

EARLY PARENTAL LOSS: YOUNG ADULTS' ATTACHMENT PATTERNS,  
MOURNING, AND DYSFUNCTIONAL ROMANTIC RELATIONSHIP BELIEFS

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MOURNING, AND DYSFUNCTIONAL ROMANTIC RELATIONSHIP BELIEFS

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## DECLARATION OF ORIGINALITY

I, Ali Varol, certify that

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## ABSTRACT

### Early Parental Loss: Young Adults' Attachment Patterns, Mourning, and Dysfunctional Romantic Relationship Beliefs

This thesis aimed to examine attachment patterns, dysfunctional romantic relationship beliefs and mourning reactions of young adults who experienced parental loss. Adult attachment assessment included secure, preoccupied, dismissing, and fearful attachment patterns. Assessment of mourning reactions included behavioral, physical, affective and cognitive types. Dysfunctional romantic relationship beliefs were measured cumulatively. Participants were 423 students (64 had early parental loss) of a public university in İstanbul who joined the study through an online survey package that began with a demographic information form. Descriptive analyses showed that attachment patterns did not differ by loss status; significant positive relations existed between the dismissing attachment pattern scores and dysfunctional romantic relationship beliefs for participants with early parental loss, and preoccupied attachment pattern scores and dysfunctional romantic relationship beliefs for participants with no parent loss. The most common mourning reaction types were behavioral and physical, while emotional and cognitive types were rare. Young adults with dismissing attachment patterns had more dysfunctional romantic relationship beliefs if they had high levels of mourning. The study implied the importance of assessment of attachment patterns and mourning level in providing psychological support on romantic relationship beliefs of young adults with early parental loss.

## ÖZET

### Erken Ebeveyn Kaybı: Genç Yetişkinlerde Bağlanma Türleri, Yas ve İşlevsel Olmayan Romantik İlişki İnançları

Bu tez erken ebeveyn kaybı yaşamış genç yetişkinlerin bağlanma örüntülerini, işlevsel olmayan romantik ilişki inançlarını ve yas tepkilerini incelemeyi amaçlamıştır. Yetişkin bağlanması değerlendirme güvenli, saplantılı, kayıtsız ve korkulu örüntüleri içermiştir. Kaygı tepkileri değerlendirme davranışsal, bedensel, duygusal ve bilişsel tipleri içermiştir. İşlevsel olmayan romantik ilişki inançları bütünsel olarak ölçülmüştür. İstanbul'daki bir devlet üniversitesinde öğrenci olan 423 (64'ü erken kayıp yaşamış) katılımcı araştırmaya demografik bilgi formuyla başlayan çevrim-içi tarama paketi aracılığıyla katılmıştır. Tanımlayıcı çözümlemeler kayıp durumuna göre bağlanma örüntülerinin değişmediğini; erken ebeveyn kaybı yaşayan katılımcıların kayıtsız bağlanma örüntüsü puanları ile işlevsel olmayan romantik ilişki inançları arasında, ve erken ebeveyn kaybı yaşamayan katılımcıların saplantılı bağlanma örüntü puanları ile işlevsel olmayan romantik ilişki inançları arasında olumlu ilişkiler olduğunu göstermiştir. Rastlanan en yaygın yas tipleri davranışsal ve bedensel, en nadir yas tipleri ise duygusal ve bilişsel olmuştur. Fazla yas tepkisi gösteren kayıtsız bağlanma örüntüsü olan genç yetişkinlerde daha fazla işlevsel olmayan romantik ilişki inançları bulunmuştur. Araştırma erken ebeveyn kaybı yaşamış genç yetişkinlerin işlevsel olmayan romantik ilişki inançlarına psikolojik destek sağlamada bağlanma örüntüsü ve yas düzeylerinin değerlendirilmesinin önemine işaret etmiştir.

This study is dedicated to my beloved father, Mustafa Varol, the most polite and kind-hearted person that the entire universe has ever seen before. Without him, the earth was always gray for me. Now, finally, I have learned how to make it as colorful as a butterfly thanks to the virtues that he left us; his priceless heritage and his immortal memory are still living with us.

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## CHAPTER 1

### INTRODUCTION

Just like all living creatures, we homo sapiens are born, grow, live our lives and eventually die. Some live longer than others, and some die even before being born. Most of us live denying our death, as it is hard to accept. Without death, however, life could not be defined. Imagining one's own death can be frightening to most individuals. Over time people may develop a mature perspective on this inevitable reality and come to terms with it and some may even welcome their own death. Nevertheless, regardless of the level of maturity of our perspective, death of a loved one is always difficult to face, accept and experience.

It is not a coincidence that I decided to study loss. Loss is a very familiar experience for me. I grew up in an environment where I experience several losses. The depths of my childhood memories are filled with the losses of my close relatives. I lost my father, both of my grandfathers, my newborn brother, and my uncle, the husband of my aunt. All of these losses occurred while I was between 5 to 6 years of age. My identity, my sense of self, is therefore strongly shaped by the loss of my loved ones and the experiences of deep sorrow of my remaining loved ones. Each loss occurred before the mourning of a previous one could be integrated. I was too young to verbalize the meaning of mourning, but I could observe the reactions of the remaining family members and sense the pain. It was only much later when I was a student at the university when I had to depart from my family to study, I allowed myself to experience my grief. I was at a distance from my family members and no longer needed to hold my reactions from them. There was continuous sadness in me and the depth of my sadness was ready to surface through tears. For the first time in

my life, I became aware of my grief and was able to let myself cry over my multiple losses.

I was the first person in my family who had the means to go to a university. I chose to study counseling because I wanted to understand the nature of human beings so that I could help others in healing their emotional wounds. It was only after many years that I could realize that deep emotional pain I had inside and needed to understand and heal my own wounds. Completion of my undergraduate education was a turning point in my life towards serving my needs. Then I realized that I could go even further in school and get a master's degree in the field that I wanted. During my graduate years, it became even clearer that we cannot help others without understanding our own struggles. My internal battles were turning into interpersonal ones and limiting my academic growth, so I started my own therapy. The individual therapy that I started at the university helped me recognize my long-postponed grief and allow myself to mourn for my accumulated losses. It started a journey of self-understanding and exploration of how my identity has been formed and shaped by my losses. I started feeling more comfortable about being who I am, expressing my unique ideas and letting long repressed feelings out. Then I was able to start establishing stronger personal and professional relations. This thesis itself has been therapeutic as subtexts of this work opened new insights, uncovered hidden recollections and paved the paths towards healing my wounds in my personal journey. For that I am grateful.

Parents are usually the closest people to their children from the moment of birth, and parental loss leaves significant marks. The death of a parent can be a deeply shaking experience no matter the age of the individual. Losses in childhood are considered as important risk factors in adult psychopathology (Kendler, Neale,

Kessler, Heath, & Eaves, 1992). People experience a mourning period after loss, they may go through significant changes in life, and they are no longer the same persons they were before the loss. Abrams (2013) described parental loss as “something that stays with you and shapes you for the rest of your life; it becomes a condition of your existence, like having blue eyes or black hair” (p. 17).

Literature uses several loss-related terms including bereavement, grief, and mourning. A brief review of these terms could be useful in understanding the research findings that I am about to share.

Bereavement refers to a situation of having lost someone important through death. It can also be described as the psychological reactions of those who survive significant loss (Stroebe, Hansson, Schut, & Stroebe, 2008). People who lose their parents, siblings, partners, friends or any other close relative might experience intense distress and emotional disturbance (Bowlby, 1998). Loss of a loved person is one of the hardest challenges that any human being can bear. Witnessing death is painful because death is irrecoverable. People often feel helpless and impotent to help. Bereavement is a highly disruptive experience and is usually followed by a painful but time-limited period of acute grief (Shear & Shair, 2005)

Grief is a primarily emotional response to loss, particularly to the loss of someone that the individual has an emotional connection. It is a common humane reaction. As a complex syndrome, grief has various negative manifestations like physical (physiological-somatic) and psychological (social-behavioral, cognitive) ones. It might be seen as a painful illness, but grief can also bring strength (Parkes & Pigerson, 2010). As broken bones become stronger after a healing period; people grow mature after grief. Every individual experiences grief in a unique way

(Rosenblatt & Wallace, 2005). One may experience grief with an intense feeling of anger; another individual might be dominated by feelings of loneliness. One person might show signs of grief after a short time period of being abandoned by a loved one, whereas another might experience delayed responses.

Although grief and mourning are used interchangeably in different sources, they are different in many aspects. Mourning is a public display of grief. Every different culture includes different social expressions of feelings. Beliefs and rituals shape the mourning traditions of cultures (Rubin & Yasien-Esmael, 2004).

Before one can fully comprehend the impact of a loss and the human behavior associated with it, one must have some understanding of the meaning of attachment (Worden, 2018). Attachment provides us with a frame to conceptualize the human tendency to create strong affectional bonds with others and a tendency to develop strong emotional reactions or different forms of protests when those bonds are threatened or broken.

Different attachment patterns have been identified among people: secure, dismissing, preoccupied and fearful attachment (Bartholomew & Horowitz, 1991). Research shows that the category of parental attachment in infancy is the same as adulthood attachment in 72% of individuals (Waters, Merrick, Treboux, Crowell, & Albersheim, 2000). People with different attachment patterns can show different grief reactions (Field, 2006). Previous studies have shown that insecurely attached individuals have different physical, emotional, cognitive and behavioral grief reactions than securely attached individuals (Stroebe, Schut, & Stroebe, 2005; Wayment & Vierthaler, 2002). Wayment & Vierthaler (2002) found that individuals with an anxious-ambivalent attachment pattern (insecure attachment pattern)

reported greater levels of grief and depression after loss. Luecken (2000) reported that parental loss in childhood is associated with health-damaging psychosocial characteristics in adulthood of individuals with insecure attachment pattern.

Attachment is a term related to relationships. Each loss issue is also a relationship issue as loss is an irrecoverable dissociation, and an ultimate ending of a physical relationship with someone who is important (Brugha, 1985). Each loss is a loss of a person, as well as a loss of relationship with that person (Kendler et al., 1995). Loss of a continuing relationship with an important individual may be especially meaningful with important consequences for future emotional development and psychological vulnerability of the bereaved. The ultimate loss of a relationship may also have an effect on later adult relationships (Monroe, Rohde, Seeley, & Lewinsohn, 1999).

According to Beck (1979), events that leave a trace to one's life such as parental loss may lead to development of some basic dysfunctional beliefs or schemas about one's self and others. Schemas are core beliefs that maintain long-term psychological problems, structures for screening, coding and evaluating the stimuli that impinge on the organism. On the basis of schemas, individuals are able to categorize and interpret their experiences in meaningful ways (Harvey et al., 1961). A person may develop negative schemas like 'I am no good' or 'others cannot be trusted' due to a variety of factors including serious life stresses and strains such as childhood abuse and parental deaths (Padesky, 1994). These schemes are automatic as they come to mind without one's control and lead to dysfunctional thoughts and beliefs about relationships, including romantic relationships that are to start to develop in early adolescence. This research targets an understanding of the impact of early parental loss experiences on young adults and therefore dwells on

romantic relationships as an important developmental task in young adulthood (Widick, Parker, & Knefelkamp, 1978).

Romantic relationships are defined as “relationship types involving intense attractions such as idealization of the other within an erotic context and expectation of enduring some time into the future” (Jankowiak & Fischer, 1992, p. 150).

Kernberg (1998) emphasizes that people establish romantic relationships with other individuals due to their desire to be loved by others and sexual energies as a part of their natural instincts. Ainsworth (1978) stated that individuals seek secure and supportive environments in their family starting from infancy and they continue to look for that secure environment in their romantic relationships during adulthood.

Hazan and Shaver (1987) conceptualized romantic relationships as part of the adult attachment process. Attachment relations in adult relationship experiences and dysfunctional beliefs or schemas about romantic relationships have been extensively studied. Adult attachment has been found to be associated to relationship beliefs and romantic relationship experiences (Beştav, 2007; Brennan & Shaver, 1998; DiGuseppe & Zee, 1986; Ellis, 2003; Hamamci, 2007; Hammond & Fletcher, 1991; Senchak & Leonarkd, 1992; Stackert & Bursik, 2003; Sullivan & Scwebel, 1995).

Erikson’s (1994) theory of psychosocial development covers lifespan of individuals from infancy to adulthood, as it views personality developing in a pre-established order through the eight stages. In each stage, individuals experience particular psychosocial crises that reflect the developmental task unique to that stage. Successful solution of each crisis results with positive outcomes for personality development. Erikson (1982) indicated that successful completion of each stage results in acquisition of basic virtues like hope, will, purpose, and fidelity. And on

the contrary, failure to master these tasks timely may result in shame, guilt, inferiority, and identity crisis. Our research studies young adults who are between the ages of 19-29, experiencing the sixth Eriksonian stage of developmental. Their developmental conflict occurs between intimacy and isolation, concerning with maintaining successful or unsuccessful relationships with others. In other words, their major conflict centers on establishing mutually satisfying intimate and romantic relationship. This is why we decided to study their romantic relationships belief as these beliefs might directly influence their relations. Working with irrational beliefs can be a counseling goal towards the individual's improvement of actual relationships.

While there is an abundance of evidence linking attachment patterns and dysfunctional beliefs about romantic relationships, there is a scarcity of studies in Türkiye. Thus, the present study targets a young adult sample with early parental loss (parental loss experience in the earlier stages of psychosocial development, from birth to the age of 18) in Türkiye. The study examines attachment patterns, mourning levels and beliefs about romantic relationships of young adults.

The current study aims to investigate the relations between adult attachment patterns and dysfunctional romantic relationship beliefs of parentally bereaved young adults in comparison to young adults with no parental bereavement. It also aims to assess the mediating role of mourning in the relationship between attachment pattern and romantic relationship beliefs.

## CHAPTER 2

### THEORETICAL BACKGROUND

The following chapter reviews the literature of research findings exploring the interrelationships among mourning in parental bereavement, attachment patterns and romantic relationship beliefs of adults.

#### 2.1 Parental loss and mourning

Individuals who experience loss of close relatives might experience mourning in different ways. They may experience psychological injuries after loss, thus they may need professional assistance (Bonanno & Kaltman, 2001). Mourning is a psychological reaction that occurs when the beloved ones are lost (Lewis, 1979). It is a natural and universal reaction, an adaptation to a new situation and a maturation process created in the inner world of a bereaved individual (Çevik, 2000).

During the mourning response period, emotional, social, cognitive, physical and behavioral responses might be seen such as unbelief, dullness, guilt, loneliness, blaming oneself to not preventing loss, blaming others (Willis, 2002), loss of appetite, withdrawal in social and physical activities (Dyregrov, 2000), decreases in academic performance and loss of effectiveness in professional life, experiences of psychosomatic pain and illness, lack of energy and sleeping disturbances (Çevik, 2000).

Response levels displayed by individuals who experience parental loss and their biological, psychological, and social reactions might differ by their psychosocial developmental stage (Erikson, 1994) and biological age (Britchnell,

1972; Kivılcım & Doğan, 2014; Lutzke, Ayers, Sandler, & Barr, 1997; Stroebe & Stroebe, 1987; Şentürk, 2006; Tremblay & Israel, 1998). Thus, different characteristics of parental loss in childhood, adolescence and young adulthood are addressed in this study.

### 2.1.1 Parental loss in children

Among all kinds of losses, it is the loss of a parent that tend to affect children most. In fact, it is quite common to see symptoms of depression in the first year of loss (Köseoğlu & Yıldız, 2018). Death of a parent is not just about losing a caregiver but is a disruption of the balance in the rest of a child's life.

It is not certain exactly what percent of children are affected by the death of their parents. Gerber (1979) claims that almost 5 percent of the children in the United States of America experience parental loss by age 15.

Loss of a parent is a serious challenge to the maintenance of supportive and positive family environments. A primary caregiver who survived through partner loss might be unable to show consistent, predictable and reliable care to the children. Inconsistent and unreliable parental care in early development of parentally bereaved children may lead to difficulties in establishing secure attachment bonds in later relations (Bowlby, 1980). In addition, parentally bereaved children might have difficulty in successfully completing the psychosocial developmental tasks (Raphael, Cubis, Dunne, Lewin, & Kelly, 1990).

Experiencing parental loss during the early stages of psychosocial development may cause psychological injuries in children (Stroebe & Stroebe, 1987). Children's reaction to loss and the psychological explanation of loss vary

depending on the age of the child. The loss might cause intense anxiety and apprehension (Özgüven, 2014). There are also some other factors that affect children's mourning reactions such as their developmental status, personality traits, parental grievance, and continuity of siblings and child relationships (Coleman & Richmond, 2009). How teachers and peers at school react to death situation also influence the mourning reactions of the child.

In addition to development level and chronological age, many other factors might be influencing a child's way of experiencing the process (Kıvılcım & Doğan, 2014). Some of these factors include personality traits of the child, previous experiences related to loss, religious beliefs and cultural values of the family, reaction of adults to death, social environment or the impression that they are earned from the media, family, and social support (Kinzbrunner & Policzer, 2010).

According to Waldinger, Vailland, and Orav (2007), feelings of sadness, longing, and loneliness among bereaved children are understandable and predictable. These are mourning reactions that are more likely to be observed through the physical and behavioral reactions of children rather than verbally expressed by them. Every child's grief reaction and understanding of death is unique. There are significant differences in appearance, duration, and intensity of mourning reactions among children. How children live and perceive death differs. Children, like adults, do not react uniformly to losses. Mourning behaviors of children fluctuate; their sadness may increase and decrease, and the process takes longer than what is usually believed. Also, the loss process is separately experienced after each death.

The most significant negative influence of parental loss on children is not related to the feelings attached to the deceased parent but also relate to the surviving

parent as the child feels anxiety of being abandoned by the remaining loved one. The child, in a way, feels incomplete in terms of being loved by others (Yavuzer, 2008).

Parental loss may lead to declines in academic achievement, self-esteem, and internal control and independence among children. Children who have experienced early parental loss are at risk for impaired school performance, social withdrawal, feelings of vulnerability to their own death, a wide range of mental health problems, including anxiety, depression and conduct problems (Lutzke, Ayers, Sandler, & Barr, 1997; Tremblay & Israel, 1998).

A large number of long-standing studies have been conducted on the effects of early parental loss on children's psychological adjustment (Van Eerdewegh, Bieri, Parilla, & Clayton, 1982; Worden & Silverman, 1996). Most of them view death as a traumatic event that can harm children's mental health. Both the surviving parent and the child have been affected by the loss and experience a profound crisis. Taking premature responsibility at an early age due to parental loss might cause fragility in the bereaved child's future life and marital relations (Şentürk, 2006).

Parental loss and separation in childhood might also affect adulthood psychopathology; depression, anxiety, and psychosomatic disorders in particular. The bereaving child can be considered to have lost both parents because the surviving parent is likely to be too busy with fulfilling the responsibilities to every member of the family or perhaps will only be engaged with his or her own mourning process (Dowdney, 2000). There is also a likelihood that the child blames himself or herself for the parental loss and this puts the child in greater risk for depression and anxiety. Feeling responsible for death, believing that one could have prevented death has been observed to increase the level of depression (Maier & Lachman, 2000).

Classical theories of psychology suggest that parental loss experienced during childhood relates to development of a number of psychological disorders over the life span (Bowlby, 1980). Depression disorders and vulnerability to depression through adolescence, early and late adulthood are probably the most commonly studied effects. Fulton and Markusen (1971) also claimed that individuals who experience parental loss during childhood might suffer long-term vulnerabilities in medical, psychological and behavioral areas during adulthood. In most studies conducted on children who experienced parental loss, psychiatric outcomes have been addressed (Yates, 1985). Barry and Lindemann (1960) found that females who experienced maternal loss between birth and age 2 are at greatest risk for neurosis whereas, in Norton's sample, loss of the father before age 10 was the most critical period (Norton, 1952). Birtchnell (1972) found that experiencing maternal loss before age 10 was an etiologic factor in development of mental illness, such as depression.

A number of studies indicated a link between childhood parental loss and suicide attempts in adulthood. Birtchnell (1970) reported that twice as many depressed suicide attempters were parentally bereaved compared with non-suicidal depressives.

Despite the evidence for presence of potential risk factors, many children with early parental loss do not experience major psychological, behavioral or medical problems. This may be due to presence of protective factors like ongoing secure relationship with a surviving parent or a family member, school-based intervention programs and professional help (Akerman & Statham, 2014).

### 2.1.2 Parental loss in adolescents

Although we may experience many losses in life, the feelings regarding the death of a loved one is unmatched for its emptiness and profound sadness (Kübler-Ross, Kessler, & Shriver, 2014). For adolescents, understanding of loss is difficult and also highly important, as it brings new challenges to life (Erinç, 2015). The individual in the mourning process first tries to make sense of the death and then attempts to adapt to continuing life situations by accepting it. In any case, the loss of someone loved is a psychological injury for the individual (Attepe, 2010).

Death is unstoppable, all living beings are born, grow and die, but it is perceived as a brutal enemy for some and a natural situation, for another. No matter how one describes it, loss of a parent extremely challenging especially if it occurs early in life. Individuals who have lost their parents during adolescence are in position of coping with the normative troubles of the adolescence period along with coping with the loss.

Adolescents often want to look strong to prove their independence, thus might seem like not caring about the loss situation. They might seem like living normally as if nothing happened, but inside they might experience intense feelings that could be observed while alone (Granot, 2005) or by people who can reach their inner worlds.

Although many psychologists draw attention to the importance of parental loss in adolescence and its impacts on later adulthood, there have been very few studies on this topic (Keenan, 2014). In a study that is conducted with 118 adolescents who lost a loved one in the last five years, it is reported that proximal

loss predicted depression (Reid & Dixon, 2000). It was indicated that death of a family member or a close friend has been associated with depression in adolescents (Rheingold et al., 2004). Bereaved adolescents from low economic status families were found to suffer more physical and mental health problems than individuals from high economic status families (Morgan, 1982).

In her book, *A Child's Parent Dies*, Erna Furman (1974) wrote that bereaved adolescents have a greater desire to be a part of a peer group. They desire to be accepted and appreciated by their environment including their teachers, friends, and family. Feelings of shame, anger, deprivation, and envy may be experienced more by bereaved adolescents than with children of intact as well as divorced families.

Indeed, Servaty and Hayslip (2001) studied adolescents' sensitivity through their peer reactions. They found that adolescents who experienced parental loss feel higher levels of inferiority, discomfort, and inadequacy when compared with their peers from intact or divorced families. According to Beckmann (1990), bereaved adolescents might also experience loss of concentration, thoughts, and attempts of suicide, academic problems, low self-esteem and identity problems. Family and peer relationship problems are also possible responses to death.

In previous literature, gender differences in bereaved adolescents' grief responses have also been examined. Thomas (1996) found that female adolescents tend to experience more emotional problems in response to loss than male adolescents. After a parental loss, being a female is a risk factor on its own when it comes to depression in adolescence period. On the other hand, Stinson and Lasker (1992) showed that males tend to experience anger more often than females and act out more aggressively.

Responses to parental death and the length of the grieving process are unique to each individual and may vary from person to person (Ellis & Granger, 2002).

Crenshaw (1990) argued that the grief process in adolescence can span 2 to 3 years. Most of the grieving reactions are normal and typically last 3 years. Some thoughts, however, such as suicide attempts, delinquent behavior, and any other responses that become long-term behaviors or restrain daily activities are signs the person may be experiencing difficulty and that seeking professional help may be warranted (Beckmann, 1990).

#### 2.1.3 Parental loss in young adults

As individuals advance through stages of life, their ways of experiencing parental loss, attitudes, and reactions to loss also change. Parental loss and mourning process during young adulthood is influenced by many factors, including gender, biological sex, and relationship quality. Carver, Haylship, Gilley, and Watts (2014) found that gender of the individual who experienced parental loss was significantly important in predicting some aspects of grief. It is been reported that females are more influenced than males by the parental loss; irrespective of the deceased parent's gender.

Interaction between genders of parent and child was also significant; female participants reported that maternal loss may be particularly more difficult for them than male participants, suggesting that females might have stronger emotional experience of grief. This, of course, could also be due to self-report nature of the data, as females tend to be less defense in accepting psychological concerns than for males. Another research (Haylship, Pruet, and Caballero, 2015) found that females have more difficulties in adjusting to parental loss than males. In addition, young adults were more affected by parental death than middle-aged adults.

One of the reactions of young adults to parental death is to avoid interacting with their peers and family members. Bereaved young adults tend to lose their interest in interpersonal activities. They might feel abandoned and have excessive levels of anger along with deterioration in sleep patterns. They tend not to be able to participate in normal or work-related activities with joy (Scharlach, 1991).

Young adults often worry about death. As they experience loss, they reflect and try to attribute meaning. In their perspective, loss is real and inevitable, especially for aged people. They also start to perceive their own death as a distinct possibility (Corr & Corr, 2013). In this respect, one of the consequences of death of a parent for the bereaved is re-evaluation of the self and relations with others. Nickerson, Bryant, Aderka, Hinton, and Hoffmann (as cited in Corr & Corr, 2013, p. 4-5) argued that young adults start to question their past life, previous experiences and future goals. Quality of child-parent relationships, therefore, may define later psychological and interpersonal functioning of individuals with parental loss. Parental loss during young adulthood may also affect the establishment of future attachments. Bereaved young adults might have difficulty in achieving intimacy in future relations as they fear of losing another loved one (Walter & McCoyd, 2015).

In the following section, attachment theory research related to dysfunctional relationship beliefs and grief reactions are reviewed.

## 2.2 Brief review of the attachment theory

Because their survival skills are not developed as in other animals, human infants are more dependent on their caregiver. In the first 2 years of life, the infantile period, the child develops most rapidly in physical, mental and emotional domains. For this

reason, it is not enough to meet only the physical needs of children. One-to-one relationship with the caregiver in this dependence period is extremely important for infants' mental and emotional development (Tüzün & Sayar, 2006). It is unavoidable for infants to establish an attachment to the caregiver to meet their survival needs.

Bowlby's Attachment Theory is a multidisciplinary theory that was formed by the interactions of different disciplines including psychoanalysis, etiology, socio-biology, psychobiology and modern theories of cognitive development (Popper & Amid, 2015). The term attachment refers to the existence of an emotionally positive and helpful relationship between babies and their parents or caregivers (Öztürk & Uluşahin, 2011). Infants have many physiological needs that must be met, starting with needs for food and warmth. Primary caregivers, mostly mothers, satisfy these physiological needs of babies. As a result, babies become interested in and attached to their caregivers and they perceive the mother as the source of their gratification (Bowlby, 1972). Erdman and Caffery (2013) indicated that the psychological aim of physical closeness for the attached person is security in presence of an attachment figure and the physiological goal of the system is survival.

The emotional bond between the infant and the primary caregiver allows the baby to feel safe. That bond develops from the birth through the first year of life (Wallach & Caulfield, 1998). Infants show signs of attachment within the first 9 months of life, such as crying to show their emotional distress or clinging to maintain closeness to the primary caregiver. Attachment is a universal phenomenon which is a part of human development in all cultures.

Infants show attachment behaviors like smiling to the parents or crying when their desire to be nearby the primary caregivers is not satisfied. The attachment

process begins when those behaviors are responded with adult attachment behaviors (for example, touching, embracing, relaxation) by the parents. This corresponding results in the strengthening of the attachment behaviors that the baby exhibits (Sroufe, 2000).

According to Bowlby (1972), infants feel that they are important and that they deserve to be loved and approved as a result of the relationship that they have established with the primary caregiver. This secure base forms the basis for the individual to develop positive models for oneself and others. These models are conceptualized as 'internal working models' or 'mental presentations' (Çalışır, 2009). Expectations (who she is, where she can be found, and how she will react) about the primary attachment figure constitute the key point of the internal working models. On the other hand, primary caregiver's perception about the child's acceptability constitutes the key point for the self-driven internal working models. It is important for a person to establish internalized representations about the self to obtain realistic, positive and perpetual sense of identity. Conversely, representations about others have critical impact on establishing pleasurable relationships with others (Diehl, Elnick, Bourbeau, & Labouvie-Vief, 1998). Determination of working models is linked to the stability of the families. If the situation is reinforced in a family environment during childhood, thinking patterns become automatic and these patterns show resistance to change in later developmental periods (Bahadır, 2006).

### 2.2.1 Ainsworth and individual differences in attachment

As Hazan and Shaver (1984) indicated, there is no limit to the amount and kind of variability that could exist in the caregiving environment models. However, for

infants, there is limited number of categories for caregiver behaviors and those behaviors categorized according to the possible responses to the following question: “Can I count on my attachment figure to be available and responsive when needed?” The answers might be yes, no, and, maybe. Those three possible answers empirically linked to the three major patterns of infant-caregiver attachment.

In 1965, Mary Ainsworth and her colleagues designed a procedure called Strange Situation to assess the individual differences in attachment behavior of the children. Babies aged 12-18 months were participated to the Strange Situations experiment (Ainsworth & Bell, 1970). It is carried out in a small room with a chair for the mother and toys for the baby on the floor. The experiment starts with taking the mother and the baby into the experiment room. The mother sits on the chair and frees the baby for him or her to explore and interact with the toys on the floor. After a while, mother leaves the room for three minutes of time periods. One of these separation cases, which is repeated twice, research assistant stays with the baby. In the second case, baby stays alone in the room. Babies’ behaviors in three different situations (together with her mother-alone- and with research assistant) recorded (Ainsworth, Blehar, Waters, & Wall, 1978). On the basis of the results of this study, Ainsworth (1979) first described three principal patterns of attachment in their assessment of infant-mother attachment: anxious avoidance, secure, and anxious resistant.

Anxious avoidant infants can be described as infants willing to explore independently but actively avoiding their caregiver upon reunion after a period of separation (Erdman & Ng, 2011). These infants respond less positively to being held, but more negatively to being put down. Second pattern, secure infants use the attachment figure as a secure base for activation. They actively seek contact or

interaction with the caregiver upon reunion after a period of separation. These infants exhibit minimum level of resistant and avoidant behavior, and although they become somewhat upset when their caregiver leaves, they become calm upon their return (Ainsworth, 1978). Last type, anxious resistant infants experience difficulty separating from the caregiver in order to explore. The infants also find it difficult to settle down upon reunion after a period of separation. They concurrently seek contact with their caregivers as well as resist them.

Research (Brazelton & Yogman, 1986) proposed another attachment pattern called disorganized/disoriented attachment. When the child exposed to physical or emotional abuse by the primary caregiver, infant may experience a dilemma. His survival instincts tell him to flee to safety but as it is indicated before, the safety lies in the very person who is scaring the child. In this type, infants exhibit conflicting reunion, demonstrated by confusion or apprehension, when the attachment figure returns.

#### 2.2.2 Bartholomew and four-category model of adult attachment

According to Bowlby (1972), infant attachment patterns that are established with the primary caregiver might have impact on the entire life. Because the neural foundation of the attachment system remains largely unchanged, dynamics and functions of the attachment behavioral system hypothesized to be virtually the same across the life span (Hazan & Shaver, 1994). Researchers provided support that this hypothesis worked and led to development of a new perspective to establish adult attachment categories. Hazan and Shaver (1987) claimed that previously developed infant attachment models are to be applicable to adult attachments. First, they formed

a basic measurement tool that depends on self-report. Then longitudinal studies were conducted to compare young adults' current attachment classifications to the attachment classification they belonged when they were infants (Li, Li, & Dai, 2008). In one of these longitudinal studies, it is seen that 72% of the young adults have the same attachment pattern 20 years after their infancy. As predicted by the attachment theory, negative life events (including parental loss during childhood) were important factors in changing the attachment pattern for the remaining 28% of the participants (Waters, Merrick, Treboux, Crowell, & Albersheim, 2000).

Based on the early definitions of attachment, Bartholomew (1990) combined the two types of internal working models related to the self and the primary caregiver that were suggested in Bowlby's original theory and defined an adult attachment pattern model called four category models. To describe adult attachment patterns, infant attachment patterns were adopted by Bartholomew and Horowitz (1991) to four adult attachment categories: secure, dismissing, preoccupied and fearful. According to Bartholomew and Shaver (1998), those patterns are defined in terms of two dimensions: positivity of a person's model of self and positivity of a person's model of others (Figure 1). The positivity of the self model shows the degree to which a person has internalized a sense of his or her self-worth. The negativity of the self model is associated with the degree of anxiety and dependency on other's approval in close relationships. The positivity of the other model indicates the degree to which others are generally expected to be available and supportive. The other model is therefore associated with the tendency to seek out or avoid closeness in relationships.

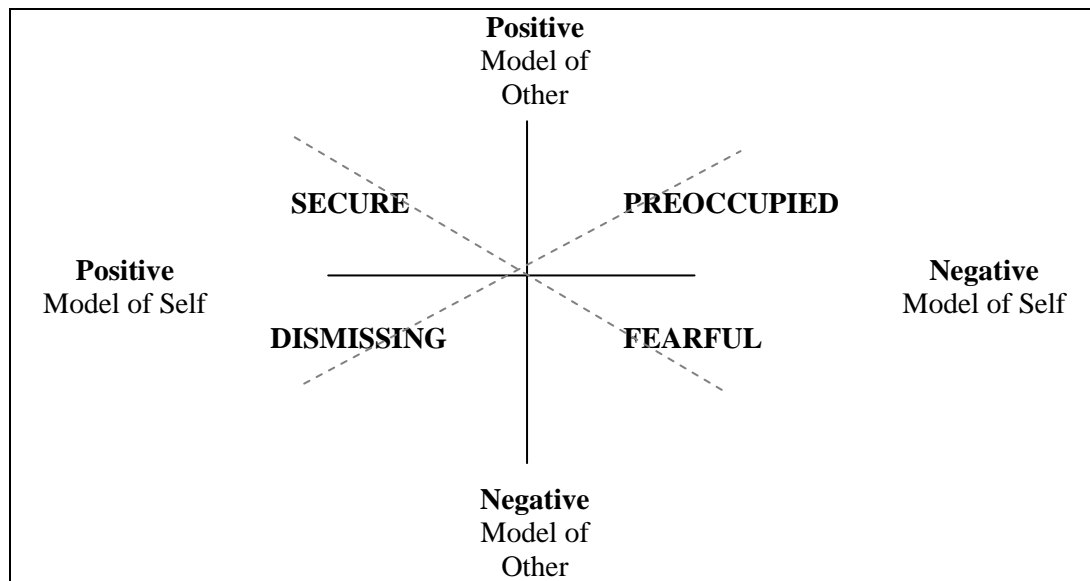


Figure 1. Bartholomew and Shaver (1998) two-dimensional four-category model of adult attachment

According to the Four Category Model, adults with secure attachment pattern perceive themselves as valuable and lovable, and others as accessible and responsive to them (Bartholomew & Shaver, 1998, p.31). Secure individuals have high self-esteem; they do not feel uncomfortable about establishing closeness. They also have autonomy. In the remaining three modes of attachment, however, there is a negative internal working model of the self and / or others and that is why all three are referred to as insecure attachment categories.

Individuals establish a preoccupied attachment pattern especially when they are exposed to inconsistently responsive early care-giving. Therefore, this attachment pattern is characterized by low levels of self-esteem (negative model of self) and focus on negative affect (Wearden, Lamberton, Crook, & Walsh, 2005). Individuals with preoccupied attachment pattern are likely to have an idealized model of others, so they try to gain the approval and acceptance of others and become overly engaged with their relations.

Fearfully attached individuals share the negative view of self with the preoccupied individuals. They also hold a negative view of others. They tend to have beliefs that they are not worthy of being loved and that others are refusing them. Hence, they avoid close relationships or have problems in their relationship. Individuals establish fearfully attachment patterns due to rejecting and harsh care-giving leading to a fear of intimacy fuelled by fear of rejection.

Finally, individuals with dismissing attachment have positive view of self and negative view of others (Morsünbül & Çok, 2011). This attachment pattern is believed to be related to consistently unresponsive early care-giving. They view self as valuable and lovable but have negative views about others. They avoid establishing close relationships so that they would not be disappointed or refused by others. They want to maintain their positive self-perceptions by trying to be independent and strong.

Research shows that individuals with fearful, preoccupied and dismissing attachment patterns show higher levels of anxiety and depression and lower levels of self-esteem compared with securely attached individuals (Widom, Czaja, Kozakowski, & Chauhan, 2018). In this research, Bartholomew's Two-dimensional Four-category Model of Adult Attachment (1998) is used to describe adult attachment patterns of the participants.

### 2.2.3 Attachment and mourning

Mourning is not a feeling to overcome, but a process to be adapted and reshaped. There is no right or wrong way of mourning; every individual experiences it in a unique way (Kıvılcım & Doğan, 2014). According to the attachment theory, one's

attachment pattern plays an important role in determining the individual differences in responses shown following the loss of a close one (Sümer & Güngör, 1999).

Neimeyer, Harris, Winokuer, and Thornton (2011) indicated that attachment pattern predicts ways of dealing with emotions and handling stressful situations in particular ways of coping with bereavement; and, as a sequence, attachment pattern also predicts psychopathology and grief reactions (Stroebe & Shut, 2005).

Securely attached individuals are expected to recall their memories about the deceased and share these memories with others as this is considered to be a normal mourning reaction. Research shows that people with secure attachment pattern have fewer depression symptoms than other attachment groups after loss (Wayment & Vierthaler, 2002). Dismissing individuals, on the other hand, suppress their feelings about the loss and therefore they tend to have absent or inhibited grief reactions. Also, individuals with preoccupied attachment have high levels of emotional reactions toward loss. Their bond to the deceased would be too strong and they would be too dependent on and cling too much to the tie to be able to reconcile the grief, thus, experiencing chronic grief. Finally, people with disorganized attachment pattern might not be able to coherently think about the attachment-related memories and have traumatic grief reactions (Stroebe, Schut, & Stroebe, 2005).

### 2.3 Romantic relationship beliefs and their relationship with attachment and loss

Romantic relationships, considered as a special part of the close relationships, are almost at the center of lives of young adults (Demir, 2008). Having a romantic relationship is seen as one of the most important psychosocial development tasks among university students between ages 18 and 26 (Erikson, 1994). Individuals start

to share themselves more intimately with others after the age of 18 and the major conflict in their lives centers on forming intimate, loving relationships with other individuals. People may discover such relationships earlier but their perception, expectation, and opinions between the ages 18 and 26 gave them a relational perspective (Furman & Shaffer, 1999), affect their identity and personality development (Raley & Sullivan, 2010), and play an important role on their future marriage life (Furman, 2002).

Research findings show that (Eidelson & Epstein, 1982; Romans & DeBord, 1995) individuals' beliefs about romantic relationships affect the onset and development of romantic relationships. Romantic relationship beliefs, referred as romantic beliefs or perceptions (Hazan & Shaver, 1987), unrealistic standards (Romans & DeBord, 1995), or dysfunctional beliefs (Sharp & Gannong, 2000), can be defined as certain sets of perceptions and expectations of individuals towards their relationships (Eidelson & Epstein, 1982).

According to Ellis (1957), dysfunctional beliefs occur when individuals have negative thoughts about themselves related to irrational, unrealistic and negative self-image. Research shows that individuals with high levels of dysfunctional romantic relationship beliefs tend to focus on negative characteristics of their partners and this situation leads to mutual disappointments, conflicts, and eventually ends romantic relationships (James, Hunsley, & Hemsworth, 2002). Thus, it is important for individuals to become aware of their dysfunctional beliefs about romantic relationships to improve their relationship experience and mutual satisfaction among partners.

### 2.3.1 Romantic relationships and attachment

Romantic relationships have important influences on the academic, social and emotional development of individuals. These relationships also define the nature of peer and family relations (Furman, 2002). According to Bowlby (1980), the quality of a person's relationship with other adults, and the expectations from the society are determined by the attachment relationship that the individual has with his mother. Hazan and Shaver (1987) conceptualized adult romantic relationships as parallel to an individual's very first relationship: infant to mother. It is claimed that the three attachment patterns of Ainsworth exist in the adulthood and the attachment patterns of individuals form their romantic relationship experiences (Brennan & Shaver, 1998). Studies suggest that childhood attachment quality has an impact on the quality of adult relationships in the following years (Banse, 2004). Individuals who established positive attachment relations with their primary caregivers during the infancy period establish positive close relationships with others in adulthood. Likewise, individuals who have negative attachment relations with their primary caregivers in early years of life establish insecure attachment during adulthood (Waters, Merrick, Albersheim, & Treboux, 2000).

Bowlby (1972) argued that the patterns created by the attachment figure in childhood will transform into generalized forms of interaction shaped by the internal working model at the end of puberty. From this point of view, one's internal working models include his / her attitudes towards relations with other people and expectations about them (Morsünbül & Çok, 2011). Research findings show that insecurely attached individuals tend to lack physical comfort and nurturance in their romantic relationships (Feeney & Collins, 2004). Secure individuals tend to provide

care for their partners for more altruistic reasons (Collins, Guichard, Ford, & Feeney, 2006), whereas people with avoidant attachment offer care for egoistic reasons (Mikulincer, Shaver, Gillath, & Nitzberg, 2005). Avoidant individuals tend to maintain greater emotional distance and avoid physical and emotional situations that may create intimacy. They engage in sexual activities less often (Brassard, Shaver, & Lussier, 2007; Tracy, Shaver, Albino, & Cooper, 2003).

Several studies have suggested that there is a significant relationship between individuals' attachment patterns and their romantic relationship satisfaction (Hammond & Fletcher, 1991; Lussier, Sabourin, & Turgeon, 1997; Senchak & Leonard, 1992). Simpson (1990) found that for both males and females, the secure attachment pattern was related to greater relationship satisfaction, trust, interdependence, and commitment than the other insecure attachment patterns.

Beliefs in romantic relations are important determinants for individuals in terms of their relationship satisfaction and relationship longevity (Knee, 1998). These beliefs are accepted to be health promoting if they facilitate individuals' adjustment to a relationship and their personal growth (Sullivan & Scwebel, 1995). If the beliefs about the nature of romantic relationships are illogical, rigid, absolutist, and highly exaggerated, they are been called dysfunctional relationship beliefs (DiGuiseppe & Zee, 1986; Ellis, 2003; Hamamcı, 2007).

Research findings show that distressed relationships are significantly influenced by dysfunctional/irrational relationship beliefs (Epstein, Baucom, & Rankin, 1993) and those dysfunctional beliefs about romantic relationships are negatively related to individuals' experiences in ongoing romantic relations (Addis & Bernard, 2002; Möller & Van der Merwe, 1997; Stackert & Bursik, 2003). When

individuals have dysfunctional beliefs about romantic relationships, they are less adjusted and satisfied in their relations.

Hazan and Shaver (1987) claimed that people with different attachment patterns have different beliefs about romantic relationships. Beştav (2007) asserted that attachment patterns of the Turkish university students were found to be related to their dysfunctional relationship beliefs and associative attitudes. Their results demonstrated that securely attached people and fearfully attached people tend to have the dysfunctional belief that ‘disagreement is disruptive.’ In addition, preoccupied people are prone to have the dysfunctional belief that ‘relationship needs are different’ and dismissing people tend to have the dysfunctional belief that ‘women and men cannot understand each other.’

Feeney and Noller (1990) reported that the attachment pattern of individuals is related to attachment history and to beliefs about relationships. According to Whisman and Allan (1996), there is a modest convergence between romantic relationship beliefs and adult attachment patterns of individuals. Stackert and Bursik (2003) found that both relationship specific dysfunctional beliefs and insecure adult attachment patterns (preoccupied, dismissing, and fearful) were related to diminished relationship satisfaction.

### 2.3.2 Romantic relationships and parental loss

Research in loss studies suggested that successful mourning does not always mean recovery (Paletti, 2008). Experiencing parental or sibling loss, especially between infancy and adolescence, may cause permanent changes in individual’s future relationships. According to Adler (1927), human beings are social creatures and need

connections and communal living to survive. That is why a loss within the primary social network of community, especially immediate family, changes the entire dynamics of the family system.

Parkes and Weiss (1983) asserted that people who lose the person on whom they most depend as a secure base and safe haven are the most vulnerable ones to despair. Loss, as an integral part of life, affects individuals in different ways. People who lost a member of their immediate family may experience psychological problems and this situation influences their future relationships (Barner & Rosenblatt, 2008). The mourning process might affect romantic relationships; closeness and intimacy might increase or decrease with grieving. Research findings show that young adults with parental loss tend to exhibit avoidance of intimacy towards their partners (Hepworth, Ryder, & Dreyer, 1984). Ellis (1986) claims that parental loss might have effects on individuals' beliefs about their romantic relationships as well. Bereaved individuals may have thoughts like 'Loss is an unfortunate life event. But there is no reason for me to not experience such events for a lifetime.' Such thoughts can be seen as natural beliefs.

Generalizing loss and not being able to handle that experience can lead individuals to develop dysfunctional beliefs about relationships with the fear of abandonment and rejection (Carter & Sokol, 1988), and losing control over relationships (Hatfield & Rapson, 1993) after the irrecoverable and uncontrollable loss of a loved one. Epstein and Eidelson (1981) reported that individuals with dysfunctional relationship beliefs might have difficulty ending their romantic relationships whether their relationship satisfaction is high or not. According to Bradbury and Fincham (1987), high levels of dysfunctional beliefs also related to unhappiness and low levels of satisfaction in relations.

Above was a general overview of literature on how parental loss experience influences individuals from different age groups, a brief review of attachment theory and how attachment relates to loss, and romantic relationship beliefs among bereaved individuals. In sum, prior research suggested that early parental loss is an important determinant in lives of individuals, such as, beliefs about oneself and others (Corr & Corr, 2013; Stroebe & Shut, 2005), psychological well being (Beck, 1979; Reid & Dixon, 2000; Stroebe & Stroebe, 1987), intimacy in early relationships and future relationships with others (Barner & Rosenblatt, 2008; Neimeyer, Harris, Winokuer, & Thornton, 2011; Walter & McCoyd, 2015).

In the view of the literature above, the following research questions are formed to be answered in this thesis study:

1. What are the attachment pattern differences (secure, preoccupied, dismissing and fearful) between the individuals with early parental loss and no parental loss?
2. Do the relations between the dysfunctional romantic relationship beliefs and attachment patterns(secure, preoccupied, dismissing and fearful) differ for individuals with early parental loss and no parental loss?
3. What styles of mourning(physical, emotional, cognitive and behavioral) reactions are more common among individuals with early parental loss?
4. Do the relationship between attachment patterns (secure, preoccupied, dismissing, and fearful) and dysfunctional romantic relationship beliefs of individuals with early parental loss differ by level of mourning?

## CHAPTER 3

### METHODOLOGY

This thesis followed a quantitative research approach that is descriptive correlational in analyses. The data were collected through an online survey package that included a demographic information form and three different self-report instruments.

The data obtained on the descriptive of sample characteristics through the demographic information form were analyzed and reported under the participants section. Collected data were analyzed to provide additional reliability information of the self-report instruments and were reported in the instruments section.

#### 3.1 Participants

Participants of the study came from one public university in İstanbul. The University Student Counseling Center (BÜREM) sent two consecutive e-mail invitations (the first e-mail was sent on the date April 29, 2019 and the second as a reminder a week after the first one) to all the student body which consisted of 16.083 students enrolled in the academic term) and 416 students (response rate 2,58%) used the link to respond to the survey. To increase the sample size, an invitation with as a brief note of the researcher was posted (May 3, 2019) on a social media group unique to the University students and 149 students joined the study through this channel. In the end, the data set consisted of a total of 565 students ( $f = 416$ , 73.6% through BÜREM invitation,  $f = 149$ , 26.4% personal invitation). A potential reanswering of the survey was prevented by filtering computer identity numbers of respondents.

The directions to the survey explained that the participation was voluntary and they were free to quit answering whenever they felt like doing it so. The only potential incentive for participation was valid for the students who experienced loss. They were asked to send an e-mail to the researcher if they felt a need to become a member of a counseling group that was to be led by the researcher at BÜREM in the new academic year. However, only one student showed an interest.

Because this study focused on young adults, the age range was kept limited. Individuals over 29 years old ( $f = 47$ , 8.3%) were excluded from data. Parental divorce was another exclusion criterion to avoid confounding effect of this reason of potential parental deprivation. Therefore, 69 individuals whose parents were separated (12.2%) were excluded from data. Individuals who experienced parental loss after the age of 18 ( $f = 20$ , 3.5%) were also excluded so that a minimal level of restriction could be used in constituting the ‘early’ loss group. Losing both parents was also considered an exclusion criterion, as it is likely to increase parental deprivation experience. For this reason, four individuals (.7%) who lost both of their parents were excluded from the data.

We wanted to compare individuals who experienced only a single parent loss with individuals who experienced no parental loss, but there were other losses in individuals’ lives that could have confounding effect on our dependent variables. It would have been ideal to constitute two groups that were only different in terms of parental loss. Our no loss group was relatively large allowing us to constitute a “no loss experience at all” group (70). However, our loss group was relatively small; among the students who experienced early parent loss only 2 of them had no other loss at all. Therefore, we could not eliminate individuals who had other losses in their lives and the two subgroups (loss and no loss) were different on presence or

absence of parent loss only. Loss situation experiences of both groups can be seen in Table 1. Interestingly, students in the early parent loss group seemed to have less grandparent (18.30% vs 40%) and multiple important (0% vs 17.8%) losses while losses in other groups seemed similar in prevalence.

After the data were cleaned through the exclusion criteria, about a quarter of the original number of respondents (565) were subtracted from the data set. More specifically, a total of 142(25.14%) individuals were eliminated and 423 (74.86%) of the individuals remained in the sample of the study. Table 1 provides descriptive statistics for the entire data set and the exclusion criteria for the early parent loss and the no loss groups. Elimination through exclusion criteria was done step by step in the order of age (30 or above excluded), parents' marital status (separated, both parents died and unspecified excluded), and the age of parent loss (18 or above excluded).

Table 1. Frequencies and Percentages of the Entire Data and the Exclusion Criteria

Variables	Categories	Early ParentalLoss		NoLoss	
		<i>f</i>	%	<i>f</i>	%
Age	19-29	88	95.7	430	90.9
	30-66*	2	2.3	45	9.1
	Total	90	100	475	100
Parents' marital status	Alive, together	0	0	359	83.5
	Alive, separated*	0	0	69	16
	One parent is dead	84	95.5	0	0
	Both parents are dead*	4	4.5	0	0
	Unspecified*	0	0	2	.5
	Total	88	100	430	100
Age of parental loss	0-10	23	27.4	0	0
	10-18	41	48.8	0	0
	18+*	20	23.8	0	0
	Total	84	100	359	100
Loss status	Grand parent loss	12	18.3	142	40
	No other loss	2	3.1	71	19.6
	Multiple important losses	0	0	64	17.8
	Closerelative loss	27	42.2	43	12
	A family friend loss	18	28.1	22	6.2
	A close friend loss	1	1.6	8	2.3
	Unspecified losses	4	6.3	5	1.3
	Spouse/partner loss	0	0	2	.6
	Unspecified losses	4	6.3	5	1.3
	Total	64	100	359	100

\*Excluded

The below tables (Tables 2-7) include descriptive statistics for various sample characteristics that were separately calculated for the early parental loss, no parental loss and the total sample.

As it can be seen in Table 2, the participants whose data were used to answer the research questions consisted of 423 students. Among them 64 (15.1%) of students had a single early parental loss, and 359 (84.9%) of individuals reported no parental loss (423). In the early parental loss group, fifty-one of the students experienced only father loss (79.9%), and 13 students experienced only mother loss (20.3%).

Table 2. Frequencies and Percentages of Parental Loss Status of the Participants

Parental loss status	Early Parental Loss		No Loss		Total	
	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%
Alive, together	0	0	359	100	359	84.9
Mother is alive, father is dead	51	79.7	0	0	51	12.1
Father is alive, mother is dead	13	20.3	0	0	13	3
Total	64	100	359	100	423	100

Table 3 and 4 report the descriptive statistics of the chronological age of the participants. Table 3 shows the averages and the standard deviations for the early parental loss, no loss and the total sample, while Table 4 shows the frequencies and percentages of each age. Mean rates of the age of the participants for early parental loss group ( $M = 22.26$ ,  $SD = 3.31$ ) and the no loss group ( $M = 22.69$ ,  $SD = 2.74$ ) were similar. And 67.8% of the general population were between the ages 19 and 23 whereas the rest 32.8% of the participants were between the ages 24 and 29.

Table 3. Averages and Standard Deviations of the Age of the Participants

Age	<i>f</i>	%	<i>M</i>	<i>SD</i>
Early Parental Loss	64	15.13	22.26	3.31
No Loss	359	84.87	22.69	2.74
Total	423	100	22.62	2.83

Table 4. Frequencies and Percentages of the Age of the Participants

Age	Early Parental Loss		No Loss		Total	
	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%
19	17	26.6	38	10.6	55	13
20	9	14.1	52	14.5	61	14.4
21	9	14.1	54	15.0	63	14.9
22	3	4.7	50	13.9	53	12.5
23	9	14.1	46	12.8	55	13
24	2	3.1	28	7.8	30	7.1
25	2	3.1	29	8.1	31	7.3
26	2	3.1	17	4.7	19	4.5
27	2	3.1	19	5.3	21	5
28	5	7.8	14	3.9	19	4.5
29	4	6.3	12	3.3	16	3.8
Total	64	100	359	100	423	100

As shown in Table 5, our participating students consisted of 295 females (69.7%), 110 males (26%), 14 individuals defined their gender as LGBTI+ (3.3%), and four individuals did not define their gender (.9%) (see Table 2). Our sample consisted of a total of 423 young adults between the ages of 19-29 ( $M = 22.62$ ,  $SD = 2.83$ ) (see Table 3 & 4).

There were English Preparatory School ( $f = 75$ , 17.7%), freshman ( $f = 69$ , 16.3%), sophomore ( $f = 56$ , 13.2%), junior ( $f = 53$ , 12.5%), senior ( $f = 85$ , 20.1%), Master's ( $f = 74$ , 17.5%) and PhD ( $f = 11$ , 2.6%) students in the sample. Majority of the participants were female in both groups (68.8% of the early parental loss group and 69.9% of the no loss group). Most of the participants were English preparatory students in the early parental loss group ( $f = 18$ , 28.1%) while senior students were the largest group taken part in the no loss group ( $f = 73$ , 20.3%).

Table 5. Frequencies and Percentages of the Gender and Educational Status of the Participants

Variables	Categories	Early Parental Loss ( <i>n</i> = 64)		No Loss ( <i>n</i> = 350)		Total ( <i>N</i> = 423)	
		<i>f</i>	%	<i>f</i>	%	<i>f</i>	%
Gender	Male	17	26.6	93	25.9	110	26
	Female	44	68.8	251	69.9	295	69.7
	LGBTI+	2	3.1	12	3.3	14	3.3
	Unspecified	1	1.6	3	.8	4	.9
Educational Status	English Prep.	18	28.1	57	15.9	75	14.4
	Freshman	11	17.2	58	16.2	69	14.4
	Sophomore	7	10.9	49	13.6	56	12.1
	Junior	3	4.7	50	13.9	53	13.6
	Senior	12	18.8	73	20.3	85	22
	Master	9	14.1	65	18.1	74	18.2
	PhD	4	6.3	7	1.9	11	5.3

Table 6 shows that in the entire sample, 49 of participants were single child (11.6%), 207 people had one sibling (48.9%), 99 people had two siblings (23.4%), 41 people have three siblings (9.7%), 18 people have four siblings (4.3%), and nine individuals have 5+ siblings (2.1%). Forty-one of the participants reported that they belong to families with high socioeconomic status (9.7%), 337 people with middle socioeconomic status (79.7%), and 45 individuals with low socioeconomic status (10.6%). Most of the participants were individuals with one sibling for both early parental loss group (*f* = 34, 53.1%) and no loss group (*f* = 173, 48.2%). Majority of

the participants were the individuals with middle socioeconomic status for both early parental loss group ( $f = 45, 70.3\%$ ) and no loss group ( $f = 292, 81.3\%$ ).

Table 6. Frequencies and Percentages for the Family Characteristics of the Participants

Variables	Categories	Early Parental Loss ( $n = 64$ )		No Loss ( $n = 359$ )		Total ( $N = 423$ )	
		$f$	%	$f$	%	$f$	%
Number of siblings	0	8	12.5	41	11.4	49	11.6
	1	34	53.1	173	48.2	207	48.9
	2	13	20.3	86	24	99	23.4
	3	5	7.8	36	10	41	9.7
	4	2	3.1	16	4.5	18	4.3
	5+	2	3.1	7	1.9	9	2.1
Family SES	High	11	17.2	30	8.4	41	9.7
	Mid	45	70.3	292	81.3	337	79.7
	Low	8	12.5	37	10.3	45	10.6

Table 7 shows the romantic relationship status of the participants. In the entire groups nearly half of the students ( $f = 27, 42.1\%$ ) reported that they were currently in romantic relationships, about one third of them ( $f = 131, 31\%$ ) stated that they were not currently in a relationship, and about one fifth of them ( $f = 87, 20.6\%$ ) reported that they were never in a romantic relationship. Although the percentages for the early parental loss and no loss groups seemed slightly different in direction of presence of more romantic relationships among the no loss group, they did not seem reportable and it seemed that the two groups were comparable on presence and absence of romantic relationship.

Table 7. Frequencies and Percentages of the Romantic Relationship Status of the Participants ( $N = 423$ )

Variable	Categories	Early Parental Loss ( $n = 64$ )		No Loss ( $n = 359$ )		Total ( $N = 423$ )	
		$f$	%	$f$	%	$f$	%
Romantic Relationship Status	In a relationship	27	42.1	178	49.6	205	48.5
	Currently not in a relationship	23	35.9	108	30	131	31
	Never had a relationship	14	21.8	73	20.4	87	20.6

Table 8 was developed for the early parental loss subsample only. It provides descriptive statistics for the age of parental loss experienced. Frequencies and percentages of the age of parents at the time of loss is provided in Appendix A. In the loss group, 24 people experienced parental loss from birth to the age of 11 (37.6%), and 40 individuals from the ages 11 to 18 (62.4%). The average age of loss experienced is 11.19 with the minimum parental loss experience age of 0 (from birth) and a maximum age of 18 ( $SD = 5.58$ ). The average age of death of the deceased parents reported from parental loss group is 48.95 with the minimum age of 27 and maximum age of 84 ( $SD = 11.12$ ).

Table 8. Frequencies and Percentages of the Age of Participants at the Time of Parental Loss ( $n = 64$ )

Age	$f$	%
0	2	3.1
1	1	1.6
2	4	6.3
3	1	1.6
4	3	4.7
5	4	6.3
6	2	3.1
7	2	3.1
8	2	3.1
9	2	3.1
10	1	1.6
11	4	6.3
12	2	3.1
13	4	6.3
14	4	6.3
15	6	9.4
16	9	14.1
17	6	9.4
18	5	7.8

Descriptives for reason of death for deceased parents, relation type of the participants with their deceased parent, and participants' status for getting therapy after loss given in Table 9. Eight of the participants reported the reason of death for their deceased parent as traffic accident (12.5%), three as accident (home accidents, occupational hazards, 4.7%), 34 (53.1%) as sudden disease (heart attack, rapidly spreading cancer, etc.), 16 (25%) as chronic disease (diabetes, slowly progressing cancer, etc.), and two as suicide (3.1%). Only one participant did not define the reason of death for his or her deceased parent.

Forty-three of the individuals who experienced early parental loss reported that they were in good relations with their deceased parent (67.2%), three as their relations were bad (4.7%), seven defined their relationship quality as complicated (10.9%), and 11 as they were too young to establish any kind of relationship (17.2%).

Eighteen of the participants who experienced early parental loss received expert help (such as psychological/psychiatric support) after loss (13.4%), whereas 46 of them never asked for professional help (34.3%). Eleven participants out of 19 reported that they are still in therapy about their loss (57.8%).

Table 9. Frequencies and Percentages for the Reasons of Death for Deceased Parents, Quality of Relationship with the Deceased Parent, and the Use of Therapy by the Participants ( $n= 64$ )

Variable	Categories	<i>f</i>	%
Reasons of death	Traffic accident	8	12.5
	Accidents (at home or work)	3	4.7
	Sudden disease (heart attack, rapidly spreading cancer, etc)	34	53.1
	Chronic disease (diabetes, slowly progressing cancer, etc.)	16	25
	Suicide	2	3.1
	Undefinedd	1	1.6
Quality of relationship	Good	43	67.2
	Bad	3	4.7
	Complicated	7	10.9
	Not established	11	17.2
Received therapy	Yes	18	28.1
	No	46	71.9
Still in therapy	Yes	11	17.18
	No	51	79.68
	Missing	2	3.25

In summary, our sample was in the age of young adulthood as defined by Erikson (1994). Both in the loss group and the no loss group, majority of the participants were in 19-23 age range, and the total sample were between the ages of 19-29. Early parental loss group and no loss group had similarities in terms of gender and educational status; most of the participants were females in both groups, and in

terms of academic level distribution, there were participants from all academic levels in both loss and no loss group. Almost one-third of the participants were English Preparatory students in the early parental loss group ( $f = 18$ , 28.%) while the participants were more equally distributed in the no loss group, in terms of their academic levels. Almost half of the participants had one sibling and the majority of the participants were from families with middle socioeconomic status in both groups. Fifty percent of the individuals with no parental loss experience had a romantic relationship ( $f = 178$ ), while 42.2% of the individuals with early parental loss experience had a romantic relationship ( $f = 27$ ).

### 3.2 Instruments

#### 3.2.1 Demographic information form

For the purposes of this research, a demographic information form was developed to collect data about participants' relationship status and loss experiences. The form also included questions on age of participants, their education level, gender, and socio-economic status, number of siblings, and parental status. There were some questions that only the individuals in loss group could reply; the age of parental loss, age of death of the deceased parent, the reasons of death, quality of relationship with the deceased parent, and receiving therapy after loss (Appendix B). The online survey tool skipped those questions automatically for the individuals who did not experience parental loss.

### 3.2.2 Mourning scale

The Mourning Scale was developed by Balcı-Çelik (2006) as based on Beck (1979) and Bowlby's (1998) theoretical formulations about loss. It was designed to assess physical, emotional, cognitive and behavioral changes in bereaved individuals after loss experiences. Range of the total scores taken from the scale can be interpreted as the strength of cumulative mourning signs.

The scale consists of 35 items in Likert-type scale format. Participants rate each item on a 5-point scale ranging from 1 (never) to 5 (always) according to their experiences about loss of a loved one. Scores that can be obtained from the entire scale ranges between 35 and 175. Higher scores indicate the level of total mourning reactions that participants showing.

There are four factors obtained by the factor analyses that to determine the structural validity, namely, physical mourning signs, emotional mourning signs, cognitive mourning signs, and behavioral mourning signs.

Physical subscale consists of 5 items, including physical symptoms of mourning such as noise sensitivity, congestion in heart and throat, shortness of breath, and feeling of weakness. It covers the changes that occur in the body of the individual in the state of mourning. Emotional subscale consists of 10 items, including emotional symptoms of mourning like shock, sadness, anger, guilt, blame, fear, loneliness, fatigue, helplessness, and numbness. Cognitive subscale consists of 10 items including cognitive symptoms of mourning such as distorted thoughts, hallucinations, disturbing dreams, and attention deficit. Behavioral subscale includes behavioral symptoms of mourning such as disturbances in sleeping and eating, careless or obsessive behaving, avoiding social environment reminding the deceased.

It consists of 10 items. Factorial as well as total scores of the Mourning Scale were used in the analyses as continuous measures. Some sample items of this measure are provided in Appendix C.

The Beck Hopelessness Scale was used to obtain concurrent validity of the scale yielded supportive results ( $r = .80$ ) (Balçı-Çelik, 2006). Data obtained from young adults aged between 18-24 in the years 2000-2003, showing that internal consistency of the scale with Cronbach alpha was .96 and the stability coefficient was .84 (Balçı-Çelik, 2006). The number of items that make up the Mourning Scale and four subscales and the associated Cronbach's alpha values of the scales used in the current study shown in Table 10.

Table 10. Reliability Statistics for Mourning Scale

Name of Measurement	Original Study Cronbach Alphas	Current Study Cronbach Alphas	Number of Items
Physical Subscale	.65	.77	5
Emotional Subscale	.90	.73	10
Cognitive Subscale	.81	.71	10
Behavioral Subscale	.62	.82	10
Total Scale	.96	.93	35

In this study, reliability analysis for Mourning Scale conducted with 64 parentally bereaved participants after the exclusion criteria applied. For all of the subscales, Cronbach alpha values showed high reliabilities ( $\alpha > .69$ ) (Taber, 2018). Alpha level of the total scale was .93, indicating the strong reliability of the Mourning Scale in the current sample. Alpha level of physical subscale ( $\alpha = .77$ ), and behavioral subscale ( $\alpha = .82$ ) were higher than the original reliability analysis (for

original physical subscale,  $\alpha = .65$  and original behavioral subscale  $\alpha = .62$ ) conducted in 2006 (Balcı-Çelik, 2006), while alpha levels of emotional subscale ( $\alpha = .73$ ), cognitive subscale ( $\alpha = .71$ ), and the total scale ( $\alpha = .93$ ) were slightly lower (for original emotional subscale,  $\alpha = .90$  and original cognitive subscale  $\alpha = .81$ , and the original total scale  $\alpha = .96$ ).

Again by using the data obtained from the early parental loss groups, relations of factors with one another were examined through an exploratory correlational matrix to see their internal connections (Table 11). All correlations were positive and significant ( $p < .001$ ). However, the highest correlation obtained was between the behavioral and physical mourning reactions ( $r = .791$ ). Correlations were moderate between the emotional and physical mourning reactions ( $r = .542$ ), the emotional and behavioral mourning reactions ( $r = .640$ ), and the emotional and cognitive mourning reactions ( $r = .664$ ). Correlations were lower between the cognitive and physical mourning reactions ( $r = .475$ ), and cognitive and behavioral mourning reactions ( $r = .495$ ).

Table 11. Pearson Product Moment Correlation Coefficient Matrix Within the Subscale Scores (behavioral, physical, emotional and cognitive) of Mourning Scale

	Physical	Behavioral	Emotional	Cognitive
Physical	1	.791	.542	.475
Behavioral	.791	1	.640	.495
Emotional	.542	.640	1	.664
Cognitive	.475	.595	.664	1

\*All correlations were significant at  $p < 0.001$  (2-tailed).

### 3.2.3 Relationship scales questionnaire (RSQ)

The Relationships Scales Questionnaire (RSQ) was developed by Griffin and Bartholomew (1994). It consists of 30 items which end with four prototypes of attachment patterns. The scale included 18 items drawn from Hazan and Shaver's attachment measure (1987), The Relationships Questionnaire of Bartholomew and Horowitz (1991) and the study of Collins and Read (1990).

Participants are required to evaluate their relationship types with respect to 7-point Likert type scale (1 = totally does not describe me, 7 = totally describes me). The scale produces four attachment patterns, namely, secure, fearful, preoccupied and dismissing. Five statements contribute to the secure attachment pattern; five statements to the fearful attachment pattern, four statements contribute to the avoidant, and four statements for the preoccupied attachment patterns. Scores for each attachment pattern are derived by taking the mean of the four or five items representing each attachment prototype (Collins & Read, 1990). Increased rating on the fearful, avoidant and preoccupied subscales shows insecure attachment. In the present study, four subscale scores used as continuous variables to show the attachment patterns of the participants for each attachment pattern.

In the study of Griffin and Bartholomew (1994), the alpha values of the scale varied between .41 and .71 and the test-retest reliabilities were .53 for female subjects and .49 for male subjects (cited in Sümer & Güngör, 1999). Sümer and Güngör (1999) conducted the reliability and validity study of the Relationship Scales Questionnaire in the Turkish sample and found that the test-retest (test applied to the same participants in four weeks) correlation coefficients ranged between .54 and .78. A cross-cultural comparison with the United States sample showed that the

TurkishRSQ had a satisfactory level of reliability, stability and convergent validity (Sümer & Güngör, 1999). Some sample items of this measure are provided in Appendix D.

Reliability statistics for the Relationships Scale Questionnaire according to the Cronbach's alpha values of the original scale and current study are given in Table 12.

Table 12. Reliability Statistics for Relationships Scale Questionnaire

Name of the Scale	Original Cronbach Alphas	Current Study's Cronbach Alphas	Number of Items
Secure Attachment	.59	.52	5
Fearful Attachment	.33	.75	4
Preoccupied Attachment	.30	.46	4
Dismissing Attachment	.80	.75	5
Total Scale	.82	.84	18

Reliability analysis for the RSQalso conducted with 423 participants after the exclusion criteria were applied. In the current study, total alpha level of the RSQ was slightly higher than the original values (Sümer & Güngör, 1999) ( $\alpha = .84$ ), showing that the total scale is reliable (Taber, 2018). Alpha values for the fearful attachment subscale ( $\alpha = .75$ ), and the preoccupied attachment subscale ( $\alpha = .46$ ) were higher than the original reliability analysis (fearful attachment subscale,  $\alpha = .33$  and preoccupied attachment subscale  $\alpha = .30$ ) (Sümer & Güngör, 1999), while the current alpha values of the secure attachment subscale ( $\alpha = .52$ ), the dismissing attachment subscale ( $\alpha = .75$ ) were slightly lower than the originals (for the secure attachment subscale,  $\alpha = .59$ . and the dismissing attachment subscale  $\alpha = .80$ ).

Cronbach alpha values of all the subscales were found to have acceptable levels of reliability.

#### 3.2.4 The relationship belief inventory (RBI)

The Relationship Belief Inventory (RBI) was developed by Romans and DeBord (1995) to measure dysfunctional beliefs about relations. The original form of the scale consists of 142 items in Likert-type scale format. The scale was adapted to Turkish by Gizir (2012). Turkish version of the scale consists of 37 items and six factors namely, “We should be completely open and honest with each other,” “We should be able to read each other’s minds,” “We should do everything together,” “We should be able to meet all of each other’s needs,” “We should be willing and able to change for each other,” and “Romantic idealism.” Each factor represents dysfunctional beliefs about romantic relationships. All of the factors that make up the scale together form a one-dimensional structure called “Dysfunctional Relationship Beliefs.” Total score that can be obtained by the scale ranges from 37 to 185 and high scores from the scale show dysfunctional romantic relationship beliefs.

The Cronbach alpha value of each dimension was specified as follows; 1st factor .89; 2nd factor .85; 3rd factor .84; 4th factor .85; 5th factor .78 and 6th factor .79. The Cronbach alpha value of the entire scale was found to be .95. In the current study, The Cronbach alpha value of the entire scale found to be .93. Some sample items of this measure are provided in Appendix E.

### 3.3 Procedures

As the first stage before starting the research, the approval of the Ethics Committee of the Boğaziçi University (INAREK) was established (Appendix F). The research plan was proposed to the jury members in a meeting open to all the members of the department in April 18, 2019. As the jury accepted the research proposal, the data collection process was initiated.

The survey was administered to university students online through Survey Monkey. The invitation for participation included a brief description of what the study was about, why participation was important and the link to the survey if they decided to volunteer for participation. The survey had directions that included the topic of the research, the information about the name of the researcher, researcher's volunteer work at the university's counseling center, name of the graduate programme and the institute that the thesis research is being conducting, importance of the subject of the thesis for future use of guidance and counseling services at the center. Participants were assured that their responses would be kept confidential and nobody else but the researcher would have access to individual data which would be processed in groups.

At the end of the direction was a link to the online survey tool as a battery that opened if participants agreed to proceed. It took participants about 10 minutes to fill out the survey. The Informed Consent Form, the Demographic Information Form, the Mourning Scale, the Relationship Scales Questionnaire, and the Relationship Belief Inventory appeared on participant's screen in that order. Participants who did not experience parental loss did not fill the Mourning Scale; they only filled the Relationship Scales Questionnaire after the Demographic Information Form. Online survey tool automatically skipped that scale when individuals select 'I did not

experience parental loss' option on the 5th question of DIF (Demographic Information Form). Some sample items of the DIF are provided in Appendix B.

### 3.4 Data analyses

Statistical Package for the Social Sciences (SPSS) version 21.0 was used for statistical analyses. The significance level is decided at .05. Before conducting the main analyses, all variables examined for the accuracy of data entry, and univariate and multivariate outliers.

For constitution of the sample, the collected demographic characteristics of the participants were examined by frequencies, means, standard deviations, maximum and minimum scores, and percentages. As explained under the Participants section, some demographic characteristics were used as exclusion criteria from the sample. The purpose in exclusion was to avoid confounding factors so that we could make more valid conclusions. After the final sample was reached through this exclusion, data analyses were conducted by the researcher with the guidance of a research assistant.

In the first research question (What are the attachment pattern differences; secure, preoccupied, dismissing and fearful, between the individuals with early parental loss and no parental loss?), a test of repeated measures of multivariate analysis of variances (MANOVA) was conducted in order to find the differences in attachment patterns of individuals in the early parental loss and the no loss groups. Participants who experienced parental loss before the age of 18 were accepted as 'early parental loss group' as in some previous research (Lutzke, Ayers, Sandler, & Barr, 1997; Tremblay & Israel, 1998; Van Eerdewegh, Bieri, Parilla, & Clayton, 1982; Worden & Silverman, 1996). Dummy coding was used to define the groups on

SPSS (G1; early parental loss group = 1, G2; no loss group = 0). Dependent variables (the four subscales of the RSQ, namely, secure attachment, preoccupied attachment, dismissing attachment, and fearful attachment pattern scores) were measured as continuous variables.

In the second research question (Do the relations between the dysfunctional romantic relationship beliefs and attachment patterns; secure, preoccupied, dismissing and fearful, differ for individuals with early parental loss and no parental loss?), Pearson Product Moment correlation coefficients were calculated between the dysfunctional romantic relationship beliefs (the total scale scores of the Relationship Beliefs Inventory) and attachment patterns, namely, secure attachment, preoccupied attachment, dismissing attachment, and fearful attachment (subscale scores of the Relationships Scales Questionnaire) of participants with and without the early parental loss experience.

In the third research question (What styles of mourning reactions are more common among individuals with early parental loss?), by using the subscale scores of Mourning Scale (MS), participants in parental loss group categorized into four groups according to their predominant mourning reactions, namely, physical, emotional, cognitive, and behavioral mourning. A chi-square test for goodness of fit conducted to compare the parentally bereaved individuals' predominant mourning reaction types.

To answer the fourth research question (Does the relationship between attachment patterns (secure, preoccupied, dismissing, and fearful) and dysfunctional romantic relationship beliefs of individuals with early parental loss differ by level of mourning?), participants experienced early parental loss divided into three categories, namely, high mourning, moderate mourning, and low mourning levels,

according to their total mourning reaction scores on the total scale score of the Mourning Scale. The three groups were formed by using cumulative percentages of the Mourning Scale scores; the top one third percentile ( $n = 22$ ) of individuals were considered as the high mourning reactions group ( $M = 115.5$ , 34.4%), the middle third percentile ( $n = 20$ ) of individuals were considered as having moderate levels of mourning reactions ( $M = 90.2$ , 31.2%), and the bottom third percentile of ( $n = 22$ ) individuals constituted the low levels of mourning reactions group ( $M = 73$ , 34.4%). Similar to the analyses used for the second research question, Pearson Product Moment correlation coefficients were calculated between the dysfunctional romantic relationship beliefs (the total scale scores of the Relationship Beliefs Inventory) and attachment patterns, namely, secure attachment, preoccupied attachment, dismissing attachment, and fearful attachment (subscale scores of the Relationships Scales Questionnaire) separately for three of the mourning level subgroups.

## CHAPTER 4

### RESULTS

In this chapter, research findings are reported separately for each research question. First, descriptive statistics (means and standard deviations), then results of the tests of differences are presented.

Before analyzing the research questions, assumptions for normality, homogeneity, linearity, and equality of covariance matrices have been checked. All scores on the variables were found to be normally distributed. No univariate or multivariate outliers are detected. Assumption test results for each analysis is reported in each research question below.

Results of the research questions are organized in the same order of the research questions. Descriptive statistics for each scale is given in the related sections.

4.1 What are the attachment pattern differences (secure, preoccupied, dismissing and fearful) between the individuals with early parental loss and no parental loss?

The data on this question were analyzed by repeated measures of multivariate analysis of variance (MANOVA). There was one independent variable, loss status, with two levels, i.e., early parental loss or no loss as it was obtained from the demographic information form. There were four dependent variables as obtained from the four factorial continuous scores of the Relationships Scales Questionnaire (RSQ), each referring to an attachment pattern, namely, secure, preoccupied, dismissing, and fearful.

Preliminary assumption testing was conducted to check for normality, univariate and multivariate outliers, linearity, multicollinearity, and homogeneity of variance-covariance matrices, and no violations noted.

Descriptive statistics of the early parental loss and no loss groups according to their attachment patterns given in Table 13 & 14.

Table 13. Means and Standard Deviations of the Early Parental Loss ( $n = 64$ ) and the No Loss Status ( $n = 359$ ) in Four Attachment Pattern Scores

	Loss Status	<i>M</i>	<i>SD</i>
Secure	Early Parental Loss	3.85	.93
	No Loss	3.96	.92
Preoccupied	Early Parental Loss	4.38	1.03
	No Loss	4.30	1.10
Dismissing	Early Parental Loss	4.39	1.07
	No Loss	4.50	1.15
Fearful	Early Parental Loss	3.75	1.32
	No Loss	3.82	1.15

Means of the four attachment pattern scores were very similar for the early parental loss and the no loss groups. Indeed, the results of MANOVA suggested that the loss status group differences in four attachment pattern scores were not statistically different ( $F(4,418) = 1,482, p > .05$ ). Thus, we found no foundation to expect differences in attachment patterns due to parental loss status. The answer to the first research question was no.

Table 14. Results of the MANOVA on Four Attachment Pattern Scores by Loss Status

Effect		Value	<i>F</i>	df1	df2	Sig.
Early parental loss*No loss	Pillai's Trace	.014	1.482	4	418	.207
	Wilks' Lambda	.986	1.482	4	418	.207
	Hotelling's Trace	.014	1.482	4	418	.207
	Roy's Largest Root	.014	1.482	4	418	.207

DV: Attachment pattern scores, IV: Loss status

4.2 Do the relations between the dysfunctional romantic relationship beliefs and attachment patterns (secure, preoccupied, dismissing and fearful) differ for individuals with early parental loss and no parental loss?

In this second research question, the relationships between dysfunctional romantic relationship beliefs as measured by the total scores of the Relationship Belief Inventory (RBI) and the four attachment pattern (secure, preoccupied, dismissing and fearful) scores of the Relationships Scales Questionnaire (RSQ) were examined by using Pearson Product Moment correlation coefficients.

Correlations between the continuous scores of the two measures, attachment patterns and dysfunctional romantic relationship beliefs were separately calculated for the early parental loss group and the no loss group. Preliminary analyses were performed to ensure no violation of the assumptions of normality, linearity, and homoscedasticity.

As shown in Table 15, for the early parental loss group the only relation existed in the dismissing attachment scores. There was a low but positive correlation between the dismissing attachment pattern scores and the dysfunctional romantic relation beliefs ( $r = .253$ ,  $n = 64$ ,  $p = .043$ ) with high levels of dismissing attachment

patterns associated with high levels of dysfunctional beliefs and vice versa. No significant correlations were found between the secure, preoccupied and fearful attachment pattern scores and the dysfunctional romantic relationship beliefs scores.

Table 15. Pearson Product Moment Correlation Coefficients Between the Total Dysfunctional Romantic Relationship Beliefs Scores and the Four Attachment Pattern Scores Separately for the Early Parental Loss Group and the No Loss Group

	Early Parental Loss Group ( <i>n</i> = 64)		No Loss Group ( <i>n</i> = 359)	
	<i>r</i>	<i>p</i>	<i>r</i>	<i>p</i>
Secure	-.080	.531	.032	.548
Preoccupied	.166	.191	.233*	.000
Dismissing	.253*	.043	-.094	.076
Fearful	.064	.709	.031	.564

Significance testing was 2-tailed.

In the no loss group, differences existed in the preoccupied and the dismissing pattern scores. There was a positive association between preoccupied attachment pattern scores and dysfunctional romantic relationship beliefs ( $r = .233$ ,  $n = 359$ ,  $p < .001$ ) suggesting that high levels of preoccupied attachment scores in individuals with no early parental loss experience were associated with high levels of dysfunctional romantic relationship beliefs and vice versa. In addition, a significant positive association between dismissing attachment pattern scores and dysfunctional romantic relationship beliefs in loss group disappeared in the no loss group.

Results on the second question indicated that there were no differences in secure and fearful attachment pattern scores of the early parental loss and no loss groups as the two variables were not significantly related to each other. Although

low, some associations were significant in the dismissing and the preoccupied attachment pattern scores. Preoccupied attachment scores of the individuals with no loss were positively associated with their dysfunctional romantic relationship beliefs, but no such association was significant for individuals with early parental loss. For the early parental loss group, the dismissing pattern scores were associated with dysfunctional romantic relationship beliefs but in no loss group, there was no association. This finding suggests that early parental loss experience slightly changed the nature of the association between individuals' dismissing, preoccupied attachment patterns and dysfunctional beliefs about romantic relationships.

#### 4.3 What types of mourning (physical, emotional, cognitive and behavioral) reactions are more common among individuals with early parental loss?

The third research question examines the types of mourning reactions experienced by the individuals who lost a parent. Mourning scores as measured by the Mourning Scale include four mourning subscores. This question aimed to find out which one of these four mourning reactions is more common than others. A chi-square test for goodness of fit, also known as one sample chi-square test, was used to compare the parentally bereaved individuals' predominant mourning reaction styles. Assumptions for chi-square test for goodness of fit have been checked.

First, descriptive statistics for the four subscales of the Mourning Scale are calculated and presented in Table 16. This was done by using the scores as continuous variables. Subscale are listed in order of higher means; behavioral, physical, emotional and cognitive, respectively.

Table 16. Means\* and Standard Deviations of the Four Mourning Reactions for Individuals who Lost a Parent ( $n = 64$ )

Subscales	<i>M</i>	<i>SD</i>
Behavioral	3.82	.848
Physical	3.55	.799
Emotional	3.36	.645
Cognitive	2.89	.639

\*Subscales had different number of items, therefore for comparative purposes, their averages were used.

Chi-square that compares expected and observed frequencies listed the order likewise as seen in Table 17.

Table 17. Observed and Expected Frequencies and Discrepancy Between the Two Values for Each Mourning Reaction Types

Subscales	Observed <i>f</i>	Expected <i>f</i>	Residual
Behavioral	34	22.0	12
Physical	11	5.5	5.5
Emotional	8	11.0	-3
Cognitive	2	16.5	-14.5
Total	55		

According to the most intense mourning reactions that they show, participants in the early parental loss group were categorized into four mourning reactions, namely, physical mourning reactions, behavioral mourning reactions, emotional mourning reactions and cognitive mourning reactions. Because nine participants could not be classified according to their predominant mourning reactions, they were

excluded from the analysis. Chi-square test for goodness of fit test conducted with 55 remaining sample size in the early parental loss group and the results are presented in Table 18.

Table 18. Chi-square Test for Goodness of Fit for Comparison of the Four Mourning Reactions

Mourning Reactions (Categorical)	
Chi-Square value	25.6
df	3
Sig.	,000*

Test variable: Predominant mourning reaction types (Categorical)

Results of the Chi-square test for goodness of fit indicated that the parentally bereaved individuals had statistically different mourning reactions ( $\chi^2(3, n = 55) = 25.6, p < .001$ ). Among the predominant mourning reactions of the participants out of the four categories, behavioral mourning reactions were the most commonly observed or dominant mourning reaction ( $f = 34$ ). Second, physical mourning reactions were observed ( $f = 11$ ). The third mourning reaction observed as a predominant mourning reaction was emotional mourning reactions ( $f = 8$ ). And last, cognitive mourning reactions were the rarest ( $f = 2$ ).

4.4 Does the relationship between attachment patterns (secure, preoccupied, dismissing, and fearful) and dysfunctional romantic relationship beliefs of individuals with early parental loss differ by level of mourning?

In this final research question, the relationships between dysfunctional romantic relationship beliefs as measured by the total scores of the Relationship Belief

Inventory (RBI) and the four attachment pattern (secure, preoccupied, dismissing and fearful) scores of the Relationships Scales Questionnaire (RSQ) were examined separately for three mourning levels; high, moderate, and low by using Pearson Product Moment correlation coefficients. Assumptions of linearity and homoscedasticity have been checked for each mourning levels.

As shown in Table 19, for the high mourning group, the only relation existed in dismissing attachment patterns. A significant positive correlation found between the dismissing attachment patterns and the dysfunctional romantic relationship beliefs ( $r = .567, n = 22, p = .006$ ). It indicates that the high levels of dismissing attachment patterns associated with high levels of dysfunctional romantic relationship beliefs in the parentally bereaved individuals who are showing high levels of mourning reactions. On the other hand, no significant correlations were found between the other attachment pattern scores, namely, secure, preoccupied, and fearful attachment, and the dysfunctional romantic relationship beliefs scores.

Table 19. Pearson Product Moment Correlation Coefficients Between the Total Dysfunctional Romantic Relationship Beliefs Scores and the Four Attachment Pattern Scores Separately by Mourning Levels

	High Level of Mourning ( $n = 22$ )		Moderate Level of Mourning ( $n = 20$ )		Low Level of Mourning ( $n = 22$ )	
	$r$	$p$	$r$	$p$	$r$	$p$
Secure	-.093	.681	.050	.836	.027	.907
Preoccupied	.270	.224	.016	.946	.197	.381
Dismissing	.567*	.006	-.124	.603	.034	.879
Fearful	.303	.170	-.368	.110	.034	.881

Significance testing was 2-tailed.

For low and moderate mourning levels, none of the Pearson correlations were statistically significant, indicating that attachment patterns and dysfunctional romantic relationship beliefs were not related at low and moderate levels of mourning. The only significant correlation was in the high level of mourning for the dismissing attachment pattern. This finding indicated that highly mourning individuals with dismissing attachment patterns more had more dysfunctional romantic relationship beliefs. For individuals with secure, preoccupied and fearful attachment patterns level of mourning did not matter in dysfunctional romantic relationship beliefs.

These findings suggest that the level of mourning reactions may change the association between the dismissing attachment patterns of individuals and their dysfunctional beliefs about romantic relationships. This change is the direction of moderately positive relations. Highly mourning individuals with dismissing attachment pattern hold more dysfunctional romantic relationship beliefs.

#### 4.5 Summary of the results

This thesis studied whether attachment patterns (secure, preoccupied, dismissing, and fearful) differed for young adults with and without early parental loss; whether the relations between these attachment patterns and dysfunctional romantic relationship beliefs differed under these two loss conditions; which styles of mourning reactions (physical, emotional, cognitive and behavioral) were common in the early parental loss group and; finally, whether the relationship between dysfunctional romantic relationship beliefs and the four attachment patterns in the early paternal loss differed at different mourning levels.

Findings showed that the loss status group differences in four attachment pattern scores (secure, preoccupied, dismissing, and fearful attachment) were not statistically different. However, the relationship between the attachment patterns and dysfunctional romantic relationship beliefs were different. Among the individuals with early parental loss experience, a significant positive association between the dismissing attachment pattern scores and dysfunctional romantic relationship beliefs was observed. Among the individuals with no loss experience, however, no significant relation existed between the dismissing attachment patterns and dysfunctional romantic relationship beliefs. For the no loss group the only significant finding was a positive association between the preoccupied attachment pattern scores and dysfunctional romantic relationship beliefs. In secure and fearful attachment pattern scores of young adults, there were no significant association in any loss status.

Within the early parental loss group analyses showed that there were significant differences in the mourning reaction types of individuals. The predominant mourning reaction of the participants out of the four types of mourning were behavioral. Physical mourning reactions were the second most common mourning reaction type while the emotional mourning reactions were the third one. And last, cognitive mourning reactions were the rarest mourning reactions observed.

Other within the early parental loss analyses suggested that the level of mourning reactions may change the association between their dismissing attachment pattern scores and dysfunctional romantic relationships beliefs. A positive correlation was observed between the dismissing attachment pattern scores and dysfunctional romantic relationship beliefs of individuals at high levels of mourning. On the other hand, the association between the dismissing attachment pattern scores and the dysfunctional romantic relationship beliefs disappeared for individuals at moderate and low levels of mourning. As there was no association between secure, preoccupied, and fearful attachment patterns and dysfunctional romantic relationship beliefs of individuals at moderate and low levels of mourning.

## CHAPTER 5

### DISCUSSION

This study aimed to examine the attachment patterns and dysfunctional romantic relationship beliefs of young adults who experienced early parental loss in comparison to individuals with no experience of parental loss. It also aimed to examine what types of mourning reactions were more common among young adults with early parental loss. And last, the study aimed to examine the role of mourning reaction levels in the relationship between attachment patterns and dysfunctional romantic relationships beliefs among the young adults with experience of early parental loss.

In this chapter, first, the findings related to each of the research question are interpreted in comparison with relevant literature and discussed in terms of their implications. And second, limitations of the current study and recommendations for further research are argued.

#### 5.1 Attachment pattern differences (secure, preoccupied, dismissing and fearful) of young adults with early parental loss and no parental loss

The findings on the first research question suggested no significant differences between the early parental loss and no loss groups in terms of their attachment patterns. This finding indicated that the early parental loss experience did not change the nature of adult attachment patterns among young adults. The most common attachment patterns for both groups were dismissing attachment and preoccupied, while secure and fearful attachment patterns were much less observed. This finding

was surprising as at least for young adults with no significant life disturbance (parental loss), secure attachment pattern would be expected to be more common than other or insecure attachment patterns.

We should point out, however, that although the two groups were different in absence and presence of parental loss, the loss group had more experiences of significant other losses like grandparent (40% vs 18%), close relative (42% vs 28%) and multiple important losses (18% vs 0%). Unlike the nuclear family structure of the west where attachment classifications are made, the common family structure in Türkiye is extended (Canatan, 2009). Even if parents live in independent residences, children are typically raised by their grandparents especially if mothers work. In extended family structure, multiple caregivers exist within the family, but in any case, the major caregiver tends to be grandmother. As our research did not include any data on this dimension of child rearing practices among the families of our participants, we can only speculate that more prevalence of significant other losses in the lives of participants in the no loss group may have decreased potential differences between the loss and no loss groups due to presence of other losses. Therefore findings of no attachment pattern differences by loss status may have to do with other loss experiences with significant attachment figures other than parents among our participants. In addition, the secure attachment bonds of the individuals with early parental loss experience towards the surviving parents might have also filled the role of the deceased parents and thus reducing potential differences between parental loss and no loss groups. Further studies are needed to clarify the effect of strong bonds with surviving parents on the relationship patterns of parentally bereaved individuals.

The meta-analysis of more than 200 adult attachment studies conducted in a North American sample of 10.500 individuals (George, Kaplan, & Main, 1985) showed that more than half of the general sample had predominant secure attachment patterns, while less than a quarter had dismissing and about one fifth had preoccupied attachment patterns. In these earlier studies, fearful attachment classification was not included as a category of the existing questionnaires.

In one of the more recent attachment studies conducted with Turkish samples with the recent four attachment categories of Bartholomew and Shaver (1998), the secure attachment pattern (45.6%) was the most common attachment pattern of the general population, followed by the preoccupied (23%), fearful (17.27%), and dismissing (14.13%) attachment patterns (Tokuş, 2014).

In our study, preoccupied attachment patterns ( $f = 129$ , 30.5%) and dismissing attachment patterns ( $f = 119$ , 28.1%) were more common than secure attachment pattern ( $f = 86$ , 20.3%). The least common attachment pattern was fearful ( $f = 57$ , 13.5%). In a study that was conducted in Ankara at a comparable university to ours, among 312 students who represented the general population, those with preoccupied attachment pattern constituted a larger group ( $f = 104$ , 33.3%) than those with secure ( $f = 88$ , 28.2%) and dismissing ( $f = 75$ , 24.03%) attachment patterns. Like our finding, fearful attachment ( $f = 45$ , 14.42%) was the least common pattern (Pancarlioğlu, 2007). These findings were supportive of our findings that insecure attachment, especially preoccupied and dismissing patterns, seemed more common than expected among university students.

Samples from a few universities can not to enough to generalize the percentiles of adult attachment patterns among university students in Türkiye as

normative studies are need for this purpose. Nevertheless, these findings are alarming as young adults with insecure attachments are more likely to suffer from relationship problems (Collins, Guichard, Ford, & Feeney, 2006; Feeney & Collins, 2004; Mikulincer, Shaver, Gillath, & Nitzberg, 2005). Young adults with dismissing attachment patterns were mostly characterized by high self-esteem and low assessment of others in a relationship. They tend to end their romantic relationships and make poor relationship partners, and they also find it challenging to maintain supportive relationships with their partners and friends, as well (Connors, 1997).

Unlike the dismissing pattern as it is at the opposite end of valuing others but still dysfunctional relationship characteristics, young adults with preoccupied attachment patterns are described as individuals who seek too much intimacy, responsiveness and approval from their partners, friends, and families. They tend to behave overly dependent in their romantic relationships, as well. They often doubt their worth as an independent individual, and blame not their partners or friends but themselves for the other individuals lack of responsiveness (Van Buren & Cooley, 2002). Both of these patterns are not desirable and likely to hinder young adults meeting the requirements of the developmental task of young adulthood, i.e., intimacy. As young adults face this task of forming healthy intimate relations (Erikson, 1994; Servaty & Hayslip, 2001), universities need to provide appropriate environments for social interactions. And university counselors and other mental health service providers need to plan interventions to support the social relations of university students.

In summary, our study showed that early loss of a parent did not relate to changing nature of adult attachment patterns among young adults. This finding was contradictive of prior research suggesting that negative life events, like parental loss,

may change individuals attachment patterns (Waters, Merrick, Treboux, Crowell, & Albersheim, 2000). Further studies are needed to clarify these contradictory findings and drive generalizable conclusions particularly with Turkish samples whose family structures are likely to be different than western nuclear family structure.

## 5.2 Differences by parental loss status in the relationships between the dysfunctional romantic relationship beliefs and attachment patterns of young adults

Relationships between the attachment pattern and dysfunctional romantic relationship beliefs scores patterns were different only for individuals with dismissing and preoccupied attachment patterns not for individuals with secure and fearful attachment patterns. Among the individuals with early parental loss experience, a significant positive association between the dismissing attachment pattern scores and dysfunctional romantic relationship beliefs was observed. Among the individuals with no loss experience, however, no significant relation existed between the dismissing attachment patterns and dysfunctional romantic relationship beliefs. For the no loss group the only significant finding was a positive association between the preoccupied attachment pattern scores and dysfunctional romantic relationship beliefs.

Ellis (1957) indicated that dysfunctional beliefs occur when individuals have negative thoughts about the world related to dysfunctional, unrealistic and negative perceptions about self or others. Negative self-image exists in the preoccupied attachment patterns of the Bartholomew and Shaver (1998), and negative others-image exists in the dismissing attachment patterns. Individuals with fearful

attachment patterns, on the other hand, have negative perceptions about both themselves and other individuals.

Findings of the current study were partially supporting that relationship for our no loss group; their high levels of preoccupied attachment scores were associated with more dysfunctional romantic relationship beliefs. The preoccupied attachment pattern that represents positive model of other and negative model of self had significant relations with dysfunctional beliefs about romantic relationships for individuals with no parental loss. However, with increased dismissing and fearful attachment pattern scores, there were no changes in dysfunctional romantic relationship beliefs within the no loss group.

For the loss group, however, the findings were the opposite; as the dismissing attachment pattern scores increased their dysfunctional romantic relationship beliefs increased. The dismissing attachment pattern that represents negative model of other and positive model of self had significant relations with dysfunctional beliefs about romantic relationships for individuals with early parental loss. However, with increased preoccupied and fearful attachment pattern scores, there were no changes in dysfunctional romantic relationship beliefs within the loss group.

There are studies conducted in Türkiye and other countries that showed significant relations between attachment patterns and dysfunctional romantic relationship beliefs (Beştav, 2007; Feeney & Noller, 1990; Stackert & Bursik, 2003; Whisman and Allan 1996) but the unique finding of the current study was that the nature of the relationships changed by the loss status in opposite directions.

Our findings suggested that young adults who experienced parental loss before age of 18 hold more dysfunctional romantic relationship beliefs if they exhibit

dismissing attachment pattern. But young adults with intact families hold more dysfunctional romantic relationship beliefs if they exhibit preoccupied attachment pattern. Since we had to other study to compare our findings on this research question, future research, particularly in couple and family therapies, are needed to fully understand the practical implication of these findings. Here we can only attempt to understand our findings at conceptual level.

Bartholomew and Shaver (1998) described securely attached individuals with positive models of self and others, and fearfully attached individuals with negative models of self and others. Individuals with secure attachment patterns have a positive perception about themselves and others. As Vargel (2019) said, “if you had objects that you can mourn after loss, you are strong. The stairs that you have inside will take you out to the ground from the pit that you fell.” These stairs are built on the secure bonds. And this may be the reason within the secure attachment pattern even for individual with early parental loss experience there were no increases in dysfunctional romantic relationship beliefs as there was none for the individuals with no parental loss. As Wayment and Vierthaler (2002) underlined, securely attached individuals do not suppress their feelings about the loss, they had fewer depression symptoms than other attachment groups after a loss. Harmful effects of parental loss experience may not be seen in securely attached individuals as much as insecurely (preoccupied, dismissing, and fearfully attached) ones (Illene, 2000). Therefore, we may say that it is expected to observe fewer changes in individuals with secure attachment patterns after parental loss experience about their perception and beliefs about others in their relationships.

As Kalkan (2019) described, mourning is not just a response to death, but a psychological response to any loss or change, and a compromise between the inner

world and reality. It can be said that mourning is, in a way, a glance at the void left by the mother or father in their early loss situations. Results of our study showed that the relationship between the attachment patterns and dysfunctional romantic relationship beliefs changed in individuals who have a positive model of self and negative model of others, and negative model of self and positive model of others. The nature of the relationship between the variables did not change in securely attached individuals.

No change between the variables was observed in fearfully attached individuals who are defined as having both negative model of self and others. That means their fearful attachment pattern scores and dysfunctional romantic relationship beliefs were not related and this finding of no relationship held itself for the loss group as well as the no loss group. This finding is supportive of the statement of Stroebe, Schut and Stroebe (2005) that individuals with fearful attachment patterns may not be able to consistently think about their memories with the deceased and this situation may affect their mourning process as well. They might feel confused about their own mourning process due to losing a parent who was not supportive and not responsive to them. This might have been the reason why the relationship between fearful attachment pattern scores and dysfunctional romantic relationship beliefs was not different in individuals with or without early parental loss experience. Fearfully attached individuals tend to worry about being rejected in their relationships with others (Bartholomew & Horowitz, 1991), they may also internalize the idea that the death of a parent is also just another rejection that they experience in family after losing a distant and unsupportive parent (Widom, Czaja, Kozakowski, & Chauhan, 2018).

### 5.3 Predominant mourning types among young adults with early parental loss

Adaptation to the loss of a beloved one is never an easy task for any social and emotional being. Mourning is an adaptation process by itself, a natural phenomenon, and a universal reaction (Lewis, 1979); each individual might experience mourning in a unique way (Dyregrov, 2000; Willis, 2002). Thus, to find out how levels of physical, behavioral, emotional and cognitive mourning reactions fluctuated among our parentally bereaved subsample, we simply compared the subscale scores of the Mourning Scale.

It was suggested from the prior research that behavioral mourning reactions, as indicated by disturbances in eating, avoiding social environment due to the feeling of insecurity, forcing oneself to do fun activities to suppress the effects of loss, were the most common mourning reactions (Waldinger, Vailland & Orav, 2007). Our results confirmed that the majority (61%) of the parentally bereaved individuals showed behavioral mourning reactions as their predominant mourning types.

The second most common mourning reactions (20%) of the participants with early parental loss were physical type. Physical mourning reactions include crying, disturbance on sleeping patterns, having nightmares, being tired and weak. These reactions in nature are similar to behavioral reactions. Therefore, it was expected to find significant correlations between the mourning reaction types because they are all natural and universal reactions that each individual may experience after loss (Dyregrov, 2000; Willis, 2002). In fact, as it is indicated in Table 10, a strong positive correlation was found between the behavioral and the physical mourning reactions in our sample. Behavioral and physical mourning reactions were the closest

mourning reactions within the general mourning reactions while the weakest correlations were found between the cognitive and physical mourning reactions.

The third in order of mourning reaction was emotional (14.5%) for our participants. These emotional mourning reactions include feelings such as sadness, fatigue, and denial. And the last type of mourning reaction we found in our sample was cognitive (3.63%). These cognitive mourning reactions include distorted and unrealistic thoughts about loss situation.

Our results indicated that parentally bereaved young adults experienced mourning in different ways, most of them showed behavioral and physical reactions and their emotional and cognitive reactions were less common. After parental loss experience, individuals may experience some medical illnesses, like post-traumatic stress disorder (PTSD, Şenkaya-Dildar, 2000). Recreation of the traumatic experience, the occurrence of the repeated behaviors, changes in the attitudes and manners, and chronic mourning reactions are the characteristic features of PTSD after a loss of beloved one. Knowing that the most common mourning reactions are likely to be directly observable may ease our understanding that the individual may be in need of support.

In our study, 14.5% of the participants were reported emotional mourning reactions as their predominant mourning symptoms. Depending on the instinctual needs of individuals, degrees and types of mourning reactions may vary. Expression of the emotional mourning reactions has been emphasized as helpful in the healing process of individuals during the first few years of the loss experience (Pollock, 1961), but research findings suggested that not all bereaved individuals need to show these reactions (Cordell & Thomas, 1997). All mourning reactions are natural and

universal, why a particular type is seen rather than the other, is for the mental health professionals to understand as they work with the bereaved clients. Yet research did indicate that high levels of mourning reactions after three years of loss accepted as chronic mourning reaction (Stroebe, Schut, & Stroebe, 2005). For effectiveness of therapeutic help, it is important that mental health professionals who work with parentally bereaved clients to develop specific interventions that fit their clients' mourning reaction types so that they can better cope with loss experience (Christ, 2000). While working with the children who experienced parental loss, it is also essential to guide the surviving parents in understanding their children's different mourning reactions.

Although in our study, cognitive symptoms seemed less common, existing research suggested that high levels of cognitive mourning reactions can lead to depression and anxiety (Worden, 2018). Certain distorted thoughts are more common in the very early stages of mourning, but usually, they disappear over time. Aaron Beck (1979) mentioned that the depression disorder is triggered by depressive thought patterns, lasting cognitive mourning reactions after loss, thoughts like 'I always believe that he is still with me,' 'I always feel that one day he will come back,' 'I always try to not harm others (because I have a fear that if I do something that others do not want, I may also lose them)' are among the examples.

The symptoms of depression and the normal mourning reactions are so alike (Beck, 1979) that may confuse an observer. The main difference between the mourning and depression is that in mourning, individuals do not experience the loss of self-esteem. Physical and behavioral mourning reactions are also seen in depression, but bereaved individuals do not necessarily have less regard for themselves after loss experience (Wakefield & Schmitz, 2013). Beck (1979)

suggested that depressed individuals have negative evaluations about themselves, the others, the world, and the future. The difference between the depressed and the bereaved is; in mourning, the world looks poor and empty, while in depression, the individual feels like s/he is poor and empty. In this respect, understanding the clients' different reactions about loss by exploring their unrealistic beliefs about the world, and especially about themselves is essential for the mental health professional who works with bereaved individuals.

#### 5.4 Influence of the mourning level in the relationship between the attachment patterns and dysfunctional romantic relationship beliefs of young adults with early parental loss

In grief therapies, understanding the mourning reactions is important in understanding the loss experience. Therefore, we searched the impact of mourning level among our participants as one of the unique concerns of this study. We already confirmed in the second research question that in the early parental loss group, only the dismissing attachment pattern scores were significantly correlated with dysfunctional romantic relationship beliefs. But for young adults with early parental loss, secure, preoccupied and fearful attachment pattern scores had no significant association between dysfunctional romantic relationship beliefs.

Evidence exists that individuals with fearful attachment patterns may not show stable, consistent mourning reactions after parental loss as they already had distant and inconsistent care of parenting when their parents were alive (Dean, 1998; Worden, 2018). Therefore, it may be expected that parental loss may not change their

relationship patterns and negative internal models about self and others. And this was supported by our findings.

As it is mentioned above (Section 5.2), correlations between the dismissing attachment patterns and dysfunctional romantic relationship beliefs were insignificant in the no loss group but significant in the early parental loss group. When parentally bereaved individuals were divided into three mourning levels, as high, moderate and low, the only significant correlation was observed between the dismissing attachment pattern and dysfunctional romantic relationship beliefs at high levels of mourning reactions. In other words, individuals who showed high levels of mourning reactions after parental loss experience and had high dismissing attachment pattern scores had higher tendencies to have dysfunctional beliefs in their romantic relationships.

As far as we know, this is the first study on the influence of mourning levels on the relationship between different attachment patterns and dysfunctional romantic relationship beliefs. It can be interpreted that the high level of mourning reactions of the parentally bereaved individuals relate to dismissing attachment patterns (related with the negative model of other and positive model of self), in turn, dysfunctional romantic relationship beliefs. In other words, mourning level might have moderation effect between attachment patterns and dysfunctional romantic relationship beliefs.

According to Bartholomew and Shaver (1998), the negativity of the other model, in the dismissing attachment, indicates the degree to which others are expected to be unavailable and unsupportive. Therefore, the negative-other model of attachment (dismissing) is associated with the tendency to avoid closeness in relationships. The influence of mourning reactions we found over the attachment

patterns and dysfunctional romantic relationship beliefs seem to support Hepworth, Ryder, and Dreyer's (1984) findings that the mourning process might directly or indirectly affect the romantic relationship patterns.

It was suggested that the dismissingly attached people claim to be comfortable without establishing intimate relationships with others (Hammond & Fletcher, 1991; Hazan & Shaver, 1987; Lussier, Sabourin, & Turgeon, 1997; Senchak & Leonard, 1992). Our findings showed that this may be true. Negative life events like early parental loss, high levels of mourning reactions after parental loss are likely to lead to dysfunctional romantic relationship beliefs. As mental health professionals, it is important to note that regardless of their attachment patterns, a great majority of human beings need to feel accepted by other individuals. In the study of Carvallo and Gabriel (2006), individuals with high levels of dismissing attachment patterns reported experiencing high levels of positive affect and stated higher self-esteem after they learned the other individuals accepted them. In the second part of the same study, dismissive participants reported higher levels of positive affect after they learned that in the future they could also be successful and be accepted in interpersonal relationships. What was learned in early experiences as in attachment pattern development can be helped particularly in long term therapy.

Having insecure attachment patterns, namely, preoccupied, dismissing, or fearful, may negatively affect individuals' relationships with others (Feeney & Noller, 1990; Stackert & Bursik, 2003; Whisman & Allan, 1996). Our findings suggested that individuals with high levels of mourning reactions after early parental loss held higher dismissing attachment pattern scores and more dysfunctional romantic relationship beliefs. If their mourning reactions were moderate or low, relations between the attachment pattern scores and dysfunctional romantic

relationship beliefs were no different than the no loss group. This results suggested that experiencing parental loss by itself was not determining the relationship between individuals' dismissing attachment patterns and dysfunctional romantic relationship beliefs, but if the level of mourning was high then there were more dysfunctional romantic relationship beliefs. In this regard, it is important for the helping professional to consider how the clients with dismissing attachment pattern mourn after parental loss. If their mourning levels are high, some work on their dysfunctional romantic relationships may be called for.

In conclusion, this study addressed how mourning reactions after early parental loss experience influenced the relationship between the different attachment pattern scores and dysfunctional romantic relationship beliefs of young adults and the findings indicated the following: 1) early parental loss experience by itself did not relate to adult attachment pattern differences, 2) among the individuals with early parental loss, the dismissing attachment patterns were associated with dysfunctional romantic relation beliefs, while among the individuals with no parent loss, the preoccupied attachment patterns were associated with dysfunctional romantic relationship beliefs, 3) in the early parental loss group, most people's dominant mourning reaction types were behavioral and physical, then came emotional and cognitive mourning types, 4) at high mourning levels of individuals with dismissing attachment patterns there were more dysfunctional romantic relationship beliefs. Since there were no other studies that addressed the second and the last specific issues, the current study may be considered an important first step in examining the interrelations among early parental loss, attachment patterns, mourning levels and dysfunctional romantic relationship beliefs.

### 5.5 Limitations and suggestions for future research

Our study had some important limitations. Our first intention was to compose groups of early parental loss and no loss group by controlling other losses in the lives of young adults so that we could examine the pure status of early parental loss through comparison. However, elimination of participants who had other losses in their lives was only possible for the large no parental loss group, while it was impossible for the parental loss group as there were only 2 such individuals. Therefore, we gave up controlling for other losses in both groups. But then in the no loss groups there were more grandparent and multiple important losses than the loss group and these differences had the potential impact of diminishing group differences regarding loss. Future studies may be advised to use statistical controls or follow qualitative in depth profile analyses to provide more reliable responses to the question of whether adult attachment patterns differ by early parental loss.

In the Demographic Information Form, our participants were only asked to specify if they experienced multiple losses or not. Future studies are recommended to ask this question in an open-ended format so that individuals can specify the type of their losses (for example, whether it was a domestic animal).

Our data were based on self-reports, hence all the limitations of self-report based studies may have limited the validity of our findings. Future researchers are recommended to use interview-based assessment of adult attachment patterns and more objective ways of assessing of romantic relationships status than self-reports.

Another limitation of the study relates to generalization of our findings. As our study included only a single public university in İstanbul. This limited sample representation diminishes generalization of our findings to young adult university

student population in Türkiye. The study, therefore, needs replication with different samples representative of other universities.

Majority of our participants happened to have middle socioeconomic status (SES). However, it was suggested that individuals with low SES may experience parental loss differently and have higher levels of mourning reactions (Morgan, 1982). We could not examine SES differences as there were only eight participants with low SES who experienced early parental loss in our sample. Further research with samples that can be representative of different SES levels may test this finding concerning the SES differences in Türkiye.

Dismissing and preoccupied attachment patterns were more common than the secure attachment patterns among our participants, and it was surprising to not find secure attachment patterns as the most common predominant attachment patterns in the sample. Further studies of normative nature are needed to examine the predominant attachment patterns distribution of Turkish young adults across different samples.

Our study utilized an online access to its participants, although use of internet among university students is standard rather than exception, we may have excluded the individuals who might feel skeptical or uninterested about online survey studies.

The data collection process occurred near to the end of the academic year when students were occupied with preparing for assignments and final exams. There were also some major music and sports festivals that many students would be participating. The busy schedule of the university at the time of data collection may have excluded some students who were too busy to spare time to volunteer for research participation.

As we found in this study, there was an influence of mourning level on the relationship between attachment patterns and dysfunctional romantic relationship beliefs. But because we had a limited sample of young adults with early parental loss, we avoided using multivariant statistical analyses to test moderation effect. But studies with larger samples may attempt to use structural analyses and tests of moderation/mediation among multiple variables and can draw more comprehensive pictures.

Prior research suggested that religiosity might be a protective factor in the mourning process of parentally bereaved (Klass, 2013). Contrary findings existed that religious thoughts might also have negative effects over mourning, individuals with high levels of religious believes may show high levels of behavioral and emotional mourning reactions (Özçetin, 2000). Further studies are needed for a deeper understanding of the impact of religiosity or spirituality over mourning reactions of bereaved individuals.

Further research could also examine the impact of loss and mourning on different schemas and beliefs, such as emotional schemas (Yavuz, 2009), sexual identity schemas (Koçak & Fışıloğlu, 2010), and cognitive well-being schemas (Sarıçam, 2014).

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# APPENDIX A

## FREQUENCIES AND PERCENTAGES OF THE AGE OF PARENTS AT THE TIME OF LOSS ( $n = 64$ )

Age	<i>F</i>	%
27	1	1.6
29	2	3.1
30	1	1.6
31	2	3.1
34	1	1.6
35	1	1.6
36	1	1.6
37	3	4.7
38	1	1.6
40	3	4.7
42	1	1.6
43	2	3.1
44	1	1.6
45	4	6.3
46	2	3.1
47	2	3.1
48	1	1.6
49	1	1.6
50	3	4.7
51	4	6.3
52	4	6.3

Age	<i>f</i>	%
54	2	3.1
55	3	4.7
56	3	4.7
58	3	4.7
59	2	3.1
60	3	4.7
62	1	1.6
64	1	1.6
65	2	3.1
66	2	3.1
84	1	1.6

## APPENDIX B

### DEMOGRAPHIC INFORMATION FORM (SAMPLE ITEMS)

2) Education level

- ☐ English Preparatory School
- ☐ Freshman
- ☐ Sophomore
- ☐ Junior
- ☐ Senior
- ☐ Masters
- ☐ PhD

3) How do you define your gender? (Please specify how you define your sexuality and how you want to be seen by others; Male, Female, Trans, Intersex, etc.)

4) Romantic relationship status

- ☐ In a relationship
- ☐ Single
- ☐ Never had a romantic relationship

7) Parental status

- ☐ Alive, together
- ☐ Alive, separated
- ☐ Mother is alive, father is dead
- ☐ Father is alive, mother is dead
- ☐ Both parents are dead

8) Loss status

- ☐ Grandparent loss
- ☐ Sibling loss
- ☐ Close-relative loss
- ☐ A family friend loss
- ☐ A close friend loss
- ☐ Spouse/partner loss
- ☐ Multiple important losses

\*Answer the questions in the next section, thinking about your deceased parent. (If both of your parents deceased, think about the parent that you think has affected you the most)

10) Age of death of the person you lost

11) Reason of death

- ☐ Expected loss/old age
- ☐ Traffic accident
- ☐ Accidents (at home or work)
- ☐ Disease (Sudden; heart attack, rapid cancer, etc.)
- ☐ Disease (chronic diseases, diabetes, slow cancer, etc.)
- ☐ Suicide
- ☐ Natural disaster (earthquakes, floods, landslides, etc.)
- ☐ Murder (Terror, assault, robbery, etc.)
- ☐ Murder (by a familiar / known person
- ☐ Other reasons (please, indicate)

## APPENDIX C

### MOURNING SCALE (SAMPLE ITEMS)

Explanation: The following are statements of attitude and behaviors related to mourning. In general, you are asked to indicate the degree of relevance of the following statements describing how you behaved, what you thought and how you felt when you lost a relative. There is no right or wrong answer. Expressions correspond to “Always (5), Frequently (4), Occasionally (3), Rarely (2), Never (1). You must mark only one of the five options for each statement. Please answer each statement.

Statements	Always	Frequently	Sometimes	Rarely	Never
4) I have nightmares when I think of it at night.	( )	( )	( )	( )	( )
5) I feel tired and weak.	( )	( )	( )	( )	( )
9) I became withdrawn.	( )	( )	( )	( )	( )
14) I prepare myself for death.	( )	( )	( )	( )	( )
21) I'm trying not to hurt anyone.	( )	( )	( )	( )	( )
24) My life view has changed.	( )	( )	( )	( )	( )
27) I have difficulty expressing my feelings.	( )	( )	( )	( )	( )
30) I don't want to live without him/her anymore.	( )	( )	( )	( )	( )
34) I have lost my sense of trust.	( )	( )	( )	( )	( )

## APPENDIX D

### RELATIONSHIP SCALES QUESTIONNAIRE (SAMPLE ITEMS)

1----→-----2-----→----3-----→---4-----→-----5-----→-----6---→-----7

Never defines me     /     Part of me     /     Fully Describes me     /     Defines me

1. I can't trust others easily.
3. I can easily establish emotional intimacy with others.
8. I want to establish full emotional intimacy with others.
9. I am afraid to be alone.
10. I can easily trust and connect to others.
14. I want to have emotionally close relationships.
21. I fear that the people I have romantic relationships won't want to stay with me.
23. I am afraid of being abandoned.
24. Being close with others bothers me.
26. I prefer not to connect to others.
28. I fear that others will not accept me.

## APPENDIX E

### THE RELATIONSHIP BELIEF INVENTORY (SAMPLE ITEMS)

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
2. My partner should be able to read my mind.	1	2	3	4	5
4. I must always be passionate about my partner.	1	2	3	4	5
7. I must not hide anything from my partner.	1	2	3	4	5
8. I should be able to read my partner's mind.	1	2	3	4	5
9. If my partner loves me, he shouldn't spend too much time without me.	1	2	3	4	5
13. My partner should not hide anything from me.	1	2	3	4	5
16. I must always make my partner happy.	1	2	3	4	5
18. A love affair must be permanent.	1	2	3	4	5
21. If I really love my partner, I don't want to spend time with other people.	1	2	3	4	5
23. If I have enough patience and effort, I can change my partner's personality and/or behavior.	1	2	3	4	5
26. I always know what my partner thinks.	1	2	3	4	5
36. I should be able to make my partner happy in every aspect of life.	1	2	3	4	5
37. My partner is all I need to be happy.	1	2	3	4	5

APPENDIX F

APPROVAL OF THE ETHICS COMMITTEE OF THE BOĞAZİÇİ UNIVERSITY

**T.C.**  
**BOĞAZİÇİ ÜNİVERSİTESİ**  
**İnsan Araştırmaları Kurumsal Değerlendirme Alt Kurulu**

Sayı: 2017/53

15 Eylül 2017

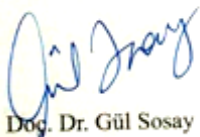
Ali Varol  
Psikolojik Rehberlik ve Danışmanlık

Sayın Araştırmacı,

"Yetişkin Bağlanma ve Romantik İlişki İnançları ile Ebeveyn Kaybı Arasındaki İlişkiler" başlıklı projeniz ile ilgili olarak yaptığınız SBB-EAK 2017/60 sayılı başvuru İNAREK/SBB Etik Alt Kurulu tarafından 15 Eylül 2017 tarihli toplantıda incelenmiş ve uygun bulunmuştur.

  
Doç. Dr. Ebru Kaya

  
Yrd. Doç. Dr. İnci Ayhan

  
Doç. Dr. Gül Sosay

  
Doç. Dr. Mehmet Yiğit Gürdal

  
Yrd. Doç. Dr. Bengü Börkan