

Adolescent Response to the Death of a Parent

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Participants in the present study, while between the ages of 12 and 19, had a parent die. The death had occurred not less than 6 months and not more than 5 years prior to psychological testing and interview. The effects of loss, as assessed by the Beck Depression Inventory and other measures, were considered in relation to a number of independent factors. Factors found to influence healthy adaptation included high levels of informal social support postloss, good relations with the surviving parent prior to loss, a balanced personality style, and presence of religious beliefs.

INTRODUCTION

A great number of research studies have examined the relationship between early loss and psychopathology. These studies, when considered in combination, have led to the conclusion that early loss raises the likelihood of life difficulties over time (Osterweiss *et al.*, 1984). Few of the studies have considered the impact of death of a parent on adolescents, as distinct from younger bereaved children. Nevertheless there is now some documentation of a general debilitating effect of bereavement on adolescents over the short and long term (Dennehey, 1966; Saucier and Ambert, 1983; Van Eerdewegh *et al.*, 1982). This research-based conclusion is in accord with reported clinical observations (Furman, 1974; Raphael, 1983; Wolfenstein, 1966), as well as with the theoretically predicted interaction of normal adolescent developmental tasks with the tasks of mourning (Gray, 1987).

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It is not particularly surprising that bereaved adolescents would show a greater likelihood of life difficulties than would nonbereaved adolescents. A more pressing issue to address is the question of why some bereaved adolescents complete mourning and go on to a healthy readaptation to life, while others fail to conclude mourning and exhibit ongoing emotional and/or behavioral difficulties. To answer this question it becomes necessary to consider the influence of factors that interact with loss. The need to include risk factors has recently been recommended by the U.S. Institute of Medicine as important for future early loss research (Osterweiss *et al.*, 1984). The present research study has attempted to address some aspects of this issue.

A number of potentially relevant factors were considered in this study. Of these, social support received the most attention. Both informal, naturally occurring support, as well as formal, organized support, were studied in relation to measures of bereavement outcome. Although there has been some evidence that is suggestive of a general stress-buffering function for social support with bereaved persons (Elizur and Kaffman, 1983; Raphael, 1977; Vachon *et al.*, 1980), this has not been assessed for adolescents suffering the death of a parent.

Other factors assessed in the present study were chosen primarily on the basis of theoretically predicted influences on the mourning process (Gray, 1987). These factors included: personality type, nature of the relationship to the deceased and surviving parents prior to death, suddenness of death, time elapsed since the death, age of adolescent at the time of death, sex of participant and deceased parent, presence of religious beliefs, and social class.

METHODS

Sample

The criteria for inclusion in the study were that individuals, while between the ages of 12 and 19, had a parent die. The death was to have occurred not more than 5 years and not less than 6 months ago. Potential participants were identified through the assistance of the Peel Board of Education, the Mississauga Hospital, and the Community Contacts for the Widowed program.

Of a total of 50 participants, 34 were female and 16 male. In 31 instances the deceased parent was a father, while in 19 instances it had been a mother. Cancer was identified as the most frequent cause of death (58%), followed by heart attacks (24%) and accidents (6%). Social class composition was divided fairly evenly between lower, middle, and upper classes. Forty individuals had been born in Canada while the remaining 10 had immigrated from elsewhere. The mean age of participants at the time of death was

14.9 years, with a range of 12 to 19 years. The mean time elapsed since the parents' death was 28.6 months, with a range of 6 months to 5 years.

Procedure

The researcher met in person with individual adolescents to explain the nature and purpose of the study. In some cases, initial contact had to be made by letter. After the initial meeting, adolescents were asked to think about the research for a few days, and to talk with their parent about it. They were then reapproached regarding a decision to participate. If an adolescent was less than 18 years of age written consent was also obtained from the surviving parent. For those adolescents who agreed to participate, an appointment was made to meet either at the student's school, the Mississauga Hospital, or the researcher's university office. Psychological testing and interview usually lasted between one and two hours.

The refusal rate for participation in this study was 13% for those adolescents who the researcher met with in person. When contact was initiated by letter the refusal rate rose to 41%. A discussion of the process of obtaining the support of participants as well as school staff and parents has been reported elsewhere (Gray, 1986).

Independent Variables

Informal Social Support Scale

This scale was empirically determined through combining a number of individual items from the semistructured interview. The interitem reliability was moderate ($\alpha = .64$). Each individual was scored either 2 for a rating of high support or 1 for a rating of low support. Low and high support were assigned in each case through the identification of a numerical cut-off point that represented approximately half of the total sample score. Table I provides a list of the items incorporated in the scale and a description of their interrelatedness. It is important to note that items reflecting both "perceived" support and "enacted" support (Barerra, 1986) are included in the scale. This allows the scale to cover a wider conceptual territory than if only one aspect of social support were considered.

Participation in a Peer Support Group

Half of the participants in this study had been involved in a bereavement support group at their local secondary school. Students were typically invited to attend one-hour groups held weekly for approximately 10–12 weeks.

Table 1. Composition of Informal Social Support Scale^a

Item	Scale mean if item deleted	Alpha if item deleted
Perceptions of helpfulness of parent for dealing with loss	9.22	.6088
Perceptions of helpfulness of peers for dealing with loss	9.08	.6220
Perceptions of helpfulness of other family	9.28	.6138
Perceptions of helpfulness of people in general	9.46	.5433
Number of people who are able to be counted upon	8.92	.5829
Number of phone calls within the last week	9.18	.6028
Number of days spent with friends	9.18	.6366

^aAlpha = .6386. All items had been scored as either 2 for rating of high support or 1 for a rating of low support.

The format of the groups was largely unstructured, so as to allow students to bring forth the issues that they found most relevant to the experience of loss. Two members of the school staff were trained to serve as group leaders. A fuller description of these groups has been documented elsewhere (Baxter, 1982; Gray, in press).

Nature of the Relationship to the Deceased and Surviving Parent Prior to Death

These factors were based on questions in the semistructured interview, where the bereaved adolescent was asked to rate whether the relationships prior to death had been "good" or "not so good." It is recognized that some distortion may have occurred with these ratings, especially with that of the surviving parent, as more recent experience could have influenced the perception of the earlier relationship. Although this possibility cannot be dismissed, adolescent ratings of change in the relationship with the surviving parent showed a heightened sensitivity to differences preloss vs. postloss. This suggests that the postloss relationship may not have unduly influenced perceptions of the preloss relationship for most adolescents.

Personality

This variable was assessed using the Differential Diagnostic Technique (DDT), a visual-motor, projective, personality test (Weininger, 1986). The

DDT provides a personality continuum (the Differential Index), and this continuum can be divided into three categories: (1) the person has a predominantly aggressive, independent manner of expression; (2) the person has a predominantly dependent, or passive, manner of expression; and (3) the person shows a balance between independent and dependent, or aggressive and passive, modes of expression. Considerable validity and reliability for the DI has been provided through a number of studies (Breen, 1953; Cook, 1980; Gyra, 1982; Morris, 1978; North, 1953, 1955; Weininger, 1970), and these have been summarized by Weininger (1986). Recent estimates of interrater reliability have been high, and in the present study was found to be .92.

Suddenness of Death

This factor was based on the adolescent's estimate of how long he or she had to prepare for the loss of the parent. Where this time period was 3 months or less the death was considered sudden; if it was longer, it was considered gradual.

Religious Beliefs

Participants were asked whether they had any beliefs that were religious or spiritual in nature.

Age of Participant at Time of Death

The age factor was divided into a younger group (15 years and less) and an older group (over 15 years).

Time Elapsed since Death

This factor was divided into a more recent loss group (24 months and less), and a less recent loss group (more than 24 months).

Social Class

This was determined by the Hollingshead two-factor index, using the parent (surviving or deceased) who had the highest score on the index as the person on whom to make the rating.

Dependent Measures

The Beck Depression Inventory

This was the major outcome measure employed in the present study. The Beck Depression Inventory (BDI) was the measure of choice primarily because of its well-established validity and reliability, with adolescents as well as adults (Beck, 1967; Strober *et al.*, 1981). The BDI provides a broad spectrum of depressive symptomatology that does not bind the researcher to a particular theoretical orientation (Beck, 1967; Kaplan *et al.*, 1984).

Differential Diagnostic Technique

Earlier it was noted that the DDT provided a stable measure of personality. Additionally, the DDT provides estimates of the degree of control vs lack of control across a number of areas of functioning. These dimensions are less stable than the personality variable and have been shown to be sensitive to changing environmental circumstances (Weininger, 1970).

Imaginary Audience Scale

This self-report scale estimates the degree to which adolescents are sensitive regarding the perceptions of others (Elkind and Bowen, 1979).

Semistructured Interview

Questions included in the interview related to the following constructs: physical health problems, health-risk behavior, criminality, academic performance, and isolation from others.

RESULTS

Participants in the present study had a higher mean score on the BDI (10.78) than was noted by Kaplan *et al.*, (1984), who reported a mean score of 6.00 for 385 American secondary school students. There was also a considerable difference in the incidence of major depression, with Kaplan reporting a frequency of 8.6% compared to 20% in this study. Although the lack of a control group of nonbereaved adolescents in the present study makes it difficult to make accurate comparisons between bereaved and nonbereaved

adolescents, the comparison between these findings and those of Kaplan are highly suggestive of a general effect of the loss of parent on subsequent depression.

The Informal Social Support Scale

Bereaved adolescents who experienced generally low social support following their loss—as measured by the Informal Social Support Scale—had a significantly higher mean score on the BDI (13.28) than did those scoring high on the support scale ([8.28]; $t [48] = 2.55, p < .01$ [all t tests used in this study were two tailed]). Using factorial analysis of variance, with hierarchical decomposition of the sum of squares, it was shown that adjusting for all other independent factors did not alter this finding meaningfully. A significant interaction effect was found with the personality variable as measured by the DDT ($F[2,44] = 3.93, p < .05$). Individuals categorized as having a passive/dependent personality were particularly prone to depression if they received low support. Using a Tukey posttest of individual mean differences (Honestly Significant Difference), it was shown that these individuals had BDI scores that were significantly higher ($p < .05$) than passive/dependent personalities with high support, and balanced personalities with low support or balanced personalities with high support.

The Informal Social Support Scale was found to be relatively independent from other independent variables in this study, as shown through a series of chi-square analyses.

The Nature of the Prior Relationship with the Surviving Parent

Adolescents who reported that they had good prior relations with a surviving parent were found to have a significantly lower mean score (9.42) on the BDI than did adolescents reporting poor relations ([14.29]; $t [48] = 2.2, p < .05$). Adjusting for all other independent factors using hierarchical analyses of variance did not negate this finding. An interesting interaction effect did occur, however, with the suddenness-of-death factor ($F[1,46] = 6.87, p < .02$). When poor prior relations with a surviving parent were combined with the sudden death of the other parent, depression scores were significantly higher than when there were poor relations and a gradual death, or when there were good relations with either a sudden or gradual death. A Tukey posttest of individual mean differences (Honestly Significant Difference) was employed to assess the magnitude of these differences.

When individuals were categorized according to presence or absence of major depression good prior relations were shown to significantly reduce

the likelihood of major depression ($\chi^2[1, N = 50] = 4.52, p < .05$). Similar to the finding with mean score comparisons, the combination of sudden loss with poor prior relations with a surviving parent was indicative of a raised incidence of major depression ($\chi^2[1, N = 25] = 5.21, p < .05$).

Another relevant finding was that bereaved adolescents who reported that they had a poor prior relationship with their surviving parent were significantly more likely to report being "frequently bothered by headaches, stomach upset, or difficulties in getting to sleep" ($\chi^2[1, N = 50] = 6.14, p < .02$).

Related to the above findings, about the nature of the prior relationship with the surviving parent, is the sex of the surviving parent. When the parent who survived was male, there was a significantly greater likelihood that the relationship would be perceived as poor prior to loss ($\chi^2[1, N = 50] = 6.14, p < .02$). Although this relationship between sex of parent and prior perceived relations is interesting, it does not explain the relationship between prior perceived support and depression, as controlling for sex of parent did not alter the significance of this relationship.

There was no significant relationship found between prior relations with the surviving parent and any other independent variable.

Personality

This factor, as measured by the DDT, was shown to be meaningfully related to depression scores. When a two-tailed *t* test was used to compare the mean BDI score of balanced personalities (7.31) to the mean score of the two other groups combined (12.41), the difference was found to be significant ($t[45] = 2.87, p < .01$). Adjusting for the effects of other factors did not meaningfully alter this finding. Similarly, when the incidence of major depression was considered, it was found that balanced personalities were significantly less likely than a combination of aggressive/independent and passive/dependent persons to be severely depressed ($\chi^2[1, N = 50] = 4.19, p < .05$).

Another significant result related to the DI measure of the DDT was found with the total scale on the Imaginary Audience Scale ($F[2, 47] = 7.75, p < .01$). Adjusting for the effects of other factors did not meaningfully alter this finding. Using a Tukey test of individual mean differences (Honestly Significant Difference), it was shown that individuals characterized as predominantly aggressive/independent had a significantly higher mean score on the Imaginary Audience Scale (12.52) than did individuals characterized as having a balanced personality (7.87).

Religious Beliefs

Individuals who stated that they had beliefs that were religious or spiritual in nature were found to have significantly lower mean scores on the BDI (9.42) than those who did not ($[14.29]$; $t [48] = 2.20, p < .05$). A complementary finding was that major depression was found significantly less frequently among adolescents with religious beliefs than among adolescents without religious beliefs ($\chi^2[1, N = 50] = 4.52, p < .05$). The results of controlling for other factors suggest that some of these factors may partially explain the relationship between religious beliefs and depression.

Suddenness of Death

It was noted earlier that the suddenness-of-death factor interacted with the relationship with the surviving parent prior to loss in ways that related to levels of depression. By itself, sudden death was not found to be significantly related to depression scores ($p < .097$). Perhaps this trend would have reached significance if it had been possible to obtain a larger sample.

"Total intellectual control," as measured by the DDT, was found to be related to the suddenness-of-death factor. Adolescents who had had a parent die suddenly had significantly lower mean scores on the total intellectual control measure (3.92) than did adolescents who had had a parent die gradually ($[5.92]$, $t [48] = 2.34, p < .05$). Adjusting for the effects of other factors on this finding did not meaningfully alter it.

Age of Participant at Time of Parent's Death

Adolescents who were 15 years or less at the time of death reported mean grade scores from their most recent high-school report card that were significantly lower (66.03) than those reported by adolescents who were older at the time of death ($[74.00]$, $t [48] = 2.95, p < .01$). Controlling for other factors did not alter this finding meaningfully.

Sex of Participant

A significant finding related to sex of participant was found on the DDT. There were no sex of participant by sex of deceased interactions found on any measure. Females had significantly lower mean scores (-5.85) on the total index of control measure than did males ($[-1.12]$, $t [48] = 2.39$,

$p < .05$). Adjusting for all other independent factors did not meaningfully alter this finding.

DISCUSSION

One of the major findings of this study was that high informal social support following loss was significantly related to low depression scores. The interaction of the personality variable with scores on the Informal Social Support Scale is an interesting one. Individuals with passive/dependent personality structures were found to be very much affected by the level of social support available, with high support associated with low depression scores and low support associated with high depression scores. One way of understanding this finding relates to a characterization of passive, dependent persons as typically having difficulty allowing or expressing anger (Weininger, 1986). When such individuals are faced with the death of a parent they may then have excessive difficulty allowing or accepting the natural response of anger (Bowlby, 1980). There may thus be associated guilt feelings about the anger as well as a lowered sense of self-worth. The common fantasy that one's badness has caused death to occur (Klein, 1940) may be particularly intense because of a preexisting association between anger and badness. Under these conditions it becomes extremely important that the bereaved person be reassured by others about his or her goodness. Social support tends to provide this reassurance in explicit and/or implicit ways.

It is interesting to note that individuals with balanced personalities who received low social support were significantly less depressed than passive, dependent persons receiving low support. The more balanced personality structure allows more acceptance and expression of anger. Therefore, there may not be as strong a need for reassurance about past or present anger being bad or damaging.

Another important finding related to informal social support was that a negative rating of the prior relationship with the surviving parent, in interaction with sudden death, was associated with significantly higher depression scores. This combined situation seemed to create a highly traumatic context within which loss was especially difficult to deal with. Poor relations with a parent meant that there would be little sense of stability within the family when the loss occurred. When death occurred suddenly, there would be no opportunity for adolescents to seek out other sources of support to assist them in preparing for the loss.

The finding that fathers as surviving parents were more likely than mothers to have been perceived in negative ways may have a couple of explanations. It may be that the traditional role of fathers in enforcing family

rules made it more likely that they would be in conflict with adolescents. Alternatively, this finding may imply that fathers coped in typically different ways than mothers with the impending loss of a spouse, and that their coping style may have made them less emotionally accessible to their children. Interview data with the bereaved adolescents showed that there was reason to consider both hypotheses as having some validity in individual cases.

The finding that bereaved teenagers who had poor prior relations with a surviving parent were more likely to report physical problems than other bereaved adolescents is interesting in light of Raphael's (1983) suggestion that adolescents are unlikely to somaticize distress following a loss. Although the present results do not allow for a comparison with the somaticizing tendencies of persons in other age groups, they do suggest that deficiencies in the context surrounding loss may make physical problems more likely.

It must be acknowledged that, given the limitations of the research design, a definitive interpretation cannot be assigned to the findings relating low social support individuals to high depression scores. Although it must be recognized that the relationship of social support to depression is bidirectional, the tentative position taken here is that the major path of influence is that of social support on levels of depression. This interpretation would seem to be buttressed by a number of longitudinal studies—reviewed by Barrera (1986)—that showed high social support led to lower depression and other forms of distress over time.

It is worth emphasizing that there was no significant association found between any social support measure and personality type. This is an important point, because Gottlieb (1983) has suggested that many measures of social support—especially perceived support—may be confounded by personality. Results from this study suggest that personality may be more important in determining the usefulness of existing support than in determining the measured level of support.

It is also interesting that the measures of social support in this study were not significantly related to each other. This finding appears to confirm the idea that social support is a multidimensional construct (Barrera, 1986; Gottlieb, 1983).

The finding that individuals with balanced personalities were less depressed than individuals of the other two personality types combined makes sense theoretically. To be classified as having a balanced personality type implies that an individual has some capacity to express and accept needs for nurturance from others, as well as some capacity to express and accept hostile feelings. The bereaved person with a balanced personality structure differs from the aggressive/independent person in that support from others can be accepted and used. Expression of feelings associated with dependency and weakness (such as crying) are more easily allowed. The balanced person differs

from the passive/dependent person in that hostile feelings are more easily allowed and accepted and thus there may be less guilt and lowering of self-worth following loss. The lower depression for balanced personalities reflects, then, a greater capacity to express, and be comfortable with, needs and feelings that are inherent to the mourning process.

The finding that aggressive/independent individuals scored significantly higher on the total scale of the Imaginary Audience Scale than did balanced individuals is indicative of a greater concern by aggressive/independent persons for how others may be perceiving them. The aggressive/independent style is thought to be rooted in a mistrust that originates in the early experience of the child (Weininger, 1986), and such mistrust implies a suspiciousness of others that requires close awareness and monitoring of others.

The association between the DI measure and the Imaginary Audience Scale may reflect a simple relationship of personality to sensitivity toward the perceptions of others, and therefore may not be related to bereavement. Alternatively, it may be that the situation of bereavement heightens the natural suspiciousness of aggressive/independent persons relative to persons with a more balanced personality style.

High depression scores were found to be significantly related to the absence of reported religious beliefs. One way to understand this finding is to consider religious beliefs as modifying the effects of loss, thereby leading to lower measures of depression. A basis for this hypothesized modifying influence may be found in the informal comments of adolescents that a belief in immortality was the major religious belief that was helpful for them in dealing with the loss of their parent. Lifton (1979) has argued that immortality beliefs are one possible means for contextualizing death in a meaningful, life-giving way, and that such beliefs, therefore, may act against the possibility of depression.

An alternative argument to that advanced above is that adherence to religious beliefs in general, or immortality beliefs in particular, may sometimes be a result of healthy mourning rather than a cause of it. Balk (1983) found that a considerable proportion of bereaved adolescents in his study reported having religious beliefs at the time of interview that they did not have prior to their loss. This may suggest that the process of working through the loss facilitated the formation of religious beliefs. The acceptance of a belief in immortality could then be understood as a surface manifestation of the continuity with the deceased that had been ensured through the healthy internalization process inherent to successful mourning (Smith, 1971).

The suddenness-of-death factor was found to be related to lower intellectual control—the capacity to deal with feelings and impulses in flexible, adaptive ways that involve some insight (Weininger, 1986). The finding that sudden death was related to low intellectual control is in accord with

the suggestion by Parkes and Weiss (1983) that persons who suffer sudden losses lose confidence in their grasp of reality because of the shattering of their "internal assumptive world." When such a loss of confidence occurs there may be a tendency to deal with new stimuli in safer, more predictable ways rather than with creative flexibility.

The more general position that sudden death increases the likelihood of difficulties for bereaved persons has been supported in research studies other than the present one (Lundin, 1984; Parkes and Weiss, 1983). This has not, however, always been the case (Osterweiss *et al.*, 1984), and the predictive value of this factor remains unclear. Nevertheless, the evidence from the present study suggests that—at least for adolescents who lose a parent—sudden death is more difficult to recover from.

The only outcome measure that was found to be significantly related to the age of adolescents at the time of death was that of school grades. School performance is, at least in part, a reflection of cognitive functioning and it may be that loss occurring in early adolescence interferes with cognitive development. Elkind (1967) has described early adolescence as the age of transition from a concrete style of thinking to a more abstract style in which ideas can be manipulated like objects. It has often been observed that bereaved people may have a temporary regression in ego functions, including cognition (Furman, 1974; Raphael, 1983). When regression occurs during early adolescence, which normally features accelerated cognitive growth, it may be more difficult to make up the lost ground later.

The finding related to sex of participant supports a characterization of bereaved adolescent males as controlling their feelings to a greater degree than females following the loss of a parent. This description matches what Raphael (1983) has said about adolescent males—that they may often be too uncomfortable with the pining associated with loss to allow themselves to express their pain and vulnerability.

It is important to note that the meaning of the findings related to the sex of bereaved adolescents is far from clear. An important limitation is the lack of a nonbereaved comparison group. This means that the differences reported here could have existed prior to bereavement and may be related to the broader areas of sex differences. Until adolescent norms are provided for the DDT, the meaning of this finding reported here will remain obscure.

Contrary to expectations, participation in a peer support group was not found to affect adaptation following the death of a parent. It should be noted, however, that almost all group participants stated that the experience had been very helpful. Although it is possible that preexisting differences between group participants and other bereaved adolescents accounted for the lack of measured effect, there is no strong basis on which to accept this rationale. There was close global matching across demographic variables

for the two groups. Additionally, the effects of self-selection were minimized by the fact that 80–90% of students who were asked to participate in a support group did so. None of the nonsupport group adolescents in the study had the opportunity to participate in a peer support group.

It has been discussed elsewhere how support groups might possibly be improved so as to raise their measured impact on bereaved adolescents (Gray, in press). The question must be raised, however, as to whether the peer group form of intervention is as effective in alleviating suffering as has been hoped. Certainly the results of the present study would suggest that it may be worthwhile to study the effects of other styles of intervention—such as brief education/counseling involvement with bereaved adolescents and a surviving parent. Future research might thus profitably compare the relative benefits of a variety of forms of intervention.

Another interesting negative finding was that the time elapsed since the death of a parent was not found to be significantly related to any outcome measure. One explanation for this finding is that adolescent mourning may proceed—in a fluctuating manner—for 5 years or more following loss. To get a clearer picture of the effects of time on adaptation to loss it would probably be necessary to conduct a longitudinal study starting at the time of death and continuing beyond 5 years.

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