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The grieving process and delinquency: testing the therapeutic process of grieving with delinquent male adolescents

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The grieving process and delinquency: Testing the therapeutic process of grieving with delinquent male adolescents

by

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THE INTRODUCTION

The Rationale for the Study

The concept of juvenile delinquency is an old one that continues to be associated with complexity and perplexity. The ancient Roman civilization used the term to refer to "a failure, neglect of duty, and abandonment of an agreement on the part of the youth of the day" (Sebald, 1968, p. 361). Plato (1974), in his book The Republic, vividly described the wayward youth as educated by the mob (pp. 142-152). In his Dialogues, Plato (1953) reported the discussion of Socrates with the youth, Lysis, in which this adolescent of the day related he was not permitted to take the reins of his father's chariot and ride in a race (p. 46). Aristotle (1927) described the adolescent of the day in part: "The young men have strong passions and tend to gratify them indiscriminately. . . . They are changeable and fickle in their desires, which are violent while they last, but quickly over: their impulses are keen but not deep-rooted. . . . They are hot-tempered and quick-tempered, and apt to give way to their anger" (p. 323). Yet, the delinquency of juveniles was not considered a viable, separate concern for specialized treatment until the latter part of the nineteenth century.

The concept that the adolescent was considered neither a fully responsible adult nor a child placed considerable concern on society in regard to delinquent acts and behaviors. Jean Jacques Rousseau (1762/1883), who was considered by Musgrove (1964, pp. 33-57) to have

"invented" adolescence, contended in his book, Emile, that the age of adolescence is an extension of and a transition of childhood and is not to be considered as a pre-extension of adulthood.

There were earlier efforts at understanding and treating the juvenile delinquent as evidenced in the City of Refuge legislation of 1825 wherein the State of New York tended to separate children from adults (President's Commission, 1967). Yet, the new age of concern for the adolescent and the juvenile delinquent came into existence in 1899 when the State of Illinois legislature passed the Juvenile Court Act. This legislation provided for the first state-wide court especially for children and became the "model legislation" for the rest of the country (President's Commission, 1967). It was at this time period that G. Stanley Hall, an originator, researcher and theorist in adolescent psychology, proposed in his classic two-volume work, Adolescence, that adolescence is the age of storm and stress (1904). He set forth in his recapitulation theory that the adolescent age results in eruptive behavior because of the natural motivational forces inherent in the genetic and biological determinants of the species (Hall, 1904).

The period of adolescence was considered to be a stressful time, but additional etiological causes were suggested in place of and in addition to the genetic cause advanced by Hall. Theorists and researchers considered the sources for adolescent turmoil to reside in family structures, in social and community environments, in peer culture, in physiological or psychological development among others. Therefore, in the process of understanding and dealing with the causes and prevention

of delinquency, theories were advanced and research promoted (Bernard, 1988; Erikson, 1963; Glueck & Glueck, 1934; 1950; Havinghurst, 1953; Healy & Bronner, 1926; Loeber & Stouthamer-Loeber, 1986; Mead, 1928; Morton, 1980; Sanders, 1976; Stott, 1982). The emphases on the understanding, causes and prevention of juvenile delinquency and the understanding of adolescence has been a growing but elusive endeavor of researchers and theorists throughout the twentieth century (Gottschalk, Davidson, Mayer, & Gensheimer, 1967; Loeber & Stouthamer-Loeber, 1986; Luger, 1967).

With the passing of the model legislation, the precedent was set for the separation of the adolescent from the adult (President's Commission, 1967). Mr. Justice Fortas referred to this legislation in giving the majority opinion of the In Re Gault, 1966, case concerning a 15 year-old boy, Gerald Gault, whose basic rights were determined to have been denied by the State of Arizona:

> The Juvenile Court movement began in this Country at the end of the last century. From the juvenile court statute adopted in Illinois in 1899, the system has spread to every State in the Union, the District of Columbia, and Puerto Rico (United States Report, 1967, p. 14).

Yet, the literature reported that the juvenile justice system and the juvenile courts have not dealt effectively with the problem of juvenile delinquency (Hasenfeld & Sharphorn, 1983; President's Commission Report, 1967; Schlossman, 1983).

The acuteness of the problem of juvenile delinquency becomes magnified when the statistics predicting juvenile delinquency are considered. The 1965 FBI Uniform Crime Reports predicted one in every

nine children and one in every six boys would be referred to the juvenile court system (President's Commission, 1967). The trends and perspectives offered provided no panacea for juvenile delinquency nor for the dilemma of the juvenile court system (Hasenfeld & Sharphorn, 1983; Loeber & Stouthamer-Loeber, 1986; Rosenheim, 1983).

However, the continuing problem is evidence that the causes of juvenile delinquency are not adequately understood and effective treatment continues to be evasive and, at least, inconclusive. Loeber and Stouthamer-Loeber (1986) observed after reviewing the literature, "Little has penetrated into policy planning on federal, state, or regional levels" (p. 99). The developmental, biological, sociological and psychological theoretical contributions toward understanding juvenile delinquency are insightful at times and descriptive but are inadequate in curing, curbing or preventing juvenile delinquency. In general, however, the research demonstrated that poor or inadequate factors in the early family environment of the child contributed to the dysfunctioning attitudes and delinquent behaviors of the adolescent (Loeber & Stouthamer-Loeber, 1986).

In 1944, Erich Lindemann inaugurated the emphasis on grieving, grief therapy, and the grief work. He proposed in his paper, "Symptomatology and Management of Acute Grief," (1944) that the manifestation of grieving because of the death of a loved one could become pathological if it were not appropriately handled at the time of the trauma. John Bowlby (1947; 1961; 1982) in his "Attachment Theory" between mother and child, warned of behavioral and pathological consequences when separation and loss

occurs to this relationship. Parke (1979) and others pointed out that this attachment relationship exists between child and father as well. Bowlby (1982), Goetting (1981), Lipinski (1980), Parkes (1972; 1974; 1980), and others proposed that such attachments could be associated with any significant person or object of the child's nurturing environment. The research, therefore, showed that when loss occurred at an early age and the grief was not resolved, pathological consequences and dysfunctioning behaviors were manifested in adolescence.

Hans Selye (1952; 1976) started reporting in 1936 his studies on stress and the biological ability of adaptation. Selye set forth in detail the body's general ability to adapt or not to adapt to stress precipitating events. Holmes and Rahe (1967) reasoned that there are many stressful events in life which are ordered from the most stressful to the least. Death of a loved one and divorce are found to be the most stressful. The 1980 Conference on Adolescence and Stress of the National Institute of Mental Health cautioned that adolescence is a period of development which has significant stressful aspects such as many conflicts and marked demands of society (Moore, 1981). The literature evidenced that stressful events as well as separations and losses were contributors to the dysfunctioning of the adolescent (Bendiksen & Fulton, 1975; Raphael, 1980; Schoor & Speed, 1963).

In summary, the research portrayed the movement from grieving over the specific death or separation of a loved one and the resultant feelings of loss and dysfunctioning behaviors to the dysfunctioning behaviors resulting from the feelings of loss and the stress involved

with the experiencing of critical events in the individual's life (Schoor & Speed, 1963). Therefore, the literature affirmed that unresolved losses were associated with juvenile delinquency. The reported characteristics of the juvenile delinquent included such family stressors as the loss of a parent through any means, loss of a sibling, loss of home and familiar environment, loss of a love object, loss of security and sense of well-being, loss of identity, and loss of acceptance by significant others or the perceived loss of any of the above (Lipinski, 1980; Loeber & Stouthamer-Loeber, 1986; Morton, 1980; Stott, 1982; Wallenstein, 1988).

Beatrice Lipinski (1980) commented on the topic of anxiety of separation and object loss:

> The discrete and cumulative effects of separation anxiety have been discussed in terms of loss and change, through the developmental life transition and unusual stress. Each loss or change has profound significance for the integrity of ourselves, our self-esteem, our physical well-being, and our ability to love, knowing that someday the ultimate leave taking will end all attachments to our love objects (p. 27).

The Research Concern

This study with juvenile delinquents was undertaken to address the concern of unresolved grieving resulting from separation, loss, and stress and to contribute significantly to the resolution of juvenile delinquency and to the enhancement of society. This study applies grief therapy to the juvenile delinquent. It is hoped that by the intervention of grief therapy as a significant and motivating process, the delinquent youth will actively be helped to work through acute grief or unresolved

grief and debilitating stress. Therefore, the goal of grief therapy is that the delinquent youth will demonstrate positive resolution through attitudes and nondelinquent behaviors.

The Assumptions

The basic assumption of this study is that the juvenile delinquent's behavior is a result of unresolved grief which occurred early in the life of the adolescent. It is assumed that delinquent youth have experienced stressful events as young children and have unsuccessfully and inadequately dealt with the process of grief. It is furthermore assumed that this unresolved grief continues to be reinforced through additional separation and loss experiences and stressful events. Therefore, the assumption includes that many dysfunctioning and disjunctive behaviors of the delinquent result from unresolved grieving. The study assumes that if intervention is applied through grief therapy, the incidence of delinquent behavior will be reduced because the juvenile delinquent will have come to an acceptable resolution of the grieving process.

The assumptions of this study include, furthermore, that the grieving events or losses which are presented by the juvenile delinquent will vary for each individual but will include any object or loss which was perceived as valuable, necessary, and loved by the individual.

Finally, this study assumes that the juvenile delinquents of the Iowa State Training School for Boys in Eldora, Iowa, are suitable subjects for the investigation. It is assumed that these juvenile delinquents are involved in the process of grieving without the positive

resolution of their grief. It is also assumed that the changes in behaviors through the intervention of grief therapy can be appropriately tested and assessed using The Jesness Inventory (JI) (Jesness, 1966), and the Jesness Behavior Checklist (JBC) (Jesness, 1971).

The Title of the Study

Therefore, this study is titled: The Grieving Process and Delinquency: Testing the Therapeutic Process of Grieving with Delinquent Male Adolescents.

The Hypotheses

From this research concern, two null hypotheses and three sub-null hypotheses were generated and additional findings were clinically treated. The null hypotheses were tested at the .05 level of significance.

The first null hypothesis

Grief therapy makes no significant difference between treatment groups of juvenile delinquents in their behaviors and attitudes as assessed by the Jesness Inventory.

The sub-null hypothesis 1 Grief therapy makes no significant difference between treatment groups of juvenile delinquents in their behaviors and attitudes as assessed by the Asocialization Index of the Jesness Inventory.

The sub-null hypothesis 2 Grief therapy makes no significant difference between treatment groups of juvenile delinquents in their

behaviors and attitudes as assessed by the Empirical Scales of the Jesness Inventory.

The sub-null hypothesis 3 Grief therapy makes no significant difference between treatment groups of juvenile delinquents in their behaviors and attitudes as assessed by the Cluster Scales of the Jesness Inventory.

The second null hypothesis

Grief therapy makes no significant difference between treatment groups of juvenile delinquents in their behaviors and attitudes as assessed by the Self-Appraisal Form of the Jesness Behavior Checklist.

The Additional Findings

Clinical observations were made and offered as additional findings. These observations include comparisons of the pretests and posttests of the JBC for groups 1 and 2, comparison of the pretests and posttests of the Asocialization Index of the JI, and an evaluation of the behaviors and attitudes of one of the students in the treatment group.

The Definitions of Terms

The definition of delinquency

Delinquency is defined in this study as any male juvenile who is adjudicated delinquent because of his violation of the law as well as his associated character assessment (Horrocks, 1969; Sanders, 1976; Slavson, 1965).

The definition of grief

Grief is defined as a process of complex emotions evidenced in behavior as a result of a perceived, felt, valued loss (Averill, 1968; Jackson, 1977; Parkes, 1974; Simos, 1979; Westberg, 1961).

The definition of the grieving process

For the purposes of this study, the grieving process, the grief work, is defined as the "quality of the introjected relationships," either pathological or normal, which is evidenced in behavioral phases or stages (Bowlby, 1961; Lindemann, 1944; Parkes, 1974; Volken & Showalter, 1968; Worden, 1982). The grieving stages of denial, anger, bargaining, depression, and acceptance advanced by Kubler-Ross (1969; 1975) are applied in this study.

REVIEW OF THE LITERATURE

Introduction

Juvenile delinquency is a legal term, but the concept of juvenile delinquency is of a broader and more encompassing nature. The problem of juvenile delinquency and especially the etiology has been variously studied by psychologists, sociologists, physiologists, ethnologists, and anthropologists along with the specialized groups such as psychoanalysts, role theorists, culturalists, developmentalists, and behavioralists. Significantly, the end result has been that the problem of juvenile delinquency continues, and no one theory or etiological proposal has supplied the resolution even though there are worthwhile contributions (Lane & Murakami, 1987; Loeber & Southamer-Loeber, 1986; Pappenfort, Donnell, & Young, 1980).

Delinquency is variously defined in the literature, and a child can be labeled delinquent for acts ranging from running away to murder (Slavson, 1965; Sanders, 1976). Sanders (1976) pointed out that delinquency is not to be legally defined, but rather is a character assessment of social interaction. He defined a juvenile delinquent as "anyone whose character, biography, and actions are assessed in terms of his/her having committed delinquent acts" (p. 10). The legal definition of juvenile delinquency states that a juvenile is delinquent when he or she commits an act which is appropriately adjudicated. This definition was considered too restrictive (Horrocks, 1969). Sebald (1968) responded that the definition of juvenile delinquency is more eclectic and clinical

in orientation. Slavson (1965) considered the national consensus of a juvenile delinquent to be an adolescent "who violates the sense of propriety or breaks the constituted laws of a given population living under specific consensus as to probity, legality, and normality. Young persons who are deviant or destructive in their effect as to present a problem to the community are stamped delinquent" (p. 12).

Shakespeare (1623/1969) in Macbeth wrote, "Give sorrow words; the grief that does not speak whispers the o'erfraught heart and bids it break" (Act 4, Scene 5). Eric Fromm (1968) suggested that there is a causative relationship between the inability to grieve and violence in our society. Although Sigmund Freud (1917/1957) proposed a pathological grief process as well as a normal one, he felt that there was insufficient awareness of this phenomenon but that in time the insight would be provided. He wrote:

> But here once again, it will be well to call a halt and to postpone any further explanation . . . until we have gained some insight into the economic nature, first, of physical pain, and then of the mental pain which is analogous to it. The interdependence of the mind forces us to break off every enquiry [sic] before it is completed--till the outcome of some other enquiry can come to its assistance (p. 253).

The literature for this study; i.e., The grieving process and delinquency: Testing the therapeutic process of grieving with delinquent adolescents, searches this concern of Freud. This review of the literature is divided into three basic inquiries. The first part inquires of the theories of adolescent development and their relationship to juvenile delinquency as well as of the current understanding of adolescent dysfunctioning. The second part considers grief and grief

precipitating factors. The third part reviews the process of grieving and of the grief therapies.

The Theories of Juvenile Delinquency

The psychological theories

G. Stanley Hall (1904), in his two-volume study Adolescence, introduced the specialized stages of youth development and characterized the stage of adolescence as being a period of storm and stress wherein the new birth of the species occurs recapitulating the process of evolutionary history. This natural storm and stress stage of adolescence was challenged successfully by Margaret Mead (1928) when she demonstrated that the cultural determinants were the essential givens for adolescent upheavals.

Hoffman (1984) reported that there were three psychological theoretical perspectives for understanding juvenile delinquency; i.e., psychoanalytic theory, psychopathological theory, and social learning theory. Kaplan (1987), Protinsky and Wilkerson (1986), Rheingold (1967), Slavson (1965) and others contributed to the psychoanalytic approach. Slavson (1965) exemplified the psychoanalytic theory in his description of the interaction of the drive of the libido in the id, ego, and superego and the developing child. He contended that the frustration of the child in striving for the love object in parents causes the child to withdraw the libido from the parents and from all and to remain in a "state of primary narcissism" (p. 28). Slavson related that the difference between the healthy and unhealthy child is how the pre-oedipal

development is handled.

James Masterson (1972) found that the behavior of the pathological adolescent resulted from faulty separation-individuation development during and following the symbiotic stage. Mahler, Pine, and Bergman (1975) reported on the "symbiosis" between mother and child up to 18 months wherein the mother acts as the ego for the child even though the child is not aware. Bowlby (1947; 1951; 1961; 1969; 1973; 1981) advanced the theory of attachment as being one of the primary instincts of the newborn. Bowlby contended that the child and the mother are attached or bonded and when separation occurs or the attachment is poor, the damage can be demonstrated later in delinquency.

The Diagnostic and Statistical Manual of Mental Disorders (DSM-III, American Psychiatric Association, 1980) describes the behavioral disorders of adolescence as that of either conduct or adjustment disorder. The adjustment disorder is defined as a maladaptive reaction to a specific stressful cause occurring within three months. The conduct disorder follows a repetitive pattern in which the norms of society are persistently abused. This disorder is classified in four subtypes: Undersocialized, Aggressive; Undersocialized, Nonaggressive; Socialized, Aggressive; and Socialized, Nonaggressive (pp. 45-50). The DSM-III is widely used in psychological evaluation and treatment of adolescents.

The learning and the developmental theorists contributed to the understanding of juvenile delinquency (Bandura, 1969; Bandura & Walters, 1959; Havinghurst, 1953; Krumboltz & Krumboltz, 1972; Maslow, 1962). These theorists through the principles of learning defined behavior

modification and development. The learning theorists described the concept of reinforcers in stimulus-response learning situations. Horrocks (1969) stated that delinquency is most probably associated with learning and that any study of the problem should include the assumptions of behavior modification.

Havinghurst (1953) proposed the concept of specific developmental tasks for the stages of growth of the individual. He posited that the individual's mastering of each task in every stage was necessary in order for the successful movement to the next one. The delinquent adolescent had not successfully completed the tasks of development. Eric Erikson (1963) advanced the stage theory of development with the adolescent time being that of a search for identity. He theorized that the adolescent is in the ambivalence of wanting to be self-sufficient but still clinging to the dependence roles of childhood. Abraham Maslow (1962) advanced the notion of an hierarchy of needs which necessitated successful accomplishment of the basic needs; otherwise, deficiencies in maturation developed and the individual became thwarted in rising on the hierarchical ladder to self-actualization and self-esteem.

The sociological theories

The sociological theorists also contributed to the body of literature concerning adolescence and juvenile delinquency (Glaser, 1956; Glueck & Glueck, 1934, 1950; Merton, 1957; Sutherland, 1947). Merton (1957) reported on understanding the disjunction of the juvenile delinquent based on Durkheim's anomie or normlessness and applied this to

the lack of norms in society. He contended that the delinquent youth is frustrated in the impasse of cultural goals and the structures of society. Merton perceived the strain the adolescent was in conforming to the pressures of society. He proposed that the adolescent became deviant in acting out the strain or stress between culture and society. Sutherland (1947) proposed the "differential association-reinforcement theory" which circumscribes delinquency as a result of personal and social relationships which had been established through learning. Glaser (1956) introduced the "differential identification" theory which is more specific than the approach of Sutherland. This theory stated that the juvenile delinquent identifies with a delinquent role model and incorporates the behavior of the identified one. Elliot, Ageton, and Canter (1979) advanced an integration of theoretical perspectives on delinquency in their "Control Theory" which viewed delinquency as a result of any or all of: (1) a lack of internalizing the norms of society, (2) a breakdown of societal controls, and (3) a conflict with societal controls. Jack Gibbs (1968) reviewed the old and new conceptions of deviant behavior and gave credence to the notion that "acts can be identified as deviant or criminal only by reference to the character of reaction to them by the public or by the official agents of a politically organized society" (p. 48). He further elaborated that this new conception rejects any pathological etiology of delinquency as well as analytical or biological conception of deviant behavior.

The role theorists advanced the notion that the individual is socialized by learning the role prescriptions of the society, culture, or

group in which the individual holds placement. With the confusion of roles and the disjunction of the individual role players, the outcome can be contrary to the expectations and goals of society (Biddle & Thomas, 1966; Clinard, 1968; Cohen, 1955; Glaser, 1956; Riess, 1968; Sebald, 1968). Lamar Empey (1975) summarized delinquency research on role theory in this way:

> It is the role of the individual youngster in the social structure, not his role in the street group, that is of primary significance. He is alienated before he enters the group, not because of it (p. 148).

Summary and present understanding of juvenile delinquency

Krohn, Massey, and Skinner (1967) reviewed the literature on juvenile delinquency and observed that the theories of social learning included the theory of operant conditioning. Wilfred Warren (1981), a psychiatrist, lectured in 1965 that the difficult adolescent is to be understood psychologically, psychiatrically, and sociologically.

There has been no paucity of theories and programs for understanding and working with adolescent behavior and especially juvenile delinquency. Yet, there is no one solution either (Loeber & Stouthamer-Loeber, 1986; Rodman & Grams, 1967). Burns and Stein (1967) forcefully pointed out that if the causes of delinquency can be determined and positively treated, then the prevention and cure is available:

> The nation cannot afford the cynical luxury of focusing only upon controlling crime and correcting offenders. A humanitarian and productive nation concerned with the well-being of its members must vigorously address those factors which produce delinquency in an effort to reduce its occurrence (p. 354).

Rolf Loeber and Magda Stouthamer-Loeber (1986) analyzed and summarized the available research on family environment and delinquent, aggressive, and criminal behavior using meta-analysis. Having claimed that the ground was broken in integrating the research from the impasse of the sociological and psychiatric-psychological disciplines, they concluded that there was no one solution to the problem of juvenile delinquency but that family environmental factors were basic to the problem. They gleaned from the research that:

> Socialization variables such as lack of parental supervision, parental rejection, and parent-child involvement are among the most powerful predictors of juvenile conduct problems and delinquency. Medium strength predictors include background variables such as parents' marital relations and parental criminality (p. 124).

Mary Capes (1981) studied 100 disturbed adolescents in England who were under stress. She concluded that adolescents who were failures were "damaged" early in life in unsatisfactory homes wherein security and affection were not given. These adolescents showed their damage, she reported, "almost entirely in 'acting-out' behavior and in conduct disorders" (pp. 82-96). Gordon Skipman (1982) averred that inadequate grieving was not the process toward delinquency but rather "the defects of nurturance" were the culprits leading to poor growth and development of the individual which he described as "parental abuse, rejection and failure to protect against physical and psychological hazards" (p. 187).

The research revealed that the family problems of divorce and separation are prominent in the histories of delinquent youth (Bendicksen & Fulton, 1975; Elliott, 1988; Goetting, 1981; Markhusen & Fulton, 1971;

Wallenstein, 1988). Markhusen and Fulton (1971) reported in the study of 9th grade Minnesota children that there was a causal connection between childhood loss due to divorce or separation of parents and subsequent behavioral problems. They found this to be particularly evident in male subjects who were classified as having "serious offenses against the law" (1971, p. 111). Bendicksen and Fulton (1975), using the same data, affirmed the original findings. Although they did not find a correlation of causal effect between delinquent behavior and parental loss due to death, they concluded: "Children from divorced homes, however, seem to fare worse. Unlike bereaved children, they are double victims in that they experience separation without loss, and desertion without closure" (p. 47). But Schoor and Speed (1963), in their study of subjects of the Juvenile Court in San Jose, California, concluded that the death of a parent or another close relative may lead to delinquent behavior. They reported concerning one of the delinquent girls in their study, "Had there been intervention at the time of grievous loss, an entire family might have been saved" (p. 544). Schoor and Speed (1963) were explicit in their feelings about unresolved grief and delinquent behavior. They further commented, "In order to accommodate to death, grief must be made manifest or it will persist in the psyche like a silent poison; the symptoms of such 'toxicosis' may be delinquent behavior" (p. 555). Judith Wallenstein (1988) related the Census Bureau's estimate that 45% of all children born in 1983 will experience their parents' divorce. She commented that this means children in trouble because of parental divorce along with the death of a parent are the best predictors for

dysfunctioning children.

In summary, the theories of adolescent development and juvenile delinquency observed that the developmental processes are most crucial. Although there is some credence given to nature and the genetic contributions, the current emphasis is on the nurturance and especially that of the family. The exigencies of the family relationships and how effectively they are met, are reportedly significant contributors to normal or pathological development and to the appropriate functioning or dysfunctioning behaviors of the participants. This translates into the current understanding of juvenile delinquency.

Grief and grief precipitating factors in juvenile delinquency

Erich Lindemann (1944) in his article titled "Symptomatology and Management of Acute Grief" spawned the emphases on death and dying and generated research and positioning in the area of pathological and normal grief, separation anxiety, object loss and behavioral disorders among others. Lindemann advanced the observations that:

(1) Acute grief is a definite syndrome with psychological and somatic symptomatology.

(2) This syndrome may appear immediately after a crisis; it may be delayed; it may be exaggerated or apparently absent.

(3) In place of the typical syndrome, there may be distorted pictures, each of which represents one special aspect of the grief syndrome.

(4) By appropriate techniques, these distorted pictures can be

> successfully transformed into a normal grief reaction with resolution (p. 141).

Birtchnell (1979) commented that stressful life events precipitate depression in vulnerable people. Based on his findings using the MMPI with his patients, he reported a statistical relationship between a parent death occurrence in adult life and the onset of psychiatric illness, particularly depression. Volken and Showalter (1968) differentiated between pathological grief and normal grief by the quality of the introjected relationships (pp. 359-360). The literature tended to show that unresolved grieving factors stemming from the early development of the child were contributors to the pathological and delinquent behaviors of adolescence.

Although the grief studies were initiated because of the need to facilitate the handling of the death of a loved one, the grieving process was shown to have other sources as well. Family factors were shown as having impacted on the development of the child and juvenile delinquency. The literature showed the importance of death and grieving and the complex emotion of loss and resultant dysfunctioning behaviors (Averill, 1968; Bowlby, 1947; 1961; 1969; 1973; 1981; 1982; DeVaul & Zisook, 1976; Jackson, 1977; Lindemann, 1944; Simos, 1977; 1979).

Margolis, Raether, Kutscher, Klagsbrun, Marcus, Pine, Cherico, and Kutscher (1985) described grief as "the emotional accompaniment to loss and bereavement and is translated into feeling and actions in a continuum that should be directed toward a restoration of the emotional balance that has sorrow on one end, the absence of pain in the middle, and

pleasure on the other end" (p. vii). Bertha Simos (1979) stated that grief "is being recognized as the forerunner for a wide range of physical, mental, and emotional disorders" (p. 2). She related that grief deals with the theme of loss which she described as "being deprived of or being without something one has had and valued and includes the experiences of separation. The term is applied both to the act of severance leading to the loss, as well as a temporary loss, and to the fear of loss" (1979, pp. 2-3). Bowlby (1947; 1961; 1969; 1973; 1981; 1982), Lindemann (1944), Mahler, Pine and Bergman (1975), Parkes (1964; 1970; 1980), Worden (1982), among others, studied the relationship between grieving, loss, and dysfunctioning of the individual. They found a causal effect of unresolved grieving over the loss of a loved object and the stress resulting in mental, emotional and physical debilitations. These early relationships or lack of them in terms of attachment, separation, and loss contributed to the delinquency and pathology of the adolescent (Stroufe, 1979).

John Bowlby (1947), based on his study of 47 delinquent youths, formulated his "Attachment Theory" between mother and child and warned of behavioral and pathological consequences when separation occurs in this relationship. Bowlby hypothesized in 1961 that:

> Unfavorable personality development is often to be attributed to one or more of the less satisfactory responses to loss having been provoked during the years of infancy and childhood in such degree, or the length of time, or with such frequency, that a disposition is established to respond to all subsequent losses in a similar way (pp. 317-318).

Bowlby reaffirmed his position and commented in 1981 that this position

was still valid. He reported that the influences of the mother in a family were significant and that early childhood suffers consequences when the loss of this parent is experienced. Parkes (1980) concurred with Bowlby and concluded that this delayed grief or unresolved grief could be displayed in pathological behavior at a later age.

Although Schoor and Speed (1963) studied adolescents who had experienced loss as a result of the death of a parent, they recognized the effects of parental loss through other causes. They espoused four possible reactions in the child due to the loss experience:

> (a) the normal mourning procedure, (b) immediate response which is pathological, (c) a delayed response which results in pathology in later life, and (d) delinquent behavior (p. 540).

Colin Parkes (1980) concluded from his research as well as from reviewing studies on bereavement that the effect of separating the child from the mother is potentially damaging to the child. He stated:

> Pathological events seem most likely to occur if (a) the separation is prolonged, (b) no mother substitute is available, (c) the child is in pain or his movement is restricted, (d) he is in unfamiliar environment, (e) he is between 6 months and 3 years old (pp. 11-12).

Averill (1968) hypothesized that grief is a biological phenomenon and that this emotion is implicated in many disabilities ranging from sickness and psychosomatic complaints to delinquency, alcoholism, drug addiction, and suicide.

Rutter (1971) reviewed the research and determined "that damage occurs where bonds fail to develop in the first place" (p. 43). Beverly Lipinski (1980) related when affectional bonding is severed, the feelings of distress and separation anxieties follow. She referred to the work of

Peretz who suggested such object loss causing the affectional bonding separation appeared in four aspects:

> Loss of a valued person, loss of an aspect of the self, loss of external objects, and developmental loss which is connected with growth and its accompanying physical, psychological, emotional and social changes (cited in Lipinski, 1980, p. 9).

Simcha-Fagan, Langer, Gersten, and Eisenberg (1975) described the "sleeper" effect of maternal influences over time. They showed that the parent characteristics of coldness, punitiveness, and the mother's excitability or rejection had stronger long-term effects evidenced in the mother's report of juvenile violence and delinquency and criminal record. Liggins (1966) in a critique of the literature concerning mourning reported that "the inner rejection of painful experiences is always active, particularly in childhood" (p. 20). He also reported that grieving may be delayed and rejected for years. Parkes (1972) found that in bereavement children may persist in searching for a lost parent extending into adulthood. The research additionally evidenced that this bonding is also between father and child (Bandura & Walters, 1958; Berlinsky & Biller, 1982; Brown, 1961; Parke, 1979). Berlinsky and Biller (1982) after reviewing the literature, reported that the absence of the father is more common among those who have participated in delinquent and criminal activities. Bowlby in 1982 commented that the only part of his attachment and loss theory he would change is the recognition of the role of the father. Parkes (1980) noted that the components of grief are involved in other types of loss; e.g., amputees grieving over loss of a limb or grievous effects of relocation. He

pointed out that a particular life-event may be considered either a loss or a gain which may be associated with bereavement reactions. Mitchell and Anderson (1983) explained that the grieving of a loss is not only a result of death but also can be precipitated by "material loss, relationship loss, intrapsychic loss which occurs initially at the time of adolescence, functional loss, role loss, and systemic loss" (pp. 35-46).

The summary of this portion of the literature is that attachment, separation, loss and unresolved grieving at an early age influenced the adolescent and are manifested through delinquent behavior (Schaefer & Bayley, 1963; Morton, 1980; Roberts, Block & Block, 1984; Tolan, 1988).

The investigation of critical events in a person's life and their effect on the physical and mental well-being in the individual contributed to the understanding of dysfunctioning behaviors, especially those of adolescence (Bowlby, 1982; Holmes & Rahe, 1967; Lipinski, 1980; Moore, 1981; Schneider, 1984; Selye, 1952; 1976). Hans Selye in 1936 (1952; 1976) initiated the notion that stress is the wear and tear caused by life and it produces nonspecific responses in the individual which ultimately use up the reserve supply for fighting events of traumatic inducements. Holmes and Rahe (1967) devised a scale for determining dysfunctioning based on life events which are determinants of stress. Some of these critical life events include:

> death of a loved one, divorce, marital separation, jail term, sex difficulties, gain of new family member, change in number of arguments, son or daughter leaving home, beginning or end of school, change of living conditions, revision of personal habits, etc. (p. 213).

They reported that each event described contained a life event which is associated with a significant change in the individual. They recognized that other investigations had observed the onset of illness relative to the emotional stress of life including that of object loss.

Birtchnell (1979) from his investigation using the MMPI reported that stressful life events can precipitate disorganization of personality. The National Institute of Mental Health conference on adolescence and stress (Moore, 1981) supported the notion that adolescence is a stressful age having extraordinary change, multiple conflicts, and marked imposition of societal demands for the appropriate completion of significant developmental tasks. Bowlby (1982) noted the stressors of adolescence and he commented that the weight of these additional object losses to the unresolved grief from parental alienation added to the dysfunction of the adolescent. John Killinger (1980) described the loneliness of children and the stressful events which help in the development of these feelings. He reported that the separation anxieties of the lonely child are the result of damage done by the schools, cruelty of peers, the self-perceived attracti eness, family mobility, and the battle for independence.

Lipinski (1980) recounted also that the cumulative effects of separation anxiety are increased through each stressful life experience. She related that each loss, every stressful life event, has profound implication on self-esteem, personal integrity, ability to love, physical well-being, and awareness that "some day the ultimate leave taking will end all attachments to our love objects" (p. 27).

Grief therapies

Although references are found in abundance on grief and the grieving process (Freud, 1917/1957; Lindemann, 1944; Bowlby, 1969; Parkes, 1970; Kubler-Ross, 1969; Stroebe & Stroebe, 1987; Weizman & Kann (1985); Worden, 1982), there is a paucity of references to grieving therapy applied to juvenile delinquency even though the need has been verified. Bowlby (1982) contended that early intervention in the grieving process is important in order to prevent damage in the developing child. He elaborated that intervention even in a later age is important, "Nevertheless, even if development has already gone seriously wrong, we need not despair. Help given later may not be able to rectify all the damage done, but it may be able to greatly diminish it" (p. 7). Conley (1984), Parkes (1980), Schoor and Speed (1963), and others offered that grieving and resultant pathology, such as evidenced in delinquency, can be treated with appropriate therapy. Beverly Raphael (1980) proposed the slowly undoing of the emotional bonds when a relationship is lost which is accomplished by skilled counseling using "a therapy of hope and one with major preventive implications" (p. 171). Lindemann (1944) stated the "pathological grief could be transformed into normal grief with appropriate techniques" (p. 141). Noyes (1969) noted that with professional intervention at the right time and positive circumstances, such grief crisis can be resolved and personality growth be fostered. Engel (1980) suggested a group dynamics therapy wherein didactic instruction and group processes are used. Lipchick (1988) related that the healing process need not be extensive and proposed a brief therapy.

John Schneider (1984) summarized the literature on stress, loss, and grief. He reported that the basic work of attachment is to provide a sense of security and consistency from the first moment of life. He proposed that the source of growth is the appropriate handling of stress and he described that the precipitating stress became stressors only when the individual:

> (1) fails to recognize the event or circumstance as stressful; (2) does not fully understand what makes the circumstance stressful; (3) does not see any effective alternative way to react to the source of stress in order to reduce its impact; (4) currently lacks positive factors in his or her life; and (5) lacks the presence of supportive, ongoing relationships (p. 3).

The concept of the grieving process is synonymously used with the concepts of the mourning process or of the bereavement process. Noyes (1969) captured the different nuances of the terms, even though they are used interchangeably:

> Bereavement refers to the state of one who has suffered a loss, grief to his subjective distress as a result of his loss, and mourning to his outward behavioral expression of that distress (p. 327).

The literature offered useful models of grief therapies for carrying out the grief work, the mourning process, grieving process, or bereavement process (Bowlby, 1961; Kubler-Ross, 1969; Lindemann, 1944; Meiges & De Moss, 1980; Mahler, 1975; Parkes, 1980; Worden, 1982; Schneider, 1984). Sigmund Freud in Mourning and Melancholia (1917/1957) considered that there was a normal grief process as well as a pathological grief process which led to morbidity. Lindemann (1944), elaborating on these two processes, posited that pathological grief could

be transformed into normal grief with appropriate techniques. Lindemann (1944) discussed the process of grieving which included somatic symptomatology as well as inappropriate conduct, hostility demonstrated against specific persons, affective disorders or schizophrenia, detrimental social interacting and depression (pp. 144-146). He related that such morbid grief reactions represented distortions of normal grief. The normal grief process for Lindemann included: (1) sensation of somatic distress; (2) feeling of increased emotional distance from others; (3) feelings of guilt including a loss of warmth in the relationship to others; (4) more hostile reactions; (5) loss of pattern of conduct (p. 142).

Parkes (1974) averred that, "Grief is the reaction to loss of an object of love. It is a complex process which . . . passes through a succession of phases before it is resolved" (p. 223). Parkes discerned the determinants of grief as having seven aspects: (1) Process of realization in which way grieving moves from denial to acceptance; (2) an alarm aspect in which anxiety and restlessness is evident; (3) a searching aspect during which time the persistence in finding the lost is evident; (4) anger and guilt; (6) identification aspect which is a phenomenon of using objects from the lost in a personal attachment way; and (7) the pathological variation wherein the "grief reaction may be excessive and prolonged or inhibited and inclined to emerge in distorted form" (p. 183). Bowlby (1961) elaborated on the main phases of mourning and he described the bereaved individual as experiencing continual disappointment and anxiety due to the separation. He related that such

individuals exert strenuous and hostile efforts to recover the lost object and this is associated with personality disorganization including pain and despair. The reorganization occurs when a "connexion" is made wherein the lost object is replaced with a new object (pp. 319-320). Bowlby emphasized that the element of hope is a thread weaved into the grief process (p. 320). Parkes in collaboration with Bowlby (1974) classified the grieving process and reported them as phases: the phase of numbness, the phase of yearning, the phase of disorganization and despair, and the phase of reorganization (pp. 36-52).

F. T. Meiges and D. R. De Moss (1980) proposed that the basic steps for resolving grief are to include those of reliving, revising, and revisiting the grief precipitating event. J. William Worden (1982) defined four tasks of mourning which must be accomplished in order for balance to be realized and the grieving process to be completed. He described these tasks as accepting the loss as real, confronting the grief pain, adjusting to the circumstances and investing energy in a new relationship. Worden translated these tasks into counseling procedures and principles which he described:

> (1) Help the survivor actualize the loss primarily through talking about it and being a good listener. (2) Help the survivor to identify and express feeling. (3) Assist in living without the deceased or loss. (4) Facilitate emotional withdrawal from the deceased. (5) Provide time to grieve. (6) Interpret "normal" behavior and allow for individual differences. (8) Provide a continuing support. (9) Examine defenses and coping styles. (10) Identify pathology and refer (pp. 39-49).

Elisabeth Kubler-Ross (1969, 1975) popularized the death and dying movement and contributed significantly to the understanding of the

grieving process. After extensive involvement with dying patients and their families, Kubler-Ross suggested five stages of grief which are experienced not only by the patient but by all who are significantly associated with the patient. The stages of grief for Kubler-Ross include: Denial, anger, bargaining, depression, and acceptance.

Although the grief therapies proposed are similar in content, there are differences in the sequence of stages or definitions of the phases, tasks, or steps. It is noted that the stages of the grieving process are not passed through in seriatim, but that there is overlapping and intermingling (Worden, 1982; Kubler-Ross, 1975). Glick, Weiss, and Parkes (1974) stressed that recovery does not mean forgetting about the source of grief. Wetmore (1963) posited that the goal for grief therapy is effective grieving. He described the place of anger in the grieving process as "an admission that there is a loss of impotence wherein the individual can not demand his want be fulfilled" (p. 102). The aims or goals of grief therapy according to Beverly Raphael (1980) are to provide comfort and support and an opportunity for catharsis.

Conclusion

The research on grief and the grieving process, including the therapies, promoted a theoretical basis for understanding the etiology of juvenile delinquency and offered a prevention approach. The disciplines agreed that family factors are instrumental in the developing child. The evidence is that pathological behaviors and disjunction and dysfunction in lifestyles as well as juvenile delinquency were attributable to some

degree to the reaction of unresolved grief. The research showed that the alienation of parental attachments, separations, and object losses along with the additive stressors of life events are present in the juvenile delinquent. Pathological symptoms and delinquent behaviors demonstrated even in delay of time were shown to be associated with such loss when not adequately resolved in an earlier age of the adolescent's development.

The conclusion of this researcher is that the time has come for fulfilling the inquiry which Freud had set forth concerning grieving and juvenile delinquency. This study incorporates much of the research presented and investigates the ongoing inquiry: The grieving process and delinquency: Testing the therapeutic process with delinquent adolescents.

THE METHODOLOGY

The purpose of this study is to test the therapeutic grieving process with delinquent male adolescents as assessed by the Jesness Inventory (JI) and the Self-Appraisal Form and the Observer Form of the Jesness Behavior Checklist (JBC). Two null hypotheses and three sub-null hypotheses were generated from the purpose of this study and tested for significance at the .05 level. Additional findings were clinically observed and reported.

The Milieu of the Study

This study was carried out at the Iowa Training School for Boys (ITSB), Eldora, Iowa. The Iowa Training School is a specialized institution for delinquent adolescent boys who are committed by the juvenile justice system of Iowa. The range of age for the boys, also designated as "students", at the ITSB at the time of the study was from 13 years to the 18th birthday. The students are generally placed in one of two tracks; i.e. either in the school program or in the vocational program.

The students lived in "cottages" containing 30-35 students under strictly controlled and supervised conditions.

Extensive safeguards are taken and punishment is administered for disobedience and lack of compliance to rules and regulations and for personal loss of control. Punishment has included temporary removal from the cottage and placement in a detention center or, in some cases, reassignment to a cottage specifically designed to handle the "problem" student. The ITSB also had a cottage composed of students who were not

only learning disabled but also low IQ functioning and incapable of living in the milieu of the campus. The average length of stay for the student at the time of this study was approximately eight months.

The Subjects of the Study

The forty students of the study were randomly selected from the population of the ITSB. All of the students had been adjudicated delinquent and they ranged in age from 13 to 17 years.

The population was somewhat limited. Students who were to be away from the institution because of trial home leaves, pre-arranged hospitalization, or other pre-planned activities during the time of the study were not considered for selection availability. In addition, the sampling was further limited to those students who were capable of reading and comprehending in order to take the Jesness tests used in the design.

All of the sampled subjects were personally visited and asked to participate in this research. They were assured that participation was voluntary and that their involvement would not be a part of their ITSB record. The subjects signed one of two release statements depending upon their participation in the treatment process. These release statements are given in the Appendices. Two of the students in the treatment groups elected not to continue with the study.

The data in Tables 1 and 2 provide information concerning the age, the interest track or program, and the cottages lived in by the students of the treatment group and of the control group.

Table 1. Demographic information on subjects in the treatment groups

Item	No.
Age	
13	1
14	0
15	2
16	5
17	12
Program	
Vocational	11
School	9
Cottage[a]	
Receiving Cottage	3
3	4
4	2
5	4
6	3
8	2
Stanley Hall	2
Detention	0

[a]Denotes the cottages students lived in.

The Human Subjects Protection

The Iowa State University Committee on the Use of Human Subjects in Research reviewed this project and concluded that the welfare of the subjects was adequately protected, that the risks were outweighed by the potential benefits and expected value of the knowledge sought, that confidentiality of the data was assured, and that informed consent was obtained by appropriate procedures.

Table 2. Demographic information on subjects in the control groups

Item	No.
Age	
13	0
14	1
15	5
16	7
17	7
Program	
Vocational	9
School	11
Cottage[a]	
Receiving Cottage	0
3	3
4	4
5	1
6	6
8	4
Stanley Hall	1
Detention	1

[a]Denotes the cottages students lived in.

The Pilot Study

A modified form of the study was carried out as a pilot study with a cottage of girls at the Quakerdale Home in rural New Providence, Iowa, one week before the start of the study. Approximately 15 delinquent girls voluntarily participated in the grief therapy process for five successive evenings. The social worker was also involved as a participant and facilitator. Several refinements for the study were received as a result. The therapy process has become a viable part of the program at the Quakerdale Home.

The Design of the Study

This study was designed to test the therapeutic process of grieving with delinquent male adolescents. In order to carry this out, two null hypotheses and three sub-null hypotheses were generated and tested for significance at the 0.05 level using the Solomon Four-Group Design. The JI and the JBC in the Self-Appraisal Form and in the Observer Form were the assessment instruments for the statistical findings.

Additional findings generated in the design of the study were evaluated clinically which included comparing the students in groups 1 and 2. The comparisons were made of the T-scores of the pretests and posttests of the Self-Appraisal Form of the JBC and also comparisons of the staff's ratings of the students using T-scores of the pretests and posttests of the Observer Form of the JBC. T-score comparisons were made from the pretests and posttests of the Asocialization Index of the JI on groups 1 and 2.

The additional findings generated in the design of this study included a clinical evaluation of one of the students in treatment using T-score comparisons and observations from the therapy treatment process.

Forty students from the ITSB were randomly selected from the total population. The randomly selected students were randomly assigned into four treatment groups of ten each. Two of the students dropped out of group 1 during the treatment process. The randomly selected groups (R) were tested and given grief therapy in accordance with the Solomon Four-Group Design as shown in Table 3.

Table 3. The Solomon Four-Group Design of the study

Group 1	R	O_1	X	O_2
Group 2	R	O_3		O_4
Group 3	R		X	O_5
Group 4	R			O_6

Group 1 received pretest, treatment and posttest.

Group 2 received pretest and posttest.

Group 3 received treatment and posttest.

Group 4 received posttest.

The treatment process covered two hours per day for five successive days. Each treatment process included one or more of the stages of grieving as advanced by Kubler-Ross; i.e., denial, anger, bargaining, depression, and acceptance (1969).

The controls for external and internal validities were addressed in the Solomon Four-Group Design. This design made for increased generalizability by determining the main effects for testing and the interaction of testing and the treatment. "The effect of X is replicated in four different fashions: $O_2 > O_1$, $O_2 > O_4$, $O_5 > O_6$, and $O_5 > O_3$" (Campbell & Stanley, 1963, p. 25).

The posttest scores of the group data which were examined statistically were treated with a 2 x 2 analysis of variance according to the Solomon Four-Group Design as shown in Table 4.

Table 4. The 2 x 2 ANOVA design for group posttests

	No treatment	Treatment
Pretested	02	01
Not pretested	04	03

From the column means, the estimate of the main effect of treatment was made. From the row means, the estimate of the main effect of pretesting was made. From the cell means, the estimate of the interaction of testing with the treatment, X, was made.

All hypotheses were tested at the .05 level of significance.

Additional findings were offered by comparing standardized T-scores and clinically evaluating the results. Additional findings were examined in the participation of one of the students in group 1.

All data were evaluated through Iowa State University Computation Center using Wylbur, the computer program, and the SAS. The T-test was used in comparing the assessments of the observers and of the self-appraisers, the students, using the JBC.

The Instrumentation

The testing instruments used in this study were the Jesness Inventory (JI) in the Revised Form G and the Jesness Behavior Checklist (JBC) in two forms; i.e., the Self-Appraisal Form and the Observer Form. Both the JI and the Self-Appraisal Form of the JBC were administered to the subjects according to the Solomon Four-Group Design. The Observer

Form of the JBC was administered in pretests and posttests to staff members who rated the observed behaviors of the students of groups 1 and 2. Copies of these tests are in the Appendix.

The Jesness Inventory

The JI is a "measure designed for use in the classification and treatment of disturbed children and adolescents" (Jesness, 1966, p. 3). This inventory, designed for use with delinquents, consists of 155 true/false items providing scores on 11 personality characteristics. Although the JI defines 11 personality characteristics, it reports on these in 10 scales and 1 index. Three of the scales are titled "the Empirical Scales"; i.e., Social Maladjustment, Value Orientation, and Immaturity, which "resulted from an item analysis using criterion groups" (Jesness, 1966, p. 3). Seven of the scales of the JI, designated "the Cluster Scales"; i.e., Autism, Alienation, Manifest Aggression, Withdrawal, Social Anxiety, Repression, and Denial, "were derived statistically by cluster analysis" (Jesness, 1966, pp. 4-16).

The descriptions of the Empirical Scales

1. Social Maladjustment Scale (Sc) - 63 items. Social Maladjustment refers here to a set of attitudes associated with inadequate or disturbed socialization, as defined by the extent to which an individual shares the attitudes of persons who demonstrate inability to meet environmental demands in socially approved ways.

2. Value Orientation Scale (VO) - 39 items. Value Orientation

refers to a tendency to share attitudes and opinions characteristic of persons in the lower socioeconomic classes.

3. Immaturity Scale (Imm) - 45 items. Immaturity reflects the tendency to display attitudes and perceptions of self and others which are usual for persons of a younger age than the subject.

The description of the Cluster Series

4. Autism Scale (Au) - 28 items. Autism measures a tendency, in thinking and perceiving, to distort reality according to one's personal desires or needs.

5. Alienation Scale (Al) - 26 items. Alienation refers to the presence of distrust and estrangement in a person's attitudes toward others, especially toward those representing authority.

6. Manifest Aggression Scale (Ma) - 31 items. Manifest Aggression reflects an awareness of unpleasant feelings, especially of anger and frustration, a tendency to react readily with emotion, and perceived discomfort concerning the presence and control of these feelings.

7. Withdrawal Scale (Wd) - 24 items. Withdrawal involves a perceived lack of satisfaction with self and others and a tendency toward isolation from others.

8. Social Anxiety Scale (Sa) - 24 items. Social Anxiety refers to perceived emotional discomfort associated with interpersonal relationships.

9. Repression Scale (Rep) - 15 items. Repression reflects the exclusion from conscious awareness of feelings and emotions which the individual normally would be expected to experience, or his failure to

label these emotions.

10. Denial Scale (Den) - 20 items. Denial indicates a reluctance to acknowledge unpleasant events or aspects of reality often encountered in daily living.

The description of the Asocialization Index

11. Asocialization refers to a generalized disposition to resolve problems of social and personal adjustment in a way ordinarily regarded as showing a disregard for social customs or rules (Jesness, 1966, pp. 7-16).

The Asocialization Index (Asoc) gives a discriminate score and is the one most closely related to and most predictive of juvenile delinquency. It is based on a regression equation which combines attitude syndromes and personality traits into a measure most predictive of acting-out. The Asoc Index is derived by combining the weighted measures of the SM Scale and a power aspect of the SM Scale (SM^X) and subtracting the combined weighted values of the VO, Au, Al, Ma, Wd, Sa, and Rep Scales.

The JI was administered according to the Solomon Four-Group Design. Groups 1 and 2 were administered the pretests and posttests, groups 3 and 4 were administered the posttests, and groups 1 and 3 received the treatment.

Carl Jesness (1966) based the validation of the JI on correlation studies with the California Personality Inventory as well as on his study of 210 young delinquents.

The Jesness Behavior Checklist

The JBC (Jesness, 1971) consists of 80 items which measure 14 bipolar factors. It was designed to provide a way of systematically recording the behavior of juvenile delinquents in institutions. This behavioral rating scale has been under development and refining since 1960 and exists in two forms, the Self-Appraisal Form and the Observer Form. The functional criteria of the test were based on 15,000 behavioral descriptions of institutionalized juvenile delinquents. The JBC was refined by using a technique approximating the critical incident technique and factor analysis. The self-appraisal form was made the equivalent of the observer form by simplifying and making the statements idiomatic. The reliability using the test-retest with an interval of 7 months is low ranging from a low of .05 to a high of .58. Generally, the validity scores are acceptable, based on correlation results between different raters as well as between observer ratings and self-ratings.

The descriptions of the bipolar factors

1. Unobtrusiveness vs. Obtrusiveness - 8 items. Unobtrusiveness is characterized by agreeable, inconspicuous, nonmeddlesome behavior. A low score is characteristic of loud, aggressive individuals who agitate, quarrel and thrust their opinions upon others.

2. Friendliness vs. Hostility - 5 items. Friendliness is defined as a disposition toward amiable cooperativeness, and noncritical acceptance of others. A low score is indicative of fault finding, and disdainful, antagonistic behavior towards others, especially persons in authority.

3. Responsibility vs. Irresponsibility - 9 items. Responsibility is indicated by adequate work habits, including promptness, initiative, and good care of equipment. Low scores suggest poor quality and low quantity of work performance.

4. Considerateness vs. Inconsiderateness - 7 items. Considerateness refers to a tendency to behave with politeness and tact, and to show kindness toward others. A low score is indicative of callousness, tactlessness, and/or a lack of social skills.

5. Independence vs. Dependence - 5 items. Independence characterizes persons who attempt to cope with tasks, make decisions without undue reliance on others. Low scores characterize those who are not decisive or assertive and who are easily influenced by others.

6. Rapport vs. Alienation - 5 items. Rapport is shown by those who interact easily with and have harmonious relations with persons in authority, such as teachers, counselors, therapists, etc. A low score is characteristic of those who avoid authority figures and do not appear to trust them.

7. Enthusiasm vs. Depression - 5 items. Enthusiasm is characteristic of those who are cheerful, active, and involved with others. A low score indicates lack of interest, withdrawal from participation, and unhappiness.

8. Sociability vs. Poor Peer Relations - 4 items. Sociability refers to the capacity for getting along well with others in groups. Low scores characterize those who do not cooperate well in group activities and are not well liked.

9. Conformity vs. Non-conformity - 7 items. Conformity refers to the tendency to comply with accepted social conventions, laws, or established rules. Those who obtain low scores are prone to lie, steal, or to otherwise disregard social or legal standards.

10. Calmness vs. Anxiousness - 6 items. Calmness is defined by the presence of self-confidence, composure, personality security, and high self-esteem. Low scores characterize persons who lack confidence and appear anxious and nervous, especially under stress.

11. Effective Communication vs. Inarticulateness - 5 items. Effective communication refers to the capacity for clear expression, and the tendency to listen attentively to others. The person scoring low tends to avoid direct communication, does not express himself clearly, and/or does not attend to what others say.

12. Insight vs. Unawareness and Indecisiveness - 6 items. Insight refers to accurate self-understanding and active engagement in efforts to cope with and solve personal problems. A low score is indicative of indecisiveness, little effort toward resolving personal problems, and inaccurate self-knowledge.

13. Social Control vs. Attention-Seeking - 4 items. Social control is demonstrated by the absence of loud, attention-demanding behavior. Those who are rated low tend to "horseplay," and display other loud, attention-seeking behaviors.

14. Anger control vs. Hypersensitivity - 4 items. Anger control is defined as the tendency to remain calm when frustrated. Low scores indicate a tendency to react to frustration or criticism with anger and

aggression (Jesness, 1971, pp. 7-10).

The Self-Appraisal Form of the JBC was administered according to the Solomon Four-Group Design. Groups 1 and 2 were administered the pretests and posttests, groups 3 and 4 were administered the posttests, and groups 1 and 3 received the treatment.

Two staff who were associated with the students in groups 1 and 2 were administered pretests and posttests of the Observer Form of the JBC rating the attitudes and behaviors of these students. The Self Appraisal Form and the Observer Form results were compared using the standardized T-scores. However, the staff participation was not complete because three of the students were not assessed by the staff in the posttests.

The Treatment Process

The group therapy was conducted in a separate room in the psychology department of ITSB. This area is located in a separate building from the usual activities of the students. The room contained a full-length one-way mirror which caused some paranoid concerns for the students. The curtain was always open and the students were assured that no one was "secretively" behind the window. They were given the privilege to request at any time the lights be turned off in order to check on spying. This privilege was exercised at first but was not considered after the beginning of the second session.

Consistency of the content and the therapeutic process was consciously anticipated, executed, and monitored. Tape recordings were made of each session with the permission of the students. An unbiased

listener, one of the employed psychologists at the ITSB, evaluated the tapes for content consistency.

The students were given a 3 x 5 notebook and pencil in order to record any information during the sessions. These notebooks were collected after each session and returned to the student at the beginning of the new session. The information was privileged only to them, although some of the students referred to and shared their written comments.

The students were offered two cigarettes in each session. One was given at a break time roughly midway in the session, and the other was given at the conclusion of the session. It was during the smoke break interludes that more discussion of the grief therapy took place. The students were not permitted to take the cigarettes from the treatment room. Smoking was a common behavior for the students of ITSB. Although the training school in no way provided cigarettes, the institution provided break times with smoking privileges in the schedules. Not all of the students of the study smoked, but they were used to this discriminating behavior of the smoker and the nonsmoker.

Twenty students met at scattered times on Friday of the week prior to the treatment process and took the Jesness Inventory and the Jesness Behavior Checklist. Thirty-eight students met in their assigned groups on the Monday following the week of treatment and took the prescribed tests. Each student was given a can of soda in addition to the cigarette following the final test taking.

The detailed treatment process for each of the five sessions is

given in the Appendix.

It is to be noted that the researcher was formerly employed by ITSB as a Psychologist II (The State of Iowa Merit Classification System) during the months of September, 1977, through May, 1979. Having developed and maintained an understanding and acceptance with the staff and with the policies of the institution, permission was granted to carry out this research design in November, 1983.

During the time that the researcher worked at the Training School, the duties included the testing, evaluating, reporting, counseling, and staffing of students as well as relating to and cooperating with staff in administrative details. Some of the observations resulting from these duties were:

- The juvenile justice system was unable to define the effective program of treatment.
- A good portion of the students of ITSB came from broken homes and disheveled family systems.
- The students gave descriptions of and displayed descriptive behaviors of the grieving process.
- Research pointed in the direction for treating the family variables.
- The concept of loss, separation and the grieving process appeared to be a viable exploration for study.

The review of the literature supported the study and the methodology became a follow-through in examining: The Grieving Process and Delinquency: Testing the Therapeutic Process with Delinquent Male

Adolescents.

The results of the investigation, the reporting, and the discussion of the findings are presented in Chapter 4. In Chapter 5, the summary of the study with the conclusions and recommendations are presented.

THE FINDINGS

The Introduction

This research study investigated whether grief therapy with male juvenile delinquents would effect a difference in behavior and attitude as assessed by the Jesness Inventory and the Jesness Behavior Checklist. The treatment was assessed by the Empirical and Cluster Scales and the Asocialization Index of the JI as well as by the 14 bipolar factors of the JBC. Additional findings were clinically evaluated by comparing T-scores in three separate processes. T-core comparisons were clinically evaluated on the pretests and posttests of the students' Self-Appraisal Form and the staff's Observer Form in three bipolar factors of the JBC; i.e., Unobtrusiveness vs. Obtrusiveness, Insight vs. Unawareness and Indecisiveness, and Anger Control vs. Hypersensitivity. One student in the treatment group was clinically evaluated comparing his T-scores on the scales of the JI and reporting on his participation in the treatment group.

Thirty-eight students from the Iowa Training School for Boys of Eldora, Iowa, were randomly selected and participated in the study. They were divided into three groups of ten and one of eight to facilitate the use of the Solomon Four-Group Design.

Group 1 received pretest, treatment, and posttest.

Group 2 received pretest and posttest.

Group 3 received treatment and posttest.

Group 4 received posttest.

The treatment groups met for two hours per day for five successive days, and all of the testing was accomplished the week before the therapy sessions and in the week following.

The basic quest of the hypotheses and of the study is to determine if there is a difference between the means of the four groups such that it is attributable to the treatment process of grief therapy.

The Solomon Four-Group Design enabled the data of each hypothesis to be handled by the 2 x 2 analysis of variance. This resulted in an estimate of the main effect of pretesting from the column means and an estimate of the main effect of treatment from the row means as well as an estimate of the interaction of testing from the cell means. All of the hypotheses were tested for significance at the .05 level.

The data were analyzed on the Wylbur main frame computer and the Statistical Analysis System (SAS) of Iowa State University.

The findings are reported in three sections. The first section gives the statistical analysis of each hypothesis. The second section clinically reports on additional findings by comparing the T-scores of the pretests and posttests on the Asocialization Index of the JI; and by comparing the pretests and posttests of three bipolar factors; i.e., Unobtrusiveness vs. Obtrusiveness, Insight vs. Unawareness and Indecisiveness, and Anger Control vs. Hypersensitivity, of the Self-Appraisal Form and Observer Form of the JBC. The third section clinically evaluates the contributions and participation of one of the students in the treatment group by comparing his T-scores in the JI and assessing his group process.

The Statistical Analysis of the Hypotheses

The first null hypothesis

Grief therapy makes no significant difference between treatment groups of juvenile delinquents in their behaviors and attitudes as assessed by the Jesness Inventory.

In order to test this hypothesis, it was necessary to run analyses of variance on the Asocialization Index, on the Empirical Scales, and on the Cluster Scales which compose the JI. Therefore, this testing process was completed by examining three sub-null hypotheses.

The sub-null hypothesis 1 Grief therapy makes no significant difference between treatment groups of juvenile delinquents in their behaviors and attitudes as assessed by the Asocialization Index of the Jesness Inventory.

The ANOVA, testing for significant differences between means of the Asoc Index, revealed no significant main effect for treatment.

Therefore, the sub-null hypothesis 1 is accepted at the .05 level of significance. The ANOVA revealed, however, a significant main effect for pretesting at the .05 level of significance ($Pr>F = .0006$).

Table 5 presents the means of the posttest according to the Solomon Four-Group Design, and Table 6 presents the ANOVA results of the effects of pretesting, treatment, and the interaction between pretesting and treatment.

Table 5. Posttest means of the Asoc Index

Source	No treatment		Treatment	
	Group	Mean	Group	Mean
Pretest	2	22.10	1	24.50
No pretest	4	29.70	3	27.60

Table 6. 2 x 2 analysis of variance on Asoc Index

Source	DF	ANOVA SS	F	Pr>F
Pretest	1	284.84	14.47	0.0006
Treatmt	1	0.98	0.05	0.8245
Pre*Trt	1	46.87	2.37	0.1329

The sub-null hypothesis 2 Grief therapy makes no significant difference between treatment groups of juvenile delinquents in their behaviors and attitudes as assessed by the Empirical Scales of the Jesness Inventory.

In order to test this hypothesis, it was necessary to run an analysis of variance on three scales. The ANOVAs testing the significant differences between means on the Empirical Scales of the JI revealed no significant main effects for treatment.

Therefore, the sub-null hypothesis 2 is accepted at the .05 level of significance. However, the ANOVA revealed a significant main effect of pretesting in the Social Maladjustment Scale (SM) at the .05 level of

significance (Pr>F = 0.0388). Table 7 presents the means of the posttest according to the Solomon Four-Group Design, and Table 8 presents the ANOVA results on the effects of pretesting, treatment, and the interaction between pretesting and treatment.

Table 7. Posttest means for the Empirical Scales

Scale	Source	No treatment		Treatment	
		Group	Mean	Group	Mean
SM	Pretest	2	28.20	1	30.125
	No pretest	4	34.50	3	33.60
VO	Pretest	2	19.70	1	19.875
	No pretest	4	22.00	3	20.90
IMM	Pretest	2	13.10	1	13.00
	No pretest	4	14.90	3	15.70

Table 8. 2 x 2 ANOVAs for the Empirical Scales

Scale	Source	DF	ANOVA SS	F	Pr>F
SM	Pretest	1	236.32	4.62	0.0388
	Treatmt	1	4.72	0.09	0.7633
	Pre*Trt	1	15.80	0.31	0.5820
VO	Pretest	1	26.49	0.38	0.5405
	Treatmt	1	1.56	0.02	0.8817
	Pre*Trt	1	4.63	0.07	0.7976
IMM	Pretest	1	47.72	2.00	0.1665
	Treatmt	1	2.37	0.10	0.7547
	Pre*Trt	1	0.88	0.14	0.8492

The sub-null hypothesis 3 Grief therapy makes no significant difference between treatment groups of juvenile delinquents in their behaviors and attitudes as assessed by the Cluster Scales of the Jesness Inventory.

In order to test this hypothesis, it was necessary to run an analysis of variance on seven scales. The ANOVAs testing the significant difference between means on the Cluster Scales of the JI revealed no significant main effect for treatment.

Therefore, the sub-null hypothesis 3 is accepted at the .05 level of significance. Table 9 presents the means of the posttest according to the Solomon Four-Group Design, and Table 10 presents the ANOVA results on the effects of pretesting, treatment, and the interaction between pretesting and treatment.

Therefore, in examining Tables 5-10, the ANOVAs, testing significant differences between means of the scales and index of the Jesness Inventory, revealed no significant main effects for treatment. Therefore, the first null hypothesis is accepted at the .05 level of significance. However, the ANOVAS revealed significant main effects for pretesting in the Asoc Index and in the SM Scale.

The second null hypothesis

Grief therapy makes no significant difference between treatment groups of juvenile delinquents in their behaviors and attitudes as assessed by the Self-Appraisal Form of the Jesness Behavior Checklist.

In order to test this hypothesis, it was necessary to run an

Table 9. Posttest means for the Cluster Scales

Scale	Source	No treatment		Treatment	
		Group	Mean	Group	Mean
Au	Pretest	2	11.10	1	12.625
	No pretest	4	12.30	3	13.60
Al	Pretest	2	12.20	1	10.25
	No pretest	4	12.80	3	10.50
Ma	Pretest	2	18.00	1	18.125
	No pretest	4	18.90	3	17.60
Wd	Pretest	2	12.30	1	11.50
	No pretest	4	12.60	3	12.80
SA	Pretest	2	10.80	1	11.875
	No pretest	4	11.40	3	12.80
Rep	Pretest	2	2.30	1	2.75
	No pretest	4	3.90	3	3.90
Den	Pretest	2	9.80	1	10.125
	No pretest	4	11.60	3	9.60

Table 10. 2 x 2 ANOVAs of the Cluster Scales

Scale	Source	DF	ANOVA SS	F	Pr>F
Au	Pretest	1	13.02	0.77	0.3874
	Treatmt	1	20.38	1.20	0.2810
	Pre*Trt	1	0.00	0.00	1.0000
Al	Pretest	1	0.95	0.03	0.8580
	Treatmt	1	42.22	1.45	0.2376
	Pre*Trt	1	1.13	0.04	0.8454
MA	Pretest	1	0.36	0.01	0.9259
	Treatmt	1	3.60	0.09	0.7681
	Pre*Trt	1	4.92	0.12	0.7305
Wd	Pretest	1	5.41	0.37	0.5491
	Treatmt	1	0.49	0.03	0.8563
	Pre*Trt	1	2.55	0.17	0.6802
SA	Pretest	1	6.40	0.38	0.5394
	Treatmt	1	15.74	0.94	0.3380
	Pre*Trt	1	0.00	0.00	1.0000
Rep	Pretest	1	18.57	2.68	0.1107
	Treatmt	1	0.79	0.11	0.7375
	Pre*Trt	1	0.11	0.02	0.9007
Den	Pretest	1	4.07	0.26	0.6144
	Treatmt	1	7.12	0.45	0.5059
	Pre*Trt	1	13.35	0.85	0.3635

analysis of variance on the 14 bipolar factors which compose the Self-Appraisal Form of the JBC. The ANOVAs testing the significant differences between means of the 14 bipolar factors of the Self-Appraisal Form of the JBC revealed no significant main effects for treatment.

Therefore, the second null hypothesis is accepted at the .05 level of significance. However, there was a significant main effect for treatment and pretesting interaction in the factor of Anger Control vs. Hypersensitivity. Table 11 presents the means of the posttest according to the Solomon Four-Group Design, and Table 12 presents the ANOVA results on the effects of pretesting, treatment, and the interaction between pretesting and treatment.

The Additional Findings

The rationale

The statistical analysis revealed that the treatment was not significant in effecting attitudinal and behavioral changes in delinquent adolescents as assessed by the Jesness Inventory and the Self-Appraisal Form of the Jesness Behavior Checklist. However, by examining the data clinically, trends and changes were observed and reported in additional findings.

Additional findings were based on comparison of data and on observations in the treatment process. These additional findings resulted from the comparison of the pretest and posttest T-scores of the Asocialization Index of the JI for groups 1 and 2. Groups 1 and 2 were used as the bases for these findings because these groups of treatment

Table 11. Posttest means for the 14 bipolar factors of the JBC

Scale	Source	No treatment Group	No treatment Mean	Treatment Group	Treatment Mean
Obtrusiveness vs. Unobtrusiveness					
	Pretest	2	25.70	1	28.00
	No pretest	4	23.00	3	26.40
Friendliness vs. Hostility					
	Pretest	2	16.10	1	16.125
	No pretest	4	13.80	3	14.80
Responsibility vs. Irresponsibility					
	Pretest	2	32.90	1	31.375
	No pretest	4	33.00	3	30.80
Considerateness vs. Inconsiderateness					
	Pretest	2	21.00	1	21.50
	No pretest	4	21.90	3	23.50
Independence vs. Dependence					
	Pretest	2	16.50	1	15.125
	No pretest	4	17.70	3	15.60
Rapport vs. Alienation					
	Pretest	2	15.00	1	14.625
	No pretest	4	18.70	3	16.20
Enthusiasm vs. Depression					
	Pretest	2	16.40	1	15.25
	No pretest	4	16.30	3	15.90
Sociability vs. Poor Peer Relations					
	Pretest	2	13.40	1	13.50
	No pretest	4	12.10	3	13.20
Conformity vs. Non-conformity					
	Pretest	2	19.30	1	22.25
	No pretest	4	21.70	3	21.00
Calmness vs. Anxiousness					
	Pretest	2	20.90	1	19.50
	No pretest	4	20.70	3	20.00

Table 11. (Continued)

Scale	Source	No treatment Group	No treatment Mean	Treatment Group	Treatment Mean
Effective Communication vs. Inarticulateness					
	Pretest	2	17.70	1	16.50
	No pretest	4	16.50	3	17.20
Insight vs. Unawareness and Indecisiveness					
	Pretest	2	21.20	1	20.00
	No pretest	4	21.10	3	21.30
Social Control vs. Attention-Seeking					
	Pretest	2	12.30	1	13.75
	No pretest	4	12.90	3	13.40
Anger Control vs. Hypersensitivity					
	Pretest	2	12.00	1	17.125
	No pretest	4	12.40	3	11.50

Table 12. 2 x 2 ANOVAs of the JBC

Scale	Source	DF	ANOVA SS	F	Pr>F
Unobtrusiveness vs. Obtrusiveness					
	Pretest	1	38.74	1.07	0.3078
	Treatmt	1	72.22	2.00	0.1665
	Pre*Trt	1	9.09	0.25	0.6193
Friendliness vs. Hostility					
	Pretest	1	31.07	1.24	0.2730
	Treatmt	1	1.82	0.07	0.7888
	Pre*Trt	1	3.18	0.13	0.7238
Responsibility vs. Irresponsibility					
	Pretest	1	0.98	0.04	0.8389
	Treatmt	1	34.00	1.45	0.2366
	Pre*Trt	1	0.54	0.02	0.8807
Considerateness vs. Inconsiderateness					
	Pretest	1	20.69	0.95	0.3356
	Treatmt	1	12.77	0.59	0.4481
	Pre*Trt	1	1.14	0.05	0.8201
Independence vs. Dependence					
	Pretest	1	9.49	0.54	0.4664
	Treatmt	1	27.74	2.74	0.1069
	Pre*Trt	1	2.71	0.27	0.6078
Rapport vs. Alienation					
	Pretest	1	64.87	2.55	0.1193
	Treatmt	1	17.27	0.68	0.4154
	Pre*Trt	1	14.61	0.58	0.4534
Enthusiasm vs. Depression					
	Pretest	1	0.42	0.06	0.8070
	Treatmt	1	5.17	0.74	0.3950
	Pre*Trt	1	1.51	0.22	0.6450
Sociability vs. Poor Peer Relations					
	Pretest	1	5.98	0.61	0.4386
	Treatmt	1	3.22	0.33	0.5687
	Pre*Trt	1	2.87	0.29	0.5906

Table 12. (Continued)

Scale	Source	DF	ANOVA SS	F	Pr>F
Conformity vs. Non-conformity					
	Pretest	1	5.17	0.26	0.6138
	Treatmt	1	10.56	0.53	0.4718
	Pre*Trt	1	30.57	1.53	0.2240
Calmness vs. Anxiousness					
	Pretest	1	0.05	0.00	0.9550
	Treatmt	1	9.90	0.65	0.4262
	Pre*Trt	1	1.26	0.08	0.7755
Effective Communication vs. Inarticulateness					
	Pretest	1	0.95	0.13	0.7205
	Treatmt	1	0.42	0.06	0.8114
	Pre*Trt	1	8.43	1.15	0.2902
Insight vs. Unawareness and Indecisiveness					
	Pretest	1	2.69	0.18	0.6739
	Treatmt	1	1.73	0.12	0.7356
	Pre*Trt	1	4.87	0.33	0.5722
Social Control vs. Attention-Seeking					
	Pretest	1	0.40	0.03	0.8527
	Treatmt	1	8.65	0.76	0.3906
	Pre*Trt	1	1.94	0.17	0.6827
Anger Control vs. Hypersensitivity					
	Pretest	1	51.33	2.37	0.1333
	Treatmt	1	30.69	1.41	0.2425
	Pre*Trt	1	90.09	4.15	0.0494

and control received the pretests and the posttests of the JI and the Self-Appraisal Form of the JBC. The Asoc Index of the JI was used because it is the most discriminating indicator of and the most predictive of juvenile delinquency. The higher the T-score in the JI, the more the behavior and attitude of the respondent tend to align with those of delinquent youth.

Additional findings were derived from the T-score comparisons of the pretest and posttest of three of the fourteen bipolar factors of the Self-Appraisal and Observer Forms of the JBC. The three factors; i.e., Unobtrusiveness vs. Obtrusiveness, Insight vs. Unawareness and Indecisiveness, Anger Control vs. Hypersensitivity, were selected because they describe behaviors involved in the treatment process. Anger, for instance, is one of the stages in the grieving process model, and it is also a significant behavior among juvenile delinquents. The lower the T-score in the JBC, the more the suggestion of delinquent behavior and attitude. Two staff members who knew the students assessed their behaviors and attitudes on the Observer Form of the JBC both as a pretest and a posttest. These observer assessments were accomplished in the week prior to the treatment and the week following. Staff posttest observations were not completed on three of the students. The Observer and the Self-Appraisal Forms of the JBC are similar except that the latter has more idiomatic statements.

Also, one of the treatment group students was clinically evaluated and reported on in additional findings because of his astuteness in understanding the therapy process, and at the same time his ascendency in

delinquency determination. The comparisons were made based on the T-scores of the pretests and posttests of the JI and of the Self-Appraisal Form of the JBC as well as based on his participation in the treatment group.

Asocialization Index comparison

The clinical comparison of the T-scores of the pretest and posttest of groups 1 and 2 in the Asocialization Index of the JI presented several observations in the direction of descendency of delinquency for the treatmet group as revealed in Table 13. The variability of scores is observed and high variability tends to prevent statistical significance, especially when there are few subjects.

The treatment group had 7 of 8 who reported a decrease in behavior and attitude of delinquency as compared to 4 of the 10 in the control group. The evidence of the trend toward fewer delinquent behaviors and attitudes for the therapy group was consistent but not remarkable. Whereas the similar trend was not noted in the control group in that 2 were remarkable. Such variability of scores makes for less probability of having significance in the analysis.

The three bipolar factor comparisons

The comparison of self-appraisals and observers on the Unobtrusiveness vs. Obtrusiveness factor of the JBC In examining Table 14, the trend of less delinquent behavior and attitude is revealed by the treatment group when compared with the control group. The treatment group revealed seven of the eight students reported themselves

Table 13. T-scores on the Asocialization Index

Student	Pre	Post	Diff
Treatment Group			
1	75	82	+7
2	72	68	-4
3	80	80	0
4	78	78	0
5	68	56	-6
6	75	70	-5
7	75	70	-5
8	56	48	-8
Control Group			
11	60	62	+2
12	64	73	+9
13	70	68	-2
14	60	62	+2
15	73	50	-23
16	72	68	-4
17	70	54	-17
18	70	62	-8
19	68	72	+4
20	95	70	-26

as having gained in the behavior and attitude of unobtrusiveness. They characterized themselves as being more agreeable and less cantankerous. The one student who perceived himself as being less agreeable had a T-score of 53 in the posttest. The staff observations concurred with five of the seven in that they had shown less quarrelsomeness.

In the control group, five of the ten showed themselves as being less obtrusive. However, the staff observed this group as being more

Table 14. Comparison of T-scores on Obtrusiveness vs. Unobtrusiveness of the JBC

Student	Self-Appraisal			Observer		
	Pre	Post	Diff	Pre	Post	Diff
Treatment Group						
1	55	53	-2	51	47	-4
2	44	48	+4	50	47	-3
3	34	41	+7	38	39	+1
4	37	39	+2	48	--	--
5	39	48	+9	42	43	+1
6	37	38	+1	38	39	+1
7	38	38	0	33	39	+6
8	38	45	+7	60	52	-8
Control Group						
11	36	39	+3	48	41	-7
12	17	34	+17	42	33	-9
13	44	38	-6	32	37	+5
14	38	39	+1	40	--	--
15	42	38	-4	23	--	--
16	36	48	+12	51	50	-1
17	50	42	-8	51	47	-4
18	42	36	-6	51	46	-5
19	44	39	-5	33	42	+9
20	47	51	+4	35	37	+2

quarrelsome and obtrusive and concurred in one of the positive self-appraisals.

The comparisons of the self-appraisals and observers on the Insight vs. Unawareness and Indecisiveness factor of the JBC In examining Table 15, the treatment group generally perceived themselves as having regressed or not gained in the behavior and attitude of insight. Seven of the eight reported themselves as having difficulty in self-insight and in solving personal problems. The staff observed that four of the group had less insight and more indecisiveness. One of the students perceived himself as having regressed 4 T-scores, whereas the staff observed this student as having gained 16 T-scores.

The students in the control group portrayed themselves as having gained insight and being more decisive in that five of the ten perceived themselves as more insightful. The staff observed that five of the group showed insight, but concurred in the positive direction with three of the five self-appraisals.

The comparisons of the self-appraisal and observers on Anger Control vs. Hypersensitivity factor of the JBC In examining Table 16, the treatment group revealed themselves as having changes (from a +12 to a -19) on the continuum of Anger Control vs. Hypersensitivity. The staff observations supported the variability in this group (from a +8 to a -14).

The control group revealed themselves as consistently more out of control and angrier than they were in the pretest reportings in that seven of the ten depicted themselves as either staying the same or being

Table 15. Comparison of T-scores on Insight vs. Unawareness and Indecisiveness in the JBC

Student	Self-Appraisal			Observer		
	Pre	Post	Diff	Pre	Post	Diff
Treatment Group						
1	72	70	-2	62	61	-1
2	60	62	+2	58	57	-1
3	68	64	-4	47	48	+1
4	62	53	-9	42	--	--
5	70	66	-4	45	61	+16
6	64	55	-9	50	52	+2
7	57	55	-2	50	48	-2
8	68	68	0	54	51	-3
Control Group						
11	57	57	0	55	57	+2
12	68	68	0	53	48	-5
13	66	60	-6	50	56	+6
14	62	62	0	43	--	--
15	57	55	-2	28	--	--
16	64	68	+4	70	68	-2
17	66	72	+6	60	57	-3
18	60	62	+2	50	55	+5
19	70	62	-8	53	57	+4
20	68	76	+8	53	62	+9

Table 16. Comparison of T-scores on Anger Control vs. Hypersensitivity of the JBC

Student	Self-Appraisal			Observer		
	Pre	Post	Diff	Pre	Post	Diff
Treatment Group						
1	79	79	0	54	46	-8
2	52	52	0	46	49	+3
3	32	43	+11	49	46	-3
4	29	10	-19	43	--	--
5	43	43	0	71	57	-14
6	43	40	-3	50	52	+2
7	37	49	+12	32	40	+8
8	43	37	-6	71	60	-11
Control Group						
11	49	43	-6	49	46	-3
12	29	37	+8	44	41	-3
13	52	46	-6	49	47	-2
14	43	37	-6	37	--	--
15	43	29	-14	24	--	--
16	40	37	-3	43	52	+9
17	57	52	-5	57	52	-5
18	40	37	-3	57	30	-27
19	37	40	+3	37	43	+5
20	37	43	+6	28	37	+9

more out of control. The staff observed that five of the group increased in hypersensitivity.

Additional Findings on One of the Students

The observations on one of the students in the treatment group

This student was the only student in the therapy group who reported an increase toward delinquent behaviors on the Asocialization Index. Yet, this 17-year-old participated intensely in the therapy sessions and evidenced behaviors and attitudes in the sessions which revealed he knew what was going on and somehow the going on influenced him.

The T-scores of the pretest and posttest of the Jesness Inventory and of the Self-Appraisal Form of the Jesness Behavior Checklist are presented in Table 17. In examining the table, this student revealed himself as being more delinquent in that he either stayed the same or increased in six of the ten scales of the JI. He revealed an increase of three T-scores in the Asoc Index to a T-score of 78, which is highly predictive of delinquency. He showed a decrease in four scales including Den. In his Self-Appraisal Form of the JC, he described himself in both the pretest and the posttest as not being delinquent. He either stayed the same or decreased in 13 of the 14 factors which is in the direction of more delinquency. He showed considerable decrease in Enthusiasm and in Effective Communication.

Table 17. T-scores on JI and JBC for one student

Jesness Inventory				Jesness Behavior Checklist, Self-Appraisal Form			
Scale	Pre	Post	Diff	Factor	Pre	Post	Diff
Asoc	75	78	+3	Obtrusive	55	53	-2
SM	70	72	+2	Friendliness	73	66	-7
VO	51	51	0	Responsibility	80	80	0
IMM	53	53	0	Considerateness	78	72	-6
Au	68	66	-2	Independence	71	71	0
Al	45	52	+7	Rapport	62	62	0
MA	55	53	-2	Enthusiasm	73	61	-12
Wd	61	59	-2	Sociability	49	58	+9
SA	49	49	0	Conformity	58	58	0
Rep	58	63	+5	Calmness	69	69	0
Den	49	43	-6	Effective Communication	73	60	-11
				Insight	72	70	-2
				Social Control	56	56	0
				Anger Control	79	79	0

The Summary

The findings of the statistical analyses and of the clinical observations were presented in this chapter. These findings resulted from the quest of the study; namely, Grief Therapy and Delinquency: Testing the therapeutic Process of Grieving with Juvenile Delinquents. The statistical analyses were used to test two null and three sub-null hypotheses which purported the assessment of significant differences between the posttest means by the Jesness Inventory and the Self-Appraisal Form of the Jesness Behavior Checklist. All of the null hypotheses were accepted at the .05 level of significance. The pretesting effect was determined to be significant at the .05 level in

Asoc Index and the SM Scale of the JI. Also, the interaction between pretesting and treatment was determined to be significant at the .05 level in the Anger Control vs. Hypersensitivity factor of the Self-Appraisal form of the JBC.

Additional findings were observed and reported. Clinical observations using T-score comparisons of pretests and posttests of the JI and of the Self-Appraisal Form and Observer Form of the JBC revealed trends and indications toward reduction of delinquent behavior. One treatment student was evaluated clinically. He showed himself as ascending in delinquent determination but having an astuteness in the process of grief therapy.

THE SUMMARY, DISCUSSION, AND NEW BEGINNINGS

The Summary

The introduction

The purpose of this study was to examine if grief therapy has a positive effect on juvenile delinquents. This study was designed, therefore, to test the efficacy of grief therapy with male delinquent adolescents and attempted to answer the following questions:

Is the juvenile delinquent involved in a process of unresolved grief?

Will the application of grief therapy be effective in dealing with the unresolved grief in the juvenile delinquent?

The review of the literature supported the need for the investigation. The literature related that the loss of a significant attachment such as a parent or any love object early in one's life without appropriate resolution produces dysfunctioning behaviors. In addition, the feelings and experiences of loss and, therefore, the unresolved grief are increased by the stressful event and disjunctive societal forces. Grief therapy is considered by the literature to be a necessary intervention process for all who are experiencing loss of any significant kind or who have experienced such loss without appropriately resolving the grief. The evidence from the literature, therefore, supports the use of grief therapy with juvenile delinquents who have experienced separation and loss through sundry events in their lives.

The finding that grief therapy can be an effective tool in the

treatment of juvenile delinquency is consistent with the current etiological theories as well as the understanding and the history of juvenile delinquency. The treatment of delinquents with grief therapy requires grounding in the sociological and psychological disciplines. The literature reported, in effect, that the merging of the social-learning theory with the attachment-separation and loss theoretical position presented the possibility of a viable approach for resolving the cause and prevention of juvenile delinquency.

This chapter summarizes the investigation, reports on the basic findings in the discussion including a report on the treatment process, and offers new beginnings in the conclusions.

The process of the study - the methodology

This research was carried out at the Iowa State Training School for Boys (ITSB) in Eldora, Iowa. Thirty-eight students were randomly selected and assigned into four groups according to the Solomon Four-Group Design. Therapy was processed for two groups according to the stages of grieving advanced by Elizabeth Kubler-Ross (1969; 1975).

This Solomon Four-Group Design is a discriminating research tool using the 2 x 2 analysis of variance on the posttests of the groups testing the main effects of pretesting, treatment, and interaction of the two. The assessment instruments were the Jesness Inventory and the Self-Appraisal Form and the Observer Form of the Jesness Behavior Checklist.

The Report and Discussion of the Findings

The report and discussion on the hypotheses

This study investigated: The Grieving Process and Delinquency: Testing the Therapeutic Process of Grieving with Delinquent Adolescents.

Two null hypotheses and three sub-null hypotheses were generated, tested, and evaluated at the .05 level of significance. The null hypotheses were accepted at the .05 level of significance. The treatment of grief therapy with juvenile delinquents according to the process of this research did not have a statistically significant effect on delinquent behaviors and attitudes as assessed by the Jesness Inventory and the Self-Appraisal Form of the Jesness Behavior Checklist.

Statistical significance was determined for the pretesting effect on the Asocialization Index and the Social Maladjustment Scale (SM) of the JI and on the interaction effect of pretesting and treatment in the Anger Control vs. Hypersensitivity factor of the JBC.

The discriminating power of the Solomon Four-Group Design was evident in this research. Although the assessment revealed no main effect of treatment, there were three results which showed the main effect of pretesting. A less sensitive research design might have accepted the null hypotheses and been exposed to the Type I error rather than the Type II error.

In examining Tables 5-10 and Figures 1 and 2, it is evident that there is no statistical difference between the means due to treatment. The significant effect of pretesting on the Asoc Index and the SM Scale is evidenced in that the means of groups 3 and 4, the groups not

receiving the pretest, were higher than the means of groups 1 and 2, the groups receiving the pretest. There was evidently influence of the pretest on the posttest results. The significant interaction effect between pretest and treatment in the bipolar factor of Anger Control vs. Hypersensitivity could be due to the probability of chance. The probability of having significance for one test is 1 out of 20 when twenty or more tests are run, as in this investigation. In addition, because group 1 has the highest mean which is notably different from the other three means, this interaction significance could be due to some aspect of the treatment which only group 1 received.

There is considerable variability of scores within each scale or factor of the JI and JBC. Statistical significance is not often evidenced when there is considerable variability of scores among few subjects as in the case of this investigation. The results do not demonstrate that there is no effect of grief therapy with the subjects, but that statistically there is no effect of treatment. Perhaps the effects made were small and were masked by the variability of the students' assessments. This finding tended to be supported by the clinical observations.

Several considerations are offered about the results in terms of "perhaps" statements. Perhaps the grief therapy process of two hours per day for five successive days is insufficient in terms of time. Perhaps the investigation was too ambitious, requiring an awareness of unresolved grieving by the subjects and a deep, personal commitment on their part to want to work through the process and to change behaviors. Perhaps the

posttesting evaluations with the JI and JBC instruments were too soon after the offering of grief therapy to demonstrate significant main effects of treatment because they did show the influence of pretesting. Perhaps better evaluative instruments could have been used or at least developed. Perhaps individual therapy rather than group therapy may have shown more desirable increase of behavior. Perhaps, also, a combination of the group therapy process and individual therapy would have been more productive for affecting less delinquent behaviors and attitudes in the adolescent population.

The report and discussion on additional findings in the Asoc Index

The clinical observations revealed that grief therapy made differences in delinquent behaviors and attitudes between groups 1 and 2, which are both the treatment group and the control group receiving the pretest, as assessed by the Asoc Index of the JI. Although the differences were not large as measured by the comparison with the standard T-scores, the trends were remarkable. The conclusion is that grief therapy makes a positive effect on the behaviors and attitudes of delinquent adolescents.

The treatment group showed a trend toward less delinquency. Seven of the eight students felt that they had improved (five) or stayed the same in their delinquent attitudes. Interestingly, this one student who reported an increase in delinquent attitudes and behaviors was the same student who demonstrated an astuteness in understanding the grieving process. Therefore, the treatment was getting through to him even though

his test scores showed the opposite.

On the other hand, four of the ten students in the control group revealed that their delinquent attitudes and behaviors had deteriorated. Three of the control students reported very questionable improvements in behaviors in that T-score changes of 23, 17, and 26 appear to be exaggerated. This points up the variability factor and its influence on statistical findings of significance.

Therefore, considering Table 13 and Figure 3, the conclusion is that grief therapy did have a positive effect in reducing delinquent attitudes and delinquent behaviors of adolescents. Recognizing that this observation is based on the Asoc Index of the JI, which is the most discriminating and predictive of delinquency, the observation of the trend and the conclusion are enhanced.

The report and discussion on additional findings of three factors of the JBC

Clinical observations of the three bipolar factors of the Self-Appraisal and Observer Forms of the JBC revealed the variability of scores and the tendency for the treatment group to score higher; i.e., in the direction of fewer delinquent attitudes and behaviors, than the control group.

The treatment group reported that seven of eight gained in the factor of unobtrusiveness, showed slight regression in the factor of insight, and five of the eight stayed the same or were more in control of anger. One of the group reported a decrease of 19 T-scores.

The control group revealed that five of the ten decreased in

unobtrusiveness and five increased with high variations. The staff observed this group to be more quarrelsome than two weeks before and more quarrelsome than the members of the treatment group. On the factor of insight, the control group reported either staying the same or increasing in six of the ten observations with the variability of scores shown as well. The staff's findings were similar to those of the control group. The control group reported seven of the ten as either staying the same or being angrier. The staff concurred in the general trend as indicated by the control group.

Anger or the loss of it is one of the principal behaviors of the delinquent, especially the detained juvenile delinquent. The factors of unobtrusiveness and anger control treat this behavioral problem. The high scores indicate the delinquent who has "lost it." This behavior precipitates more control being exercised and more expressive or explosive behaviors on the part of the delinquent. Therefore, the scores which are high for both the treatment group and the control group are explicable.

The treatment group showed the tendency to be less delinquent after grief therapy and to be less delinquent than the control group in the area of anger control and unobtrusiveness. As a group, they were indicating behaviors of being less quarrelsome and more cooperative, whereas the control group was evidencing more disruptive behaviors and attitudes.

The staff concurred in these observations in that they reported the treatment group to be less delinquent than the control group in the

attitude and behavior of unobtrusiveness and anger control. There is the tendency for the delinquent respondent to evaluate himself more positive behaviorally than he is (Jesness, 1971). Jesness (1971) reported that the staff observations of the behavior and attitude of the delinquent youth are more realistic and reliable. The observations of the staff reported consistently more positive attitudinal and behavioral tendencies on the part of the treatment group than on the part of the control group.

Therefore, the staff described the students who received therapy as generally less delinquent in behaviors and attitudes compared to their description of these students prior to the grief therapy, whereas the staff also noted that the students of the control group had slightly deteriorated in their delinquent behaviors and attitudes during the same period. It is noted that the staff was not significantly aware of the students' involvement in the therapy process.

The self-appraisals indicate the feelings and attitudes of the students at the time of testing. The factor of Insight vs. Unawareness and Indecisiveness was scored lower, in the direction of more delinquency, by six of the eight participants in the treatment group. One of the eight reported no gain, and the other reported a small gain of 2 T-scores. Yet, the control group reported more insight and decisiveness in the direction of less delinquency. Perhaps the treatment group was showing more of a true self-appraisal in that they were demonstrating confusion in self-understanding as they wrestled with their personal problems.

The variability of scores observed in both groups reduced the

probability of having significance in the statistical analysis. Yet, in examining Tables 14-16, the conclusion is that the trend of the therapy group toward improvement of their delinquent attitudes and behaviors was consistently self-reported and, more importantly, consistently reported by the staff. Grief therapy does have an effect in improving delinquent attitudes and behaviors. The control group reported more of the tendency towards exaggerated scores when compared to the treatment group. This indicates the tendency on the part of the treatment group for being more realistic and that the positive gains in attitude and behavior are not remarkable but steady.

The report and discussion on the findings of one student

The comparison of this student's T-scores on the pretests and posttests of the JI ad the Self-Appraisal Form of the JBC revealed a delinquent who increased in delinquent attitudes and behaviors. He showed an increase of 3 T-scores in the Asoc Index to a T-score of 78, which is strongly suggestive of delinquency. The T-scores on the Self-Appraisal Form of the JBC do not admit to being delinquent in that 13 of the 14 bipolar factors were in the direction of delinquency. At the same time, there were indications in the assessments and in the treatment process, indicating positive steps by this 17-year-old in the direction of grief resolution.

In examining the data from Table 16 and from Figure 4, this 17-year-old described his behaviors and attitudes as slightly more delinquent when he completed grief therapy than when he entered the therapy

sessions. These results tend to describe an individual who identifies strongly with the behaviors and attitudes of delinquency. Such profiles are indicative of youth who live a socially maladjusted life although knowing how to "play the game." This respondent evidences a suaveness about his person which seems to cover up some deeper problems. The profile depicts the youth who recognizes authority figures and attempts to keep his feelings of hostility under control. Therefore, this type of profile circumscribes a delinquent who is isolating himself and wanting to be alone because it is safer and less threatening. This profile type individual tends not to be self-critical nor admit to his deep feelings of hostility. At the same time, an awareness of his feelings is shown and the distrust of sharing or communicating them is also demonstrated in this profile.

This profile could be indicative of the initiative of effective grief therapy. Bowlby (1961) encouraged grief therapy even when it is removed from the grieving event such as in adolescence, although it may not be as effective as that received close to the precipitating event. Perhaps this student was internalizing the grief therapy slowly. The lower score on the Denial Scale tends to support this observation. At times, he would talk with the researcher privately and deal with some aspect of the sessions. His verbal contributions, both privately and in the group process, were seemingly persuasively thoughtful rather than boisterous, off-the-cuff comments.

Although this student's self-evaluation by the testing instruments gave indications of increased delinquent behaviors and attitudes, his

involvement in the therapy sessions portrayed a delinquent who was struggling and growing.

One of the high points of the therapy sessions was this student's presentation on paper of the grief therapy process in diagrammatical form. His model of grief therapy which is given in Figure 6 reveals a personal investment of time, energy, understanding, and wisdom. When this student's depiction of the grieving model of Elizabeth Kubler-Ross (1969; 1975) is compared to that of the researcher in Figure 5, it is evident that this young man invested himself in the treatment process and received wisdom and insight for new beginnings in his life.

The conclusion is that this student was in the process of resolving his grief. Perhaps it was too early to demonstrate this change in his test profile even though the indications were present, but he was demonstrating change of behavior and attitude in his person toward the positive, growth-enhancing direction. The abiding thought of this researcher is, "What if only there had been the time to continue the grief therapy. . . ."

The discussion of the treatment process

The grief therapy process was composed of five sessions of two hours length for five successive days. Two groups of sophisticated male adolescents received the treatment alternating between mornings and afternoons. The task of the researcher was to keep the group processing the model of grief therapy and to be sensitive to the "games" of the students of the ITSB. The involvement of the students and the responses

consistently received and shared were indications of and feedback for the awareness and the sensitivity of the process. The sessions were extensive, exhaustive, exasperating, and expressive but promoted internal soul-searching and vivid verbal and nonverbal interaction. These releases of personhood and spontaneous expressions of feelings with self-restraints as evidenced in the therapy sessions were considered healthy. The delinquent participants were being themselves and they were involved. Individual therapy does not readily promote the group spontaneity of expression as demonstrated in these treatment sessions. Several of the students wanted to continue therapy because they had, in the view of this researcher, started the process of grief resolution. The abiding thought is pervasive: "What if only there had been time to continue the grief therapy. . . ."

The Conclusions and New Beginnings

The conclusions

What if one of the questions of this study is answered in the affirmative in that delinquency has an etiological basis in unresolved grief! What if the second question of this study is answered in the affirmative in that juvenile delinquency can be reduced, abated and prevented through appropriate grief therapy! There is evidence in this investigation that the "What ifs" are verifiable.

The literature reported that unresolved grief can cause delinquent behavior as well as a variety of dysfunctioning and disjunctive behaviors (Bowlby, 1947; Lindemann, 1944; Lipinsky, 1980; Parkes, 1974; Schoor &

Speed, 1963; Simos, 1977; 1979). The conclusion based on tests of significance did not support the literature's contention. However, the clinical observations of this investigation were more than supportive that unresolved grief is prevalent within the juvenile delinquent and that grief therapy applied to juvenile delinquents can reduce delinquent attitudes and behaviors.

Kubler-Ross (1969; 1975) incorporated the basics of grief therapy (Lindemann, 1944) and popularized it, and this investigation applied her stages of grieving to the juvenile delinquent. The group therapy process of this study gave direction and understanding for the participants which evidenced affirmation of good grief reported in the literature (Bowlby, 1961; 1969; 1981; Lipchick, 1988; Raphael, 1980; Simos, 1977; 1979; Westberg, 1961).

New beginnings

The etiology and prevention approaches of juvenile delinquency have been and continue to be inadequate. The time is right for attacking the problem of juvenile delinquency with grief therapy. Burns and Stein (1967) proposed that juvenile delinquency must be vigorously challenged by seeking out the causes. This is still the time when the answers employed by the juvenile delinquent environment are inadequate. Therefore, now is the time for new beginnings. The "What if" now has the opportunity for more extensive and deeper investigation in order to become the "why not" for good grief!

This good grief recommendation includes applying the grief

resolution model to the juvenile justice system. This could be done by coordinating the theoretical approach of grieving in a systematic design. This recommendation includes the delinquent's whole impinging environment, the whole society, the total system circumscribing the delinquent from the juvenile justice system's support personnel, to those of the institution or place of detainment, to the responsible people of the school, to the family being staffed by a mind set that breathes hope through grief resolution. The policies and infrastructures would dispense grief intervention and grief resolution therapies.

A corollary recommendation is that the same design be employed for grief prevention. It follows that if unresolved grief is producing delinquent behaviors, then preventive measures are paramount for enhancing and ensuring positive behavioral growth. This preventive-intervention system would include a massive educational thrust encompassing the media market, including tele-communications, and would be limited only by the lack of imagination.

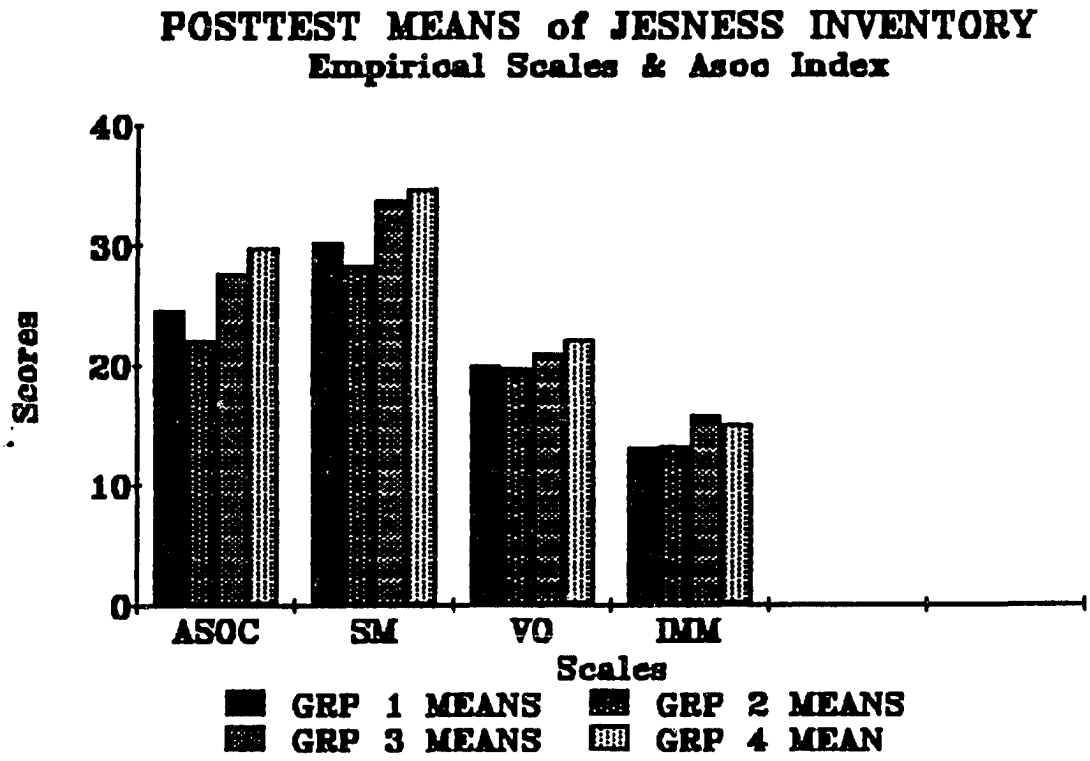

Figure 1. The posttest group means on Asocialization Index (Asoc) and scales of Social Maladjustment (SM), Value Orientation (VO) and Immaturity (IMM) of the Jesness Inventory

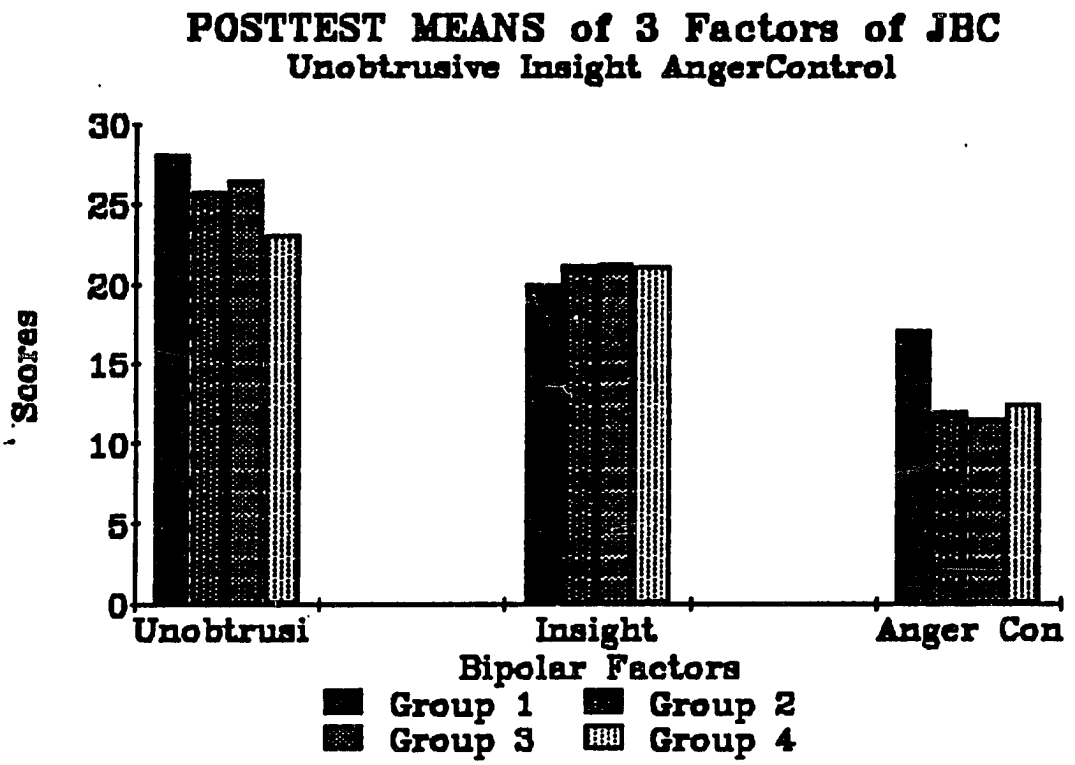

Figure 2. The posttest group means for 3 of the 14 bipolar factors of the Self-Appraisal Form of the Jesness Behavior Checklist

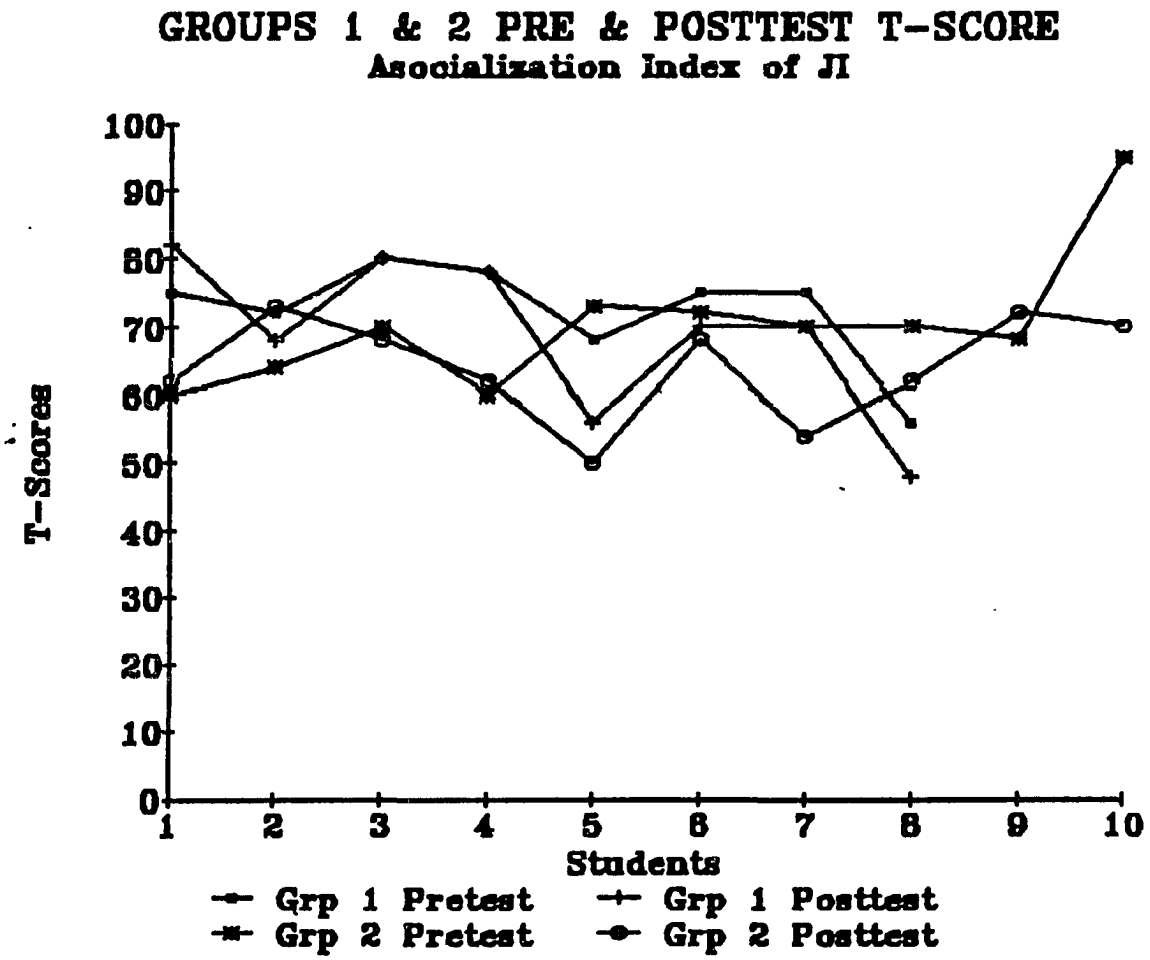

Figure 3. The pretest and posttest T-scores of the Self-Appraisal Form of the Jesness Behavior Checklist for Treatment Group (1) and Control Group (2)

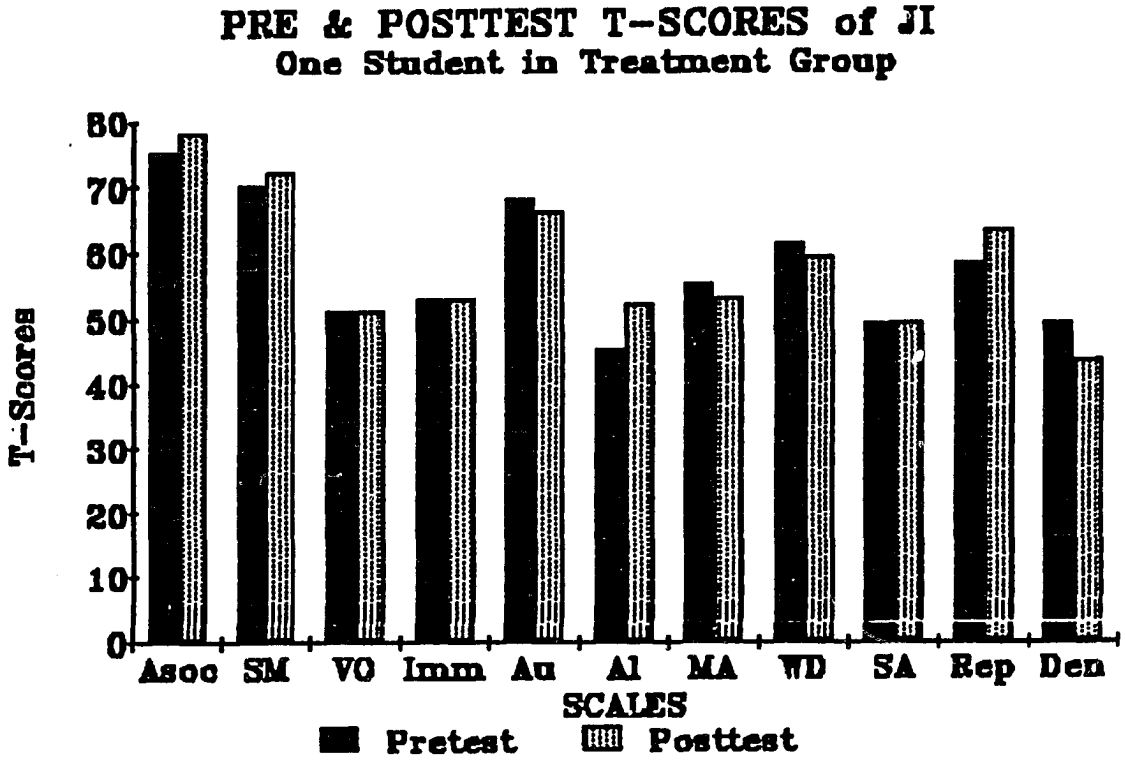

Figure 4. The pretest and posttest T-scores of the Jesness Inventory for one of the students in the Treatment Group (1)

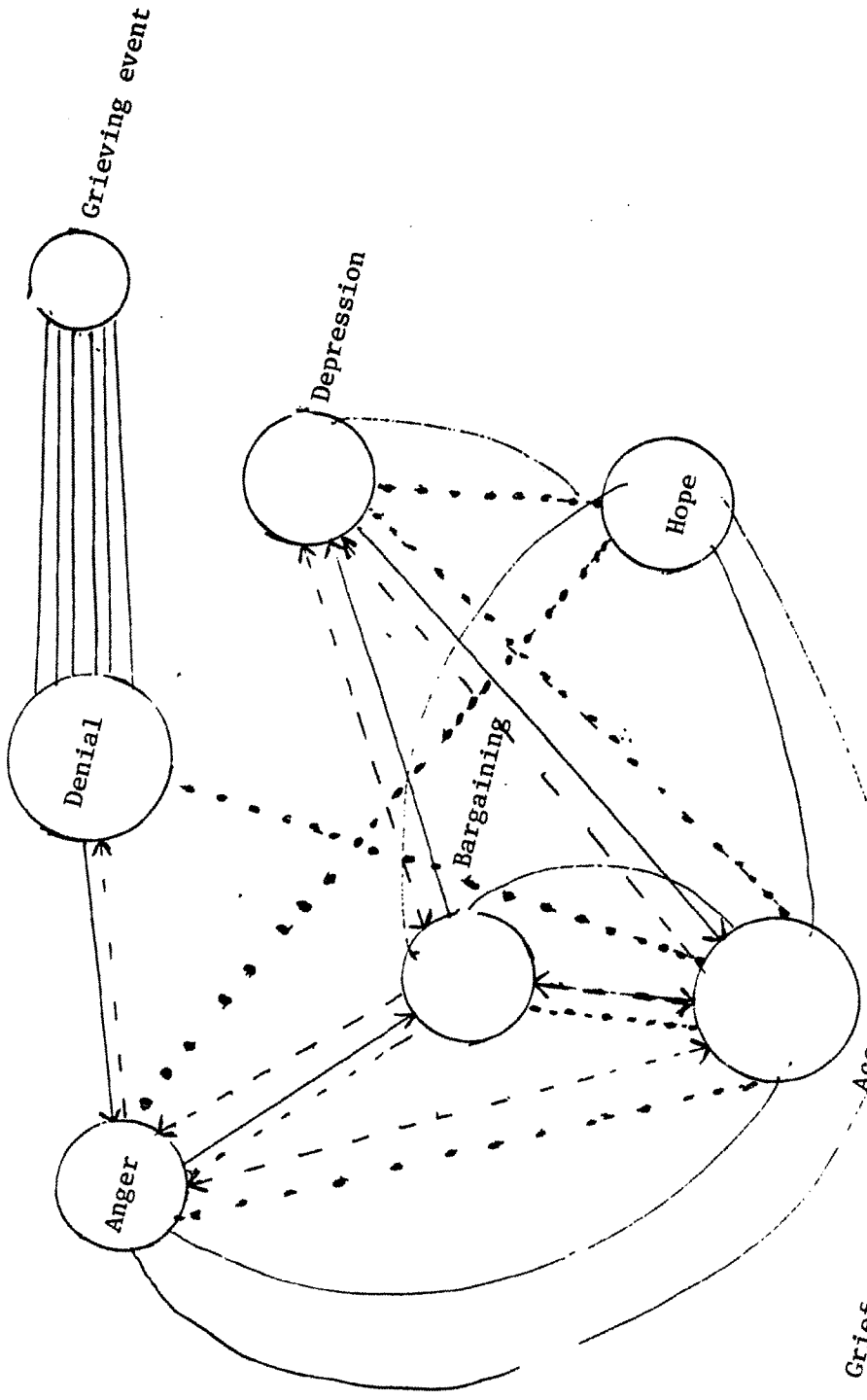

Figure 5. Grief process model based on stages of grieving by Elizabeth Kubler-Ross (1975)

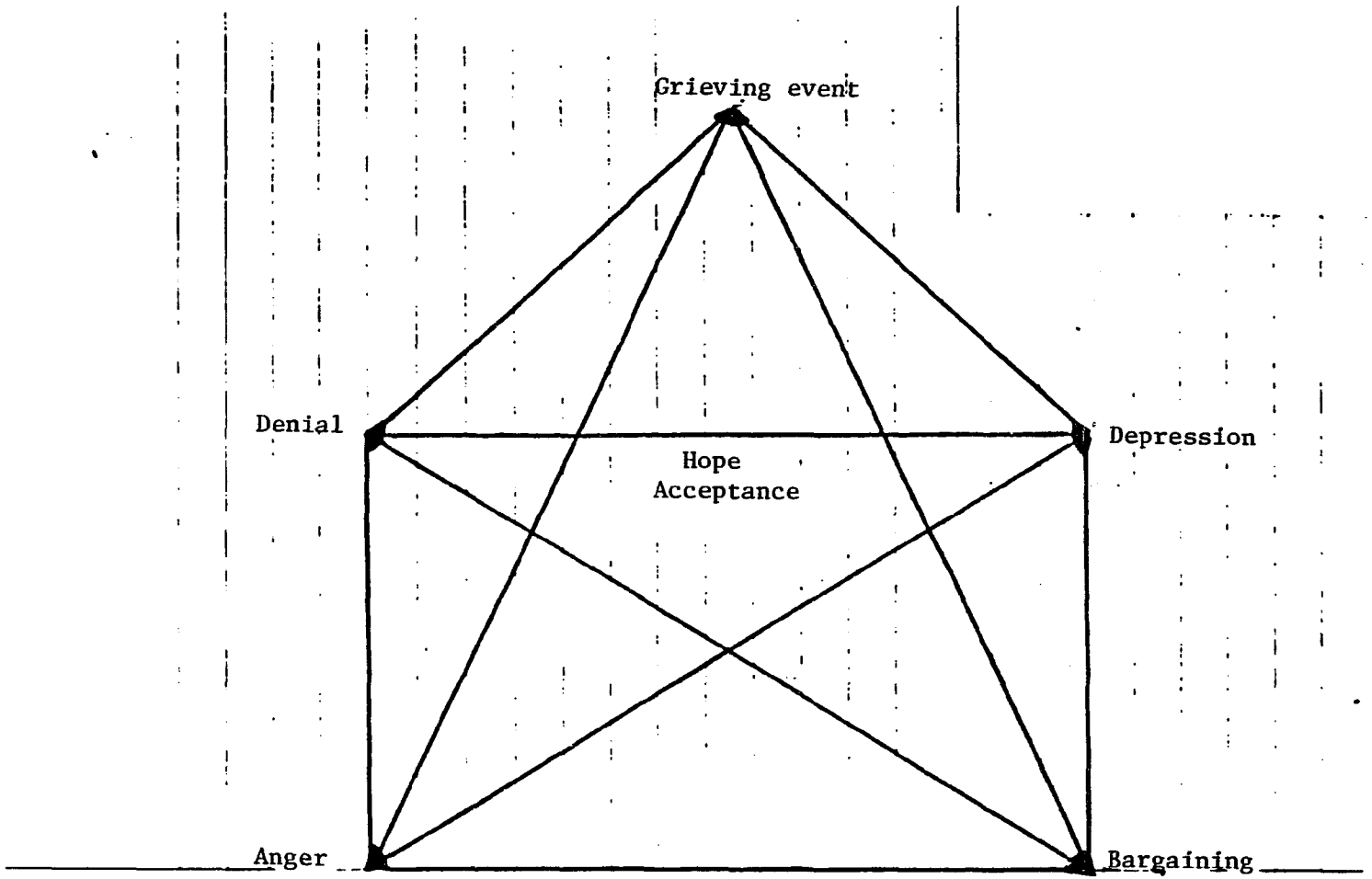

Figure 6. Grief process model by one of the students in Treatment Group (1)

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SOLI DEO GLORIA.

THE APPENDIX

THE CONSENT FORM

HAVING RECEIVED EXPLANATION OF THE RESEARCH PROJECT OF RÔGERS HAKE AND HAVING RECEIVED EXPLANATION OF MY ROLE IN IT, I HEREBY ACCEPT, CONSENT AND PERMIT MY PARTICIPATION IN THE STUDY.

I FURTHERMORE RECOGNIZE THAT CONFIDENTIALITY AS IT RELATES TO MY PERSONAL NAME AND IDENTITY WILL BE MAINTAINED. HOWEVER, I DO ACKNOWLEDGE AND RECOGNIZE THAT RESULTS OF THE STUDY WILL BE WRITTEN UP AND SUBMITTED TO IOWA STATE UNIVERSITY GRADUATE SCHOOL, BUT IN NO WAY WILL MY NAME BE DIVULGED.

I AM AWARE THAT MY PARTICIPATION IN THIS PROJECT PRIMARILY INCLUDE:

TAKING THE JESNESS INVENTORY.

TAKING THE JESNESS BEHAVIOR CHECKLIST SELF-APPRAISAL.

PARTICIPATING IN THE GRIEVING PROCESS THERAPY FOR 5 SUCCESSIVE DAYS AT 2 HOURS PER DAY.

I HAVE BEEN INFORMED THAT THERE IS NO PERSONAL HARM WHICH CAN RESULT FROM PARTICIPATION IN THIS STUDY NOR ANY SPECIFIC REWARDS.

I AM AWARE THAT I CAN DISCUSS AND TALK OVER THINGS PERTAINING TO THIS STUDY WITH THE RESEARCHER.

I AM ALSO AWARE THAT I AM FREE TO WITHDRAW FROM THE STUDY WITHOUT PROBLEM OR NEGATIVE FEEDBACK.

FURTHERMORE, I AM ALSO AWARE THAT ALL TESTS TAKEN BY ME AND MATERIALS SPECIFICALLY MENTIONING MY NAME WILL BE DESTROYED AT THE CONCLUSION OF THE PROJECT.

THIS CONSENT MAY BE WITHDRAWN AT ANY TIME BUT IN ANY EVENT EXPIRES BY JANUARY 1, 1984.

STUDENT	DATE	WITNESS FROM ITSB	DATE
RESEARCHER	DATE		

HAVING RECEIVED EXPLANATION OF THE RESEARCH PROJECT OF RÔGERS HAKE AND HAVING RECEIVED EXPLANATION OF MY ROLE IN IT, I HEREBY ACCEPT, CONSENT AND PERMIT MY PARTICIPATION IN THE STUDY.

I FURTHERMORE RECOGNIZE THAT CONFIDENTIALITY AS IT RELATES TO MY PERSONAL NAME AND IDENTITY WILL BE MAINTAINED. HOWEVER, I DO ACKNOWLEDGE AND RECOGNIZE THAT RESULTS OF THE STUDY WILL BE WRITTEN UP AND SUBMITTED TO IOWA STATE UNIVERSITY GRADUATE SCHOOL, BUT IN NO WAY WILL MY NAME BE DIVULGED.

I AM AWARE THAT MY PARTICIPATION IN THIS PROJECT PRIMARILY INCLUDE:

TAKING THE JESNESS INVENTORY.

I HAVE BEEN INFORMED THAT THERE IS NO PERSONAL HARM WHICH CAN RESULT FROM PARTICIPATION IN THIS STUDY NOR ANY SPECIFIC REWARDS.

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STUDENT	DATE	WITNESS FROM ITSB	DATE

RESEARCHER	DATE

THE THERAPY PROCESS IN DETAIL

The First Session

The students were greeted and small talk was carried on until the full group was present. The seating was circular with adequate spacing for each participant. The talk at first was cautious and, perhaps, apprehensive on the part of the students.

Attempts were made to put the group at ease and to allay any fears about repercussions as far as their relationship with ITSB was concerned. The students' concern about the one-way mirror was satisfied and the groups gave acceptance for the specified use of the tape recorder.

The introduction of the facilitator was given along with explanation of his interest in the grieving process. The students were informed that the facilitator had been on the psychology staff of ITSB during the years of 1977 to 1979 and held a good rapport with all of the students at that time. The approach of the facilitator was that of honesty with the use of humor and of personal feelings where appropriate. For instance, at this point the following account was related: When I worked at ITSB, the students would ask me at times, "Are you a shrink?" I would reply, "No, I am an 'enlarger'. I am trying to help you enlarge your feelings about yourselves and about those who are meaningful to you and about your world." This point was made at this time too.

Effective communication was explained. The concepts of self-congruence and knowing oneself, unconditional positive regard, and empathic feelings were elaborated. The students were asked to be in

touch with their feelings and to think about some feeling of loss or hurt, pain or rejection which they had experienced or were experiencing.

At this point, each student was asked to give his name and recount the feeling just considered. This process was initiated by the facilitator telling of a hurt in childhood as a result of very inadequate eyesight. This was easily noted because of the thick eyeglasses worn by the facilitator. Each student responded mostly on a deep feeling level. The response to each student was given with feeling and care.

The model of grieving was reintroduced with the "pictogram" which is a diagram of the grieving process. A copy of the pictogram is in the Appendix. The pictogram was explained and shared and discussed. The emphasis was placed on the denial stage and how one doesn't come to grips with events and circumstances nor with people who precipitated or were involved with the original loss.

The suggestions were offered that the hurts and pains that are experienced can be caused by feelings that our mom and dad didn't care about us; at least we might not know if they ever did. The suggestions included that perhaps a loved one died or left home, or there is no recollection of parents or parent because of placement in one foster home after another. The groups were told that possible hurts and pain could result from the negative feelings received from others or from physical or emotional handicaps or social handicaps as well as from economic injustices. The responses to these suggestions were strong.

During this process, the grieving model was reintroduced whenever appropriate; the student was encouraged to accept his feelings and the

bases for them. The students were asked in a personable way to see hope in their responsive and responsible feelings and behaviors. The suggestion was made that each student "put on his thinking-feeling cap" because he was learning to get in touch with himself. They were cautioned that they might feel some pain, hurt, rejection, loss of love, feelings of abandonment, but they would come through the process nicely as they worked through the struggle and gained the insight as denials and part of the grieving process.

The real life story which had been in the news was related. This was the account of a 13-year-old boy who grieved over the loss of his step-father and grandfather, both of whom had died just when he needed them most. The feeling of anger was introduced through this young lad's angry feelings. This incident was processed in terms of the grieving model and specific references made to the model with the emphasis on the denial stage.

The students were asked to put their grieving events on paper as they were understanding them. A 3x5 spiral notebook and a pencil were handed out; they were requested to keep an account of their grieving events by recording them in their own notebook. They were assured that no one would look at the notebook, but it was to be used for their reflection alone. The process continued with reference to the grieving model and each student was asked to reflect on his grief precipitating events and honestly face them.

The concept of hope was introduced with the account of the young lady who was paralyzed from the waist down as a result of an auto

accident four years ago on her graduation night from high school. She never gave up hope for walking again, but she had to accept her experience first before she could take the next difficult steps. She was succeeding. This was personalized for the students and processed. Each student was asked to consciously and conscientiously mull over his list, his feelings about himself and admit them and accept them. The suggestion was made that they could add to the grief precipitating events list as they came to mind. This was shared.

The session ended with a recapping of the grieving model. Each student was responded to by name as well as a feeling response based on the grieving model and the phase of denial appropriate to his contribution in the session. Each student was thanked for participating and was asked to continue to think about grieving experiences and grief events and feelings in terms of the model and to be ready to look at the next stage, that of anger, on Tuesday. The tablets and pencils were collected and stored according to the group decision.

The Second Session

Each student was greeted personally. This included calling each one by his name and touching each one meaningfully, either by a handshake or a pat on the back, while expressing a feeling based on the previous day's session. The pictogram, the diagram of the grieving model, was passed out as well as the tablet and a pencil to each student. The students were asked to review their lists and add to them and share. Some of their current feelings were processed, especially the ones involving

their relationships with staff or one another since the previous session. They were asked to be aware of their body feelings; i.e., the tenseness, the rising of their voices, the feelings of not only getting "hot under the collar" but of being enraged, not being able to see straight, displaying threatening gestures such as a clenched fist, or kicking something or wanting to hit someone or something like a wall. They were asked to remember when they had these feelings of anger in their life; and relate them to the model of grieving which they had before them. A personal experience was related by the facilitator detailing an anger-producing experience when seven years old. This was processed in terms of feelings later in life. Anger was discussed as well as the various ways and behaviors which demonstrate angry feelings. Each student was asked to close his eyes and imagine a fight in the cottage and respond to their feelings in relations to the combatants, to other students, to staff members. They were asked to share some of their feelings. They were also asked to relate this similar process to an instance of anger in their homes or some such experience from their past. They discussed how they felt when no one listened to them or cared about their side of the story.

The process of anger and the grieving events were major thrusts of the session. Anger was deeply rooted in these students and was evident in their demeanor and was easily expressed. The attempts were made to have the student see his anger as a part of the grieving model and enable him to understand grief events in his life and to consider how the angry feelings and outbursts fit together.

By the facilitator relating his feelings of hurt and anger over the abuse received because of poor eyesight, the students were given a living example of how grieving continues to be experienced. The process of healthy grieving requires going through this stage with understanding and acceptance and the students discussed this. The students were encouraged to accept their anger as being expressions of grieving. The students were then asked to role play a scene in which a policeman had one of them in handcuffs and was calling him a troublemaker and no good. This was processed in terms of grieving and resultant anger.

In the processing of the anger stage, the expressed hostilities were treated in terms of the grieving model. Several techniques were offered in order to help them handle more effectively their angry feelings when they recognize it as such. They were given the basics of relaxation techniques, deep breathing exercises, and getting in touch with their anger by saying, "I am angry because I am not being treated fairly," or "I am hurting because no one is really listening to me." These techniques were practiced. It was pointed out that anger is a result of pain and hurt, and they were directed to look at their real pain when they were angry.

The session ended with the students looking at the grieving model and emphasizing the place of anger, their anger, in their lives even as they went back to their living units. They were encouraged to look at their angry behaviors and accept them for being that and relate them to the grieving model. The concept of hope was reintroduced, which requires moving through the grieving process and accepting the pains and hurt due

to loss and abandonment and worthless feelings and knowing that you are okay. Each student was thanked specifically and a personal response on a feeling level was given as well as a personal word of encouragement. The tablets and pencils were collected.

The Third Session

Each student was greeted personally, calling him by name and having a significant handshake and/or pat on the back. Each contact of greeting involved some statement and/or expression of anger which the student had shared in the previous session.

While the memo pads and pencils were being passed out, the statements and behaviors of anger were discussed and shared. The introduction of the third stage of the grieving model was placed before them in the review of the grieving process. The students were asked to review their lists and feelings and add to the lists. Time was given for further processing of the anger stage because the students were "bothered" about an incident in the cottage. The Angry Book by Theodore Rubin (1969) was introduced. They were orally presented some of the anger "slush fund" described in the book, and they worked through this with expressive emotion. The grieving model was periodically referred to.

The students were reminded that they had made a bargain with the facilitator which then led into the various kinds of bargains they might have made in their lives and were making even at this time. The proposition was presented that their hidden feelings of getting even as

stated in such expressions as "I'll show you," or "You just wait until" were indications of bad bargains. They were shown how bargains are difficult to keep. The students were directed to consider the bargains they may have made with friends or with partners who committed crimes with them. Suggestions were given of other kinds of bargains they might have experienced, such as their drug use as well as promiscuous sexual activity, and lying. These were processed in terms of the grieving model. Even bargains made in good faith and not kept were suggested to be part of their grieving process.

They were asked to consider their place in life as of the moment. All of their bargains ultimately were not working except perhaps the one with the facilitator. This was discussed and the grieving model was reviewed. Emphasis was placed on acceptance and hope in order for the students to see possibilities for themselves apart from being caught in the anger stage.

Each student was encouraged to relate one such personal bargain and expound on its fulfillment. Each sharing brought a significant feeling response from the facilitator. The attempt was made to relate the student's expressed feeling to his grief precipitating event or events. Hope was given to each participant so they might have the realization that they could and were changing their lifestyles.

The memo pads were collected just prior to the break. Because the students were obviously verbal and the memo pads were not effective, they were collected and returned to them at the conclusion of the sessions.

Following the intermission, the students were reminded of their bargain. The grieving model was reviewed in more explicit terms as being one way in order for them to help themselves and make the real bargain with themselves. They were challenged to consider a bargain that would accomplish what they wanted out of life both immediately and for the future. They considered the kind of bargain they could make in order to be released from TSB. They also considered what they wanted to do with their lives. They were asked to picture themselves realistically ten years down the line and describe their picture. Then, they were challenged to consider the bargains needed to accomplish their goals. This was painstakingly considered.

They were challenged to a bargain by the facilitator. They were promised a personal visit the next week in their cottages with the opportunity to share more deeply and also included was a little celebration following the posttesting session. But they were requested to agree to their part of the bargain, which was to keep working on themselves by applying the grieving model and be considerate of each participant of the group by allowing each one to have his say. This was discussed and agreed upon and the bargain was made. They were reminded, at times, that they were failing their part of the bargain. This was processed in terms of the grieving process and their lives.

In the recap of this session, it was pointed out how their delinquent behavior might possibly be a response of bargaining wherein you wanted to "show them" how you feel for being stepped on and mistreated and abandoned. This was applied to their grieving process and

the grief-precipitating events in their lives. They were reminded that they showed intense anger when they came into the session today. In fact, one of the students came in from the detention center and these concomitant feelings were shared. This was reviewed in light of the model.

Each student was thanked and encouraged according to his expressed position within the grieving model.

The Fourth Session

Each student was personally greeted with an appropriate response to the expressed behavior of yesterday in light of working on acceptance and developing an attitude of hope. The review of yesterday's session was given with the grieving model put on the chalkboard. The students were encouraged to look at their behaviors since yesterday's session in terms of bargains made. It was suggested that they made bargains and didn't think of them in terms of bargains. They were challenged to consider the ease they have in breaking agreements or bargains and the sadness which results.

The depression stage of the model was introduced and applied to the group process. Because two of the students in the group were suspected and accused of being involved in a drug scheme in the cottages, the discouragement of the facilitator was shared. The group processed these feelings of anger even after a bargain had been negotiated and not fulfilled. Feelings of defeat and depression were shared and discussed. This shifted, then, to their feelings of being the underdog, never

believed and never trusted, and the first to be accused. They also expressed their feelings of failure, of being caught in a trap, a never-ending circle of feelings of loneliness, of being forgotten, of not being wanted, of being unloved. These were considered as part of the model's stage called depression. They were asked to consider their depression as "anger turned inward" (Rubin, 1969, p. 53).

The students were asked to remember when they had these feelings of discouragement and depression on the outside and describe the circumstances. It was pointed out, whenever possible, the tie-in with the grief-precipitating events; e.g., the loss of a loved object. Because all of the students at this point were separated from something or someone outside the institution, each one was asked to share his feelings about this. The attempts were made to show how their feelings had a component of depression. They were asked to recognize these depressed feelings and behaviors and connect them to their feelings of separation, loss; i.e., their feelings about the grieving events in their lives.

Attention was centered on the "depressogenic environment" (Flack, 1974, p. 156); namely, the living conditions of the ITSB. They were encouraged to relate specifics as to what depressed them in their present environment. At this point, a humorous pun was interjected concerning the difference between the pessimist and the optimist. This relieved the tension, and the feelings were talked over in view of the grieving model.

The group considered possible attitudes and behaviors for bringing about change in the depressive conditions and in their own depression.

The students were told that they were responsible for their attitudes and behaviors. Suggestions were given for effecting change. For instance, they were encouraged to write home or to thoughtfully contact a significantly prized person in their lives, perhaps responses would be favorable. At this point, each student was told in a specific but not too obvious manner that the facilitator appreciated them and their involvement in the sessions. They were given appropriate and relevant feedback. This was consciously inserted into the context of the therapy model.

Several cases of severe depression which had successful outcomes were shared. Personal feelings of depression following heart surgery were related as well as the gamut of feelings of loss which precipitated the grieving process. Yet, when the limitations of a less than normal heart were accepted, then the normal heart for living was experienced. This was talked about in terms of the grieving model and applied to their parents.

The concept of hope was discussed as the thread running through the grieving model. The summarization of the session considered the emotions of the discouragement and despair over the failure of the bargain between the group and the facilitator, but the renewed feelings of acceptance brought light at the end of the tunnel and of possibilities in the future for each one of the participants. Discussion was centered on ways to work through feelings until the next session. The students were reminded that the next session was the last and that there was at least one bargain to live up to.

The Fifth Session

Each student was greeted warmly and personally, either with a handshake or a pat on the back. Recognition of each student's particular struggle in the grieving model was given.

The therapy model was again presented and discussed. Emphasis was made on the last stage of the model, the acceptance phase. Student input on redesigning the model was asked for. The suggestions were shared and discussed. The proposition was discussed that one cannot start over, but one can make the grieving event/events work for him in a healthy way. Each student was challenged to consider, "Where will I be five years from now?" They were challenged to consider their future by examining their past, especially their feelings of separation and loss. They were encouraged to apply the phase of acceptance, first of all, to themselves and then to accept all that happened to them in order to promote healthy functioning in their future.

The students were encouraged to anticipate leaving ITSB. They were asked to relive their feelings and associated thoughts of being back in a grief precipitating situation. Using the therapy model, the group shared the two ways of handling the process: either the way that has led them to juvenile delinquency and all of the bad bargains, or the way of being on top of their lives and understanding the process and exercising healthy grieving which is good grief. Each student was challenged to develop a plan or strategy for his future using the grief model.

A recent article in the newspaper about the Philadelphia Phillie's pitcher, John Denney, was introduced. This ballplayer recounted his

grieving and anger over his dad leaving the family when he (John) was five. John told that he was finally dealing with this separation and loss in good grief. He recounted that he could not change what happened but that he could change the happenings through acceptance and hope. The students were asked to apply this to their lives. Specific responses were given by the facilitator to their acceptance and hope statements.

In the wrap-up, each student was requested to think through his grieving experience with specifics in mind and follow it through by accepting what has happened. They were asked to determine and describe the positive changes that they wanted to see happen in their lives. Going around the circle, each student responded and, in turn, was given feedback by the facilitator in terms of his participation and progress in the group sessions relating to the grieving model. Each student was shown acceptance and given encouragement and thanked for his time and participation in the group.

There was an extended informal time of sharing at the conclusion of the session.