

EARLY PARENTAL DEATH AND ITS EFFECTS
ON THE ESTABLISHMENT OF INTIMATE
RELATIONSHIPS IN ADULTHOOD

by

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STATEMENT BY AUTHOR

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ABSTRACT

The purpose of this study was to examine the effect of the death of a parent in childhood on the formation of subsequent intimate relationships in adulthood. It was expected that participants who experienced early parental death would report a greater fear of the formation of intimate relationships than those without such parental loss as measured by the Fear of Intimacy Scale (Descutner & Thelen, 1991). It was also expected that participants whose parent died by age seven would report greater fear of intimacy than those whose loss occurred after age seven. A total of 81 individuals participated in this study, 15 of whom experienced early parental death. No significant differences in scores were found between the group with parental death and the group without parental death, nor between those whose loss occurred by age seven and those with loss after age seven. The results were discussed with regard to implications for future research.

CHAPTER 1

Introduction

The death of a parent is an experience that affects thousands of children in this country. In 1991, children living with a widowed parent comprised 5 percent of one-parent families (U.S. Bureau of the Census, 1991). And 1.3 percent of all children living with a mother only had lost a father through death (National Center for Health Statistics, 1991). What this experience means to the future lives of these children has been the subject of much concern to parents who have lost a spouse and to mental health professionals who work with bereaved children (Berlinsky & Biller, 1982).

When a parent dies, a child faces immense stress which threatens future personality development (Furman, 1974). As a psychosocial stressor for children and adolescents, the death of a parent is considered extreme in severity (American Psychiatric Association, 1987). Unlike adults, who usually have several meaningful relationships, young children invest almost all feelings in their parents. This single relationship is often exceptionally rich and intense. The disruption of this parental connection deprives a child of so much opportunity to love and be

loved and presents him or her with a difficult task of adaptation (Furman, 1974).

Research has shown that children of different ages and levels of cognitive development do differ in their understanding of the concept of death and that the development of such a conceptual framework follows a predictable age and Piagetian stage-related pattern (Berlinsky & Biller, 1982). Although level of comprehension of death has not been directly linked to long-term consequences of parental death, it has been shown that children who are under seven when the death occurs, and therefore less likely to have achieved a complete understanding of death, adjust less adequately after bereavement. These younger children also experienced a longer period of parental deprivation than children who were older when the death occurred (Berlinsky & Biller 1982).

Adlerian theory describes family constellation, the network of primary family members of which a person is a part, as a major factor in shaping development. When the composition of the family is suddenly altered by the death of a parent, changes are likely in children's perceptions (Brassington, 1982). Adlerian theorists identify the concept of private logic to describe ideas about self, others, and life that constitute a person's basic

orientation to life and the world (Corey, 1991). If a traumatic event such as the death of a child's parent is misinterpreted, a faulty system of private logic can result (Brassington, 1982), which may subsequently affect that individual's intimate interactions with others.

Much of the research on the long-term consequences of early parental death has focused on psychological disturbances such as depression and suicide (Birtchnell, 1970; Bowlby, 1980; Krupnick, 1984). Relatively few studies have examined the effect of the death of a parent in childhood on the formation of intimate relationships (Berlinsky & Biller, 1982). Hepworth, Dreyer, and Ryder (1984) found that as a group, persons experiencing parental death were more hesitant about entering intimate relationships than were persons experiencing parental divorce. Hetherington (1972) reported paternally bereaved adolescent girls were more anxious and shy with males than were those from divorce or no-loss backgrounds.

A major problem with many studies in the area of early parental bereavement, according to Berlinsky and Biller (1982), is the tendency to treat those experiencing this phenomenon as a homogeneous group, without accounting for the effects of specific variables such as age or developmental level at the time of the parental loss. The failure to account for such variables neglects the

complexities of experience that have been shown to influence adjustment to bereavement. Studies of parental loss which account for age and developmental level at the point of bereavement could clarify the influence of such factors on subsequent development.

Significance of the Study

Intimacy is considered by theorists to be a basic requisite for psychosocial adjustment and healthy ego development (Erikson, 1968; Sullivan, 1953). American culture places a high value on seeking and maintaining intimacy (Schaefer & Olson, 1991), as indicated by the fact that at some point in their lives, over 90 percent of Americans marry (Perlman & Fehr, 1987). The importance of this issue to mental health professionals is indicated by a 1979 study by Horowitz, which describes the failure to become intimate as one of the most common problems identified by psychotherapy outpatients (in Weaver, 1987).

As the death of a parent is a traumatic event affecting thousands of children in this country, the connection between such parental loss and the achievement of the important life task of establishing intimate relationships must be studied, and relevant variables isolated. Such information may aid in the treatment of parentally bereaved children and help minimize the

anticipated negative consequences of the death of a parent (Berlinsky & Biller, 1982).

Statement of the Problem

Little research has specifically addressed the influence of early parental death on the establishment of intimate relationships in adulthood. Few, if any studies have attempted to isolate the important variables of age or developmental level and their effects on this process. The purpose of this study was to:

1. Determine whether individuals experiencing the death of a parent in childhood reported greater subsequent fear of the formation of intimate relationships in adulthood than individuals in a comparison group.
2. Examine the effect of age at parental death on subsequent intimate behavior.

Research Hypotheses

The following null hypotheses were formulated for this study:

1. Participants who have experienced the death of a parent before the age of 16 will appear no different from participants not experiencing such bereavement on the dependent variable of fear of

intimate relationships as measured by the FIS (Fear of Intimacy Scale) (Appendix B).

Should the group experiencing parental death appear different, a second null hypothesis will be tested.

2. Participants who experienced the death of a parent before the age of seven will appear no different on the FIS than those who experienced such bereavement after age seven.

Definitions

Because several terms were used throughout this study, the following were defined for clarification.

Early Parental Death: The death, before age 16, of a child's mother or father.

Childhood: The phase of development beginning around age two and continuing until puberty, about age twelve (Schell & Hall, 1983).

Adolescence: The phase of development beginning around puberty and lasting until at least the late teens (Schell & Hall, 1983).

Developmental Age: According to the theories of Erikson (1968), Piaget (1969) and Sullivan (1953), the level of intellectual, behavioral, and emotional understanding attained at particular stages of childhood development.

Intimacy: As defined by Rubenstein and Shaver (1982), a feeling characterized by openness, honesty, mutual self-disclosure, care, warmth, protection, helpfulness, devotion, mutual attentiveness, mutual commitment, surrender of control, dropping of defenses, emotional attachment, and distress when separation occurs (in Descutner & Thelen, 1991).

Intimate Relationship: A close, heterosexual dating or marital relationship characterized by many of the feeling states described above.

Grief: Refers to a broad range of feelings and behaviors that are common after a loss, including sadness, anger, guilt, anxiety, helplessness, confusion, disbelief, and others (Worden, 1982).

Bereavement: Refers to an objective fact or state which occurs when a person close to an individual dies (Kastenbaum, 1981).

Assumptions

The accuracy of the results of this study were in part due to the following assumptions:

1. Individuals participating in this study were representative of those who have experienced the death of a parent in childhood.
2. Individuals participating in this study responded candidly to questions.

3. The participants in this study were competent to understand the questionnaire information.
4. The scale and questionnaire used in this study were adequate to assess the information.
5. The Fear of Intimacy (FIS) Scale adequately measures the construct of fear of intimate relationships.
6. The variable of intimacy is a construct that can be adequately measured and reported by an individual.

Limitations

Generalizability of the results of this study were limited to the following:

1. Participants in this study were volunteers and were not randomly selected.
2. Some study participants constituted a convenient sample.
3. The population used in this study was specific to the Southwest region of the United States.
4. This study did not consider any historical factor other than early parental death which may have affected intimate relationship formation.

Summary

The death of a parent in childhood is a traumatic event affecting thousands of children in this country. Although researchers have examined many possible long-term effects of early parental death, few have specifically studied the implications for the formation of subsequent intimate relationships. Research is also limited on the relevance of specific variables such as age on this process. In order to minimize possible negative consequences due to the death of a parent, the connection between such parental loss and subsequent intimacy in adulthood must be explored.

CHAPTER 2

Review of the Literature

This chapter reviews the literature on the topics of childhood development, developmental factors affecting the concept of death, intimacy, grief, and the long-term effects of the death of a parent in childhood. Adlerian and developmental theory are also discussed, as they form the theoretical basis of this study and serve as the context for the review of the literature presented.

Developmental Theory

Childhood Development

Developmental psychology is concerned with how varying life circumstances affect what people do at different periods of the life span, and the types of developmental sequences that occur (Schell & Hall, 1983). The concept of stages is common to most developmental theories. Stage theories assume that growth and development take place in a given sequence. Individuals go through the stages in a fixed order without skipping any (Schell & Hall, 1983).

Piaget's theory of cognitive development centers on the development of intellectual capabilities. Equilibration is the most general developmental principle in Piaget's theory. It states that an individual moves toward biological and psychological balance, and that

development approximates to an ideal state of equilibrium it never completely achieves (Piaget & Inhelder, 1969). A child's equilibrium at any stage may be confounded by external events, such as new information that cannot be readily assimilated (Schell & Hall, 1983).

Piaget proposed three major stages of intellectual development: the sensorimotor, representational, and formal-operational periods (Piaget and Inhelder, 1969). The sensorimotor period, divided into six subperiods, begins at birth and includes up to the first two years of life. This period is characterized by the development of coordination of the senses and the understanding of object constancy (Piaget & Inhelder, 1969).

Piaget's representational period is subdivided into the preoperational and concrete-operational periods. The preoperational stage extends from approximately two to seven years of age. Children in this stage can learn from others' experiences only in a limited way and have difficulty distinguishing among animate and inanimate objects. Magical thinking and egocentrism are characteristic of this stage as well (Ginsburg & Opper, 1969).

The concrete-operational period is characteristic of children from about ages seven to eleven or twelve. In this period, children can think in specific terms and can

consider two sides of a situation at the same time (Berlinsky & Biller, 1982). This stage is also characterized by the attainment of some logical thought (Schell & Hall, 1983). The period of formal operations begins at about age 12 and is considered the final stage of cognitive development. Characteristics of this period include abstract reasoning, hypothesis generation, and the ability to think about more than two sides of a situation at the same time (Ginsburg & Opper, 1969).

Erikson's (1968) theory of psychosocial development details emotional development throughout the life span. In this theory, personality develops through eight stages, each of which is characterized by a major conflict which must be resolved for adequate development to continue. These tasks/stages consist of: trust versus mistrust from birth to one year of age; autonomy versus shame from one to three years of age; initiative versus guilt from three to six years of age; industry versus inferiority from six to twelve years of age; identity versus diffusion from twelve through adolescence; intimacy versus isolation from late adolescence through young adults; generativity versus stagnation from young adult through middle age; and ego integrity versus despair from middle age to death (Erikson, 1968).

Erikson viewed development as the progressive resolution of conflicts between needs and social demands (Schell & Hall, 1983). Each stage is seen as a crisis, where crisis is used:

...in a developmental sense to connote not a threat of catastrophe, but a turning point, a crucial period of increased vulnerability and heightened potential, and therefore, the...source of generational strength and maladjustment (Erikson, 1968, p. 16).

At each stage, its defining conflicts must be resolved before progress can be made on the next step. If one task is not met, an individual cannot meet the next task in the hierarchy. The failure to resolve difficulties at any stage may result in psychological problems that can affect the rest of the life span (Murray & Huelskoetter, 1991).

Six of Erikson's eight stages directly concern development in childhood. In the first stage, infants must develop a relationship in which their most basic needs can be met. They need to develop the understanding that a consistent caregiver will be there when needed. Such constant and reliable care promotes a sense of trust (Schell & Hall, 1983). Trust refers to "an essential trustfulness of others as well as a fundamental sense of one's own trustworthiness" (Erikson, 1968, p. 96). If an infant's needs are not consistently met, a sense of

mistrust may develop and frustration may be met with anxiety (Schell & Hall, 1983).

Autonomy is the main objective of Erikson's second stage. Here babies will begin to develop self-control and independence unless constrained by caregivers or the environment (Murray & Huelskoetter, 1991). After gaining a relatively secure sense of autonomy, children need to master the task of the third stage, initiative, gained by successfully planning and completing their own activities. Guilt feelings are seen as resulting from excessive disapproval from significant others for the child's behavior (Erikson, 1980). This stage also requires the child to identify with the same-sex parent (Schell & Hall, 1983). Absence of the same-sex parent during this stage might therefore interfere with its successful resolution.

Erikson's fourth stage is characterized by the development of a sense of industry, whereby children learn how their behavior and creativity can help them move into the adult world and gain recognition by producing things (Erikson, 1968). Feelings of inferiority and inadequacy can develop in this stage if children are not praised for their accomplishments or are unsuccessful in completing tasks (Murray & Huelskoetter, 1991).

In Erikson's fifth stage, adolescents question their previous resolutions to the problems of the earlier stages

of development. There is a search for identity, the sense of continuity and sameness within themselves (Erikson, 1980). Failure to adequately resolve this task leads to diffusion, whereby the identity does not become consistent, often resulting in confusion about life goals (Schell & Hall, 1983).

Completing the task of intimacy is the main objective of Erikson's sixth stage. Assuming adequate resolution of all previous stages, the young person now seeks to establish an intimate relationship with another adult (Erikson, 1968). The potential difficulty at this stage is isolation, a failure to commit to an intimate relationship because of competition or fear (Schell & Hall, 1983).

Sullivan's interpersonal theory of psychiatry focuses on relationships between and among people. Experiences in major life events are seen as the result of either positive or negative interpersonal relationships (Sullivan, 1953). Personality development is due to mothering, childhood experiences, and interpersonal encounters. Sullivan theorized two basic needs: satisfaction (biological needs) and security (emotional and social needs) (Murray & Huelskoetter, 1991). How biological needs are resolved in interpersonal situations determines a sense of satisfaction and security, and will avoid anxiety (Sullivan, 1953).

Sullivan postulated that an inherent intolerance and avoidance of anxiety, along with gratification of basic needs are the main impetus for behavior (Murray & Huelskoetter, 1991). Anxiety is seen as the result of and the chief disruptive force in interpersonal relationships. Sullivan detailed a seven-stage model of development, each stage emphasizing appropriate tasks of interpersonal behavior (Murray & Huelskoetter, 1991).

Developmental Consideration of Death

Although individuals continue to develop throughout the life span, in no other period beyond childhood and adolescence are reactions as likely to be affected by the level of development. Thus the effect of trauma in children depends heavily on the developmental stage during which the traumatic event occurs (Krupnick, 1984).

According to Berlinsky and Biller (1982):

A child's level of understanding of the concept of death would seem to be integrally related to the reaction he or she will have to a parent's death. A child who does not fully comprehend the nature of death would not be expected to have the same response as one who is more knowledgeable. The former may...continue to hope for a parent's return, perhaps connecting some aspect of his or her own behavior to the time or likelihood of the parent's reappearance.

A child more aware of the characteristics of death might, conversely, become more fatalistic in his or her outlook (p. 107).

According to psychoanalytic theory, in order for complete mourning to occur, a child must have some understanding of the concept of death, have the ability to form a real attachment bond and have a mental representation of the attachment figure (Miller, 1971). While there is little disagreement that even very young children react to loss, there is much controversy over when children have the developmental foundation required for complete mourning, and about the potential for achieving a healthy outcome if bereavement occurs before this time (Krupnik, 1984). It is generally agreed that prior to age three or four children are not able to mourn completely, but adolescents are considered able to complete this process (Krupnick, 1984).

The development of an understanding of death has been addressed by Kastenbaum (1967), who proposed seven necessary ideas: (1) ability to distinguish the self from others; (2) classification of oneself within a category of beings with the attribute of mortality; (3) the inevitability of personal death; (4) the fact that while some specific causes of death may be evaded, individual control is limited; (5) the notion of an abstract future;

(6) the finality of death; and (7) the inclusiveness of separation from the world of living beings that death entails (in Berlinsky & Biller, 1982).

A developmental theory of the conception of death was described by Nagy (1948), who studied a large number of Hungarian children who had been exposed to death in the preceding years. She proposed a three-stage model of death awareness. Prior to about age three, children's cognitive and language structures are too undeveloped to allow any concept of death. In stage one (about ages three to five), death is seen as reversible, and the dead are considered less alive or in a stage similar to sleep. In stage two (ages five to nine), children begin to comprehend the finality of death, but believe it only happens to other people. In stage three (by age ten), children can understand the causes of death. It is perceived as irreversible and is associated with the cessation of bodily functions (Nagy, 1948).

Research has supported that the comprehension of death develops in stages related to Piaget's stages of development. Kane (1979) found that all elements of a concept of death are either absent or incomplete during the sensorimotor period of birth to two years of age. Preoperational stage children showed some cognitive and affective responses to death in several studies (Kane,

1979; Swain, 1979), though this understanding was shown to be very limited. Characteristic of this preoperational stage was the idea that death can be reversed (Berlinsky & Biller, 1982).

Children in Piaget's concrete operational period, roughly ages seven to eleven, have been consistently shown to comprehend such aspects of death as universality, finality, inevitability, and irreversibility (Berlinsky & Biller, 1982). By the formal operations stage, after age twelve, several researchers (Kane, 1979; Kastenbaum, 1981; Swain, 1979) have found that death is fully understood in reality-based terms.

The ability to understand death and its related emotions have implications for the effect a parent's death has on a child's development and adjustment. Methodologically sound research is consistent in relating less positive behavior to death of a parent before age seven (Berlinsky & Biller, 1982). Since it is at this age, the beginning of the concrete operational stage that children begin to realistically understand death, parental death before this period may be associated with negative consequences (Berlinsky & Biller, 1982).

While the cognitive capability to understand death is important, other factors are also significant. According to Berlinsky and Biller (1982):

The need for nurturance or for a role model may be greater in the early years....It also may be that the presence of the parent for a longer period of time would have already provided the older child a basis for further, more independent development. Children who lose a parent very early in life may thus be deprived of what they need from parents when they need it most, as well as of the accumulation of parent-related experience from which to draw on later in life (p. 117).

Adlerian Theory

Central to the Adlerian perspective of human development is the idea that what the individual becomes in adult life is largely influenced by the first six years of life (Corey, 1991). It is not simply past events in themselves that are important, but rather the individual's perception of the past and how this interpretation of early events has a continuing influence later in life (Corey, 1991).

All behavior is purposeful and goal-directed according to the Adlerian model. People set goals for themselves, and behavior can be understood in the context of these goals (Corey, 1991). A person moves through life in identifiable patterns of behavior which are a direct result

of the goals the person is pursuing (Dinkmeyer & Dinkmeyer, 1989).

The term private logic according to Adlerian theory refers to the ideas about self, others, and life that constitute the philosophy on which people base their lifestyle, the basic orientation to life. Difficulties occur when the conclusions based on an individual's private logic do not conform to the reality of social living (Corey, 1991).

The term family constellation refers to the characteristic ways in which individual family members view each other and evaluate their relationships with one another (Brassington, 1982). As a two-parent family matures, perceptions of significance, role, and sense of belonging manifest themselves within a constant structure. When the composition of the family is suddenly altered by the death of a parent, the total family constellation is physically altered, affecting children's perceptions of place, significance, role, and perceived value (Brassington, 1982).

One possibility according to the Adlerian model is that children who experience the death of a parent might mistakenly interpret this event, leading to the development of a faulty system of private logic. When parental death occurs before the formal operational stage when death is

adequately conceptualized, children may decide they were in some way responsible (Jewett, 1982). Misattribution of the cause of parental death to "wrong or bad" feelings by a child might result in that child's decision to no longer allow himself or herself those particular feelings, or perhaps to even avoid feelings at all (Jewett, 1982).

Krupnick (1984) also describes some thoughts commonly observed in bereaved children which could affect the development of a child's private logic:

...at least three questions, whether directly articulated or not, will occur to most children following a loss: Did I cause this to happen? Will it happen to me? Who will take care of me now (or if something happens to my surviving caretaker)?...Misunderstandings may give rise to feelings of anger and fear....The belief that the world is a safe, predictable place may be destroyed, resulting in disruption of a child's capacity for basic trust (p. 119).

Intimacy

Intimacy is a basic idea of many developmental theories. Erikson (1968) defined intimacy as a counterpointing and a fusing of identifies, and a potential life crisis occurring after adolescence. Erikson proposed that true intimacy was possible only after identity

formation was well under way. Psychosocial intimacy is seen as both a product of healthy ego development and a stimulus for positive personality development in adulthood (Tesch, 1985).

Sullivan defined intimacy as a situation where two people accept all facets of the other, and the physical and psychological needs of the other are more important than personal needs (Murray & Huelskoetter, 1991).

Interpersonal intimacy can be experienced in the collaborative friendship of preadolescence, a relationship characterized by validation of personal worth and sensitivity to the needs of the other (Tesch, 1985).

Sullivan proposed that the appearance of a same-sex "chum" marks a critical transition in an individual's understanding of interpersonal relationships, where the person experiences a preoccupation with the well-being of another (Perlman & Fehr, 1987). Similar to Erikson, Sullivan also postulated a firm sense of identity as a prerequisite for intimacy, so that one can give of self to another without fear of the loss of one's own identity (Murray & Huelskoetter, 1991). This transition is also characterized by the realization that a lack of intimacy can be a negative experience (Perlman & Fehr, 1987).

Schaefer and Olson (1981) define an intimate relationship as one in which an individual shares intimate

experiences in several areas, along with the expectation that the experiences and relationship will continue over time. They stress that intimacy consists of seven areas of experience:

(1) emotional intimacy, experiencing a closeness of feelings; (2) social intimacy, the experience of having common friends and similarities in social networks; (3) intellectual intimacy, the experience of sharing ideas; (4) sexual intimacy, the experience of sharing general affection and/or sexual activity; (5) recreational intimacy, shared experiences of interests in hobbies...; (6) spiritual intimacy, the experience of showing ultimate concerns, a similar sense of meaning in life, and/or religious faiths; and (7) aesthetic intimacy, the closeness that results from the experience of sharing beauty (p. 50).

In a different approach, Rubenstein and Shaver (1982) propose the features of intimacy to include openness, honesty, mutual self-disclosure, care, warmth, protection, helpfulness, devotion, mutual attentiveness, mutual commitment, surrender of control, dropping of defenses, emotional attachment, and distress when separation occurs (in Descutner & Thelen, 1991).

Using criteria developed from Eriksonian theory, Orlofsky, Marcia, and Lesser (1973) determined that there

are five different intimacy statuses: intimate, characterized by deep, committed relationships; preintimate, deep relationships, but with ambivalence about commitment; pseudointimate, committed relationships, but lacking closeness and depth; stereotyped, superficial relationships with limited closeness; and isolate, absence of enduring personal relationships. The results were interpreted as supporting Erikson's hypothesis that favorable resolution of the intimacy versus isolation crisis is related to successful resolution of the identity crisis (Orlofsky et al., 1973). And while Orlofsky's original research was conducted with all-male samples, later studies with similar results included females as well (Paul & White, 1990).

Difficulties in achieving intimacy was addressed by Hatfield (1984), who proposed six reasons that people avoid intimate relationships. These include: (1) fear of having one's faults and shortcomings exposed; (2) fear of abandonment; (3) fear of angry attacks - that personal information disclosed might later be used against an individual; (4) fear of loss of control; (5) fear of one's own destructive impulses if one were to expose one's feelings; and (6) fear of losing one's individuality or of being engulfed (in Perlman & Fehr, 1987).

Intimacy can be seen as dependent on early positive interactions with primary caregivers (Bowlby, 1969). Individuals who have had a positive bonding experience in childhood are seen as likely to develop a positive belief system which is more likely to lead to positive ongoing relationships. Conversely, individuals who have had negative bonding experiences are more likely to develop negative belief systems which influence future relationships (Israelstam, 1987).

Israelstam (1987) proposed several negative belief systems related to childhood loss and separation which can lead to fears of being too close in relationships:

- (1) "I will be hurt/harmed if I get too close." This belief may be based on the pain and hurt experienced in interactions with significant others where there has been traumatic experiences of separation and loss;
- (2) "I will be hurtful/harmful if I get too close." Children who mistakenly attribute the cause of a parent's death to themselves are particularly prone to this belief, which often persists into adulthood; and
- (3) "I will lose my identity and sense of self if I get too close," which is possible in persons who have not successfully completed the separation and individuation tasks of development (pp. 54-55).

Theories of Grief and Mourning

In *Mourning and Melancholia*, Freud (1917) originated the concept of mourning from which most psychoanalytic thought has developed (Palombo, 1981). Freud defined mourning as the reaction to the loss of a loved person and described it as a long and painful process, carried out at great expense of psychic energy (Camper, 1983). Freud described the mourner as one who experiences emotional pain, loss of interest in the outside world and loss of the capacity to love any new object until mourning is completed (Miller, 1971). Freud believed mourning served an important function for the bereaved person in separating from the lost loved object which no longer exists (Miller, 1971).

Pollock (1961) described the primary function of mourning as the facilitation of the adaptive task imposed by the external world when a death occurs (in Miller, 1971). He proposed that mourning is characterized by typical successive stages. The initial stage is shock and disbelief, followed by a stage of acceptance where painful feelings are expressed and true grieving occurs. The process ends in the third stage, when the representation of the lost object is restricted to memory (Palombo, 1981). This view of mourning as a regular process occurring in

stages is also shared by other theorists including Bowlby (1961), Kubler-Ross (1969), and Worden (1982).

Children and Grief

Bowlby (1960) proposed that children do experience grief and go through periods of mourning and outlined common responses of children to separation from their mothers. After angry protest and demands for the mother's return, withdrawal and apathy commonly occurs, followed by reorientation to new relationships (Miller, 1971). Bowlby's focus is on the mourning process as it is expressed affectively and behaviorally, rather than intrapsychically as in adult mourning (Camper, 1983).

Miller (1971), in summarizing psychoanalytic literature on mourning in childhood, details a particular set of responses which tends to occur in children who experience the death of one of their parents:

...unconscious and sometimes conscious denial of the reality of the parent's death, rigid screening out of all affective responses connected with the parent's death, marked increase in identification with and idealization of the dead parent, decrease in self-esteem, and persistent unconscious fantasies of an ongoing relationship or reunion with the dead parent (p. 714).

Krupnick (1984) discusses the special nature of grieving in children and cautions that children will not express their emotions like adults or that their behaviors will necessarily reveal their subjective distress:

...often what seems glib and unemotional in the small child - such as telling every visitor or stranger on the street, "my sister died" is the child's way of seeking support and observing others to gauge how he or she should feel. Children may be observed playing games in which the death or funeral activities are reenacted in an effort to master the loss. A child may ask the same questions about death over and over again, not so much for the factual value of the information as for reassurance that the story has not changed. A four or five year old might resume playing following a death as if nothing distressing had happened....Losses are so painful and frightening that many young children - able to endure strong emotions for only brief periods - alternately approach and avoid their feelings so as not to be overwhelmed.... Unlike adults who can sustain a year or more of intense grieving, children are likely to manifest grief-related affects and behavior, on an intermittent basis, for many years after the loss occurs...various powerful reactions to the loss normally will

be...worked through repeatedly at successive levels of subsequent development (p. 100).

Incorporating a developmental perspective, Palombo (1981) reports that in dealing with the death of a parent, a child is confronted with an adaptive task to a reality event. "The less perfectly the event is understood, the greater the distortions in its comprehension, the less well integrated it becomes, and the less adaptive is the child's response" (p. 13). And Showalter (1975), describing developmental considerations of grief in childhood, cautions that mourning cannot be considered a discrete phenomenon that begins and ends suddenly, but rather an evolving function for which a child has varying ability (in Camper, 1983).

Long-term Effects of Early Parental Death

A large number of studies have dealt with the possibility of emotional disturbances evidenced when a bereaved child reaches adulthood. Specific findings from these studies are contradictory, but they generally indicate vulnerability to emotional disturbances later in life (Krupnick, 1984).

Individuals who experience the death of a parent in childhood have been found to be at risk for later depressive disorders. Bowlby (1980) concluded that significant early loss leaves people highly vulnerable to

depression, with each subsequent loss triggering unresolved grief reactions related to the initial bereavement experience. Birtchnell (1972) found that death of one's mother before age ten was related to subsequent depression in women. Early loss of a parent has also been linked to suicidal behavior (Birtchnell, 1970; Greer, 1966).

Studies on personality variables have addressed the effects of early parental death on assertive behavior. Birtchnell (1975) looked at adult psychiatric patients whose mothers had died before age ten. He found such women to be more dependent than those from intact families (in Berlinsky & Biller, 1982). Hetherington (1972) found different patterns of heterosexual behavior in girls whose father had died as compared to those with divorce-absent fathers or from intact families. Subjects who had experienced the death of their father appeared either as shy, anxious, or uncomfortable around male peers and adults, whereas those from divorced families exhibited inappropriately assertive behavior with males. Subjects from intact families did not evidence either extreme of behavior. Hetherington (1986) concludes that:

...daughters of widows, with their aggrandized image of their fathers, may have felt that few other males could compare favorably with him...one can also speculate that after experiencing the sudden loss of a

father, they were unwilling to make another deep emotional commitment to a male (p. 647).

Studies on personality effects have also focused on locus of control. Parish and Copeland (1980) found male college students whose father had died to have a more externally oriented locus of control than males and females from divorced or intact families, as well as females who had lost a parent through death. The bereaved males viewed their lives as not being controlled by their own behavior (Parish & Copeland, 1980). Although the sex differences in this study are unexplained, Berlinsky and Biller (1982) relate this finding to other effects experienced by parentally bereaved individuals:

...Those who do not feel in control of their lives would tend to behave accordingly: to depend on others and to lack initiative in their interactions. The suggestion made by studies...that bereaved children become suicidally depressed adults, would also be consistent with both the presence of external locus of control and passivity (pp. 45-48).

In summarizing the literature on the long-term effects of the childhood death of one's parent, Krupnick (1984) cautions that it is difficult to draw specific conclusions, as the data may be interpreted as merely suggesting potential difficulties. However, the factors that appear

to increase the risk of psychological morbidity following parental death during childhood or adolescence include: loss at an age below five years or during early adolescence; loss of mother for girls below age 11 and loss of father for adolescent boys; psychological difficulties in the child preceding the death; conflictual relationship with the deceased preceding the death; psychologically vulnerable surviving parent who is excessively dependent on the child; lack of adequate family or community supports; unstable, inconsistent environment, including multiple shifts in caretakers and disruption of familiar routines; experience of parental remarriage if there is a negative relationship between the child and the parent replacement figure; lack of prior knowledge about death; unanticipated death; and experience of suicide or homicide (Krupnick, 1984).

Long-term Effects on Intimacy

Of the studies that have directly addressed the connection between the death of a parent in childhood and later intimate behavior, most have supported the conclusion that such loss affects intimacy (Berlinsky & Biller, 1982). Complete generalizations cannot be made however because of the small amount of research and some of the studies' methodological inadequacies (Berlinsky & Biller, 1982).

Jacobson and Ryder (1969), in their study of the effects of parental loss on the first few years of marriage, found a relationship between the age at loss and the capacity to maintain intimacy. No relationship was found between intimacy and the sex of the deceased parent. The scores for marriage closeness were significantly higher for individuals who had lost a parent after age 12 than for those before age 12, regardless of the gender of the subject or the lost parent. The authors suggest that the adolescent has developmental and social skills that aid in successfully dealing with some of the ramifications of parental loss that younger children do not possess (Jacobson & Ryder, 1969).

A follow-up to Hetherington's (1972) original research was conducted to study how long-lasting the effects of father absence on daughters' relationships with men are as reflected in the subjects' subsequent marital relationships. Hetherington and Parke (1986) found that daughters who had experienced the death of a father, and who were shy and avoidant of males, tended to marry vocationally successful and ambitious men who were socially inhibited and constricted. In contrast, daughters of divorcees tended to marry younger to men with lower vocational achievements, as well as more frequently divorce or separate. Women from intact families were found to have

made the most realistic marital choices (Hetherington & Parke, 1986).

Hepworth, Ryder, and Dryer (1984) studied the effects of parental loss in adolescence on intimate relationships. Although the results were not completely consistent, they conclude that individuals whose parent dies in late adolescence tend to move into subsequent intimate relationships either more quickly or more slowly than those who have not experienced parental loss, with the avoidance of intimate relationships the more likely of the two patterns. The authors conclude that these results are consistent with psychoanalytic and Eriksonian theories, as well as with the earlier research of Jacobson and Ryder (1969), Hetherington (1972), and Hetherington and Parke (1986).

Summary

The review of literature has summarized studies on childhood development, developmental concepts of death, intimacy, grief, and the long-term effects of early parental death on emotional and personality effects and on intimate relationships. Developmental and Adlerian theories were also reviewed and served as the context for the material presented.

The hypotheses of this study can subsequently be viewed as evolving out of this review of the literature.

Children's intellectual and emotional skills develop in a fixed and progressive sequence (Erikson, 1968; Piaget & Inhelder, 1969; Schell & Hall, 1983, Sullivan, 1953). The death of one's parent in childhood is a traumatic event, the understanding of which is influenced by a child's age and level of development (Berlinsky & Biller, 1982; Furman, 1974; Kane, 1979; Krupnick, 1984). The less completely a parent's death is understood, the less adaptive the response (Palombo, 1981). An individual's perception of the meaning of early parental loss can be misinterpreted, leading to faulty conclusions about self and relations with others (Jewett, 1982; Krupnick, 1984). The death of one's parent in childhood has been linked to emotional and personality variables such as depression, suicide, and lack of assertiveness (Birtchnell, 1972; Bowlby, 1980; Greer, 1986, Hetherington, 1972). Early parental death has also been associated with avoidance of intimacy (Hepworth et al., 1984; Jacobson & Ryder, 1969). Research has shown that children who are under seven when the parental death occurs adjust less adequately after bereavement than older children (Berlinsky & Biller, 1982).

Therefore, it is hypothesized that those who have experienced the early death of a parent will evidence more fear of intimacy as measured by the Fear-of-Intimacy Scale than those without parental death in childhood. In

addition, it is expected that those who experienced parental death prior to age seven will have a higher Fear-of-Intimacy score as compared to those whose loss occurred after age seven.

CHAPTER 3

Methods

The purpose of this study was to examine the connection between early parental death and the subsequent formation of intimate relationships in adulthood. Chapter 2 reviewed the literature pertaining to age, intimacy, and parental death in childhood from an Adlerian and developmental perspective. This chapter reports the specific methods used in this study, and includes information about population, instrumentation, procedures, research design, and data analysis.

Population

The majority of participants in this study were undergraduate and graduate students at the University of Arizona. Other participants constituted a convenient sample. All subjects volunteered participation, although no attempt was made to assure a true random sample.

The criterion established for selection of participants was chronological age of 18 or older, an age at which serious intimate relationships are not uncommon. The total sample size was 81 adults, 15 of whom reported parental death before age 16, and 66 with no parental death.

Instrumentation

The questionnaire used in this study was divided into two parts to facilitate analysis and discussion. The first part consisted of the Fear-of-Intimacy Scale (FIS) (Descutner & Thelen, 1991). This instrument is a 35-item, self report scale designed to assess a specific variable (fear of intimacy) that influences intimacy in a close relationship or at the prospect of a close relationship (Descutner & Thelen, 1991). FIS provides 5 possible response choices in assessing intimate behavior ranging from 1 (Not at All Characteristic of Me) to 5 (Extremely Characteristic of Me) (Appendix B). Part II of the questionnaire was a self-report history which included age, gender, current level of commitment, past relationship assessment, and family of origin information (Appendix C).

The decision to use the FIS was based on its definition of fear of intimacy, which is given as the inhibited capacity of an individual, due to anxiety, to exchange highly personal thoughts and feelings with another individual who is highly valued (Descutner & Thelen, 1991). This construct contains three specific features: (1) content, the communication of personal information; (2) emotional valence, strong feelings about the personal communication exchanged; and (3) vulnerability, high regard for the intimate other. In the FIS, intimacy is considered

to exist only when content, emotional valence, and vulnerability coexist (Descutner & Thelen, 1991). Other inventories assess intimacy only in the context of current relationships. The FIS measures fear of intimacy whether or not an individual is involved in a current relationship (Descutner & Thelen, 1991). This measure is compatible with assessing beliefs about the formation of intimate relationships, a concept central to this study.

Through examination and testing, the FIS was found to be a valid and reliable measure of anxiety about close, dating relationships, even with individuals who are not currently involved in a relationship (Descutner & Thelen, 1991). High internal consistency was demonstrated by an item-total analysis with an alpha coefficient of .93. High test-retest reliability was indicated by a Pearson correlation of .89, $p < .001$, comparing scores one month apart. Acceptable construct validity was demonstrated by comparison with self-report data, therapist and client ratings, and correlational analyses with measures of loneliness, self-disclosure, and social intimacy. Factor analysis indicated the dominance of one primary factor, providing support for the FIS as a unidimensional measure (Descutner & Thelen, 1991).

Procedure

Upon approval of instructors, questionnaires were distributed to all graduate and undergraduate students who volunteered to participate. Other questionnaires were distributed to participants who had experienced early death of a parent and who had heard of the study.

Names of participants were not utilized, and a minimum of demographic data was requested to ensure confidentiality. No mention was made of early parental death prior to completion of the questionnaire in order to minimize participant bias.

Research Design

The research design used in this study was an ex post facto design (LoBiondo-Wood & Haber, 1990). This design examines a difference among variables after the variation, or independent variable, has occurred (p. 417). Use of this approach is appropriate when experimenters cannot manipulate the independent variable or utilize random assignment, as in this study. Ex post facto design also allows a higher level of control than correlational studies (p. 170).

Data Analysis

The statistical procedures used in this study were frequency distributions, measures of central tendency, and

analysis of variance (ANOVA). ANOVA was utilized because of its assumptions of interval data and a normal distribution.

Summary

This study examined the effect of early parental death on the formation of subsequent intimate relationships in adulthood. The study sample consisted primarily of undergraduate and graduate volunteers from the University of Arizona. Other subjects were recruited by word of mouth. A questionnaire was developed for this study, which included a self-report intimate relationship and family of origin history, and the Fear-of-Intimacy Scale. An ex post facto design was employed. Data analysis was completed using frequency distributions, measures of central tendency, and analysis of variance.

CHAPTER 4

Results

Introduction

The purpose of this study was to determine whether individuals experiencing the death of a parent in childhood reported greater subsequent fear of the formation of intimate relationships in adulthood than individuals in a control group who were not parentally bereaved. In addition, this study investigated if age at parental loss was a factor influencing fear of subsequent intimate relationship formation. The construct of fear of intimacy was measured by the Fear of Intimacy Scale (FIS) (Descutner & Thelen, 1991). A self-report history was included which identified age, gender, current level of commitment to a relationship, past relationship assessment, and family of origin information of participants. Results of the data analysis are presented in this chapter following a demographic description of the participants. Tables are included to facilitate analysis and discussion.

Description of Participants

The participants in this study were primarily graduate and undergraduate students at the University of Arizona. Other participants constituted a convenient sample. Total

sample size was 81 adults, 15 of whom reported parental death before age 16 (N=15, of 81) and 66 with no parental death in childhood (N=66, of 81). The demographic variables used to describe the participants included age, gender, current level of commitment to a relationship, past relationship assessment, and family of origin information. The demographic data are presented in Tables 1-3.

There were 65 females and 16 males who participated in the study. Of the group with parental death in childhood, 15 respondents were female and 1 was male. The mean age of participants in the comparison group was 30.1 and 31.0 for the bereaved group.

Of the total sample, 74% reported themselves to be currently involved in a close and intimate relationship (N=60, of 81). Thirty three participants were married or engaged, 6 reported living with a significant other, and 21 described themselves as seriously dating only one individuals. Of the remaining 26% not currently in a close relationship, (N=21, of 81), 9 reported casual dating behavior, and 12 were not currently dating. The bereaved and comparison groups had nearly identical proportions reporting current involvement in an intimate relationship (73% and 74%, respectively). Seventy four percent of the comparison group indicated they were involved in an intimate relationship.

Table 1

Demographic Data for Total Sample

| Variable | Category | N | % |
|------------------------------|------------------|----|------|
| Gender | Female | 65 | 80.2 |
| | Male | 16 | 19.8 |
| Age* | 21-30 | 43 | 53.8 |
| | 31-40 | 21 | 26.2 |
| | 41-50 | 14 | 17.5 |
| | 51-60 | 2 | 2.5 |
| Current Relationship Status | Married/Engaged | 53 | 40.7 |
| | Living Together | 6 | 7.4 |
| | Seriously Dating | 21 | 26.0 |
| | Casually Dating | 9 | 11.1 |
| | Not Dating | 12 | 14.8 |
| Number of Past Relationships | 0 | 3 | 3.8 |
| | 1 | 18 | 22.5 |
| | 2 | 24 | 30.0 |
| | 3-5 | 29 | 36.2 |
| | 6 or more | 6 | 7.5 |

Total Sample Size: N=81.

Note: Blank items were not included in computations of percentages.

*Range 21-54

Mean, 30.7

Table 2

Demographic Data for Experimental (Death Loss) Group

| Variable | Category | N | % |
|------------------------------|------------------|----|------|
| Gender | Female | 14 | 93.3 |
| | Male | 1 | 6.7 |
| Age* | 21-30 | 5 | 33.3 |
| | 31-40 | 9 | 60.0 |
| | 41-50 | 1 | 6.7 |
| | 51-60 | 0 | 0.0 |
| Current Relationship Status | Married/Engaged | 9 | 60.0 |
| | Living Together | 1 | 6.7 |
| | Seriously Dating | 1 | 6.7 |
| | Casually Dating | 1 | 6.7 |
| | Not Dating | 3 | 20.0 |
| Number of Past Relationships | 0 | 2 | 13.5 |
| | 1 | 1 | 6.7 |
| | 2 | 6 | 40.0 |
| | 3-5 | 5 | 33.3 |
| | 6 or more | 1 | 6.7 |

Total: N=15

*Range 21-41

Mean, 31.0

Table 3

Demographic Data for Control Group

| Variable | Category | N | % |
|----------------------|------------------|----|------|
| Gender | Female | 51 | 77.3 |
| | Male | 15 | 22.7 |
| Age* | 21-30 | 38 | 58.5 |
| | 31-40 | 12 | 18.5 |
| | 41-50 | 13 | 20.0 |
| | 51-60 | 2 | 3.0 |
| Current Relationship | Married/Engaged | 24 | 36.4 |
| Status | Living Together | 5 | 7.6 |
| | Seriously Dating | 20 | 30.3 |
| | Casually Dating | 8 | 12.1 |
| | Not Dating | 9 | 13.6 |
| Number of | 0 | 1 | 1.5 |
| Past Relationships | 1 | 17 | 26.2 |
| | 2 | 18 | 27.7 |
| | 3-5 | 24 | 36.9 |
| | 6 or more | 5 | 7.7 |

Total: N=66

Note: Blank items were not included in computations of percentages.

*Range 21-54

Mean, 30.7

On the variable of number of past relationships, about 72% of the control group (N=47, of 66) reported two or more previous intimate relationships. Seventeen others described themselves as having only one prior serious relationships, while one respondent reported no past serious relationships. Of the experimental group, 80% described themselves as having two or more past intimate relationships (N=12, of 15). One participant reported only a single past intimate relationship, while the two remaining experimental group respondents reported no previous serious relationships.

In the experimental group, nine participants experienced the death of a parent by the age of seven, while the remaining six experienced parental death between the ages of eight and 15. Six participants reported the death of their father, seven the death of their mother, and two reported the death of both parents during childhood. Eight respondents reported that their surviving parent subsequently remarried (N=8, of 15). These results are summarized in Table 4.

Research Hypotheses

Hypothesis 1

The first hypothesis examined whether individuals experiencing the death of a parent in childhood would report a greater fear of the formation of intimate

Table 4

Parental Death Data for Experimental Group

| Variable | Category | N | % |
|-------------------------------|-----------------|---|-------|
| Gender of Decreased Parent | Female | 7 | 46.7 |
| | Male | 6 | 40.0 |
| | Both | 2 | 13.3 |
| Age at Parental Death | 0-7 | 9 | 60.0 |
| | 8-16 | 6 | 40.0 |
| Parental Remarriage | Yes | 8 | 53.3 |
| | No | 7 | 46.7 |
| Gender of Participant | | | |
| Female | Death of Mother | 6 | 42.9 |
| | Death of Father | 6 | 42.9 |
| | Death of Both | 2 | 14.2 |
| Male | Death of Mother | 1 | 100.0 |

Total: N=15

relationships than individuals in a comparison group who did not experience early parental death. The hypothesis was formulated from a review of developmental and Adlerian theories and a review of related literature.

Fear of establishing intimate relationships was measured by the Fear of Intimacy Scale (FIS) (Appendix B). FIS provides five possible response choices in assessing intimate behavior ranging from 1 (Not At All Characteristic of Me) to 5 (Extremely Characteristic of Me). A high score on the FIS indicates a high fear of intimacy.

The null hypothesis stated that participants who experienced the death of a parent before the age of 16 would appear no different than participants not experiencing such bereavement as measured by scores on the FIS. FIS scores were analyzed using a two-tailed t-test, which compared the scores of the experimental (death loss) group with the comparison (no loss) group.

The FIS scores of both the experimental and control groups were found to be so similar as to fail to reject the null hypothesis. A t-test comparison of scores between the two groups yielded a probability value of .419, with a mean score for the experimental group of 101.5 (SD=6.2), and of 99.8 for the comparison group (SD=9.2).

Hypothesis 2

The second hypothesis was also derived from developmental theory and examined whether individuals experiencing the death of a parent by the age of seven would report a greater fear of the formation of intimate relationships than those experiencing parental death after age seven. Specifically, the null hypothesis stated that participants who experienced the death of a parent before age eight would appear no different on the FIS than those who experienced such bereavement after age eight.

The results of the statistical analysis indicated that the FIS scores of both the group with parental death from ages 1 - 7 and the group with parental death occurring between the ages of 8 - 16 were so similar as to fail to reject the null hypothesis. A t-test comparison of scores of both groups yielded a probability value of .854. The mean score for the group with parental death from ages 1 - 7 was 101.8 (SE=6.1) as compared to 101.1 (SD=6.8) for that of the group experiencing parental death after age 8.

Additional Findings

In the self-report history (Appendix C), participants were asked to report the number of relationships they had in the past that they considered to be of a close and intimate nature (none, one, two, three to five, or six or more). Hepworth et al. (1984) found that individuals who

had experienced parental death tended as a group to be more hesitant about intimate relationships than individuals with divorce-loss parents. Based on that study, it was hypothesized that participants who experienced the death of a parent in childhood would report fewer past intimate relationships than a control group.

The results here do not support that hypothesis. A comparison of the mean number of past relationships between the two groups yielded a significance value of .184. In fact, 64% of the participants with parental death in childhood reported having three or more past relationships as compared to 45% of the control group, which was contrary to expectations.

Summary

This chapter presented a demographic description of the participants in this study, as well as the results of the statistical analyses performed for each hypothesis. This study examined the relationship between the death of a parent in childhood on the subsequent formation of intimate relationships in adulthood. The null hypothesis, that participants experiencing the death of a parent before age 16 will appear no different than a control group on the Fear of Intimacy Scale, was not rejected. A second null hypothesis, that participants who experienced parental death before age eight would appear no different than those

whose parent died after age eight, was also not rejected. In regard to number of past intimate relationships, participants who had experienced early parental death reported a higher number of such relationships than did the control group. Chapter 5 presents a discussion of the results detailed in this chapter.

CHAPTER 5

Discussion

The final chapter of this study addresses three major topics. The first section is a summary of the study, discussing the purpose, participants, hypotheses, and results. The second topic concerns conclusions about the research findings. Finally, recommendations for future research are discussed.

Summary

Purpose of the Study

The death of a parent is a traumatic event affecting thousands of children in our society. That children may face a difficult challenge of adjustment and adaptation following such an event is certain. Research has linked the death of a parent in childhood to subsequent depression and suicide. Relatively few studies have specifically addressed the connection between early parental death and the important life task of forming intimate relationships.

Research has shown that children of different ages and corresponding levels of development do vary in their understanding of death. However, many studies on the long-term effects of the death of a parent in childhood have failed to account for this important variable. Therefore, the purpose of this study was twofold: to determine if

early parental death was associated with a fear of the establishment of intimate relationships in adulthood, and to examine the effect of age at the time of parental death on intimate relationships formation.

Participants

Participants in this study were primarily graduate and undergraduate students at the University of Arizona, 21 years of age or older. Other participants constituted a convenient sample. Eighty one individuals participated in this study, 15 of whom had experienced the death of one or both parents before the age of 16. Nine participants reported parental death by the age of seven with the remaining six reporting parental death at age eight or older.

Hypothesis

The hypotheses formulated for this study took direction from developmental and Adlerian theories. Developmental theory is concerned with how individuals grow and change throughout the life span. Much of the work of Piaget (1969) addresses the development of intellectual abilities in persons from basic sensorimotor processing in infancy to abstract reasoning usually achieved after age 12. Erikson's (1968) theory concerns emotional and personality development throughout the life span,

pinpointing life tasks critical for human maturation. Development, according to both theorists, proceeds in stages, which must be mastered in a given sequence. An individual's interpretation of external events is influenced to a large degree by the level of development achieved when the event occurs.

Adlerian theory is phenomenological in nature, stressing that an individual's perception of past events can influence later behavior. The meaning of past events can be misinterpreted, leading to a faulty system of private logic. A possibility according to this theory is that the death of a parent might cause a child to lose his or her basic sense of trust, leading to a fear of intimacy in an effort to avoid being hurt again.

Therefore, the first hypothesis proposed that individuals who experience the trauma of a death of a parent in childhood would exhibit a greater fear of the formation of subsequent intimate relationships in adulthood. Specifically, the null hypothesis stated that study participants who experienced the death of a parent before age 16 would appear no different from participants not experiencing such bereavement on the dependent variable of fear of intimate relationships as measured by the FIS (Fear of Intimacy Scale).

The second hypothesis grew out of developmental theory and proposed that individuals who experienced parental death before age eight, when the concept of death is less completely understood, would report a greater fear of the formation of subsequent intimate relationships in adulthood. The null hypothesis stated that participants who experienced the death of a parent by age seven would appear no different on the FIS than those who experienced bereavement after age seven.

Results

Results of the statistical procedures used to analyze the data did not support the research hypotheses. A comparison of scores from the Fear of Intimacy Scale between participants experiencing early parental death and a control group indicated that mean scores were so similar as to fail to reject the first null hypothesis. Similarly, a comparison of scores between those participants reporting parental death by age seven and participants parentally bereaved after age seven yielded similar mean scores and failed to reject the second null hypothesis.

In addition, it was expected that individuals experiencing early parental death would report a fewer number of past intimate relationships than individuals in a control group who were not parentally bereaved. The results indicated that 64% of the participants with parental death

in childhood reported having three or more past intimate relationships as compared to 45% of the control group, which was contrary to expectations.

Conclusions

The following conclusions are suggested as a result of synthesizing the data analysis with the findings expected due to the review of the literature. This discussion focuses on three main areas of interest: the nature and size of the experimental sample obtained, the aspect of intimate behavior studied, and the possible mediating effects of variables not accounted for in this research.

Sample

This study suffered from the small size of the experimental sample. Only 15 participants who had experienced the death of a parent in childhood were obtained. According to LoBiondo-Wood and Haber (1990), "the larger the sample, the more representative of the population it is likely to be; smaller samples produce less accurate results" (p. 280). Therefore, it is possible that the small experimental group that participated in this study was not truly representative of the population at large, and that the results obtained were not an accurate reflection of the phenomenon of interest.

Due to small size and sampling procedures, it is possible that the experimental group in this study consisted primarily of those individuals who have mediated the effects of early parental death particularly well. Small samples tend to increase the probability of obtaining a markedly deviant sample as well as introduce more sampling error (LoBiondo-Wood & Haber, 1990). This study sample consisted of graduate and undergraduate university students as well as individuals who heard of the research and volunteered to participate. Thus, the experimental population in this study may not have been reflective of the larger population of individuals who experience the death of a parent in childhood.

Intimate Behavior

This study focused on one particular aspect of intimate behavior, that of the formation of intimate relations. This focus was based in part on the research of Hepworth et al. (1984), who found that persons who lose a parent by death in adolescence tend to move more slowly into intimate relationships than persons who have not experienced parental loss. The results of the current study did not support that conclusion.

However, no attempt was made to discover the quality of intimacy in participants' current relationships. Jacobson and Ryder (1969) found that marriage closeness was

higher for individuals with parental death after age 12 than for those who parents died before age 12. Thus, it could be that early parental death has a greater effect on other aspects of intimate behavior, such as the capacity to maintain intimacy over time, than on the initial establishment of intimate relationships.

Another possibility regarding the results of this study may be due to unanticipated positive outcomes of bereavement in childhood. Showalter (1975) described mourning as an evolving function for which a child has varying ability (in Camper, 1983). It may well be that individuals experiencing early parental death rework the meaning of this event as they mature, using intellectual and emotional skills unavailable at previous developmental levels. By age 18, when intimate relationships are common, such individuals may have gained enough perspective about the personal implications of the parent's death as to negate the anticipated negative effect on intimate relationship formation.

Other Factors

A major limitation of this study was that it did not consider any factor other than early parental death which may have affected intimate relationship formation. The only variable considered was age of participants when the death occurred. Although the small sample size of the

experimental group may have largely accounted for the failure to reject the null hypotheses, it may also be that other factors not considered in this study have an equal or greater effect on subsequent intimate relationship formation.

Krupnick (1984) summarized many factors which seem to influence long-term adjustment to early parental death, including preexisting psychological difficulties in the child preceding the parent's death, stability of the surviving parent and environment, parental remarriage, and the circumstances surrounding the parent's death. The use of qualitative interview data with participants as well as more detailed family of origin information, which accounts for such factors, might yield different results than those obtained in this study.

Recommendations for Future Research

A number of recommendations for future research are suggested to more comprehensively assess the impact of early parental death on subsequent intimate relationships in adulthood.

1. A replication of this study using a much larger and more representative sample of the population experiencing early parental death would be helpful. Less sampling error would better test the expectations of theorists and other researchers

concerning the effect of the death of a parent in childhood on subsequent intimate relationship formation in adulthood.

2. A similar study measuring a different aspect of intimate behavior would be helpful. For example, a study measuring the effect of early parental death on the ability to sustain intimacy across time might yield different results.
3. It would be interesting to include detailed interview comments from participants in future research. Such qualitative information might reveal important trends relating to adjustment to early parental death not considered in this or other studies.
4. Future research should account for other variables other than age at parental death in its research design. Such variables as gender of the deceased parent versus that of the surviving child, psychological characteristics of the child preceding the death, stability of the surviving parent and environment, parental remarriage, and circumstances of the parent's death should be studied concurrently with age at parental death to determine which factors most directly influence subsequent intimate relationship formation.

Concluding Comments

Although the specific hypotheses of this study were not supported, it is thought that additional research incorporating a larger and more representative sample of those who have experienced the death of a parent in childhood might yield different results. Likewise, measuring other aspects of intimate behavior, the use of qualitative comments from research participants and incorporating other variables of interest might help to clarify the connection between early parental death and the establishment of intimate relationships in adulthood. There is little doubt that the death of a parent can have far-reaching and life-long implications for a child. The challenge for concerned researchers is to determine exactly what the nature of such long-term implications might be.

APPENDIX A
PARTICIPANT INFORMATION
AND CONSENT FORM

Participant Information and Consent Form

The following questionnaire is being used to study certain developmental factors relating to the formation of intimate relationships. Completing this questionnaire should require no more than 15 to 30 minutes of your time.

Please be advised that your participation is strictly voluntary. You are free to not participate in this study for any reason.

This information will remain confidential at all times. No names will be used, and only the most basic background data which does not identify you will be requested.

There are minimal risks to participants. Unresolved issues about past or present relationships may surface. However, you may also gain insight and awareness into your relationships.

By completing this questionnaire, the individual's consent to participate in this study and certifies that they are at least 18 years of age.

APPENDIX B
FEAR-OF-INTIMACY SCALE

Fear-of-Intimacy Scale

Part A Instructions: Imagine you are in a close dating relationship. Respond to the following statements as you would if you were in that close relationship. Rate how characteristic each statement is of you on a scale of 1 to 5 as described below and put your responses on the answer sheet.

- | 1 | 2 | 3 | 4 | 5 |
|---------------------------------------|-------------------------------------|---------------------------------------|---------------------------------|--------------------------------------|
| Not at all characteristic of me | Slightly characteristic of me | Moderately characteristic of me | Very characteristic of me | Extremely characteristic of me |
1. I would feel uncomfortable telling O about things in the past that I have felt ashamed of.
 2. I would feel uneasy talking with O about something that has hurt me deeply.
 3. I would feel comfortable expressing my true feelings to O.
 4. If O were upset I would sometimes be afraid of showing that I care.
 5. I might be afraid to confide my innermost feelings to O.
 6. I would feel at ease telling O that I care about him/her.
 7. I would have a feeling of complete togetherness with O.
 8. I would be comfortable discussing significant problems with O.
 9. A part of me would be afraid to make a long-term commitment to O.
 10. I would feel comfortable telling my experiences, even sad ones, to O.
 11. I would probably feel nervous showing O strong feelings of affection.

12. I would find it difficult being open with O about my personal thoughts.
13. I would feel uneasy with O depending on me for emotional support.
14. I would not be afraid to share with O what I dislike about myself.
15. I would be afraid to take the risk of being hurt in order to establish a closer relationship with O.
16. I would feel comfortable keeping very personal information to myself.
17. I would not be nervous about being spontaneous with O.
18. I would feel comfortable telling O things that I do not tell other people.
19. I would feel comfortable trusting O with my deepest thoughts and feelings.
20. I would sometimes feel uneasy if O told me about very personal matters.
21. I would be comfortable revealing to O what I feel are my shortcomings and handicaps.
22. I would be comfortable with having a close emotional tie between us.
23. I would be afraid of sharing my private thoughts with O.
24. I would be afraid that I might not always feel close to O.
25. I would be comfortable telling O what my needs are.
26. I would be afraid that O would be more invested in the relationship than I would be.
27. I would feel comfortable about having open and honest communication with O.
28. I would sometimes feel uncomfortable listening to O's personal problems.
29. I would feel at ease to completely be myself around O.

30. I would feel relaxed being together and talking about our personal goals.

Part B Instructions: Respond to the following statements as they apply to your past relationships. Rate how characteristic each statement is of you on a scale of 1 to 5 as described in the instructions for Part A.

31. I have shied away from opportunities to be close to someone.
32. I have held back my feelings in previous relationships.
33. There are people who think that I am afraid to get close to them.
34. There are people who think that I am not an easy person to get to know.
35. I have done things in previous relationships to keep me from developing closeness.

Used by permission (M.H. Thelen, personal communication, October 2, 1992).

APPENDIX C
RELATIONSHIP HISTORY

Relationship History

We would like to know some basic background and relationship information about you. Please answer all questions which pertain to you. Remember, all information will be kept strictly confidential.

1. Gender 1. M____ 2. F____
2. What is your current age?_____
3. What is your current relationship status?
 - A. ____I am not presently dating.
 - B. ____Casually dating (dating one or more people, but do not consider the relationship(s) serious, committed, or of a close, intimate nature).
 - C. ____Seriously dating (dating only one individual and consider the relationship serious, committed, and of a close, intimate nature).
 - D. ____Living together (in a serious, committed relationship but not currently married).
 - E. ____Married or engaged.
4. How many romantic relationships have you had in the past that you consider to have been close, serious and intimate?
 - A. ____ None
 - B. ____ One
 - C. ____ Two
 - D. ____ Three to five
 - E. ____ Six or more
5. Are both your parents living? Y____ N____
6. If not, which one is deceased?
 Mother____ Father____ Both____
7. How old were you when your parent(s) died?_____
8. Did your surviving parent remarry? Y____ N____

Thank you for your participation

APPENDIX D

LETTER FROM HUMAN SUBJECTS COMMITTEE

Human Subjects Committee



1690 N. Warren (Bldg. 526B)
Tucson, Arizona 85724
(602) 626-6721 or 626-7575

February 4, 1993

Leah Kirshenbaum, B.A.
Department of Counseling & Guidance
Education Building, #218
Main Campus

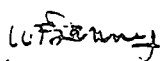
RE: EARLY PARENTAL DEATH AND ITS EFFECTS ON THE ESTABLISHMENT OF
INTIMATE RELATIONSHIPS IN ADULTHOOD

Dear Ms. Kirshenbaum:

We received documents concerning your above cited project. Regulations published by the U.S. Department of Health and Human Services [45 CFR Part 46.101(b)(2)] exempt this type of research from review by our Committee.

Thank you for informing us of your work. If you have any questions concerning the above, please contact this office.

Sincerely yours,


William F. Denny, M.D.
Chairman,
Human Subjects Committee

WFD:sj

cc: Departmental/College Review Committee

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