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INTERPERSONAL REACTIONS TO BEREAVED PARENTS:
AN EXPLORATION OF ATTACHMENT AND
INTERPERSONAL THEORIES.

DISSERTATION

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By

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The experiment examined negative social reactions to bereaved parents from unrelated others. Both the behavior displayed by the parent and attachment style of the perceiver were expected to influence reactions to bereaved parents. Undergraduates at a southern university ($N = 239$) completed both attachment measures and measures of reactions to videotapes of bereaved parents. Results indicated that bereaved parents do indeed receive negative evaluations from unrelated others, in the form of decreased willingness to interact in various roles. However, a nonbereaved parent displaying depressive symptoms also received negative evaluations.

Depressed targets in the present study did receive negative evaluations, supporting the predictions of Coyne's interpersonal-process theory of reactions to depressed individuals. Contrary to the predictions of interpersonal-process theory, a bereaved parent displaying loss content without depressive symptoms also elicited negative evaluations. Coyne's hypothesis that the amount of induced negative affect in the perceiver leads to negative

evaluations was not supported by the data. Subjects appear to react to a complex set of factors when forming these evaluations, including both personal and situational information. Two factors may have undermined the present study's ability to adequately test this theory. Subjects may have perceived depressive symptoms in loss content in the present study. Further, subjects may not have identified with the parent in the present study as anticipated. Research is necessary to identify the amount and focus of subjects' identifications with depressed and bereaved targets.

Only minor support was found for the prediction that attachment style would be related to reactions to bereaved parents. Continuous measures of attachment style were related to amount of induced negative affect. However, grouping subjects by attachment patterns was not related to either induced negative affect or evaluations. The present study and previous research suggest the possibility that conceptually attachment may contain several components which relate to behavior in varying degrees and ways. Further study of the components of attachment is necessary to clarify what behaviors are related to attachment disturbance.

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CHAPTER I

INTRODUCTION

Overview

Bereavement has been the subject of examination since the ground breaking work of Lindemann (1944). His study of relatives of victims of the Coconut Grove Fire stands as the first systematic description of the bereaved. Many studies of the bereaved have followed, some longitudinal in nature (see Parkes, 1986). Unfortunately, these have remained at the descriptive level for the most part. Studies have been clinically focused, with an eye to assisting the helper understand and intervene with the bereaved. To date, no studies have attempted to venture beyond the level of description of the outcome of bereavement. Osterweis, Solomon, and Green (1984), in a NIMH funded project, conclude that more research at the explanatory level is needed.

Parental bereavement has also received attention in the literature (i.e. Levav, 1982; Rando, 1986; Sanders, 1980). These studies have also tended to remain at the descriptive level, aimed at understanding the phenomena of parental bereavement. Much can be said from the descriptive level. Bereaved parents have been shown to have a higher mortality

rate (Levav, 1982), increased rates of mental disorders (Parkes, 1988), and divorce (Kaplin, Grobstein, & Smith, 1976; Lehman, Wortman, & Williams, 1987) following loss. Research into the explanation for these effects is lacking (Osterweis, et al., 1984).

One result which has been reported at the descriptive level is the assumption that bereaved parents are subjected to negative social reactions due to their bereaved status (Edelstein, 1984; Rando, 1983, 1986; Sanders, 1980). These conclusions have been based on subjective reports by bereaved parents or common sense conclusions of the researchers. This has been demonstrated in other populations of bereaved as well. Parkes (1980), in the introduction to his study of London widows, indicates the bereaved are subjected to "stigma". He continues:

By stigma I mean the change in attitude that takes place in society when a person dies. Every widow discovers that people who were previously friendly and approachable become embarrassed and strained in her presence. Expressions of sympathy often have a hollow ring and offers of help are not followed up on. It often happens that only those who share the grief or have themselves suffered a major loss remain at hand. It is as if the widow has become tainted with death in much the same way as the funeral director (p. 28).

This is an excellent description of the "stigma" of being bereaved. But it offers little or no insight into why this may be so. Bereaved parents feel the effects of this "stigma" as well (Rando, 1986).

Although research with bereaved parents has not attempted to explain why they are subjected to social ostracism, one section of the bereavement literature has made beginning steps in explaining this process. Calhoun and his coworkers (Calhoun, Selby, & Abernathy, 1984; Calhoun, Selby, & Faulstich, 1982; Calhoun, Selby, & Faulstich, 1980; Calhoun, Selby, & Gribble, 1979) have studied the perceiver's reaction to survivors of suicide. This represents a significant change in focus from the bereavement literature in general. These authors have sampled the perceivers themselves, instead of relying only on the reports of the bereaved. Results demonstrate that perceivers do have negative evaluations of the survivors of suicide (Calhoun, et al., 1979; 1980; 1982; 1984). These studies are still at the descriptive level of understanding, though. Little theoretical work has been done to further understand the reactions themselves.

To begin to develop a theoretical model of negative reactions to bereaved parents, two related areas have been reviewed. First, as depression is a common symptom in the bereaved parent (Osterweis, et al., 1984), negative reactions may constitute a subset of a more general reaction

to persons suffering from depression. Reactions to depressed individuals have received attention, both at the descriptive and theoretical level. Second, since the state of being bereaved involves loss, the theory of attachment has been chosen for the present study due to its theoretical focus of separation/loss situations. The research in this area has remained descriptive to this point.

Perceiver's interpersonal reactions to depressed individuals have been the focus of research. This view has been presented most clearly by Coyne (1976a, 1976b). He views depressive behavior as leading to negative interpersonal reactions. These reactions serve to maintain depressive symptomatology, according to Coyne's (1976b) theory.

This theory attempts to explain these reactions, based on the induction of negative affect in the perceiver (Coyne, 1976b). Induced negative affect leads to angry or hostile responses to a depressed person's attempts to gain assistance. Coyne (1976a) demonstrated this pattern in interactions between nondepressed subjects and actual depressed outpatients. The subjects reported increased anger, anxiety, and depression, along with more negative interpersonal ratings.

This theory provides an empirical basis for examining the negative social reactions to bereaved parents. Instead of the status of bereavement, depressive behavior may be

responsible for these reactions. This assumption has not been examined in the literature on parental bereavement.

However, the interpersonal-process view of depression (Coyne, 1976b) has viewed perceivers as unidimensional, without characteristics affecting their reactions. This may not be the case. In fact, Sacco, Milana, and Dunn (1985), extending Coyne's (1976a) research, state that specific characteristics of perceivers may influence their response to depressed persons.

Attachment theory (Bowlby, 1977, 1980) has focused on characteristics of individuals which influence their behavior. Significantly, attachment status has been shown to influence a person's behavior in interpersonal situations (Kobak & Sceery, 1988; Sherry, 1980). Additionally, reactions to loss situations (such as bereavement) has been a particular focus of attachment theory (Brody, 1981; Lord, Ritvo, & Solnit, 1978). This makes attachment theory uniquely relevant to the present investigation.

Attachment theory leads to a different interpretation of negative reactions to bereaved parents than Coyne's (1976b) theory. Instead of emphasizing the depressive symptoms of the bereaved parent, as Coyne's (1976b) theory does, attachment theory predicts that negative reactions stem from the loss stimulus represented by such parents. Bowlby (1980) has stated that the threat of loss can lead to anxiety in those susceptible individuals. These individuals

display a pattern of disturbed attachment experiences (separations from parents, inconsistent parenting, death of a parent, etc.) which leaves them vulnerable in separation or loss situations. A bereaved parent can constitute a powerful threat of loss, due to the implication that death can happen to anyone.

Like Coyne (1976b), attachment theory focuses on the induction of negative affect in the perceiver. Unlike the interpersonal-process view, attachment theory focuses on loss issues and that proposes individual characteristics of perceivers influence their reactions to such situations. Attachment status, then, may represent a characteristic important in understanding negative reactions to bereaved parents, such as Sacco and his coworkers (1985) have predicted.

The research in attachment theory has, to date, been mainly descriptive in nature. The interpersonal differences between individuals based on their attachment status have been examined (Kobak & Sceery, 1988; Sherry, 1980). Studies have explored how individuals who have a disruptive experience in their pasts differ in behavior or response to separation stimuli (DeLozier, 1979; Burger, 1981; Sherry, 1980). However, predictive studies, such as the present investigation, are lacking.

A second discrepancy exists in the attachment literature. How to classify an individual's attachment

status is unclear. Studies using past experiences which attachment theory predicts should influence an individual's attachment status have shown significant results (Brown & Harris, 1978; Lord, et al., 1978; Miller, 1980). Studies attempting to relate attachment status as measured by objective instruments to behavior have been less consistent (Schwartz, 1988). The present study proposes to assess attachment status by both experience and objective instruments to clarify this issue.

In summary, three disparate areas of literature have been drawn upon to attempt to understand the negative social reactions to bereaved parents. The bereavement literature in general has descriptively demonstrated that the bereaved do encounter negative social reactions but has contributed little to our understanding of why this happens. One area of the bereavement literature, examining reactions to survivors of suicide, has gone beyond the report of the survivors themselves, and demonstrated these negative reactions in the perceivers. Little theoretical work has been done, though, to explain these reactions.

To attempt to form a theoretical base for understanding these reactions, two empirical areas of research have been drawn upon. The interpersonal-process theory of depression (Coyne, 1976b) provides a perspective which may help understand negative reactions to bereaved parents. Since most bereaved parents display some level of depressive

symptoms, negative reactions may be a specific instance of a more general pattern of reactions to depressed persons. This theory, although having empirical support, has not looked at differential characteristics of the perceiver, a course suggested by Sacco and his coworkers (1985). In response to this deficit, attachment theory has been selected. Research in attachment theory has shown connections between characteristics of the individual and interpersonal behavior. In addition, no other theory has so closely focused on loss/separation reactions. However, the attachment literature has been mainly descriptive in nature. The author hoped to extend the attachment literature by demonstrating a predictive connection between attachment style and behavior in a specific situation: reactions to bereaved parents. The relation between attachment experiences and measured attachment style will also be examined.

The present study will allow for three important steps in understanding negative reactions to bereaved parents. First, it will empirically demonstrate the existence of these reactions, a step not yet taken in the literature on bereaved parents. Second, it will begin to develop a theoretical understanding for these reactions by examining two possible explanations for such behavior. Either these reactions constitute a more general reaction to depressed individuals or a pattern of response to loss stimuli in

susceptible individuals: namely, persons with disturbed attachment style. Third, the connection between past attachment-related experience, measured attachment style, and behavior will be examined. These three steps are a beginning in understanding the negative social reactions faced by bereaved parents.

Literature on Parental Bereavement

Death is a universal human experience. We all are faced with the prospect of not only our own death, but also the deaths of those persons who are close to us. Research into bereavement was begun by Lindemann (1944). Studying relatives of the victims of the Coconut Grove Fire, he was the first to describe the common components of grief reactions. Later researchers have extended his work with a variety of populations of bereaved. Bereaved spouses (i.e. Parkes, 1986), children (i.e. Sanders, 1980), and relatives of suicide victims (i.e. Calhoun, Selby, & Abernathy, 1984) have all been examined. These studies have focused on describing the effects and outcomes of bereavement.

Parental bereavement has been the focus of a large amount of research (i.e. Fish, 1986; Levav, 1982; Rando, 1986; Sanders, 1980). The effects of parental bereavement have been compared with losses of other types (Lehman, Wortman, & Williams, 1987; Sanders, 1980) and described in detail. As of yet, no study has consistently attempted to theoretically explain the factors influencing outcome to

parental bereavement. A review of the descriptive literature follows.

Fortunately, most of us are spared a particularly difficult experience, that of the death of an child (Levav, 1982). Before the turn of the century, due to high infant mortality rates, most families could expect to loose at least one child to death. This is one of the reasons people had a greater number of children at that time. As medical care has improved, the loss of a child to death has become a less and less common experience (Rando, 1986; Sanders, 1980). Even so, 400,000 children under the age of 25 die each year from accidents, illnesses, suicide, and murder (Donnelly, 1982). This leaves approximately 800,000 bereaved parents annually (Osterweis, et al., 1984). These parents must come to terms with the loss of their child and continue on with their lives.

Parental bereavement (the state of having lost a child to death) has been characterized by researchers as the most traumatic loss possible (Clayton, Desmarais, & Winokur 1968; Gorer, 1965; Rando, 1986; Sanders, 1980; Singh & Raphael, 1981). Gorer (1965) suggests "the most distressing and long lasting of all grief ... is the loss of a grown child" (p. 121). A number of adverse consequences have been attributed to the loss of a child. Increased instance of mortality (Levav, 1982), higher risk for psychological illness (Levav,

1982; Parkes, 1988), divorce (Kaplin, Grobstein, & Smith, 1976; Lehman, et al., 1987; Rando, 1986; Worden, 1982), and even suicide (Osterweis, et al, 1984) have been reported as the result of the death of a child. Loss of a child may be followed by changes in fundamental values and beliefs (Schiff, 1977). Behavioral disturbances within the family are common (Nixon & Pearn, 1977). In some cultures, the loss of a child may lead to social ostracism (Bowlby, 1980).

The most common psychiatric illness following bereavement is depression (Osterweis, et al., 1984). Indeed, depression of clinical proportions may be the rule rather than the exception in the first year of bereavement. Many of the symptoms of bereavement reported by Clayton and her colleagues (1968), Lindemann (1944), and Parkes (1988) are also central symptoms of a depressive illness; fatigue, sad affect, loss of interest, social withdrawal, and disturbances in sleep and appetite. Paykel, Myers, Dienelt, and Klerman (1969) studied the life events of depressed outpatients and inpatients and matched community controls. Although the number of parents was small they found that a significant number of the patients, as compared to the controls, reported the death of a close family member within six months of the onset of illness or interview. Notably, five of the sixteen patients reporting such a death had experienced the death of a child, pointing to the traumatic

nature of this type of loss. Hudgens, Morrison, & Barchka (1967) reported similar results with a group hospitalized for affective disorders.

The pain of parental bereavement may last for the rest of a person's life (Alexy, 1982; Hocker, 1988; Rando, 1986). Bowlby (1980) has said of this type of loss:

...disordered mourning is more likely to follow the loss of someone with whom there has been, until the loss, a close relationship, in which lives are deeply intertwined,... (p. 175).

This contention has been supported in empirical studies. Sanders (1980) compared grief following the loss of a spouse, child, or parent. Using the Grief Experience Inventory (Sanders & Mauger, 1979) and the MMPI, 102 newly bereaved (average time since death = 2.2 months) individuals were compared to a matched control group. When compared with nonbereaved subjects, the bereaved group showed significantly more physical complaints, depression, and denial. Bereaved parents were significantly more distressed than either bereaved spouses or children, showing more somatic complaints, depression, anger, guilt, and despair. Sanders (1980) describes these parents as appearing to have "suffered a physical blow ... which left them with no strength or will to fight, hence totally vulnerable" (p. 317).

The long term effects of loss of either a spouse or child in a motor vehicle accident were examined by Lehman, et al. (1987). Using both interview and objective instruments, the authors compared long term results for bereaved subjects compared with a matched control group. Bereaved subjects were found to be significantly more depressed and at risk for mortality than control subjects. Bereaved parents were found to be at an increased risk of divorce in the years following bereavement. The authors conclude that sudden loss of either a child or spouse is associated with long term distress.

The studies by Sanders (1980) and Lehman and his coworkers (1987) confirm the difficulties displayed by bereaved parents. Grief reactions are particularly intense following this type of loss. In addition, depressive symptomatology has been shown to be a central feature in such grief reactions. These reactions have been shown to lead to social isolation in bereaved parents (Edelstein, 1984; Fish, 1986; Rando, 1983, 1985; Rynearson, 1987; Sanders, 1980).

Bereaved parents have been shown to experience social isolation (Edelstein, 1984; Fish, 1986; Rando, 1983, 1985; Rynearson, 1987; Sanders, 1980), and to score higher on measures of social isolation than other bereaved groups (Lehman, et al., 1987; Sanders, 1980). A bereaved parent

can experience isolation from either family or friends, or both.

Edelstein (1984) has reported on the social influences affecting bereaved mothers by the use of questionnaire and interview data. She surveyed the relative importance of several social supports before the death, in the first year of bereavement, and following the first year. Spouses were reported as very important at each time, but there were no significant differences between the three times. Both sons and daughters were rated as very important throughout, but daughters took on significantly more importance from before the death and after the first year. Sons became significantly more important following the death, both in the first year and later. Reliance on other family members (family of origin) remained stable throughout bereavement. Edelstein (1984) using interview data, stated that younger bereaved mothers tended to rely on their families of origin, especially their own mothers, more than older bereaved mothers.

The most dramatic results indicated that friends increased in importance in the year following the death and then decreased significantly in the following years, to prebereavement levels. Edelstein (1984) stated bereaved mothers tended to have one or two good friends whom they turned to, almost always slightly older. Casual

acquaintances were more often a source of discomfort, as the bereaved mothers felt unable or unwilling to discuss their feelings for fear of alienating these people.

Use of professional resources or self help groups as a means of support were also examined by Edelstein (1984). Fully 77% of her sample used some such resource following bereavement. Professionals (therapists or clergy) were most important in the first year of bereavement, when the pain was most intense. After this time, these supports returned to predeath levels of importance. Surprisingly, subjects were not asked to rate the importance of self-help groups to their bereavement.

Rynearson (1987) developed a model of bereavement based on observations of survivors of unnatural deaths (homicide, suicide, accident). He presented the proposition that:

The sympathy and sociocultural support extended in cases of natural death evaporate in cases of unnatural death. Unnatural death is so abhorrent and stigmatizing that the survivors report themselves to be isolated and avoided by others (p. 87).

Rando (1986) extended this assumption, stating that bereaved parents report more altered social relationships after the death than other types of bereaved persons. Others may be made nervous by the bereaved parent, realizing

the same could happen to them. This fear of bereaved parents may lead to social ostracism. Others may become angry when return to premorbid levels of functioning is not quick enough. Society often implies that bereaved parents should not display grief reactions, further exacerbating the parent's feelings of rejection. This rejection may be internalized, as a lowered sense of self worth. Stress and anxiety may be increased (Rando, 1986, pp. 38-41).

Rando (1986) stated that 4 of 5 of Lazare's (1979) social reasons for failure to grieve may be typical of normal parental grief: social negation of the loss; socially unspeakable loss (death of a child is against the expected norm); social isolation and/or geographical distance from social support; and assumption of the role of the strong one (most notably fathers). These factors may lead to disordered variants of grief (Rando, 1986).

The work of Edelstein (1984), Rynearson (1987), and Rando (1986) provides speculation as to the reasons for the social isolation experienced by bereaved parents. A few studies (Rando, 1983; Sanders, 1980; Videka-Sherman, 1982) have examined how social isolation affects outcome to parental bereavement. Results of research with spousal bereavement (Duke, 1980; Maddison & Walker, 1967; Parkes, 1975; Raphael 1977) has shown that social isolation has been associated with poorer outcome to bereavement. Maddison and

Walker (1967) found that widows' perception of their support network as helpful was the single best predictor of outcome. Parkes (1975) sees the presence of social support as one factor which is critical in facilitating recovery from bereavement.

Videka-Sherman (1982) focused on the long term coping styles of bereaved parents. In a survey study of 194 parents, she sought to evaluate the prevalence and effectiveness of six coping strategies (Preoccupation; Escape; Turning to Religion; Altruism; Replacement by Adopting a new Role; Replacement by New Child). Using levels of depression and perceptions of change in self as indicators of coping, an active, externally directed coping style (Altruism, Replacement by role or child) was associated with better adjustment up to 18 months after bereavement. Turning to religion was characterized by increased psychophysical depressive symptoms but increased sense of growth and decreased negative affect. Escape and preoccupation were associated with poorer adaptation at follow-up. Both altruism and replacement styles were distinguished by a focus on and interactions with others, emphasizing the importance of social interactions in recovery from bereavement.

To assess the effect of social support on the bereaved, Sanders (1980) further analyzed her data comparing the loss

of a spouse, parent, or child. Subjects were divided (regardless of type of bereavement) into those who attended church frequently (1 time/week or more) and those who did not. Frequent church attenders displayed increased socially desirable responses and optimism, but more repression. Two subgroups (frequent church attenders-frequent family contact, & infrequent church attenders-infrequent family contact) were compared on dependent measures. Results indicated that bereaved individuals having few contacts with either church or family showed significantly more intense grief reactions, with more anger and less optimism. Physical complaints were significantly more common in the infrequent group, as was depressive symptomatology.

Studying bereaved parents of cancer patients, Rando (1983) found that parents who had the most social support during the illness were unexpectedly shown to have poorer adjustment after death except on one measure (Atypical Responses). She was unable to explain this from her data, but offered two possible explanations. Either the "type of support received during the illness is relatively unrelated to that which would be required after death" or "the illness may continue for so long that at the time of death and afterwards support is no longer forthcoming" (p. 16). It should be pointed out that support following death was not assessed by the author. Rando (1983) stated continued study

is needed to clarify the relationship between social support and adjustment after death.

The studies by Rando (1983), Sanders (1980), and Videka-Sherman (1982) describe the impact of social isolation during parental bereavement. As with the majority of the bereavement literature, results are descriptive in nature. Two important components are missing. First, development of a theory to explain the lack of social support provided to bereaved parents is lacking. The ideas of Edelstein (1984), Rando (1986), and Rynearson (1987) are based either on subjective observations or on common sense. No research has attempted to validate these views. Second, no research has looked directly at the other person in the interaction, the perceiver. This has been the subject of a small subsection of the bereavement literature. This group of studies has examined reactions to the survivors of suicide.

Reactions to Survivors of Suicide

Research into the social reactions to survivors of suicide has added an important component to the overall picture of reactions to the bereaved. Calhoun, Selby, and Faulstich (1980; 1982) have taken the step of actually sampling perceivers' reactions to suicide survivors. This research represents the first direct confirmation that a bereaved group does arouse negative reactions from others. The studies are descriptive in nature and offer no general

theory to explain these reactions. A review of the literature on reactions to survivors of suicide follows.

Survivors of suicide are considered to be at such risk that Shneidman (1973) has labeled them "survivor-victims." This population has been estimated to be in the millions, with 200,000 to 300,000 more victims each year (Andress & Corey, 1978; McIntosh, 1986).

Suicide is a special type of death with particular meaning in today's society (Cain, 1972). Families which have experienced a suicide often hide the fact from others or even themselves, as indicated by estimates that many suicides are not reported as suicides (Shneidman, 1973). It is not unknown for a suicide to be denied by family members for generations (the myth of one family was that a relative had broken a vase and cut both wrists accidentally). Suicide may be viewed as induced by psychological disturbance (Coie, Pennington, & Buckley, 1974; Kalish, Reynolds, & Farberow, 1974), which has been associated with social stigma (Sarbin & Mancuso, 1970, 1980). Thus, survivors of suicide may be faced with the additional negative impressions of mental illness (Calhoun, Selby, & Selby, 1982).

The stress associated with losing a child or other family member to suicide has been described by several authors (Cain, 1972; Calhoun, et al., 1980, 1982; Ginsburg, 1971; Rudestam, 1977; Wallace, 1973; Whitis, 1972). The

reactions of persons outside the family can be one source of this stress (Cain, 1972; Rudestam, 1977; Rudestam & Imbroll, 1983). Cain (1972) speaks for many when he writes:

Perhaps the most crucial . . . of the external agents was the frequent blaming of the suicide's surviving spouse by his community, his neighbors, and his family (especially in-laws) . . . There was quite often an almost total lack of support provided . . . in marked contrast to the typical reaction to a bereaved spouse . . . rather, there was active blaming and finger pointing at the surviving spouse. The phrase "drove him to it" tends to reverberate . . . In at least five of our cases, the surviving spouse was literally hounded out of his community . . . (p. 148).

Dunn and Morrish-Vidners (1987), in a study of subjective reports of survivors, indicated that two-thirds reported rude or inappropriate behavior on the part of others. Sheperd and Barraclough (1974) found that 41% of survivors reported negative reactions from others. Solomon (1983) found that rejecting behavior by others led to survivors of suicide feeling stigmatized.

Such negative social reactions can also lead to increased social isolation (Danto, 1977; Herzog & Resnik, 1968). Social isolation has been shown to be a difficulty in all types of bereavement, but especially so in the case

of suicidal deaths (Sheskin & Wallace, 1976). Widows of suicide victims reported less support from family, friends, and death-related officials such as funeral directors and medical examiners (Sheskin & Wallace, 1976).

A few studies have looked directly at these reactions of others to survivors of suicide. Survivors of suicide have been found to be rated as more to blame (Calhoun, et al., 1980, 1982; Goldney, Spence, & Moffitt, 1987; Gordon, Range, & Edwards, 1987; Rudestam & Imbroll, 1983), less likable (Calhoun, et al. 1980, 1982; Range, Bright, & Ginn, 1985), and as more psychologically disturbed (Rudestam & Imbroll, 1983) than survivors of illness-related deaths. These social impressions can lead to a lack of social support, which is associated with a poorer outcome to bereavement (Rando, 1986).

Calhoun and his colleagues (1980) studied the social impressions of unrelated others to newspaper accounts of a child's death by either suicide or illness (virus). Subjects (59 male and 60 females) were solicited at a shopping mall and asked to complete 12 items assessing a number of areas: how psychologically disturbed both the child and the parents were before the death; how well each of the parents would be liked if the subject were to meet them; blame attributed to each of the parents; whether the newspaper should mention the cause of death; how long each of the parents would remain very sad and depressed; and how

difficult it would be to express sympathy to the parents (as can be seen, both cognitive and emotional reactions were assessed, although the authors did not make this distinction).

Results indicated that the child was rated as suffering more emotional disturbance when the death was described as suicidal. Both the mother and the father were seen as more to blame after a child's suicide. Expectation of liking for the parents was also lower when the death was suicidal, although this was not significant for the mother. Raters were more likely to indicate the newspaper should not report the cause of death in the case of suicide. The other items showed no significant effects for type of death.

The authors (Calhoun, et al., 1980) concluded that survivors of suicide are likely to receive less social support (although this is not evident from their data, they quote Cain, 1972), and they will face a greater degree of negative social impressions. They pointed out that others, seeking a reason for the tragedy, may inappropriately blame the parents, which may have significant harmful effects.

These conclusions, based on the work of Calhoun and his colleagues (1980, 1982), conform with the thrust of the present study, that bereaved parents face negative social reactions. However, several methodological limitations exist with the design of the above studies (Calhoun, et al., 1980; 1982) and other studies modeled after them (Calhoun,

Selby, & Gribble, 1979; Rudestam & Imbroll, 1983). These will be examined in detail along with further results which add to the picture of reactions to survivors of suicide.

The first difficulty with the study (Calhoun, et al., 1980), involves the 12 items used to assess social impressions. These appear to address only the broadest issues. As mentioned above, separation of cognitive and emotional responses is not possible. In addition, there are no questions assessing the internal reactions of the subjects, which may account for the ratings of parents and victim. This leaves the origin of the results unclear.

Calhoun and his coworkers addressed this issue in their efforts to develop an instrument to measure reactions to survivors of suicide (Calhoun, Selby, Tedeschi, & Davis, 1981). Named the "Aftermath of Suicide Scale", items measuring social rejection of the surviving family, personal affective reaction toward the surviving family, funeral discomfort, and agreement with reporting the method of death in the newspaper were included. The personal affective reaction toward the surviving family was revalidated by Spence, Goldney, and Moffitt (1984). This scale, which consists of seven dichotomous pairs of affective words, measures the affective reactions others have toward suicide survivors. This scale appears to give consistent readings of these reactions across populations.

A second difficulty with the Calhoun study (1980) is the child used in the newspaper accounts is given as aged ten. This is an age when parental responsibility is likely to be seen as high, regardless of the activity attributed to the child. That parents were seen more negatively is possibly more a product of the child's age than the type of death.

Range, Bright, and Ginn (1985) examined this issue using Calhoun's basic design. Results indicated that parents of a 17-year old suicide victim were rated as liked more than either parents of a 13 1/2 or 10 year old. Ratings of psychological disturbance of the parents, blame, and difficulty in recovering from bereavement did not vary as the result of age of the victim. Although not significant, the trend was to blame parents of the older child less. Thus, the age of the victim appears to have an effect on reactions of perceivers, but not in all ratings.

The final limitation lies in the use of newspaper accounts of the death when asking for ratings of those involved. Newspaper accounts limit the amount of information about the survivors available to the subjects. What is actually being rated is the subject's stereotypes of suicide victims and survivors. There is no way to control for or measure what these stereotypes consist of. In addition, the personal characteristics of actual survivors may mediate the reactions of others to some extent.

This appeared to be the case in a study by Calhoun, Selby, and Abernathy (1984). They examined the reactions of individuals who knew a person who had survived a death of either a close friend or family member. Structured interviews revealed that subjects considered suicide the most difficult type of death and expected more discomfort in dealing with the family than in any other type of death. The authors pointed out that these results are congruent with the view that suicide is a particularly stigmatizing type of death. Interestingly, the survivors of suicide were not viewed as more to blame for the death than in other types of death, contrary to what other studies have found. This study, using people with actual experience with the bereaved (as opposed to hypothetical cases), points to two factors possibly influencing the reaction process. Personal acquaintance with the bereaved may change the social perception process in some way, or characteristics of the perceiver may affect reactions in some way. This final point is a central focus of the present study.

How personal experience with death affects reactions to the bereaved was demonstrated in another study. Rudestam and Imbroll (1983) replicated the finding that parents of childhood suicide were seen as to blame compared to accidental (car) or illness-related death. Parents of children who committed suicide were seen as more disturbed and blameworthy than in either other case. However,

Rudestam and Imbroll (1983) took one further step in their study. Subjects were asked if they personally knew someone who had committed suicide. Those who had a previous encounter with suicide were significantly more likely to express anger toward the mother and father. These two studies (Calhoun, et al. 1984; Rudestam & Imbroll, 1983) constitute the only evidence which indicates that the personal characteristics of observers influence their reactions to suicide survivors, which the present study seeks to investigate.

Calhoun and his colleagues (1982) attempted to understand how others assign blame to suicide survivors by varying characteristics of the situation which led to the suicide. The purpose was to examine how the presence of environmental pressures on the child might mitigate reactions of blame toward the parents. The design was similar to the above studies (Calhoun, et al., 1980; 1982), except for the addition of environmental pressures (either not doing well in school or having just failed a series of tests) or no environmental pressure (doing well in school or having passed a series of tests).

Results were similar to the previous studies (Calhoun et al., 1980; 1982), except that the parents of the child who committed suicide were seen as more psychologically disturbed than the parents of the child who died of viral disease. The presence of environmental pressure

significantly affected the ratings in one way. Parents of children who were experiencing such pressure were expected to have had more opportunity to be aware of and prevent the suicide. This indicates that parents were viewed as more responsible when their child was experiencing noticeable difficulties.

Another reason for this result may involve the specific pressures used in the study by Calhoun and his coworkers (1982). A study by Droogas, Siiter, and O'Connell (1982) indicated that suicides were rated as more justifiable when physical pain or deterioration were present than when mental pain or deterioration were the given reasons. The environmental pressures used in the study by Calhoun and his colleagues (1982) involved mental pain, which may explain why ratings of blame for the parents were not influenced as predicted. When combined with the findings of Range and his coworkers (1985) perceivers appear to take characteristics of the victim and situation into consideration when forming a reaction.

The research on reactions to survivors of suicide adds several important factors to the present investigation. First, as a subset of bereavement research, the perceiver becomes the focus of investigation. Validation of negative social reactions is not just reported by the bereaved, but demonstrated empirically from the reactions of the perceivers themselves. Second, these results are shown not

to be just a reaction to the state of bereavement itself. Other variables are shown to affect the reactions as well. The personal history of the perceiver (Calhoun, et al., 1984; Rudestam & Imbroll, 1983), the characteristics of the victim (Range, et al., 1985), as well as characteristics of the situation itself (Calhoun, et al., 1982) have been shown to affect reactions to survivors of suicide. These are descriptive studies, however, without a firm theoretical foundation for understanding these various reactions. Like research on bereavement in general and on parental bereavement specifically, explanatory studies have not been done to date. The present study attempts to provide a theoretical understanding of negative social reactions to bereaved parents.

Interpersonal Reactions to Depression

Another area of research has examined the interpersonal reactions of perceivers to a certain group of people: persons suffering from depression. This is significant given the high number of bereaved parents who have depressive symptoms as part of their reactions to bereavement. The presence of depressive behavior in bereaved parents has been shown in studies by Clayton and his colleagues (1968), Lindemann (1944), and Parkes (1988).

The interpersonal-process theory of depression takes the study of negative reactions one step further. It provides a theoretical explanation for these reactions based

on events inside the perceiver. As such, this view goes beyond description, contributing an explanatory foundation which can be empirically tested.

Coyne (1976a, 1976b) has been the leading proponent of the interpersonal-process theory of depression. This theory maintains that depressive behavior elicits negative reactions from others. Bereaved parents may experience negative social reactions, not due to their status as bereaved but as a result of their depressive behavior. A review of the literature on the interpersonal-process view of depression follows.

Building on the work of Jacobsen (1954) and Weissman and Paykel (1974), Coyne's central thesis is that depression is mediated by interpersonal events in the environment. Weissman and Paykel (1974) found pervasive disturbances in social skills, as demonstrated by diminished social skill behavior. They theorized that the resulting stress from these lack of social skills serves to maintain the depressive syndrome. Jacobson (1954) found that depressed individuals cause people in their environment to feel guilty, resulting in defensive aggression and cruelty toward them.

Coyne (1976b) made the assumption that these aggressive reactions serve a crucial role in the maintenance of depression. He hypothesized that the interpersonal reactions of others leads to a worsening of depressive

symptoms. This represents a major shift in focus in the understanding of depression. The focus shifts to describing the reactions of others to depressed individuals and how these reactions affect the depressed person's symptoms.

An initial study by Coyne (1976a) tested this view by studying the social reactions of undergraduates to depressed outpatients, nondepressed outpatients, and nonpatients. After a 20 minute phone conversation, subjects completed the Today Form of the Multiple Affect Adjective Check List to measure their postconversation mood. Subjects were also asked to rate the targets on measures of willingness to engage in future contact and affective perception of the target. Audiotapes of the conversations were rated for overall activity, other-self ratio, approval responses, hope statements, and genuineness.

Results supported the theory and indicated that subjects who spoke with a depressed outpatient were significantly more depressed, anxious, and hostile than those who spoke with nondepressed or normal targets. No differences were found between subjects' ratings on affective measures for those who spoke with nondepressed and normal targets on affective measures. Combined with the induced affect in the subjects who interacted with depressed patients, subjects were also significantly less willing to engage in future contact. Again, no difference was found between the other two groups. When asked "How do you think

this person wants to be seen?" subjects perceived the depressed patients as wishing to be seen as sadder, less pleasant, more negative and uncomfortable, lower, and passive. Subjects also rated the depressed patients as actually being significantly sadder, more uncomfortable, weaker, lower in mood, passive, and negative. Thus, subjects seemed to view the depressed targets as making less of an effort to present a socially acceptable picture, although they did not doubt the sincerity of their feelings.

Coyne (1976a) analyzed the intercorrelations and drew the conclusion that the patient's depression was the most powerful influence on subjects' rejection of depressed patients. According to Coyne (1976a), this rejection takes the form of indirect punishment and unfavorable contingencies offered to the depressed individual. This pattern of interpersonal contingencies requires special social skills on the part of the depressed person to overcome the effects of negative mood induced in others. As Weissman and Paykel (1974) found, depressed persons demonstrate a pattern of disturbed social skills. This may lead to a self-sustaining cycle of behavior, where a depressed individual's ineffective efforts at interaction further alienate others, leading to heightened rejection.

In a theoretical article Coyne, (1976b) expanded this model. He described the depressed individual as attempting to manipulate the environment with depressive symptoms for

needed sympathy and reassurance. But, these behaviors induce negative affective states in others. When reassurances are offered, they are likely to be presented in such a way as to negate or contradict these reassurances (with a harsh or rejecting tone of voice, or in a patronizing way). Coyne (1976b) labeled these messages as "nongenuine support." Nongenuine support has the effect of increasing the depressive person's symptom-related behavior in an attempt to gain repeated feedback that the support is genuine. This persistence leads to even more discrepant verbal and nonverbal responses from others.

Coyne (1976b) described this pattern as spiraling through stalemates, which results in the escalation of the problems. This can take the form of other people either withdrawing from the depressed individual or having him or her withdrawn through hospitalization. As the pattern escalates, the depressed person, due to increasing isolation, begins to direct his or her behavior to a wider and wider audience. Also, behavior becomes more confusing and unanswerable. If not corrected, depressive drift may set in, ending, in some cases, in the appearance of psychotic symptoms.

Studies testing the theory of Coyne (1976b) have resulted in mixed support. The central thesis that depressed individuals face negative reactions from others has been widely supported. The specific behaviors of

depressed persons which lead to these reactions are still unclear. Likewise, the exact nature of the perceivers' reactions remains equivocal.

Negative interpersonal reactions were replicated but induced affective states in the perceiver were not in a study by Howe and Hokanson (1979). Confederates enacted either a depressed, physically ill, or nonsymptomatic role in a seven minute conversation. This was an attempt to separate the effects of dysfunctionality alone from depression. Results indicated depressed subjects elicited the most directly supportive statements as well as the most directly negative comments. This would be expected given Coyne's (1976b) concept of nongenuine support. Interpersonal ratings of depressed confederates were most negative and subjects were least willing to continue to interact with depressed subjects. Measures of perceptions toward the depressed confederates replicated Coyne's (1976a) findings.

Howes and Hokanson (1979) did not find evidence of increased induced negative affect in subjects who interacted with depressed confederates. The authors explained the rejecting pattern as resulting from induced ambivalence in the subjects. This was evidenced by the high number of both positive and negative comments from the subjects who interacted with depressed confederates. This represents a more cognitively mediated explanation of others' responses

than Coyne's (1976b) affective mediational model. Simple dysfunctionality (represented by physical illness) did not account for negative reactions.

This pattern was also found in a study by Gotlib and Robinson (1982). They attempted to confirm Coyne's (1976a) findings in a nonclinical population of either depressed or nondepressed undergraduates. Nondepressed subjects were paired with either depressed (as determined by a score of nine or higher on the Beck Depression Inventory; BDI) or nondepressed target students for a 15 minute conversation. A score of nine or higher on the BDI represents a mild level of depression (Gotlib & Robinson, 1982). Videotapes of the conversations were rated for support, conversation maintenance (positive, negative, or neutral), direct negative comments, and silence. In agreement with Howe and Hokanson (1979) no differences were found between groups on subject induced affect or willingness to engage in future contact measures.

Although subject affect did not differ, behavior during the conversations did reveal differences between groups. Subjects who interacted with depressed targets evidenced significantly fewer statements of direct support and conversation maintenance/positive content. They also emitted more conversation maintenance/negative content statements. Overall, individuals who interacted with depressed targets emitted a lower number of verbal

responses. Analysis of nonverbal behavior indicated that subjects who interacted with depressed targets showed less smiling, arousal, and pleasantness.

The spiraling nature of interpersonal reactions to depressed persons was demonstrated in a study by Hokanson, Loewenstein, Hedeem, and Howes (1986). They also attempted to extend these findings in a naturalistic setting. They demonstrated that dysphoric college students (as measured by the BDI) initiated relationships with their roommates in a relatively dependent, distrustful, and self-devaluating way. Over a three month period, these behaviors increased over time. The behavior of their roommates showed a progressive increase in caretaking behavior. This caretaking appeared to have been interpreted as nongenuine by the depressed students, as they perceived their roommates as distrustful and competitive after three months. No measures of actual behaviors were taken, so the exact nature of the interpersonal interactions remains unclear.

Two studies have extended the presence of negative social reactions to depressed individuals in populations besides college students (Frank, Wonderlich, Corcoran, Umlauf, Ashkanazi, Brownlee-Duffeck, & Wilson, 1986; Peterson, Wonderlich, Reaven, & Mullins, 1987). Both undergraduates and rehabilitation workers demonstrated depressed mood and negative reactions to tapes of depressed spinal cord injured persons (Frank, et al. 1986). Adult

educators showed more negative reactions to films of a depressed child than a nondepressed child (Peterson, et al., 1987).

The above studies have in common the focus on the perceiver in the interaction. One study has tried to clarify what it is about the behavior of depressed persons which stimulates negative reactions. Powers and Zurroff (1988) examined how one behavior common to depressed persons affected the reactions of others. Self-criticism led to increased positive and supportive statements from others. Conversely, private evaluations of self-critics were more negative than of persons who did not display self-criticism. Thus, self-critics were presented with a mixed message of public support and private devaluation. This is confirming of Coyne's (1976b) theory of nongenuine support offered to depressed individuals.

These studies provide mixed support for the theory that depressed individuals are subjected to negative social evaluations from unrelated perceivers. On the one hand, the central thesis of negative reactions is supported throughout. However, the specific nature of these reactions, whether affective and cognitive, or cognitive alone, remains unclear. Coyne (1976a) found induced negative affect in the perceivers, along with negative cognitive evaluations. Howes and Hokanson (1979) and Hokanson and his coworkers (1986) did not find induced negative affect but did find

negative cognitive evaluations. What behaviors of depressed persons leads to these reactions is unclear. Coyne (1976a) has stated it is the depressed affect which accounts for these reactions. The study by Powers and Zurroff (1988) seems to indicate specific behaviors of the depressed lead to negative reactions.

The differences between Coyne (1976a), Howes and Hokanson (1979), and Gotlib and Robinson (1982) need to be considered in the light of differences in design. Coyne (1976) used a pathological group (depressed outpatients) in a telephone conversation. He found differences in reported mood but not in actual conversational behavior. Howes and Hokanson (1979) used confederates enacting a pathological role and found differences in behavior but not in induced mood. The conversation was the shortest of the three at seven minutes. Hokanson and his colleagues (1986) found evidence of nongenuine support in a three month study of college roommates. Gotlib and Robinson (1982) used a mildly depressed target (nonpathological) and found differences in nonverbal behavior but not in induced mood or willingness to know. Franks and his coworkers (1986) and Peterson and her coworkers (1987) both found negative mood and reactions in specific populations. It seems warranted to conclude that depressed individuals do elicit different reactions from others than do nondepressed persons. However, the differences in results suggest other factors

may influence reactions to depressed individuals. A small number of studies have examined possible factors.

The gender of the perceiver has received attention in the literature. Howes and Hokanson (1979) found no differences between how male and female subjects responded to depressed individuals. This confirms results of other researchers (Coyne, 1976a, Hammen & Peters, 1977) that both males and females respond in similar ways to depressed individuals.

Hammen and Peters (1977) examined how the gender of the depressed person affects reactions. The authors predicted that male depressives would be rated more negatively than females. The results supported this conclusion, leading to the possibility that male depressives encounter more direct negative social reinforcement than females. These results should be interpreted with caution, as they are based on written descriptions of depressed persons and the effects were small in actual terms (although significant due to large sample size).

Kubitz, Thornton, and Robertson (1989) found male depressives receiving the most negative reactions using descriptions of persons responding to the death of a close friend. The gender of the griever, type of death (either sudden or anticipated), and severity of symptoms all influenced reactions to the bereaved. Men were rated as least attractive (using willingness to interact measures)

when displaying most severe symptoms, regardless of type of death. Females were seen as most attractive in sudden death situations when symptoms were most severe. In anticipated death situations, the most severe symptoms were associated with least attractiveness. This supports a cognitive mediation in perceivers' reactions to depressed individuals.

Strack and Coyne (1983) examined the nongenuine support proposal by varying the expectation that ratings of depressed individuals would be shared with the person. They hypothesised that ratings of attraction and willingness to know would be affected if subjects expected these ratings were to be shared with the depressed person. Mildly depressed or nondepressed undergraduate female targets were paired with nondepressed female subjects. Subjects completed measures of induced mood, willingness to engage, and perception of the target following a 15 minute conversation.

Results indicated subjects who conversed with depressed targets were more depressed, anxious, and hostile than those who conversed with nondepressed targets. They were also less willing to engage in future interactions than subjects who interacted with nondepressed targets. When subjects were told their ratings would be shared with the target, both willingness to engage in future contact and perceptions of the target showed increases in the positive direction. This pattern is consistent with Coyne's (1976b) theory of

nongenuine support. Affective reactions remained the same, although overt behavior differed depending on the subject's expectation that the target would be informed of the ratings.

Sacco, Milana, and Dunn (1985) attempted to examine the effect of length of acquaintance on the reactions of others to a depressed person's request for help. Using an analog design, the authors asked undergraduates to imagine they had known a person described in 4 separate situations for either 2 weeks or 1 year. Results indicated descriptions of requests for help from depressed individuals aroused more anger than from nondepressed persons. Shorter acquaintance was associated with more anger in the subjects than longer acquaintance. Willingness to help measures indicated significant results only for length of acquaintance, with shorter acquaintance associated with least desire to help. Thus, anger seems aroused by depression regardless of length of acquaintance, but this translated into a direct rejection only in the case of shorter acquaintance.

Measures of desire for future contact showed significant main effects for level of depression, length of acquaintance, and the depression X acquaintance interaction. Subjects expressed the least desire for future contact with depressed targets and short acquaintances. Analysis of the interaction indicated that subjects would prefer to spend time with a nondepressed person of short acquaintance than a

depressed person of long acquaintance. The authors (Sacco, et al., 1985) concluded that their results provide support for Coyne's contention that depressed individuals elicit conflicting responses from others. Especially in the more voluntary situation (desire for future contact), subjects evidenced rejection of depressed individuals. When confronted with the request for help, subjects were less likely to be directly rejecting, although anger was present. This is the outcome which Coyne's (1976b) view would predict, with support being offered only when directly requested, and even then in a nongenuine way.

Sacco and his coworkers (1985) further analyzed their results using a path analysis, to determine if affective reactions alone were responsible for behavior toward depressed persons. The authors concluded that affective reactions of the perceiver do mediate both desire for future contact and willingness to help but to a minor extent. They suggested that these two behaviors may be mediated by a variable not considered in their study. The present study seeks to examine one such variable: the attachment status of the perceiver.

Rosenblatt and Greenberg (1988) attempted to identify one characteristic of depressed individuals which makes them aversive to others. Drawing on research in social psychology, they proposed that nondepressed individuals would find depressed others more attitudinally dissimilar

and this would affect their liking for and willingness to meet depressed persons. They also tested the hypothesis that depressed individuals' reactions to others are different from those of nondepressed individuals. Specifically, they predicted depressed individuals would not respond differently based on another's depression status. Mildly to moderately depressed and nondepressed undergraduates served as subjects. They were asked to rate either attitudinally similar or dissimilar descriptions of depressed or nondepressed targets.

Results indicated that attitudinally similar subjects were preferred overall. However, a significant two way interaction emerged. Nondepressed subjects rated nondepressed targets as more similar than depressed targets. They also expressed the most liking and interest in meeting attitudinally similar targets. Depressed subjects did not differentiate between targets by similarity on measures of liking or willingness to meet. When the effects of similarity were removed (by use of covariance) all effects of depression on liking measures disappeared. Thus, level of similarity was found to be an important component in the ratings of nondepressed individuals. The authors concluded that nondepressed persons' negative reactions to depressed individuals seem mediated by perception of similarity.

If Coyne's (1976b) theory is correct, the behavior of depressed persons should vary according to the behavior of

the persons with whom they interact. What specific components of a depressed person's behavior lead to negative reactions has received minimal attention. Two studies shed light on this question by examining the behavior of depressed individuals with varying types of interpersonal styles (Blumberg & Hokanson, 1983; Hokanson, Sacco, Blumberg, & Landrum, 1980).

Hokanson et al. (1980) found that depressed subjects responded with high levels of self-devaluation, helplessness, and blame of their partner in a Prisoner's Dilemma procedure when placed in a low-power role. However, when placed in a high-power role, depressives displayed exaggerated exploitiveness and noncooperativeness.

Blumberg and Hokanson (1983) extended this work to explore how depressed and nondepressed undergraduates would respond in interactions with three separate interpersonal roles: helpless-dependent, supportive-cooperative, and critical-competitive. Roles were enacted by confederates in a creative procedure with conversational "rest" periods. Analysis of these conversations indicated the depressed subjects' conversations contained self-devaluation, sadness, helplessness, and general negative content across all roles. However, the critical-competitive role elicited more anger from depressed than nondepressed subjects. The helpless-dependent role elicited the most negative self-statements from depressed subjects.

As the final two studies (Blumberg & Hokanson, 1983; Hokanson, et al., 1980) point out, depressed individuals tend to respond with sadness, self-devaluation, and negative behavior. When confronted with various interpersonal roles, these behaviors are maintained. This supports the predictions of Coyne (1976b) that depressed individuals respond with ineffective behavior in interpersonal situations.

The interpersonal-process theory of depression provides a possible explanation of negative social reactions to bereaved parents. The bereaved parent's depressive behavior may be responsible for the negative reactions described in the bereavement and survivors of suicide literature. Like the literature on reactions to survivors of suicide, the interpersonal-process literature has focused on the perceiver. Coyne (1976b) predicts that depressed individuals will arouse negative affective states and interpersonal reactions in the perceiver. This has, in fact, been shown to be the case (Coyne, 1976a; Strack & Coyne, 1983; Howes & Hokanson, 1979; Sacco, et al., 1985). Length of acquaintance and perceived similarity have been shown to influence reactions of nondepressed others to depressed individuals (Rosenblatt & Greenberg, 1988; Sacco, et al. 1985).

Sacco and his colleagues (1985) have hypothesized that these reactions may be mediated by some characteristic of

the perceivers themselves. It seems likely that personal characteristics of the perceiver would affect the interpersonal reactions to depressed individuals. Sacco and his coworkers (1985) do not offer any suggestions as to what these characteristics might be. The present study examines the impact of one possible characteristic: the attachment history of the perceiver.

Attachment Style and Reactions to Loss

The theory of Coyne (1976b) emphasizes the reactions of others to depressed individuals. As Sacco and his colleagues (1985) have pointed out, the reactions of others may not be as homogeneous as Coyne (1976b) implies. Characteristics of the individual perceivers may influence their reactions to depressed individuals. No studies have directly examined this possibility. The present study suggests one possible characteristic which may influence how a perceiver reacts to depressed persons, and thus, to a bereaved parent.

The literature on attachment theory has dealt with how individuals respond to separation and loss experiences. Similar to the theorizing of Coyne (1976b), attachment studies have predicted that separation or loss experiences can lead to anxiety (i.e. Bowlby, 1980). Unlike Coyne (1976b), attachment theory predicts that individuals differ in their susceptibility to such anxiety, based on their past experiences.

The literature on attachment theory has been mainly descriptive in nature (i.e. Sherry, 1980). How individuals differ based on experiences related to attachment has been the primary focus. Studies which predictively examine the behavior of these individuals have not been done. The present study tests the assumption that the attachment style of individuals will influence how they respond to a bereaved parent. The literature on attachment relating to bereavement will follow a brief review of the theoretical basis of attachment.

Attachment theory (Bowlby, 1969; 1973; 1980) has focused on how attachment patterns develop. Bowlby (1973, 1979, 1980) studied the response of infants to separations from their parents due to hospitalizations. He described a characteristic pattern of behavior. First, the infant emits a number of behaviors designed to reestablish attachment with the lost parent. Then acute distress and yearning for the lost attachment figure appear. This is followed by a lessening of attachment behavior. He postulated that the presence of such experiences in a person's background can lead to continuing difficulty with loss issues.

Ainsworth and her coworkers (Ainsworth, Blehar, Waters, & Wall, 1978), studying the reactions of infants to her Strange Situation, have identified patterns of attachment associated with consistencies in behavior. Ainsworth labeled these patterns Secure, Insecure-Ambivalent, and

Insecure-Avoidant based on infants' behavior on reunion with their parents during the Strange Situation. Secure infants seek comfort, proximity, and contact on reunion. Insecure-Ambivalent and Insecure-Avoidant infants show distress, anger, or actively ignore and avoid the parent on reunion. Ainsworth and her coworkers (1978) related these behaviors to the quality of the relationship between parent and infant. Parental behavior which is unresponsive, critical, or inconsistent in response to a child's attachment behavior creates insecure attachment patterns (Ainsworth, et al., 1985; Bowlby, 1973).

Bowlby (1973, 1979, 1980) described how these experiences affect behavior later in life. He stated that children build internal representational models of their attachment figures based on their experiences in attachment situations. These models have been defined as "a set of either conscious and/or unconscious rules for the organization of information relevant to attachment" (Main, Kaplan, & Cassidy, 1985). These rules are pervasive in impact, operating at perceptual, cognitive, affective, and behavioral levels (Bowlby, 1980; Kobak & Sceery, 1988; Main, Kaplan, & Cassidy, 1985; Ricks, 1985).

The descriptive literature on attachment has attempted to extend the picture of these patterns into later ages and different populations. Attachment patterns have been associated with a number of later behaviors, affects, and

outcomes. As already stated, an infant's behavior on reunion with parents has been shown to be related to attachment classification (Ainsworth, et al., 1985). These classifications were used by Main and her coworkers (1985) to investigate language development and social behavior at six years of age. Results indicated that attachment classification with the mother at one year of age was predictive of functioning and attachment classification five years later. Infants judged secure displayed increased flexible communication patterns, problem solving, and emotional openness at six years of age. Infants judged insecurely attached at one year continued to show distress or avoidance on reunion, restricted language patterns, and poorer social adjustment.

Attachment patterns have also been shown to impact on adolescent and adult behavior. In a study of college students, Kobak and Sceery (1988) found that attachment status (assessed by the Adult Attachment Interview) was related to representation of self, others, and how a person is viewed by others. Securely attached individuals were rated as more ego resilient and less distressed, and they perceived more social support than insecurely attached subjects. In addition, peers rated them less anxious and hostile than insecurely attached students. Subjects classified as detached (comparable to insecure-avoidant) were seen as more hostile by their peers, and they reported

more loneliness and less social support. Subjects identified as preoccupied (comparable to anxious-ambivalent) were described by their peers as anxious. In addition they saw themselves as less socially competent and reported more personal distress and symptoms than other groups. Overall, the two disturbed attachment groups showed poorer adjustment to college than the securely attached group. Sherry's (1980) study of the separation reactions of college freshmen examined how prior attachment experiences affected adjustment to college. Sherry divided his groups into subjects who had lost their fathers to death or divorce and those from intact families. He administered the Separation Anxiety Test (SAT, Hansburg, 1972) to both groups in January of their freshman year. Results indicated that father absent subjects demonstrated significantly more anxious attachment, less self-sufficiency, and more avoidance of the reality of separation than subjects from intact families. Significantly, father-absent subjects responded more forcefully to mild separation stimuli (represented by the mild pictures on the SAT). Although no objective measure of college adjustment was reported, the results of Kobak and Sceery (1988), reported above, indicate anxious attachment was associated with poorer peer ratings, self-view, and increased symptoms.

This impact on interpersonal functioning was also demonstrated in a study by Levitz-Jones and Orlofsky (1985).

They related women's tolerance for intimacy, as measured by the Orlofsky Intimacy Interview, with attachment classification on the SAT. Results indicated that a significantly higher percentage of anxiously attached women were classified in either low intimacy tolerance or merger patterns. Both of these are indicative of intimacy disturbance, as compared with a high intimacy tolerance classification. Additionally, the strength of attachment disturbance was stronger in these two groups than in the high intimacy tolerance group.

The above studies describe how attachment style influences behavior, both early in life and later in adulthood. This connection seems particularly strong in the area of how people behave in interpersonal situations. Therefore, attachment style seems a useful concept when interpreting interpersonal reactions. How people respond interpersonally to separation/loss experiences has been the focus of the attachment literature. This will be reviewed below.

Separations early in life appear to lead to a repeating cycle in disturbed interpersonal relationships (Frommer & O'Shea, 1973; Hall, Pawlby, & Wolkind, 1979; Morris, 1980, 1981). These studies, reviewed by Ricks (1985), show disturbed attachment patterns, difficulties in separation from parents, and poor relationships with parents (particularly mothers) are associated with later poorer

parenting behavior. Hall and his coworkers (1979) found that major disruptions (separations of over one month, death of a parent, or divorce) were associated with worse parenting difficulties than brief (under one month) separations.

The mother-child bond is the forerunner of attachment bonds in later life. Examination of dysfunctional mother-child relationships and possible antecedents gives further evidence of the possible effects of loss experiences on later behavior. DeLozier's study of abusive mothers (1979) suggests the continuing problems early disruption in attachment can produce. In a study of 18 abusive and 18 nonabusive mothers, DeLozier found a significantly higher number of poorly attached individuals in the abusive group than in the nonabusive group, based on SAT protocols. In addition, a significantly higher percentage of the abusive mothers showed either a hostile or depressive pattern of scores. Separation avoidance was also higher in the abusive group, indicating difficulty dealing with separation experiences. Using the Wallace Attachment History Questionnaire (to assess early attachment experiences), the author also found a higher amount of disruptions or threats of disruptions in the abusive mother's early attachments. This connection between early loss experiences, affect, and abusive behavior speaks to the effects of an individual's own attachment history on later behavior.

These studies describe the connection between separation/loss experiences and later behavior, feelings, and cognitions. All in some way reflect how persons respond to loss or separation experiences in their lives. Several studies have shown the association between experiences and attachment style, as measured by objective instruments (Brody, 1981; Burger, 1981; Lord, Ritvo, & Solnit, 1978; Miller, 1980). The connection between attachment style and reactions to loss experiences has not been empirically shown, although several studies imply this connection.

For example, the connection between loss experience and attachment style was examined in a study of how children respond to the loss of a parent due to divorce. Miller (1980) administered the SAT to latency aged children of either divorced or intact parents. Results indicated that children of divorced parents showed a pattern of increased individuation and self-reliance. According to the author, this pattern, usually typical of adolescence, indicates a precocious lessening in importance of attachment stimuli. An increased amount of anger was also present in the divorced group, indicative of the affective effect of loss.

A study by Brody (1981) supported these results. He studied the SAT profiles of third-graders from divorced families and found a similar pattern of excessive self-sufficiency. However, a pattern of denial was also evident. This avoidance of attachment-laden material seems to be one

possible response to experiencing a major loss. It is possible that this avoidance could also be expressed in situations which represent a threat of loss.

A study by Schwartz (1980) indicated how attachment style could be translated into an avoidant reaction. She compared the profiles of 72 college students on the SAT, the Death Anxiety Scale (DAT), and a death-oriented Word Association Test (WAT). Results indicated that a pattern of self-sufficiency and detachment (as measured by the SAT) was associated with low conscious death anxiety (DAS). In addition, an avoidant attachment style was associated with unconscious death anxiety as measured by the WAT. It appears that attachment disturbance which is characterized by excessive detachment is distinguished by an avoidance of anxiety to loss situations.

This pattern of avoidance was predicted in an adult population. Burger (1981) studied how men responded to their own divorces. He predicted that SAT profiles for recently separated males would show a distinct pattern of desire for attachment: low immediately following separation, followed by an increase in attachment concern, then a decrease in attachment scores as length of separation increased. Although his results failed to reach significance, some scales were in the predicted direction.

A possible reason for this lack of significance in Burger's findings was his failure to control for the early

attachment history of his subjects. This could have diluted his results, since early attachment history has been shown to affect response to separation experiences (Brody, 1981; Lord, et al., 1978; Miller, 1980; Sherry, 1980). The connection between early experience and attachment inventory results still remains unclear. The lack of clarity indicates the importance of including measures of both attachment experiences and objective measures of attachment style.

Early loss experiences' relationship to later behavior has been more clearly demonstrated than the relationship between objective measures of attachment style and behavior. Bowlby (1980) has quoted a number of studies which indicate that having experienced a loss may be related to a person's likelihood of suffering from depression (Brown & Harris, 1978; Paykel, 1974). Brown and Harris (1978) found that a loss experience preceded depressive episodes in 48% of women requiring hospitalization and 59% of untreated depressions. Conversely, only 14% of a nondepressed sample had experienced a loss. Paykel (1974) found that in a depressed sample, two-thirds of the events preceding the depression were loss related.

Brown and Harris (1978) also found a history of early parental loss was associated with depression. Bowlby (1980) states that the death of one's parent is associated with three times the risk of later depression. He found that 25%

of women requiring hospitalization for depression had experienced either the loss of their father or mother. Thirty-nine percent of untreated depressions had suffered such a loss, compared with only 17% of nondepressed individuals.

The connection between early loss experiences and disordered mourning has been described by Parkes (1972) and Maddison and Viola (1968). They found that individuals judged anxiously attached (by prior experiences) were the most likely to feel guilty, show physical symptoms, and be socially isolated following the loss of their spouse. Prior loss experience seems to actively organize individual responses to a bereavement experience.

Along with Parkes (1972) and Maddison and Viola (1968), another study has demonstrated that attachment experience history is related to response in loss situations. Lord and his coworkers (1978) subjectively studied how a group of psychoanalytic patients responded to the death of their therapist. Interviewing either the patients themselves or their subsequent therapists, the authors were able to identify three groups of bereavement: prolonged, normal, and lack of bereavement.

Most striking, patients who showed prolonged grief reactions (over one year) had a high incidence of early loss, deprivation, abandonment, or all three. In fact, all but one of this group had experienced a major object loss

before the age of 22, compared with only one of the group displaying normal grief (less than one year). The final group, those displaying no or little grief reactions (25% of the total sample) reported no history of early loss. Approximately two-thirds of this final sample experienced a strong anger response to the death of the therapist. All but one of these subjects reported a major early loss experience.

In Schwartz's (1980) study of attachment style's relation to death anxiety, the author found that a pattern of ambivalent and insecure attachment was associated with the highest level of conscious death anxiety (as measured by the DAS). When attachment pattern was predominated by a hostile overtone, the level of death anxiety was even greater. This emphasizes the connection between attachment style and affective reactions to loss stimuli. Such a connection is similar to Coyne's (1976b) predicted reactions to depressed individuals, due to their depressive symptoms.

The results of these studies (Lord, et. al., 1978; Maddison & Viola, 1968; & Parkes, 1972; Schwartz, 1980) emphasize the impact of early attachment experiences on functioning in separation/loss situations. Later behavior has been shown to be affected by early attachment experiences. Schwartz's (1980) study demonstrates a connection between later affective reactions and attachment style (as measured by the SAT). Although these studies

imply a relationship between attachment style and later behavior, this has not been directly demonstrated empirically.

Attachment theory has predicted a relationship between early experiences and later attachment style. This appears to be the case, as shown in the studies by Brody (1981) and Miller (1980). Attachment theory has also predicted and demonstrated a connection between early experiences and later behavior (DeLozier, 1979; Frommer & O'Shea, 1973; Hall, et al., 1979; Sherry, 1980). Attachment style has been shown to be related to later affective responses in loss situations (Schwartz, 1980). A connection is also predicted between the internal organizing system (Kobak & Sceery, 1988) of attachment style and later behavior. This connection has not been demonstrated in the literature up to this point. The study by Burger (1981) attempted to demonstrate this connection and tended to be in the predicted direction, although not to a significant degree.

The present study seeks to clarify the relationships between the three variables of attachment experience, attachment style, and later behavior by measuring both prior loss experiences and attachment style (with an objective instrument). These can then be related to interpersonal reactions to bereaved parents. This design will allow examination of the link between disruptive attachment experiences and SAT profile, between SAT profile and

behavior, as well as the link between disruptive attachment experiences and behavior. This will allow for the most complete exploration of the connection between attachment theory and negative reactions to bereaved parents.

In summary, attachment theory provides the final piece in the examination of negative social reactions to bereaved parents. The literature on attachment has described how persons suffering from disordered attachment respond to loss or separation experiences. Attachment disturbance has been linked to various behavior disturbances, including excessive self-reliance in children (Brody, 1981; Miller, 1980); poor parenting (including abusive behavior) (DeLozier, 1979; Ricks, 1985); low self-ratings (Sherry, 1980); low tolerance for intimacy (Levitz-Jones & Orlofsky, 1985); and poorer adjustment to college (Kobak & Sceery, 1988). Main and her coworkers (1985) and Kobak and Sceery (1988) have drawn the conclusion that attachment is an active organizing system of internal rules. This system acts as a filter for the environment, selecting and directing responses to attachment related stimuli.

Bereaved parents serve as powerful separation stimuli. As with other attachment-related stimuli, the attachment style of perceivers may influence their affective, cognitive, and behavioral reactions to bereaved parents. This may be one of the factors Sacco and his coworkers

(1985) spoke of when addressing interpersonal reactions to depressed individuals.

Thus, the predictions of attachment theory lead to a slightly different interpretation of the data on reactions to bereaved parents than those of interpersonal process theory. Instead of a general pattern of negative reaction to depressed individuals, as Coyne's (1976b) theory would predict, the attachment literature focuses attention on differential characteristics of the perceiver. Early experiences which place perceivers at risk for developing anxious attachment patterns also put them at increased risk for developing anxiety in the face of loss stimuli.

Therefore, attachment theory predicts that it is the stimulation of separation anxiety in predisposed perceivers which accounts for their induced negative affective states, and, thus, negative social reactions, rather than the level of depressive symptoms displayed by the bereaved parent.

The present study is designed to compare the predictions of Coyne (1976b) and attachment theory about negative reactions to bereaved parents. Additionally, the present study investigates how the method of assessing attachment style influences results. Assessments based on quantifying attachment-related experiences have shown the most significant results in the existing literature. Studies which have attempted to identify attachment groups on the basis of assessment instruments alone have not met

with equal success. The relation between actual attachment-related experiences, measured attachment profile, and behavior has not been examined in detail. This study will allow for examination of each of these parts in the connection between attachment style and behavior.

Summary and Case for Study

As Gorer (1965) has stated, the loss of a child leads to the most distressing and lasting of griefs. Comparisons of grief following the loss of close relatives indicate the loss of a child is associated with the most intense and long lasting effects (Lehman et al., 1987; Sanders, 1980). After the death of a child, surviving parents are more likely to die (Levav, 1982), divorce (Kaplin, Grobstein, & Smith, 1976) or suffer mental illness (Levav, 1982; Parkes, 1988). These maladies alone are enough to make bereaved parents a group worthy of study and assistance, but bereaved parents are also subjected to a form of social ostracism (Rando, 1986). This ostracism leaves bereaved parents without the necessary support to effectively resolve their grief and continue with their lives.

Although this social isolation has been reported in the literature from subjective report (Edelstein, 1984; Fish, 1986; Rando, 1983, 1985) and on objective measures compared with other parents (Lehman, et al., 1987; Sanders, 1980), no study has directly examined the reasons behind such isolation. The results of Videka-Sherman (1982) and Sanders

(1980) emphasize the importance social support can have for bereaved parents. In these studies, parents whose coping strategies were characterized by social support were found to show better outcome to bereavement.

The literature on parental bereavement, as with bereavement in general, has remained at the descriptive level. No study has systemically attempted to provide a theoretical understanding of negative social reactions to bereaved parents. The work of Calhoun and his colleagues (1979; 1980; 1982; 1984) has demonstrated empirically negative reactions to one group of bereaved, the survivors of suicide. Still, no theoretical explanation for these reactions have been forthcoming.

This study attempts to go beyond the current state of research and examine possible reasons for these negative social reactions. To do this, two separate areas of research have been examined. The negative social reactions to depressed individuals have received attention in the literature. Like the research on reactions to survivors of suicide, negative social reactions to depressed persons have been empirically demonstrated (i.e. Coyne, 1976a; Howes & Hokanson, 1979), but Coyne (1976b) has taken the additional step of developing a theoretical explanation for these reactions. His interpersonal-process theory of depression emphasizes the role of the behavior of the perceiver in the maintenance of depression. As the research in parental

bereavement shows, depression is a common symptom after bereavement (Lindemann, 1944; Osterweis, et al., 1984; Paykell, et al., 1969; Sanders, 1980).

The research examining reactions to depressed individuals has led to a number of questions. First, although the negative reactions of others have been reliably demonstrated, the exact mechanism remains in doubt. Is the negative reaction mediated by affective reactions in the perceiver, as Coyne (1976b) states, or are cognitive factors of primary importance, as Howe and Hokanson (1979) imply? Second, what is it about the depressed person which stimulates the negative reactions? Coyne (1976b) focuses on the symptomatic appeal for support by the depressed person. Self-criticism (Powers & Zurroff, 1988) and dissimilarity between depressed person and perceiver (Rosenblatt & Greenberg, 1988) have also been examined. No conclusions are yet possible. Finally, one study presents the proposal that characteristics of the perceiver may mediate negative reactions to depressed persons (Sacco, et al., 1985).

The present study is designed to examine the final point. Instead of viewing the perceiver as a unidimensional variable in the interaction, it is proposed that characteristics of perceivers influence their reactions to depressed persons.

The attachment status of an individual has been conceptualized as an organizing system for cognitions,

affect, and behaviors. Attachment status arises from early experiences with caretakers and continues to influence behavior throughout the lifespan (Bowlby, 1980). Most importantly, this organizing system has been shown to be particularly powerful in interpersonal situations (Kobak & Sceery, 1988; Levitz-Jones & Orlofsky, 1985; Sherry, 1980). It is expected that the attachment status of an individual influences their reactions to others, particularly bereaved parents.

Attachment status has also been shown to influence how individuals respond to separation/loss situations. Attachment status has been associated with reaction to a parent's divorce (Brody, 1981; Miller, 1980) and bereavement (Lord, et al., 1978; Maddison & Viola, 1968; Parkes, 1972). An encounter with a bereaved parent may represent just such a separation/loss situation. Bowlby (1980) stated that the threat of loss is enough to induce anxiety in susceptible individuals. A bereaved parent is a powerful reminder of the possibility of loss or separation. Thus, the attachment status of individuals may influence their reactions to bereaved parents.

The present study allows for the exploration of several questions regarding negative social reactions to bereaved parents. First, is this negative reaction empirically demonstrable? Can the reactions of others to a bereaved parent be shown to be negative? Second, is it the presence

of loss representation itself which accounts for this reaction, as Bowlby's (1977) attachment theory predicts, or is it the presence of depressive symptomatology which leads to negative reaction, as Coyne's (1976b) interpersonal-process view would suggest? If attachment theory's prediction is correct, a bereaved parent stimulus should provoke negative reactions, regardless of the presence of depressive symptoms. If Coyne's (1976b) belief is correct, only a bereaved parent stimulus which contains depressive symptoms should stimulate negative reactions. These questions represent the central purpose of the present study.

This study also allows for examination of predictions suggested by previous research. Sacco and his coworkers (1985) have stated that a variable not yet identified may play a mediating role in negative reactions to depressed individuals. If the depressed bereaved parent stimulus evokes negative reactions from others, it will be possible to compare how individuals with disturbed attachment patterns respond with the reactions of those with secure attachment patterns. This may make the reactions of others to depressed persons more understandable.

Whether the reactions of perceivers to bereaved parents is related to induced negative affect or more cognitive factors is unclear from the research on reactions to depressed individuals. Coyne (1976b) clearly found

affective reactions in the perceivers which he stated were responsible for negative social reactions. Howes and Hokanson (1979) did not find induced affect, although ratings of depressed persons remained negative. Whether this is the result of design differences or represents a discontinuity in the interpersonal-process view of depression is unclear. The present study attempted to clarify this by sampling both induced affective and cognitive factors in the perceiver.

With the inclusion of scales to measure the affective responses of others, the prediction of Bowlby (1977) that those with attachment disturbances will respond with anxiety to loss stimuli is tested. Comparisons between individuals with secure attachment and disturbed attachment should show differences in affective response to bereaved parents.

Finally, by using both a questionnaire of attachment experiences and an attachment instrument (SAT), the study hopes to clarify the connection between actual experience and measured attachment pattern. The entire predictive inferential pattern is available for examination: experiences, measured profile, and behavior (reactions to bereaved parents). This allows for evaluation of predictions from both sources of data.

In summary, the present study seeks to examine three broad research areas. First, can negative social reactions to bereaved parents be empirically confirmed? Second, how

does the behavior of the bereaved parent (either depressed or not) and the attachment status of the perceiver affect reactions to bereaved parents? Third, is the relationship between attachment experience, attachment style, and induced affect in the perceiver predictive of negative reactions to bereaved parents?

These three broad areas can be broken down into the following eight research questions:

1. Do unrelated others have negative reactions to bereaved parents?
2. Do bereaved parents induce negative affect in unrelated others?
3. Is it the loss represented by bereaved parents or their depressive behavior which accounts for negative reactions?
4. Does the perceiver's attachment status affect their reactions to bereaved parents?
5. Does the perceiver's attachment status affect their susceptibility to induced negative affect by bereaved parents?
6. Do the attachment status of the perceiver and the behavior of bereaved parents interact in affecting reactions to bereaved parents?
7. Do the attachment status of the perceiver and the behavior of bereaved parents interact in affecting susceptibility to induced negative affect?

8. How do attachment experience and attachment style relate to each other and to induced affect in predicting negative reactions to bereaved parents?

CHAPTER II

METHOD

Subjects

A total of 246 undergraduate introductory psychology students served as subjects. Seven subjects were disqualified due to incomplete or inaccurate data, leaving a total of 239 subjects who comprised the sample.

Independent Variables

Assessment of Attachment Status. Attachment status was assessed by both experiential questionnaire and projective instrument. This allowed for examination of the effects of both attachment-related experiences and theoretically based measurements on reactions to bereaved parents.

Attachment Experience Questionnaire. The Attachment Experience Questionnaire (AEQ) was completed by the subjects (see Appendix A). This questionnaire was adapted from the work of Mitchell (1981). The questionnaire sampled early life experiences and separations from parents and significant others due to various reasons. Demographic information was also included. Total number of disruptive experiences was computed for each subject and a quartile split determined (lowest 25% = Secure, middle 50% = Adequate, and most 25% = Disturbed) to classify subjects into attachment groups.

Attachment Classification Instruments. The Separation Anxiety Test (SAT; Hansburg, 1972) was administered to assess attachment style. The SAT is a semi-projective instrument which presents subjects with a set of 12 pictures depicting a child undergoing various separation experiences. Some of these represent mild (e.g., going to school) experiences, and others represent traumatic (e.g., death of a parent) experiences. The subjects are presented with 17 statements representing possible reactions associated with the separation experience depicted. Subjects select as many responses as they think apply. Subjects' responses are summed across pictures to derive 17 response dimensions (e.g. loneliness, rejection). These 17 response dimensions are then combined according to formulas provided by Hansburg (e.g. Attachment equals the sum of rejection, loneliness, and empathy) to derive six psychological systems: attachment, individuation, separation hostility, defensive process, separation pain (fear-anxiety-pain), and self evaluation.

The SAT was developed by Hansburg using both psychoanalytic and attachment theory as its theoretical base. The six psychological systems obtained from the SAT are hypothesized to reflect patterns that were established as a result of earlier experiences with separation and attachment that are interacting with current separation experiences. Although Hansburg initially developed the SAT

as a clinical instrument for use with children and young adolescents, it has subsequently been used in a number of studies with college populations (i.e., Sherry, 1980).

For the purposes of this study, attachment style was determined by use of the two major psychological systems obtained from the SAT, the attachment and individuation scales. Subject scores were divided on each scale along norms established by Hansburg. Attachment scores were considered in the Adequate range when they comprised between 20 to 25 percent of the total number of responses. Scores above this range were considered Strong, below this range as Low. Individuation scores were considered in the Adequate range when they comprised between 16 and 28 percent of the total number of responses. Scores above this range were labeled Strong, below this range were labeled Low. Combining the two scales created a 3 X 3 matrix (see Figure B-1). This matrix was then used to classify subjects into either a Nondisturbed or Disturbed Attachment group.

Using the 3 X 3 matrix of the Attachment and Individuation subscales, four cells were labeled as Nondisturbed Attachment Patterns. These were the cells with either Adequate or Strong levels of both subscale scores (see figure below). Three cells of the original matrix were labeled as Disturbed Attachment Patterns (Low Individuation, Low Attachment; Low Individuation, Strong Attachment; and Strong Individuation, Low Attachment). These conform with

Hansburg's (1972) definitions of the Dependent Detached pattern, Anxiously Attached pattern, and Detached pattern, respectively. Each of these patterns relates to commonly used classifications for attachment disturbance in the literature.

Although Hansburg (1972) recommends combining the six psychological systems into patterns of attachment style (secure, anxious, and detached), Black (1981) has indicated that these overall patterns are the weakest dimension of the test. For that reason, the use of the matrix for classifying attachment style was selected.

Hansburg (1972) validated the SAT by comparing interpretations from the test to detailed personality profiles which included psychiatric and psychological reports as well as background material contributed by other mental health professionals. In addition, a number of larger scale studies have been carried out with the SAT. In one study (Hansburg, 1976), researchers examined 250 adolescents separated from their families of origin (living in residential treatment centers & institutions) and nonseparated adolescents (living with their families of origin). Findings that youngsters from intact families had healthier SAT profiles than institutionalized youths (less defensiveness, hostility, and evasion; better attachment and individuation percentages) supported the validity of the test.

Black (1981, as reported by Hansburg, 1986) has reported internal consistency coefficients for the SAT in the range of .67 to .77 with test-retest reliability coefficients ranging from .61 to .82 over a six month period.

As a backup to the SAT, a single item attachment style classification instrument adapted from Hazan and Shaver (1987) was used (see Appendix C). Subjects were presented with three descriptions of how people feel in close relationships and asked to indicate which was most like how they felt. The three items correspond to securely attached, anxiously attached, and detached attachment styles. This was intended as an exploratory item and was not used in the main analysis.

Behavior of the Target. Three examples of parental behavior were used: 1) a bereaved parent displaying both depressive and loss content; 2) a bereaved parent displaying only loss content; and, 3) a nonbereaved parent displaying only depressive content. Comparisons allowed for the separation of both how the state of being bereaved (bereaved versus control comparison) and how the presence of depressive content affected reactions of subjects (depressed bereaved versus loss bereaved). For details on the construction of tapes see section below on Bereaved Parent Stimuli.

Dependent Variables

Scales were developed by the author to assess affective, cognitive, and behavioral reactions to the bereaved parent stimulus. These scales (see Appendix D) were developed from the interpersonal-process body of research (Coyne, 1976a, Howes & Hokanson, 1979; Sacco, Milana, & Dunn, 1985; Strack & Coyne, 1983) to assess affective response of the subject, interpersonal ratings of the bereaved parent in several roles, willingness to engage in future contact, and willingness to help.

Subject's Induced Affect Scales. Bipolar pairs of adjectives were used to assess subject's affective reactions to the bereaved parent stimulus (see Appendix D). These scales, adapted from Coyne (1976a), were scored on a seven point Likert-type format and addressed depression, anxiety, and hostility. For analysis, responses on all 12 items were added together to arrive at a Total Induced Affect Score.

Subject's Induced Cognitions Scales. Two questions were included in an attempt to assess subject's cognitive activity while viewing the bereaved parent stimulus (see Appendix D). The subject was asked to report on a seven point Likert-type format to the questions "While I watched the tape, I found myself thinking about: experiences from my past, or "While I watched the tape, I found myself thinking about what's going on in my life right now." These

questions were exploratory in nature and were not planned to be used in the main analysis.

Affective Evaluations of Bereaved Parents. Perceptions of affective qualities of the bereaved parent stimulus were measured using 12 items adapted from Coyne (1976a) and Calhoun and his coworkers (1981) (see Appendix D). Subjects were asked to answer the question "How do you think this person would be like if you got to know her?" for twelve pairs of adjectives. A seven point Likert-type scale was used. For analysis, responses were added together to produce a Total Affective Evaluation Score.

Cognitive Evaluation of Bereaved Parents. Cognitive evaluations of the bereaved parent stimulus were measured using eight items adapted from Coyne (1976a) (see Appendix D). These items assessed the subject's willingness to engage in interactions with the bereaved parent in a number of roles. A series of questions asked the subject to answer on a seven point Likert-type scale for ascending levels of closeness (e.g. "Would you like to meet this person?" to "Would you like to have this person as a close friend?"). For analysis, responses on all items were added together to produce a Total Cognitive Evaluation Score.

Behavioral Reactions to Bereaved Parents. One question assessed the subject's willingness to respond to the bereaved parent's direct request for help (see Appendix D). This was answered on a seven point scale indicating amount

of time the subject was willing to spend with the person. The score on this item was used as the Behavioral Evaluation Score.

Determining Reliability of Research Instruments. To determine the reliability of the instruments used, 21 subjects were retested two weeks after the original testing. Comparisons were made to determine the test-retest reliability and Cronbach's Alpha of both the Independent and Dependent measures.

Bereaved Parent Stimuli

Three videotapes were developed. Two portrayed a bereaved parent (female) describing her reactions to the loss of her adult child. The same person served as the actor for each tape. A script was used for each tape, to control for the level of depressive affect (see Appendix E). One tape consisted of the bereaved parent discussing her loss and subsequent experiences without mention of depressive affect. The second tape consisted of similar experiences, except for the addition of specific instances of depressive affect. These tapes allowed for the separation of reactions to loss alone and loss combined with depressive affect. The third tape served as a control condition. It consisted of a parent discussing problems with her son's drug use and included specific instances of depressive affect. No mention of specific loss was included in the control videotape. This allowed for the separation

of the effects of loss and depression when compared to the depressed, bereaved videotape.

To confirm the presence of the desired differences in the bereaved parent scripts, they were submitted for judging by a group of 21 individuals. Judges completed the Beck Depression Inventory (Beck, 1972; BDI) for one script each. The BDI is a 22 item inventory which samples common symptoms of depression. This inventory primarily focuses on cognitive factors in depression, in line with Beck's theory and treatment of depression (Beck, 1976). Judges were asked to respond to the items as they thought the person in the script would.

Mean scores on the BDI were compared. Both the Control and Depressive scripts were significantly different from the Loss script on overall BDI scores ($p < .001$). This indicates that judges viewed the person depicted in both the Depressed and Control scripts as suffering more depressive symptomatology than the person depicted in the Loss script.

A single item was included to assess the amount of loss suffered by the person in the script. Results indicated that both the Depressed and Loss scripts were judged as displaying significantly more loss than the Control script (Depressed, $p < .01$; Loss, $p < .001$).

Procedure

Subjects were run in classroom groups. With the permission of the instructor, the experimenter entered the

classroom during a regularly scheduled period. The study was introduced to the subjects (both verbally and in written form, see Appendix F for Letter to Participants), and their permission to participate was obtained on a written form (see Appendix G). Those willing to participate were distributed a packet of materials containing the AEQ and SAT. The scales measuring reactions to the bereaved parent stimulus were also included in the packet of material.

Subjects completed the AEQ and SAT, as well as the Single-Item Measure of Adult Romantic Attachment Style. They were instructed to then wait for further instructions from the experimenter. When all subjects had completed the independent variables they were shown one of the three videotapes of a female parent. Which tape was shown was determined by a random draw prior to the time of the showing.

Following the end of the videotape, the subjects were instructed to complete the scales for reactions to the parent. Finally, a follow-up form was included, asking subjects who were interested in learning the full nature and experimental design of the study to provide their name and address. A summary of the project was provided to all subjects who indicated interest after the completion of the study. The follow-up form also asked subjects to indicate if they would like to talk with someone regarding their feelings about the experiment. If a subject responded

affirmatively to this question, he/she was asked to provide his/her name, address, and telephone number. Requests were followed up either after class or later the same day by the experimenter.

When the subjects finished all the scales, all material was replaced in the packets and collected by the experimenter. A number was assigned to each packet for subject identification. At no time was the subject's name recorded on the research instruments.

Research Design

The present study represents two factorial designs. The Independent Variables were type of tape (Depressive, Loss, and Control) and attachment status of the perceiver as classified either by the AEQ or SAT. The classification by the AEQ led to a 3 X 3 factorial design. The classification by the SAT resulted in a 3 X 2 factorial design. Since amount of induced affect was theoretically proposed as leading to evaluations, the Dependent Variable of Total Induced Affect Score was analyzed separately from the other dependent variables with a two-way Analysis of Variance. Evaluation scores were analyzed with a two-way Multivariate Analysis of Variance with Dependent Variables of Total Affective Evaluation Score, Total Cognitive Evaluation Score, and Behavioral Evaluation Score.

Hypotheses

The following eight experimental hypotheses were explored:

Hypothesis One. Reactions to both the Depressive and Loss tapes will be more negative than reactions to the Control tape on Total Affective, Total Cognitive, and Behavioral Evaluation Scores.

Hypothesis Two. Total Induced Affective Scores will be greater for both the Depressive and Loss tapes than for the Control tape.

Hypothesis Three. Reactions to the Depressive tape will be more negative than reactions to the Loss tape on Total Affective, Total Cognitive, and Behavioral Evaluation Scores.

Hypothesis Four. Subjects classified as having a Disturbed attachment status (using the AEQ and SAT separately) will show higher Total Affective, Cognitive, and Behavioral Evaluation Scores for both the Depressive and Loss tapes than subjects classified as having either an Adequate or Secure attachment status.

Hypothesis Five. Subjects classified as having a Disturbed attachment status (using the AEQ and SAT separately) will show higher Total Induced Affective Scores than subjects classified as having either Adequate or Secure attachment status.

Hypothesis Six. Subjects classified as having either Adequate or Secure attachment status (using the AEQ and SAT separately) will show higher Total Affective, Total Cognitive, and Total Behavioral Evaluation Scores for the Depressive tape than the Loss tape. This pattern will not be shown in subjects classified as having Disturbed attachment status.

Hypothesis Seven. Subjects classified as having either Adequate or Secure attachment status (using the AEQ and SAT separately) will show higher Total Induced Affect Scores for the Depressive tape than for the Loss tape. This pattern will not be shown in subjects classified as having Disturbed attachment Status.

Hypothesis Eight. The combination of attachment status classified by the AEQ, attachment status classified by the SAT, and Total Induced Affective Scores will be the most predictive of Total Affective, Cognitive, and Behavioral Evaluation Scores (see Figure H-1 for model).

CHAPTER III

RESULTS

Description of the Sample

The sample consisted of 246 undergraduate students enrolled at the University of North Texas. All subjects were enrolled in either the first or second introductory psychology course. Seven subjects were dropped from the study due to incomplete or incorrect questionnaires. The final sample contained 239 subjects, of which 119 (49.8%) were male and 120 (50.2%) were female. The typical subject was 21.13 years of age ($SD = 4.023$). Ages ranged from a low of 16 to a high of 40, with the predominance of subjects (180, 75.3%) between the ages of 18 and 21. Ninety-three (38.9%) were freshmen, 70 (29.3%) were sophomores, 48 (20.1%) were juniors, 23 (9.6%) were seniors, and 5 (2.1%) were graduate students. The sample was predominately single (211, 88.2%), with 26 (6.3%) reporting only one marriage and 2 (2.8%) reporting two marriages. Eighty-eight (36.8%) reported living in a dormitory, 50 (20.9%) living with their parents, and 98 (41%) living off campus away from their families. Reported GPAs spanned the entire range, with the highest number of subjects reporting a GPA between 2.5 and 3.0 (84, 35.3%). Only 19 (8%) reported a GPA below 2.0.

Description of Attachment Groups

Groups Based on Attachment Experience Questionnaire

Scores. The Attachment Experience Questionnaire (AEQ) total score was used to form three attachment groups. The AEQ total was formed by summing the number of childhood living arrangements, separation experiences and parental punishment behaviors indicated by the subject. The mean for AEQ totals was 7.142 with a standard deviation of 3.56. Scores ranged from 1 (indicating one living arrangement, no separation experiences or parental punishment behaviors) to 19 (from a total possible of 47). Median for the AEQ total was 7 and the mode was 6. Generally, scores were grouped toward the bottom of the distribution.

The AEQ total was used to split the experimental sample into three attachment groups, based on a quartile split. The bottom 25% (with scores equal to or lower than 4) represents subjects with few attachment-related childhood experiences. The middle 50% (with AEQ totals between 4 and 9) represents subjects with a moderate number of attachment-related experiences. Finally, the upper 25% of AEQ totals (scores of 9 or above) represents the highest number of attachment related experiences. Table 1 presents the number of subjects and mean AEQ total scores for the three AEQ attachment groups. In each group, like the total group, the average member was white, sophomore, lived separate from the family, and had a GPA between 2.5 and 3.5.

Table 1

N's and Mean AEQ Totals for AEQ Attachment Groups

AEQ Group	N	M	F	<u>M</u> AEQ total score
Few Experiences	58	30	28	3.2586
Mod. Experiences	112	59	53	6.4107
High Experiences	69	30	39	11.5942

Note. AEQ = Attachment Experience Questionnaire.

Groups Based on Separation Anxiety Test Scores. The Separation Anxiety Test (SAT) was used to separate subjects into two attachment groups, one Disturbed, one Nondisturbed. Scores on both the Attachment and Individuation scales were used to separate subjects based on norms established by Hansburg (1972). The Disturbed group consisted of subjects who had either one or both of the Attachment and Individuation scores below the established norms with neither scale in the average range. Thus, three separate groups were combined to form the Disturbed group. Those subjects with both scales below established norms (what Hansburg would label dependent detached), subjects with Attachment scores below the norms and Individuation scores above the norms (what Hansburg would label Detached), and subjects with Individuation scores below the norms and

Attachment scores above the norms (what Hansburg would label anxiously attached).

The Nondisturbed group was formed from four separate groups whose Attachment and Individuation scores were either within the established norms or above them. These four groups had one of the following patterns: average Individuation and Attachment, average Individuation and high Attachment, high Individuation and average Attachment, or high Individuation and high Attachment. This classification system classified 152 (63.6%) of the original sample. The remaining 87 subjects were not used in the analysis of attachment groups formed from the SAT. Table 2 presents the

Table 2

Number of Subjects, Gender, and Mean Attachment and Individuation Scores of the SAT Attachment Groups

SAT Group	N	M	F	<u>M</u> ATTACHMENT	<u>M</u> INDIVIDUATION
Disturbed	75	39	36	23.96	17.71
Nondisturb.	77	37	40	24.53	23.83

Note. SAT = Separation Anxiety Test.

number, gender, and mean Individuation and Attachment scores for the two groups.

Description of Dependent Measures

Four dependent measures were used in the present study. The Induced Affect Scale measured the amount of affect (higher scores indicating more negative induced affect) reported as induced by the experimental manipulation (tapes of parent). The Affective Evaluation Scale measured the subject's affective evaluation of the parent presented in the tapes (higher scores indicating more positive affective evaluation). The Cognitive Evaluation Scale measured subject's liking to interact with the parent in various roles (higher scores indicating more liking). The single item Behavioral Evaluation Score measured the time the subject would be willing to spend with the parent if she asked for help (higher numbers indicating more time). Table 3 presents means, standard deviations, maximum, and ranges for the four dependent measures for the entire sample. Other measures of central tendency were similar to the reported means with two exceptions (means and standard deviations for all dependent variables by Attachment Grouping, Gender, and Tape are presented in Tables I-1 & I-2). The modal response for the Cognitive Evaluation Scale was zero, indicative of no liking for the parent in any role. The modal response for the Behavioral Evaluation Scale was 5, indicative of a willingness to spend more than 60 minutes with the parent depicted in the tape.

All major variables of the study were subjected to a correlational analysis. These results are presented in

Table 3

Means, Standard Deviations, and Ranges of the Dependent Measures for the Entire Sample

Scale	<u>M</u>	<u>SD</u>	Maximum Possible	Range
Induced Affect	32.5104	10.3687	72	12 to 60
Affect Evaluation	26.1046	11.4397	72	0 to 60
Cognitive Evaluation	11.5732	10.0854	48	0 to 48
Behavioral Evaluation	4.0334	1.4577	5	0 to 5

Table 4. As can be seen, the correlations between the three attachment measures (AEQ total score, Attachment subscale, Individuation subscale) show no significant relationship with any of the dependent variables used in the study. Thus, the independent and dependent variables in the present study showed no consistent relationships. Correlations between the Induced Affect Scale (INAF) and the other three dependent variables are also very low and unsystematic.

Major Findings

Effect of Gender of Subject. An initial analysis was performed to determine whether the gender of the subjects effected the ratings of the experimental stimuli. Table 5

Table 4

Correlation Coefficients of Independent and Dependent Variables

Variable	AEQ tot	ATT (SAT)	IND (SAT)	INAF (DV)	AFEV (DV)	COGEV (DV)	BHEV (DV)
AEQ Total	1.000	-.093	-.095	.079	-.001	-.021	.036
ATT		1.000	-.430*	-.049	-.004	-.003	.046
IND			1.000	-.252*	.011	.053	.008
INAF				1.000	.005	-.115	-.062
AFEV					1.000	.504*	.284*
COGEV						1.000	.388*
BHEV							1.000

Note. AEQ = Attachment Experience Questionnaire; SAT = Separation Anxiety Test; ATT = Attachment Subscale; IND = Individuation Subscale; INAF = Induced Affect Scale; AFEV = Affective Evaluation Scale; COGEV = Cognitive Evaluation Scale; BHEV = Behavioral Evaluation Scale.

* $p < .0001$.

presents the results of the Analysis of Variance for Gender effect. As can be seen, the gender of the subject significantly influenced responses on two of the dependent variables (cognitive and behavioral evaluation) and on one scale of the SAT. In addition, analysis of the gender distribution by tape indicated a significant gender effect

Table 5

Analysis of Variance for Gender Effects

Variable	<u>df</u>	<u>F</u> value
Induced Affect	1	0.83
Cognitive Evaluation	1	2.72*
Affective Evaluation	1	0.03
Behavioral Evaluation	1	9.42***
AEQ Total Score	1	0.33
Attachment Subscale of the SAT	1	4.54**
Individuation Subscale of the SAT	1	0.62

Note. AEQ = Attachment Experience Questionnaire; SAT = Separation Anxiety Test.

* $p < .10$. ** $p < .03$. *** $p < .002$.

(Chi Square = 11.56, $p < .003$). The Loss tape had a preponderance of females (25 males, 47 females) while the

Control tape had a preponderance of males (56 males, 35 females). Due to these effects, gender was included as an independent variable in subsequent analyses.

Induction of Negative Affect by Bereaved Parents in

Unrelated Others. The data was first examined utilizing a 2 X 2 X 2 ANOVA using (Bereaved vs. Control, Gender, & Attachment Grouping by the SAT as described above) as independent variables. For this analysis, both bereaved groups were combined and compared with the nonbereaved Control group. This analysis included only the subjects classified by the SAT (N = 152). The results indicated no significant main or interaction effects on the dependent variable of induced negative affect.

A second ANOVA was performed using the AEQ total score to form attachment groups. This led to a 2 X 2 X 3 (Bereaved vs. Control, Gender, & Attachment Grouping) ANOVA using all the experimental subjects. The results indicated a significant Tape effect on induced negative affect ($F = 4.45, p < .05$). Examination of means indicated that the Control tape induced significantly more negative affect than the combined bereaved group (Item by item Means are presented in Table J-1). This is opposite from what was predicted.

Multivariate Analysis of Bereaved vs. Nonbereaved Status on

Reaction of Unrelated Others. To determine how bereavement status affected the reactions of unrelated others, two

MANOVA's were computed. The first used the SAT to classify subjects into attachment groups, resulting in a 2 X 2 X 2 MANOVA (Bereaved vs. Control, Gender, & Attachment Grouping). Results indicated a significant two way interaction between Gender and Attachment grouping (Pillai's $\lambda = .068$, $F = 2.56$, $p < .05$). Examination of the univariates for each dependent variable indicated a significant Gender by Attachment Grouping interaction for only Affective Evaluation Score ($F = 5.65$, $p < .01$). All other multivariate effects were nonsignificant. Table 6 presents the mean Affective Evaluation Scores for the Gender by Attachment Grouping interaction.

Table 6

Mean Affective Evaluation Scores for the Gender X Attachment Grouping Interaction.

Attachment Grouping	Disturbed	Nondisturbed
Male	28.05 ^a	22.65 ^b
Female	24.06 ^b	27.55 ^a

Note. Lower number equal more negative affective evaluation. Means with different subscripts are different; $p < .001$.

As can be seen in Table 6, males reported the most positive affective evaluation when their SAT scores placed them in

the Disturbed Attachment Group, while the opposite was true for females.

A 2 X 2 X 3 MANOVA (Bereaved vs. Control, Gender, & Attachment Grouping) was computed using the AEQ to classify subjects into attachment groups. Results indicated only a significant Gender effect. This will be discussed in detail below in the analysis of noncombined tape groups.

An indirect test of how unrelated others evaluate bereaved parents was completed by comparing Cognitive Evaluation scores from this study with cognitive evaluation scores from previous research. This allowed an indication of the negativity of reaction scores to be inferred. Three studies used similar scales to assess reactions to depressed individuals (Hammen & Peters, 1977; Sacco, et al., 1985; & Strack & Coyne, 1983). The mean percentage of total possible scores on the cognitive evaluation scale used (to correct for differing numbers of items and different scales used) indicates that mean reactions to depressed subjects were between 32% (Hammen & Peters, 1977) and 48% (Strack & Coyne, 1983) of the total possible score. For the present study, the mean Cognitive Evaluation score for the three experimental groups were 25.2% for the Depressed tape, 25.5% for the Loss tape, and 22.1 for the Control tape. As can be seen, each of these percentages is well below the percentages found in the previous research, indicating increased negative reactions to the experimental stimuli.

Thus, indirect indications are that bereaved parents do receive more negative cognitive reactions than previous studies of depressed individuals. However, in the present study, a depressed, nonbereaved individual (Control) received slightly more negative reactions than a depressed, bereaved individual (Depression).

Multivariate Analysis of Noncombined Tape, Gender, and Attachment Status on Evaluation Scores. Using the SAT to classify subjects into attachment groups, the data was analyzed using a 3 X 2 X 2 MANOVA using Tape, Gender, and Attachment Grouping as independent variables. No significant effects were demonstrated for Tape, Gender, or Attachment Grouping and all interactions were nonsignificant.

A second MANOVA was performed using the AEQ total score to form attachment groups. This resulted in a 3 X 2 X 3 MANOVA with Tape, Gender, and Attachment Group as independent variables. Results (see Table 7) indicated a significant main effect for Gender (Pillai's $V = .055$, $F = 3.21$, $p < .01$). Univariate analyses of each evaluation score revealed a significant effect for Gender only on the Behavioral Evaluation Score ($F = 8.77$, $p < .003$). Comparison of means indicated that female subjects were willing to spend significantly more time helping the parent than were males (female $M = 4.32$, male $M = 3.75$).

Relationship between Attachment Experience, Attachment Status, Induced Affect, and Reactions of Unrelated Others.

To determine the relationship between attachment experience

Table 7

Multivariate Analysis of Variance Main and Interaction Effects for Three Way Design for AEQ Attachment Grouping

Effect	Pillais λ	F Value	p < of F
T	.0378	1.06	0.39
G	.0555	3.21	0.01
AG	.0362	1.01	0.42
T X G	.0226	0.63	0.75
G X AG	.0408	1.14	0.33
T X AG	.0439	0.61	0.87
T X G X AG	.0498	0.70	0.79

Note. T = Tape; G = Gender; AG = Attachment Group.

(as measured by the AEQ), attachment status (as measured by the SAT), Induced Affect, and Evaluation Scores, a Path Analysis was performed. Attachment experience, attachment status, and induced affect scores were used as predictors for evaluation scores. Table 8 presents the results of this analysis. As can be seen, path coefficients are, in

Table 8

Results of Path Analysis Predicting Reaction Scores from
Measures of Attachment and Induced Affect

Effect	Zero-order r	Causal Effects			Noncausal Covariation
		Direct	Indirect	Total	
On INAF					
Of AEQ	.078	.0300 +	0 =	.0300	.0480
Of ATT	-.049	-.1890* +	0 =	-.1890	.1400
Of IND	-.252**	-.3300*** +	0 =	-.3300	.0780
On AFPEV					
Of AEQ	-.001	.0001 +	.000 =	.0001	.0011
Of ATT	.004	.0020 +	.000 =	.0020	.0020
Of IND	.011	.0150 +	.003 =	.0153	-.0042
Of INAF	.005	.0090 +	0 =	.0090	-.0040
On COGEV					
Of AEQ	-.021	-.0100 +	.003 =	-.0070	-.0140
Of ATT	-.003	.0010 +	.020 =	.0210	-.0240
Of IND	.053	.0250 +	.036 =	.0610	-.0080
Of INAF	-.115	-.1080 +	0 =	-.1080	-.0070
On BHEV					
Of AEQ	.036	.0490 +	.002 =	.0510	-.0150
Of ATT	.046	.0580 +	.011 =	.0590	-.0130
Of IND	.008	.0240 +	.019 =	.0430	-.0350
Of INAF	-.062	-.0580 +	0 =	-.0580	-.0040

Note. INAF = Induced Affect Score; AEQ = Attachment

Experience Questionnaire; ATT = Attachment Subscale of the Separation Anxiety Test (SAT); IND = Individuation Subscale of the SAT; AFPEV = Affective Evaluation Score; COGEV = Cognitive Evaluation Score; BHEV = Behavioral Evaluation Score.

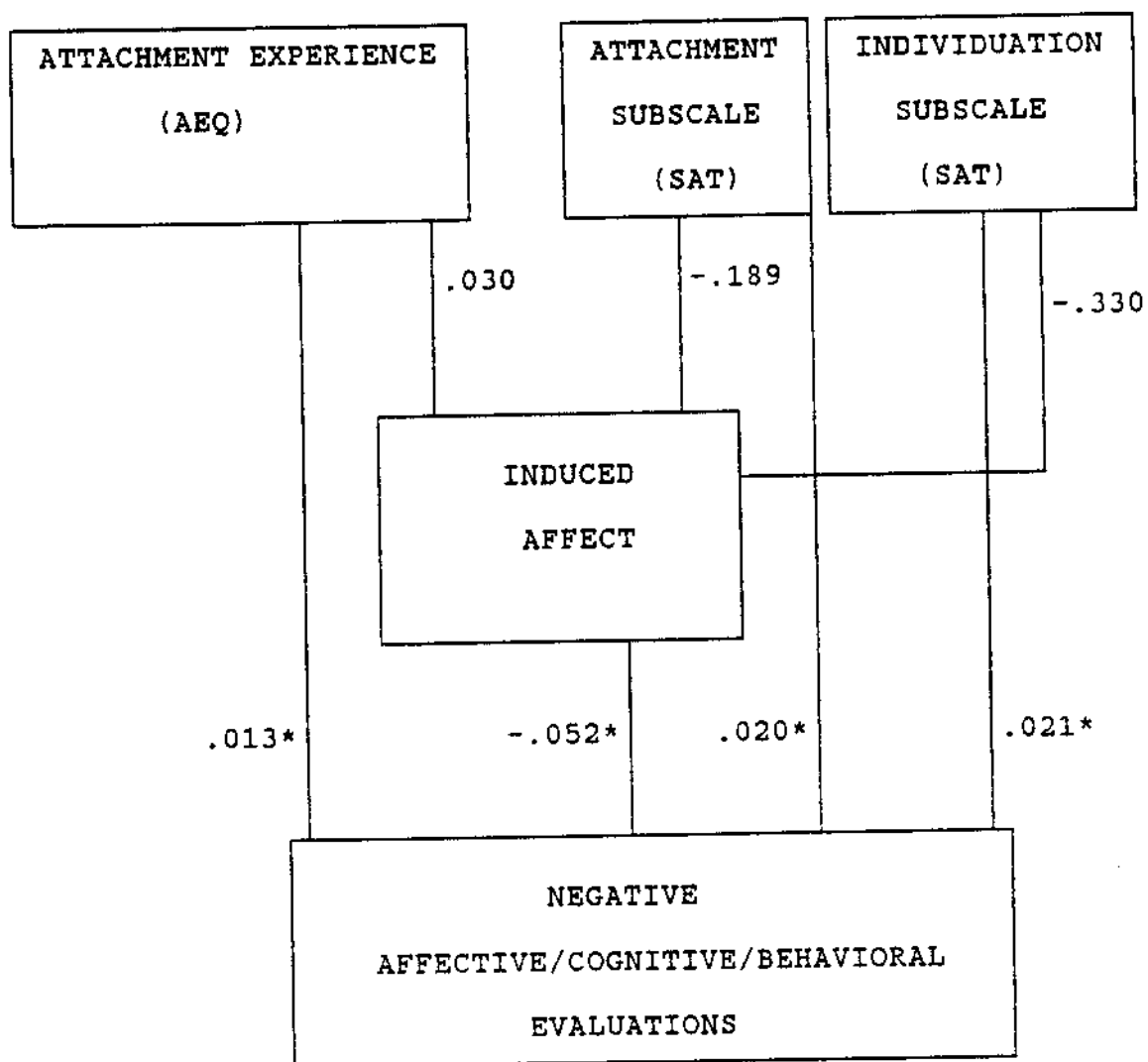
* $p < .001$ ** $p < .0001$

general, exceptionally low. The path coefficients of the Attachment and Individuation subscales of the SAT do show a significant predictive relationship with the Induced Affect Score. The amount of variance accounted for by these two scales in the Induced Affect Score is low, however ($R^2 = .035$ & $.109$, respectively). Interestingly, amount of induced affect did not show a significant path coefficient for any of the three reaction scores. Figure 1 presents the results in graphic form.

Two analyses were performed to determine the relationship between attachment experience and attachment status. First, a Chi Square analysis was performed on subjects classified into attachment groups by the two instruments. The results of this analysis were significant (see Table 10), indicating a higher proportion of subjects with few attachment-related experiences were classified into the Nondisturbed Attachment group by the SAT. In addition, a higher proportion of subjects with a high number of attachment-related experiences were classified into the Disturbed Attachment group. Subjects with moderate numbers of attachment related experiences were approximately equally distributed between the two SAT groupings. This establishes a weak relationship between attachment-related experiences and grouping with the projective attachment based instrument.

Figure 1

Pictorial Representation of Path Analysis of AEQ, SAT, Induced Affect, and Evaluation Scores



Note. AEQ = Attachment Experience Questionnaire; SAT = Separation Anxiety Test.

* Correlations represent M of all three Dependent Variables.

A second method of determining the relationship between attachment experience and attachment status was performed, using coefficients of correlation between AEQ total score and the Attachment and Individuation subscales of the SAT. Table 4 presents the correlation coefficients between these scales for all 239 subjects. As can be seen, the AEQ total score shows no significant relationship to either SAT subscale. This may indicate that use of these scales for attachment grouping may not be most appropriate. The significant negative relationship between the Attachment and Individuation subscales is theoretically predicted and similar in direction to previous research (Kroger, 1986).

Reliability Measures

Test-Retest Data. Nineteen days following the first testing, a subsample of the depression group was retested to assess the measures' reliability. This sample consisted of 21 subjects (10 males and 11 females). The same procedure was used in this second testing as in the first. Pearson correlations were computed for the dependent variables, AEQ total and the Attachment and Individuation subscales of the SAT.

Calculations on both attachment instruments yielded significant correlations. The correlation between AEQ total at first and second testing was .9298 ($p < .0001$). The two subscales of the SAT used in the final analysis also yielded significant relationships (Attachment = .6387, $p < .001$;

Individuation $r = .8584$, $p < .0001$). Thus, sampling of actual events (AEQ) led to higher repeatability than sampling of proposed attachment-related traits (SAT).

Test-retest correlations between dependent variables also yielded significant relationships. The Induced Affect Scale showed the lowest relationship between the first and second testing ($r = .5298$, $p < .01$). Evaluation scores showed more consistency from first to second testing than the measure of induced affect. The Affective Evaluation Scale showed a correlation of $.6285$ ($p < .002$), the Cognitive Evaluation Scale a relationship of $.7524$ ($p < .0001$), and the Behavioral Evaluation Scale (consisting of one item) a correlation of $.7286$ ($p < .0002$). Thus, test-retest reliability measures are low for all dependent measures, but slightly more acceptable for evaluation measures than for induced affect scores.

Measures of Internal Consistency. Internal consistency was determined by use of Cronbach's Alpha (1951). Examination of the internal consistency of the scales used to compute the AEQ total score showed particularly low internal consistency (Alphas: Childhood History = $.2496$, Separation History = $.6563$, and Parental Behavior = $.5629$). Thus, the presence of one particular attachment-related event was not strongly related to the presence of other such experiences, although reporting from time one to time two was particularly consistent.

Internal consistency for the Induced Affect Scale was somewhat below what would be optimum ($\text{Alpha} = .7765$). Internal consistency measures for the two evaluation scales (the Behavioral Evaluation Scale results from only one item) were mixed. The Affective Evaluation Scale showed poor internal consistency ($\text{Alpha} = .5960$) while the Cognitive Evaluation Scale showed high internal consistency ($\text{Alpha} = .9228$). Thus, the dependent measures show some difficulties with consistency when examined internally.

Additional Analyses

In an attempt to explore factors that might be related to the lack of significant results of the present study, two additional analyses were completed. First, given the lack of relationship between attachment classification using the AEQ and the SAT, two steps were taken. A third instrument, the Single Item Romantic Attachment Scale (SIRA), was used to group subjects into attachment groups. This allowed for the comparison of three different methods of measuring attachment. Additionally, the AEQ total score was revised to correct for the inclusion of items with particularly low reliability measures. Second, relationships between these three methods of measuring attachment were determined. This allowed a beginning exploration of the connection between an experiential measure (AEQ), an internal affect measure (SAT), and a self-report measure (SIRA) of attachment.

The Single-Item Measure of Adult Romantic Attachment Style was developed as a self-report measure of the three common attachment styles: secure, detached, and anxious (Hazan and Shaver, 1987). This measure was used to form three attachment groupings for analysis of reactions to the experimental tapes. A 3 X 2 X 3 MANOVA was performed using Tape, Gender, and Attachment Grouping as independent variables and reaction scores as dependent variables. As with the MANOVA using the AEQ to group subjects into attachment groups, only the Behavioral Evaluation score showed a significant effect and then only for Gender.

A correlational analysis of the subscales making up the AEQ total indicated difficulties with one of the subscales. Such difficulties may have masked main or interaction effects in the AEQ data. Examination of test-retest data indicated poor correlations between the Childhood History subscale (designed to measure number of different living arrangements) given at time one as compared to that given at time two ($r = .505$). Additionally, analysis of internal consistency indicated extremely poor inter-item correlations for this subscale (Alpha = .249). Given the relative instability of this scale, it was decided to form attachment groups based on the other two AEQ subscales alone (Separation History subscale and Parental Behavior subscale). These two subscales were summed to arrive at a second AEQ total score and the sample split into three

groups on the basis of a quartile split of the resulting scores. The results of this 3 X 2 X 3 MANOVA (Tape X Gender X Attachment Grouping) are presented in Table 9. When compared to the results of the original AEQ MANOVA (see Table 7), the Gender effect increases in level of significance (original Pillai's $V = .055$, $F = 3.21$, $p < .01$).

These results do not represent a difference in direction from the original AEQ analyses. An increase in levels of probability is evident though. This apparently results from a reduction in the amount of background or error variance contained within the model as a whole. It suggests the possibility that measurement difficulties may have hindered the ability of the design to adequately test the hypotheses. When Table 9 is compared to Table 7, increases in the F values for the Tape, Attachment Grouping, and three way interaction effects are indicative of this reduction in error variance.

Relationship Between Different Measures of Attachment.

The three measures of attachment used in the present study (AEQ, SAT, & SIRA) approach attachment from slightly different perspectives. The AEQ uses actual recalled experience to classify subjects. The SAT proposes to measure affective response to classify subjects. The SIRA uses self view to categorize individuals. This diversity allows for a beginning examination of how these three

measures relate to each other. It was decided to perform additional analyses to illuminate the nature of the relationship between the three measures.

Table 9

Multivariate Analysis of Variance Main and Interaction Effects for Three Way Design for Revised AEQ Attachment Grouping

Effect	Pillais λ	F Value	p of F
T	.0529	1.44	.177
G	.0757	4.46	.001
AG	.0540	1.52	.147
T X G	.0444	1.24	.271
G X AG	.0426	1.19	.302
T X AG	.0300	1.05	.396
T X G X AG	.0400	1.37	.148

Note. T = Tape; G = Gender; AG = Attachment Group.

First, correlations between the two main measures of attachment (AEQ and SAT) were computed (see table 4). As can be seen, correlations between the AEQ total score and the two subscales of the SAT used for classification of subjects show little or no relationship. This lack of relationship goes against the idea that attachment style grows out of attachment related experience.

To examine how the three methods of classifying subjects into attachment groups related to each other involved performing Chi Square analyses between each classification system. The results of these three analyses are presented in Table 10. Only the comparison between the SAT and AEQ showed significant results, indicating a similar pattern of classification. Use of the revised AEQ total score (see above) did not lead to more significant Chi-Squares (indeed, the SAT with revised AEQ comparison fell below significance). Examination of the cell frequencies indicated a higher percentage of subjects with low AEQ total scores (fewer attachment-related experiences) were classified into the Nondisturbed group by the SAT.

Table 10

Chi Square Results Comparing Three Methods of Classifying Subjects into Attachment Groups

Comparison	N	Chi-Square Value	p
SAT with AEQ	152	6.429	.040
SAT with SIRA	152	0.840	.657
AEQ with SIRA	239	2.434	.657

Note. AEQ = Attachment Experience Questionnaire; SAT = Separation Anxiety Test; SIRA = Single Item Measure of Adult Romantic Attachment Style.

Likewise, a higher number of subjects with high AEQ total scores were classified into the Disturbed group by the SAT. Subjects within the middle 50% of AEQ total scores were classified about equally between Disturbed and Nondisturbed groups. Thus, the SAT and AEQ appear to classify the ends of the attachment spectrum somewhat similarly. Neither the AEQ or SAT groupings classified subjects in a way similar to the self-report SIRA.

To assess the relationship between attachment grouping (a nominal variable) and attachment scores (a ratio

Table 11

Comparisons Between Attachment Groupings and Attachment Measures

DEPENDENT (Continuous) Variable	AEQ total	SAT subscales	
		Individuation	Attachment
Classification Variable			
SAT Grouping	.17358*	.23957	.04244
AEQ Grouping	-----	.10586	.04935
SIRA Grouping	.06887	.18636	.16145

Note. AEQ = Attachment Experience Questionnaire; SAT = Separation Anxiety Test; SIRA = Single Item Measure of Adult Romantic Attachment Style.

* All numbers represent ETA.

variable), the data were subjected to a correlational comparison using the ETA statistic. This statistic allows the measurement of the strength of relationship between a classification variable and a continuous variable. These results are presented in Table 11. Table 11 indicates that only a small portion of the variance of any of the continuous variables is accounted for by the nominal variables. This demonstrates a lack of conceptual similarity between attachment indicators.

Summary of Results

In summary, a group of predominately young, white subjects showed few systematic reactions to bereaved parents. Correlations between the independent and dependent variables used in this study were low, except for significant relationships between the three scales measuring reactions to the experimental tapes.

The only consistent effect noted in the data indicated that females displayed more positive evaluation scores than males toward all three experimental tapes when asked the amount of time they would be willing to spend helping the person represented.

Whether the parent was bereaved or not was found to influence the amount of induced affect for the group as a whole, but, contrary to prediction, the control tape induced more negative affect than either bereaved tape. When compared with previous research (Hammen & Peters, 1977;

Sacco, et al., 1985; & Strack & Coyne, 1983), Cognitive Evaluation Scores in the present study were lower overall. Thus, all three tapes were associated with more negative cognitive reactions than previous research to depressed individuals. Interestingly, the nonbereaved, depressed control tape was associated with even more negative Cognitive Evaluation Scores than either bereaved tape.

When the SAT was used to separate subjects into attachment groups, a significant Gender by Attachment Group effect emerged for Affective Evaluation Scores, with males classified with disturbed attachment showing more positive reactions to the stimuli than males classified with nondisturbed attachment. Females exhibited the opposite pattern.

The results of the Path Analysis using attachment scores (as measured by AEQ total score and Attachment and Individuation subscales of the SAT) and induced affect scores to predict reaction scores show no significant relationships. This was reflective of the low correlations between attachment and dependent measures. Small but significant relationships were found between the two scales from the SAT and the Induced Affect Score. Thus, the SAT was related to the amount of induced affect subjects reported to the experimental tapes. The model proposed by the present study appears to lack predictive usefulness for reactions to bereaved parents.

Two factors were examined to shed light on the lack of findings in the present study. First, relationships between variables used in the study were computed. Correlations between the two major attachment measures indicated weak overall relationships between the AEQ and SAT. Although the AEQ and SAT appeared to classify subjects at the ends of the attachment status continuum in similar ways, the majority of subjects fell between these poles and showed little similarity in classification between the two instruments. Second, correlations between the dependent measures showed particularly poor levels of relationships between scales and lower than desired reliability measures.

A third measure of attachment (the self-report SIRA) was incorporated into the design to try to clarify the lack of results of the present study. Multivariate analysis yielded no significant results beyond the previously mentioned Gender effect.

In an attempt to control for extraneous variance in the AEQ, a revised version was used to reanalyze the data. By leaving out the Childhood History subscale (which showed particularly low reliability), levels of significance did increase, although only the original Gender effect was significant.

Since the three measures of attachment used in the present study represent different approaches to attachment status (AEQ focuses on experience, SAT accesses affective

reactions, SIRA is self-report), two additional analyses were done to explore how they related. Measures of relationship between grouping pattern and scores on attachment measures indicated a significant relationship between grouping with the SAT and AEQ total score. This combined with the previously noted Chi-square provides a weak foundation for assuming the SAT and AEQ are accessing similar conceptual material.

CHAPTER IV

DISCUSSION

The primary purpose of this study was to determine whether characteristics of the bereaved person or characteristics of the perceiver influence negative reactions to parents who have lost a child. Two theories were proposed which might explain negative reactions to bereaved parents. First, building on the interpersonal-process view of reactions to depressed individuals, it was proposed that the presence of depressive symptomatology in the bereaved parent would be responsible for negative reactions by perceivers. Second, building on attachment theory, it was proposed the attachment status of the perceiver would influence reactions to the loss content represented by the bereaved parent. In addition, induced negative affect, demonstrated by Coyne (1976b) in response to a depressed individual, was proposed as an intermediary variable between attachment status and negative reactions.

The first hypothesis of the study predicted bereaved parents would elicit negative reactions from unrelated others. The present data indirectly supported this hypothesis. Comparison with previous research (i.e. Hammen & Peters, 1977) suggested the subjects in the present study

indicated less willingness to interact with the portrayed parent in various roles.

The second hypothesis predicted a bereaved parent would elicit more induced negative affect than a nonbereaved parent. The Control tape induced the most negative affect in the subjects. The results are opposite of the predicted outcome.

The third hypothesis sought to determine whether it was the loss represented by the status of bereavement or the depressive behavior exhibited by the bereaved parent which leads to negative reactions of others. The results indicated both bereaved groups received similar levels of negative reactions. Thus, both loss and depressive stimuli were associated with induced negative affect and decreased willingness to interact with the target.

The fourth hypothesis predicted subjects classified as suffering an attachment disturbance would show increased negative reactions to bereaved parents. Males classified as suffering an attachment disturbance showed increased positive evaluations of affective characteristics of the target, contrary to this prediction. Females showed the predicted pattern.

The fifth hypothesis predicted subjects classified as showing disturbed attachment style would show higher levels of induced negative affect than subjects displaying nondisturbed attachment style. Being classified as

attachment disturbed was not associated with displaying higher levels of induced negative affect to the parent.

Hypotheses six and seven addressed the interaction of attachment status of the perceiver and behavior of the bereaved parent on induced affect and evaluations. The presence or absence of attachment disturbance did not influence induced affect or evaluations in conjunction with either loss or depressive content. Subjects grouped into disturbed attachment patterns did not respond with more negative affect or evaluations to Loss content, as predicted.

Hypothesis eight predicted attachment experience (AEQ) and attachment style (SAT) would be predictive of induced negative affect, and the combination of all three would be predictive of subjects' evaluation scores. Results did indicate a predictive relationship between the two subscales of the SAT and subjects' amount of induced affect. However, neither attachment measures nor induced affect were predictive of evaluation scores.

A relationship was predicted between attachment experience and attachment style as part of the final hypothesis. This prediction was supported by the data. High numbers of attachment-related experiences did correspond most frequently with disturbed attachment patterns on the SAT. Likewise, low numbers of attachment-related experiences were associated with classification into

nondisturbed attachment patterns using the SAT. Middle numbers of attachment related experiences were equally classified into both attachment patterns.

Two additional analyses were done to further explore how attachment was related to reactions toward bereaved and depressed individuals. Neither classification by the SIRA nor a revised version of the AEQ revealed relationships to induced affect or evaluation scores beyond those previously mentioned. Relationships between the three attachment measures were low.

One factor was present in the data which was not a part of the original hypotheses. Females indicated more willingness to interact with and to spend more time helping the target than males.

Discussion of Findings

The current study was based on two theories of interpersonal behavior, the interpersonal-process view of reactions to depressed persons and attachment theory. Coyne's (1976b) position stated that individuals who interact with depressed persons have negative affective reactions which lead to insincere overt support. Attachment theory predicted targets who represent a loss stimulus would induce a negative affective reaction in persons with attachment disturbance. Thus, the present study predicted bereaved parents, due to their representation of loss, would induce a negative affective experience in individuals with

attachment disturbance. Similar to Coyne's theory, this induced affect would lead to negative evaluations.

The results provide limited support for the foundation of the present study. Supportive of the findings of the bereavement literature, reactions were negative to the bereaved parents, although the nonbereaved parent received evaluations just as negative and induced more negative affect in the subjects than the two bereaved tapes. Partial support of Coyne's (1976b) theory was found, as depression was associated with less willingness to interact with the target. However, amount of induced affect did not directly translate into negative evaluations. Coyne's (1976b) assumption that subject's amount of induced negative affect leads to negative evaluations appears questionable. Comparable to previous research (Howes and Hokanson, 1979; Sacco, et al., 1985) the present study suggests more cognitive factors may be involved. In addition, loss content was equally as effective in stimulating negative evaluations as the two explicitly depressed tapes, a finding not anticipated from the interpersonal-process view of depression.

Attachment theory received only minimal support. Continuous scores on the SAT were related to level of induced affect; however, attachment grouping showed no relationship to induced affect or evaluations. The model proposed was not predictive of evaluation scores, not

withstanding the relationship between SAT scores and induced affect.

The current study made two assumptions: 1) subjects would be able to discriminate between loss content and depressive symptomatology; and, 2) the subjects would identify with the target, thus activating attachment-related responses. Three aspects of the methodology of the present study could have led to difficulties in adequately testing the hypotheses of the present study. The first limitation involves subjects perceiving depressive content in the Loss tape. The second limitation involves the possibility of subjects failure to identify with the parent target. The third involves the measurement and conceptualization of attachment style. The difficulties described above could have led to possible failure to adequately test the research questions. These difficulties will be explored in turn, followed by other possible threats to the validity of the present investigation.

Perception of Depression in the Loss Tape. If depression was perceived by the subjects in the Loss tape, a failure to adequately test the prediction that loss content leads to negative reactions would occur. If the Loss tape was perceived as depressed, all three tapes would have then been examples of a depressed person. The finding that the Loss tape received equally negative ratings as the two depressed tapes would simply mean subjects responded to

three depressed parents in similar ways. The two depressed tapes were designed to incorporate explicit depressive symptoms (feelings of sadness, isolation, crying, thoughts of suicide) which were not present in the Loss tape. However, evaluations scores were equal for all three tapes. Two pieces of information suggest that depressive symptoms or content may have been projected onto the Loss tape: 1) the prejudging of the three tapes; and, 2) an examination of individual items of evaluations of the target's affective characteristics.

Examination of the prejudging of the three scripts indicates subjects may have interpreted loss content as depression. When judges rated the three scripts on the Beck Depression Inventory (Beck, 1972; BDI), the two depressed scripts were rated significantly more depressed than the Loss tape. However, the mean BDI score for the Loss tape was 27.33, a score which falls within the moderate to severe range of depression, using Beck's (1972) own norms. Thus, the judges appear to have been projecting depressive symptoms (which are measured by the BDI) onto the parent displaying only loss content. The possibility exists that subjects in the present study also saw the Loss tape as displaying depressive behavior and, therefore, reacted in similar ways as the groups viewing the two depressed tapes.

The possibility that subjects saw the Loss tape as depressed is further supported by an examination of the

individual items measuring the subject's evaluations of the target's affective characteristics. Individual items on the Affective Evaluation Scale were compared to similar items in Coyne's (1976a) original work. Coyne (1976a) found depressed targets were rated as more sad, unpleasant, negative, and passive than nondepressed targets. Subjects in the present study rated the target in all three tapes as sad, unpleasant, negative, and passive, the exact evaluations Coyne (1976a) found only to depressed targets. Thus, the Loss tape in the present study appears to have received affective evaluations similar to those of Coyne's (1976a) depressed group.

Since it may not have been possible to isolate loss from depression, the prediction that loss content (represented by bereavement) would lead to increased induced negative affect and negative evaluations may not have been adequately tested. If loss content was interpreted as depression, rendering all three tapes essentially equal, no test of this prediction would exist. Negative reactions to bereaved parents may not be due to their status as bereaved, but, rather represent a reaction to depression, inferred from loss content. Since subjects did not directly rate the amount of depression perceived in the target it is not possible to firmly conclude subjects did perceive loss content as depression. The prejudging BDI means and

comparison to Coyne's (1976a) research point out the possibility of such a limitation.

Failure of Subjects to Identify with The Portrayed Parent. Subjects responded to a parent depressed over her son's drug use with higher levels of induced negative affect than to either bereaved tape, even a bereaved parent reporting exactly the same depressed symptomatology. If Coyne's theory (1976b) is correct and a person's depressive behavior is the basis for a perceiver's level of induced affect, both tapes (the depressed, bereaved and depressed, nonbereaved) should have induced similar amounts of affect. In contrast, the subjects' appear to have been perceiving two depressed parents in different ways.

Along with quantitative differences in the amount of induced affect reported by subjects who viewed the nonbereaved, depressed parent, qualitative differences were apparent in the affective content of these reactions. An item by item comparison of the Induced Affect Scale (which is the only scale to show a significant difference by tape) was completed (see Table J-1). Comparing the means on each induced affect item for all three tapes indicated the subjects who viewed the nonbereaved, depressed parent reported affective content unlike the affective content reported to the two bereaved tapes. While the reported induced affect to the Control tape loaded on items with angry or irritated content (Aggravated, Angry, Irritated,

Impatient), the reported induced affect for the two bereaved tapes loaded on items with depressed or sympathetic content (Sadness, Depression, Concern, Anxiety). Thus, subjects were affected differentially based on the problem reported by the parent (either death of a child or child's drug problem).

One anecdotal example of one subject's response to the nonbereaved, depressed parent illustrates the tendency to respond with angry or irritated affective content. After viewing the mother displaying depressive symptoms to her son's drug problems, a female student requested to speak with the author. She expressed emphatic feelings that the parent in the tape was behaving in a particularly unhelpful way for her child. By being depressed, this subject said, the parent was being overly self-centered. The subject suggested the parent should be focusing on ways to help her child solve the problems he was facing with his drug dependency.

The angry response to the nonbereaved tape, especially the anecdotal statement of one subject admonishing the parent to focus on her child's problem, suggests the possibility that subjects were not identifying with the parent portrayed in the tape as a peer, but viewing her as a person responsible for taking care of her son. Thus, the depression or loss aspects of the tape may not have been as salient as her role as a parent. Induced affect scores,

therefore, may not represent how the subjects would react to a person who is depressed, but instead how college subjects would respond to a parent failing to take care of one of their peers, the son. Instead of representing a typical reaction faced by a bereaved or depressed person, the present findings may represent a distinct subset of reactions based on viewing the target as a parental figure.

One assumption made by the present study was that subjects would identify with the parent presented in the experimental tapes. As the parent was the only person readily available to the subject's view, it was expected that her experience would be most powerful in eliciting reactions. Yet, two other possible targets for identification were available to subjects in the experimental tapes, the child of the parent and her husband. Primary identification with either of these other targets would influence the results in undesired and unpredictable ways.

Some previous research supports the interpretation of these results as indicative of an unexpected identification by subjects. Research into reactions to survivors of suicide does indicate identification of adolescent subjects with the child who committed suicide instead of the surviving parent (Gordon, Range, & Edwards, 1987). These researchers, studying differences between how 18 and 19 year old undergraduates and their parents react to survivors of

suicide, found significant differences in subjects' expectations of liking for surviving parents. Specifically, parents based their liking of parents whose child died on the cause of death (either suicide or illness) while their undergraduate children did not. The authors stated that parents appeared to identify with the bereaved parent while adolescents appeared to identify with the adolescent child of the parent. The present study may represent an example of subjects identifying with the child of a parent, rather than the parent herself.

In summary, along with the higher induced affect reported by subjects who viewed the nonbereaved parent, a qualitative difference in the affective content was present. Subjects who viewed the nonbereaved parent responded with angry or irritated content, while subjects viewing the two bereaved tapes reported depressed or concerned affective content. One subject's reaction after the tape led to the suggestion that subjects may have been responding to the parent as a person failing to care for one of the subjects' peers, instead of a person facing a problem of her own. Previous research by Gordon and his coworkers (1987) has documented the tendency of adolescents to identify with targets of similar age. The present study did not assess subjects' focus or amount of identification, so no conclusions are possible. The above factors suggest a possible limitation to the present study.

Difficulties in Measuring Attachment Style. Weak support was found for the prediction that attachment style would be related to amount of induced affect to the experimental stimuli. The two subscales of the SAT showed small but significant correlations with a measure of induced affect. However, subjects grouped as suffering an attachment disturbance by the three measures of attachment did not show higher amounts of induced affect or more negative evaluations on any of the three evaluation scores when compared to those classified as not suffering an attachment disturbance. The previously described lack of identification by subjects with the target may have failed to activate attachment-related anxiety. This may have affected the ability to adequately test the hypothesis that attachment disturbance would lead to anxiety, thus, causing increased levels of negative affect and negative evaluations in response to the two bereaved parents. In addition, the present results point to difficulties with the measurement and conceptualization of attachment style. These points will be discussed in turn.

If subjects failed to identify with the target as anticipated (as discussed above), anxiety related to attachment disturbance may have not have been activated, leading to a failure to test the prediction that subjects with attachment disturbance would react most negatively to bereaved parents. As the prediction that subjects with

attachment disturbance would show the most negative reactions to bereaved parents was based on the assumption that loss (represented by bereavement) would trigger attachment-related affect, if subjects responded to the target as a person failing to care for a peer, this affect may not have occurred. Since subjects were not asked to indicate the saliency of bereavement to their reactions, it is not possible to estimate the amount of identification to the parent's loss.

The difficulties in measuring attachment style were demonstrated by intercorrelations between the three measures of attachment used in the present study. The three measures were poorly related to each other. Correlations between the AEQ total score and the two subscales of the SAT were very low (below .10). Measures of relationship between the SIRA and the other measures of attachment were similarly low. In comparison, the correlation between the Attachment and Individuation subscales of a single instrument (SAT) was -.43. Thus, different scales from a single instrument, proposing to measure different concepts, are more highly related than different scales proposing to measure the same concept. Although the AEQ and SAT did classify approximately 65% of subjects at the extremes of attachment status similarly, this group of subjects represented only 21% of the total sample. A significant number of subjects were classified differently by the three attachment

instruments. Thus, the three instruments do not appear to be measuring the same content, although each claims to be a measure of attachment style.

The first possibility to rule out is that the present sample was in some way different or unique. Comparison of the present sample with previous studies using the SAT seems to indicate the present sample did not behave unusually on the instrument. Norman (1989) found Attachment and Individuation scores similar to those reported by Hansburg (1972). The present results indicate similar scores to these studies. Thus, the two SAT subscales appear to be operating as expected. Hazan and Shaver (1987) using the SIRA, showed similar percentages of the three subtypes of attachment pattern to those found in the present study. The sample appears to be similar in response to the attachment instruments as previous samples.

Low relationships between attachment measures have been found in other studies. A recent article intercorrelated several measures of attachment with similar results (Rice, Cole, & Lapsley, 1990). Rice and his coworkers (1990) computed intercorrelations between three measures of attachment: the SAT, the Psychological Separation Inventory (Hoffman, 1984), and the Separation-Individuation Test of Adolescence (Levine, Green, & Millon, 1986). The authors used only the Individuation subscale of the SAT. Intercorrelations between the various scales ranged from .01

to .31, with several correlations not in the expected direction (Rice, et al., 1990). The authors concluded that this suggests some ambiguity in what attachment measures are assessing.

To explore this finding, they submitted their data to a factor analysis, resulting in two distinct factors. The first dimension reflected the amount of functional independence from the parent. The second dimension reflected the amount of affective comfort with this separation. Interestingly, it was the second dimension which was most closely related to their dependent variable (college adjustment). Thus, an affective component of attachment measures was most predictive of a self-report measure of functioning.

This result parallels the finding in the present study that a continuous measure of attachment status (SAT) showed the highest relationship with induced affect in the subjects, although little relationship to evaluation scores for all three tapes. Attachment grouping, whether using a measure of experience (AEQ), a measure of affective response to separation situations (SAT), or a self-report of behavior in interpersonal relationships (SIRA), showed no relation to either induced affect or negative evaluations. This suggests the possibility that attachment conceptually contains several components which relate to behavior and affect in different ways.

The present study and the findings of Rice and his coworkers (1990) suggest an ambiguity in the measurement of the concept of attachment. Clarity of instrumentation is required to understand how different aspects of attachment style relate to various emotions and behaviors. The present results may be due to a lack of such clarity in attachment instrumentation.

In summary, the present study assumed that subjects would identify with the parent used as a target leading to attachment-related anxiety, and that the most negative reactions would come from subjects classified as suffering from attachment disturbance. If subjects did not identify with the target as anticipated, this prediction may not have been adequately tested. Previous research (Rice, et al., 1990) has found similarly low intercorrelations between attachment instruments and suggests that attachment conceptually may contain several components. Clarity of instrumentation is necessary for generalization of findings regarding attachment disturbance to outcome measures.

Functioning of the Dependent Variables. Three of the four dependent measures used in the present study were not systematically related to either attachment group or tape. Only induced affect showed a relationship, with higher levels of negative affect to the nonbereaved tape, contrary to prediction. Lack of reliable and valid measures of reactions to the target may have influenced the study's

ability to adequately test the experimental hypotheses. Although reliability measures for the four dependent measures were below optimum levels, the pattern of results is similar to previous research. Sacco and his coworkers (1985) found requests for help from depressed individuals aroused anger from perceivers, but this did not translate into direct behavioral rejection (in the form of refusal to provide help). The behavioral evaluation score in the present study showed little relationship to any of the other dependent measures, indicating negative internal reactions did not systematically translate into behavioral rejection.

The connection between the results of Sacco and his coworkers (1985) and the present results implies the dependent measures were functioning as expected, even if not as efficiently as hoped. Thus, it is unlikely that low reliability in the dependent measures seriously affected the ability to test the experimental hypotheses. Improvement in the reliability of these measures is a worthwhile extension, but is unlikely to substantially alter the pattern of results. Other factors, such as those already discussed, would appear to hold the most promise of improving the clarity of results.

Comparison of Gender Findings with Previous Research.

One of the clearest results found in the present study was that females would spend more time helping the person in the experimental tapes than would males. This was unexpected.

given the previous research with similar subject matter. Howes and Hokanson (1979) found no differences in how males and females responded to depressed targets. This confirmed the results of other studies showing a lack of gender effects in interpersonal reactions to depressed targets (Coyne, 1976a; Hammen & Peters, 1977). Sacco and his colleagues (1985) found no gender effect using the exact item employed in this study to assess willingness to help. Whether the present finding is a function of using a female actor for the experimental tapes, subjects' failure to identify with the target, or a more general pattern is not clear from the results. Previous research has not shown a clear gender effect, which may mean the present sample is unique in some way. The present study does not represent enough evidence to question the findings of these other studies. Replication of the gender effect would be necessary to warrant specific examination of this issue.

Limitations and Implications

Two basic assumptions were made in the current research study. First, it was assumed that subjects would be able to discriminate between loss content and depressive symptomatology. Second, subjects were expected to identify with the parent target in such a way as to make her loss effective in eliciting attachment-related affect. Several issues have been described which may have invalidated these basic assumptions and undermined the adequate testing of the

basic hypotheses of the present study. These hypotheses predicted that loss content would lead to negative reactions from unrelated others and that a disturbed attachment style would be associated with the most negative reactions to bereaved parents. The methodological and conceptual problems which affect the ability of the present study to adequately test the experimental hypotheses will be reviewed here. In addition, the present study raises several issues which have implications for research in parental bereavement, reactions to depressed persons, and attachment theory. The limitations and implications will be reviewed below, followed by recommendations for future research.

The first issue which limited the ability of the present study to test the basic hypotheses was the possibility that subjects perceived depressive content in the Loss tape, leading to a failure to test whether loss content would lead to negative reactions. Prejudging of the Loss tape on the BDI indicated judges inferred a high level of depressive symptoms where none existed. Further, examination of individual items evaluating the target's affective characteristics indicated the Loss tape was seen in a similar way to Coyne's (1976a) depressed group. Since perception of depression in the Loss tape would have made all three tapes examples of depressed targets, a failure to test the hypothesis that bereavement leads to negative reactions would have resulted.

The second issue which limited the ability to test the study's basic predictions was the possibility that subjects in the present study did not identify with the experimental stimuli as expected. Since the Control tape was associated with the most negative induced affect in the subjects and since qualitative affective response to the Control tape was angry and irritated, a difficulty in identification was suspected. The work of Gordon and his coworkers (1987) indicates adolescents (who represent a majority of the present sample) tend to identify with an adolescent victim instead of a bereaved parent. This matched with the statement of one subject who viewed the Control tape. If subjects did not identify with the parent and her loss, the hypothesis that attachment style would predict reactions would not have been adequately tested, due to the lack of activation of attachment-related affect. Items to assess the subjects' identification would have allowed firmer conclusions regarding this issue.

Difficulties in the conceptualization of attachment status in the present study were indicated by poor relationships found between the three measures of attachment used. Although not a threat to the study's ability to test the research questions, these difficulties do limit the ability to generalize the present findings to the wider concept of how attachment relates to behavior. Low relationships between different measures of attachment style

and the lack of relationship between attachment grouping and reactions to bereaved and depressed parents were found in the present study. Sampling effects were ruled out. A recent article (Rice, et al., 1990) found similar low relationships between attachment measures (including the Individuation subscale of the SAT) and drew the conclusion that attachment seems to contain at least two separate components, functional separateness from parents and emotional comfort with this separation. In common with the present study, the affective component was most related to their outcome variable, college adjustment. This coincides with the finding of the present study that an attachment measure (the SAT) was most related to amount of induced affect to the experimental stimuli. Measurement of the different dimensions of attachment and improved precision of such measurements are required to clearly draw conclusions.

Finally, two other factors suggest caution in generalizing from the data. First, a less than optimum amount of reliability was found in the four scales used as dependent variables. Improvement in measures of reactions is important but likely holds less promise of clarifying the effect of attachment status on reactions to bereaved parents than the three factors described above. Second, females indicated more willingness to spend time helping the target than males. The uniqueness of the gender effect for this study and the other difficulties presented above may be

related. Caution is necessary in generalizing from the gender results.

The results also suggest implications for parental bereavement and the two theories used in the present study. Research has indicated that bereaved parents face negative social reactions from unrelated others (Rando, 1986; Sanders, 1980). Up until now, these reports have consisted of either the self-report of the parents themselves or common sense conclusions. The present study has demonstrated that perceivers do display negative reactions to bereaved parents. Whether the depressive symptoms shown by bereaved parents or their representation of loss is responsible for these reactions is not answered by the present study. Both loss and depression stimulated negative reactions. Some caution is necessary in interpreting the above results. The present study possibly represents a subset of reactions unlike those faced by most bereaved parents. Subjects in the present study appear to have responded on more of a child to parent level than person to person. Also, the nonbereaved tape induced the greatest amount of negative affect, suggesting bereavement may in fact mitigate the induction of negative affect. Overall, although negative reactions are empirically evident, the mechanisms for these reactions remain to be discovered.

Coyne's (1976b) prediction of reactions to depressed individuals was supported by the present study, although

specific aspects of his theory were brought into question. Although reactions were negative to depressed parents, a parent displaying no depressive symptoms induced equally negative affect and received similarly negative reactions as two depressed targets. Further, induced affect, proposed by Coyne as leading to negative evaluations, was not predictive of these evaluations. The present study highlights the necessity of clearly identifying what aspects of depressed targets lead to negative reactions as well as the importance of distinguishing what subjects find salient about the target and the situation reported by the target.

Only minimal support was found for the prediction that perceivers' reactions to bereaved parents would be influenced by attachment style of the perceiver. Due to limitations, it seems premature to conclude that attachment style does not influence reactions to bereaved parents. Clearer information regarding how subjects identify with the parent is necessary, as well as confirmation that attachment-related affect is activated, to determine whether attachment style affects reactions to bereaved parents. Further, the concept of attachment may contain several separate factors. At least two factors have been found in attachment instruments and these factors have been shown to relate to measures of functioning differently. The present study points to the need for valid and conceptually clear attachment measures when attempting to draw

conclusions regarding how attachment style translates into behavior.

Recommendations for Further Research

The present study set out to determine if bereaved parents face negative reactions from unrelated others and, if so, what accounts for these reactions. Loss was proposed as leading to negative reactions, especially in individuals with attachment disturbance. Difficulties in separating loss from depression and subjects' identification with the bereaved parent may have undermined the ability of the present study to test these assumptions. The present study suggests several ways future research could avoid these difficulties as well as ways to improve the assessment of attachment and negative reactions in the future.

The present study points to the necessity of clearly identifying what subjects are responding to when examining reactions to bereaved or depressed individuals. Both the object and amount of identification and the behaviors subjects find important in the target need to be identified to draw firm conclusions. These two points will be examined in turn.

Subjects' reactions to loss content were as negative as to the two depressed conditions. Instead of showing reactions different than those to the two depressed conditions, subjects appear to have inferred depressive affect from the loss content. In addition, subjects seem to

have considered the situational factors (death or drug use of a child) in forming their affective reactions to the stimuli.

The results suggest the subjects may not have identified with the parent, instead seeing her as a person caring for a peer of the subjects, her child. This seriously undermines the ability to conclude bereaved parents face negative social reactions from their peers. Such a pattern of identification, along with the prior point concerning the perception of depression in loss content, suggests reactions to depressed or bereaved individuals are due to more complex systems than has been originally proposed. Coyne (1976b) has theorized it is the depressed symptomatology which leads to negative reactions. No conclusions seem possible concerning what factors of the target or subject led to negative reactions.

Future research should address this issue by specifically assessing the behaviors subjects found most important in determining their reactions. Both situational and personal factors need to be examined in detail, given the likely complexity of the interaction between perceiver and target. The present results suggest focusing on how loss translates to impressions of depression as well as how various described problems affect reactions to both loss and depressive behavior. In the future, items specifically designed to assess the focus and potency of the subject's

identification need to be included. Only with such information can clear conclusions about reactions to depressed or bereaved individuals be drawn. These steps may help clarify how people go about arriving at affective, cognitive, and behavioral reactions.

The present study points up the need for continued research into the make-up of attachment status. Rice and his coworkers (1990) found similarly poor intercorrelations between measures of attachment, as in the present study. Their factor analytic approach to identifying components of the attachment concept holds much promise for improving the area of attachment assessment in adolescence and adulthood. More studies are needed using more than one attachment device, allowing for comparisons between different conceptualization and measurement methods. Distinguishing various components of attachment and deriving effective instruments for their measurement is an important first step in clarifying how attachment status translates into behavior.

Finally, improvement is needed in the area of assessing reactions to depressed or bereaved persons. The present study represents one of the first to attempt to determine the stability of measures of reactions over time. A study designed to develop a consistent, valid instrument for measuring these reactions, similar to the work being done by Calhoun and his colleagues (1981) with survivors of suicide.

would be useful in providing a common ground for comparison of various groups of targets and perceivers.

Final Summary

The present study indicates bereaved parents do indeed face negative social reactions from unrelated others. Such negative reactions have been shown to interfere with recovery from bereavement. Further, these reactions appear to have been internal to the perceiver, not directly translating into overt behavioral rejections. The present study indicated both explicit depressive symptoms and loss content were associated with negative reactions, pointing to the need to clearly identify what about bereaved parents leads to these reactions.

Two theories were proposed to account for these negative reactions. Coyne's (1976b) theory on reactions to depressed individuals predicts that the depressed behavior commonly displayed by a bereaved parent would account for these reactions. Attachment theory predicts the loss represented by bereaved parents would lead to negative reactions in individuals with attachment disturbance.

In support of the predictions of the interpersonal process theory, depressed parents did receive negative reactions. However, Coyne's (1976b) hypothesis that induced affect is responsible for negative evaluations appears questionable. Subjects appear to react to a complex set of factors when forming these reactions, including personal and

situational factors. Contrary to Coyne's (1976b) theory, not only depressive behavior of a target was effective in inducing negative affect and negative reactions in unrelated others. Loss content was also associated with such negative affect and less willingness to interact with targets.

However, two factors may have undermined the present study's ability to adequately test this theory. Depression may have been inferred onto loss content in the present study.

Further, subjects may not have identified with the parent in the present study as anticipated. Research is necessary to identify the amount and focus of subjects' identifications with depressed and bereaved targets.

Only minor support was found for the prediction that attachment measures would be related to reactions toward bereaved parents. Continuous measures of attachment were related to the amount of negative affect subjects reported experiencing to bereaved and depressed targets. However, grouping subjects by attachment style was not successful in predicting either amount of induced affect or negative interpersonal evaluations of targets. In addition, amount of induced negative affect reported by the subjects was not predictive of negative interpersonal evaluations of the target. The present study and previous research suggest the possibility that conceptually attachment may contain several components which relate to behavior in varying degrees and ways. Further study of the components of attachment is

necessary to clarify what behaviors are related to attachment disturbance.

Finally, improvement is needed in the area of assessment of negative reactions to depressed or bereaved persons. Valid and reliable instrumentation is needed before clear conclusions regarding the nature of these reactions can be drawn.

APPENDIX A

ATTACHMENT EXPERIENCE QUESTIONNAIRE

AEQ

Part I. Demographic Information

Directions: Please enter your age in the space provided below. Then, on the multiple choice items below, place the number that corresponds to the answer that best describes you.

_____ Age

_____ Sex
1. Male
2. Female

_____ Marital Status
1. Single
2. Married
3. Divorced
4. Separated

_____ If other than 1., How long?

_____ Total number of marriages.

_____ Race
1. White
2. Black
3. Hispanic
4. Asian
5. Other

_____ Class Standing
1. Freshman
2. Sophomore
3. Junior
4. Senior
5. Graduate Student

_____ Residence
1. Dormitory
2. Apartment on Campus
3. Live at home with parents or family
4. Live off Campus without family

- _____ Overall GPA
1. 3.5. or higher
 2. 3.0 to 3.5
 3. 2.5 to 3.0
 4. 2.0 to 2.5
 5. below 2.0

Part II. Childhood History

A. Whom did you live with as a child? (Check all that apply)

- _____ Mother and Father
- _____ Mother only
- _____ Father only
- _____ Natural parent and Stepparent
- _____ Stepparent alone
- _____ Foster parents
- _____ Adopted parents
- _____ Grandparent(s)
- _____ Sister/Brother
- _____ Aunt/Uncle
- _____ Cousin
- _____ Friends
- _____ Convent
- _____ Boarding School
- _____ Orphanage
- _____ Other (Specify _____)

_____ Your age when first lived with other than both parents.

_____ Total number of different living arrangements.

B. Were you ever separated from your family for any of the following reasons?

(Check all that apply)

- _____ Illness (Yourself)
- _____ Your age
- _____ How Long

Hospitalized

- _____ 1. Yourself
- _____ Your age
- _____ How Long
- Why _____

_____ 2. Mother
 _____ Your age
 _____ How Long
 Why _____

_____ 3. Father
 _____ Your age
 _____ How Long
 Why _____

_____ 4. Another person who took care of you
 (who _____)
 _____ Your age
 _____ How Long
 Why _____

Travel caused:

_____ Mother to leave
 _____ Your age
 _____ How Long

_____ Father to leave
 _____ Your age
 _____ How Long

_____ Another person who took care of you to leave
 (who _____)
 _____ Your age
 _____ How Long

Family Problems caused:

_____ Mother to leave
 _____ Your age
 _____ How Long

_____ Father to leave
 _____ Your age
 _____ How Long

_____ Important person to leave (who _____)
 _____ Your age
 _____ How Long

Relative(s) had problems and/or illness which caused:

_____ Mother to leave
 _____ Your age
 _____ How Long

_____ Father to leave
 _____ Your age
 _____ How Long

_____ Important person to leave (who _____)
 _____ Your age
 _____ How Long

Divorce caused:

_____ Mother to leave
 _____ Your age
 _____ How Long

_____ Father to leave
 _____ Your age
 _____ How Long

_____ Important person to leave (who _____)
 _____ Your age
 _____ How Long

Emotional problems, mental illness, nervous breakdown caused:

_____ Mother to leave
 _____ Your age
 _____ How Long

_____ Father to leave
 _____ Your age
 _____ How Long

_____ Important person to leave (who _____)
 _____ Your age
 _____ How Long

Alcoholism caused:

_____ Mother to leave
 _____ Your age
 _____ How Long

_____ Father to leave
 _____ Your age
 _____ How Long

_____ Important person to leave (who _____)
 _____ Your age
 _____ How Long

Drug abuse caused:

_____ Mother to leave
 _____ Your age
 _____ How Long

_____ Father to leave
 _____ Your age
 _____ How Long

_____ Important person to leave (who _____)
 _____ Your age
 _____ How Long

Death

_____ Mother died
 _____ Your age
 Cause _____

_____ Father died
 _____ Your age
 Cause _____

_____ Important person died (who _____)
 _____ Your age
 Cause _____

C. Did your parents ever do any of the following? (Check all that apply)

_____ Threaten divorce or separation even though they didn't do it
 _____ Mother
 _____ Father
 _____ other (who _____)

_____ Threaten suicide
 _____ Mother
 _____ Father
 _____ other (who _____)

_____ Threaten to call the police or others to come and get you
 _____ Mother
 _____ Father
 _____ other (who _____)

_____ Threaten to leave you someplace if you didn't behave

_____ Mother
 _____ Father
 _____ other (who _____)

_____ Threaten to send you to a foster home, juvenile hall or similar place.

_____ Mother
 _____ Father
 _____ other (who _____)

_____ Threaten to send you to live with relatives

_____ Mother
 _____ Father
 _____ other (who _____)

_____ Threaten to spank/beat you with belt, switch, brush or other

_____ Mother
 _____ Father
 _____ other (who _____)

_____ Did your parents use punishment such as spanking, belt, switch brush, or other.

_____ Mother
 _____ Father
 _____ other (who _____)

D. When you were a child and had a problem:

Whom would you have liked to talk to: (Check only one)

_____ Mother
 _____ Father
 _____ Stepmother
 _____ Stepfather
 _____ Brother/Sister
 _____ Aunt/Uncle
 _____ Grandparent
 _____ Other relative (who _____)
 _____ Teacher
 _____ Friend
 _____ Priest/Minister
 _____ Community worker, scout, club leader
 _____ Other adult (who _____)

Whom did you usually go to talk with: (Check only one)

- Mother
 Father
 Stepmother
 Stepfather
 Brother/Sister
 Aunt/Uncle
 Grandparent
 Other relative (who _____)
 Teacher
 Friend
 Priest/Minister
 Community worker, scout, club leader
 Other adult (who _____)

E. If you have problems now and need help:

Whom would you like to talk to: (Check only one)

- Spouse
 Boyfriend/Girlfriend
 Mother
 Father
 Stepmother
 Stepfather
 Brother/Sister
 Aunt/Uncle
 Grandparent
 Other relative (who _____)
 Teacher
 Friend
 Priest/Minister
 Doctor, Counselor
 Other adult (who _____)

Whom do you usually go to talk to: (Check only one)

- Spouse
 Boyfriend/Girlfriend
 Mother
 Father
 Stepmother
 Stepfather
 Brother/Sister
 Aunt/Uncle
 Grandparent
 Other relative (who _____)
 Teacher
 Friend
 Priest/Minister
 Doctor, Counselor
 Other adult (who _____)

APPENDIX B

SUBJECT CLASSIFICATION MODEL WITH
SEPARATION ANXIETY TEST

Figure B-1

Matrix for Classification of Subjects into Attachment Groups
Using the SAT

		ATTACHMENT SCORE		
		LOW	ADEQUATE	STRONG
I N D I V I D U A T I O N Q U A S A C T O R E	LOW	LOW LOW Disturbed Attachment Pattern	LOW NOT USED ADEQUATE	LOW STRONG Disturbed Attachment Pattern
	ADEQUATE	ADEQUATE NOT USED LOW	ADEQUATE ADEQUATE Nondisturbed	ADEQUATE STRONG
	STRONG	STRONG LOW Disturbed Attachment Pattern	Attachment Patterns STRONG ADEQUATE	STRONG STRONG

ATTACHMENT STYLE MATRIX

APPENDIX C

SINGLE ITEM ROMANTIC ATTACHMENT SCALE

Instructions: Please place a check next to the single alternative that best describes how you feel in close relationships.

a. _____ I am somewhat uncomfortable being close to others; I find it difficult to trust them completely, difficult to allow myself to depend on them. I am nervous when anyone gets too close, and often, love partners want me to be more intimate than I feel comfortable being.

b. _____ I find that others are reluctant to get as close as I would like. I often worry that my partner doesn't really love me or won't want to stay with me. I want to get very close to my partner, and this sometimes scares people away.

c. _____ I find it relatively easy to get close to others and am comfortable depending on them. I don't often worry about being abandoned or about someone getting too close to me.

APPENDIX D

DEPENDENT MEASURES

Questionnaire

A number of questions follow which ask you to report your reaction to the videotape you have just seen. For each question you are to circle the number which best reflects your experience to the person in the tape. There are no right answers.

I. Below you will see a list of words followed by numbers (0 to 6). You are to indicate which word represents your reaction after watching the tape. Circle the number which represents your reaction. (0=not at all like my reaction; 3=somewhat like my reaction; 6=extremely like my reaction).

1. Aggravated	0	1	2	3	4	5	6
2. Concerned	0	1	2	3	4	5	6
3. Sad	0	1	2	3	4	5	6
4. Interested	0	1	2	3	4	5	6
5. Impatient	0	1	2	3	4	5	6
6. Upset	0	1	2	3	4	5	6
7. Happy	0	1	2	3	4	5	6
8. Angry	0	1	2	3	4	5	6
9. Disgusted	0	1	2	3	4	5	6
10. Anxious	0	1	2	3	4	5	6
11. Depressed	0	1	2	3	4	5	6
12. Irritated	0	1	2	3	4	5	6

"As I watched the tape, I found myself thinking about:

13. experiences from my past.

0 1 2 3 4 5 6

14. what's going on in my life right now.

0 1 2 3 4 5 6

II. The following pairs of words indicate possible responses to the question "How do you think the person in the tape would be like if you got to know her?" Circle the number which best represents your reaction. (0=most like the word on the left; 3=equally like both words; 6=most like the word on the right)

- | | | | | | | | | |
|-----------------|---|---|---|---|---|---|---|---------------|
| 15. Comfortable | 0 | 1 | 2 | 3 | 4 | 5 | 6 | Uncomfortable |
| 16. Annoying | 0 | 1 | 2 | 3 | 4 | 5 | 6 | Pleasing |
| 17. Active | 0 | 1 | 2 | 3 | 4 | 5 | 6 | Passive |
| 18. Cold | 0 | 1 | 2 | 3 | 4 | 5 | 6 | Warm |
| 19. Shallow | 0 | 1 | 2 | 3 | 4 | 5 | 6 | Deep |
| 20. Unpleasant | 0 | 1 | 2 | 3 | 4 | 5 | 6 | Pleasant |
| 21. Weak | 0 | 1 | 2 | 3 | 4 | 5 | 6 | Powerful |
| 22. Tense | 0 | 1 | 2 | 3 | 4 | 5 | 6 | Relaxed |
| 23. High | 0 | 1 | 2 | 3 | 4 | 5 | 6 | Low |
| 24. Bad | 0 | 1 | 2 | 3 | 4 | 5 | 6 | Good |
| 25. Happy | 0 | 1 | 2 | 3 | 4 | 5 | 6 | Sad |
| 26. Negative | 0 | 1 | 2 | 3 | 4 | 5 | 6 | Positive |

III. Indicate your agreement with the following statements. As before circle the number which best represents your feelings. (0=completely disagree 3=neither agree or disagree; 6=completely agree)

27. I would like to have this person as a fellow student.

0 1 2 3 4 5 6

28. I would like this person to marry a close relative of mine.

0 1 2 3 4 5 6

29. I would like to sit next to this person on a 3-hour bus trip.

0 1 2 3 4 5 6

30. I would like to have this person as a roommate.

0 1 2 3 4 5 6

31. I would like to have a close relationship with this person.

0 1 2 3 4 5 6

32. I would like to have this person as a coworker.

0 1 2 3 4 5 6

33. I would like to have this person as a close friend.

0 1 2 3 4 5 6

34. I would like to visit this person's house.

0 1 2 3 4 5 6

35. Indicate how much time you would be willing to spend with this person if she asked you for help.

- 0 No time at all.
- 1 15 min.
- 2 15-30 min.
- 3 30-45 min.
- 4 45 -60 min.
- 5 more than 60 min.

APPENDIX E

EXPERIMENTAL SCRIPTS

DEPRESSIVE SCRIPT

My son Robbie died a year ago. When they told me about the accident, I felt as if I was in the middle of a dream that would end. I was confused and needed direction badly. The next week is just a blur. I don't know how I got through it. The funeral, the burial, it was just too much.

The initial numbness has given way to deep despair and depression. A part of me just doesn't want to go on living. There is no escaping the hurt, the sadness, the loneliness of having lost Robbie. I spend hours just sitting, sometimes crying, sometimes just staring. I cry for days on end. I have trouble taking care of even the simplest activities of daily living. I go for days without bathing, not even getting out of my robe. All that exists is blackness.

Following Robbie's death I've had trouble sleeping. I just lie awake, feeling depressed and alone. For weeks I'll toss and turn all night, not able to get to sleep. Food doesn't taste good to me. I have had no appetite and have lost a lot of weight. I've had trouble concentrating on anything besides my loss. Things I used to enjoy are no longer interesting to me. I remember trying to work in my garden one day, something which I did daily before Robbie's death. But I just ended up sitting and crying because he would not be there to see the flowers that grew. So I just gave up and went back inside.

Awhile ago I thought about taking my own life. It all just seemed so hopeless. I felt like the worst parent who ever lived. How could a mother allow her child to die. Other mothers' children were still alive. What had I done to cause this loss. I never really came close to killing myself, I couldn't do that to my husband. But being so depressed, I didn't know what else to do.

The thing which keeps coming back to me is the overwhelming sense of loss. Loss of my son, loss of my family, loss of myself. The sense of loss is always with me. I wake up each day with it and go to bed at night feeling it. No amount of reason or sympathy will diminish it. It's like an ache down deep inside, which is taking my breath away at times. Even now, I find myself sitting with tears in my eyes, feeling depressed.

I'm still having a hard time dealing with my loss. Although I've started to see some of my old friends again, I can't seem to have a good time. I am so aware of the future that could have been but that is now lost to me. Memories of Robbie sometimes bring happiness but usually make me feel lost and alone. My husband and I have not found a way to help each other, leaving us living separate lives in our own home. I'm trying to go on with my life, but can't forget the son who is no longer with me.

LOSS SCRIPT

My son Robbie died a year ago. When they told me about the accident, I felt as if I was in the middle of a dream that would end. I was confused and needed direction badly. The next week is just a blur. I don't know how I got through it. The funeral, the burial, it was just too much.

As time has gone by, people have called less and I'm left alone to face the absence of my son. The house is so quiet and lonely. It feels as if a hole exists which can't be filled up. I remember one day thinking I had to hurry to get dinner ready, as Robbie would be home from school soon. When I realized he wasn't coming, I began to understand the separation caused by Robbie's death is permanent. I will never need to make dinner for him again. I really miss making those dinners. Family life as I have known it is over. No amount of wishing can bring it back. There doesn't seem to be anything to replace the plans I've lost.

A few friends continued to visit for a while. They seemed uncomfortable, not knowing what to say. After awhile, they didn't come to see me. This has only served to increase my sense of loneliness. It seems I not only lost my son, but my friends, too. My husband and I talk less, choosing to sit in our own empty silences. More and more I feel isolated, alone, without support. I seem deprived of the needs of life.

Recently, I've come to realize my efforts to get Robbie back are hopeless. No amount of wishing is going to replace what I've lost. The connection I feel for my son is still strong but rests only on memories. It's as if I lost a part of myself along with Robbie--the part of me which loved and cared for my son. I have nothing to replace this part. It will remain unfulfilled for the rest of my life.

The thing which keeps coming back to me is the overwhelming sense of loss. Loss of my son, loss of my family, loss of myself. The sense of loss is always with me. I wake up each day with it and go to bed at night feeling it. No amount of reason or sympathy will diminish it. It's like an ache down deep inside, which is taking my breath away at times.

I'm still having a hard time dealing with my loss. Although I've started to see some of my old friends again, I can't seem to have a good time. I am so aware of the future that could have been but that is now lost to me. Memories of Robbie sometimes bring happiness, but usually make feel lost and alone. As my husband and I have not found a way to help each other, we are left living separate lives in our own home. I'm trying to go on with my life, but can't forget the son who is no longer with me.

CONTROL SCRIPT

I found out a year ago that my son Robbie was taking drugs. When I made the discovery, I felt as if I was in the middle of a dream that would end. I was confused and needed direction badly. The next week is just a blur. I don't know how I got through it. The calls, the questions, it was just too much.

The initial numbness has given way to deep despair and depression. A part of me just doesn't want to go on living. There is no escaping the hurt, the sadness, the disappointment of finding out my son is taking drugs. I spend hours just sitting, sometimes crying, sometimes just staring. I cry for days on end. I have trouble taking care of even the simplest activities of daily living. I go for days without bathing, not even getting out of my robe. All that exists is blackness.

Following finding out about Robbie's problem, I've had trouble sleeping. I just lie awake, feeling depressed. For weeks I'll toss and turn all night, not able to get to sleep. Food doesn't taste good to me. I have had no appetite and have lost a lot of weight. I've had trouble concentrating on anything besides Robbie's problem. Things I use to enjoy are no longer interesting to me. I remember trying to work in my garden one day, something which I did daily before this happened. But I just ended up sitting and crying. So I just gave up and went back inside.

For awhile I thought about taking my own life. It all just seemed so hopeless. I felt like the worst parent who ever lived. How could a mother allow her child to take drugs. What had I done to cause this loss. I never really came close to killing myself, I couldn't do that to my husband. But being so depressed, I didn't know what else to do.

Finally, we've made the decision to have Robbie placed in a treatment program at a local hospital. Since he refuses to enter treatment himself, we'll have to sign him in against his will. It is the hardest decision I've ever had to make. It feel like I'm betraying my own son. The knowledge that it's for his own good doesn't help very much. Robbie keeps saying he will never forgive us and how he will run away. I really have to fight to do the right thing.

The thing which keeps coming back to me is the overwhelming sense of struggle. Struggling for my son, my family, myself. It is as if I am always battling for something. I wake up each day with it and go to bed at night feeling it. No amount of reason or effort seem to help. It's like an ache down deep inside, taking my breath away at times.

I'm still having a difficult struggle dealing with

Robbie's problem. My husband and I still have terrible arguments about how to best help him. Robbie continues to deny he has a problem with drugs, which scares me. I find it hard to understand how he can ignore the facts. Reaching him is the most important and most difficult challenge I have to face.

APPENDIX F

LETTER TO PARTICIPANTS

LETTER TO PARTICIPANTS

Dear Participant:

In recent years there has been a great deal of interest in how people react to other people. In particular, researchers have been interested in how many of the attitudes and beliefs we learn in our own families while growing up may affect the way we go about evaluating other people. It is the purpose of this study to investigate how our early beliefs and attitudes affect our evaluations of others.

If you choose to participate in this study, your answers will be kept confidential. There are no right and wrong answers to any of the questions in the study. I am interested in how a group as a whole responds, not your individual scores. Please do not put your name anywhere besides the consent form which follows this letter.

The questionnaires each contain instructions which are self-explanatory. Please answer as quickly and honestly as you can and please ANSWER EVERY QUESTION. If you choose to do so, you may withdraw from the study at any time. There will be no risks involved in the study, and it is hoped that the results will aid counselors and researchers in their understanding of how people go about evaluating others.

A consent form is attached following this letter. Please read it and sign if you wish to participate. If you have any questions, ask the researcher who is present.

THANK YOU FOR YOUR PARTICIPATION

Tom Wilhite
Vicki L. Campbell Ph. D.
University of North Texas
Department of Counseling Psychology

APPENDIX G

INFORMED CONSENT FORM

INFORMED CONSENT

The purpose of this research is to study how early beliefs and attitudes about relationships may affect the way students go about evaluating others. I hereby give my consent to participate in the study, which will involve the following:

Completing questionnaires about my reactions to children in different situations and relationships. Completing questionnaires on my early childhood experiences.
Viewing and rating a videotaped statement by a person.

I have heard a clear explanation and understand the nature of the procedure as well as the discomforts involved and the possibility of complications which might arise. I have read/heard a clear explanation and understand the benefits which might be expected. I understand that the study is for research purposes and that I may withdraw my consent of participation at any time.

With my understanding of this, having received this information and satisfactory answers to the questions I have asked, I voluntarily consent to participate in the study.

This research is being conducted under the supervision of Vicki L. Campbell, Ph.D., Principle Investigator

I wish to receive a summary of the results of this study:

_____ yes
_____ no

Name (print) _____

Signature _____

Date _____ Social Security Number _____

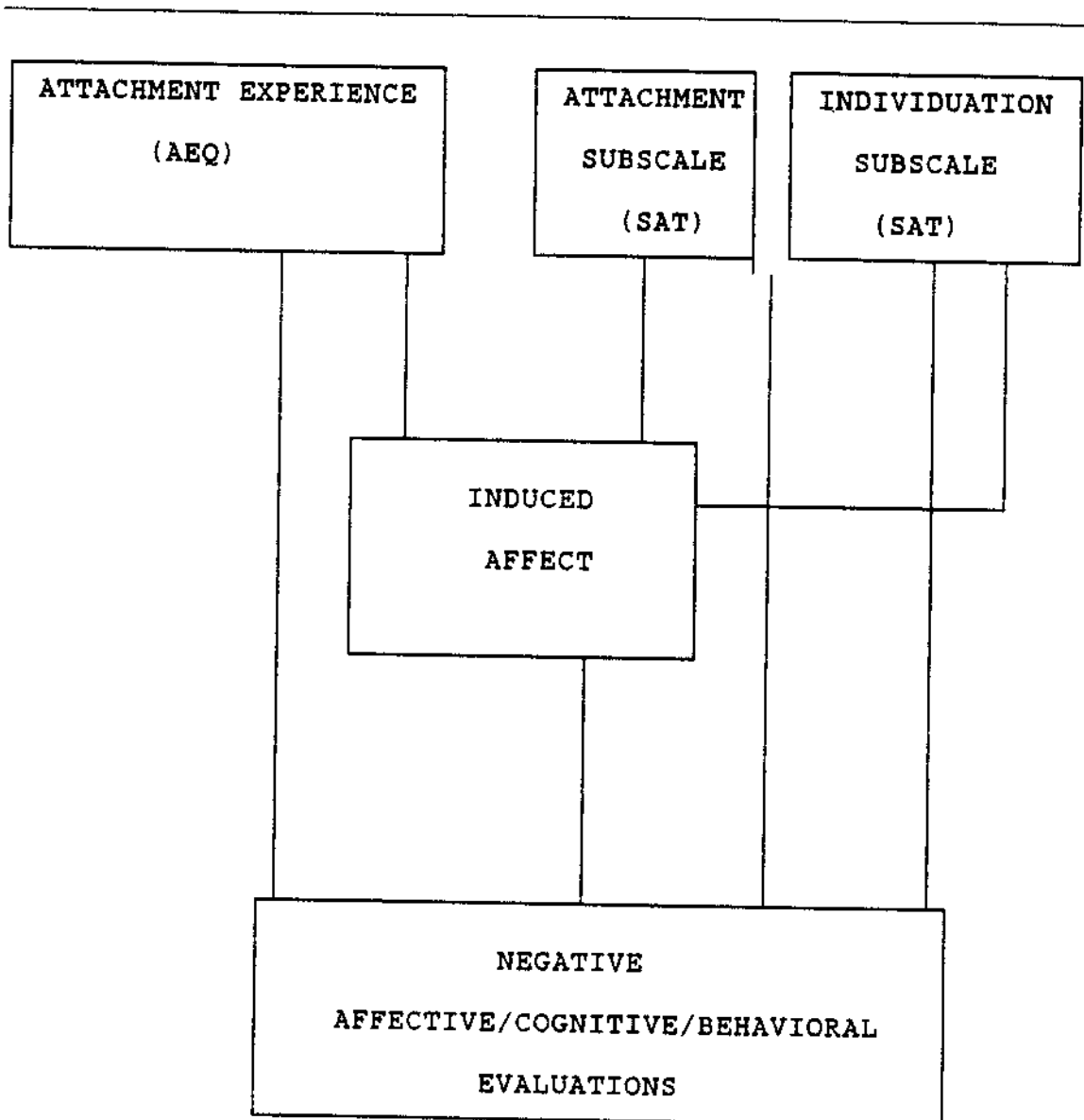
Local Address: _____ Permanent Address: _____

APPENDIX H

PICTORIAL REPRESENTATION OF PREDICTIVE MODEL

Figure H-1

Pictorial Representation of Predictive Model for AEQ, SAT,
and Induced Affect on Evaluation Scores



Note. AEQ = Attachment Experience Questionnaire; SAT = Separation Anxiety Test.

APPENDIX I

MEANS AND STANDARD DEVIATIONS FOR DEPENDENT
VARIABLES BY ATTACHMENT GROUPING,
GENDER, AND TAPE

Means and Standard Deviations of Dependent Variables by AEO Grouping, Gender, and Tape

G	N	INAF	AFEV	CGEV	BHEV
<u>Few Attachment Related Experiences</u>					
M-D	7	35.43 (8.58)	29.86 (5.98)	11.86 (7.31)	3.29(1.70)
M-L	6	35.83 (9.13)	27.50(12.64)	9.67 (5.09)	4.17(1.60)
M-C	17	32.23(12.27)	28.41(13.52)	6.71 (9.07)	3.88(1.76)
F-D	10	29.30 (8.50)	20.50 (8.77)	8.00 (9.12)	4.30(1.25)
F-L	12	29.00(11.55)	27.58(13.85)	15.00(10.57)	4.17(1.40)
F-C	6	30.83 (9.17)	24.83 (9.33)	12.83(15.55)	3.83(1.60)
<u>Moderate Attachment Related Experiences</u>					
M-D	19	30.47(10.72)	27.63(13.28)	13.79 (9.47)	3.37(1.57)
M-L	11	28.55 (7.69)	22.36(11.83)	11.55 (9.48)	3.64(2.06)
M-C	29	33.86(12.17)	27.45(13.60)	12.31(11.83)	4.24(1.18)
F-D	17	31.88(11.29)	26.12 (7.40)	11.71 (8.92)	3.88(1.41)
F-L	19	30.63 (9.92)	24.58(11.70)	13.32(10.75)	4.42(1.07)
F-C	17	33.23(11.38)	28.71(12.73)	14.29 (9.95)	4.41(1.50)
<u>Many Attachment Related Experiences</u>					
M-D	12	33.83(11.04)	25.33(15.06)	8.67(10.83)	3.33(1.97)
M-L	8	36.25 (8.28)	23.13 (8.31)	10.75 (8.28)	4.25(1.49)
M-C	10	39.50 (9.14)	20.90 (6.51)	5.80 (7.83)	3.10(1.66)
F-D	11	29.82(11.08)	28.18 (7.97)	17.36(12.96)	4.64(0.92)
F-L	16	31.50 (8.56)	25.00 (9.69)	11.13 (8.63)	4.50(0.89)
F-C	12	37.17 (6.26)	26.92(11.68)	9.67 (9.13)	4.50(1.00)

Note. AEO = Attachment Experience Questionnaire; G = Attachment Grouping; N = Number; INAF = Induced Affect Scale; AFEV = Affective Evaluation Scale; CGEV = Cognitive Evaluation Scale; BHEV = Behavioral Evaluation Scale; M = Male; F = Female; D = Depression Tape; L = Loss Tape; C = Control Tape.

Table I-2

Means and Standard Deviations of Dependent Variables by SAT Grouping, Gender, and Tape

G	N	INAF	AFEV	CGEV	BHEV
<u>Disturbed Attachment Group</u>					
M-D	12	33.25 (9.09)	27.42 (10.23)	13.67 (9.96)	3.25 (1.35)
M-L	5	25.80 (7.98)	26.00 (12.39)	11.80 (8.92)	4.60 (0.89)
M-C	22	32.81 (15.18)	28.86 (12.64)	11.95 (12.90)	4.36 (1.26)
F-D	12	29.83 (9.70)	24.33 (8.57)	12.17 (10.86)	4.42 (1.16)
F-L	12	28.58 (8.23)	23.83 (8.23)	10.67 (7.22)	4.58 (0.67)
F-C	12	30.50 (10.73)	24.00 (8.59)	11.25 (9.72)	4.42 (0.99)
<u>Nondisturbed Attachment Group</u>					
M-D	15	27.53 (9.27)	26.73 (12.88)	13.33 (8.05)	3.80 (1.52)
M-L	9	35.33 (9.70)	20.22 (10.72)	8.33 (7.18)	3.44 (2.35)
M-C	13	32.77 (10.90)	19.62 (11.62)	6.00 (8.25)	3.77 (1.74)
F-D	13	28.77 (8.51)	24.23 (8.06)	10.38 (8.29)	3.69 (1.32)
F-L	16	30.88 (9.86)	28.63 (13.28)	14.69 (12.84)	4.56 (0.89)
F-C	11	36.45 (8.27)	29.90 (15.32)	11.91 (13.04)	3.64 (2.01)

Note. SAT = Separation Anxiety Test; G = Grouping; N = Number; INAF = Induced Affect Scale; AFEV = Affective Evaluation Scale; CGEV = Cognitive Evaluation Scale; BHEV = Behavioral Evaluation Scale; M = Male; F = Female; D = Depression Tape; L = Loss Tape; C = Control Tape.

APPENDIX J

RESPONSE FREQUENCIES OF INDUCED AFFECT ITEMS
BY TAPE

Table J-1

Means of Induced Affect Items By Tape

Item/Tape	Depressed	Loss	Control
Aggravated	1.80a	1.68a	2.63b
Concerned*	2.34	2.17	2.19
Sad	4.47a	4.45a	3.41b
Interested*	3.08a	2.83	2.68b
Impatient	1.92a	2.28a	2.75b
Upset	3.10a	3.21a	2.71b
Happy*	5.68	5.86	5.82
Angry	1.42a	1.62a	2.53b
Disgusted	1.29a	1.27a	2.64b
Anxious	1.33a	1.32a	1.89b
Depressed	2.99a	3.20a	1.97b
Irritated	2.09a	1.86a	3.09b

Note. Means with different letters are significantly different from each other.

* Scoring: 6 = 0; 0 = 6.

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