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The developmental implications of childhood bereavement

Susan C. Legg

THE DEVELOPMENTAL IMPLICATIONS OF CHILDHOOD BEREAVEMENT

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A Thesis

Presented to the

Faculty of

California State University,

San Bernardino

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In Partial Fulfillment

of the Requirements for the Degree

Master of Science

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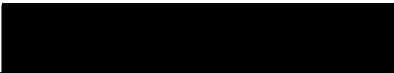
Psychology

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ABSTRACT

This study investigated the long term developmental consequences of childhood bereavement. It was hypothesized that bereavement would have an impact on the child's ability to achieve certain developmental milestones, depending on the child's age at the time of the death. If the loss occurred in middle childhood (ages 4 - 12 years), the sense of self-esteem and competence would be affected. If the loss occurred in adolescence (ages 13 - 20), the ability to form a sense of identity and engage in intimate relationships would be impaired. The Rosenberg Self-Esteem Scale, the Harter Self-Perception Profile for College Students, the Miller Social Intimacy Scale, and the Extended Version of the Objective Measure of Ego Identity Status were used to assess 58 young adults who experienced a bereavement during middle childhood or adolescence, and the scores were compared with those of 48 young adults who did not experience any bereavement. A series of one-way MANOVAs was used to determine significance on the measures. The results indicated that there was a significant difference between those who were bereaved during middle childhood and those who did not experience the death of any close friend or family member on scores of achieved identity status. Significant differences were also found between those who were bereaved in middle childhood and those bereaved in adolescence on measures of self-esteem and achieved identity. No

significant differences were found between the groups on the
measures of sense of competence and ability to form intimate
relationships. These findings were interpreted in terms of
the relatively high functioning of this sample and the fact
that certain environmental factors could enhance adjustment
to stressors such as bereavement. Possible problems with the
design of the study and implications for directions of future
research were also presented.

ACKNOWLEDGMENTS

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INTRODUCTION

For many years childhood bereavement has been largely ignored by psychologists. The past few decades have seen a surge of interest in childhood bereavement, but most studies have focused on parental loss, largely ignoring the other losses that children may suffer. When studies are conducted, they often focus on either the short-term effects, or on long-term pathology. Few studies have attempted to look at any issues resulting from the impact of the bereavement on the resolution of developmental tasks.

Likewise, attachment studies have focused on the child's attachment to a parent or a parenting figure, largely ignoring other forms of attachment in children. The past decade has seen a renewed interest in the role that siblings and others play in the development of a child, but again there has been little research into the long-term effects of the death of these other attachment figures.

Attachment

Bowlby (1988) argues that attachment and the development of a "secure base" are essential for a child's psychosocial development. With a secure attachment relationship the child's self is able to develop in a healthy manner. The need for an attachment figure is equivalent to a need to feel safe; the loss of an attachment figure disturbs the child's ability to feel safe. According to Weiss (1988), the need to attach is not under conscious control. Furthermore, it is

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suggested that the attachment that a child forms is relatively persistent over time, regardless of whether it is a healthy, positive attachment or a poor, negative attachment.

The attachment described throughout the literature is the attachment between a child and parent or parenting figure. There is, however, another form of attachment that has only recently been studied by psychologists. Dunn (1992) claims that siblings can play positive roles in each other's lives. Bank and Kahn (1982) remind us that in times of divorce and remarriage, increased geographic mobility, etc., often the only constant figure in one's life is one's sibling(s). Today's world is vastly more complex, and children growing up in such a world may be deprived of opportunities for contact, constancy, and permanency. This need for object constancy often can only be fulfilled by a sibling, the one person with whom the child is more likely to be in constant and permanent contact. Similarly, a review of studies (Boer, et al., 1992) found that when parents were unable to fully meet the emotional needs of their children, the children often turned to siblings for their support and attachment needs.

In addition to attachment to parents and siblings, the research suggests that close friends and mentors play important roles in children's lives. In an exhaustive review of the literature on sibling and peer relationships in

childhood, Dunn and McGuire (1992) found that most studies have failed to differentiate between "friends" and "peers." Peer relationships are frequently studied in relationship to adjustment in social relationships, school achievement, developmental outcome, etc. Friendships, however, have been rarely investigated. The researchers point out that close friends play a very different role in the lives of children, compared to the roles played by classmates, and that research needs to begin to differentiate between the different levels of friends in children's lives.

Berndt and Perry (1986) studied perceptions of friendships among children and young adolescents. They found that while the actual support received by the children was often not as much as the child had expected, the perception of support available, or potentially available, from friends was high. Among adolescents, friendships appear to become increasingly more important and stable, with most adolescents reporting having had the same best friend for three or more years, and some friendships having lasted ten or more years (Claes, 1992). Claes (1992) also found that the quality of the friendship was a better predictor of positive personal adjustment in adolescents. In a study of social support among adolescents from alcoholic and non-alcoholic homes, Barrera, Chassin and Rogosch (1993) found that parental support, but not sibling or best friend support, was related to adolescent adjustment, and that support from a best friend

"showed a very specialized function...related to self-esteem"
(p. 610).

The role of non-related adults in the development of
children is an area that is under-researched. The literature
suggests that the presence of a stable adult "mentor" figure
is important for children who encounter parental abandonment
or loss, or other traumatic events (e. g. Ziller & Stewart-
Dowdell, 1991). Little is known, however, about the impact
of a special teacher, "god-parent," aunt or uncle, etc. in
the life of the child who has not encountered the trauma, nor
has there been research on the effects of the loss of the
mentor figure in the life of a "normal" child.

Hartup (1989) describes social relationships as being of
two kinds: vertical attachments to parents/caregivers and
other adults, and horizontal attachments to "individuals who
have the same amount of social power as themselves" (p. 120),
that is, siblings, friends, and other peers. Both kinds of
relationships are necessary for healthy development.
Ainsworth (1989) reminds us that the nature of affectional
bonds and attachment changes throughout the life cycle, with
important developmental implications along the way. It thus
appears that in addition to parents and siblings, close
friends and others such as teachers or mentors play important
roles in assisting children and adolescents negotiate
developmental milestones.

Erikson's Theory of Development

Erikson (1982) proposed that individuals progress through a series of stages, each with its own psychosocial "crisis," as they go through life. Each stage has a specific "task" which the individual - child, adolescent, or adult - must work through. Furthermore, for healthy development it is important that the environment is favorable and conducive to successful resolution of each crisis.

For school-age children the tasks center around the development of a sense of competence and self-esteem (Erikson, 1963). The sense of "I can do it!" allows children to internalize a positive image of themselves and their own abilities.

The primary task during adolescence according to Erikson (1968) is that of identity achievement. It is during the teen-age years that a sense of "I know who I am" develops. Various roles are tried and then discarded until the one that "fits" is adopted.

Expanding on Erikson's theory, Marcia (1980) proposed that adolescent identity takes one of four forms: foreclosure, moratorium, diffusion, or achievement. Adolescents with a "foreclosed" identity have a sense of identity and goals that have been chosen for them by others. They are committed, but have not experienced any crisis in order to achieve that commitment. In "moratorium" adolescents are actively searching for identity and goals.

There is no commitment to any particular aspect of their identity. Adolescents who are neither searching for goals nor made any choices about their future or identity are said to be in the stage of "identity diffusion". There is no commitment to any aspect of their identity, and they are not in crisis because they are not in the process of searching. Identity achievement occurs when the adolescent has completed the struggle, or crisis, made choices and decisions, and is now committed to an identity and has set lifestyle goals. It is possible, according to Marcia, to have a foreclosed identity without passing through a crisis, or the moratorium stage, but it is not possible to *achieve* an identity without crisis.

Although Erikson placed the crisis of "intimacy" in young adulthood, the ability to form an intimate relationship is based on the individual's sense of identity. The concepts of identity and intimacy are thus closely linked, with a strong "achieved identity" a prerequisite for developing an intimate relationship.

Underscoring the link between the stages of identity and intimacy, a study by Sandor and Rosenthal (1986) examined young adults' outlook on various types of love and compared it to their resolution of the identity and intimacy crises. They found that for certain types of love, scores were higher when high identity and high intimacy had been achieved, but that the achievement of high intimacy was not linked to age.

This is especially important to consider because the ages of the subjects in their study were between 15 and 21, normally considered as "adolescent" rather than "young adult." This suggests that age per se is not necessarily a factor in passing through the crisis of intimacy.

Bereavement in Childhood

The attainment of cognitive ability is a factor in bereavement, with the ability to understand death strongly linked to cognitive development (Kane, 1979; Lonetto, 1980; Wass, 1984). The cognitive ability to understand what death means is not, however, a requirement for grief and mourning. Because children form attachments long before they develop the cognitive skills required for abstract thought it is the loss of the attachment figure, rather than the understanding of loss and death in general, that triggers the mourning process (Bowlby, 1980).

Grief can best be defined as the emotion of bereavement. Bereavement is the loss of a significant person in one's life. Mourning is the process through which the loss is resolved and incorporated. Doyle (1980) found that children react in much the same manner as adults do when mourning, going through the stages of disbelief, anger, and shock, as they attempt to reorganize and rebuild their lives. Doyle also found that children take longer to go through the stages, causing the entire process to last much longer.

In contrast, Poznanski (1979) found that the sadness

exhibited by children was of a shorter duration than is characteristic of adults. Rather than exhibiting prolonged periods of affective expressions of grief, children are more likely to show evidence of behavioral disturbances for a much longer period of time. Poznanski's findings should be re-evaluated in light of current definitions of depression in childhood. The Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R; APA, 1987) includes behavioral disturbances as some of the indicators of depression in children. This gives support to Doyle's findings that the mourning process lasts longer in children than in adults.

School-age children tend to show fairly universal reactions to bereavement (Krupnick, 1984; Rosen, 1991). There is a tendency in children of this age to think in egocentric, "magical" ways, and to equate thought with deed. Children frequently feel guilty about the death of a loved one. While this can be attributed to the child's egocentrism, Krupnick (1984) points to these guilt feelings as a way for the individual to feel in control of the environment, as a way of denying or defending against the sense of being ineffectual, a state which can lead to depression and apathy, similar to Seligman's description of "learned helplessness" and resultant depression (Seligman et al, 1974).

Another typical reaction of children is to fear further abandonment. Richter (1986) interviewed children who had

experienced the death of a sibling. One 13-year-old boy remembered his fears of the time following his loss: "If someone went away, I always felt they wouldn't come back. I was afraid my mom would go away to work and never come home (p. 23)." Rosen (1991) described the need of children to retain objects which had belonged to the deceased as a way for the children to retain a part of that person.

For both children and adolescents there appears to be a pattern of touching upon and retreating from the mourning process (Rosen, 1991). For children this may be a reflection of their limited cognitive abilities, and a way for them to take in only as much as they are able to understand at one time.

Adolescence is a time of instability under normal circumstances. Rosen (1991) points out that "the loss of a family member during adolescence can interfere with the kind of experimentation and experiencing of life that usually is necessary as the teenager begins to find his or her identity away from the family (p. 11)." The wish to meet the family's need to retain the remaining family members prevents the teenager from separating and moving on.

Parental Bereavement

There has been a great deal of research on the effects of parental bereavement (see Krupnick, 1984). Because parents are the primary caregivers of children, the universal reaction of the parentally bereaved child is that of feelings

of abandonment (Bowlby, 1980, 1988). In an exhaustive review of the literature on childhood bereavement, Krupnick (1984) found that negative shifts in self-concept and self-esteem are often found after parental death. Studies on parental bereavement have found the mental health of the surviving parents to be a factor in the mental state of the children (van Eerdewegh, et al., 1985) and that the surviving parents are often so absorbed in their own grief that they cannot respond to their children's needs (Adams & Deveau, 1984; Siegel, et al., 1990).

A study comparing children who had lost a parent to death to a control group of non-bereaved children who were hospitalized for depression assessed symptom endorsement reports by the children, by their parents, and by mental health professionals (Weller, et al, 1991). Among the bereaved children it was possible to make a diagnosis of major depression three times more often if the data from the children was used rather than the data from the parents. This underreporting of depressive symptoms supports the previously cited studies which found that parents are often too absorbed in their own grief to recognize their children's need for their attention.

Depression in Childhood

Another aspect of depression in bereaved children is the long-term implications of the depression. A longitudinal study of depressed children found that while the children

were not found to be excessively dependent as children, this trait was evident in adulthood. Age-appropriate emancipation during older adolescence and young adulthood was not found with these adults (Poznanski, et al, 1976). This study is supported by the findings of van Eerdewegh and his colleagues, who believe that because of the immaturity of children's personality, a depression of 13 months duration might inhibit or interfere with normal ego development (Van Eerdewegh, et al, 1982). Doyle's (1980) findings that the length of the mourning process in children was much longer than that of adults is particularly relevant here and suggest that childhood or adolescent bereavement may have significant long-term consequences.

Sibling Bereavement

When children lose a parent they are acknowledged by others to have suffered an important loss, and the behavior toward the children reflects this acknowledgement. However, in sibling loss, children's experiences are complicated by the failure of those around them to acknowledge that they have suffered a significant loss. These children must cope "not only with the loss of a sibling but also with the functional loss of grieving parents as well" (Rosen, 1986; p. 6).

In a study of 159 adults who suffered childhood sibling loss, Rosen (1986) found that one-third reported feeling a responsibility or need to comfort their parents. This need

took precedence over their own needs to express their own feelings of loss, and was coupled with a sense of having to make up to their parents for the loss of their sibling. Cain and his colleagues (1964) found that often both parents and children would identify the survivors with the traits and roles of the deceased child. For parents this arose from the need to replace the idealized dead child. For children it arose out of a need to make up for the death of their sibling and to avoid further abandonment by the parents.

This replacement of the deceased child is one of three types of coping evidenced by survivor children as presented by Krell and Rabkin (1979), depending on the family dynamics and reactions to the loss. The "Resurrected Child" is a surviving child or a new infant who has become a replacement for the dead child. The "Haunted Child" is distrustful and fearful because of the silence in the family surrounding the circumstances of the death. The "Bound Child" is over-protected to prevent further catastrophe. Balk (1983a, 1983b, 1991) found that in a group of 33 adolescents who suffered the loss of a sibling, less than half reported that their parents were supportive following the death. Less than half were able to talk to their parents about personal matters, when prior to the death all of them reported that they had been able to talk to at least one, if not both, of their parents. Another reaction reported by the teens was increased protectiveness by the parents. These are reactions

which would appear to make it difficult for the child to develop a sense of individual identity at the appropriate time.

Bereavement of Other Attachment Figures

Despite the importance of other attachment figures in the life of the child or adolescent, a review of the literature on childhood bereavement found only minimal reference to the effects of the loss of these figures on the surviving child (e. g., Meyers & Pitt, 1976; Pynoos et al., 1987). This lack of attention to this area of childhood bereavement is an indication of the need for further research.

Summary

The death of a parent, sibling, or significant other (close friend, mentor, etc.) can thus impact surviving children significantly. If the death is that of a sibling, the child's parents often experience depression, which has been found to have a negative impact on adolescent adjustment and self-esteem (Hirsch, et al., 1985). Poznanski (1979) found that overt parental rejection is frequently found in depressed children, and this is one means by which children lose their self-confidence and self-esteem. In adolescents, it is their perception of parental support that is correlated to their level of self-esteem (Gecas & Schwalbe, 1986). Thus, the impact of parental depression and unavailability or overprotectiveness on the surviving child's self-esteem is

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largely negative. In addition, the surviving child is also experiencing depression due to the loss of his/her sibling.

To date, research on bereavement has focused primarily on parental bereavement and on the symptoms of grief. Studies of sibling bereavement have focused on the child's reactions and recollections. Studies on depression have found that there is a negative impact on self-esteem in children when either the parent or the child is depressed. Long term studies of bereavement have focused on pathological symptoms rather than developmental effects. While a few studies have looked at the short term developmental effects of loss, no studies have attempted to follow sibling-bereaved children into adulthood to study the impact of the bereavement on their achievement of developmental milestones.

The purpose of this study was to investigate the impact of childhood bereavement on developmental tasks. In the event of sibling bereavement children suffer a double loss. The first loss is that of the parents, who, because of their own grief, are not able to fully attend to, or even recognize, the needs of the surviving child. This can be further complicated when the parent(s) become overly attentive to the surviving child, and, through their over-protectiveness, prevent the child from developing a healthy sense of his or her own identity and with it the ability to separate from the parents at the appropriate time. The second loss is that of the sibling; the child's peer, rival,

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confidant, and playmate. If the death is that of a parent, the surviving parent is, again, often too immersed in his or her own grief to recognize the grief of the child. When the death is of a close friend, teacher, or other mentor-type figure, parents may discount the impact of the loss, thus denying the child of needed support during the grieving process.

I believe that the death of a sibling, parent or other significant attachment figure has an impact on the child's ability to achieve certain developmental milestones, depending on the child's age at the time of the death. If the death occurs when the surviving child is in the middle childhood stage, the long-term effects will be in the area of competency and self-esteem, which will also affect the ability to form a sense of identity and intimate relationships. If the death occurs when the surviving child is in adolescence and working on issues of identity and intimacy, these will be the areas most affected as an adult.

Specifically, I expected to find that:

1) Young adults who reported the death of a sibling, parent or other attachment figure during middle childhood will score significantly lower on scales of self-esteem and perceived competence than young adults who reported a similar loss during adolescence, as well as those who did not experience a death at any time.

2) There will be no significant difference in scores on

the scales of self-esteem and perceived competence between those reporting a loss during adolescence and those reporting no loss.

    3) Young adults who reported the death of a sibling, parent or other attachment figure during adolescence will score significantly lower on the scales of achieved identity and ability to form intimate relationships than those who did not report any death at all.

    4) There will be no significant difference in the scores on the scales of achieved identity and ability to form intimate relationships between those reporting loss during middle childhood and those reporting loss during adolescence.

METHOD

Design

A single-factor, quasi-experimental, multivariate between subjects design was used to test the hypotheses. The independent variable was time of bereavement. There were three levels of the independent variable, to which the subjects were self-assigned, based on whether they experienced the death of a loved one during middle childhood (ages 4 through 12), during adolescence (ages 13 through 20), or no death at all. The study included four dependent variables: 1) level of self-esteem, as measured by the Rosenberg Self-Esteem Scale; 2) level of perceived competence, as measured by the Harter Self-Perception Profile for College Students; 3) sense of identity achievement, as measured by the Extended Objective Measure of Ego Identity Status (EOM-EIS); and 4) the ability to form intimate relationships, measured by the Miller Social Intimacy Scale.

Subjects

The subjects were 205 young adults, between the ages of 18 and 34 years, who volunteered to participate in the study. Those reporting the death of a grandparent were excluded from the study, due to the lack of information regarding the degree of perceived closeness between the subject and the grandparent, especially since many of the subjects used the comments section of the questionnaire to indicate that they felt that the death had had no impact on them because they

had had little contact with the grandparent prior to the death. Because the focus of this study was the impact of bereavement during middle childhood or adolescence, those subjects who experienced the death of a family member or friend after adolescence were also excluded from the study. A third exclusion were those subjects who were over the age of 35. This was done to increase the homogeneity (and internal validity) of the groups and decrease the likelihood of other types of losses or other life experiences that come with increasing age which might affect the outcomes.

The subjects were recruited from the student population at California State University, San Bernardino. Subjects were offered "extra credit" points for voluntary participation in the study.

Of the 205 subjects who participated in the study, five subjects were eliminated from the analyses due to incomplete questionnaires, 46 subjects were over the age of 35, and 46 subjects were eliminated because the death was that of a grandparent. Two subjects were eliminated because the loss occurred after adolescence. The remaining 106 subjects were included in the analyses. There were 67 females and 39 males.

The majority of the females were caucasian (32.8%, N = 22) and Hispanic (37.3%, N = 25). Eleven subjects (16.4%) were Asian or Asian American and nine (13.4%) were African American. The mean age of the females was 21.4 years, with a

range of 18 to 34 years. Most of the female subjects described themselves as single (76.1%, N = 51), with six living in a committed relationship (9%), nine married (13.4%), and one separated but not divorced (1.5%).

For the male subjects, the majority were caucasian (53.8%, N = 21). Six subjects (15.4%) were Hispanic and six (15.4%) were Asian or Asian American. One was African American (2.6%), two were Native American (5.1%), and three classified themselves as "other" (7.7%). The mean age of the males was 21.9 years, with a range of 18 to 34 years. Three males were married (7.7%), one was divorced (2.6%), and the remaining 35 (89.7%) were single.

These 106 subjects were classified into three groups. Those experiencing the death of a close family member or friend during middle childhood (ages 4 through 12) were placed in condition one ("Loss in Middle Childhood", N = 20). Those reporting the death of a close family member or friend during adolescence (ages 13 through 20) were placed in condition two ("Loss in Adolescence", N = 38). Those who reported no death experienced were placed in the comparison group ("No Close Loss", N = 48).

Materials

A questionnaire format was used to gather the data for the study. The questionnaire consisted of four Likert-scored assessment scales, a demographics section, and a section relating to the subject's experience with bereavement.

The demographics included questions about socio-economic status, ethnicity, gender, age, and family background (see Appendix A). Family background information gathered included such things as the number and birth order of siblings in the participant's family, the family's religious background, and the subject's current religious beliefs. Another section dealt with the subject's experiences with death and included questions pertaining to the age of the participant at the time of the death, the circumstances surrounding the death, and the participant's reactions and the reactions of the other family members to the death (see Appendix B).

The rest of the questionnaire was comprised of the four self-assessment measures.

The Rosenberg Self-Esteem Scale (Rosenberg, 1975) was used to assess the subjects' level of self-esteem. The scale consists of nine items rated on a 5-point scale (see Appendix C). Test-retest reliability varies from .70 to .82 over a two year period (Fleming & Courtney, 1984; Hoge & McCarthy, 1983; Pelham & Swann, 1989). There is a significant correlation with scales measuring learned helplessness (Quinless & Nelson, 1988), indicating convergent validity.

The Rosenberg Self-Esteem Scale has a possible score range of 9 to 45 (nine items x five point/item maximum). A low score indicates a low sense of self-esteem, while a high score indicates a positive sense of self-esteem.

The subjects' sense of competence was measured by the

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Harter Self-Perception Profile for College Students (Neemann

& Harter, 1986), consisting of 54 items rated on a 4-point

scale (see Appendix D). The Harter Self-Perception Profile

for College Students assesses the subjects' personal sense of

his/her own abilities and competencies, how he/she feels in

social and familial relationships, and the subjects' sense of

global self-worth. Coefficient alpha for the Harter Self-

Perception Profile ranged from .76 to .92 across the

subscales for a pilot group of college students from two

different universities in Colorado (Neemann & Harter, 1986).

Similar findings were reported in a study of Canadian college

students (Masciuch, McRae, & Young, 1990).

The Harter Self-Perception Scale for College Students

has a score range of 54 to 216 (54 items x four point/item

maximum). Lack of perceived competence is indicated by low

scores, and perceived competence by high scores.

The ability to form intimate relationships was measured

by the Miller Social Intimacy Scale (Miller & Lefcourt,

1982), consisting of 17 items rated on a 10-point scale (see

Appendix E). Test-retest reliabilities of .96 and .84 over

two and four month intervals have been found for this scale.

The scale is found to correlate positively with scales

measuring interpersonal relationships and loneliness.

The Miller Social Intimacy Scale ranges from 17 to 170

(17 items x 10 point/item maximum). A poor ability to form

intimate relationships is indicated by a low score, with a

high score indicating a strong ability for intimacy.

The Extended Objective Measure of Ego Identity Status (EOM-EIS; Grotevant & Adams, 1983) was used to measure the sense of identity in the subjects (see Appendix F). The EOM-EIS is a 64-item scale designed to measure ego identity in college students in five contexts (occupational, religious, political, philosophical, and social) and two dimensions (ideological and interpersonal). The EOM-EIS has been used in a number of studies of ego identity status achievement (e. g., Berzonsky, Rice, & Neimeyer, 1990; Jones & Streitmatter, 1987). Bennion and Adams (1986) report high internal consistency for the EOM-EIS (Cronbach alphas ranging from .60 to .80). Test-retest reliability on the two dimensions ranges from r = .71 to .93 (Adams et al., 1979). Concurrent validity was established by Grotevant and Adams (1983) by correlations between self-report by the subjects and scores on the EOM-EIS. For the present study, minor changes in the wording of some questions was made to make the questions more applicable to contemporary college students. For example, the word "parents" was substituted for "folks," while "marriage" was changed to read "marriage/relationship." The change to the use of numbers instead of letters (A, B, C, etc.) for weighting was made to make the questionnaire appear more uniform and consistent in appearance.

The EOM-EIS can be used to either categorize subjects into one of the four developmental stages of identity

(Diffusion, Foreclosure, Moratorium, or Achievement), or can be evaluated using the mean scores on any or all of the four stages of identity. For more information on the scoring procedure, see Grotevant and Adams (1983). For the present study only the mean scores on the Identity Achievement questions were used. Higher scores indicate a higher sense of achieved identity, while lower scores indicate that the subject's sense of identity is less likely to be completely "achieved" and more likely to be either still in the process of change or prematurely foreclosed.

Procedure

An announcement was made during class time in undergraduate psychology courses at California State University, San Bernardino, requesting volunteers to participate in a psychology research project. The students were told that all answers would be confidential, and that only group data would be reported. After signing the informed consent sheet (see Appendix G), the volunteers were given the questionnaire consisting of 164 items; 143 items measuring sense of competence, self-esteem, identity and ability to form intimate relationships, 15 demographic questions, and 6 questions relating to the subject's experiences with death. They were asked to answer each item as truthfully as possible. The volunteers were treated according to the Ethical Guidelines for Psychologists (APA, 1992) at all times. Upon completing the questionnaire the

subjects were given a debriefing sheet (see Appendix H) informing them as to the purpose of the study and anticipated date of completion. The sheet also included information about bereavement support groups and grief counseling, in the event that completing the questionnaire opened old, unresolved feelings of grief. In addition, information concerning how to obtain a copy of the results was included in the debriefing statement. Extra credit slips were given to each volunteer upon completion, as a "thank you" for participating.

RESULTS

A series of one way Multivariate Analyses of Variance

(MANOVAs) was used to assess the differences between those

who lost a significant loved one during middle childhood,

those who lost a significant loved one during adolescence,

and those who did not suffer the loss of a loved one at any

time on the achievement of the developmental milestones of

self-esteem, competence, identity and ability to form an

intimate relationship.

Differences Between Loss in Middle Childhood and Loss in

Adolescence

A one-way MANOVA was run to compare those who lost a

loved one during middle childhood and those who lost a loved

one during adolescence on the measures of sense of self-

esteem, sense of competence, sense of intimacy, and achieved

identity. The results indicated that those who lost a loved

one during middle childhood scored significantly higher on

the measures of self-esteem, F (1,56) = 4.57, p < .05, and

achieved identity, F (1,56) = 3.90, p < .05. These findings

are summarized in Table 1.

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Table 1

Differences Between Loss in Middle Childhood and Loss in Adolescence

| | Time of Loss | | |
Dependent Measures	Loss in Middle Childhood N = 20	Loss in Adolescence N = 38	F
Sense of Self-Esteem	M = 37.25 SD= 5.74	M = 33.63 SD= 6.31	4.57*
Sense of Competence	M = 167.55 SD= 22.66	M = 161.87 SD= 20.91	.91
Sense of Intimacy	M = 148.05 SD= 15.82	M = 150.71 SD= 57.42	.04
Identity Achievement	M = 71.30 SD= 10.79	M = 66.16 SD= 8.63	3.90*

* $\underline{p}$ < .05

Differences Between Loss in Middle Childhood and No Loss

To compare those subjects who lost a loved one during middle childhood and those who did not suffer any loss at all, a one way MANOVA was run on measures of sense of self-esteem, sense of competence, sense of intimacy, and achieved identity. The results indicated that subjects who lost a loved one in middle childhood scored significantly higher than those who were not bereaved on the measure of identity achievement, $\underline{F}$ (1,66) = 6.24, $\underline{p}$ < .02. These results are summarized in Table 2.

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Table 2

Differences Between Loss in Middle Childhood and No Loss

	Time of Loss		
Dependent Measures	Loss in Middle Childhood N = 20	No Close Loss N = 48	F
Sense of Self-Esteem	M = 37.25 SD= 5.74	M = 34.10 SD= 6.93	3.20
Sense of Competence	M = 167.55 SD= 22.66	M = 164.31 SD= 23.80	.27
Sense of Intimacy	M = 148.05 SD= 15.82	M = 135.90 SD= 28.82	3.14
Identity Achievement	M = 71.30 SD= 10.79	M = 64.02 SD= 11.02	6.24*

* $p < .05$

Differences Between Loss in Adolescence and No Loss

A one way MANOVA was run to compare those who lost a loved one during adolescence and those subjects who did not suffer any loss on measures of sense of self-esteem, sense of competence, sense of intimacy, and achieved identity. There were no significant differences between the two groups on any of the measures. These results are summarized in Table 3.

Table 3

Differences Between Loss in Adolescence and No Loss

| | Time of Loss | | |
| | Loss in Adolescence N = 38 | No Close Loss N = 48 | F |
Dependent Measures			
Sense of Self-Esteem	M = 33.63 SD= 5.74	M = 34.10 SD= 6.93	.11
Sense of Competence	M = 161.87 SD= 20.91	M = 164.31 SD= 23.80	.25
Sense of Intimacy	M = 150.71 SD= 57.42	M = 135.90 SD= 28.82	2.43
Identity Achievement	M = 66.16 SD= 8.63	M = 64.02 SD= 11.02	.96

Group Differences in Developmental Milestone Achievement

Finally, a one way MANOVA was used to assess all three groups on the achievement of the developmental milestones of self-esteem, competence, intimacy and identity. The results indicated that there was a significant difference on the measure of identity achievement between the three groups tested, F (2,103) = 3.609, p < .05. A post-hoc Tukey indicated that the significant difference was between the loss in middle childhood group and the non-bereaved group, with subjects in the loss in middle childhood group scoring significantly higher on the scale of identity achievement than subjects in the non-bereaved group. No significant

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differences were found between the groups on the measures of
self-esteem, sense of competence, or sense of intimacy.
These findings are summarized in Table 4.

Table 4

Group Differences in Developmental Milestone Achievement

	Time of Loss			
Dependent Measures	Loss in Middle Childhood N = 20	Loss in Adolescence N = 38	No Close Loss N = 48	$\underline{F}$
Sense of Self-Esteem	M = 37.25 SD= 5.74	M = 33.63 SD= 6.31	M = 34.10 SD= 6.93	2.21
Sense of Competence	M = 167.55 SD= 22.66	M = 161.87 SD= 20.91	M = 164.31 SD= 23.80	.42
Sense of Intimacy	M = 148.05 SD= 15.82	M = 150.71 SD= 57.42	M = 135.90 SD= 28.82	1.61
Identity Achievement	M = 71.30 SD= 10.79	M = 66.16 SD= 8.63	M = 64.02 SD= 11.02	3.61*

* $\underline{p}$ < .05

DISCUSSION

This study looked at the influence of childhood
bereavement on the achievement of developmental milestones.
It was hypothesized that bereavement during middle childhood
would have a detrimental impact on the achievement of self-
esteem and competence, the tasks of middle childhood, which
would also impact the achievement of the adolescent
milestones of identity achievement and ability to form
intimate relationships. That is, that subjects who lost a
loved one during middle childhood would score significantly
lower on measures of self-esteem and sense of competence than
those who lost a loved one during adolescence or those who
suffered no loss at all. In addition these subjects would
score similarly on measures of sense of intimacy and achieved
identity to those who lost a loved one during adolescence,
but lower than those who suffered no loss at all. It was
further hypothesized that bereavement during adolescence
would have a detrimental effect only on the developmental
tasks of adolescence, that is, identity achievement and the
ability to form intimate relationships, with this group
scoring significantly lower on measures of achieved identity
and sense of intimacy than those who did not lose a loved one
at any time, but scores on self-esteem and competence
remaining intact, with no significant differences between
these two groups.

As expected, there were no significant differences

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between those who lost a loved one during adolescence and those who reported no loss on the measures of sense of self-esteem and sense of competence. The hypothesis that there would be no significant difference between those who reported a loss during middle childhood and those reporting a loss during adolescence on measures of sense of intimacy and achieved identity was partially supported. In this study, the two groups scored similarly on the measure of sense of intimacy. However, contrary to expectations, the loss during middle childhood group scored significantly higher than the loss during adolescence group on the measure of achieved identity.

Contrary to expectations, those subjects who experienced a loss during middle childhood had the highest scores on three of the four measures (self-esteem, competence, and identity), with these differences being significantly higher than the other two groups on the measures of sense of self-esteem and identity achievement. These results suggest that loss during childhood may not negatively impact attainment of developmental milestones as anticipated. The good news here is that there may be socio-environmental factors which moderate the potentially detrimental impact of bereavement. This study did not assess the possible moderating impact of factors such as social support, which have been identified by researchers as contributors to resiliency (Rutter, 1993). Further research on these issues is clearly needed.

The finding that middle childhood bereaved subjects had significantly higher achieved identity scores than non-bereaved may indicate that bereavement, rather than having a detrimental effect on development, may actually accelerate the achievement of some developmental milestones. Although there were no significant differences between the groups on the other measures, the generally higher scores by the group of subjects who experienced a bereavement earlier in life may mean that this group was forced to learn how to compensate for loss, trauma, and so forth at an earlier age, and in doing so, they were thus able to achieve a higher sense of self-esteem, perception of competence, and achieved identity. Rutter (1993) suggests that "steeling" or strengthening experiences early in peoples' lives may contribute to resilience. The findings of this study seem to support that notion, and suggest the need for further evaluation of this issue.

Other possible explanations for the lack of support for many of the hypotheses include subject characteristics, possible measurement problems, and other factors associated with bereavement. For example, we assessed only college students. The use of college students as subjects is often a mixed blessing in research. There is a relative homogeneity to the sample which enhances internal validity, but at the same time reduces external validity, making it inadvisable to generalize the findings of research done on students to that

of the population in general. This is especially important when dealing with issues of self-esteem, competence, and identity, because these are all factors which would tend to predict success in education, a factor likely to be necessary for admission to a university or college. In other words, it is possible that no significant differences were found in this study because of the necessity of having a higher sense of self-esteem, competence, and achieved identity simply in order to be admitted into the university. Although few differences were found between the groups in this study, the question does arise whether the results of this study would be the same if the population from which the sample was drawn included a representative proportion of non-students.

Furthermore, it is possible that the wide age range of the subjects who were included in the study may have had a bearing on the scores on many of the measures. Even though the vast majority of the subjects were between 18 and 23 years of age, with less than a fifth of the total number of subjects between 24 and 35, it is possible that the life experiences of the older subjects beyond the death of a close relative or friend may have influenced the way they responded to the questions. Future research in this area should concentrate on a narrower age range of much younger young-adults in order to increase internal validity.

In addition, to date most of the research on the impact of bereavement has dealt with pathology and there have been

few empirical studies (e. g., Hilgard et al, 1960, van Eerdewegh et al, 1982, van Eerdewegh et al, 1985). The current study suggests that the effects of bereavement in childhood do not have to result in long-term negative outcomes. While the population focused on here is college students, the findings seem to suggest that outcomes may be moderated by psycho-social experiences. The task for researchers in this area is to elucidate those factors so they can be utilized with children who experience childhood losses.

APPENDIX A

Demographics

PLEASE NOTE THAT YOUR RESPONSES ARE STRICTLY CONFIDENTIAL.
PLEASE TRY TO ANSWER AS MANY QUESTIONS AS POSSIBLE, TO THE
BEST OF YOUR KNOWLEDGE. THANK YOU FOR YOUR PARTICIPATION.

1. Your sex (circle one)   female   male

2. Your age at last birthday _____

3. Your marital status (check one)
   _____ a. single, never married
   _____ b. single, in a committed, living together
              relationship
   _____ c. married
   _____ d. separated
   _____ e. divorced
   _____ f. widowed

4. **When you were 12 years old**, what was the highest
   educational level or grade of:
   a. your father _____
   b. your mother _____

5. **At age 12**, what was your family's yearly income (your
   best estimate). Please mark your answer.
   _____ a. $5,000/yr or less   ($416/month or less)
   _____ b. $5,000 to $9,999/yr   ($417 to $832/month)
   _____ c. $10,000 to $14,999/yr ($833 to $1249/month)
   _____ d. $15,000 to $19,999/yr ($1250 to $1666/month)
   _____ e. $20,000 to $29,999/yr ($1667 to $2499/month)
   _____ f. $30,000 to $49,999/yr ($2500 to $4166/month)
   _____ g. $50,000/yr or more   ($4167/month or more)

6. **At age 12**, which of the following best describes the
   neighborhood in which you lived?
   _____ a. Urban poor (mainly low-income dwellings, high
              unemployment, etc)
   _____ b. Stable working-class (mainly small, relatively
              inexpensive homes)
   _____ c. Transitional working-class (combination of low-
              income dwellings, small private homes, etc)
   _____ d. Stable middle class (medium sized and medium
              priced homes, educated residents)
   _____ e. Upper middle-class or better (large, expensive
              homes, rather affluent neighbors)

7. **At age 12,** which of the following best described your family's social status?
    _____ a. unemployed
    _____ b. unskilled labor
    _____ c. skilled, blue collar worker
    _____ d. skilled, white collar worker (sales, clerical, service, etc)
    _____ e. manager
    _____ f. professional (nurse, teacher, etc)
    _____ g. executive, high income professional

8. Which of the following best describes your birth family's racial background?
    _____ a. African-American
    _____ b. Asian/Asian-American
    _____ c. Caucasian
    _____ d. Hispanic
    _____ e. Native American
    _____ f. Other (please specify:_____)

9. Which of the following best describes your family's religious beliefs?
    _____ a. Catholic
    _____ b. Protestant (please specify:_____)
    _____ c. Jewish
    _____ d. Moslem
    _____ e. Other (please specify:_____)

10. While you were growing up, how would you describe your family's commitment to your religion?
    _____ a. Strongly committed and observant
    _____ b. Relatively committed and observant
    _____ c. Somewhat committed, occasionally observant
    _____ d. Committed but not observant
    _____ e. Neither committed nor observant

11. My religious beliefs as an adult are
    _____ a. Strongly committed and observant
    _____ b. Relatively committed and observant
    _____ c. Somewhat committed, occasionally observant
    _____ d. Committed but not observant
    _____ e. Neither committed nor observant

12. **True** or **False** (please circle): As an adult, I practice the same religion that I held as a child. (If false, my new religion is _____.)

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13. My parents were: (please fill in the blanks where necessary)
_____a. married to each other throughout my childhood.
_____b. never married to each other; I lived with my
_____.
_____c. separated but did not divorce; I was _____ years old and lived with my _____.
_____d. divorced when I was _____ years old; I lived with my _____.
_____e. divorced when I was _____ years old and remarried when I was _____ years old; I lived with _____.
_____f. my mother/father (please circle) died when I was _____ years old and my surviving parent did/did not (please circle) remarry.

14. Please indicate your birth order.
_____a. first child of _____ (indicate total number of children).
_____b. middle child: # _____ of _____ total.
_____c. youngest child of _____ (indicate total number of children).
_____d. only child.

15. My siblings are
_____a. all the same sex as myself.
_____b. all the opposite sex from myself.
_____c. both males and females.
_____d. not applicable.

APPENDIX B

Childhood Experiences With Death

THE FOLLOWING ARE QUESTIONS PERTAINING TO YOUR CHILDHOOD
EXPERIENCES WITH DEATH. PLEASE ANSWER THE QUESTIONS AS
COMPLETELY AS POSSIBLE. A SPACE IS PROVIDED FOR YOUR COMMENTS
AT THE CONCLUSION.

1.   Have you experienced the death of someone close to you?
      _____Yes _____No

2.   If yes, how old were you at the time? _____

3.   Who was this person? (please circle)
      _____a. mother/father
      _____b. grandmother/grandfather
      _____c. sister/brother
      _____d. very close friend
      _____e. other (teacher, godparent, etc)
            Please specify:_____

4.   What were the circumstances surrounding the death?
      _____a. short unexpected illness
      _____b. long illness (more than 6 weeks)
      _____c. accident, died within 48 hours
      _____d. accident, died between 2 and 28 days later
      _____e. homicide
      _____f. suicide
      _____g. other (please specify _____)

5.   How did you learn of the death? _____
      _____
      _____.

6.   Did you, either individually or as a family, receive any
      kind of counseling following the death? (check all that
      apply)
      _____a. individual counseling with a therapist
      _____b. family counseling with a therapist
      _____c. priest/pastor/rabbi
      _____d. school counselor
      _____e. support group

If you'd like to add any comments, please use this space.
Thank you. _____
_____
_____
_____
_____.

APPENDIX C

Rosenberg Self-Esteem Scale

PLEASE ANSWER THE FOLLOWING QUESTIONS USING THE SCALE BELOW.
PLEASE ANSWER AS YOU WOULD DESCRIBE YOURSELF THE MAJORITY OF
THE TIME. THERE IS NO RIGHT OR WRONG ANSWER. PLEASE TRY TO
ANSWER ALL OF THE QUESTIONS.

1	2	3	4	5
STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE

1 2 3 4 5 At times I think I am no good at all.*

1 2 3 4 5 I take a positive attitude toward myself.

1 2 3 4 5 All in all, I am inclined to feel that I am a failure.*

1 2 3 4 5 I wish I could have more respect for myself.*

1 2 3 4 5 I certainly feel useless at times.*

1 2 3 4 5 On the whole, I am satisfied with myself.

1 2 3 4 5 I feel I do not have much to be proud of.*

1 2 3 4 5 I feel that I have a number of good qualities.

1 2 3 4 5 I am able to do things as well as most other people.

* Indicates items which are reverse scored.

APPENDIX D

Harter Self-Perception Profile for College Students

THE FOLLOWING ARE STATEMENTS WHICH ALLOW COLLEGE STUDENTS TO
DESCRIBE THEMSELVES. THERE ARE NO RIGHT OR WRONG ANSWERS
SINCE STUDENTS DIFFER MARKEDLY. PLEASE READ THE FOLLOWING
SENTENCES CAREFULLY AND CIRCLE THE NUMBER ON THE SCALE WHICH
BEST INDICATES HOW YOU VIEW YOURSELF. THINK ABOUT WHAT YOU
ARE LIKE IN THE COLLEGE ENVIRONMENT AS YOU READ.

1	2	3	4
REALLY	SORT OF	SORT OF	REALLY
UNTRUE	UNTRUE	TRUE	TRUE
FOR ME	FOR ME	FOR ME	FOR ME

1 2 3 4   I like the kind of person I am.

1 2 3 4   I am very proud of the work I do on my job.

1 2 3 4   I feel confident that I am mastering my
               coursework.

1 2 3 4   I am satisfied with my social skills.

1 2 3 4   I am happy with the way I look.

1 2 3 4   I like the way I act when I am around my
               parents.

1 2 3 4   I don't usually get too lonely because I have
               a close friend to share things with.

1 2 3 4   I feel like I am just as smart or smarter
               than other students.

1 2 3 4   I feel my behavior is usually moral.

1 2 3 4   I feel that people I like romantically will be
               attracted to me.

1 2 3 4   When I do something sort of stupid that later
               appears very funny, I can laugh easily at
               myself.

1 2 3 4   I feel I am just as creative or even more so
               than other students.

1 2 3 4   I feel I could do well at just about any new
               athletic activity I haven't tried before.

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1 2 3 4   I am usually quite pleased with myself.

1 2 3 4   I feel I am very good at my job.

1 2 3 4   I do well at my studies.

1 2 3 4   I am able to make new friends easily.

1 2 3 4   I am happy with my height and weight.

1 2 3 4   I find it easy to act naturally around my
                  parents.

1 2 3 4   I am able to make close friends I can really
                  trust.

1 2 3 4   I feel that I am very mentally able.

1 2 3 4   I usually do what is morally right.

1 2 3 4   I don't have difficulty establishing
                  romantic relationships.

1 2 3 4   I don't mind being kidded by my friends.

1 2 3 4   I feel I am very creative and inventive.

1 2 3 4   I do feel I am athletic.

1 2 3 4   I feel confident about my ability to do a
                  new job.

1 2 3 4   I rarely have trouble with my homework
                  assignments.

1 2 3 4   I like the way I interact with other people.

1 2 3 4   I like my body the way it is.

1 2 3 4   I feel comfortable being myself around my
                  parents.

1 2 3 4   I do have a friend who is close enough for me
                  to share thoughts that are really personal.

1 2 3 4   I feel I am just as bright or brighter than
                  most people.

1 2 3 4   I think I am quite moral.

1 2 3 4   I have the ability to develop romantic relationships.

1 2 3 4   I find it easy to laugh at the ridiculous or silly things I do.

1 2 3 4   I feel that I am very inventive.

1 2 3 4   I feel I am better than others at sports.

1 2 3 4   I like the way I am leading my life.

1 2 3 4   I am quite satisfied with the way I do my job.

1 2 3 4   I usually feel intellectually competent at my studies.

1 2 3 4   I feel that I am socially accepted by many people.

1 2 3 4   I like my physical appearance the way it is.

1 2 3 4   I get along with my parents quite well.

1 2 3 4   I am able to make close friends.

1 2 3 4   I am very happy being the way I am.

1 2 3 4   I feel I am intelligent.

1 2 3 4   I live up to my own moral standards.

1 2 3 4   I feel that when I am romantically interested in someone, that person will like me back.

1 2 3 4   I can really laugh at certain things I do.

1 2 3 4   I feel I have a lot of original ideas.

1 2 3 4   I am good at activities requiring physical skill.

1 2 3 4   I am usually satisfied with myself.

Miller Social Intimacy Scale

THINK ABOUT THE PERSON TO WHOM YOU ARE THE CLOSEST. PLEASE
INDICATE HIS/HER RELATIONSHIP TO YOU _____ (FOR
EXAMPLE, HUSBAND/WIFE, GIRLFRIEND/BOYFRIEND, FRIEND, PARENT,
BROTHER/SISTER). KEEPING YOUR RELATIONSHIP WITH THIS PERSON
IN MIND, READ THE STATEMENT AND CIRCLE THE NUMBER WHICH
CORRESPONDS TO THE ANSWER WHICH BEST APPLIES TO YOU. USE A
SCALE WHICH RANGES FROM 1 = VERY RARELY TO 10 = ALMOST
ALWAYS.

1 2 3 4 5 6 7 8 9 10   When you have leisure time how often
                             do you choose to spend it with
                             him/her?

1 2 3 4 5 6 7 8 9 10   How often do you keep very personal
                             information to yourself and do not
                             share it with him/her?*

1 2 3 4 5 6 7 8 9 10   How often do you show him/her
                             affection?

1 2 3 4 5 6 7 8 9 10   How often do you confide very
                             personal information to him/her?

1 2 3 4 5 6 7 8 9 10   How often are you able to
                             understand his/her feelings?

1 2 3 4 5 6 7 8 9 10   How often do you feel close to
                             him/her?

FOR THE FOLLOWING USE A SCALE WHICH RANGES FROM
     1 = NOT MUCH TO 10 = A GREAT DEAL

1 2 3 4 5 6 7 8 9 10   How much do you like to spend time
                             alone with him/her?

1 2 3 4 5 6 7 8 9 10   How much do you feel like being
                             encouraging and supportive to
                             him/her when he/she is unhappy?

1 2 3 4 5 6 7 8 9 10   How close do you feel to him/her
                             most of the time?

1 2 3 4 5 6 7 8 9 10   How important is it to you to listen
                             to his/her very personal
                             disclosures?

1 2 3 4 5 6 7 8 9 10   How satisfying is your relationship with him/her?

1 2 3 4 5 6 7 8 9 10   How affectionate to you feel towards him/her?

1 2 3 4 5 6 7 8 9 10   How important is it to you that he/she understands your feelings?

1 2 3 4 5 6 7 8 9 10   How much damage is caused by a typical disagreement in your relationship with him/her?*

1 2 3 4 5 6 7 8 9 10   How important is it to you that he/she be encouraging and supportive to you when you are unhappy?

1 2 3 4 5 6 7 8 9 10   How important is it to you that he/she show you affection?

1 2 3 4 5 6 7 8 9 10   How important is your relationship with him/her in your life?

* indicates items which are reverse scored.

APPENDIX F

Extended Version of the Objective Measure of Ego Identity
Status

READ EACH ITEM AND INDICATE TO WHAT DEGREE IT REFLECTS YOUR
OWN THOUGHTS AND FEELINGS. IF A STATEMENT HAS MORE THAN ONE
PART, PLEASE INDICATE YOUR REACTION TO THE STATEMENT AS A
WHOLE.

1	2	3	4	5	6
STRONGLY	MODERATELY	DISAGREE	AGREE	MODERATELY	STRONGLY
DISAGREE	DISAGREE			AGREE	AGREE

I haven't chosen the occupation I really   1 2 3 4 5 6
want to get into, and I'm just working
at whatever is available until something
better comes along.

When it comes to religion I just haven't   1 2 3 4 5 6
found anything that appeals and I don't
really feel the need to look.

My ideas about men's and women's roles are   1 2 3 4 5 6
quite similar to those of my parents. What's
good enough for them is good enough for me.

There's no single "life style" which appeals   1 2 3 4 5 6
to me more than another.

Some of my friends are very different from   1 2 3 4 5 6
each other. I'm trying to figure out exactly
where I fit in.

I seem only to get involved in recreational   1 2 3 4 5 6
activities when others ask me to join them.

I haven't thought much about what I look for   1 2 3 4 5 6
in a date. We just go out to have a good time.

Politics is something that I can never be   1 2 3 4 5 6
too sure about because things change so fast.
But I do think it's important to know what I
can politically stand for and believe in.

I'm still trying to decide how capable I am   1 2 3 4 5 6
as a person and what jobs will be right for me.

I don't give religion much thought and it   1 2 3 4 5 6
doesn't bother me one way or the other.

I have lots of different ideas of how my   1 2 3 4 5 6
marriage/relationship might work in the
future and I'm trying to arrive at some
comfortable position.

I'm looking for an acceptable perspective   1 2 3 4 5 6
for my own "life style" view, but haven't
really found it yet.

Even if my parents disapproved, I could be   1 2 3 4 5 6
a friend to a person if I thought he/she
was basically good.

While I don't have one recreational   1 2 3 4 5 6
activity I'm really committed to, I'm
experiencing numerous leisure outlets to
identify one I can truly enjoy.

My dating standards are flexible, but in   1 2 3 4 5 6
order to change, it must be something I
really believe in.

I haven't really considered politics. It   1 2 3 4 5 6
just doesn't excite me much.

I might have though about a lot of   1 2 3 4 5 6
different jobs, but there's never really
been any question since my parents said
what they wanted.

A person's faith is unique to each   1 2 3 4 5 6
individual.I've considered and reconsidered
it myself and know what I can believe.

I'm not ready to start thinking about how   1 2 3 4 5 6
married couples should divide up family
responsibilities yet.

After considerable thought I've developed   1 2 3 4 5 6
my own individual viewpoint of what is for
me an ideal "life style" and don't believe
anyone will be likely to change my perspective.

My parents know what's best for me in terms   1 2 3 4 5 6
of how to choose friends.

I have one recreational activity I love   1 2 3 4 5 6
to engage in more that any other and doubt
I'll find another I'd enjoy more.

When I'm on a date, I just like to "go   1 2 3 4 5 6
with the flow".

I guess I'm pretty much like my parents   1 2 3 4 5 6
when it comes to politics. I follow what
they do in terms of voting and such.

I'm really not interested in finding the   1 2 3 4 5 6
right job, any job will do. I just seem to
flow with what is available.

I'm not so sure what religion means to me.   1 2 3 4 5 6
I'd like to make up my mind but I'm not
done looking yet.

My ideas about men's and women's roles   1 2 3 4 5 6
have been drummed into me by my family.

My own views on a desirable life style   1 2 3 4 5 6
were taught to me by my parents and I don't
see any need to question what they taught me.

I've never had any real close friends. It   1 2 3 4 5 6
would take too much energy to keep a
friendship going.

I join my friends in leisure activities,   1 2 3 4 5 6
but really don't seem to have a particular
activity I pursue systematically.

Sometimes I wonder if the way other people   1 2 3 4 5 6
date is the best way for me.

There are so many different political   1 2 3 4 5 6
parties and ideals. I can't decide which to
follow until I figure it all out.

It took me a while to figure it out, but   1 2 3 4 5 6
now I really know what I want for a career.

Religion is confusing to me right now. I   1 2 3 4 5 6
keep changing my views on what is right and
wrong to me.

I know what my parents feel about men's   1 2 3 4 5 6
and women's roles, but I pick and choose
what I think is best for myself.

In finding an acceptable viewpoint to life   1 2 3 4 5 6
itself I find myself engaging in a lot of
discussions with others and some self
exploration.

I couldn't be friends with someone my   1 2 3 4 5 6
parents disapproved of.

My parents' recreational preferences are   1 2 3 4 5 6
good enough for me. I'm content with the
same activities.

My rules or standards about dating have   1 2 3 4 5 6
remained the same since I first started
going out and I don't anticipate that they
will change.

I've thought my political beliefs through   1 2 3 4 5 6
and realize I can agree with some and not
other aspects of what my parents believe.

My parents had it decided a long time ago   1 2 3 4 5 6
what I should go into for employment and
I'm following their plans.

I've gone through a period of serious   1 2 3 4 5 6
questions about faith and can now say I
understand what I believe in as an individual.

I've been thinking about the roles that   1 2 3 4 5 6
husbands and wives play a lot these days,
but I haven't made a final decision for
myself yet.

My parents' views on life are good enough   1 2 3 4 5 6
for me, I don't need anything else.

I've had may different kinds of friends,   1 2 3 4 5 6
but now I have a clear idea of what I look
for in a friendship.

I've tried numerous recreational activities   1 2 3 4 5 6
and have found one I really love to do by
myself or with friends.

The standards or "unwritten rules" I follow   1 2 3 4 5 6
about dating are still in the process of
developing. They haven't completely jelled yet.

I'm not sure about my political beliefs, but   1 2 3 4 5 6
I'm trying to figure out what I can truly
believe in.

It took me a long time to decide, but now   1 2 3 4 5 6
I know for sure what direction to move in
for a career.

I attend the same church as my family has   1 2 3 4 5 6
always attended. I've never really questioned
why.

There are many ways that married couples   1 2 3 4 5 6
can divide up family responsibilities. I've
thought about lots of ways, and now I know
exactly how I want it to happen for me.

I guess I just kind of enjoy life in   1 2 3 4 5 6
general, and I don't see myself living
by any particular viewpoint to life.

I don't have any close friends. I just like   1 2 3 4 5 6
to hang around with the crowd and have a
good time.

I've been experiencing a variety of   1 2 3 4 5 6
recreational activities in hopes of finding
one or more I can really enjoy for some time
to come.

I've dated different types of people and   1 2 3 4 5 6
now know exactly what my own "unwritten
rules" for dating are.

I really have never been involved in   1 2 3 4 5 6
politics enough to have made a firm stand
one way or the other.

I just can't decide what to do for an   1 2 3 4 5 6
occupation. There are so many that have
possibilities.

I've never really questioned my religion.   1 2 3 4 5 6
If it's right for my parents it must be
right for me.

Men's and women's roles seem very confused   1 2 3 4 5 6
these days, so I just play it by ear.

After a lot of self-examination I have   1 2 3 4 5 6
established a very definite view on what
my own life style will be.

I know my parents wouldn't approve of   1 2 3 4 5 6
some of my friends, but I haven't decided
what to do about that yet.

All of my recreational preferences were   1 2 3 4 5 6
taught to me by my parents and I haven't
really felt the need to learn any others.

I would never date anyone my parents   1 2 3 4 5 6
disapproved of.

My parents have always had their own   1 2 3 4 5 6
political and moral beliefs about issues
like abortion and mercy killing and I've
always gone along accepting what they have.

APPENDIX G

INFORMED CONSENT FORM
SELF-PERCEPTIONS OF COLLEGE STUDENTS

I am volunteering to participate as a subject in this study. I understand that the purpose of the study is to investigate the self-perceptions of college students and whether or not they experienced the death of a sibling. I understand that I will be asked to complete a questionnaire about my personal perceptions of myself. I understand that completing the questionnaire will take about 30 to 40 minutes.

I understand that my name will NOT by included on the survey, and that MY ANONYMITY WILL BE MAINTAINED AT ALL TIMES. I also understand that my participation in this study is voluntary, that all my questions will be answered, that I may refuse to answer any questions at any time, and that I may withdraw from the study at any time without penalty or prejudice.

I understand that all information collected in this study will be treated as confidential, with no details released to anyone outside the research team without my separate, specific, written consent. I also understand that if the study design or use of the information is to be changed, I will be so informed and my consent re-obtained. I understand that I may derive no specific benefit from participation in this study, except perhaps from feeling that I have contributed to the development of knowledge about these issues. I hereby allow this research project to publish the results of the study in which I am participating with the provision that my name and/or other identifying information be withheld.

This study is being conducted by Sue Legg under the direction of Faith McClure, Ph.D., Psychology Department, California State University, San Bernardino, as a Master's thesis project. I may contact either Sue Legg (909-880-5435, message phone) or Professor McClure (909-880-5598) at any time with my questions, comments, or concerns. I understand that if I have any questions, comments, or concerns about the study or the informed consent process, I may also contact the CSUSB Human Subjects Institutional Review Board through the Office of the Dean of Graduate Studies, AD 126, (909-880-5058).

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This study has been approved by the Human Subjects Review Board, Psychology Department, CSUSB.

_____
Subject Signature

_____
Subject Name (printed)

_____
Date

APPENDIX H

DEBRIEFING

Thank you for participating in this study. The purpose of this study is to examine the relationship between the death of a sibling during childhood or adolescence and psychological adjustment in adulthood. It is hoped that the results of this study will help us gain an increased understanding of the relationship between these variables.

If you have experienced the death of a loved one and would like to talk to a counselor or join a support group, there are several resources available.

For individual counseling:

CSUSB Student Counseling Center   (909) 880-5040
located in the Student Health Center building

Low-cost and sliding scale counseling is available from County Departments of Mental Health. For locations near you call:

San Bernardino County   (909) 387-7171
Riverside County   (909) 358-4500

For Support Groups:

Inland Hospice Association   (909) 399-3289
St. Bernardine's Hospital   (909) 883-8711

The names and phone numbers of other support groups may be obtained from the California Self-Help Center. Phone 1-800-222-LINK.

Results of this study will be available in June, 1994. If you have any questions about this research project, or would like to find out what the results are when completed, please contact:

Sue Legg
c/o Department of Psychology
California State University, San Bernardino
(909) 880-5435 (message phone)

OR

Faith McClure, PhD
Department of Psychology
California State University, San Bernardino
(909) 880-5598

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