relations to People in General (PG)
- VII. Self-Centered Concerns (SCC) (Mooney & Gordon, 1950, p. 4)

The MPCL is evaluated by determining the frequency of underlined problems in each of the above seven areas. Each of the seven adjustment areas has a potential of 30 problems for the subject to underline and identify with for a total of 210 items.

In verifying the validity of the MPCL, Mooney and Gordon (1950) documented its usefulness in the following areas: responsiveness, constructive attitude, coverage of problems, acceptance by educators and counselors, and usefulness in research (Mooney & Gordon, 1950). In testing the reliability of the MPCL, it would seem that the dynamic nature of individuals would cause the answers to differ at each MPCL administration. Considering that the data are to be used for a variety of purposes, assurance has been given that the MPCL answers "remain reasonably stable over a period of time" (Mooney & Gordon, 1950, p. 9). This assertion has been reinforced by two sources:

The first is an unpublished study by Gordon in which the college form of the pre-1950 revision of the Problem Check List (MPCL) was administered twice to 116 college students. The frequency with which each of the items was marked on the first administration was correlated with the frequency with which each of the items was marked on the second administration. A correlation coefficient of .93 was found.

The second source is a study of four educational groups in which the Problem Check List (MPCL) was repeated from one to ten weeks after a first administration. The rank order of eleven problem areas, arranged by size of mean number of problems checked in the areas, remained virtually the same from one administration to the other for each of the groups. The rank order coefficients varied from .90 to .98. (Mooney & Gordon, 1950, p. 9)

Although the MPCL has been created to meet the constantly dynamic problems of an individual's life, the previous two examples assert that the MPCL does "exhibit sufficient stability to warrant general program planning on the basis of survey results" (Mooney & Gordon, 1950, p. 9).

Data Collection

The collection of data began with the investigator contacting administrative staff members of selected churches. The Oral Explanation of Study for Agency Consent (Appendix F) was read to each staff member as an introduction to the study. Once Agency Permission for Conducting the Study (Appendix B) was received, the administrative staff members were asked to identify families which had adolescents pertinent for the study. The investigator asked the administrative staff member to communicate with the parents of the adolescents identified for the study. The administrative staff member

acted as a liaison between the adolescents, parents, and investigator for the purpose of potential subject identification. If a parent indicated an interest to the administrative staff member to allow his or her adolescent to participate in the study, the investigator then contacted the parent with a telephone call. The investigator read the Oral Explanation of Study for Parents (Appendix G) to describe the intent of the study. If the parent expressed an interest to the investigator to allow the adolescent to participate in the study, the investigator then mailed the following package to the family:

1. Written Consent to Act as Subject for Research and Investigation (Appendix C).
2. Written Explanation of the Purposes of the Study for the Adolescent (Appendix H).

Data collection sessions were held at the homes of the subjects on a date agreed upon by the parent and the investigator. Each subject was asked to bring the consent form with a parent's signature to the data collection session. Prior to the testing session the investigator allowed time to answer any questions offered by the subject. The subject signed the consent form (Appendix D) before participating in the study.

Each subject had a fact sheet (Appendix I) attached to the MPCL questionnaire. The fact sheet requested the following information from the youth based on the study's delimitations:

1. Sex.
2. Age.
3. Grade in school.
4. Parental information.
5. Adolescent's age at parental death.

Subjects were asked to go through the list and choose the problems common to them by underlining the ones of most concern. They completed the MPCL by writing a summary interpretation in their own words. It was explained to the subjects that there were no "right" or "wrong" answers. The questionnaire took approximately 15 minutes to complete.

Treatment of Data

After the MPCL was given, the data were separated into the following groups:

Group I Adolescents who had experienced the loss of a parent by death.

Group II Adolescents who had not experienced the loss of a parent by death.

For the purpose of this study, the researcher only addressed the data of underlined problems. The number of underlined problems in each of the problem areas was considered to be the dependent variable. The data were placed into a frequency form in each of the seven problem areas surveyed on the MPCL. The data were then tabulated for each hypothesis and tested on the .05 level of significance with the Mann-Whitney U test due to the small sample utilized in this study.

CHAPTER 4

ANALYSIS OF DATA

A two-group, nonexperimental, explanatory design was used to determine if adolescents who have experienced a loss of a parent by death have more adjustment problems than youths living with both of their natural parents. This chapter is concerned with the description and analysis of data collected from the sample.

Description of Sample

The sample consisted of 32 adolescent youth. The first group was comprised of 16 youth who had both parents living, and the second group was comprised of 16 youth who had experienced a parental death. The subjects were 12-15 years of age and both males and females were represented. Besides age and sex, demographic data elicited from both groups included grade in school along with the following parental information: Is your mother living? If not, when did she die? Is your father living? If not, when did he die? If either of your parents has died, what age were you at the time of their death? Table 1 presents the demographic data of both groups of the study in percentages.

Table 1
Sample Demographic Data by Group Membership

Item	<u>Parent not deceased</u>		<u>Parent deceased</u>	
	Number	Percentage	Number	Percentage
Race				
Caucasian	16	100%	16	100%
Sex				
Male	8	50%	10	62.5%
Female	8	50%	6	37.5%
Age*				
12	4	25%	3	18.75%
13	2	12.5%	3	18.75%
14	7	43.75%	5	31.25%
15	3	18.75%	5	31.25%
Grade in school*				
7th	5	31.25%	5	31.25%
8th	3	18.75%	2	12.50%
9th	6	37.50%	3	18.75%
10th	2	12.50%	6	37.50%

*At time of testing session.

n = 32.

All participants for this study were Caucasian. There were equal numbers of males and females whose parents were not deceased who participated in the study. The group in which each child had experienced a parental loss had a higher percentage of male participants than female. The median age for both groups was 14 years. The school grade level for both groups ranged from the 7th to the

10th grade. The group without a parental loss had the highest percentage from the 9th grade. The adolescents who had experienced a parental loss had the highest percentage from the 10th grade followed by the 7th grade.

Table 2 presents demographic data of subjects with a deceased parent. Subjects who had experienced a parental loss demonstrated a higher percentage of paternal deaths (75%) as compared to maternal deaths (25%). The age of the youth at the time of parental death ranged from age 3 to 14. Age 7 showed the highest percentage (18.75%) of parental death.

Findings

This portion of the study contains two sections. The findings of this research consisted of the test of the hypotheses and additional findings.

Test of the Hypotheses

The Mann-Whitney U test (one-tailed) was used to compare adolescents who have both parents living to adolescents who have lost a parent by death. The .05 alpha level was selected.

Hypothesis 1 stated: Adolescents who have experienced the loss of a parent by death will have increased adjustment problems in the area of health and physical

development (HPD) compared to adolescents who have both parents living. Hypothesis 1 was not accepted according to the analysis of the data ($\underline{U} = 104.0$, $p = .183$) indicating that there was no significant difference in health and physical development (HPD) adjustment problems between adolescents who have experienced the loss of a parent by death and adolescents who have not.

Table 2
Demographic Data of Subjects Who Have
Experienced a Parental Death

Item	Number	Percentage
Parents deceased		
Mother	4	25%
Father	12	75%
Age of child at parent's death		
3	1	6.25%
4	1	6.25%
5	1	6.25%
6	2	12.50%
7	3	18.75%
8		- 0 -
9	1	6.25%
10	2	12.50%
11	2	12.50%
12		- 0 -
13	1	6.25%
14	2	12.50%
15		- 0 -

$\underline{n} = 16.$

Hypothesis 2 stated: Adolescents who have experienced the loss of a parent by death will have increased adjustment problems in the area of school (S) compared to adolescents who have both parents living. According to the analysis ($U = 114.5$, $p = .305$), hypothesis 2 was rejected indicating that there was no significant difference in school (S) adjustment problems between adolescents who had experienced the loss of a parent by death and adolescents who have both parents living.

Hypothesis 3 stated: Adolescents who have experienced the loss of a parent by death will have increased adjustment problems in the area of home and family (HF) compared to adolescents who have both parents living. According to the analysis of the data ($U = 89.5$, $p = .073$), hypothesis 3 was not supported indicating that there was no significant difference in home and family (HF) adjustment problems between adolescents who have experienced the loss of a parent by death and adolescents who have both parents living. However, a trend toward increased adjustment problems in the area of home and family for adolescents who have experienced a parental death was present.

Hypothesis 4 stated: Adolescents who have experienced the loss of a parent by death will have increased

adjustment problems in the area of money, work, and future (MWF) compared to adolescents who have both parents living. The analysis of the data ($\underline{U} = 103$, $p = .173$) did not support hypothesis 4 indicating that there was no significant difference in money, work, and future (MWF) adjustment problems between adolescents who have experienced the loss of a parent by death and adolescents who have both parents living.

Hypothesis 5 stated: Adolescents who have experienced the loss of a parent by death will have increased adjustment problems in the area of boy and girl relations (BG) compared to adolescents who have both parents living. Analysis ($\underline{U} = 88$, $p = .066$) did not support hypothesis 5 indicating that there was no significant difference in boy-girl relations (BG) adjustment problems between adolescents who have experienced the loss of a parent by death and adolescents who have both parents living. However, there was a trend toward increased adjustment problems for adolescents who had experienced a parental death in the area of boy and girl relations (BG) as compared to adolescents who have both parents living.

Hypothesis 6 stated: Adolescents who have experienced the loss of a parent by death will have increased adjustment problems in the area of relations to people

in general (PG) compared to adolescents who have both parents living. This hypothesis was accepted due to the analysis of the data ($\underline{U} = 69$, $p = .013$) which indicated more adjustment problems with people in general (PG) for adolescents who have experienced the loss of a parent by death than for adolescents who have both parents living.

Hypothesis 7 stated: Adolescents who have experienced the loss of a parent by death will have increased adjustment problems in the area of self-centered concerns (SCC) compared to adolescents who have both parents living. The hypothesis was accepted at the .05 level of significance. The data analysis of $\underline{U} = 32.5$, $p = .001$ indicated substantially increased problems in self-centered concerns (SCC) for adolescents who have experienced the loss of a parent by death compared to adolescents who have both parents living.

Table 3 illustrates the mean responses on each adjustment variable of the subjects by group membership. The group with a deceased parent indicated almost twice the total number of underlined adjustment problems as the group which had both parents living.

Table 4 shows the rank of each variable adjustment area according to the mean responses of each group. The

Table 3
Mean Response on Each Adjustment
Variable by Group Membership

Variable	Parent not deceased	Parent deceased	Mann-Whitney U Significance (one-tailed)
Health and physical development	2.5	3.7	.183
School	7.6	8.4	.305
Home and family	3.9	6.6	.073
Money, work, and future	3.9	7.1	.173
Boy-girl relations	2.2	4.6	.066
People in general	3.0	6.8	.013
Self-centered concerns	<u>3.3</u>	<u>10.8</u>	<u>.001</u>
Total	26.4	48.0	.026

n = 32.

group which had experienced a parental loss experienced self-centered concerns as their greatest adjustment area, whereas the group without a parental loss experienced school as the greatest adjustment area.

Table 4
Rank of Adjustment Variable by Group Membership

Rank	<u>Parent not deceased</u>		<u>Parent deceased</u>	
	Variables	Mean	Variables	Mean
1	School	7.6	Self-centered concerns	10.8
2	Home and family	3.9	School	8.4
3	Money, work, and future	3.9	Money, work, and future	7.1
4	Self-centered concerns	3.3	People in general	6.8
5	People in general	3.0	Home and family	6.6
6	Health and physical development	2.5	Boy-girl relations	4.6
7	Boy-girl relations	2.2	Health and physical development	3.7
Total		26.4		48.0

n = 32.

Additional Findings

In addition to analyzing the single variables of health and physical development; school; home and family; money, work, and future; boy-girl relations; people in general; and self-centered concerns, the total group

problems of these variables were compared between the two groups of adolescents. The analysis ($\underline{U} = 76.5$, $p = .026$) indicated a significant difference in total problems for adolescents who have experienced a parental death compared to adolescents who have both parents living.

In the area of self-centered concerns (SCC), over 50% of the group in which there was a deceased parent underlined the following problem areas:

1. Sometimes not being as honest as I should be.
2. Being lazy.
3. Worrying.
4. Daydreaming.
5. Being nervous.

Adolescents with deceased parents indicated increased problems in the variable of people in general (PG), as analyzed in hypothesis 6 ($\underline{U} = 69$, $p = .013$). The problem of most concern, "missing someone very much," was underlined by 62.5% of the group who had experienced a parental death.

In the area of boy-girl (BG) relations, the most frequently underlined problem by adolescents with a deceased parent was "thinking too much about the opposite sex" and "no place to entertain friends" as compared to

"too little chance to do what I want to do" for adolescents who had both parents living. In the area of home and family (HF), 43.75% of the adolescents who had experienced a parental death addressed "death in the family" and "mother or father not living" compared to the adolescents who had both parents living who did not address these concerns at all. The investigator noted that 56.25% of the adolescents whose parents had died failed to underline both of the above two concerns. Of the same group, 37.5% underlined either "death in family" (18.75%) or "mother or father not living" (18.75%). It was of interest that 18.75% of the adolescents who had experienced a parental death did not underline either "death in family" or "mother or father not living."

Additional findings shown by write-in problems expressed the following concerns of subjects from both groups: "school," "father," "boys," "girls," "freedom from parents," "future," and "being lazy." Fifty percent of the subjects in both groups stated that they did not want to talk to someone regarding their problems, 33% wanted to talk to someone about their problems, and the remainder of the subjects made no comments. Extra concerns verbalized and written by adolescents who had a

deceased parent included "dreaming of the deceased parent," "fears of remarriage by the surviving parent," or "conflict with the present stepparent."

Summary of Findings

Based on the analysis of the data, the findings are summarized as follows: Significant differences were not found at the .05 level between the two groups of adolescents in the areas of health and physical development (HPD); school (S); home and family (HF); money, work, and future (MWF); and boy-girl relations (BG). Therefore, hypotheses 1, 2, 3, 4, and 5 were rejected. Hypotheses 1 through 5 did demonstrate means in the predicted direction that adolescents who had experienced a parental death would have increased adjustment problems compared to adolescents who have both parents living. Tendencies of approaching significance were observed in the areas of home and family (HF) and boy-girl relations (BG).

Hypotheses 6 and 7 were accepted at the .05 level of significance. Therefore, a significant increase in adjustment problems for adolescents who have lost a parent by death were found in the areas of people in general (PG) and self-centered concerns (SCC). The total problems experienced by adolescents who have a

deceased parent compared to adolescents who have both parents living were significant on the .05 level.

CHAPTER 5

SUMMARY OF THE STUDY

The problem in this study was to compare the adjustment problems of adolescents who have had the loss of a parent by death to those who have both parents living. The hypotheses stated that adolescents with a loss of a parent by death will have more adjustment problems in the following seven areas: health and physical development; school; home and family; money, work, and future; boy-girl relations; people in general; and self-centered concerns. Conclusions and implications will be discussed in this chapter. This chapter will conclude with recommendations for future studies in this problem area.

Summary

Erikson (1963) has provided the theoretical orientation of adolescence as being a crucial time of identity formation. Does a youth who has experienced a loss of a parent by death have more adjustment problems during this phase of identity formation?

A review of the literature showed a dearth of studies on this topic area. Literature located was generally

adult retrospective studies or adolescent case presentations.

To test the hypotheses the following controls were utilized. A comparison of adolescents with both parents living was contrasted with adolescents who had lost a parent by death. Youth who participated in the study were males and females limited to the ages ranging from 12 to 15. The subjects had to be attending middle-to-upper-middle class Protestant churches where the data were collected. The capacity to read, write, and speak English was an additional control exerted on both groups. The control group had to have both parents living. The subjects who had experienced a parental death could participate on the condition that their parent had not died before their third birthday, and the deceased parent had been dead for at least 6 months prior to the testing session.

The samples were identified by various staff members of Protestant churches located in a metropolitan county in a southwestern state of the United States. A parent was then contacted to request participation of his or her adolescent in the study. Assurance was given that the investigation had secured protection of the subjects and subjects' families through the Human Research Review

Committee of Texas Woman's University. Difficulty was encountered in that many families in the group with a parental death were reluctant to participate in the study and did not do so. On the average, for each family with a parental death to participate there was one to decline interest of participation. The group with both parents living did not pose a problem. The tool utilized in this study was a 210 item questionnaire called the Mooney Problem Check List. The tool provided the subjects the opportunity to underline areas of concern. Subjects who met the specific criteria for the study were selected using a nonprobability convenience sampling technique.

Treatment of the data was done by using the Mann-Whitney U test. A significant difference at the .05 level was found in the adjustment problems of adolescents who had experienced a parental death in the areas of people in general, self-centered concerns, and total problems listed in the MPCC. Although not significant, the group with a parental death showed a tendency of increased problems toward the direction of the hypotheses in the areas of health and physical development, school, home and family, and money, work, and future.

Discussion of Findings

Significant object loss and its detrimental effect on the self system has been supported in the literature (Rochlin, 1959, 1961, 1965). In adolescence, the self begins to mature and form an identity (Erikson, 1963) or "self-concept" which in turn reflects an individual's personality and relation to the world in general. The data overwhelmingly supported hypothesis 7 ($p = .001$) which stated that adolescents who have experienced a parental death will have more adjustment problems in the area of self-centered concerns than adolescents who have both parents living. The mean response in this category was 10.8 for the group which had experienced a parental death compared to 3.3 for the group which had both parents living out of a possible 30 problem areas.

The findings of increased self-centered concerns for bereaved adolescents contradicted studies done with three other adolescent groups which found school to be the major area of concern (Amos & Washington, 1960; Esper, 1964; Garrison & Cunningham, 1952). It is interesting to note that in this study, adolescents with both parents living found school to be the problem area of most concern.

People in general as a problem area of significant difference to bereaved youth was supported by testing hypothesis 6 ($p = .013$). Of the group which had experienced a parental death, 62.5% underlined "missing someone very much" as the problem of most concern. This finding corresponds with the literature that supported that relationships with people in general may suffer as a result of a bereaved youth's inability to abandon the fantasy relationship with the lost parent (Birtchnell, 1969).

The literature supported dating to be an area of major concern to many adolescents (Coddington, 1972b; Smith, 1980). Increased adjustment problems in the area of boy-girl relations for adolescents who have experienced a parental death was not supported by testing hypothesis 5 ($p = .066$) in this study. However, it approached significance for increased problems with boy-girl relations in the group which had experienced a parental death. This finding corresponds with Deiker and Pryer (1973) who held that emotionally disturbed adolescents have more problems in the area of boy-girl relations than normal adolescents.

Increased adjustment problems in the area of home and family for adolescents who have experienced a parental death was not supported after testing hypothesis 3

($p = .073$) in the study; however, it did approach significance. The literature supported the belief that children not living with both natural parents had more problems than those from intact homes (McIntyre, 1953). Of the group which had experienced a parental death, 43.75% underlined areas of concern as "death in the family" and "mother or father not living" compared to the group with both parents living not addressing those concerns at all. The investigator noted that 56.25% of the subjects in the group with a parental death failed to underline both of the above two concerns. Of the group with a parental death, 37.5% underlined either "death in family" (18.75%) or "mother or father not living" (18.75%). However, 18.75% of that same group did not underline either of the above concerns. Literature on bereaved youth indicated a tendency for the youth to use much denial in the loss of a parent by death (Wessel, 1976; Wolfenstein, 1966).

Test results of hypotheses 1, 2, and 4 did not show significant differences in the study. The literature supported that school, and money, work, the future are major concerns for adolescents in general (Garrison & Cunningham, 1952). This study corresponded with the literature review in that school was ranked the major adjustment area for adolescents who had both parents

living as compared to being the second ranking adjustment problem for adolescents who had experienced a parental death. Money, work, and future was ranked as the area of third most concern to both groups in the study.

Conclusions and Implications

Youths who have experienced the loss of a parent by death can be viewed as a population at risk for increased adjustment problems during their adolescence. This study did substantiate increased adolescent adjustment in the total problems of all the variables explored for bereaved youth. Viewed individually, only the variables of people in general and self-centered concerns were substantiated at the .05 level of significance for adolescents who have experienced a parental death. Increased problems for bereaved adolescents approached significance in the areas of home and family and boy-girl relations for this same group. The research findings on adolescents who have lost a parent by death supported the conceptual framework that there is a relationship between the stress of a parental loss and the youth's adaptation to adolescence.

Implications are present for nursing in the areas of nursing research, education, and service. The nurse can

expand her role with adolescents through a knowledge of the youth's family history. Awareness by the professional of specific problems experienced by a youth who has experienced a parental death can pave avenues of support to the adolescent. Nurses should be aware of the psychological implications of losing a parent by death, especially how it affects various age groups of children.

Recommendations for Further Study

As a result of this study, the following recommendations were made:

1. The present study be replicated with a larger sample.
2. Further controls regarding a youth's developmental age at the time of parental death, nature of the parent's death (sudden/expected), timing of testing in relationship to parental death, various ethnic backgrounds, previous counseling or therapy experiences, and previous experience with death should be built into future research designs.
3. A study be conducted to concentrate on the significant areas of people in general and self-centered

concerns of adolescents who have experienced a parental death for more specific problem concerns.

4. That subjects be identified by another agency or persons other than church staff members in order to get a broader population sample.

5. A follow-up study with older adolescents who have experienced a parental death (high school or college age) to determine resolution or shift in problem areas.

6. A control group with adolescents who have not experienced a parental death should be used for comparison using a random sampling technique.

APPENDIX A

TEXAS WOMAN'S UNIVERSITY

Human Research Committee

Name of Investigator: Beverly Merritt Center: Dallas
Address: 3917 Euclid Date: July 23,
Dallas, Texas 75205 1979

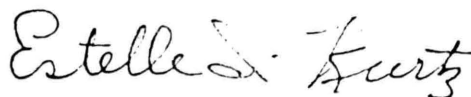
Dear Ms. Merritt:

Your study entitled Parental Death: Identifying Adjustment Problems Specific to Adolescents has been reviewed by a committee of the Human Research Review Committee and it appears to meet our requirements in regard to protection of the individual's rights.

Please be reminded that both the University and the Department of Health, Education and Welfare regulations require that written consents must be obtained from all human subjects in your studies. These forms must be kept on file by you.

Furthermore, should your project change, another review by the Committee is required, according to DHEW regulations.

Sincerely,



Chairman, Human Research
Review Committee

at Dallas.

APPENDIX B

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING

AGENCY PERMISSION FOR CONDUCTING STUDY

THE _____

GRANTS TO Beverly Ann Merritt, a student enrolled in a program of nursing leading to a Master's Degree at Texas Woman's University, the privilege of its facilities in order to study the following problem:

Parental Death: Identifying Adjustment Problems
Specific to Adolescents

The conditions mutually agreed upon are as follows:

1. The agency (~~may~~) (may not) be identified in the final report.
2. The names of consultative or administrative personnel in the agency (~~may~~) (may not) be identified in the final report.
3. The agency (~~wants~~) (does not want) a conference with the student when the report is completed.
4. The agency is (willing) (~~unwilling~~) to allow the completed report to be circulated through interlibrary loan.
5. Other _____

Date: November 5, 1979

Beverly Merritt
Signature of Student

Signature of Agency Personnel

Stacy Ziegler
Signature of Faculty Advisor

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING

AGENCY PERMISSION FOR CONDUCTING STUDY

THE _____

GRANTS TO Beverly Ann Merritt, a student enrolled in a program of nursing leading to a Master's Degree at Texas Woman's University, the privilege of its facilities in order to study the following problem:

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3. The agency (~~wants~~) (does not want) a conference with the student when the report is completed.
4. The agency is (willing) (~~unwilling~~) to allow the completed report to be circulated through interlibrary loan.
5. Other _____

Date:

September 15, 1980

Beverly Merritt
Signature of Student

Signature of Agency Personnel

Shirley Ziegler
Signature of Faculty Advisor

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING

AGENCY PERMISSION FOR CONDUCTING STUDY

THE _____

GRANTS TO Beverly Ann Merritt, a student enrolled in a program of nursing leading to a Master's Degree at Texas Woman's University, the privilege of its facilities in order to study the following problem:

Parental Death: Identifying Adjustment Problems
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3. The agency (~~wants~~) (does not want) a conference with the student when the report is completed.
4. The agency is (willing) (~~unwilling~~) to allow the completed report to be circulated through interlibrary loan.
5. Other _____

Date: May 6, 1980

Beverly Merritt
Signature of Student

Signature of Agency Personnel

Shirley Frazier
Signature of Faculty Advisor

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING

AGENCY PERMISSION FOR CONDUCTING STUDY

THE _____

GRANTS TO Beverly Ann Merritt, a student enrolled in a program of nursing leading to a Master's Degree at Texas Woman's University, the privilege of its facilities in order to study the following problem:

Parental Death: Identifying Adjustment Problems
Specific to Adolescents

The conditions mutually agreed upon are as follows:

1. The agency (~~may~~) (may not) be identified in the final report.
2. The names of consultative or administrative personnel in the agency (~~may~~) (may not) be identified in the final report.
3. The agency (~~wants~~) (does not want) a conference with the student when the report is completed.
4. The agency is (willing) (~~unwilling~~) to allow the completed report to be circulated through interlibrary loan.
5. Other _____

Date: July 25, 1979

Beverly Ann Merritt
Signature of Student

Signature of Agency Personnel

Shirley Ziegler
Signature of Faculty Advisor

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING

AGENCY PERMISSION FOR CONDUCTING STUDY

THE _____

GRANTS TO Beverly Ann Merritt, a student enrolled in a program of nursing leading to a Master's Degree at Texas Woman's University, the privilege of its facilities in order to study the following problem:

Parental Death: Identifying Adjustment Problems
Specific to Adolescents

The conditions mutually agreed upon are as follows:

1. The agency (~~may~~) (may not) be identified in the final report.
2. The names of consultative ~~or~~ administrative personnel in the agency (~~may~~) (may not) be identified in the final report.
3. The agency (~~wants~~) (does not want) a conference with the student ~~when~~ the report is completed.
4. The agency is (willing) (~~unwilling~~) to allow the completed report to be circulated through interlibrary loan.
5. Other _____

Date: September 7, 1979

Signature of Agency Personnel

Beverly Ann Merritt
Signature of Student

Stanley Ziegler
Signature of Faculty Advisor

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING

AGENCY PERMISSION FOR CONDUCTING STUDY

THE _____

GRANTS TO Beverly Ann Merritt, a student enrolled in a program of nursing leading to a Master's Degree at Texas Woman's University, the privilege of its facilities in order to study the following problem:

Parental Death: Identifying Adjustment Problems
Specific to Adolescents

The conditions mutually agreed upon are as follows:

1. The agency (may) (may not) be identified in the final report.
2. The names of consultative or administrative personnel in the agency (may) (may not) be identified in the final report.
3. The agency (wants) (does not want) a conference with the student when the report is completed.
4. The agency is (willing) (unwilling) to allow the completed report to be circulated through interlibrary loan.
5. Other _____

Date: 9-11-1979

Beverly Ann Merritt
Signature of Student

Signature of Agency Personnel

Shirley Ziegler
Signature of Faculty Advisor

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING

AGENCY PERMISSION FOR CONDUCTING STUDY

THE _____

GRANTS TO Beverly Ann Merritt, a student enrolled in a program of nursing leading to a Master's Degree at Texas Woman's University, the privilege of its facilities in order to study the following problem:

Parental Death: Identifying Adjustment Problems
Specific to Adolescents

The conditions mutually agreed upon are as follows:

1. The agency (may) (may not) be identified in the final report.
2. The names of consultative or administrative personnel in the agency (may) (may not) be identified in the final report.
3. The agency (wants) (does not want) a conference with the student when the report is completed.
4. The agency is (willing) (unwilling) to allow the completed report to be circulated through interlibrary loan.
5. Other _____

Date: September 10, 1979

Beverly Merritt
Signature of Student

Signature of Agency Personnel.

Harley Ziegler
Signature of Faculty Advisor

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING

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3. The agency (wants) (~~does not want~~) a conference with the student when the report is completed.
4. The agency is (willing) (~~unwilling~~) to allow the completed report to be circulated through interlibrary loan.
5. Other _____

Date: July 25, 1979

Beverly Merritt
Signature of Student

Signature of Agency Personnel

Shirley Ziegler
Signature of Faculty Advisor

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING

AGENCY PERMISSION FOR CONDUCTING STUDY

THE _____

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2. The names of consultative or administrative personnel in the agency (~~may~~) (may not) be identified in the final report.
3. The agency (wants) (does not ~~want~~) a conference with the student when the report is completed.
4. The agency is (willing) (unwilling) to allow the completed report to be circulated through interlibrary loan.
5. Other _____

Date: October 1, 1979

Beverly Merritt
Signature of Student

Signature of Agency Personnel
Shirley Ziegler
Signature of Faculty Advisor

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING

AGENCY PERMISSION FOR CONDUCTING STUDY

THE _____

GRANTS TO Beverly Ann Merritt, a student enrolled in a program of nursing leading to a Master's Degree at Texas Woman's University, the privilege of its facilities in order to study the following problem:

Parental Death: Identifying Adjustment Problems
Specific to Adolescents

The conditions mutually agreed upon are as follows:

1. The agency (~~may~~) (may not) be identified in the final report.
2. The names of consultative or administrative personnel in the agency (~~may~~) (may not) be identified in the final report.
3. The agency (wants) (does ~~not~~ want) a conference with the student when the report is completed.
4. The agency is (willing) (unw~~illing~~) to allow the completed report to be circulated through interlibrary loan.
5. Other _____

Date: September 7, 1979

Beverly Merritt
Signature of Student

Signature of Agency Personnel

Shirley Ziegler
Signature of Faculty Advisor

APPENDIX C

CONSENT TO ACT AS SUBJECT FOR RESEARCH
AND INVESTIGATION

(The following information is to be read by the parents and the adolescents)

1. I hereby authorize Beverly Merritt to perform the administration of the Mooney Problem Check List to _____. I understand that the Mooney Problem Check List is a questionnaire designed to determine common problems associated with junior high school students.
2. The procedure described under #1 has been explained to me by Beverly Merritt.
3. I understand that the procedure under #1 involves the possible risks or discomforts:
 - a) Stirring up negative emotions produced by memories.
 - b) Eliciting anxiety in regards to test performance.
 - c) Public embarrassment.
 - d) Improper release of data.
4. I understand that Beverly Merritt will try to minimize the above risks to the best of her ability. I understand that she is available to offer counsel in regards to any negative feelings or anxiety experienced by myself. I understand that my anonymity will be secured by Beverly Merritt because she does not plan to use my name. Instead, I will be given a group and subject number. Signed Consent Forms will be kept separately from the questionnaire. Data will be reported in terms of group means.
5. I understand that the procedure described in #1 has the following benefits to myself or others in that it will provide an opportunity to better understand the possible problems specifically experienced by an adolescent who has had the loss of a parent by death.
6. An offer to answer all my questions regarding this study has been made by Beverly Merritt. If alternative procedures are more advantageous to me, they have been explained. I understand that I may terminate my participation in the study at any time.
7. In an attempt to establish reliable data, I shall attempt to answer the questionnaire as honestly as possible.

Subject signature

date

Since the subject is a minor, a parent's signature is required:

Parent signature

date

Beverly Merritt

date

APPENDIX D

Mooney Problem Check List

This tool has been copyrighted and cannot be reproduced. Copies of the tool can be obtained from The Psychological Corporation, 757 Third Avenue, New York, New York 10017.

APPENDIX E

**THE PSYCHOLOGICAL CORPORATION**

757 THIRD AVENUE, NEW YORK, N.Y. 10017 (212) 888-4444 CABLE: HARBRACE

April 4, 1978

Beverly Merritt RN BSN
3904 Euclid
Dallas, Texas 75205

Dear Ms. Merritt:

Thank you for your letter of March 27 requesting permission to use the Mooney Problem Check List, Form J, for research purposes.

The copyright notice on the MPCL does not mean that you cannot use the instrument; it means that no portion of the instrument can be reproduced without the permission of The Psychological Corporation.

Enclosed is a copy of our catalog which will provide the price and ordering information you need.

Sincerely,

Irene Neuvelt
Supervisor
Rights and Permissions

Enc.

APPENDIX F

ORAL EXPLANATION OF STUDY FOR AGENCY CONSENT

To be read to administrative church staff members:

I am a graduate nursing student of Texas Woman's University. To meet the requirements for a Master's Degree, I would like to conduct the following study of common problems of adolescents. I would like to study the following two populations:

- 1) Adolescents who have lost a parent by death;
- 2) Adolescents who have both parents living.

To gather this information for the study, I am asking administrative staff members from local area Protestant churches to act as liaisons between the parents of the adolescents and myself. All I want from you is your identification of adolescents pertinent to this study. I would also be interested in arranging a classroom in which I can gather my data. I am projecting to engage at least 30 adolescents (15 for each group) between the ages of 12 and 15 who would agree to participate in this descriptive research study.

The study will consist of the adolescents filling out a pencil and paper test called the Mooney Problems Check List which assesses problems of adolescents. The study will require approximately 45 minutes of the adolescent's time. Names will not be used to prevent invasion of privacy.

I would like to set up an appointment with you to discuss this in further detail. There is an Agency Consent Form that must be signed if you agree to participate in the study. Your participation in this study is voluntary and you are free to withdraw at any time. I can be contacted at the following number after 5:00 p.m. if you have any questions, 526-0656.

APPENDIX G

ORAL EXPLANATION OF STUDY FOR PARENT

To be read to the parents of adolescents identified for the study:

I am a graduate nursing student of Texas Woman's University in conjunction with being the Health, Education and Welfare Adolescent Nursing Fellow at the University of Texas Health Science Center in Dallas, Texas. To meet the requirements for a Master's Degree, I would like to conduct the following study of common problems of adolescents. I would like to study the following family backgrounds:

- 1) Adolescents who have experienced the loss of a parent by death;
- 2) Adolescents who have not experienced the loss of a parent by death.

I asked (administrative staff member) to identify adolescents who are pertinent for the study. He/She communicated your interest in allowing your child to participate. I would like for your adolescent to fill out a questionnaire which is called the Mooney Problem Check List. The questionnaire deals with the following areas:

- 1) Health and Physical Development
- 2) School
- 3) Home and Family
- 4) Money, Work, the Future
- 5) Boy and Girl Relations
- 6) Relations to People in General
- 7) Self Centered Concerns

The study will require approximately 45 minutes of your adolescent's time. I have arranged a classroom at the church for the data collection session. Names will not be used to prevent invasion of privacy.

I perceive that the potential risks involved in your adolescent are the following:

- 1) Stirring up negative emotions produced by memories.
- 2) Eliciting anxiety in regards to test performance.
- 3) Public Embarrassment.
- 4) Improper release of data.

I am aware of the above risks and want to assure you of my intent to prevent or minimize any discomfort to your child. I am prepared to be available to your son/daughter to clarify any questions prior to the data collection. I will also be available after your son/daughter has filled out the questionnaire to deal with any negative feelings or anxiety. Names will not be used. Signed Consent forms will be kept separately from questionnaires. Data will be tabulated in terms of group means.

If you are still interested in allowing your son/daughter to participate, I would like to send the following to you:

- 1) Written Consent Form--which must be signed by you prior to your son/daughter coming to the data collection session. I will ask your child to sign the same form prior to taking the questionnaire.
- 2) Letter to Adolescent--explaining the purpose of the study.
- 3) Schedule--which lists the date, time and location of the data collection session.

An abstract of the final research copy will be available at your church through your administrative staff member. Your child's participation in this study is voluntary and he/she is free to withdraw at any time.

You can reach me at the following telephone number if you have any further questions, 526-0656.

APPENDIX H

WRITTEN EXPLANATION OF THE STUDY TO BE
MAILED TO THE ADOLESCENT

Dear

I am a graduate nursing student of Texas Woman's University in conjunction with being an Health, Education and Welfare Adolescent Nursing Fellow at the University of Texas Health Science Center in Dallas, Texas. To meet the requirements of my Master's Degree, I would like to conduct a study of adjustment problems experienced by youth who are between the ages of 12 and 15.

I will be studying two groups:

I Adolescents who have experienced a loss
of a parent by death.

II Adolescents who have both parents living.

I have talked briefly to your parents on the phone. They have indicated that you might be interested in participating in my study. I would like to request approximately 45 minutes of your time to fill out a questionnaire which covers the following areas:

- 1) Health and Physical Development
- 2) School
- 3) Home and Family
- 4) Money, Work, the Future
- 5) Boy and Girl Relations
- 6) Relations to People in General
- 7) Self Centered Concerns

I would like for you to fill out the questionnaire at your church. I have made arrangement to use a classroom there. You only need to bring yourself and the Consent Form.

I would appreciate your cooperation. I realize that you probably have many activities going on this summer, but please consider participating in this study. Your names will not be used to protect your privacy. There are no right or wrong answers. Your answers will be tabulated in terms of group means. I have enclosed the following:

- 1) Schedule--which states when and where the session will take place.
- 2) Consent Form--which you must bring to the session. A parent must sign the consent form

before you fill out the questionnaire.
I would like for you to sign the consent
form when you get to the session after
I've had an opportunity to answer any of
your questions.

Thank you so much. If you have further questions, I can be
reached at the following telephone number, 526-0656.

Beverly Merritt
Graduate Student
Texas Woman's University

APPENDIX I

Group # _____

Subject # _____

FACT SHEET *

Please fill out the following information to the best of your knowledge:

Sex _____

Age _____

Grade in School _____

Parental Information:

Is your mother living? Yes _____ No _____

If not, when did she die? _____

Is your father living? Yes _____ No _____

If not, when did he die? _____

(If you answered "No" to either of the above questions, please answer the following.)

If either of your parents has died,
what age were you at the time of
his/her death? _____

Has your parent remarried? Yes _____ No _____

*To be filled out prior to taking questionnaire at the data collection session.

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