LONG-TERM EFFECTS OF A FAMILY HISTORY OF TRAUMATIC DEATH ON ADOLESCENT INDIVIDUATION

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The direct and transgenerational effects of traumatic loss on current functioning were examined in college students. Subjects were divided into three groups based on the types of deaths that occurred in their extended families over three generations; distinctions were made between traumatic and nontraumatic (or normative) deaths and whether or not the deaths occurred during the subjects' own lifetimes. As expected, subjects directly affected by traumatic deaths during their lifetimes reported more psychological distress, less individuation from parents, and poorer college adjustment than control subjects. Transgenerational effects (i.e., sequelae of deaths occurring prior to the subject's birth) were not detected. The findings offered support for a model of family development that describes the impact of loss on the processes of individuation and family reorganization. It was concluded that traumatic death interfered with the family's ability to negotiate the developmental tasks involved in "launching" a young adult member.

The psychological impact on an individual of the death of a significant other is well established in both the clinical literature and in empirical research (Campbell, 1986; Osterweis, Solomon, & Green, 1984; Parkes, 1987–88; Raphael, 1983). Research is be-

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ginning to emerge on the longer-term effects of loss on individuals, such as how experience with bereavement may alter the way in which people behave in their current close relationships (see Meshot & Leitner, 1993). In addition, considerable evidence exists to demonstrate that when deaths are sudden, violent, premature, or stigmatized, they are likely to be associated with a more problematic course of recovery and life readjustment. Recent research suggests that such traumatic deaths may have effects that last considerably longer than the early bereavement literature had indicated (Lehman, Wortman, & Williams, 1987; Lehman, Lang, Wortman, & Sorenson, 1989; Rubin, 1990; Wortman & Silver, 1988; Zisook & Lyons, 1989–1990). For example, there is evidence that the early death of a parent may place offspring at higher risk for psychiatric disturbance in their adult lives (Altschul & Beiser, 1984; Birtchnell, 1980; Bloom-Feshbach & Bloom-Feshbach, 1987; Dietrich & Shabad, 1989). This appears to be particularly true when the person who was bereaved in childhood faces a triggering stressor event, such as another loss, in adulthood (Brown 1982).

Family theorists have broadened the scope of the study of mourning processes, and hold that the entire family unit is changed and possibly disturbed by the death of a member (Rosen, 1990; Walsh & McGoldrick, 1991). Several researchers studying early parent loss have suggested that it is the post-loss disruption of the parenting functions in the family (whether through divorce or death) that appears to be the toxic factor associated with subsequent adult psychiatric disorder, rather than the loss of a parent per se (Birtchnell, 1980; Breier, 1988; Tennant, 1988). Thus the impact of the death on the subsequent functioning of the family system is a crucial area for research and clinical intervention.

Most theoretical family systems approaches to mourning focus on the transgenerational and long-term developmental implications of unresolved deaths (Bowen, 1978; Paul & Miller, 1986; Walsh & McGoldrick, 1988; Williamson, 1983). Carter and McGoldrick (1988) emphasize that the likelihood of family dysfunction increases dramatically when developmental transitions and stresses intersect with the family's traditional patterns of relating that have been shaped by salient experiences such as the

death of a family member. An example of such a family at increased risk would be one that had suffered a traumatic loss and subsequently was faced with a normal developmental loss, such as having a grown child leave home. Because of the family members' extreme sensitization to the issues aroused by loss, this developmental event might evoke old memories and pain, which would result in family dysfunction at a time when it needed to adapt to a fresh situation.

Bowen (1978) suggests that unresolved grief, resulting from denial and the effort to ward off the pain of loss, plays a large role in family dysfunction. Others focus on the role that the identified patient (IP) may play through a special identification with the deceased. The IP is believed to maintain the deceased member's role in the family (Gelcer, 1983), and distract the surviving members from the reality of the loss (Fulmer, 1983; Stanton, 1977), leading to developmental arrest in the IP and in the family as a whole (Solomon & Hersch, 1979). Paul and Miller (1986) and Framo (1970) focus on the transgenerational effects of loss and view the process as an unconscious attempt by one or both parents to re-enact intrapsychic conflicts originating in their own family of origin. The IP is thought to become endowed through projection with characteristics of a previously lost object. Rolland (1990) argues that the family members' prior history with illness and death has a powerful effect on their coping activities when faced with a currently ill member.

While a number of family theorists have written on these issues, empirical support for these concepts is minimal. One important study by Coleman, Kaplan, and Downing (1986) explored families with a young adult member who was a heroin addict and found an association between the number of family deaths experienced by the young addicts in their lifetime and the maladaptive behavior (substance abuse). In addition, the parents of the troubled youth had loss histories that involved more separations and traumatic losses (occurring primarily during their childhoods) than the controls, supporting the idea that the effects of loss can span generations. Jordan (1992), in a pilot study of 24 families, found partial evidence for cumulative and multigenerational effects of stress and loss on families' current functioning. Certain aspects of the parents' loss and stress histories predicted

not only their own current psychological adjustment, but the adjustment of other family members as well, suggesting an interpersonal transmission effect of stress and loss in the family.

Rationale for Current Study

Reverberations from a previous traumatic death in the family may hinder members as they negotiate future losses and separations, including normal developmental transitions. One developmental stage that holds particular significance is that of launching an adolescent/young adult member, a time when offspring are literally as well as psychologically "leaving home" (Bloom, 1987; Carter & McGoldrick, 1988). Empirical evidence exists in the developmental literature indicating that adolescents' success in negotiating this transition away from the family of origin is related to the quality of family functioning (Bloom, 1987; Fleming & Anderson, 1986; Grotevant & Cooper, 1986; Hauser, Powers, Noam, Jacobson, Weiss & Follansbee, 1984; Stierlin, 1974; Teyber, 1983). There is also growing evidence that stressor events of any kind can affect the quality of family functioning (Figley, 1989a; Lavee, McCubbin, & Olson, 1987; Lavee, McCubbin, & Patterson, 1985; McCubbin, M. A., & McCubbin, H., 1989; Patterson, 1988). Additionally, the literature reviewed above strongly indicates that traumatic death of a member is one of the most difficult stressors to manage and can have negative, long-term effects on individual and family functioning, even into subsequent generations. Traumatic deaths may increase the vulnerability of the family to subsequent stressors which serve as "triggers" for dysfunction in a family that has already been "injured" by a loss.

In an effort to describe the nature of these effects, Jordan and his colleagues (Jordan, 1990; Jordan, Kraus, & Ware, 1993) have constructed a model of family development that posits that losses, as well as other types of stressor events, may increase the emotional "gravitational pull" of a family system. This "pull" heightens attachments and makes it more difficult for young adult members to differentiate from the system and form new family units. Borrowing from the recent family developmental model of

Combrinck-Graham (1985), Jordan et al. have outlined a model that emphasizes the transfer of primary attachments from the family of origin (one's parents and siblings, if any) to the family of procreation (one's spouse and children, if any) as the core of the family developmental process over the life cycle. Within this model, a family's organizational style must undergo an evolution from a centripetal to a centrifugal form in order to successfully launch its offspring. Problems with these individuation processes stemming from previous experience with traumatic death seem likely to appear at this period, when increased separation between generations is the norm. The current study was an attempt to empirically test a central idea of the model: that severe loss histories will interfere with the successful adjustment and separation of late adolescents from their families of origin. This study set out to capture the adolescent family members' perceptions of their families at this critical developmental stage.

Method

Hypothesis

The central hypothesis of the study was that the presence of traumatic loss (specifically, a premature, sudden, or violent death) in the family history of a young adult would be associated with more psychological distress, less individuation from his or her family of origin, less intimacy with peers, and less adaptive family functioning within the family of origin. It was further predicted that students who had experienced the traumatic death of a family member within their own lifetime (Direct Loss) would show the poorest functioning, followed by students whose families had experienced a traumatic death prior to the birth of the student (Transgenerational Loss), and then followed by students who had no history of traumatic (or "unexpected") death in their family (Normative Loss). These effects were predicted to occur over and above the effects of current stress in the student's life, as it was expected that individuals would be more likely to be symptomatic if they were experiencing other stress at the time of the study (Jordan, 1992). Therefore the effects of current stress levels were removed statistically as a covariate.

Subjects

The 214 participants who completed the study were recruited from introductory psychology classes at a large private eastern university, and their participation fulfilled partial course requirements. Subjects were recruited in one of two ways. Approximately 60% of the subjects came from two large introductory psychology sections whose instructors offered the students the chance to participate in the study during class time. Approximately 90% of these students opted to participate. The remainder of the subjects were recruited by way of sign-up sheets which included a brief description of the study with no mention of loss history. All of the participants were therefore volunteers.

The final pool of 181 subjects who provided all the necessary data was composed of late adolescents and young adults, with ages ranging from 17 to 28. Of the pool, 81% were in their teens; 98% were age 21 or younger; 66% of the students were freshmen. The sample was 63% female and 37% male. The group was predominantly white (78.6%), and from families with intact marriages (72.5%). Analyses of variance and nonparametric statistics revealed that there were no significant differences between the three loss history groups on the dimensions of sex, age, year in school, race, religious background, parents' marital status, father's level of education, and immediate family size.

Measures

Six self-report questionnaire measures were completed by the subjects. In addition to a questionnaire asking about demographic data, the instruments included:

1. The Family History Questionnaire (FHQ) (Jordan, 1988), a 45-item measure which asks for genealogical data about three generations of relatives in a family. Information elicited about deceased relatives includes the year of each death, cause of death, age at death, and age of respondent at the time of death. For every death in the family, the respondent was also asked to rate the extent to which the death changed his or her own life, and the extent to which the death affected him or her emotionally. As

the measure is relatively new, no reliability or validity data exist at this time.

In an effort to increase the validity of the genogram data, subjects in this study were strongly encouarged to contact one of their parents to get his or her input in filling out the questionnaire. Seventy-seven percent of the final pool indicated that they had, in fact, contacted a parent. A chi-square analysis indicated that there was not a significant difference in the number of subjects who asked and who did not ask a parent for information input across the three groups that were formed for purposes of data analysis (discussed below) ($\chi' = 3.77, df = 2, p = .25$).

2. The Young Adult Family Inventory of Life Events and Changes (YA-FILES) (Grochowski & McCubbin, 1987) is a version of the Family Inventory of Life Events (FILE) designed to assess the stressors and strains relevant to college freshmen and their families. It is a 77-item self-report measure which asks about the accumulation of stressors and strains experienced by the young adult and his or her family over the last six months. It includes such items as "Parent quit or lost a job" and "Birth of a brother or sister." It has two parts: Family Life Changes and College Changes, which can be scored separately or together. The latter section is concerned with difficulties and stressors students might experience in adjusting to college, such as "Had conflict or hassles with your roommate." The overall internal reliability was found to be .85 (Cronbach's alpha). Test–retest reliability was .85. As this version of the FILE is relatively new, validity studies are just starting to appear. Studies done include a factor analysis of the 77 items, which yielded 13 factors. These factors lent partial support to the construct validity of the YA-FILES. In addition, discriminant analysis on data from 111 college freshmen found that YA-FILES scores at the time of the freshmen's entry into college significantly discriminated subjects into groups based on their mid-academic year grade point average (Grochowski & McCubbin, 1987, p. 116).

The Current Family Stress variable used in this study was a modified version of the Family Life Changes score. Items asking about deaths of relatives over the last six months were omitted as this information was already captured by the Loss History vari-

able. In addition, the "strain" items, which pertain to the sequelae of stressful events happening to the family (such as "Increase in arguments between parents" and "Felt confused about your priorities, values, and beliefs"), were omitted. The "strain" items were seen as indicators of functioning, as opposed to the more objective, external "stressor" events. Since we were looking at the effects of stressors and losses on various functioning measures, we sought a purer measure of the "stressor" events impinging on the family, unclouded by aspects of functioning.

3. The Brief Symptom Inventory (BSI) (Derogatis & Spencer, 1982) is a 53-item self-report measure of psychological and psychosomatic symptomatology in individuals. It is a shortened version of the SCL-90-R (Derogatis, 1977) and, like its predecessor, measures nine symptom dimensions and yields three global distress indices. The 5 or 6 items from the SCL-90-R subscales which had the highest loadings with each of the respective dimensions were shown to sustain an operational definition of each syndrome construct. Correlations between like symptom dimensions of the SCL-90-R and the BSI were all in the .90s. Internal consistency reliability established on a sample of 719 psychiatric outpatients was good on all dimensions, with Cronbach's alpha coefficients ranging from .71 to .85. Test–retest reliability coefficients, based on a sample of 60 nonpatients tested over a 2-week period, range from .68 to .91. In reference to this moderately wide range, the author points out that psychological distress falls somewhere between an enduring trait characteristic and a rapidly fluctuating state. Finally, convergent validity with the MMPI has been demonstrated with a sample of 209 symptomatic volunteers.

4. The Family Adaptability and Cohesion Evaluation Scales (FACES III) (Olson, Portner, & Lavee, 1985) is a revised measure of global family functioning on the two dimensions of adaptability and cohesion. Both actual and ideal versions were administered, resulting in a total of 40 items. In this study, the cohesion, adaptability, and satisfaction scores were used as linear scores, because the curvilinear model upon which the FACES III is based has been challenged by empirical studies in recent years (see Pratt & Hansen, 1987). These studies have found that high scores on the

cohesion and adaptability scales correspond with healthy family functioning.

Internal consistency reliability analysis on large nonclinical samples yielded Cronbach's alphas of .77 for cohesion and .62 for adaptability. Test–retest reliability over a 4- to 5-week interval was .83 for cohesion and .62 for adaptability. The internal construct validity of FACES III was demonstrated by factor analysis which revealed two clearly independent factors corresponding to adaptability and cohesion. Also, the power of various versions of the instrument to discriminate between problem and nonsymptomatic families on the basis of family type has been demonstrated in a number of studies cited by Olson (1986) as evidence of discriminant validity. It is noteworthy that Olson reports a linear relationship between cohesion and adaptability and functioning in "normal" families.

5. *Subscales from the Personal Authority in the Family System Questionnaire—Version C (PAFS-QVC)* (Bray, Williamson, & Malone, 1984; Bray & Harvey, 1992), a self-report instrument designed to measure the interactional patterns in the two-generational family system as perceived by a college-age individual in the family. The instrument has eight subscales which cover aspects of one's relationship with one's family of origin and with an intimate peer.

In the present study, three of the subscales were administered and used to operationalize individuation: intergenerational fusion, triangulation, and intimacy. The three subscales together contained 40 items. The internal consistency reliability (alpha coefficients) of these subscales from PAFS-QVC ranged from .73 to .92. Test–retest correlations from the three scales over a 2-month period ranged from .66 to .80. In addition, the peer intimacy subscales was administered to assess students' relationships with significant others outside the family of origin. The test–retest correlation over a 2-month period for this subscale was .65.

The validity of the PAFS-QVC is supported by the significant correlations in the expected directions with various dimensions of a structural family relationships measure, such as parent–child coalitions and detouring; some psychological outcome measures such as distress and well-being; and a health distress scale (Bray

et al., 1984). Finally, all three scales have been found to discriminate between clinical and nonclincial samples.

For the individuation variable used in this study, an Individuation summary score was calculated for each subject from their three standardized PAFS subscale scores on fusion, triangulation, and intimacy. Individuation was conceptualized as low fusion and triangulation in the context of high intimacy. The summary score was calculated accordingly, accounting for the directionality of each of the three subscales.

Procedure

Data collection took place in two steps. Subjects met with the researcher on two different occasions, one week apart. At the first session, subjects were told that the goal of the study was to examine how additions and losses of family members affected various dimensions of family and individual functioning. At this session subjects were also given the Family History Questionnaire to take home, thus allowing them a week to contact a parent for assistance in supplying the genealogical data.

The second step of data collection involved meeting with the subjects again and having them fill out the remaining questionnaires during a class period. More than 90% of the students who came to a first session completed the protocol.

Design

For the bulk of the data analyses, subjects were assigned to one of three groups on the basis of the presence or absence of one or more traumatic deaths over three generations in the family as reported on the Family History Questionnaire. Relatives included were the subject's parents, siblings, grandparents, aunts, and uncles. Traumatic death included both premature and sudden deaths. Premature deaths were defined as any death of a family member before the age of 60 (including deaths resulting from miscarriages and sudden infant death syndrome). Sudden deaths were defined as those involving violent, unnatural causes such as accidents, homicides, suicides, or death in combat. They also included deaths due to illness when there had been no previous

symptoms or warning. This categorization of subjects produced the following three groups:

1. Group 1, the Normative Loss group (26% of the sample): subjects whose families had not experienced any traumatic deaths in the three-generation family. Subjects who had experienced deaths that were relatively expected, primarily deaths of elderly grandparents, were included here.
2. Group 2, the Transgenerational Loss group (40% of the sample): subjects whose family histories included at least one traumatic loss before the subject was born. This included the subject's grandparents, aunts, uncles, or siblings who had died before the subject was born (including miscarriages).
3. Group 3, the Direct Loss group (34% of the sample): subjects who had experienced the traumatic loss of at least one family member (grandparent, parent, aunt, uncle, or sibling—including miscarriage) within the subject's lifetime. This included sudden or unnatural deaths, as well as the death of any family member aged 59 or younger.

Data Analysis

Univariate Analyses of Covariance (ANCOVAs) were performed with group membership as the independent variable and current family stress used as a covariate. Because current stress was expected to affect subjects' scores on the dependent measures of functioning, it was used as a covariate to remove these more direct effects before looking at the longer-term effects of the family's traumatic loss history. Sample means of the respective variables were used to estimate missing values for individual cases.

Results

Of the original pool of 214 students who completed the study, 181 (85%) provided sufficient loss history information to be categorized into one of the three groups. One-way analyses of variance

and chi-square tests indicated there were no significant differences on the demographic variables across the three groups.

Loss History

1. Descriptive data

Although the current study was not designed to explore the effects of a single death on individuals but rather the cumulative effect of losses over time, some data are provided here to lend a more descriptive "picture" of the nature and relative frequency of the losses incurred. Bear in mind that any given subject may have had more than one loss occur in his or her family; the categories, therefore, are not mutually exclusive.

Normative Loss Group: The losses incurred by subjects in this group were, by definition, nontraumatic. Thirty-three out of 47 subjects (70%) had lost at least one grandparent (over age 60, to illness). Twenty-eight percent had had no deaths in their family in their lifetime.

Transgenerational Loss Group: In this group the traumatic losses directly affected the subjects' *parents* as, by definition, the deaths occurred before the subjects were born. Thirty-six out of 73 (49%) of these parents lost one or more of their own parents prematurely to illness. Thirty-seven percent of the parents lost a sibling prematurely. Three (4%) of these families lost a child before the subject was born, and 6 (8%) lost infants through miscarriage or stillbirth. The number of families suffering sudden losses in this group included 7 (9%) who lost someone in an accident (including one child at age 6), 5 (7%) who lost family members in combat, 2 (3%) who lost grandparents through homicide, and one who lost a sibling of father to suicide.

Direct Loss Group: Sixteen out of 61 subjects (26%) in this group directly experienced the premature death of a grandparent. Ten (16%) lost an aunt or uncle prematurely. Two subjects (3%) lost a sibling to illness, and 18% of these families experienced the miscarriage or stillbirth of an infant (one stillborn child having been the twin of the subject). Five subjects (8%) lost fathers to illness and 3% lost mothers. (One subject lost both his mother and father.) The number of subjects experiencing a sudden death included 1 who lost an uncle in combat, 11 (18%) who

lost relatives in accidents (including 2 sibling deaths) and 3 (5%) who lost relatives to suicide (2 aunts and 1 uncle).

2. Between Group Differences in Functioning

The ANCOVA results concerning loss history groups are summarized in Table 1. It displays the means of the three loss history groups on each of the dependent variables, as well as significant differences between group means.

Different loss experience did account for significant differences on several of the measures of current functioning in this young adult sample. Significant differences were found between groups on reported depression, general psychological distress, intergenerational fusion, intergenerational individuation, and peer intimacy levels. Differences were not found in reported levels of cohesion and adaptibility in the family, however.

It was hypothesized that subjects in the Direct Traumatic Loss group would report more psychological distress, less individuation from their parents and less adaptive functioning in the family than the Transgenerational Traumatic Loss group, who in turn would report more dysfunction on all of the measures than the Normative Loss group. Post hoc comparisons revealed differences between the Direct Loss group and the other two groups (see Table 1). As expected, the presence of a traumatic loss within a student's own lifetime was related to more reported depression, more global psychological distress, higher levels of reported fusion and lower overall individuation from the family than reported by either the Normative or Transgenerational Loss group. Having experienced a loss in one's lifetime also was associated with less intimacy with peers than was reported by the Normative Loss group. The Direct Loss group reported less peer intimacy than the Transgenerational Loss group as well, but this difference failed to reach statistical significance.

Contrary to the hypothesis, the post hoc comparisons revealed no significant differences between the Transgenerational Loss group and the Normative Loss group. While the means of the three groups tended to vary in the predicted direction on the various dependent measures, the Normative and Transgenerational Loss group means were much closer to one another than to the means reported by the Direct Loss group.

TABLE 1 ANCOVA Results

Dependent Variable:	Group Means (*SD*) 1 Normative Loss	2 Transgenerational Loss	3 Direct Loss	bet. Group	Covariate (stress)	Newman-Kuels comparisions 1 v 2	2 v 3	1 v 3
Brief symptom inventory:								
Depression	50.59 (8.19)	50.30 (7.76)	54.80 (10.24)	**	***		*	*
Anxiety	51.62 (9.20)	52.67 (8.72)	53.79 (10.13)	—	***			
Global symptom index	48.81 (7.99)	50.20 (7.98)	53.41 (9.55)	*	***		*	*
PAFS:								
Intimacy	.18 (.86)	.02 (.94)	−.28 (1.13)	—	*			
Triangulation	.19 (.92)	.02 (1.05)	−.18 (.98)	—	**			
Fusion	.06 (1.02)	.09 (.94)	−.31 (1.04)	*	**		*	*
Peer Intimacy	47.03 (4.98)	44.46 (7.74)	43.16 (7.91)	*	—			*
Individuation summary	.43 (1.98)	.13 (2.37)	−.77 (2.27)	*	***		*	*
FACES III:								
Cohesion Now	34.40 (8.14)	34.27 (7.31)	32.52 (7.49)	—	—			
Adaptability Now	25.79 (6.12)	26.02 (6.88)	25.10 (5.88)	—	—			
Cohesion Ideal	41.24 (4.55)	40.52 (5.71)	39.59 (6.15)	—	—			
Adaptability Ideal	31.50 (5.32)	31.51 (5.84)	31.68 (6.15)	—	—			

* = $p < .05$; ** = $p < .01$; *** = $p < .001$.

Additional Findings

Another consistent finding resulted from using the College Adjustment section of the YA-FILE as a dependent variable. This second part of the YA-FILE provides a tally of college-related stresses and difficulties experienced by the student, and can be scored with or without the first half of the measure (stressors happening to the family more broadly). Although this portion of the YA-FILE can be used separately, the finding reported here must be interpreted with some caution, as we used the first half of the YA-FILE measure (current family stress) and an independent variable (the covariate), and the other half as a dependent variable.

It was found that, after the effects of current family stress were removed, a significant difference in college adjustment existed between loss groups (F (2,178) = 3.73, p = .025). Post hoc comparisons revealed that the Direct Loss Group reported more stress in adjusting to college (poorer college adjustment) than the Normative Loss Group.

Discussion

Loss History

The hypothesis that late adolescents with different loss histories would report different levels of psychological distress and different levels of current functioning in their families was partially supported by the data. While having a traumatic death in the family *prior* to one's birth was not found to be associated with poorer current adolescent functioning, experiencing a traumatic loss during one's own lifetime was significantly associated with various indicators of dysfunction. These adolescents reported more depression, more global psychological symptoms, higher levels of fusion with parents, lower levels of overall individuation, lower levels of intimacy with peers, and poorer college adjustment. These findings support the hypothesis that experiencing a traumatic death in one's own lifetime can have important effects on the individuation process in late adolescence. The findings lend credence to the prediction of Jordan et al.'s model that a

history of traumatic loss will have the effect of increasing the "gravitational pull" among family members at the stage when an adolescent member is separating from the family. Families with a traumatic loss history are expected to be more likely to have difficulty handling the developmental tasks involved in "launching" an adolescent member, such as fostering emotional independence between members and allowing members more freedom to join with others outside the family.

The above findings are particularly impressive given that traumatic death of any family member (including more distant family members such as aunts, uncles, and grandparents) was the criterion for group membership, regardless of the student's age at the time of bereavement. One would expect that grouping students in this way would tend to weaken the effect size of such a phenomenon.

An unexpected finding was that loss history did not predict family cohesion and adaptability (as measured by the FACES III). Methodological problems may account for the lack of findings. The data are based only on the perception of the adolescent, who may have tended to see his or her family as more separate than the parents would have described it. The cohesion scores in particular tended to cluster around the "disengaged" end of the scale. This is what would be expected in a young adult sample and replicates previous findings (Olson, McCubbin, Barnes, Larsen, Muxen, & Wilson, 1983), but may have created a sample where too little variability in the scores existed to permit the detection of any differences based on loss history. In addition, the cohesion measure may not be as relevant for families who have at least one member living away from home (as did the majority of families in our sample) because many of the questions ask whether or not the family chooses to do things together. Another possible explanation is that the Direct Traumatic Loss families do not, in fact, have more current dysfunction than the Normative Loss families on the dimensions of adaptability and cohesion (and hence do not look different on the FACES III), but were previously more dysfunctional for a period of time. However, with time, many families may adjust to a traumatic death in such a way that they are not likely to pass along negative effects to the next generation. It may be that the effects of traumatic losses may tend to dissipate

as "time heals all wounds"—at least over a long (minimum 18 years) period of time. These findings lend credence to the idea that there are many mediating variables between a loss and long-term outcome (Krupnick & Solomon, 1987; Birtchnell, 1980), and to Tennant's conclusion that it is not the death per se, but the disruption of the parenting functions of the family that produces the apparent deleterious effects of early parent loss. Students who had a traumatic death occur within their lifetime were likely also to have experienced much more disruption of the ongoing functioning of their family than students whose families suffered the loss prior to their birth.

A final explanatory factor is that this was a normative, private-university student sample. The families of these students may have had a greater wealth of resources with which to cope with a death of any kind. The long-term effects of maladaptive adjustment to death would probably be stronger in a clinical and/or more disadvantaged sample.

Limitations of the Present Study

In considering the above findings, certain limitations of the research design used here should be kept in mind and addressed in future research. First, this was a sample of private-university psychology students, who were predominantly white and middle-to-upper-class. Seventy-nine percent of the total sample was White, and students identifying themselves as White and Protestant were overrepresented in the Normative Loss group, although this difference was not statistically significant. The fact that this sample was 63% female also somewhat limits the generalizability of the findings. It is worth noting, however, that the distribution of male and female participants did not vary across the three groups.

Second, the information collected was entirely self-reported data from only the young adult member of the family. While we believe that people's subjective experience is a crucial part of understanding psychological phenomena, it would greatly enrich the research methodology and strengthen the credibility of the findings to collect data from multiple family members through

multiple methods of data collection (Christensen & Arrington, 1987).

Another problem was that a central questionnaire used in the study, the Family History Questionnaire, while having good face validity, has not had its validity or reliability established. Still another limitation of the study was that the subjects' stage of life when deaths occurred was not controlled for in the data analysis.

The goal of this study was to see very generally how deaths of family members affect long-term individual and family functioning. The fact that significant effects of loss history were found using the general, broad-brush strategy adopted here points to the likelihood of a real effect being detected in the data. However, the age of a person when he or she suffers a loss clearly is important (Krupnick & Solomon, 1987), and more information about the timing of the loss undoubtedly should be factored in when attempting to understand the impact of death(s) on individual and family development. Future research should explore whether including the bereaved subject's age at the time of the loss adds meaningful predictive power about the effect of the death on current functioning.

Conclusions

This study was an initial attempt to explore some of the long-term effects of stress and traumatic loss on the individual and perceived family functioning of young adults in college. As expected, the experience of a traumatic death within the family in one's own lifetime (regardless of the subject's age at the time of the loss) was related to dysfunction in several areas. The hypothesis that transgenerational traumatic loss in one's family history would also negatively affect functioning was not supported.

Taken together, these findings reinforce the need for clinicians to gather information about the loss and stress history of their clients. Current stressors a client or family is coping with should be assessed with past losses in mind, particularly for families that have a history of traumatic losses which may have made them exceptionally vulnerable to dysfunction under current stress.

The model set forth by Jordan et al. received partial support in this study. These findings need to be replicated. In addition, expansion of the methodology to include other family members' reports and multiple data-gathering methods would either build support for or guide modifications of the concepts in the model. It may be productive for future research to attempt to increase the effect size by limiting the sample to families who have experienced the traumatic death of a close relative (parent, grandparent, or child). If these findings are replicated, it also would be very useful in building family process theory to conduct research that specifies the microprocesses within families by which trauma is transmitted through the generations. Continuation of this line of research could provide extremely important guidelines for early intervention in families that have suffered such losses. It would also add to our knowledge base about the tools needed to prevent some of the family dysfunction that may result from the traumatic death of a loved one. Families can grow from losses, but they can also be devastated by them. It is hoped that this and future studies will help illuminate the growth process, and enable us to ameliorate at least some of the potential devastation we have observed.

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