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Self-Reported Psychopathology and Risk-Taking Behaviors Among Parentally Bereaved Adolescents

by

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A Doctoral Project Submitted in Partial Fulfillment of the Requirements for the Degree of Doctor of Psychology in the Department of Psychology at Pace University.

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This dissertation is dedicated

in loving memory to

my father,

Lawrence E. Perlotto

(1929 - 2001)

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Abstract

The research concerning adolescents who have experienced the death of a parent due to AIDS is limited. The purpose of this study was to examine if status of parental death was associated with self-reported psychopathology, risk-taking behaviors and academic success in adolescents.

The sample for this study was comprised of 68 adolescents between 12.0 and 18.0 years of age who were residing within a residential treatment center. The participants were divided into three groups: (1) bereaved adolescents who had experienced the death of a parent due to AIDS; (2) bereaved adolescents who experienced the death of a parent due to other causes; or (3) adolescents who had not experienced the death of a parent. The adolescents completed the Youth Self Report Scale and the Youth Risk Behavior Survey. In addition, demographic information including time since parental death, number of foster care placements, and parent drug history was obtained from preexisting records. It was anticipated that parentally bereaved adolescents due to AIDS would: (1) score significantly higher on the Youth Self Report subscales of anxious/depressed, withdrawn, and social problems; (2) report higher incidences of risk-taking behavior on the Youth Risk Behavior Survey; and (3) demonstrate less academic success.

Descriptive statistics were used to describe the sample. Oneway Analysis of Variance and Chi-Square statistical procedures were used to examine the research

questions. No significant differences were found when the three groups were compared on self-reported psychopathology and risk-taking behaviors. The research question pertaining to academic success could not be tested due to lack of standardized test scores in the adolescents' school records. Overall, the adolescents who participated in this study reported a high degree of risk-taking behavior such as engaging in sexual intercourse at a young age, having multiple sexual partners, and engaging in physical aggression towards peers. In addition, a large percentage of participants reported chronic feelings of sadness, as well as suicidal ideation and actual attempts at suicide. Implications for school/child clinical psychologists working with adolescent youth and suggestions for future research are discussed.

Chapter One

Introduction

Statement of the Problem

A growing number of America's children and adolescents are being challenged to cope with death in a way not imagined even a decade ago. More specifically, the AIDS epidemic is eating away at the fiber of families across our country at an increasing rate, leaving children to survive with one parent or as orphans.

The National Conference of State Legislatures (NCSL), funded through a grant from the Centers for Disease Control and Prevention (CDC), compiled a comprehensive booklet of HIV/AIDS related statistics to assist in the development and implementation of HIV/AIDS related programs and services (Hooker, 1996). In relation to United States residents as of October of 1995, the NCSL reported that AIDS had been diagnosed in over 501,310 people and had claimed the lives of 311,381 people. Furthermore, the NCSL projected that between 150,000 and 400,000 United States residents were unaware of their HIV infected status as of 1995.

Although women comprised approximately 9% of the total number of HIV-infected AIDS cases at the beginning of the AIDS epidemic, they now represent at least 20% of cases nationwide (Levine, 2000). Levine also notes that AIDS represents the largest single cause for children and youth becoming orphaned in the state of New York.

According to the Centers for Disease Control (2000), a dramatic shift has begun to occur, in which the annual infection rate for women has continued to increase while the infection rate for males has steadily declined. For example, the percentage of estimated adult/adolescent females living with AIDS has increased from 26,900 in 1993 to 64,662 by 1999 (140% increase), while the percentage of estimated adult/adolescent males living with AIDS has increased from 144,536 in 1993 to 252,494 in 1999 (70% increase). Furthermore, the CDC reports that an increasing number of women of childbearing age in the United States are becoming HIV infected through heterosexual contact. For example, 2,577 (37%) of the 6, 984 adult/adolescent females who reported becoming HIV infected from July 1999 to June 2000 were exposed to HIV through heterosexual contact. In fact, the CDC estimates that between 120,000 and 160,000 adult/adolescent women living in the United States are HIV infected. According to the CDC, the HIV/AIDS cases have increased at an alarming rate among Black/African American women. For example, of the 124, 911 reported AIDS cases among female adult/adolescent U.S. women through June 2000, 97,520 (77%) are among Black/African American women. Consequently, increasing numbers of children and adolescents are at risk of experiencing the death of their mothers due to AIDS. In addition, a large numbers of AIDS orphaned youth will most likely be concentrated in our nations' urban areas.

Several attempts have been made to estimate the number of child and adolescent AIDS orphans by combining the number of childbearing women who are HIV infected with estimates of the average number of children women bear. Levine (1993) estimated that by 1992, approximately 4,800 children and 4,500 adolescents nationwide were orphaned resulting from AIDS related parental death. Caldwell, Fleming, and Oxtoby

(1992) estimate that approximately 10,000 children and adolescents are orphaned annually due to HIV/AIDS. Furthermore, in a report published by the Orphan Project (Levine & Stein, 1994), as many as 125,000 children and adolescents in the United States will have experienced the death of their mother due to AIDS by the year 2000. These staggering numbers clearly speak to the potential devastation that the HIV/AIDS epidemic will have upon American families for generations to come.

Theoretical Perspectives on Grief and Mourning

Catalan (1995) noted that human beings' ability to survive can be traced, in part, to our capacity to form strong emotional attachments to significant others in our environment. Crenshaw (1990) emphasized that all humans experience feelings of separation or loss as a result of these close emotional attachments. According to Crenshaw (1990), these inevitable feelings of loss and separation provide each person with the opportunities needed for future growth and development. Although losses of one kind or another are inevitable, it is an unfortunate reality that a considerable number of children and adolescents will be challenged to cope with the untimely death of one or both of their parents. For example, Weller et al. (1991) reported that between 4-5% of Western children would experience the death of a parent by the time they reach age 15.

The death of a loved one typically triggers a reaction of grief. In reviewing the literature on grief, there appears to be considerable agreement regarding the manner in which grief is conceptualized. Freud (1917) conceptualized grief as relating to object loss, in which the bereaved faces the task of working through the grief by gradually detaching from the beloved who has died. Kubler-Ross (1984) referred to grief as a

natural healing process through which an awareness and expression of a variety of emotions allows one to accept and work through losses. Sherr (1995) stated that "grief comprises the emotional reactions focused on or surrounding the longing for someone or something that is no longer there" (Sherr, 1995, p. 2).

Kubler-Ross (1969) outlined a series of stages that the individual typically passes through during their grief process. The stages, which Kubler-Ross noted are open to change due to individual differences, are denial and isolation, anger, bargaining, depression and acceptance. Catalan (1995) was also careful to caution that each individual's unique response to loss can potentially be influenced by the personality of the bereaved, the circumstances surrounding the death of the loved one, and the quality and nature of the relationship between the bereaved and the deceased.

Considerable variation exists in the literature pertaining to both the conceptualization of mourning, and to the period in development when children are thought to possess the capacity to mourn. Freud (1917) referred to mourning as a process in which the bereaved struggles between a desire to acknowledge the loss and an equally strong desire to hold onto the lost object by not withdrawing libidinal attachment. According to Wolfenstein (1966), Freud hypothesized that the individual engaged in mourning is able to reinvest his/her libido into new relationships as their libidinal attachment is gradually withdrawn from the lost object.

In his paper on mourning, in which he began to shift his theoretical orientation away from a conflict model of psychopathology to an object relations model of psychopathology, Freud (1917) made a clear distinction between mourning and a more severe reaction to grief which he termed melancholia. According to Freud, mourning "is

regularly the reaction to the loss of a loved person, or to the loss of some abstraction which has taken the place of one, such as one's country, liberty, an ideal, and so on" (Freud, 1917, p. 243). In essence, Freud stated that a person who is engaged in the process of mourning the loss of a loved one will temporarily experience a loss of interest in the external world, the loss of a desire to form new attachments, and a withdrawal of energy from any activity which is not associated with the lost person. While this manner of being in the world may represent a marked change from the grieved person's typical attitude. Freud anticipated that the mourning process is gradually worked through until the ego can be freed from the libido that had previously been cathected to the lost object.

Freud (1917) explained that the working through of mourning occurs beginning with the process of reality testing, in which the bereaved person is reminded of the absence of the loved person. Consequently, the ego begins to withdraw its libidinal attachment away from the lost object. However, Freud notes that "...people never willingly abandon a libidinal position, not even, indeed when a substitute is beckoning to them" (Freud, 1917, p. 244). According to Freud, a struggle ensues, in which there is a rejection of reality and a holding onto the object via fantasies. The lost person is gradually let go of as the bereaved person reexperiences each of the memories and expectations associated with the lost object. It is through this very process of remembering and reexperiencing the painful affect that the libido is decathected, ultimately leading to the freeing up of both the ego and the libidinal energy.

Conversely, Freud (1917) viewed melancholia as a pathological reaction to the loss of a love object in which the bereaved individual, like the person who is mourning, temporarily experience a loss of interest in the external world, the loss of a desire to form

new attachments, and a withdrawal of energy from any activity which is not associated with the lost person. In addition, however, Freud stated that "a lowering of the self-regarding feelings to a degree that finds utterance in self-reproaches and self-revilings, and culminates in a delusional expectation of punishment" (Freud, 1917, p. 244), is the feature that distinguishes the melancholic from the mourner.

According to Freud, unconscious feelings of ambivalence over the lost love object ultimately lead the melancholic to blame him/herself for their loss. These feelings of self-blame, fueled by the unconscious ambivalence, are manifested in the form of self-reproaches. Consequently, the working through of the loss for the melancholic is complicated by their conflict over their ambivalent feelings related to the lost love object. The melancholic then engages in repeated struggles to separate from the lost object, "in which hate and love contend with each other; the one seeks to detach the libido from the object, the other to maintain this position of the libido against the assault" (Freud, 1917, p. 256).

Bowlby (1980), who developed his hypothesis concerning mourning based on his observations of infants following separation from their mothers, believed that human beings are capable of mourning as early as fifteen months of age. Furthermore, Bowlby believed that an infant's reaction to a significant loss does not inherently differ from reactions to a significant loss experienced by an adult.

Bowlby's views set into motion a series of reactions from colleagues in the field of child psychology. For example, Anna Freud (1960) disagreed with Bowlby's beliefs concerning the age at which mourning is possible. Using Freud's original definition of mourning as a guide, Anna Freud (1960) postulated that young children are not able to

truly mourn because they do not possess the ability to form and then renounce the inner mental representations. Furthermore, Anna Freud believed that a young child's reaction to the loss of a caretaker is related to a simple realization that they have been separated from their caretaker.

Furman (1964), in presenting a view that differed from Bowlby, stated that two essential abilities must be present within a child in order for mourning to be possible. First, a child's ego must have matured to the degree that the child can comprehend the meaning of death. Furman argued that a child's ability to comprehend death will occur by the time the child reaches between age two and three years old. Secondly, in order to mourn, the child must have successfully achieved a phallic level of object relations, meaning that the child had developed a stable internal object (parental) representation that can withstand the onslaught of their ambivalent and destructive feelings. Furman further postulated that this level of object relations, which occurs by age four to five, provides the stable internal object representation from which the bereaved child can then begin the process of withdrawing their libidinal attachment.

Wolfenstein (1966) stated that mourning, as defined by Freud, cannot truly occur until the time of late adolescence, when the individual has both successfully decathected their libido from their parents and reinvested their now freed libido into a love object outside of the family. In essence, Wolfensteim believed that it is the older adolescent's ability to successfully decathect from the parent, and thus mourn the parent, which sets the stage for him/her to be able to mourn later losses in life.

Wolfenstein (1966) argued that Bowlby was incorrect in his interpretation that an infant's reaction to being separated from their caretaker was a reaction that constituted

mourning. Instead, Wolfenstein believed that the infants presented with an ability to decathect the love object as evidenced by their persistent protesting and despair following separation from the caretaker. Based upon her own observations of young bereaved children who wept very little, failed to demonstrate a preoccupation with the deceased parent, denied the finality of the death of the parent, and who showed a brief grief reaction with an almost immediate return to their daily routines, Wolfenstein concluded that these children appeared to increase their libidinal investment in the deceased parent in an attempt to cling to the relationship so as to be able to further advance in their development.

Silverman, Nickman, and Worden (1992) noted that bereaved children do appear to maintain a firm connection to their deceased parents. From data collected through a longitudinal study of the impact of a parent's death on school-age children, Silverman and colleagues observed that healthy mourning in children occurs when the child constructs a set of memories of the deceased parent that can then be negotiated and renegotiated as the child progresses through the cognitive and emotional stages of their development. Thus, when working with bereaved children, Silverman and colleagues recommend that the bereaved child be encouraged to reconstruct their connection to their deceased parent, rather than be encouraged to separate from their deceased parent.

Rosen (1991) referred to the controversy in the literature concerning mourning in childhood by making the point that children and adolescents react to loss in more or less favorable ways regardless of whether their reactions constitute mourning. Rosen noted that professionals working with bereaved children and adolescents can develop an understanding of how the grief process for children and adolescents differs from that of

adults by examining children and adolescents' grief in the context of their family and their own cognitive and emotional development.

Bronfenbrenner and Crouter's (1983) ecological theory of the family provides a theoretical context within which to consider the unique impact that a parental death may have upon a surviving adolescent. Bronfenbrener and Crouter propose that intrafamilial processes are significantly impacted upon by interactions with external environmental influences including peer groups, schools, neighborhoods, communities and public policies.

In support of the ecological theory of the family, researchers on children and adolescent's reactions to the death of a parent have identified several critical factors that significantly influence the duration and severity of bereavement. In essence, the interactions among such variables as the child's personal characteristics, the family system, and the larger social context all serve to influence how the child will cope with both the death of his/her parent and the life changes brought about by that death. For example, Silverman and Worden (1992), in their examination of children's reactions following the death of a parent, identified social network and support systems variables as having significant effects upon the bereavement process. Silverman and Worden interviewed 125 children (from a total of 70 families) and their surviving parent. The interviews were conducted four months, one year and two years following the death of the parent. Interviews with the children explored predeath issues, experience with death, health status, life changes since death, peer relations since the death and attitudes and behaviors related to the death. Interviews with the surviving parent explored predeath

issues, circumstances of the death, mourning behavior, current social supports including family supports and concerns about their children.

Silverman and Worden (1992) found that children's reactions to the death of a parent are influenced by a number of interacting variables including how the child learns of the death, the cause of the death, and attendance at the funeral, as well as the degree of changes in the daily schedule, strength of connection to the deceased parent and the surviving parent's style of coping with grief. In addition, Silverman and Worden found that older boys were less likely to express their feelings associated with their grief process, and received reinforcement from their peer group for adopting a more stoic stance. Many of the children also made great efforts to maintain a connection with their deceased parent, especially during the first four months following the parent's death. The child's surviving parent typically reported a lack of appreciation for their child's need to reminisce as a way to maintain a sense of connection with the deceased parent in order to work through the bereavement process.

Elizer and Kaffman (1983) conducted a longitudinal study of 25 kibbutz children whose fathers had died in the October War of 1973. Overall, 50% exhibited pathological bereavement defined as "severe and persistent behavior problems that impaired everyday functioning" (Elizer & Kaffman, 1983, p. 668). Symptoms of pathological bereavement included regressive overdependent behavior, separation anxiety, sleep and eating disorders, learning difficulties, aggressive or inhibited behavior, and social withdrawal.

Through a process of semistructured interviews with the teachers and the surviving parent of the children, Elizer and Kaffman(1983) examined child, family and circumstantial variables to assess their possible influence on the children's bereavement

reactions. Findings from the interviews indicated that children's intensified bereavement symptoms were related to child, family and situational variables. Children with low self-control, hyperactive behavior and a withdrawn/inhibited temperament were found to exhibit pathological bereavement. Additionally, a significant relationship was found between the presence of pathological bereavement and a history of long-term separation from the father, a previously troubled family environment, emotional overrestraint of the surviving parent and poor ego functioning in the surviving parent following the death. Elizer and Kaffman concluded that pathological bereavement was determined by a combination of several pretrauma and posttrauma variables, rather than resulting from one discreet factor.

Primavera (1988) assessed the personal adjustment, family functioning and coping strategies in a group of 98 college students, some of whom who had experienced the death of a parent during their adolescence. Although there were no significant differences found between the bereaved and nonbereaved students concerning personal adjustment, the bereaved students viewed their families as being less organized and consistent regarding rules and family roles. Positive adjustment was associated with social support from family and friends, feelings of family unity, and a task-oriented problem solving approach. Negative adjustment was associated with family conflict, diffuse anger directed towards self and others, and the seeking of formal support (someone other than a peer or family member).

Conceptions of Death from a Developmental Perspective

In addition to both the array of theoretical perspectives on grief and mourning and