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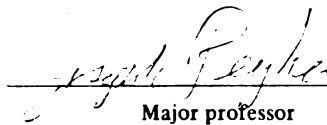


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SEPARATION-INDIVIDUATION, OEDIPAL INTENSITY AND
GRIEF IN ADULTS FOLLOWING DEATH OF THE MOTHER

By

Lisa Suzanne Cowden

A THESIS

Submitted to
Michigan State University
in partial fulfillment of the requirements
for the degree of

MASTER OF ARTS

Department of Psychology

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ABSTRACT

SEPARATION-INDIVIDUATION, OEDIPAL INTENSITY AND GRIEF IN ADULTS FOLLOWING DEATH OF THE MOTHER

By

Lisa Suzanne Cowden

Unresolved grief was predicted to be associated with unsatisfactory separation-individuation relationships with mothers, high Oedipal intensity in females, and splitting of the mother's image. Twenty-four undergraduate psychology class students whose mothers had died in the last five years completed the Unresolved Grief Inventory (UGI) and were administered modified Blacky Pictures which were designed to tap separation-individuation issues and Oedipal intensity. Priming cards were used to induce splitting of the mother's image.

None of the hypotheses were corroborated except unsatisfactory separation-individuation relationships with mothers are associated with unresolved grief ($p < .05$), but this finding is dubious. There was a significant order effect for priming cards such that those subjects shown the bad mother priming card before the good mother one gave significantly fewer stories to the neutral cards which were rated mother's image split or a bad introject than those subjects shown the good mother priming card first ($p < .05$).

In memory of my father.

ACKNOWLEDGEMENTS

I would like to thank my committee chairperson, Dr. Joseph Reyher, for his inspiration and encouragement. He invested a lot of time and thought into the development of my project. I would like to extend my gratitude to my other committee members, Dr. Norman Abeles and Dr. Bertram Karon for their assistance and input.

I would also like to thank someone very special to me, George Ankuta, for his continuous support and understanding through difficult times. Finally, I would like to express my appreciation to my friends and family in Seattle.

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Introduction

Little research has been done to explore the responses of adults to the death of a parent. Even though this is a frequent and anticipated event, it may leave the survivor vulnerable to the development of serious psychological disorders (Birtchnell, 1970a). Both grief and mourning are idiosyncratic responses to loss encompassing a wide range of feelings and behaviors. Likewise, the length of time spent in accepting and adjusting to loss varies across individuals.

Lindemann (1944) described normal grief as being primarily characterized by somatic distress, guilt, hostility, a preoccupation with the image of the deceased, and a loss of usual patterns of conduct. He concluded that grief is resolved by releasing one's self from conflicts or binding roles related to the deceased, by readjusting to an environment in which the deceased is missing, and by forming new relationships. Lampl-De Groot (1983) hypothesized that progression of the mourning process can primarily be determined by a person's ability to overcome unconscious guilt feelings and a need for punishment due to repressed infantile death wishes toward the parent, the overcoming of

survivor guilt (eg. the parent died instead of the child), and the ability to sublimate destructive impulses into constructive activities.

Malinak, Hoyt and Patterson (1979) concluded from their study that strong ambivalent feelings toward a recently deceased parent interferes with the mourning process. The death of someone close to the survivor may reactivate early conflicted self-images and role relationship models (eg. mother-child, or father-child relationships) which can retard or arrest the grieving process (Horowitz, Wilner, Marmar & Krupnick, 1980; Kaltreider, Becker, & Horowitz, 1984). In their study of psychiatric patients having pathological grief reactions as determined by their therapists, Horowitz et al. (1980) found that certain early relationship models correspond with particular grief reactions. Subjects having a frighteningly sad response to the loss tended to have had an early weak self-image in a dependent role with either a strong, hurting other, or a lost or abandoning other. Anger responses seemed to be related to an early needy self-image in which the individual felt abandoned and betrayed by the other. Guilt ridden subjects tended to view themselves as destructive, evil persons. Complementary to these findings, Zisook, Schuchter and Schuckit (1985) found difficulty in past relationships with the mother to be significantly related to the incidence of self-reported unresolved grief following the death of a first-degree relative.

The primary purpose of this study is to explore the relationship between early unresolved ambivalence toward the mother, and unresolved grief in adults in response to the death of the mother. Mahler's (Mahler, Pine & Bergman, 1975) separation-individuation theory (Appendix A) traces the primary roots of perpetual ambivalence to how the mother responds to her child during the separation-individuation process, particularly during the rapprochement crisis which occurs when the child is about 18 months old. During this stage, children's ambivalent feelings toward the mother peak- a fear of engulfment combined with a desire for reunion. Children's behavior demonstrates these conflicting feelings by alternating between shadowing the mother and darting away from her.

It is important during this developmental period for mothers to be emotionally available for their children, express love for them, and accept their ambivalence. Mothers' supportive and loving attitudes help children to neutralize aggressive drive. The establishment of emotional object constancy is dependent on the child having a satisfactory object relationship (Hartmann, 1952), which Mahler believed led to the internalization of a stable, positively cathected image of the mother. This allows children to feel more secure and comfortable when separated from the mother because she can be substituted for by an inner maternal image. Object constancy also involves the ability to integrate the good and bad object into one

unified internal representation. This encourages the fusion of libidinal and aggressive drives thereby neutralizing hatred for the object during periods of extreme aggressiveness.

Unfortunately, some mothers cannot tolerate their children's demanding behavior, and push them away, while others have difficulty allowing separation. Splitting of the object world into good and bad representations may take place as a result. When intrapsychic awareness of separateness from the mother occurs too rapidly or too slowly, maturation of the ego is retarded. The mother's representation may remain an unassimilated bad introject, and children may try to eject this bad introject through the use of aggressive drive. However, this aggressiveness may instead result in the ejection of the good object along with the good self-representation, leaving only the bad introject to identify with (Mahler, 1971).

Extrapolating from Mahler's theory, when the rapprochement crisis has not been adequately resolved, and an adult's mother dies, this conflict may be reactivated such that it interferes with mourning. Severe separation anxiety may occur because there is no stable, integrated representation of the mother. Feeling abandoned by her, grown children may feel unlovable and have feelings of low self-worth. They may become depressed and even suicidal. Another possible reaction to the death is that the mother may be overidealized as a result of guilt for unneutralized

aggressive feelings toward her. The aggression may originate from anger toward her for abandonment. Her children may feel that their death wishes actually did destroy her, and they may respond with anxiety, or the aggression may be turned inward, resulting in a depressive reaction.

Mahler predicted that the outcome of developmental disturbances occurring during the rapprochement crisis could be affected by the outcome of the Oedipus complex. Freud (1915) believed that ambivalent feelings held toward a dead parent could lead to the development of melancholia. At about the age of 4 years, it is not unusual for daughters to have death wishes for their mothers. However, when an ambivalently regarded mother dies, these repressed feelings may be reactivated, and the daughter could as a result experience guilt, as if she had somehow willed the death.

Hypotheses

1. Unsatisfactory separation-individuation relationships with mothers are associated with unresolved grief.

2. High Oedipal intensity for females are associated with unresolved grief.

3a. For females, unsatisfactory separation-individuation relationships with mothers considered jointly with high Oedipal intensity is associated

with unresolved grief.

3b. Unresolved grief will be greater for this group than for females with only unsatisfactory separation-individuation relationships or with only high Oedipal intensity.

3c. In comparison to these 3 groups, females having neither unsatisfactory separation-individuation relationships nor high Oedipal intensity will have the lowest degree of unresolved grief.

4. Splitting is associated with unresolved grief.

5. Splitting is associated with unsatisfactory separation-individuation relationships with mothers.

6. Unresolved grief decreases as a function of time since the mother's death.

Method

Subjects

The 24 subjects were all Michigan State University students enrolled in undergraduate psychology classes. Seventeen of the subjects were recruited from introductory psychology classes and received class credit for their participation. The remaining subjects were taken from upper level psychology classes and received \$3. It was decided that these two groups would be combined if they did not differ on critical variables. The mean age of the subjects was 22.42 years, with a standard deviation of 8.20 and a range from 17.92 to 56.92 years. The average time elapsed since the mother's death was 2.77 years, with a standard deviation of 1.33 and a range from .33 to 4.83 years. There were 7 males and 17 females. The consent form is in Appendix B.

Instruments

Instruments designed to measure separation-individuation are rare, particularly those

meant for use with adults (Levine, Green & Millon, 1986; Moelis, Wright & Fisher, 1977). For this study, eight new Blacky Pictures¹ were developed based on Mahler's separation-individuation theory. They were designed to tap a subject's fear of rejection or engulfment in the preoedipal relationship with the mother. Also, Blum's (1950) Oedipal intensity card was redrawn. Blum developed the original Blacky Pictures to assess progression through Freud's psychosexual stages. He thought that using animals instead of humans as characters would reduce resistance by putting more conscious distance between subjects and the conflicts that they unwittingly revealed in their stories. Figures 1 and 2 show the ten Blacky cards used in this part of the study.

Standardized measures meant to assess progression through the mourning process and the related development of maladaptive behavior are relatively new research and clinical tools (Faschingbauer, Devaul & Zisook, 1977; Sanders, Mauger & Strong, 1980; Kaltreider, DeWitt, Weiss & Horowitz, 1981; Jacobs, Kosten, Kasl, Ostfeld, Berkman & Charpentier, 1987). The Unresolved Grief Inventory (UGI) was developed for this study to measure unresolved grief. It consists of 50 questions derived from unresolved grief

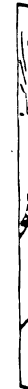
¹Adapted from The blacky pictures: A technique for the exploration of personality dynamics by Gerald Blum. Copyright 1950 by The Psychological Corporation. Adapted by permission.

Figure

Cast



2.

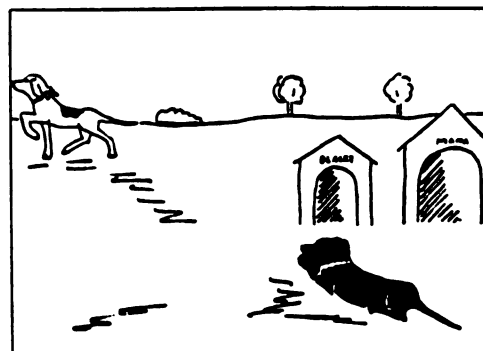


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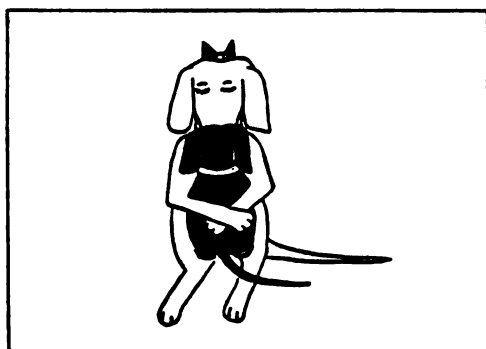
Figure 1.

Cast of Characters and Separation-Individuation Blacky Cards

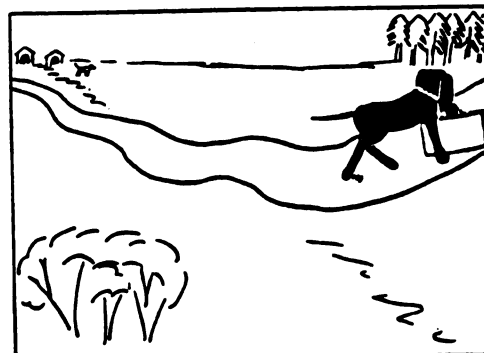
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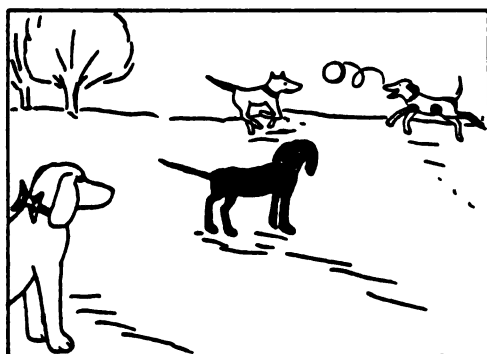
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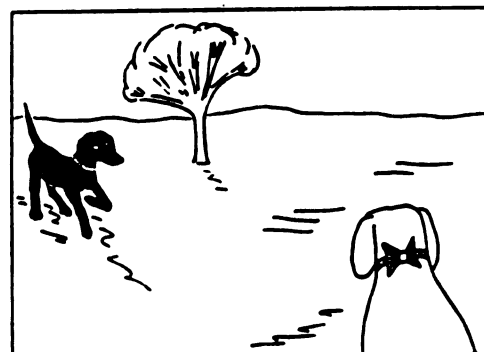
2. Separation-Individuation



3. Separation-Individuation



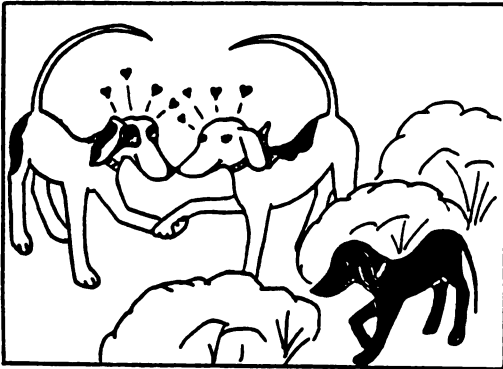
4. Separation-Individuation



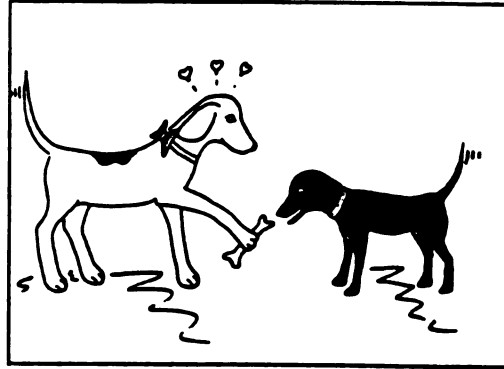
5. Separation-Individuation

Figure 2

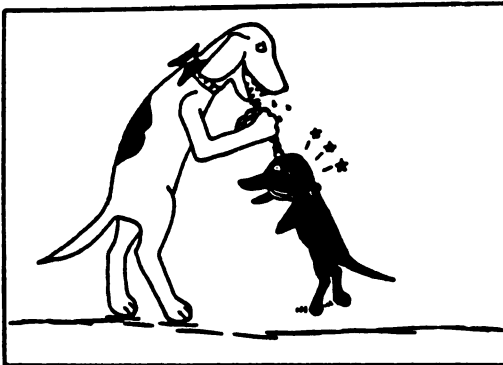
Oedipal Intensity and Splitting Blacky Cards



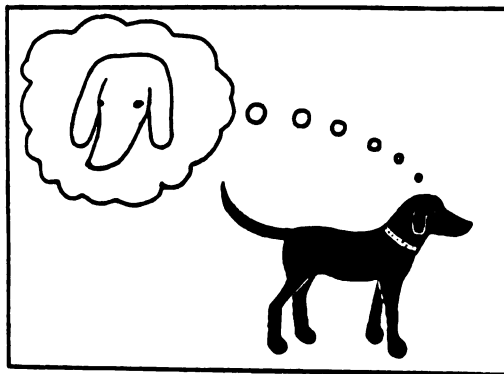
6. Oedipal Intensity



7. Splitting: Good Mother



8. Splitting: Bad Mother



9. Splitting: Neutral Mother

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symptoms suggested in papers by Freud (1915), Lindemann (1944), Anderson (1949), Bowlby (1969), Volkan (1970), and Wahl (1970) (Appendix C). The UGI (Appendix D) was constructed such that if every item was marked true, or every item was marked false, a subject would receive an intermediate score of 25. Unresolved grief scores could range from 0 to 50. The UGI has a number of advantages: it combines the observations of several prominent theorists and researchers; the questions were derived from symptoms for unresolved grief opposed to normal grief; it is of moderate length, and it gives one global score for unresolved grief.

Procedure

Subjects were seen individually by the investigator and asked to tell a story about Blacky Picture cards. The cards were shown in one of the two following orders: 1, 2, 3, 4, 5, 6, 7, 9, 8, 9; or 1, 2, 3, 4, 5, 6, 8, 9, 7, 9. Notice that card 9 was shown twice. This particular order was selected to counterbalance administration of priming cards 7 and 8. The instructions given to the subjects were:

I've got some cartoons here that I'll be showing you. They're like the comics in the newspaper except there's no words to go along with the pictures. This is a test of your imagination. So what I want you to do is to make up a

story for each cartoon. Tell me what's happening in the picture-what the characters are doing and how they're feeling. Before we start, here's the characters who appear in the comic strip (examiner shows subject the cast of characters card). This (examiner points) is Papa, Mama, Tippy and the son/daughter Blacky who is the main character in the cartoons. I'll leave this one over here for you to look at if you want to.

Each card was presented to subjects with a prompt. Subjects were allowed as much time as they needed to tell each story and were not interrupted. If the story was extremely short (2 or 3 sentences) or the material given did not comply with what was asked for in the instructions, then nonleading probes were used: eg. Can you tell me more?

How is Blacky feeling? What do you think is happening? etc. Subjects' stories were recorded and later transcribed.

Administration of the Blacky Pictures was counterbalanced with the UGI. Subjects were allowed as much time as needed to complete the questionnaire.

Scoring the Blacky Stories

Two independent raters scored the Blacky stories (Appendix E). Raters were blind to individual subjects' UGI scores. In the cases of discordant ratings, the investigator made final rating decisions. In such

instances, the investigator was blind to subjects' scores and ratings for other variables. All of the Blacky stories except for those generated from cards 6, 7, 8 and 9 were scored individually for unsatisfactory separation-individuation relationships with the mother by using Karon's Pathogenesis Revised Scoring Criteria (unpublished manuscript) (Appendix F). This system was originally used in a study linking schizophrenic men with pathogenic mothers (Meyer & Karon, 1967). The present study broadens the use of this system by rating the offspring instead of the mothers. This scoring system was selected because these particular Blacky Pictures were designed to elicit responses in sensitive subjects representative of an unsatisfactory separation-individuation relationship in which the mother did not make her child's needs to be close to her, distant from her, or different from her a priority over her own needs.

All of cards 1 through 5 depicted both a puppy, Blacky, and a mother dog, Mama. Prompts were nondirective, only identifying the characters' presence in the pictures. For a story to be scored pathogenic, Mama would not be taking Blacky's needs into account. For a story to be scored benign, Mama would be taking Blacky's needs into account. Stories in which a determination could not be made about whether or not Blacky's needs had been taken into account, were rated non-scorable. A Pathogenesis

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Index score, a proportion, was determined for each subject by dividing the number of pathogenic stories by the number of stories which could be rated as either pathogenic or benign. Non-scorable stories were not included in the Pathogenesis Index calculations.

Stories from card 6 were rated for Oedipal intensity according to Blum's spontaneous story scoring system. Stories to this card were either rated strong, which is indicative of a highly unresolved Oedipus or Electra complex, or stories could be rated not strong, which is indicative of satisfactorily resolved Oedipus or Electra complex.

Stories from priming cards 7 and 8 were not rated. Using Reyher-Cowden's scoring system, stories to card 9, the neutral card, were rated either good mother, bad mother, or ambiguous mother (Appendix G). For each subject, the two stories given to the two card 9's were combined to measure the mother's image as being split, a bad introject, or stable and positively cathected introject. Splitting was elicited in those subjects sensitive to the mechanism by showing the same neutrally toned card of the mother dog twice-- once after showing a benevolent, loving picture of her, and another time after showing a malevolent, hateful picture of her. Provocative prompts accompanied these two cards. For the bad mother card, the prompt was: here's Mama

showing how much she loves Blacky.

Splitting was judged to have occurred in those subjects who described a good mother in regards to Mama's behavior, personality, being, etc. in response to one neutral card and a bad mother for the other one. Subjects for which both stories were rated as being representative of a bad mother were determined to be expressing the mother's image as a bad introject. When both stories were rated good mother, then the mother's image was determined to be stable and positively cathected.

As instructed in The Blacky Pictures manual (Blum, 1950), interpretation of all the stories was psychodynamically oriented with more emphasis placed on latent rather than manifest content. The use of ego defense mechanisms, symbolism, and slips were noted as were affective reactions.

Results

Split-half reliability of the UGI was .86. Coefficient alpha was .81. Four items were not used in the calculations because they were not differentially responded to by subjects. These were items 11, 13, 23 and 42, which were all endorsed nonsymptomatically. Table 1 gives item-total correlations. Reliability coefficient kappa (Cohen, 1960) was calculated for each of the three Blacky Pictures rating systems: Reyher-Cowden's Splitting, Blum's Oedipal Intensity, and Karon's Pathogenesis. As Table 2 shows, the degree of agreement between raters for all three systems was significant, $p < .01$.

One of the Mahler based cards, number 9, was designed in the absence of priming to elicit a neutral or nonjudgmental, unaffactive response as a stimulus to prompt the projection of a split maternal image. Thirty students on campus, 14 females and 12 males, were approached, shown card 9, and asked: would you consider the mood of this picture to be positive, negative or neutral. The order of mood labels was rotated from subject to subject. Forty-seven percent rated the card neutral, 33% positive, and 20% negative. In light of the slight proclivity of positive over negative ratings, it is noted that card 9 could be slightly biased toward

Table 1

UGI Item-Total Correlations and Alphas when Individual Items are Deleted

| Item | r | Alpha | Item | r | Alpha |
|------|------|-------|------|------|-------|
| 1 | .05 | .82 | 26 | .00 | .81 |
| 2 | .00 | .81 | 27 | .05 | .81 |
| 3 | .53 | .80 | 28 | .26 | .81 |
| 4 | .34 | .81 | 29 | .19 | .81 |
| 5 | .57 | .80 | 30 | .48 | .80 |
| 6 | .00 | .81 | 31 | .30 | .81 |
| 7 | .55 | .81 | 32 | .51 | .80 |
| 8 | .35 | .81 | 33 | .35 | .81 |
| 9 | .27 | .81 | 34 | .03 | .82 |
| 10 | -.20 | .82 | 35 | .52 | .80 |
| 11 | * | * | 36 | .41 | .81 |
| 12 | .15 | .81 | 37 | .39 | .80 |
| 13 | * | * | 38 | .38 | .80 |
| 14 | .11 | .81 | 39 | .36 | .81 |
| 15 | -.02 | .82 | 40 | .34 | .81 |
| 16 | -.22 | .83 | 41 | .59 | .80 |
| 17 | .16 | .81 | 42 | * | * |
| 18 | .43 | .80 | 43 | -.00 | .82 |
| 19 | .48 | .80 | 44 | .15 | .81 |
| 20 | .59 | .80 | 45 | .29 | .81 |
| 21 | .22 | .81 | 46 | .12 | .82 |
| 22 | .37 | .81 | 47 | .26 | .81 |
| 23 | * | * | 48 | .58 | .80 |
| 24 | .50 | .80 | 49 | .22 | .81 |
| 25 | .54 | .80 | 50 | .35 | .81 |

* All subjects endorsed item non-symptomatically.

pulling for positively toned stories.

Table 2

Kappas for Blacky Card Scoring Systems

| <u>Scoring System</u> | <u>N</u> | <u>Po</u> | <u>Pc</u> | <u>Km</u> | <u>Kappa</u> | <u>z</u> |
|---------------------------|----------|-----------|-----------|-----------|--------------|----------|
| Reyher-Cowden's Splitting | 48 | .80 | .35 | .85 | .69 | 6.27** |
| Blum's Oedipal Intensity | 17 | .89 | .59 | 1.00 | .73 | 2.52* |
| Karon's Pathogenesis | 120 | .73 | .39 | .97 | .58 | 8.29** |

*p < .01

**p < .001

Note. Po is the proportion of agreement between raters. Pc is the proportion of agreement by chance. Km is the maximum possible value of Kappa as determined by marginal distributions.

Administration of the Blacky Pictures and UGI were counterbalanced to allow measure of possible order effects on the UGI and Pathogenesis Index. As Table 3 shows, there were no significant differences between groups on either of the dependent variables. Pathogenesis Index proportions for each subject were transformed by $2\arcsin\sqrt{x}$ (Winer, 1971) to reduce skewness and correlations between means and variances. This transformation was used in the calculation of all statistics using the Pathogenesis Index.

Table 3

UGI and Blacky Cards Order Effects on the Pathogenesis Index and UGI

| <u>Order</u> | <u>Pathogenesis Index</u> | | | | <u>UGI</u> | | |
|--------------|---------------------------|----------|-----------|----------|------------|-----------|----------|
| | <u>N</u> | <u>M</u> | <u>SD</u> | <u>t</u> | <u>M</u> | <u>SD</u> | <u>t</u> |
| UGI, Blacky | 12 | 66.92 | 46.22 | -.64 | 11.25 | 5.50 | -.67 |
| Blacky, UGI | 12 | 77.88 | 36.55 | | 12.92 | 6.23 | |

Note. None of the above means differed significantly.

The introductory psychology class students were compared with the upper level psychology students on the two dependent variables, UGI and Pathogenesis Index, to test for compatibility in combining all the subjects into one group. Table 4 demonstrates that there were no significant differences between the two groups. For subsequent data analyses, all 24 subjects were grouped together. Males and females were also compared on the UGI and Pathogenesis Index. As Table 5 shows, there were no significant differences by sex.

Hypothesis 1. - Unsatisfactory separation-individuation relationships with mothers are associated with unresolved grief- was accepted contingent upon replication.

As expected, a positive Pearson's correlation was

Table 4

Pathogenesis Index and UGI Means by Psychology Class

| <u>Class</u> | <u>N</u> | <u>Pathogenesis Index</u> | | | <u>UGI</u> | | |
|--------------|----------|---------------------------|-----------|----------|------------|-----------|----------|
| | | <u>M</u> | <u>SD</u> | <u>t</u> | <u>M</u> | <u>SD</u> | <u>t</u> |
| Introductory | 17 | 67.87 | 5.41 | -.84 | 11.35 | 6.51 | -.92 |
| Upper Level | 7 | 83.40 | 6.40 | | 13.86 | 4.53 | |

Note. None of the above means differed significantly.

Table 5

Pathogenesis Index and UGI Means by Sex

| <u>Sex</u> | <u>N</u> | <u>Pathogenesis Index</u> | | | <u>UGI</u> | | |
|------------|----------|---------------------------|-----------|----------|------------|-----------|----------|
| | | <u>M</u> | <u>SD</u> | <u>t</u> | <u>M</u> | <u>SD</u> | <u>t</u> |
| Females | 17 | 62.98 | 41.88 | 1.84 | 12.00 | 6.40 | .10 |
| Males | 7 | 95.27 | 30.78 | | 12.29 | 5.41 | |

Note. None of the above means differed significantly.

attained between the UGI and Pathogenesis Index, $r=.32$. However, the correlation was not significant, $p>.05$. It was expected that the 5 individual Blacky cards would all be positively correlated with the UGI. This was true for all of them with the exception of card 2. None of the correlations were significant (Table 6).

Table 6

Correlations Between the UGI and Individual Blacky Card
Pathogenesis Ratings

| <u>Card</u> | <u>r</u> |
|-------------|----------|
| 1 | .34 |
| 2 | -.18 |
| 3 | .13 |
| 4 | .25 |
| 5 | .14 |

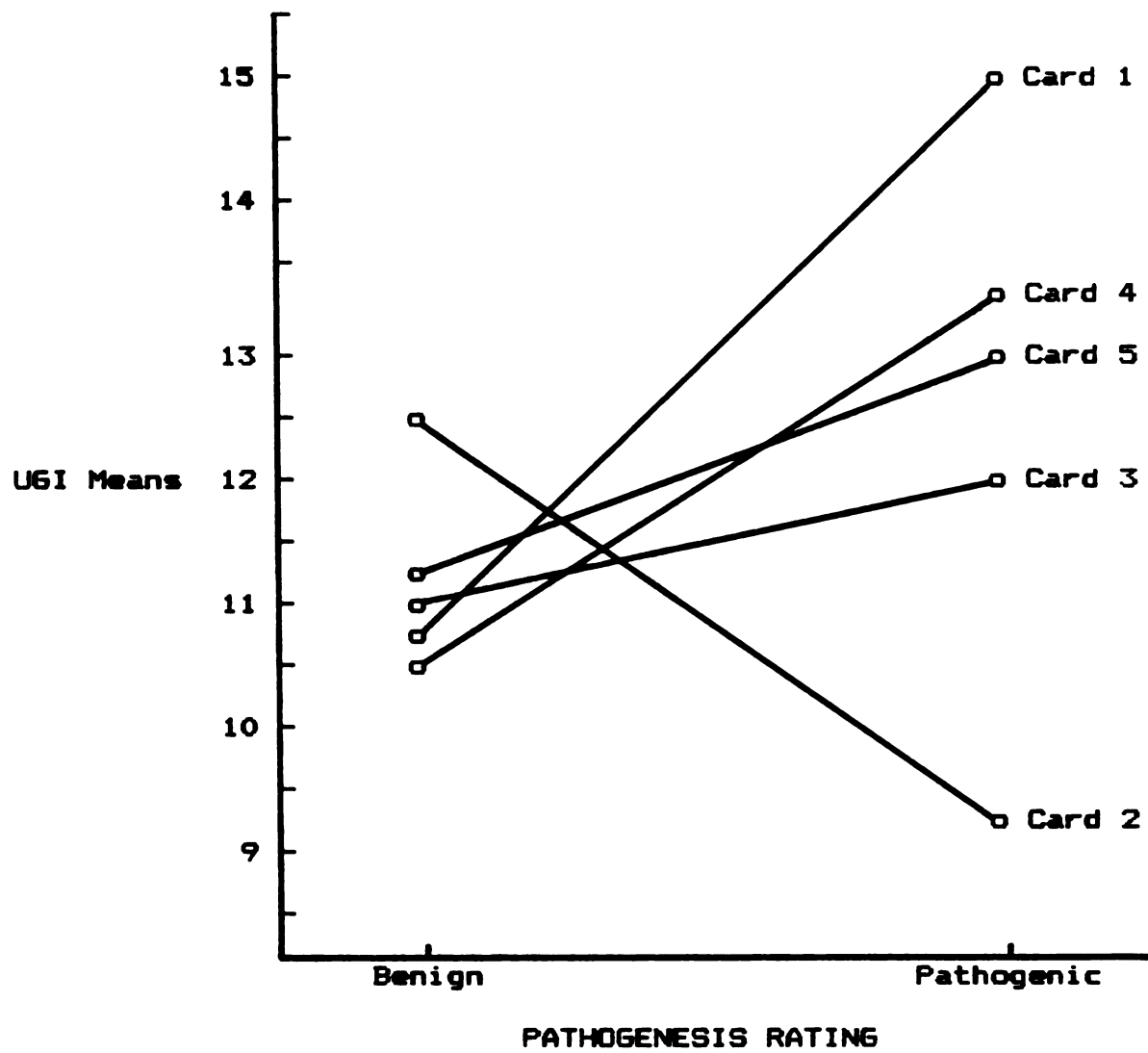
Note. None of the above correlations are significant.

Other analyses yielded no significant relationships between card 2 and the other 4 cards ². Figure 3 visually

²A t -test was performed to compare the UGI means of subjects scoring pathogenic on card 2 ($M=9.33$) to any other subjects who scored pathogenic on cards 1, 3, 4 or 5 ($M=13.30$), $t(18)=1.02$, $p>.05$. A t -test was also done to compare the UGI means of subjects scoring benign on card 2 ($M=12.48$) to any other subjects who scored benign on cards 1, 3, 4 or 5 ($M=7.50$), $t(21)=1.10$, $p>.05$.

Figure 3

UGI Means for Pathogenic and Benign Scores to Individual
Blacky Cards



demonstrates relationships between the 5 cards and the UGI. Considering that it was the only card negatively correlated with the UGI, it may be measuring different constructs than the others. Consonant with this possibility, card 2 does differ qualitatively from the other cards in that it is the only one in which Blacky and Mama are physically touching—they are embracing. This could elicit intrapsychic conflicts in subjects unrelated to Mahler's separation-individuation theory. Blacky and Mama are depicted in all of the other cards, but there is physical distance between them.

Moreover, the 3 subjects who scored pathogenic on card 2 also coincidentally received 3 out of the 5 highest Pathogenesis Index scores. The mean of their UGI scores was 9.33, below the mean of 12.08 for all the subjects, and in opposition of the prediction of Hypothesis 1. Taken jointly, the two sets of scores might be considered as outliers. Some unaccounted for conflicts unique to the 3 subjects in question and unrelated to their separation-individuation process experiences may have affected their responses, making them somehow pathogenically responsive to the cards in general and unusually in comparison to the majority of the sample, to card 2. Due to the small size of the sample for this study, aberrant responses from 3 subjects could bias the data. Throwing out card 2 and using responses to cards 1, 3, 4 and 5, would reduce the Pathogenesis Index for 2 of these subjects and increase the scores for many of the remaining subjects.

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For the foregoing reasons, card 2 was eliminated from secondary Pathogenesis Index calculations. In contrast to using all 5 cards in the Pathogenesis Index calculations, using only cards 1, 3, 4 and 5, produced a statistically significant Pearson correlation of $r=.45$, $p<.05$. This finding, however, must be replicated before a relationship is formally acknowledged. Moreover, the putative unique significance of card 2 must be explored. In this case, with respect to potential knowledge of considerable importance, the cost of a Type II error is much greater than a Type I error.

Hypothesis__2. - High Oedipal intensity in females is associated with unresolved grief- was rejected.

As expected, the mean score on the UGI of the 5 subjects rated as having given stories to card 6 of strong Oedipal intensity ($M=13.20$) was higher than the mean score of the 12 subjects whose stories were rated as being of low Oedipal intensity ($M=11.50$). However, this difference was not significant, $t(15)=.49$, $p>.05$.

Hypothesis____3a. - For females, unsatisfactory separation-individuation relationships with mothers in joint consideration with high Oedipal intensity is associated with unresolved grief- was rejected.

Table 7

UGI Means by Oedipal Intensity Combined with Pathogenicity

| Group | N | UGI | | F(3,13) |
|---|---|-------|------|---------|
| | | M | SD | |
| Strong Oedipal Intensity with high pathogenicity | 3 | 12.00 | 7.00 | .56 |
| Strong Oedipal Intensity with low pathogenicity | 2 | 15.00 | 2.83 | |
| Not strong Oedipal Intensity with high pathogenicity | 5 | 14.00 | 9.25 | |
| Not strong Oedipal Intensity with low pathogenicity | 7 | 9.71 | 1.78 | |

Note. None of the above means differed significantly.

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Hypothesis_3b. - Unresolved grief will be greater for this group than for females with only unsatisfactory separation-individuation relationships or with only high Oedipal intensity- as rejected.

Hypothesis_3c. - In comparison to these 3 groups, females having neither unsatisfactory separation-individuation relationships nor high Oedipal intensity will have the lowest degree of unresolved grief- was rejected.

As Table 7 shows, the means of the 4 groups of females were not even ordered as expected, with the strong Oedipal intensity combined with high Pathogenesis Index group ranked third over all.

Hypothesis_4. - Splitting is associated with unresolved grief- was rejected.

According to Reyher-Cowden's rating system, only 7 subjects gave a pair of stories to card 9 indicative of splitting of the mother's image. Three subjects gave stories rated as the mother's image being a bad introject, and 4 subjects' stories were judged as the mother's image being stable and positively cathected. See Table 8 for a breakdown of ratings by priming card order. Because of the small number of subjects in numerous groups: splitting, bad introject, stable and positively cathected, and amibiguous,

Table 8

Maternal Image Ratings Order Broken Down by Priming Card
Order

| <u>Priming Card Order</u> | | | |
|--------------------------------|-----------------|-----------------|--------------|
| <u>Obtained Maternal Image</u> | <u>Good-Bad</u> | <u>Bad-Good</u> | <u>Total</u> |
| <u>to Neutral Cards</u> | | | |
| Good-Bad | 6* | 0 | 6 |
| Bad-Good | 0 | 1* | 1 |
| Bad-Bad | 1 | 2 | 3 |
| Bad-Ambiguous | 1 | 0 | 1 |
| Ambiguous-Bad | 1 | 1 | 2 |
| Good-Good | 2 | 2 | 4 |
| Good-Ambiguous | 1 | 1 | 2 |
| Ambiguous-Good | 0 | 2 | 2 |
| Ambiguous-Ambiguous | 0 | 3 | 3 |
| Total | 12 | 12 | 24 |

* Splitting - obtained maternal images are congruent with priming card order.

Note. The good-bad priming card order produced more bad ($n=9$) than good or ambiguous ($n=3$) maternal image combinations, whereas the bad-good order produced fewer bad ($n=4$) than good or ambiguous ($n=8$) maternal image combinations.

subjects were combined into 2 major groups for analyses.

Mother's image split or a bad introject included all subjects who gave at least one story to card 9 which was rated bad mother. Thirteen of the subjects fit into this category. For Hypotheses 4 and 5, this group replaced the splitting group. Adding the other subgroups to the splitting group is still consistent with Mahler's separation-individuation theory. Like those subjects who split their mother's images, those whose mothers' images are bad introjects should also have had unsatisfactory separation-individuation relationships which should interfere with the grieving process. The second group is the mother's image being good or ambiguous. In this group, there is no evidence of pathological treatment of the mother's image. This includes subjects who gave no stories to card 9 which were rated bad mother. As Table 9 shows, there was no significant difference between the two groups on the UGI.

Hypothesis 5. - Splitting is associated with unsatisfactory separation-individuation relationships with mothers- was rejected.

This hypothesis was also slightly modified due to small group numbers. As predicted, the mother's image being split or a bad introject group's mean on the Pathogenesis Index was greater than that for the mother's image being good or ambiguous group, but the difference was not significant

Table 9

UGI by Mother's Image

| <u>Mother's Image</u> | <u>N</u> | <u>UGI</u> | | |
|--------------------------|----------|------------|-----------|----------|
| | | <u>M</u> | <u>SD</u> | <u>t</u> |
| Split or a bad introject | 13 | 12.85 | 6.57 | .67 |
| Good or ambiguous | 11 | 11.18 | 5.46 | |

Note. None of the above means differed significantly.

Table 10

Pathogenesis Index by Mother's Image

| <u>Mother's Image</u> | <u>N</u> | <u>Pathogenesis Index</u> | | |
|--------------------------|----------|---------------------------|-----------|----------|
| | | <u>M</u> | <u>SD</u> | <u>t</u> |
| Split or a bad introject | 13 | 79.34 | 49.61 | .89 |
| Good or ambiguous | 11 | 64.20 | 28.31 | |

Note. None of the above means differed significantly.

(Table 10).

Hypothesis 6. - Unresolved grief decreases as a function of time- was rejected.

As predicted, these variables were negatively correlated, $r = -.19$, but the relationship was not significant, $p > .05$.

Miscellaneous Variables

For subjects who reported that their mothers' deaths were expected ($N=13$), they scored slightly lower on the UGI ($M=11.08$) than subjects who indicated that their mothers' deaths were unexpected ($N=11$; $M=13.27$). This difference was not significant, $t(22) = -.89$, $p > .05$, two-tailed.

UGI means of subjects whose fathers were still living ($N=19$; $M=12.26$) were not significantly different from subjects whose fathers were deceased ($N=5$; $M=11.40$), $t(22) = .28$, $p > .05$, two-tailed.

Subjects with divorced parents ($N=6$) scored slightly higher on the UGI ($M=13.67$) than those whose parents were not divorced ($N=18$; $M=11.56$). This difference was not significant, $t(22) = .74$, $p > .05$, two-tailed.

Subjects who received unspecified therapy for grief ($N=8$) scored slightly lower on the UGI ($M=10.50$) than subjects who received no grief counseling ($N=15$; $M=12.40$).

This difference was not significant, $t(21) = -.73$, $p > .05$, two-tailed.

Other Findings

Significant priming card order effects were found for ratings of mother's image, $\chi^2(1, N=24) = 4.20$, $p < .05$, (Table 11). Subjects who were shown the positive priming card first, were more likely to give stories to the neutral cards containing at least one bad mother story. In contrast, those subjects who were shown the negative priming card first, were more likely to give no bad mother stories to either of the neutral cards. As Table 8 shows, subjects who were shown the negative priming card first also gave at least 3 times as many ambiguous responses following administration of either a positive or a negative priming card.

Table 11

Priming Card Order Effects on Mother's Image

| <u>Mother's Image</u> | <u>Priming Card Order</u> | | <u>Totals</u> |
|--------------------------|---------------------------|------------------|---------------|
| | <u>Good, Bad</u> | <u>Bad, Good</u> | |
| Split or a bad introject | 9 | 4 | 13 |
| Good or ambiguous | 3 | 8 | 11 |
| Totals | 12 | 12 | |

Note. $\chi^2(1, N=24)=4.20, p<.05$

Discussion

The major purpose of this study was to establish the existence of a connection between unsatisfactory separation-individuation relationships with mothers and subsequent unresolved grief in adult children following the death of mothers. This hypothesis was corroborated with reservations. Using data from the 5 Blacky cards which were designed to tap separation-individuation conflicts, a positive correlation between the Pathogenesis Index and the UGI was obtained, but the relationship was not significant. Some evidence that one of the cards may be eliciting different constructs than the other ones, resulted in a post hoc exclusion of the card from secondary Pathogenesis Index calculations. In the absence of that particular card, the correlation between the Pathogenesis Index and the UGI increased to a significant level, $p < .05$, thus corroborating the hypothesis.

An unsatisfactory separation-individuation process relationship can be typified by the mother being either engulfing or rejecting of her child. In either case, the mother's own needs are a priority over her child's. This can result in the child's failure to achieve object constancy such that during periods when the child is feeling aggressive or angry at the mother, the mother's image may be split into

good and bad parts. Or the mother's image may remain an unassimilated bad introject. The absence of a stable, positively cathected image of the mother should exacerbate and prolong the grieving process for the child following death of the mother. This can be due to heightened separation anxiety. Furthermore, the child's unneutralized aggressive drive toward the mother can be internalized, resulting in a self-destructive, depressive reaction. Guilt for having aggressive feelings toward the mother can also retard recovery from bereavement. The results of this study were ambiguous in regards to establishing a link between unresolved grief and unsatisfactory separation-individuation relationships. Results of this study would need to be replicated to provide stronger evidence for the existence of the hypothesized relationship.

For females, high Oedipal intensity was predicted to be related to a high degree of unresolved grief. Although the group of females rated to have strong Oedipal intensity did demonstrate a greater degree of grief symptomology than females with not strong Oedipal intensity, the relationship was not significant, and the hypothesis was therefore not corroborated. Because mothers are the objects of aggression and competition during the Oedipal period for females, it was expected that the death of a mother could reactivate old, unresolved Oedipal aggression, including death wishes toward the mother. This could result in guilt which could impede the grieving process. This study revealed a trend for

females with strong Oedipal intensity to have a higher degree of unresolved grief than females with not strong Oedipal intensity. However, considering that the difference between the groups was not significant, more research, particularly using larger groups, needs to be done to clarify the nature of such a relationship.

For females, unsatisfactory separation-individuation relationships with mothers in addition to strong Oedipal intensity was predicted to correspond to a higher degree of unresolved grief in contrast to groups of females exhibiting only unsatisfactory separation-individuation relationships or only strong Oedipal intensity. Females showing no evidence of unsatisfactory separation-individuation relationships nor strong Oedipal intensity were predicted to show the least amount of unresolved grief. This hypothesis was not corroborated. The descending group order of grief symptomology was high Oedipal intensity only, unsatisfactory separation-individuation relationship only, high Oedipal intensity combined with unsatisfactory separation-individuation relationship, and low Oedipal intensity combined with satisfactory separation-individuation relationship. None of the differences between groups were significant.

Mahler believed that the final psychological outcome of disturbances which took place during the separation-individuation process could be affected by events occurring later in development, such as degree of resolution

of the Oedipus Complex. In this study, the combined effects of these two factors on degree of unresolved grief were less than for those subjects who demonstrated the sole existence of one of the factors. Perhaps Mahler was incorrect in her predictions about the psychological impact of these two factors together.

Although not significant, females showing evidence of strong Oedipal intensity but not unsatisfactory separation-individuation relationships, had the greatest degree of unresolved grief out of all the groups of females. This factor may be the most powerful effect detrimental to the resolving of grief for a lost mother. If this is the case, however, it is puzzling that the group of subjects demonstrating strong Oedipal intensity in addition to unsatisfactory separation-individuation relationships did not score higher on unresolved grief than the unsatisfactory separation-individuation relationship only group. Consistent with the hypothesis, the group showing not strong Oedipal intensity and no evidence of unsatisfactory separation-individuation relationships demonstrated the least amount of grief symptomology out of the 4 groups. It should be kept in mind that the sizes of these groups were very small, ranging from 2 to 7 subjects each. To clarify the existence of any relationships between these factors, larger groups need to be used in future research.

There was no evidence of induced splitting of the mother's image. This was true for subjects demonstrating

highly unresolved grief and unsatisfactory separation-individuation relationships. There are many possible explanations. If the theories are valid, and splitting does occur, the means of measuring it may not be. The priming cards may not be eliciting splitting. This was the first formal administration of these new Blacky cards. The neutral card may not be neutral enough. The scoring system may not be measuring splitting; it may be measuring different constructs. In addition, uncontrolled subject factors such as social appropriateness or degree of immediate perceived threat of the initial priming card may be involved. This will be discussed shortly. A significant order effect was found for order of priming cards, $p < .05$. Subjects shown the positive priming card first gave significantly more stories to the neutral cards containing at least one bad mother story, than subjects first shown the negative priming card.

It appears that the priming card shown first determined subsequent responses to both neutral cards. Similar types of contrast effects, responses opposite to the direction of priming, have been found in research done in the area of social cognitive psychology. In one such study (Herr, Sherman & Fazio, 1983), subjects were asked to judge the ferocity of animals, unambiguous (real) or ambiguous (fictitious), following ferocity priming at different levels. Contrast effects were found when extreme exemplars were primed. This was true for both ambiguous and unambiguous

stimuli.

A similar study was carried out in which subjects expressed their degree of hostility for an ambiguously described person following priming by exemplars of varying degrees of hostility (Herr, 1986). Again, contrast effects were found when extreme exemplars were used for priming. A social cognitive explanation for these findings, is that features of a primed category are compared to those of a subsequent stimulus. When there is little overlap between features, the subsequent stimulus is judged to not be a member of the priming exemplar's category. The priming exemplar provides a standard to compare the next stimulus to. The priming method used in the present study may not be refined enough to overcome cognitive-perceptual processes suggested by these two studies, in order to successfully tap complex intrapsychic conflicts like splitting.

Another social cognitive study suggests a different explanation for contrast effects (Paulhus & Levitt, 1987). Subjects were asked to endorse adjectives that described themselves while they were being primed with affect-laden (eg. blood, sex) versus neutral (eg. lake, station) distractors. Those subjects exposed to affective distractors endorsed significantly less negative and more positive self traits than those subjects primed with neutral distractors. The researchers hypothesized that the affect-laden stimuli may have been perceived as threatening, so subjects attempted to boost the other's (the experimenter's) perception or

approval of them by presenting more positive and less negative self-descriptions.

In the present experiment, presenting the hostile mother card first, may have been threatening to subjects in a way that they did not want their mothers or themselves to look bad to the experimenter, so they were inclined to give less subsequent negative responses than subjects shown the nonthreatening, loving mother card first. This may or may not be consciously volitional decisions. Being shown the loving mother card first may have made subjects feel more at ease such that they did not feel defensive about expressing negative thoughts and feelings-consciously to themselves and overtly to others. Subjects shown the hostile mother card first gave at least 3 times as many ambiguous responses following either the positive or negative priming card. This indicates that subjects in this group may have been editing their responses on some level.

In future research, measuring response times for these two priming groups could yield some enlightening information. Considering the significant priming card order effect, some part of the procedure or materials used is not valid, be it the type of behavior elicited by the cards or how the behavior was rated. More research needs to be done in this area to explore these issues as well as possible explanations for priming contrast effects.

It was predicted that grief symptomatology would subside as time passed. Although these variables were negatively

correlated as predicted, the relationship was not significant. This is in contrast to Faschingbauer et al's (1977) self-report inventory which was able to distinguish between recently and not so recently bereaved groups. This study used subjects who had lost a first-degree relative instead of exclusively a mother. The mean age of the subjects was also 15 years greater than that of subjects used in the present study. There may be such factors unique to the present study's population which have a more powerful effect on prolongation of grieving than passage of time. However, the present study also used a smaller sample than the other one, which demands a stronger relationship between grief and time to yield statistically significant results.

There was no significant difference between the sexes on degree of unsatisfactory separation-individuation relationships with mothers. Also, no differences were found between males and females on degree of unresolved grief for loss of mothers. This parallels Birtchnell's (1975) results. However, for depressed subjects, there were significantly more males than females in their sample who had suffered the death of a mother. A study of psychiatric patients found that significantly more females than males had experienced the recent death of a mother or father (Birtchnell, 1970a).

The present study found that subjects who anticipated the death of their mother, scored slightly lower on unresolved grief, but this difference from the group which had not expected their mothers' deaths, was not significant.

Similarly, Horowitz et al (1981) found no difference between the proportion of volunteers or psychiatric patients who anticipated versus not anticipated the death of a parent. Horowitz et al (1984) found the reverse to be true. Sanders (1982) found initially and at follow-up, no significant differences between groups which expected or did not expect the deaths of close family members who had died. However, they did find a trend for subjects in the short-term chronic illness group to have made a better adjustment to grief than the sudden death and long-term chronic illness groups. For widows and widowers, when death of the spouse was sudden, the initial and lasting psychological impact on survivors was much greater than for those who had some warning (Parkes, 1975). All of the psychiatric patients in Volkan's (1970) study who were suffering from pathological grief, had also experienced the sudden death of the object of their grief. In conclusion, the literature is ambiguous in regards to effects of unanticipated death of someone close on the resolving of grief. It is not clear by the results of the present study or by the current literature whether or not there may be any psychological advantage to the anticipation of the death of someone close.

In the present study, subjects whose fathers were deceased, did not show any greater grief symptomology than those subjects whose fathers were living. The literature is also divided on the effects of previous losses on grieving for a recent loss. Birtchnell's (1975) study of subjects

suffering the recent loss of their mothers, showed no significant difference between groups that had or had not lost their fathers before the age of 10 years. A study of recently widowed subjects showed that significantly more subjects in the depressed group than the nondepressed group, reported no previous deaths of any relatives during their lifetimes (Bornstein, Clayton, Halikas, Maurice & Robins, 1973). This finding suggested that prior experience with grieving may help people to better deal with future losses. In contrast, Zisook, Shucster and Schuckit (1985) found that patients reporting unresolved grief tended to have experienced at least one prior loss. Likewise, Birtchnell (1970b) found that significantly more depressed subjects than nondepressed subjects in his study experiencing the recent death of a parent, had also experienced the early death of the other parent.

Parental divorce may be considered a loss. Subjects in the current study whose parents were divorced, scored slightly higher on unresolved grief than subjects whose parents were not divorced. However, this difference was not significant.

Subjects in the present study who received therapy to help them deal with their grief, scored slightly lower on unresolved grief than subjects who had not received any therapy. Therapy was not broken down by duration, credentials or skills of the clinician, or type of treatment. Also, the psychological condition of subjects prior to

treatment were not assessed. These could be interesting factors to explore in therapy outcome research in the treatment of grief.

APPENDICES

APPENDIX A

Review of Mahler's Separation-Individuation Theory

APPENDIX A

Review of Mahler's Separation-Individuation Theory

By Lisa Cowden, Michigan State University

This paper explores the relationship between pathological grieving in the adult in response to death of the mother and unsatisfactory early object relations. Of primary interest is reactivated splitting of the mother's image due to the interaction between the dynamic stress of her death and unresolved infantile ambivalence. Pathological grieving may occur under these circumstances as a symptom of separation anxiety or repressed guilt from feelings of having destroyed the mother with unneutralized aggressive drive. Margaret Mahler's (1975) separation-individuation theory serves as the basic premise of this study. She traces the origins of love object ambivalence to the preoedipal interactions between the mother and child. How the mother responds to the neonatal symbiotic relationship and the later rapprochement crisis is critical to the child's subsequent personality development.

Mahler's separation-individuation process describes the developmental stages through which a child passes on the way to achieving an awareness of physical and intrapsychic separateness from the mother and a sense of personal identity.

The most critical time period through which this process is thought to occur is from the first four to five months through thirty to thirty-six months. Four subphases encompass this process: differentiation and the development of the body image, practicing, rapprochement, and consolidation of individuality and the beginnings of emotional object constancy. According to Mahler, arrest or disruption during this developmental period often leads to neurotic, borderline or even psychotic disturbances and that the intrapsychic impact of the process perseveres throughout one's lifetime. The intrapsychic conflict of interest in regards to the current study is the origin of repressed perpetual ambivalent feelings toward the mother, and the tendency to split love object images, which according to Mahler develops during the rapprochement subphase.

Prior to the separation-individuation process, infants first pass through the autistic and symbiotic stages. The autistic phase is characterized by infants being in a state of primary narcissism similar to that during prenatal life. Their wishes and needs are automatically satisfied without awareness of any force external to themselves. The infants gradually become more responsive to external stimuli, but they are unable to differentiate between the mother's tension-reducing efforts such as feeding, and their own, such as urinating and defecating. At this point, infants view themselves and the mother as one unit. This marks the beginning of the symbiotic phase. Through the mother's and

the infants' own tension reducing efforts, the children begin to differentiate between pleasure or the good, and pain or the bad (Mahler and Gosliner, 1955) which seems to be a precursor to the later splitting mechanism. The infants welcome and accept good stimuli-internal or external. Conversely, they aggressively eject or reject bad internal or external stimuli. This undifferentiated, unneutralized aggressive drive peaks during the oral aggressive stage.

The first subphase of the separation-individuation process begins at about 4 to 5 months of age. This starts with hatching- development of the perceptual-conscious system which allows the infants to become increasingly alert to the external environment. The mother's attitude toward the symbiotic relationship can either force the infant into premature hatching or delay the onset of that process. Some mothers push away or abandon their infants, encouraging early autonomy (Mahler, 1967), while others cling to their children in an effort to prevent separation. In this latter case, the children may either hatch prematurely to escape engulfment or may not be able to completely emerge from the symbiotic relationship thus delaying hatching.

The second subphase, practicing, begins when the infants start to independently move away from the mother. Despite the children's bold explorations, the practicing period is characterized by the children needing to periodically check back with the mother through physical contact with her which Mahler referred to as emotional refueling. It is important

at this time for the mother to both allow her children to experience their autonomy and to be emotionally available for them when they need her. Mahler noted three developments which aid children at this time in individuating and becoming aware of their separateness: "the rapid body differentiation from the mother; the establishment of a specific bond with her; and the growth and functioning of the autonomous ego apparatuses in close proximity to the mother (Mahler, Pine, & Bergman, 1975, p.65)."

The practicing subphase proper begins at about 10 to 12 months when the children begin to walk and ends at about 16 to 18 months. The toddlers seem to be delighted with their expanded ability to be able to explore their world. They tend to be impervious to falls and other frustrations and demonstrate an omnipotent attitude toward the world. Mahler attributed much of the children's exhilarated attitude to development of the ability to be able to escape from fusion with or engulfment by the mother.

The rapprochement subphase is characterized by increased separation anxiety—early on primarily with a fear of object loss and later by a fear of loss of object love. Parental approval and disapproval at this time are closely related to fear of loss of the object's love. Free physical motility combined with cognitive development increase the toddlers' awareness of their separateness from the mother thus increasing separation anxiety. The toddlers' ambivalent feelings toward the mother—fear of engulfment combined with a

desire for reunion are very apparent by the children's alternating shadowing and darting away behavior pattern.

During the beginning rapprochement period, the children lose their previous omnipotent attitude when they come to understand the separateness of they and the mother and how theirs and her wishes are not always the same. At this time, the children begin to view their bodies as their own possessions, and they resist being handled or kept in a passive position as when being diapered. They also begin to extend themselves socially beyond the mother-child dyad to include the father.

At around 18 months, children enter the rapprochement crisis during which the full emotional impact of their separateness from the mother occurs. The omnipotent desire to have the mother magically fulfill unasked for wishes conflicts with the children's awareness of their separateness. The children at this point are prone to emotional lability, the dominant mood tending to be one of general dissatisfaction and insatiability. Ambivalence toward the mother peaks. The children begin to experience a wider range of affects such as anger and sadness. Splitting of the object world begins which may be demonstrated when the children are separated from the mother.

Such children attempt to cope with the separation by trying to protect the good mother image from their destructive angry impulses. Splitting is more apparent in those children who had unsatisfactory relationships with

their mothers during the earlier subphases. Mahler observed that healthy subsequent development is more likely to occur in those children who react to separations from their mothers with libidinal opposed to aggressive valence. Excessive shadowing or excessive darting away behavior is also indicative of developmental disturbances during this period.

At around 21 months, the children enter the final stage of rapprochement: individual solutions to the crisis. The major conflicts which typified the crisis subside: the severe separation anxiety, ambivalent behavior toward the mother, and attempts at omnipotence. The children find the distance from the mother at which they are most comfortable operating at. Mahler attributed three primary factors that allow individuation to progress to the point at which the children are able to comfortably maintain a greater distance from the mother without her physical presence: language development particularly being able to name objects and verbally express desires, development of the internalization process which allows for identification with the good parents, internalization of standards and rules which mark the beginnings of superego development, and the increasing ability to symbolically express fantasies and wishes through play.

The outcome of the rapprochement subphase primarily depends on the mother's reactions to her child's ambivalent behavior. Being emotionally available, expressing love for the toddlers, and accepting their ambivalence are all

integral to the toddlers' being able to develop an integrated opposed to split internal self-representation which is separate from other internal images such as that of the mother. These factors also contribute to the children's growth of their developing egos. The mother's supportive and loving attitude helps the children to internally neutralize the growth distracting aggressive drive.

Some mothers cannot tolerate the child's demanding behavior characteristic of the rapprochement crisis while others have difficulty separating from their children. Developmental disturbances such as splitting of the object world into good and bad can result from such less than optimal maternal relationships. If intrapsychic awareness of separateness from the mother occurs too rapidly or too slowly and/or the parents are too intrusive and/or unpredictable, the more difficult it becomes for the ego to mature, and the object may remain an unassimilated bad introject. The child may intrapsychically try to eject this bad introject through the use of aggressive drive, but this aggressiveness may instead result in the ejection of the good object along with the good self-representation thus leaving only the bad introject to identify with (Mahler, 1971). Mahler concluded that the outcome of developmental disturbances occurring during the rapprochement subphase are determined by the subsequent impact of the following factors: the development of libidinal object constancy, the severity of later disappointments, the occurrence of shock trauma, the degree of

castration anxiety, outcome of the oedipus complex, and adolescent developmental crises.

The final subphase involves the consolidation of individuality and the beginnings of emotional object constancy. This stage begins during the third year of life and is an open ended, continuing process. The ego functions continue to mature as does the formation of the superego through the internalization of parental rules and demands. Self boundaries are formed which give the child a stable, separate sense of self. Gender identity also forms during this period. The establishment of emotional object constancy is dependent on the child having a satisfactory object relationship (Hartmann, 1952) which Mahler believed led to the internalization of a stable, positively cathected image of the mother. This allows the children to feel more secure and comfortable when separated from the mother because she can be substituted for by the inner image. Emotional object constancy also involves the ability to integrate the good and bad object into one unified internal representation which encourages the fusion of libidinal and aggressive drives thus helping to neutralize hatred for the object during periods of extreme aggressiveness.

Extrapolating from Mahler's theory, the present author predicts that when adults have failed to adequately resolve the rapprochement crisis during childhood, and the mother dies, there are a number of possible pathological reactions. For instance, separation anxiety like that of the

rapprochement period may be reactivated because the children have no stable, integrated internal image of the mother to refer back to. Feeling abandoned, they may feel unlovable and have feelings of low self-worth. They may become depressed or even suicidal. Another possible unhealthy response to maternal bereavement is that the children may overidealize the mother out of unconscious guilt for their unneutralized aggressive feelings toward her (Kernberg, 1967). The aggression may be a result of anger toward the mother for leaving. Unconsciously, the children may feel that they actually did destroy her, and they may respond with anxiety, or the aggression may be turned inward resulting in a depressive reaction.

APPENDIX B

Consent Form

APPENDIX B

Consent_Form

MICHIGAN STATE UNIVERSITY
Department of Psychology

DEPARTMENTAL RESEARCH CONSENT FORM

1. I have freely consented to take part in a scientific study being conducted by Lisa Cowden under the supervision of Dr. Joseph Reyher, Professor of Psychology.

I understand that the purpose of this project is to discover personal factors that may affect the course of bereavement and that these factors cannot be fully explained to me until the completion of the study. My participation will require my performance on two tasks: that I complete a questionnaire, and that I use my imagination to make-up stories about cartoons that are shown to me.

Participation in this experiment should take about one hour.

2. The study has been explained to me, and I understand the explanation that has been given and what my participation will involve.

3. I understand that I am free to discontinue my participation in the study at any time without penalty.

4. I understand that the results of the study will be treated in strictest confidence and that I will remain anonymous. Within these restrictions, general results of the study will be made available to me at my request.

5. I understand that my participation in the study does not guarantee any beneficial results to me.

6. I understand that, at my request, I can receive additional explanation of the study after my participation is completed.

Signed: _____

Date: _____

APPENDIX C

Unresolved Grief Theorists and Symptomatology

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Unresolved Grief Theorists and Symptomatology

Theorist Terminology

Freud (1915) Melancholia

- *1. Profoundly painful dejection.
- *2. Cessation of interest in the outside world.
- *3. Loss of the capacity to love.
- *4. Inhibition of all activity.
- 5. A lowering of self-regard to self-reproaches and self-revilings culminating in a delusional expectation of punishment.

*These are also symptomatic of normal mourning.

UGI Questions: 4, 8, 20, 21, 25, 26, 27.

Lindemann (1944) Morbid Grief Reactions

- 1. Delay of reaction to death.
- 2. Distorted reactions:
 - a. Overactivity without a sense of loss.
 - b. Acquisition of symptoms belonging to last illness of the deceased.
 - c. Psychosomatic condition: eg. ulcerative colitis, rheumatoid arthritis, asthma, etc.
 - d. Progressive social isolation from friends and family.
 - e. Furious hostility against specific persons: eg. doctor of deceased.
 - f. Lack of affect/emotional expression, stilted robot-like appearance.
 - g. Loss of decision and initiative.
 - h. Behavior detrimental socially and economically: eg. easily conned, giving away belongings, etc.
 - i. Agitated depression: eg. tension, insomnia, feelings of worthlessness, better self-accusation, obvious need for punishment, suicidal thoughts or behavior, etc.

UGI Questions: 1, 2, 5, 6, 7, 8, 9, 10, 11, 12, 14, 15, 16, 17, 18, 19, 21, 22, 23, 25, 26, 37, 50.

Anderson (1949) Morbid Grief

Clinical patterns that are neither pure in type nor static:

1. Anxiety states: eg. nightmares, fear, outbursts of rage, not feeling a right to be alive, etc.
2. Hysterias: eg. partial identification with the deceased.
3. Manic-depressive responses:
 - a. Agitated depression.
 - b. Anergic depression.
 - c. Hypomania.
4. Obsessional tension states.
5. Inability to cry or feel genuine sadness.
6. Feeling guilt-ridden and unworthy.
7. Dreams:
 - a. Deceased is injuring or injured, persecuted or persecuting, bent upon the destruction of the dreamer or the dreamer is harming the deceased.
 - b. Deceased is alive and well, and happy experiences are re-enacted.

UGI Questions: 3, 13, 20, 24, 36, 38, 39, 40, 41, 42, 43.

Bowlby (1969) Disordered Mourning

1. Emotional responses to loss are unusually intense and prolonged—in many cases anger or self-reproach are dominant and persistent and sorrow is absent. Depression combined or alternating with anxiety.
2. Prolonged absence of conscious grieving—sudden acute depression and /or physiological ills.
3. Euphoria which may be as severe as a manic episode.

UGI Questions: 45, 46, 47.

Volkan (1970) Pathological Grief

1. Splitting in terms of denial (partial) of the death.
2. Dissociative reaction—emotional significance and affect are separated and detached from the deceased.
3. Absence of normal grief symptoms.
4. Chronicity of normal grief symptoms.
5. Delayed grief reactions: eg. anniversary reaction.
6. Repeating dreams in which deceased is alive—often the dreamer is attempting to save the deceased but wakes first.
7. Symbolic references to reincarnation with anxiety.
8. Slips of tongue that refer to deceased as alive.
9. Symbolizing certain objects having belonged to deceased.
10. Constrictive identification: a destructive identification with the deceased.
11. Aggression internalized: eg. suicidal gestures,

depression. And/or aggression on others.

UGI Questions: 22, 23, 34, 35, 44, 49.

Wahl (1970) Neurotic Grief

1. Excessively disproportionate grief protracted and prolonged in course.
2. Irrational despair and persistent feelings of helplessness.
3. Inability to function in previously routine ways.
4. Inability to accept, acknowledge or deal with ambivalent feelings toward deceased.
5. Somatic complaints resembling those of deceased.
6. Persistent and irrational guilt over the death-feeling responsible in some way.
7. Thanatophobia.
8. Drop in self-esteem-not feeling worthy of being loved.
9. Inability to offer or receive intimacy or dependency-withdrawal.
10. A lessened interest in or anticipation of planning for the future both for themselves and for others of significance in their lives.

UGI Questions: 5, 28, 29, 30, 31, 32, 33, 48.

APPENDIX D

Unresolved Grief Inventory (UGI)

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Unresolved Grief Inventory (UGI)

Instructions: Please fill in or circle answers to questions as indicated.

Identifying Information:

Birthdate: __-__-__

Sex: M F

Race: White Black Other

General Information:

1. When did your mother die? __ years, __ months ago.
2. Was it expected? Yes No
3. What was the cause of death? Cancer Other illness
Accident Other
4. Is your father alive? Yes No
If not, when did he die? __ years, __ months ago.
5. Were your parents divorced? Yes No
If yes, when? __ years, __ months ago.
6. Do you have brothers or sisters? Yes No
If yes, list their ages with their sexes.
Brother Sister __ years old.
Brother Sister __ years old.
Brother Sister __ years old.
Brother Sister __ years old.
Brother Sister __ years old.
7. Have you seen a therapist or counselor to help you deal with your grief? Yes No
If yes, are you currently seeing someone? Yes No

Inventory Questions:

Instructions: Please circle either true or false for the following questions as they apply to the period immediately following your mother's death up to the present.

1. Shortly after I found out about my mother's death, I was overwhelmed by feelings of extreme sadness. True False
2. I've never cried over my mother's death. True False
3. I frequently feel agitated. True False

4. I am significantly less active than I used to be. True False
5. I haven't experienced any of the physical symptoms that my mother may have had just prior to her death. True False
6. I've never felt sad about my mother's death. True False
7. I've been socializing less and less with friends. True False
8. I often feel very angry at myself. True False
9. I've been socializing less and less with family members. True False
10. I feel angry at the health professionals responsible for my mother's care. True False
11. I find life stimulating. True False
12. I never get angry. True False
13. I never feel sad. True False
14. I experience happiness sometimes. True False
15. I don't find it difficult to start up a new activity. True False
16. I don't give away my personal belongings. True False
17. I've recently lost a lot of money in a disastrous financial investment. True False
18. I don't feel tense very often. True False
19. I don't have trouble sleeping. True False
20. I sleep too much. True False
21. I feel like a bad person deserving of some sort of punishment. True False
22. I never think about killing myself. True False
23. I have attempted suicide. True False
24. I often find myself preoccupied with thoughts about myself. True False
25. Most of my thoughts about myself are negative. True False
26. Shortly after I found out about my mother's death, I felt a sense of loss. True False
27. I am involved in a satisfying love relationship. True False
28. I don't have any trouble performing routine daily activities. True False
29. I somehow feel responsible for my mother's death. True False
30. I don't think about my own death very often. True False
31. I am very afraid of dying. True False
32. I feel lovable. True False
33. I don't have trouble planning for the future. True False
34. I feel very depressed on the yearly anniversary of my mother's death. True False
35. I don't overeat. True False
36. I find it difficult to eat. True False
37. I often experience physical stress symptoms (ie. headaches, muscular aches, stomach aches, etc.). True False
38. I often feel anxious. True False
39. Anxiety does not interfere with my daily living. True False

- 40. I often feel compulsive about carrying out tasks in a certain way. True False
- 41. I don't have nightmares very often. True False
- 42. I often have dreams in which my mother is trying to hurt me. True False
- 43. I rarely have dreams in which my mother is alive and well. True False
- 44. I find that a certain object that belonged to my mother carries a special meaning for me, and I look at it or touch it almost everyday. True False
- 45. The thought or mention of my mother often brings tears to my eyes. True False
- 46. I don't cry often. True False
- 47. I often think about my mother. True False
- 48. I am satisfied with my life. True False
- 49. As time passes by, I feel more at peace about my mother's death. True False
- 50. I often have trouble making up my mind about what to do. True False

APPENDIX E

Introduction and Readings for Raters

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Introduction and Readings for Raters

Psychology 491

Fall 1987

Investigator: Lisa Cowden

The major purpose of this research project is to explore the relationship between bereavement and early mother-child relationships. Your participation in this project will involve measuring adequacy of mothering and degree of Oedipal conflict. You will not be involved in the bereavement part of the study. Your job will be to score stories subjects give to Blacky Pictures. The stories that subjects produce from the cartoons will be representative of personal conscious and unconscious thoughts and feelings produced by the individual's psychodynamic experiences and intrapsychic processes.

New Blacky Pictures (cards 1-5) have been developed to tap early mother-child relationship conflicts as based on Margaret Mahler's Separation-Individuation Process Theory. You will be rating these stories according to Karon's Pathogenesis Revised Scoring Criteria. You will be scoring an additional new Blacky card (7) for positive versus negative attitude/feelings toward the mother. One card based on the original Blacky Pictures (6-see Cartoon IV in the manual) will be scored according to Blum's guide for scoring spontaneous stories (see Appendix A in the manual).

Readings:

(I recommend reading the first six items in the following order. If you have already read 1., it would be a good idea to refamiliarize yourself with some of Freud's major concepts-in particular the unconscious, repression, Oedipal Complex, and the art of psychoanalytic interpretation-ie. dreams and other expressions of the unconscious.)

1. Introductory Lectures on Psychoanalysis. Sigmund Freud. W. W. Norton & Co., Inc., New York, 1966.
2. Review of Mahler's Separation-Individuation Theory.

Unpublished paper by Lisa Cowden, 1987.

3. The Thematic Apperception Test (TAT). Bertram Karon. From Assessment with Projective Techniques a Concise Introduction. A. Rabin (ed.), Springer Publishing Co., New York, 1981.

4. The Blacky Pictures A Test for the Exploration of Personality Dynamics: Manual of Instructions. Gerald Blum. The Psychological Corporation, New York, 1950.

5. Karon's Pathogenesis Revised Scoring Criteria. Unpublished paper by Bertram Karon. Michigan State University Dpt. of Psychology.

6. Thematic Apperception Test: Manual. Henry Murray. Henry Murray, U.S.A., 1943.

(Readings 7-12 may get a bit redundant-read as much as you need to until you get a clear conceptualization of Margaret Mahler's theory, but I do recommend going through the case studies that are sandwiched in some of the papers.)

7. Rapprochement Subphase of the Separation-Individuation Process. Margaret Mahler. The Psychoanalytic Quarterly, New York, October 1972.

8. Thoughts About Development and Individuation. Margaret Mahler. The Psychoanalytic Study of the Child, Vol. XVII, International Universities Press, Inc. New York, 1962.

9. Certain Aspects of the Separation-Individuation Phase. Margaret Mahler and Manuel Furer. The Psychoanalytic Quarterly, New York, January 1963.

10. On Human Symbiosis and the Vicissitudes of Individuation. Margaret Mahler. In Vol. 1: Infantile Psychosis, International Universities Press, New York, 1968.

11. On the First Three Subphases of the Separation-Individuation Process. Margaret Mahler. International Journal of Psycho-Analysis, 53, 1972.

12. On the Significance of the Normal Separation-Individuation Phase with Reference to Research in Symbiotic Child Psychosis. Margaret Mahler. In Drives, Affects, Behavior, Vol. III, Max Schur (ed.), International Universities Press, Inc., New York, 1965.

APPENDIX F

Karon's Pathogenesis Revised Scoring Criteria

APPENDIX F

Karon's Pathogenesis Revised Scoring Criteria

By Bertram Karon, Ph.D., Michigan State University
Based on contributions of Gary R. Vandenbos, Ph.D.,
Daniel Robbins, Ph.D., and Kevin Mitchell, Ph.D.

The PI consists of asking, of each story: is there an interaction between a dominant person and a dependent person, both of whom have conflicting or potentially conflicting needs, and does the dominant person take the dependent person's needs into account? If the dominant person takes the dependent person's needs into account, the story is scored benign (B). If the dominant person does not take the dependent person's needs into account, the story is scored pathogenic (P). If it is not clear whether there is an interaction or whether the needs are taken into account, the story is scored nonscorable (NS). The PI is the number of stories scored P divided by the number of stories scored either P or B (expressed as a decimal). In other words, the PI is the percentage of scorable stories which are scored P.

Further copies may be obtained from:

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APPENDIX G

Reyher-Cowden's Splitting Scoring System

APPENDIX G

Reyher-Cowden's Splitting Scoring System

Bad Mother

If one or more of the following criteria are met:

1. B. is feeling angry.
2. B. hates or dislikes M.
3. M. is described in a derogatory way (ie. M.'s bad, neglectful, mean, stupid, etc.).
4. B. wishes harm to come to M.- B. wants to hurt M. or other forces to hurt M.
5. M. hates or dislikes B.
6. B. is feeling rejected or unwanted by M.
7. B. is thinking about being punished by M.
8. B. is thinking about M. harming or wanting to harm B.
9. B. is thinking about M. not satisfying B.'s needs- this must be explicitly stated- described in action (ie. B. is feeling bad because B.'s remembering how M. would scream at B. to stop crying. B. is thinking about how selfish M. is. B. is remembering all the times M. let B. go hungry. etc.).

Good Mother

If none of the above criteria are met but one or more of the following criteria are met:

1. B. is feeling happy or content.
2. B. loves or likes M.
3. M. is described in a complimentary manner (ie. M.'s good, helpful, smart, loving, kind, etc.).
4. B. wishes M. well- B. wants happiness or good fortune for M.
5. M. loves or likes B.
6. B. is feeling accepted or wanted by M.
7. B. is thinking about M. being benevolent toward B.- wanting to do kind or thoughtful things for B.
8. B. is thinking about M. successfully taking care of B.'s needs- this must be explicitly stated- described in action (ie. M. took good care of B. B.'s feeling sad because B. misses all the emotional support M. gave B. etc.).

Ambiguous Mother

If none of the above criteria (Good Mother or Bad Mother) are met. This includes emotions or needs not included or validated above (ie. B. is feeling lonely, sad, scared, confused, needs to be held, misses M., needs sleep, etc.- with no explanation to fit into an above category).

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