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SOCIAL SUPPORT AND THE BEREAVED  
WIDOW: A NEEDS ASSESSMENT

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Masters of Arts degree in Psychology

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**SOCIAL SUPPORT AND THE BEREAVED  
WIDOW: A NEEDS ASSESSMENT**

**By**

**Mary Lynn Breer**

**A THESIS**

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

**MASTER OF ARTS**

**Department of Psychology**

**1993**



## **ABSTRACT**

### **SOCIAL SUPPORT AND THE BEREAVED WIDOW: A NEEDS ASSESSMENT**

**By**

**Mary Lynn Breer**

The goal of this study was to increase knowledge and awareness about the grieving process of widows in terms of the following areas: (a) widows' satisfaction with their social support network, (b) relationship between satisfaction with the network and the grieving process, (c) needs of widows, and (d) relationship between age, employment, and quality of marriage with the grieving process. Data collection included personal interviews and mailed questionnaires. Quantitative data on satisfaction with social support and the grieving process was gathered with two instruments. Qualitative data concerning the widows' needs was obtained with an open-ended questionnaire. The study found (a) high satisfaction with the network, (b) discussing the deceased and support from friends and family very helpful to the widow, and (c) shifts in friendships.

In loving memory of my Dad,  
Joseph A. Breer,  
the greatest man I ever knew.

## ACKNOWLEDGMENTS

First I would like to express my gratitude to all the women who had the courage, the conviction, and the strength to participate in this study. I thank them for allowing me this brief glimpse into their lives and for that they taught me.

Next, I thank my advisors Dr. William Davidson and Dr. LaRue Allen and my committee members, Dr. John Schneider and Dr. Tom Reischl for their support, advice, time, and especially for their willingness to share their ideas and knowledge.

I also need to thank my friends Kris, Nancy, and Merrilee for their support, laughter, patience, and understanding of all those "late night" phone calls. To Bonnie, Juliette, and Maureen, I express my gratitude for their advice, support, empathy, and the calming effect they have on me.

I cannot forget to thank my "rocks"--my siblings, nephews, and parents. I thank my siblings Mike, Carleen, Tom, Joe, and Lynn and my nephews Alex and Jason for their love, support, laughter, and for their stress reducing antics. Most of all, I need to thank my mom for her unfailing love, support, interest, and dedication.

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## **Statement of the Problem**

In 1989 there were approximately 13.8 million widowed people in the United States of which 11.5 million are women and 2.3 million are men. Widows/widowers are at a critical emotional point in their lives and have special needs. Without the proper help or the integration of grief, a widow may develop social and emotional difficulties and have difficulties making the transition from wife to widow (Silverman, 1972). To make this transition and minimize social and emotional difficulties a widow needs the support and understanding of her friends and family. Yet the widow may not receive the support she needs from her social network because people do not understand what it means to be a widow (Silverman, 1972). In fact, tradition and behaviors support the avoidance of facing the consequences of the death of a husband and father to the wife and children (Silverman, 1972).

One option for addressing this problem is to turn to the widow's social network to help the widow heal. This solution raises another problem, because this fear of facing the consequences of death (grief) renders members of the social network somewhat helpless. They lack the

understanding of grief and bereavement needed to help the widow heal. In fact, people in these social networks often turn away (Rosenblatt, 1988), and even if widows actively seek out their social network for emotional support, the support they receive may not be beneficial to their healing process (Malikson, 1987). In fact, the "supportive" attitudes and comments (i.e. expressions of sympathy, encouragement, and understanding) that the widows receive from their network are often painful instead of helpful (Malikson, 1987). In order to minimize the widow's transition, we need to determine how we can help build strong beneficial social support networks for grieving widows and how to help the widow's friends and family (her social network) deal with the emotional issues that accompany the loss of the widow's partner.

As a result, this study focuses on grief in widows and how social support may influence the integration of grief. The research involves the widow's reaction to her husband's death, how the husband's death affects the widow's life, how social support is perceived, models of social support, and existing interventions involving social support.

### Introduction

Grief is a topic often ignored among Americans. American society is preoccupied with youth and avoids facing the consequences of death. Yet even though Americans run from the subject of grief, very few manage to live without experiencing the loss of a loved one. In fact, in 1988

2,177,000 people died in the United States (U.S. National Center for Health Statistics). Most of these people had children, siblings, parents, and/or spouses. What happens to these survivors when their loved one dies? How do they make the transition to living without their loved ones? How, if ever, do they successfully deal with their grief? What factors influence how survivors deal with loss? Whom do they turn to in their time of grief and sorrow? Perhaps grieving people turn to their friends and family in their time of loss. But, do they feel truly comfortable in turning to people who have not experienced the same type of loss or who just do not understand what they feel and why they may feel this way?

These are just a few of the issues that survivors of loss may face. In order to gain some knowledge of the grieving process, to understand some of the issues that survivors of loss may face, and to discover what previous research has determined and/or failed to find the following topics are discussed. First, a definition of the grieving process is provided, and two theoretical models of loss are compared in order to gain some general knowledge about the grieving process and its progression. The discussion then turns to the surviving spouse. This section provides information about life style transitions and difficulties that surviving spouses encounter after the death of a spouse. Since social support is such a vital link to the integration of grief (Raphael & Nunn, 1988), types of social

support networks, the influence they have in the widow's life, and the problems that arise in social networks are also addressed. Finally, two interventions developed for widows are examined in order to discover the strength and weaknesses of the help available to widows in today's society.

### Grieving Process

Various areas of grief and bereavement have been researched steadily for the past thirty to forty years. Through the research that has been done, scientists and theorists have managed to develop various definitions and models of the grieving process.

Bereavement, grief, and mourning are the three components that comprise the grieving process (Mayers, 1986). According to Raphael (1983) and Mayers (1986), bereavement is a normal reaction and adjustment to the loss of a loved one, whether from death or some other trauma. A person may experience bereavement after a divorce or after a permanent or temporary separation from a loved one. The emotions (sadness, longing, confusion, guilt, and anger) one experiences from the loss of a loved one characterize grief. Mourning consists of the social expressions (wearing black clothing) of bereavement. These three concepts are all part of the grieving process which often occurs over an extended period of time (Mayers, 1986).

### Theoretical Models of Loss

Since grief is considered a process, various models of loss have been developed to represent the conceptual and theoretical dynamics of the human response to loss (Gilliland & James, 1988). The most popular and well-known model is the Kubler-Ross model, while the Schneider model may be considered the most comprehensive (Gilliland et al., 1988).

#### The Five Stage Model

Kubler-Ross developed a five stage model for people trying to deal with their own pending death; however, these stages have also been applied to the grieving process that survivors experience (Gilliland et al., 1988). Kubler-Ross' first stage is denial and isolation. According to Kubler-Ross (1969), initial denial is a healthy way of dealing with painful and uncomfortable news. The survivor builds a temporary denial system which protects him/her from information or people who confirm the loss of a loved one.

The second stage is anger. This is the hardest stage for the people surrounding the survivor to deal with because the anger may be displaced. The survivor will take his/her anger out on anyone or anything available (Kubler-Ross, 1969).

Stage three is the bargaining stage (Kubler-Ross, 1969). In this stage, the survivor tries to make deals with God, a doctor, or a family member. Bargaining is a way to appease the survivor's guilt.

Depression usually follows bargaining. When the survivor can no longer deny the death, anger is replaced with a sense of loss. Depression may turn into acceptance, the final stage, where the survivor finally realizes that there is nothing he/she can do to resurrect his/her personal loss. He/she finally accepts the fact that his/her loved one is gone and that there is nothing he/she can do to bring the loved one back (Kubler-Ross, 1969). The survivor may grieve for years before a real acceptance of his/her loss is reached, and some may never attain acceptance.

#### The Eight Stage Model

Schneider's model is a comprehensive eight stage model designed to enhance personal growth and to integrate the loss into the survivor's life. Schneider's first stage is the initial awareness of loss. Schneider (1984 pg. 104) states that "the initial impact of a loss is powerful, often imprinting itself in the person's memory so vividly that months, frequently years later, the event still feels vivid and painfully fresh." The initial impact of the loss is also a threat to the body's sense of homeostasis. Physical, behavioral, spiritual, emotional, and cognitive aspects of the person are all affected by the impact of the loss (Schneider, 1984).

Stage two is the attempt at limiting awareness by holding on to the relationship the survivor shared with the deceased. In this stage the survivor triggers his/her coping mechanisms. The survivor may clean the house, read,

draw, watch television, or perform any other activity to distract him/herself from the loss. Attempts to limit awareness are necessary for the survivor because they allow the survivor to gradually adapt to the full impact of the trauma (Schneider, 1984). Stage three is the attempt at limiting awareness by letting go. This stage allows the survivor to detach him/herself from dependency to the lost person (Schneider, 1984).

The awareness of the extent of loss is the stage recognized as mourning. In this stage, the survivor feels lost, lonely, confused, helpless, and hopeless. He/she feels "pangs" of grief-"brief but intensely painful episodes of realization of aloneness, deprivation, helplessness, and emptiness with no perceived hope for reclaiming what is gone, returning to a time before the loss, or projecting self into a future where the loss can be forgotten" (Schneider, 1984, pg. 162).

In stage five, the survivor gains perspective on the loss. It is time for healing, rest, and recuperation. The survivor must set aside the time needed to discover the negative and positive aspects of the loss. The survivor has now reached acceptance (Schneider, 1984). In stage six, the survivor not only accepts his/her loss but integrates the loss. He/she says goodbye to the loved one and manages to pursue activities that are unconnected with the loss (Schneider, 1984).

Stage seven is reformulating loss in a context of growth. This stage focuses on "discovering potential rather than limits, seeing problems as challenges, being curious again, and seeking a balance between the different aspects of life" (Schneider, 1984, pg. 226). The final stage is transforming loss into new levels of attachment. In this stage, the survivor integrates the emotional, physical, behavioral, cognitive, and spiritual aspects of him/herself in order to gain higher levels of understanding and acceptance of the loss (Schneider, 1984).

#### A Comparison of Models

Schneider created a more detailed, comprehensive, and optimistic model than Kubler-Ross. Schneider believes that a survivor can reach a much higher level than acceptance. He thinks that a person can grow from integrating his/her experience of loss into a new outlook on life and love. Kubler-Ross does not incorporate integration or a growth experience into her theory. She focuses more on changes in lifestyle and in attitudes about death for the dying patient.

Kubler-Ross' model was originally developed to describe the dying patient's feelings and ability to accept his/her own mortality (Cook & Oltjenbruns, 1989). Schneider's model was designed for people experiencing any type of loss, such as divorce, death, and terminal illness (Schneider, 1984).

Both theories provide a fountain of information about the grieving process. They give professionals and



nonprofessionals a good idea of some of the emotions and experiences that survivors of loss and terminally ill patients face. When researching grief, theories of loss are a good place to start to get pertinent background information about the grieving process, but there are many more details that need to be uncovered. The logical next step is to discover what grief does to the individual.

### **Loss of a Spouse**

#### **The Grieving Process for Widows**

Although models exist and are often used to explain the grieving process, grieving is commonly considered a unique and personal experience for all the people who shared a relationship with the deceased. For surviving spouses, the grief and bereavement can be especially trying for it affects every aspect of their lives (Shuchter & Zisook, 1988). The relationship between a husband and wife can be a special, unique, and tight bond. When this bond is severed by death, a tremendous strain is placed on the surviving spouse. The loss of a spouse through death is "considered the most disruptive of all experiences of ordinary life" (Zisook, Shuchter, & Lyons, 1987). The death of a spouse shatters long-term attachment bonds, requires acquisition of new roles and statuses, may lead to economic difficulties, and may remove the survivor's main support system (Osterweis, Solomon, & Green, 1984; Zisook, et al., 1987).

When confronting the issue of grief and bereavement, it is common to think that "time heals all wounds," that "they

will work it through," that "they will get over it", and that "they will recover". Contrary to these popular thoughts, spousal bereavement is not a short-term crisis that is easily resolved in a prescribed amount of time. Instead it is often an ongoing life-long struggle (Zisook et al., 1987). Time may ease the pain, but the wound remains, and as a result, the widowed do not recover; instead, they reconstruct their lives to accommodate the new social position of being single (Silverman, 1988; Kitson & Zyzanski, 1987).

### Theoretical Processes

The transition from marriage to widowhood can be a difficult period because society does not sanction the role of widow (Brock & O'Sullivan, 1985). Women are supposed to have functional roles such as wife, mother, worker, or housewife. Forty percent of women over the age of 65 are widowed, compared to 9 percent of men, and seventy percent of women over the age of 75 are widowed, compared to 24 percent of men (U.S. Bureau of the Census, 1989). At this time the role of mother is of little significance, and if she is a housewife, when her husband dies, she has a small chance of finding a job (Brock et al., 1985). Without a job or some other meaningful involvement, the widow may believe she has no purpose in life. As a result, becoming a widow often involves the search for a new identity, a new definition of the self, and a new purpose for living (Silverman & Cooperband, 1975; Woodfield & Viney, 1984).

The transition from marriage to widowhood results from a series of phases as presented by several researchers.

The first phase is the phase of numbness and disbelief which corresponds to Kubler-Ross' (1969) denial and isolation stages and Schneider's (1984) first three stages. Phase one is estimated to last 1 to 3 days with an upper limit of two weeks. This phase is followed by periods of tearfulness, aggressive outbursts, restlessness, tension, irritability, anger, intense yearning, and panic. The bereaved may become anxious about the future, and changes in sleeping and eating habits and energy levels and aches and pains may develop. These behaviors may fit between periods of calm. This phase peaks 2-4 weeks following the loss (Hauser, 1983).

In the phase of apathy and aimlessness, the bereaved may find themselves looking for a new set of friends because they no longer feel comfortable in the company of their married friends (Silverman, 1974). This phase also involves a preoccupation with the memories of the husband as well as a sense of his presence (Hauser, 1983; Shuchter et al., 1988). This phase could be parallel to Kubler-Ross' (1969) isolation stage and Schneider's (1984) holding on and awareness of the extent of loss stages.

The final phase is the reorganization phase. This phase is the final transition from marriage to widowhood. The reorganization phase involves letting go of the past and building a new life around a new self-image, a new role, and

a new social network (Hauser, 1983). This final phase coincides with Kubler-Ross' (1969) acceptance stage and Schneider's (1984) final four stages.

The attachment bonds established between a husband and wife are so strong that they may persist beyond the physical death of a spouse (Shuchter et al., 1988). The survivors' separation anxiety may be so great that they may distort reality and create the perception of a spouse's continuing presence. Bereaved spouses often experience visual and auditory hallucinations and a sense of the dead spouse's presence. These hallucinations are often perceived as messages from the deceased. Experiencing hallucinations is not a rare phenomena; however, the most common type of distortion experienced by bereaved spouses is the presence of the dead spouse (i.e. feeling that the spouse is in the room or looking down on the survivor) (Schuchter et al., 1988). This presence often provides comfort and support for the survivor.

### Research Evidence

The loss of a spouse is considered the most stressful life event on the Holmes and Rahe stressful life event scale. The stress and changes in life-style the bereaved must face do not end at the funeral. In recent years, a hypothesis has been developed linking stressful life events to physical and mental health (Bowling, 1988). Numerous studies have been performed to test this hypothesis, and these studies agree that widows and widowers are at a

greater risk for physical illness. A significant number of people suffer from ill health following the death of their spouse (Windholz, Marmar, & Horowitz, 1985).

Survivors often experience insomnia, weight loss, headaches, and increase their use of drugs such as tobacco, alcohol, and tranquilizers (Owen, Fulton, & Markusen, 1982). Although the effect of death on physical health is supported by many studies, most of the symptoms suffered such as weight loss, appetite loss, and sleep disturbance are more often linked to psychological distress (Windholz et al., 1985). These symptoms occur as part of the psychological response to the loss of a spouse. They also characterize the grief reactions experienced by the majority of bereaved people within the first year after the loss (Windholz et al., 1985).

Researchers have also studied the risk of mortality after the death of a spouse. Bowling (1988) compared mortality rates of widowed and married persons and found higher mortality rates among widowed men over the age of seventy-five in the first six months of bereavement. Helsing and Szklo (1981) also found that widowed men suffer from a significantly higher mortality risk than married men of the same age in two age groups: 55-64 and 65 to 74 years.

Most studies involving mortality rates for the bereaved just determine how many spouses died within the first six months of bereavement. With the exception of age, these studies do not take other possible extraneous variables into

consideration (Windholz et al., 1985). The studies performed by Bowling (1988) and Helsing and Szklo (1981) examined the following variables: age, sex, socioeconomic status, smoking status, health status, social activities, emotional adjustment to bereavement, and contacts with relatives and friends. They found significantly higher mortality rates for men over the age of 55. There are many factors that may influence the physical and emotional well-being of the bereaved person. These factors include demographics, type of relationship with deceased, nature of death, initial response to bereavement, available social support, past history, previous losses, personality, coping ability, and other ongoing life events (Zisook, et al., 1987).

All the effects of the death of a spouse are not necessarily negative. Widows have found that a few transitions they are forced to make improves their self-perception (i.e. the widow sees herself as a more competent, wise, and mature individual) (Calhoun & Tedeschi, 1990). Widows have discovered that the death of their husband has forced them into making decisions that were primarily the husband's responsibility. As a result, these women often see themselves as stronger, more competent, more independent, more mature, and better equipped to handle a crisis (Calhoun et al., 1990; Silverman, 1988; Silverman, 1988). This increase in self-perception does not occur overnight. The widow's success in her venture for

reconstructing her support systems, life, and independence depends on her ability to do so voluntarily (Lopata, 1986). She must be willing to seek new friendships and jobs on her own because no one will do it for her. While making the needed life transitions after the death of her husband, the widow often explores and loses part of her existing social network (loses touch with married friends) and builds a new social network of single friends and other widows (Silverman, 1988).

### Summary

It is obvious from the information gathered thus far that the loss of a spouse is an extremely disruptive and stressful life experience with many repercussions. This experience can cause health problems, shatter long-term attachments, relieve the survivor of her/his primary support (the deceased spouse), cause economic difficulties, and require the acquisition of new roles and statuses in society (Osterweis et al., 1984; Zisook, et al., 1987). But these are not the only changes that a widow faces. She may need to acquire new friends because she no longer feels comfortable with her married friends (Silverman, 1974). In order to understand the problems that can arise within a widow's existing social support network, examining the characteristics and functions of social support becomes pertinent to this research.

## Social Support Networks

### Social Support Theories

Most widows have a "built in" social support network consisting of family, friends, neighbors, and acquaintances. Social networks have five structural characteristics: size, strength of ties, density, homogeneity, and dispersion of membership, and the qualitative aspects of social networks describe the interactional, dynamic, and interpersonal characteristics of social support (Dimond, Lund, & Caserta, 1987).

The social network theory, as proposed by Bott (1971), hypothesizes that individuals influence another individual's behavior, or others can have an impact on the individual in any situation even if they are not present during the situation (Rubin, 1990). There are tight-knit and loose-knit social networks. In tight-knit networks, all the members know each other, and spouses depend mainly on their friends for emotional support and social activities. In loose-knit groups, a member's friends, families, and neighbors do not know each other; therefore, the spouses in loose-knit groups do more things together as a couple and have a stronger bond (Rubin, 1990). As a result, members of a tight-knit network receive more social support after the death of a spouse because the whole network has to cope with the death instead of just the spouse; the group rehabilitates itself. In this network, the bereaved spouse is able to find substitutes for the deceased in his or her



social environment. A death in the loose-knit group only affects the spouse and family. The death does not affect the wider social circles in which the couple travels. Since the social system is not affected, the individual receives little social support (Rubin, 1990).

Hirsch (1980) looked at social networks from a slightly different perspective and produced results that contradict Rubin's theory. Hirsch (1980) stated that the two most important aspects of the social support network are the density, the relatedness of members within the network, and multidimensionality, the concentration of important activities within a particular dyadic relationship. A relationship has multidimensions when the two people in the relationship engage in at least two different kinds of activities or behaviors important to the individual (Hirsch, 1980). Hirsch wanted to see which type of network enabled a woman to cope successfully with major life transitions.

Hirsch (1980) found that high density networks produce less satisfaction with socializing, social reinforcement, and emotional support. Multidimensional friendships resulted in higher self-esteem and satisfaction with socializing. So a low density, multidimensional network is more conducive to adaptation and provides more support (Hirsch, 1980).

### Summary

Rubin (1990) suggested that a tight-knit network is more beneficial to the widow because everyone in the network

knew the deceased well, and eventually the group heals itself. This conclusion does seem logical, but what happens if the people are not comfortable talking with the widow about her experience? They may even refuse to discuss her situation. What if the group consists of all married couples? Could a group consisting of married couples affect the interactions within the group? Perhaps the group would exclude her from activities because she no longer has a partner.

Hirsch's (1980) findings contradicted Rubin's (1990) theory. Hirsch (1980) argued that low density, multidimensional networks are more conducive to adaptation. In this network, members are usually not related but associate with the widow in more than one way (i.e. they are coworkers and classmates). Hirsch (1980) does not discuss the types of relationships that the two people share. This type of network produced higher self-esteem and satisfaction with socializing, but what about emotional support? The widow does need to continue socializing, but she also needs emotional support after the loss of her spouse.

Rubin's (1990) theory opposed Hirsch's (1980) results. Both authors provided logical conclusions and deductions, but they also have holes in their theories and/or deductions. This research provided some background knowledge about the types of social support networks that exist and characteristics of networks that provide more support for its members; however, the information gained

from this research is limited because it does not give details about the interactions within the networks or the widow's perception of support provided by members of the network.

### Loss of Spouse and Social Support

According to Raphael and Nunn (1988), social support is a vital issue in the resolution of grief. If women perceive the interactions with their social networks as nonsupportive, they are more likely to suffer from poor outcomes to their bereavement a year after the death of their husbands (Raphael, et al., 1988). In fact, the crisis of death may place tremendous strain on a previously adequate network that is perceived as "failing" in the time of need, which leaves the bereaved even more bereft (Raphael, et al., 1988). But the crisis of the death may not be the only factor in a "failing" social support network. The bereaved may isolate themselves from their network. This isolation may be an attempt by the bereaved to distance themselves from painful reminders of their loss (Rosenblatt, 1988). The social network may also try to distance themselves from the bereaved for the following reasons: they do not understand what happened, they lack appropriate rituals or etiquette for dealing with the situation, they feel the loss may be contagious, they see the loss as a threatening event which may happen to them, they are uncomfortable with another's grief, the loss reminds them of their own vulnerability, or the needs of the

bereaved family are too burdensome or uncomfortable to deal with (Rosenblatt, 1988).

### Research Evidence

Many studies have linked social support networks and bereavement. Studies have shown that social support does influence the grieving process. In fact, in Windholz et al.'s (1985) review of bereavement literature, the one constant predictor of adjustment following the loss of a spouse is social support. For example, Vachon, Sheldon, Lancee, Lyall, Rogers, and Freeman (1982) studied the relation of the woman's perception of social support to the degree of distress. The degree of distress was measured by the Goldberg General Health Questionnaire which measures the intensity of psychological disturbance. They found that after two years of bereavement most of the women experiencing enduring "high distress" perceived themselves as isolated from their social networks in some ways.

Dimond's et al. (1987) study of social support for the elderly found that social support plays a significant role in coping outcomes in the first two years of bereavement. Most of the elderly in the study had strong social networks. The participants reported high qualities of interactions within their social networks. They felt comfortable in expressing their feelings to others within their social network. Subjects also had frequent contacts with members of their network. During these contacts, members shared experiences and confidences and provided help for those

members in need. Close bonds within the network were associated with less depression, greater perceived coping ability, higher life satisfaction, and better reported health.

Malikson (1987) linked perceived social support to self-esteem in widows. The widows were asked to report the type of support they received from their social networks. Support was defined as emotional (expressions of sympathy, encouragement, understanding) or instrumental (babysitting, help with household chores, money). The widows reported higher satisfaction with the instrumental support. In fact, the widows reported that people's attitudes and comments were perceived as unhelpful and often painful. For example, some painful experiences or comments reported were: don't complain, you receive more money than most people earn, wearing black clothes resulted in people turning away, you aren't the only one who lost a husband, and you must be strong and don't cry (Malikson, 1987). This inadequacy of emotional support was also found in the relationship between self-esteem and perceived social support. Although high self-esteem widows reported more helpful emotional experiences while low self-esteem widows reported more helpful instrumental experiences, both high self-esteem widows and low self-esteem widows reported more than twice as many unhelpful emotional experiences than unhelpful instrumental experiences. It appears that the social support network tends to offer instrumental support more

readily and more successfully than emotional support. Perhaps this deficiency in emotional support can be attributed to the social network's lack of understanding of the widow's situation and lack of appropriate skills for dealing with the situation (Silverman, 1972; Rosenblatt, 1988). As a result, the widow may receive the proper understanding and support she needs from other widows.

### Summary

Social support is a vital and important aspect of the grieving process (Raphael et al., 1988; Windholz et al., 1985; Dimond et al., 1987). Even though social support is crucial to the widow, she often receives little support from her friends (Rosenblatt, 1988), and the "emotional support" that she does receive is often more painful than helpful (Malikson, 1997). This lack of support and understanding may be due to the deficiency of appropriate skills and experiences of the widow's friends and family (Silverman, 1972; Rosenblatt, 1988). Now that the problems that often arise within the social support network have been discussed, the next logical step is to discover social support interventions available to the grieving widow.

### Social Support Interventions

For widows, the most effective social support may come from other widows because they know what the newly bereaved are going through (Silverman, 1988). One example of this is a program developed by Silverman in 1967. She created the widow-to-widow program to eliminate risks that widows may

face, such as mental illness and depression, before treatment is needed. In this program, five widowed persons within the community reached out to newly widowed women under sixty. The five women acted as aides to the newly bereaved women in the community. They established ongoing relationships with these women. The aides acted as guides, mentors, and friends. The aides made frequent calls and visits to the newly bereaved. They invited the bereaved to dinner and introduced them to other widows in the community. They helped the newly bereaved find jobs and gave them financial advice and knowledge about social security and pensions. The aides answered questions and helped deal with problems that might have developed with the widow's children (Silverman, 1969, 1970, 1972, 1988).

The aide's main job was to help the newly widowed accept the fact that she was going through hell and also to be more accepting of herself and her own needs. The aides helped the newly widowed through three steps in the process to recovery. First, the widows need to learn to make decisions independently. Next, they need to learn to be alone, and finally, they need to step outside the home, make new friends, and spend time with people (Silverman, 1970). The aide helped the newly widowed through these steps. On lonely evenings, she was only a phone call away, and she expanded the bereaved's social circle by introducing her to other widows. These widows often created grief support groups and sought out single people clubs to meet men

(Silverman, 1970). The widow-to-widow program creates a new social network for the newly widowed through other widows in the same community. The intervention allows a new widow to vent her sorrows and frustrations to someone who has been through a similar experience. Through this caring and sympathetic individual, the widow finds a new network of widowed friends, and this is the programs greatest drawback. The program encourages the widow to seek out a new social network instead of accessing her existing network for support.

Another intervention was tested by Barrett (1978). Barrett developed four different groups: a self-help group, a confidant group, a consciousness raising group, and the control group. The self-help group was led by a therapist who facilitated discussions. The group members were encouraged to help each other in solving problems that developed due to widowhood. The confidant group focused on the development of close friendships with a fellow widow. The consciousness raising group concentrated on examining the relationship between sex role topics and widowhood. The members of the control group were placed on a waiting list to receive the intervention at a later time. Barrett (1978) found that the women in all the groups, including the control group, experienced an increase in self-esteem, a significant increase in intensity of grief, and developed more negative attitudes toward remarriage.



The different groups in the intervention all provided relatively positive results. The intervention provided the widows with an outlet for their feelings and with an opportunity to socialize outside of their existing social network and meet and interact with women in the same situation. Like the widow-to-widow program, this intervention also encouraged the women to form new relationships with other widows. The advantage in forming new friendship with fellow widows is obvious as reported by Vachon and Stylianos (1988). They found that the most helpful support, as reported by bereaved people, are contacts with others in the same situation. With people in similar situations, the bereaved are given the opportunity to express their feelings without having them dismissed or being given the impression that they are coping poorly or not recovering fast enough (Vachon, et al., 1988).

### Summary

The widow-to-widow program (Silverman) and Barrett's interventions share the same disadvantages. First, both programs failed to discover the needs of the widow before implementing the intervention. Second, they both focus on the widow but avoid dealing with her existing social support network. This is both an advantage and a disadvantage. The widow does need to talk about her experience and meet new people, especially widows, but the widow's support network also needs to be approached. The widow's friends and family should be informed about the widow's needs and how to

effectively deal with these needs. Educating the widow's social support network could provide the widow with better emotional support and meet more of the widow's needs (socializing, help with household problems, financial issues). It could also help the members of the network identify their own limitations when dealing with their widowed friend. For example, a member of the network may only be comfortable socializing with the widow (i.e. going to movies, or out to lunch). If both the widow and the person understand this limitation, the friendship could be maintained and perhaps even improved.

This type of education for the social network could also help alleviate the following issues mentioned by Rosenblatt (1988): social network does not understand what happened, lacks appropriate rituals or etiquette for dealing with the situation, feels the loss may be contagious, sees the loss as a threatening event which may happen to them, are uncomfortable with another's grief, loss reminds them of their own vulnerability, or the needs of the bereaved family are too burdensome or uncomfortable to deal with.

Instead of totally concentrating on "fixing" the widow, professionals and nonprofessionals should also focus on increasing knowledge about the grieving process, the needs of the widow, and individual limitations to the members of a widow's social network.

#### Summary and Conclusions

The literature has revealed that the grieving process

can be explained through models involving stages (Kubler-Ross, 1969; Schneider, 1984) and phases which define the grieving process in similar ways but with different terminology and detail. Researchers have also discovered that the loss of a spouse is a major life transition that can cause considerable stress, strain, (Zisook et al., 1987) and health problems (Windholz et al., 1985). The adjustment to this loss does not happen over night or within a year; rather the surviving spouse may feel the loss in every aspect of life, and the grief may be an ongoing life-long battle (Zisook et al., 1987). Other factors that contribute to the emotional and physical well-being of a bereaved individual are demographics (age, length of marriage, number of children), type of relationship with deceased, nature of death, initial response of bereavement, available social support, past history, previous losses, personality, coping ability, and other ongoing life events (Zisook, et al., 1987).

The literature also shows that social support can alleviate some of the stress and strain and ease the adjustment to the loss (Raphael et al., 1988; Windholz et al., 1988) and supports the idea that social networks are a sound focus for preventive intervention. Even though social networks could help a widow adjust to her loss, the networks often hinder her adjustment because the people in her network do not know what to do to ease her pain. Their "good" intentions are often more painful than helpful

(Malikson, 19887). Actions or expressions that some may think are comforting may cause the widow to become angry or upset. Most interventions involving social support consist of self-help groups which appear to benefit widows. However, all these studies have failed to consider several important areas. First of all, the interventions failed to discover what widows need in the form of social support before implementing the intervention. In other words, no previous scientifically based needs assessments have been conducted with widows. Secondly, most of the studies involving social support failed to evaluate the widow's existing social network (how large and complex is it, how supportive was it before her husband's death, and how satisfied is she with her support network). Finally, the studies failed to evaluate the widow's satisfaction with her social network and to relate the widow's satisfaction with her social network to her integration of her spouse's death into her life. How can professionals help people without knowing what the people need?

Discovering what the widow needs from her family and friends will provide a better understanding of what she is going through and provide professionals and nonprofessionals with a better idea of how to help the widow. Assessing the widow's satisfaction with her existing social network could provide researchers with a deeper understanding of the types of relationships which are conducive to the grieving process and possibly make important contributions to improving

relationships within existing social networks. Educating social networks about the needs of a widowed friend and how to meet these needs may lighten the load of the helping professions and change the lay and professional communities attitude towards the grieving process.

The purpose of this study was to provide information about the widow's perception of needs. It also intended to examine information about her support network and an evaluation of the support network to determine the relationship between satisfaction and integration of grief.

### **Research Questions**

**RQ1. How satisfied are widows with the emotional support, practical assistance, financial assistance, people with whom they socialize and interact, and advice and guidance that they received from their social network?**

**RQ2. What did the widows need but not receive from their support network that would have helped them in dealing with their husband's death?**

**RQ3. How is satisfaction with emotional support, practical assistance, socializing, financial assistance, and advice and guidance related to resolution of grief?**

**RQ4. How do length of marriage, age, employment status, number of children, quality of marriage, time since loss, and the suddenness of death affect the widow's resolution of her husband's death?**

## **Methods**

### **Recruitment**

Various groups and organizations needed to be contacted in order to recruit the 52 participants. Churches, support groups and hospices all provided excellent resources for the study. Newspapers were the other main source for recruitment. Advertisements were placed in a paper in Michigan, a letter to the editor was published in a newspaper in Illinois, and a daily columnist in a Michigan paper also printed an excerpt about the study in his daily column.

The researcher contacted by phone approximately twenty churches in the Lansing area. After explaining the study and answering any questions that the church secretary or pastor had, the researcher asked permission to place an announcement in the church bulletin or newsletter. Once permission was obtained, a letter reminding the secretary of the phone call, the announcement, and an information sheet was sent to each church through the mail. (See Appendix A for materials)

Support groups were also a source for recruitment purposes. The Widowed Persons Group in Lansing, New Focus

in Owosso, and Widowed Persons Services in Grand Rapids were all contacted by phone. The director of these groups were consulted about the study and asked to distribute information about the study. All three directors agreed to circulate information so information sheets were mailed to all three directors. The Widowed Persons Group also has a newsletter so an announcement was placed several times in the monthly newsletter. The directors of the other two groups contacted individuals they thought would be interested in participating. The researcher sent these two directors the packets of instruments with directions and self-addressed stamped envelopes. The directors then forwarded these packets to the interested parties who completed and returned the questionnaires. Other support groups were contacted in the Lansing area, but no members wished to participate.

Several hospice organizations were also very helpful. The Hospice of Lansing, the Visiting Nurses Hospice of Lansing, and the Memorial Hospital Hospice Care Program in Owosso were all contacted. The researcher talked to the bereavement care directors of all three hospices and explained the study. The Visiting Nurses Hospice has a newsletter so an announcement was placed in the newsletter. The directors of the other two hospices contacted individuals they thought would be interested in participating. The interested parties from the Hospice of Lansing called the researcher to set up an interview, but



the three interested individuals in Owosso phoned the director of the hospice, and he was sent packets containing the questionnaires, directions, and a self-addressed stamped envelope. If interested these women completed and returned the instruments.

Newspapers also provided a source for disbursing information about the study in three ways. First, the researcher called John Schneider of the Lansing State Journal. During this call, the purpose of the study was explained. Mr. Schneider then asked for information about the study. A letter was sent along with an information sheet, and Mr. Schneider then placed an excerpt containing the pertinent information about the study in his daily column. The researcher also wrote a letter to the editor of the Effingham Daily News (in Illinois) which contained information about the study and about a support group forming in the area. Finally, an advertisement was placed in the Lansing State Journal. (See Appendix A for all recruitment materials).

The participants themselves often spread information about the study to their friends who were widowed and to the groups that they attended on a regular basis (support groups or organizations in the community).

### Setting

Most personal interviews took place in the participants home. When this was not possible, the interview usually occurred in a restaurant or in the researcher's office at

Michigan State University, or the participants workplace. All personal interviews with the exception of one were audio recorded with the widows permission.

### Participants

Fifty-two widows participated in this study. All participants completed three measures: the Social Support Resources measure, the Response to Loss measure, and the Needs Assessment measure. Forty-two of the participants were personally interviewed by the researcher and two by trained undergraduate students. Eight of the participants wanted the measures sent to them through the mail and three were interviewed over the telephone.

The sample consisted of 52 white middle to lower class widows who have not remarried. They ranged in age from 35 to 60 and were widowed 7 months to 5 years. All widows resided in central Michigan or in south central Illinois. Twenty-seven of the widows experienced a sudden loss while 25 had anticipated their loss by at least one week. Twenty-five of the widows had participated in some types of support group since the loss of their husbands. Thirty-nine were working at the time of their husband's death. Twelve participants obtained their information about the study through support groups and hospices, one through the local churches, fourteen through other participants, and twenty-five through notices in local papers.

Table 1. Characteristics of participants.

Variables	N	%
<b>Years Married</b>		
0-5	2	3.8
5-10	7	13.4
11-15	6	11.4
16-20	13	25.0
21-25	5	9.6
26-30	6	11.4
31-37	13	25.0
<b>Time since loss (months)</b>		
0-12	6	11.5
13-24	17	32.6
25-36	15	28.8
37-48	7	13.4
49-60	7	13.5
<b>Age of Widow</b>		
35-40	10	19.1
41-45	9	17.3
46-50	10	19.2
51-55	11	21.1
56-60	12	23.0
<b>Number of Children</b>		
0-1	15	28.8
2-3	26	50.0
4-5	8	15.4
6-7	3	5.7
<b>Employment status</b>		
Working	39	75.0
Not working	13	25.0
<b>Type of Loss</b>		
sudden	27	51.9
anticipated	25	48.1
<b>Quality of marriage</b>		
Good	20	38.4
Great	29	55.8
Complications	3	5.8
<b>Participated in support group</b>		
yes	25	48.1
no	27	51.9

### Measures

Qualitative and quantitative data were gathered. Quantitative data was gathered through two questionnaires the Social Support Resources scale and the Response to Loss Scale. Qualitative information was gained through the Needs Assessment which was an open ended questionnaire. The following sections provide more detailed information about each of the measures used to collect data.

#### Social Support Resources:SSR

The measure assessed the extent of the widow's social network (the number of people who create the widow's network) and evaluated the widow's satisfaction with her network in five specific categories: emotional support, socializing, practical assistance, financial assistance, and advice and guidance (Vaux & Harrison, 1985). The scale has a high internal consistency reliability ( $\text{Alpha} = .87$ ). A previous study by Vaux et al. (1985) also determined that the SSR has high internal consistency ( $\text{alpha} = .76$ ). Table 2 displays the corrected item-total correlations, item means and item standard deviations for the individual satisfaction items on the SSR.

Table 2. Psychometric properties of the SSR

Items	Item Means	SD	Corrected Item-total Correlation
Emotional Support	3.0	.93	.81
Socializing	2.6	.87	.75

Table 2 (cont'd.)

Practical Assistance	2.9	.90	.69
Financial Assistance	2.8	.73	.46
Advice and Guidance	3.0	.81	.78
Alpha = .87      Scale $\bar{X}$ = 14.34      Scale SD = 3.45			

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The scale served several functions. The scale first divided the widow's social network into five categories: emotional support, socializing, practical assistance, financial assistance, and advice and guidance. The measure then asked the widow to list up to ten people who served her in these five ways (a person may be in more than one of the categories). The widow then evaluated the frequency, closeness, balance, complexity, and relationship that they share with each individual they listed. The widow also gave the sector (neighbor, workmate, etc.) and gender of the individual. The widows were also asked who knows whom within the network, and finally they rated their overall satisfaction with their network in each category on a four point likert scale. The five satisfaction components (emotional support, socializing, etc...) were added together to create a single satisfaction score.

#### Needs Assessment

The second measure was an open-ended questionnaire created by the researcher that evaluated the fulfilled and unfulfilled needs of the widow following her husband's death. Examples of these questions are: Were you happily

married? What factors have influenced and inhibited your recovery? Were there certain phrases or expressions that people used that upset you or comforted you? Did your family and friends ever push you in your recovery? What would you change about the types of support you received from family and friends? What did you want or need from your family and friends that you did not receive? Have your friends changed, and how has this affected your recovery? The answers received from the widows for each question were examined and the frequencies of answers were analyzed.

#### Response to Loss:RTL

The third measure is the Response to Loss Scale (RTL) (Schneider, Deutsch, & McGovern, 1992). The RTL is a comprehensive scale that assesses the grieving process. This scale allowed the researcher to determine approximately where the bereaved is in the grieving process (i.e. how close the bereaved is to reaching integration and growth). This questionnaire consisted of seven scales: holding on, letting go, awareness, perspective, integration, reformulation, and transforming. Each subscale also measures the following five areas: behavioral, cognitive, emotional, physical, and spiritual. The seven scales can be combined into four subscales. Holding on and letting go are considered coping, awareness is considered active grieving, perspective and integration are considered resolution/healing, and reformulation/self-empowerment and transforming are considered moving on (Schneider, et al.,

1992). The questions on the scales are in statement form, and participants are asked if the statements are true for them now or in the past few days or weeks. Their responses are on a five point likert scale with 0=this isn't accurate about my current response to this loss, 1 = occasionally this is true about my responses to this loss, 2 = some of the time this is true about my responses to this loss, 3 = most of the time this is true about my responses to this loss, and 4 = this definitely is accurate about my current responses to this loss.

Since the total RTL consists of 517 items and takes approximately 1-2 hours to complete, a shortened version of the scale was constructed for the purpose of this study. This shortened version consisted of 160 statements. Each subscale (holding on through self-empowerment) contained 25 statements which was broken down so that five questions were in each of the categories (behavioral through spiritual) within each subscale. The transforming loss scale had 10 statements. These 160 statements were chosen because they share the highest item-total correlations with the total RTL.

Table 3. Item-total correlations of the short version of the RTL for holding on

Category Items	Corrected Item-total Correlation
I look just as good as I always do	.56
I talk or act as if nothing has changed	.53
Keeping active and busy helps feel less anxious	.46
Go over the loss in mind	.67
Try figure out why happened to me	.66
Ask myself why happened to me	.62
This whole thing seems unreal	.59
Unpredictable what reminds me of loss	.53
Dreaming and wake up to find never happened	.57
Should have done some-thing to prevent it	.56
I've been angry	.56
Scared to share what I have been thinking	.56
Can't express feelings about what I did or didn't do at time of loss	.53
Dream never happened	.50
Ignore the physical pain	.38
Dream loss is reversed	.32
Lost weight	***
Help if someone could help me understand this	.62
Life seems unfair	.59
Times when going through same thing all over	.53
Not able to forgive those who contributed to loss	.44
I wonder if really deserve what I have	.42
Working harder now	.41
Look at reminders of loss	.36
Increased exercise	.44



**Table 4. Item-total correlations of the short version of the RTL for letting go**

<b>Category Items</b>	<b>Corrected Item-total Correlation</b>
Avoid telling anyone what thinking	.55
Avoid people remind me of loss	.54
I've been careless	.52
Kept secret what really happened	.48
Something else going to go wrong	.61
Easier when forget what happened	.52
Loss evidence failed as a person	.45
Get too happy something bad is bound to happen	.42
If I don't look out for self no one else will	.41
Feel confused and disoriented	.71
Feel detached and separate from others	.69
Feel dissatisfied with everything	.69
Feel overwhelmed	.63
People irritate me	.61
Less interested in sex	.53
Don't want to be touched	.49
Get hurt more	.48
Dream destroyed who lost	.48
Sick a lot	.43
Wish could be saved from dealing with experience	.64
Doubt anything can give life meaning	.64
Hard to trust	.57
Nothing made a difference so why bother	.55
Nobody cares how I am doing	.55
Act as if loss doesn't matter	.40

**Table 5. Item-total correlations of the short version of the RTL for awareness**

Category Items	Corrected Item-total Correlation
Hard to concentrate	.71
Less confident	.59
Little to say	.59
No energy	.57
Scattered and ineffective	.69
Unable to find anything to look forward to	.64
Thinking is slower	.61
Can't imagine how things will get better	.59
Seems hopeless to try to understand what happened	.56
Feel empty	.75
Feel lonely	.72
Long for whom lost	.63
Tears hard to stop	.62
Miss expressing my love	.62
Feel restless	.71
Feel tense	.69
Exhausted by any effort	.65
Body feels heavy	.65
Wake up in night	.64
Future seems empty	.72
Easier to realize someday I will die	.71
Everything else seems trivial	.67
Nothing positive or redeeming about the loss	.59
Not interested in meeting anyone new	.59
Lost fear of dying	.59

Table 6. Item-total correlations of the short version of the RTL for perspective

Category Items	Corrected Item-total Correlation
Hearing about other's experiences helps	.52
Telling my story gives me feeling of release	.48
Helps be with friend who accepts me as I am	.45
Think about effects of loss	.52
Can take what comes	.51
Realize haven't lost everything	.48
Feelings make sense	.61
Don't need struggle to accept what happened	.61
Still hurts, but pain has lessened	.57
Feelings catch me by surprise	.55
Don't feel as guilty	.55
Can enjoy simple pleasures of life again	.58
Body healing from stresses of this experience	.57
Aches and pains have lessened	.53
Notice how things smell and taste again	.51
Sadness and peacefulness can coesist	.60
Accept losses part as a part of life	.49
Is some good in every person	.48
Being by self has been healing	.50
Easier to just experience the loss	.46
Some things will never understand	.37
Not responsible for the loss	.33
Able to relax	.50
Something powerful and loving helped me	.55
Faith has helped me	.47

Table 7. Item-total correlations of the short version of the RTL for integration

Category Items	Corrected Item-total Correlation
One person knows I've forgiven myself	.57
Got back integrity	.57
Experienced loss in ways that were healing	.53
Said good-bye to loss	.46
Realize important it is to say goodbye	.59
Life has more to it	.56
Know my life is important	.51
Have as good an understanding as can now	.47
Important celebrate and remember before too late	.45
Felt what needed to feel	.59
No longer feel shame	.59
Let go of guilt	.57
Let go of sadness	.56
Let go of anger	.55
Make sense of messages from my body	.67
Have energy I need	.64
I relax	.64
Don't neglect my body	.52
Sleep well	.51
Feel confident enough to move onto other things	.61
Forgiven myself for what happened	.60
Time to get on with life	.56
Loss has opened me to bonds of love and friendship	.50
Forgiven for what contributed to loss	.50
I've changed	.54

**Table 8. Item-total correlations of the short version of the RTL for self-empowerment**

Category Items	Corrected Item-total Correlation
More self-disciplined	.71
Enjoy being alone	.71
Discovered what want in life	.70
Can laugh at self	.68
More assertive	.67
Feel more confident	.70
More creative in life	.70
Feel challenged to keep going	.65
Enjoy dreaming and reaching for them	.64
Changed in ways wouldn't have	.59
Curious about a lot of things	.73
Feel like whole person	.71
Feel loving and affectionate	.70
Learned respect myself	.67
Not as hard on self when make mistakes	.64
Listen to what body tells me	.70
Efficient and creative in doing things	.61
Feel strong	.56
Active in caring for myself physically	.53
More to me than what meets the eye	.71
Trust myself to let me know what need to know	.69
Part of something much bigger than myself	.66
Live as fully as I can	.64
Can love and be devoted to another without losing myself	.64
I enjoy making love	.57

**Scoring.** Each statement was given a score between 0 and 4. The total score for each of the seven scales (holding on, letting go, awareness, etc.) was divided into five percentage scores: behavioral score, cognitive score, emotional score, physical score, and spiritual score. The scale (holding on, letting go, awareness, etc.) that had the highest percentages (greatest intensity) consistently across the five subscales provided an indication of where the bereaved individual was in the grieving process.

**Determination of Final Score.** The RTL is a highly reliable (Schneider et al., 1992) and lengthy measure. Three steps were taken in evaluating the RTL in order to determine the internal structure of the RTL. In other words, the researcher needed to determine if the RTL would have one total score (combine all subscales), six scores (one for each subscale), or a number of scores between one and six (combinations of various subscales). To make this decision the following analyses were conducted: endorsement frequencies, internal consistencies, and principal components analysis.

**Table 9. Reliability Coefficients for RTL.**

Category	Cronbach's alpha	Guttman Split-half
Holding On	.93	.91
Letting Go	.94	.94
Awareness	.97	.96
Perspective	.93	.90
Integration	.95	.93

Table 9 (cont'd.)

Self-Empowerment	.97	.96
Transformation	.88	(*)

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Note. \* denotes insufficient number of items for a split-half

Endorsement Frequencies. First endorsement frequencies were performed on all 160 items in the RTL. All items displayed reasonable distributions.

Internal Consistencies and Principal Components Analysis within Subscales. Second, reliabilities were conducted on each of the six subscales to determine if the scales were internally consistent. A principal components analysis was then performed on each subscale (six factor analyses were conducted) to determine if the subscales consisted of one scale or the five components of each subscale (behavior, cognitive, emotion, physical, and spiritual). The principal components analysis showed that each subscale consisted of only one component. Results from these analyses also determined if any items needed to be dropped from the subscales. If an item was not significantly correlated with the scale the item was dropped. Tables 10-15 provide corrected item-total correlations, means, and standard deviations of each of the subscales. After the items were deleted, reliabilities were executed once more. These reliabilities for the six subscales ranged from .82 to .95.

Table 10. Psychometric properties of the holding on scale.

Item	Item Means	SD	Corrected Item-total Correlation
I look just as good as always do	1.88	1.69	.25
I talk or act as if nothing has changed	.85	1.19	.56
Keeping active and busy helps feel less anxious	3.13	1.08	.24
Go over the loss in mind	1.38	1.48	.67
Try figure out why happen to me	1.10	1.43	.74
Ask myself why happen	1.13	1.39	.72
This whole thing unreal	1.25	1.37	.52
Unpredictable what reminds me of loss	2.36	1.39	.45
Dreaming and wake up to find never happened	1.04	1.40	.58
Should have done something to prevent it	.65	1.17	.54
I've been angry	1.38	1.36	.51
Scared to share what thinking	.85	1.11	.56
Can't express feelings about what did or didn't do at time of loss	.71	1.19	.28
Dream never happened	.52	1.06	.62
Ignore the physical pain	1.00	1.30	.40
Dream loss is reversed	.37	.97	.63
Lost weight	1.23	1.74	.40
Help if someone could help me understand this	1.23	1.54	.67
Life seems unfair	1.75	1.67	.71
Times when going through same thing all over	1.04	1.27	.51
Not able to forgive those who contributed to loss	.67	1.28	.54
I wonder if really deserve what I have	1.19	1.51	.33
Working harder now **	2.19	1.48	.15
Look at reminders of loss **	2.00	1.15	.24
Increased exercise **	1.33	1.30	.13

Alpha = .89

Scale  $\bar{X}$  = 32.25

Scale SD = 17.11

Note. \*\* denotes items deleted from the scale



**Table 11: Psychometric properties of the letting go subscale.**

Item	Item Means	SD	Corrected Item-total Correlation
Avoid telling anyone what thinking	.92	1.33	.49
Avoid people remind me of loss	.38	.89	.47
I've been careless	.56	1.17	.66
Kept secret what happened	.13	.63	.51
Something else going to go wrong	1.36	1.37	.62
Easier when forget what happened	1.17	1.38	.54
Loss evidence failed as person	.40	.93	.66
Get too happy something bad will happen	.71	1.26	.66
Don't look out for self no one else will	2.52	1.55	.39
Feel confused and disoriented	.96	1.31	.58
Feel detached and separate from others	1.42	1.42	.71
Feel dissatisfies with everything	.83	1.11	.76
Feel overwhelmed	1.51	1.30	.64
People irritate me	.85	.92	.41
Less interested in sex	1.30	1.70	.31
Don't want to be touched	.44	1.07	.20
Get hurt more	.94	1.27	.73
Dream destroyed who lost	.12	.43	.44
Sick a lot	.37	.99	.63
Wish could be saved from dealing with experience	1.31	1.48	.57
Doubt anything can give life meaning	.81	1.25	.68
Hard to trust	.73	1.16	.66
Nothing made a difference so why bother	.65	1.08	.78

Table 11 (cont'd.)

nobody cares how I am doing	.62	.95	.60
Act as if loss doesn't matter **	.23	.73	.12

Alpha = .93                      Scale  $\bar{X}$  = 21.04                      Scale SD = 17.26

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Note. \*\* denotes items deleted from scale

Table 12. Psychometric properties of awareness subscale.

Item	Item Means	SD	Corrected Item-total Correlation
Hard to concentrate	1.71	1.33	.65
Less confident	.96	1.30	.78
Little to say	.58	1.11	.54
No energy	.94	1.27	.51
Scattered and ineffective	.79	.98	.55
Unable to find anything to look forward to	.81	1.22	.78
Thinking is slower	1.09	1.30	.72
Can't imagine how thing will get better	.92	1.23	.74
Seems hopeless to try understand what happened	1.21	1.59	.52
Feel empty	1.23	1.49	.84
Feel lonely	1.88	1.46	.70
Long for whom lost	2.58	1.36	.56
Tears hard to stop	1.56	1.41	.58
Miss expressing love	3.00	1.44	.37
Feel restless	1.52	1.46	.78
Feel tense	1.36	1.44	.84
Exhausted by any effort	.85	1.27	.68
Body feels heavy	.61	1.27	.63
Wake up in night	1.48	1.64	.59
Future seems empty	1.10	1.44	.86
Easier to realize I will die	3.07	1.40	.31
Everything else seems trivial	1.21	1.40	.77
Nothing positive redeeming about loss	1.35	1.76	.59
Not interested in meeting anyone **	1.23	1.49	.17
Lost fear of dying **	2.60	1.62	.20

Alpha = .95

Scale X = 31.82

Scale SD = 21.65

Note. \*\* denotes items deleted from scale

**Table 13. Psychometric properties of the perspective subscale.**

Item	Item Means	SD	Corrected Item-total Correlation
Hearing about other's experiences helps	2.25	1.64	.41
Telling story gives feeling release	2.40	1.54	.39
Helps be with friend accepts me	3.63	.99	.33
Think about effects of loss	3.06	1.11	.33
Can take what comes	3.25	.76	.26
Realize haven't lost everything	3.48	.73	.42
Feelings make sense	3.34	1.03	.44
Don't need struggle to accept what happened	2.71	1.52	.33
Still hurt, pain lessened	3.56	.78	.41
Feelings catch me by surprise	3.48	.78	.43
Don't feel as guilty	1.65	1.86	.26
Can enjoy simple pleasures	3.25	1.06	.43
Body healing from stresses	3.02	1.32	.40
Aches and pains lessened	2.65	1.57	.55
Notice how things smell and taste	2.36	1.77	.58
Sadness and peace can coexist	3.29	1.10	.35
Accept losses part of life	3.50	.87	.58
Is some good in every person	3.58	.94	.58
Being by self healing**	2.08	1.64	.25
Easier to just experience loss**	2.35	1.52	.21
Some things will never understand**	3.10	1.35	.24
Not responsible for loss**	1.33	1.69	.06

Table 13 (cont'd.)

Able to relax**	2.88	1.32	.18
Something powerful and loving helped me**	3.54	1.13	.19
Faith has helped me**	3.27	1.34	.21

Alpha = .81

Scale  $\bar{X}$  = 54.48

Scale SD = 10.84

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Note. \*\* denotes items deleted from scale

Table 14. Psychometrics of integration subscale.

Items	Item Means	SD	Corrected Item-total Correlation
One person knows I've forgiven self	1.63	1.85	.64
Got back integrity	1.85	1.79	.62
Experienced loss in ways healing	2.73	1.40	.55
Said good-bye to loss	2.02	1.73	.58
Realize important say goodbye	3.08	1.42	.39
Life has more to it	1.73	1.72	.62
Know my life important	3.11	1.32	.57
Have as good understanding as can now	3.44	.96	.57
Important celebrate remembrance before too late	3.75	.81	.52
Felt what needed	3.06	1.38	.61
No longer feel shame	1.40	1.83	.53
Let go of guilt	1.57	1.83	.62
Let go of sadness	2.17	1.20	.54
Let go of anger	2.15	1.55	.51
Make sense of messages from my body	2.56	1.53	.53
Have energy I need	2.44	1.39	.51
I relax	2.57	1.35	.53
Don't neglect my body	2.77	1.29	.55
Sleep well	2.58	1.45	.38
Feel confident enough to move onto other things	3.21	1.11	.51
Forgiven myself for what happened	1.38	1.77	.64
Time to get on with life	3.29	1.16	.52
Loss has opened me to bonds of love and friendship	2.58	1.77	.29

Table 14 (cont'd.)

Forgiven for what contributed to loss	1.36	1.81	.66
I've changed**	3.15	1.39	-.06
Alpha = .92	Scale $\bar{X}$ = 58.46		Scale SD = 21.08

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Note. \*\* denotes items deleted from scale

Table 15. Psychometric properties of self-empowerment subscale.

Items	Item Means	SD	Corrected Item-total Correlation
More self-disciplined	2.11	1.62	.69
Enjoy being alone	1.98	1.49	.42
Discovered what want in life	1.50	1.53	.51
Can laugh at self	2.73	1.43	.57
More assertive	2.42	1.58	.53
Feel more confident	1.98	1.72	.58
More creative in life	2.25	1.61	.65
Feel challenged to keep going	2.90	1.26	.42
Enjoy dreaming and reaching for them	2.25	1.57	.59
Changed in ways wouldn't have	2.98	1.59	.32
Curious about a lot of things	2.40	1.62	.62
Feel like whole person	2.15	1.54	.60
Feel loving and affectionate	2.60	1.44	.64
Learned respect self	2.38	1.63	.63
Not as hard on self when make mistakes	2.44	1.61	.54
Listen to what body tells me	2.46	1.58	.59
Efficient and creative at doing things	2.40	1.36	.65
Feel strong	2.69	1.26	.61
Active in caring for self physically	2.69	1.28	.38
More to me than what meets the eye	2.71	1.54	.44
Trust myself to let me know what need to	2.79	1.30	.50
Part of something much bigger than self	2.38	1.63	.47



Table 15 (cont'd.)

Live as fully as can	3.11	1.20	.32
Can love and be devoted to another without losing self	2.44	1.72	.66
I enjoy making love**	1.08	1.59	.15

Alpha = .82                      Scale  $\bar{X}$  = 58.79                      Scale SD = 21.41

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Note. \*\* denotes items deleted from scale

**Table 16. Reliability (alphas) of subscales for RTL.**

Scale	Alpha
Holding on	.89
Letting go	.93
Awareness	.95
Perspective	.83
Integration	.92
Self-Empowerment	.92
Transforming Loss	.82

**Principal Component Analysis.** Finally, a principal component analysis concerning the entire scale was conducted. A total score was computed for each subscale, and then the six total subscales were submitted to a principal components analysis. Using Kaisor's criteria (Kaiser, 1958), it appears there were two components. One component contained the holding on, letting go, and awareness subscales. This component was labelled coping/active grieving. The coping/active grieving scale was reversed scored in order to represent high coping with a high coping score. The perspective, integration, and self-empowerment subscales created a second component which was labelled growth. A coping and growth score were calculated for each participant using unity weights. It should also be noted that this population showed similar findings to other populations in terms of factor consistency (Schneider, et al., 1992).

Table 17: Results of principal components analysis of the RTL.

Factor	Eigen Value	% Variance	Cumulative % Variance
Holding On	3.60	60.0	60.0
Letting Go	1.47	24.6	84.6
Awareness	.36	6.0	90.5
Perspective	.25	4.1	94.7
Integration	.20	3.4	98.0
Self Empowerment	.12	2.0	100.0

Table 18. Rotated factor matrix of the RTL.

Items	Coping	Growth	Communalities
Holding On	.90	-.15	.83
Letting Go	.93	-.17	.90
Awareness	.92	-.24	.90
Perspective	-.01	.90	.78
Integration	-.32	.82	.81
Self Empowerment	-.28	.88	.86

## Procedure

### Data Collection

Widows interested in participating called the researcher. During this call, the researcher explained the study in further detail, answered any questions the widow had, and set up a time to interview the widow. At the interview, the widow signed the consent form before beginning the interview, and gave permission to have part of the interview recorded (only the Needs Assessment measure was recorded). The interviews usually took place in the widow's home, and if the widow was not comfortable with this arrangement, a neutral place was arranged at the widow's convenience, usually a restaurant. The interviews lasted approximately 1-2 hours in length. All interviews were completed within a six month time frame. The widows who participated received a follow-up letter thanking them for their participation and giving them a brief synopsis of the results.

### Training Interviewers

Interviewers consisted of the researcher and two trained undergraduate students. The students attended a four hour training sessions. During this session, the researcher gave a general overview of the study followed by basic interviewing rules and techniques. The researcher then presented each instrument used, went over each measure in detail, and gave instructions on recording and scoring each item and the importance of each item. The researcher

then conducted a demonstration interview with one student. After the demonstration, interviewers practiced interviewing and recording answers while the researcher observed. The researcher also covered what steps to follow if the widow should become upset during the interview. For example, if the widow began to exhibit symptoms (trembling, broken speech patterns, watery eyes, etc.) of being uncomfortable or upset, the interviewer stopped and asked the widow if she wanted to continue, take a break, or terminate the interview. If the widow remained upset, the interviewer inquired if there was someone she could call or something she could do for the widow. Of all 52 widows, only four became upset during the interview, but all insisted on completing the interview.

#### Coding and Interrater Reliability

The Needs Assessment measure (open ended questionnaire) was the only part of the interview that was audio recorded. When completing this part of the interview the researcher recorded the answers and took notes. Later an undergraduate student listened to the tapes to make sure that all pertinent information was noted and also clarified notes that were not clear.

Once half of the interviews were completed, the researcher and three undergraduate students started to develop a codebook for the Needs Assessment measure. First, the researcher and two students generated answers they thought possible for each question. Then two of the

students coded the answers and compared their answers with the researcher present. At this point, the codebook was revised by adding unincluded responses generated by the widows and deleting codes not used by the widows. The two students then recoded the interviews and compared their answers. Again new codes were added to the codebook, and the interviews were recoded. After revising the codebook for the third time, the third student coded all the interviews to ensure that the codebook was easy to use and generated the same answers by the three students. When approximately forty-five interviews were finished all four researches met and analyzed all codings. At this time, all discrepancies were discussed and correct answers established.

On average the coders agreed 96% of the time. This reliability percentage was calculated by dividing the number of "wrong" (answers coders did not agree on) answers by the total number of answers generated by the coders.

## **Results**

The results of this research provided both quantitative and qualitative data. Quantitative methods were used to analyze research questions one, three, and four while qualitative methods were used for question two. Means were utilized to assess satisfaction with the components of the SSR. Correlations revealed the relationships between the components of the SSR and the coping and growth scales of the RTL while multiple regression divulged the risk factors that may predict how well a widow integrates the death of her spouse. Frequencies disclosed the number of similar needs of the widows.

### **Research Question 1**

How satisfied are widows with the emotional support, practical assistance, financial assistance, people with whom they socialize and interact, and advice and guidance that they received from their social network? Average satisfaction scores were computed for the five areas of social support. The means were as follows: 3.04 for emotional support, 2.61 for socializing, 2.87 for practical assistance, 2.78 for financial assistance, and 3.04 for advice and guidance. A score of 2 means that the widow was

"a little satisfied" and a score of 3 means that the widow was "very satisfied" with the type of support she received. These data indicate that the widows were a little to very satisfied with all five types of support. The total satisfaction score was 14.35.

### Research Question 2

What did the widows need but not receive from their support network that would have helped them in dealing with their husband's death? This question is exploratory in nature so frequencies were used to discover common responses of widows.

### Influencing and Hindering Grief Factors

When asked about factors that influenced their grieving process, the most common response was the support of family and children (25 widows). Only 1 widow stated that she received support from her in-laws. Twenty women said that friends provided them with support. Fourteen widows said that support groups helped them and eight commented that counseling was a big influence, and ten women found religion to be a comfort when dealing with their grief.

Widows also listed some factors that hindered or held back their grieving process. The biggest hindrance widows experienced were the personal attitudes and emotions (guilt, fear, loneliness, anger, lack of self-confidence, denial, facing loss of husband/couple) that followed the death of their spouse. Twenty-two widows found these emotions to be detrimental. They also commented on the lack of support



they received from family and kids (5), friends (7), and in-laws (2). Five widows had difficulties with raising their children and dealing with their children's grief while six found paperwork, settling the estate, and finances hard to manage.

Fifteen women felt that they were pushed (i.e. people told them to get on with life or get over it before they were ready) in their recovery. In response to this, six felt anger and abandonment, four held in their emotions, and two felt forced to move through their grief at a faster pace than they wanted.

#### How Employment Affects Grief

Thirty-nine women were working at the time of their husband's death, and all but one said that their job helped them because it gave them something to do and a reason to get up in the morning. Five women commented that they resented their job because it took time away from them--they did not have the time they needed to deal with their grief.

#### Needs of Widows

When asked what they would change about the types of support they received from friends and family, twenty-five widows said they would not change a thing. Other widows commented that they wanted more support from family and children (9), from friends (4), and from in-laws (3). Eight women wanted more open communication (willingness to listen to the widow and to talk about the deceased). Four said they would seek out support from others, instead of waiting

for the support to come to them, and four said they wanted more socializing.

When asked what they would keep the same, eleven widows said the willingness of friends and family to talk about the deceased. Nine said the support from friends and ten from family and children. Eleven said they tried to keep up with socializing, and ten said phone calls from friends and family.

The researcher also inquired what the women wanted but did not receive. Eighteen women stated that they wanted more support: five wanted general support, five desired support from family, six from friends, and two from in-laws. Eleven declared that they needed more socializing, five needed more phone calls, and six wanted more talking.

#### Widowed Friends of Widows

Eighteen women had a widowed friend when their husband died. Fifteen of these women felt more comfortable talking with their widowed friends than with other people because she was more empathetic to their feelings and understood what they were experiencing.

Sixteen had friends who were widowed after they experienced their loss. Of these women, seven said they helped their newly widowed friend, eight said the experience helped themselves, and four said their friends widowhood brought back the pain from their own loss.

### Friendship and Widowhood

Thirty-one of the widows feel uncomfortable around married couples mainly because they feel excluded or like a fifth wheel (16). Ten commented that their are jealous of couples because they are still a couple, and four said that their married friends are leery of their new single status.

Forty-seven women stated that most of their friends were married before their husband died. Thirty-one remarked that they had new friends now (i.e. may have kept some old friends but have also cultivated new friendships). These friends were usually single (18), and four widows only associate with the married women now instead of the couple. Twenty-seven felt that this change was a direct result of their husband's death because the widows are more comfortable around single people (7), their friends can no longer relate to them (4), and because most activities are couple oriented (7).

### Comments: Upsetting or Comforting

The widows also listed numerous comments that upset them or made them angry. For example, "Don't worry, you're young, you can remarry" (9), "you're lucky you have the kids" (3), "he's better off" (6), "it gets better with time" (7), "I know how you feel" (4), and "sell the house and move" (4). People's expectations of how a widow grieves and the length of time her grieving takes was also a sore point with the widows. In fact, six heard comments such as "aren't you done crying by now?", "aren't you done grieving

yet?", "you're still going to the cemetery?". Three widows also mentioned that people refused to talk about their husbands or even say his name. One woman commented that "It was like he never even existed".

What comforts a widow? Seven women said sharing memories about their husbands, and comments about how much people cared about him and liked him. Six widows said that physical contact such as hugs were very comforting. Eleven women felt that a friend or family member just being present and showing how much he/she cared was a great comfort while five women stated that letters and cards brought them some solace.

#### Summary.

Results indicated that support from friends, family, children, support groups, therapy, and religion are instrumental to the widow's healing process although support from these sources was often found lacking. The widows also found personal attitudes and emotions and being forced to move through their grief to quickly detrimental.

Employment, on the other hand, was usually seen in a positive light. Talking about the deceased was another major contribution to the widow's integration of grief. Most widows mentioned that a willingness to talk about the deceased (sharing memories) helped or that they needed more open communication about their husbands. Most of the widows stated that they now have new single friends and see this change as a direct result of their loss.

### Research Question 3

How is satisfaction with emotional support, practical assistance, socializing, financial assistance, and advice and guidance related to resolution of grief? The evaluation of this question required a correlation between the components of the SSR and the two subscales (coping and growth) of the RTL.

This correlation compared the two factored subscales coping (holding on, letting go, and awareness) and growth (perspective, integration, self-empowerment) with the total satisfaction score of the SSR. This analysis resulted in no significant findings.

Table 19. Correlations between growth coping and total SSR.

	Coping	Growth
Total SSR	.24	.23

### Research Question 4

How do the following aspects of a widow's life: length of marriage, age, employed/unemployed, number of children, quality of marriage, time since loss, and sudden/anticipated death affect the widow's integration of her husband's death? Two multiple regressions were used to examine this question.

The two multiple regressions looked at predicting coping (holding on, letting go, awareness) and growth (perspective, integration, self-empowerment) from the seven

variables, length of marriage through sudden/anticipated loss. These analyses produced no significant findings.

**Table 20. Multiple regression analysis of coping scale.**

Variables	Simple r	Standardized Beta	Multiple R
Years Married	-.07	.025	.25
Age of Widow	.00	.083	
Employment Status	.11	.057	
Type of Loss	-.16	-.153	
Number of Children	-.18	-.196	
Months Husband been deceased	-.08	-.005	
Quality of Marriage	.06	-.007	

**Note.** \*\*Employment Status 1=employed 0=unemployed  
 \*\*Type of Loss 1=sudden 2=anticipated

**Table 21. Multiple regression analysis of growth scale.**

Variables	Simple r	Standardized Beta	Multiple R
Years Married	-.08	.055	.36
Age of Widow	-.28	-.320	
Employment Status	.03	-.010	
Type of Loss	-.20	-.184	
Number of Children	.02	.096	
Months Husband been deceased	-.05	.024	
Quality of Marriage	-.10	-.050	

\*\*Employment Status 1=employed 0=unemployed  
 \*\*Type of Loss 1=sudden 2=anticipated

## Discussion

### Review and Implications of Findings

Research has shown that social support can alleviate some of the stress and strain and ease the adjustment that results from the death of a spouse (Raphael et al., 1988; Windholz et al., 1988). Yet previous work in the field of grief research has failed to take into account the widow's needs, to evaluate the widow's social support network, or to address the social support network as a place to begin an intervention. Instead interventions, such as the widow-to-widow program and support groups, have focused on the widow herself which is important, but they have failed to educate the widow's network about her needs, experiences, and the grieving process.

This study counteracted some of these failures or gaps of previous work in two ways. First, the researcher questioned the widow about her experiences and what helped and hindered her grieving process. Secondly, the researcher evaluated the widow's support network to determine the widow's satisfaction with her support network and to discover the relationship between satisfaction with her social network and integration of grief.

Results showed that the widows in this study are moderately satisfied with the emotional support, practical assistance, socializing, financial assistance, and advice and guidance they received from their social support network, and overall the widows are satisfied with the support they receive from their network.

Previous research has concentrated on mental and physical health, mortality rates, effects of the death of a spouse, influence of social support on the loss of a spouse, and interventions such as self-help groups and the widow-to-widow program (Bowling, 1988; Windholz, et al., 1985; Owen et al., 1982; Helsing et al., 1981; Calhoun et al., 1990; Lopata, 1986; Silverman, 1988; Osterweis et al., 1984; Zisook, et al., 1987; Barrett, 1978; Silverman, 1969). By interviewing widows about their individual experiences of the grieving process, the researcher has acquired new and interesting information of the widows' needs from their perspective.

Results from the needs assessment indicated that emotional support from friends, family, children, support groups, therapy, and religion are instrumental to the widow's healing process although support from these sources was often found lacking. The widows do perceive social support to be an important factor for dealing with the loss of their husband. This finding from the study supports the link between social support and the grieving process found in previous research (Raphael, et al., 1988; Vachon, et al.,



1982; Malikson, 1987). Widows' personal attitudes and emotions and being forced to move through their grief too quickly often proved detrimental to their integration of grief. People often do not recognize that grief can be an ongoing life-long struggle (Zisook, et al., 1987) unless they have lost a loved one.

Those women who had a widowed friend before their loss, felt more comfortable talking to this woman after their loss because of their shared experience. Barrett (1981) stated that married women with widowed friends are more prepared for widowhood. This study indicated that women who stay close to widowed friends may be more aware of her experiences and may not deny the fact that it could happen to them so in a way they are prepared for the death of a spouse. However, merely having a widowed acquaintance does not necessarily prepare a married woman for widowhood. Hirsch's (1980) viewpoint on social networks may help to define this idea. If the two women share a unidimensional relationship (i.e. they work together), it may not help prepare the married woman for widowhood because they only see the widow in one setting. In other words, they may not identify with her as a widow. On the other hand, if the two women share a multidimensional relationship (i.e. work together, socialize, same hobbies), they see each other in different settings and know each other in more than one way. For example, they do not see each other as more than just a coworker. They are friends that do things together and

share experiences and identify with each other in a shared relationship.

Most of the widows feel uncomfortable around married couples, and as a result, they now have new usually single friends and see this change as a direct result of their loss. This finding supports Barrett's (1977) statement that a widow's relationship with married couple friends may disintegrate. These findings may be magnified by the existing interventions in society. For example, the widow-to-widow program (Silverman, 1969) was designed to bring the widowed women within a community together. While this concept does cultivate new friendships between widowed women, it also promotes the separation between the widowed woman and her existing network.

The needs assessment provided the researcher with a fountain of information. The widows commented that a willingness to talk about their husbands and the support of the people around them was very important to them. These things were needed to help them deal better with their husbands death. Although these things were needed by the widows, they were often not available to the widow. These comments imply several things. People are unwilling to talk about the deceased when in actuality that is one way the widow often finds comfort. Perhaps the people are not comfortable talking about the deceased, or they might refrain from mentioning him or telling stories about him because they do not know how the widow will react, or they

are afraid that talking about the deceased will cause her more pain. Also, the support network may be uncomfortable with death because they do not know how to deal with the issue. They may not know what to say, or what to do for the widow. In other words, they do not know how to give their support to her. They also may not understand what she is experiencing which could make them uncomfortable around her. As a result, the widow may pick up on this and refrain from dealing with this person or people. Basically, communication is very important for the widow and her network. The widow may be unable to present her needs to the network, and the network may be unable to assess and provide what the widow needs.

The needs assessment has brought an important issue to light. Most of the widows in the study found themselves building new social networks after the loss of a spouse. Most of these networks consist of single people including other widows. The widows gave several reasons for this occurrence, such as feeling uncomfortable around married couples, unwillingness to discuss the deceased, and lack of support and understanding from members of the network. Rosenblatt (1988) presented several reasons for this type of occurrence. He stated that the widow may attempt to isolate herself from her network because of painful memories, and the network may distance themselves from the widow (lack of etiquette, lack of understanding, loss may be contagious, etc.). Without the needs assessment, this type of

information would not have been gathered, since no previous research concentrating on the widow's needs has been found. This type of information is needed to provide a base on which research can expand and deal directly with the widow's needs.

In order to alleviate this broken bridge between the widow and her network, researchers need to determine how to fix the bridge. Educating the network about the grieving process and the widow's needs is a good place to begin the mending. Through education, the network can gain a better understanding of the issues the widow faces and how they can help the widow deal with her grief effectively. It can also help the individuals in the network recognize their limitations (i.e. the limits of what they can deal with). Gaining a new understanding of the widow's experiences may not be the only benefit of this type of intervention. It could also prevent the widow from having to find a new network of single friends. In time the widow could start to develop an additional network with single people and other widows, but she may still be able to keep the network she had at the time of her husband's death. A better communication system between the widow and her network could prevent the alienation the widow may feel after her husband's demise which produces the need for the widow to build a new network which can cause the widow to feel more stress, strain, and losses.

### Limitations of the Study

An obvious limitation of this study was the fact that only 52 participants were obtained which limits the power of the statistics used. How the participants were recruited is another possible limitation. Twenty-five of the widows contacted the researcher because of notices in local newspapers so those widows who do not subscribe to the newspapers did not have the same opportunities as those who did subscribe. Twelve participants gained information about the study through support groups and hospices which eliminates those women who do not seek out these services. Fourteen of the widows learned about the study from friends who had already participated. This may have affected the results to some degree in several ways. These may be the women that the participant turns to for support and socializing which may increase her satisfaction in these areas because of the "shared" experiences that they may have. Recruiting through these many sources could also be considered an advantage because of the diversity of places used to gain potential participants.

The participants themselves were a possible weakness for the study. Grief can be a sensitive subject, and the participants may have answered questions in a socially desirable way (i.e. giving "proper" answers instead of "truthful" answers). Participants had been widowed seven months to five years which could have influenced results. It is believed by the Hospice program that the first

thirteen months of bereavement are the most critical (Hayslip & Leon, 1992). Deits (1988) discussed the contest of endurance. He stated that one does not start out handling grief in the same way one will handle it in the months or years to come. A person grows into how he/she will handle grief a little at a time until the person regains his/her balance. As a result, a widow's needs (i.e. types of support needed from her network) may change over time. Twenty-nine participants had been widowed more than two years and as a result, they may have forgotten events or feelings that occurred in their first year of widowhood, or their needs may have changed (i.e. socializing instead of emotional support).

The age range and education levels of the widows could also be a limitation. Widows ranged in age from 35 to 59. All of the widows were high school graduates, and most of them had at least some college education. A few owned their own businesses, and several were very active in the community. Most of the widows were employed at the time of their husband's death so their life did not fully concentrate on their husband and home. These things could affect how they looked at their new life situation.

Participants also felt that they were well supported in some aspect of their life--be it through family, friends, religion, or support groups. Almost half had participated in a support group at some time so these women had some emotional support. There was little variance in

satisfaction scores on the SSR. The average satisfaction scores for all five components of the SSR were between a little satisfied and very satisfied. Very few women were not at all satisfied with the types of support received from their social network.

Satisfaction with support within the first year of widowhood could also be affected by satisfaction with present support. Thirty-one widows have different friends now. Eighteen of these women said that almost all their new friends are single. They may be very satisfied with the support they are receiving at the present time, and this could be transferred to their satisfaction with support in the first year of widowhood.

Finally, the reliance on the participant's ability to think spontaneously when answering the Needs Assessment measure was another possible limitation. Sometimes a participant could not think of anything to say, or they would mention the answer to a question after the completion of the interview when the researcher and participant continued a conversation on the experiences of the widow. Perhaps, if the widow had a chance to review these question ahead of time more specific answers would have been gathered.

In order to improve the study, one might increase the number of participants in order to increase the power of the results. Recruiting women who have little support or are not satisfied with the support they receive is also

something that should be noted for future reference. Using a repeated measures designs in the future--assessing a widows grief and social support within a few weeks of loss, at six months, and at one year--could also provide important information. This method would provide researchers with information about the widows progress through the grieving process and how her social support changes over the year. Concentrating on women in the first two years of bereavement is also something that should be taken into consideration. The passage of time between death of a spouse and the interview may affect memories of events, experiences, and support that occurred in the first year of widowhood. More research could also be performed on the shortened version of the RTL in order to determine how adequately it assesses the grieving process.

#### Importance of Further Research

Although no significant results were found, the relationship between the SSR and the RTL does approach significance which indicates that further research is needed. If future research does produce findings that indicate a relationship between satisfaction with social support and integration of grief, researchers would need to discover ways to improve the level of satisfaction that widows experience with their social support networks. In order to do this, we must first discover why these widows are satisfied with the support received from their networks. In other words, what did the people in these networks do for



their widowed friends that others did not do, and what characteristics did these people have that enabled them to help their widowed friends more? Did they have some type of experience with loss previously in life, or are they just more empathic and better equipped to deal with death? Are they more knowledgeable about the grieving process, or do they truly value this friendship and hope to sustain it in some way? Are they more aware of the widow's needs and moods? Or do the widows know the limitations of each member in her support group? If she needs something, does she know who to turn to in order to receive what she needs? Once these questions are answered, we need to determine how to effectively deal with those support networks that are not able to give the widow the proper amount and types of support they need.

Another area for future research could be the changing needs of the bereaved. The theories of loss (Schneider, 1984; Kubler-Ross, 1969; Deits, 1988) all agree that grief is a process. So, it may be logical to conclude that as people travel through the grieving process their needs may change. As a result, future research should also concentrate on comparing widows in the first year of bereavement to widows in the second and third year of bereavement. Perhaps this type of research could discover if the needs of these widows are different and how these different needs can be met effectively.

It is also interesting to note that thirty-one women sought out new friends after the death of their husbands. It would be interesting to study this phenomenon more closely. For example, one might examine the relationships that survive and do not survive the loss in depth. For instance, what kind of relationships survive (family, close friends, coworkers), what are the characteristics of the relationships that last (quality, length of friendship), and does the person's ability to deal with his/her friends loss influence the friendship's survival?

### Conclusions and Implications

From the comments of the widows, it is easy to see that people do not know how to respond to survivors of loss. In fact, the 52 widows remembered 70 comments that upset them or made them angry. It almost seems that it may be better to say nothing at all then to slip and say something that may upset her even more. In fact, widows often found hugs comforting (8). Even though hurtful things are often said with the best intentions, the widows' answers definitely express that continued communication after the funeral is very important. Eleven found the willingness of friends and family to talk comforting, 7 were grateful for shared memories, 10 said phone calls were important, 10 said letters and cards were greatly appreciated, and 11 wanted more socializing. If the need to do something is present, then give her a hug, call her, and take her out in the weeks to come. If the overwhelming urge to say something is

present, then be willing to reminisce with the widow and talk about her husband.

Education about grief may be a key component in the struggle to accept the grieving process. Death is a natural part of life that is often ignored until it becomes a personal experience, and then dealing with the grieving process is often a shock. Many people experiencing grief think they are going crazy when in fact their responses are very normal. Educating the public about the grieving process may be the first step to gaining more knowledge and a wider acceptance of the grieving process.

A second step could be interventions for the social support network of a grieving person. Telling the network what the survivor needs and how they can meet these needs may be a good beginning. In order to do this, each person in the survivor's network needs to know their own limitations when dealing with the survivor and the survivor's grief. If this kind of intervention could be implemented, the widow's existing friendships may be enhanced instead of eliminated. Eventually she may find new friendships with people outside her existing network, but she would not necessarily have to face not only the loss of her spouse but the loss of close friendships as well. Besides, new networks take time maybe even years to build, and if the widow can maintain her existing friendships, she will continue to have support and resources surrounding her

while she reconstructs her life, her relationships, and her network.

Another type of intervention could focus on improving the quality of support a widow receives from her network. Widows with large networks have more people to turn to for support than widows with small networks, but the women with large networks are not necessarily at an advantage because the support they receive may not be conducive to the resolution of their grief. This is also true for women with small networks. To improve the quality of support the widows receive from their networks, professionals could train the network in the following areas: active listening skills, education about the grieving process, and empathy training.

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## **APPENDICES**

## **APPENDIX A**

## **Appendix A**

### **Recruitment Materials**

**Dear Editor:**

**My father died suddenly about 6 years ago, and since then, I have come to realize how little our society accepts grief as a natural and necessary process after a significant loss. I believe that grief is a very important issue that needs to be acknowledged and accepted in this society. I know it is very hard for survivors of loss and the people around the survivors to deal with grief. I have seen first and second hand the way grief is dealt with in this society, and although I should be used to it by now, I am still surprised by the lack of empathy and understanding that people often express to the survivors of loss. Death is a natural part of life that needs to be recognized. Perhaps if we recognized loss and grief, we would be better equipped to deal with death and all its repercussions.**

**I am now a graduate student in Ecological/Community Psychology at Michigan State University. As a result of my experience and my family's experience with grief, I have decided to devote my education to pursuing the "social acceptance" of death and grief. I am now working on my masters thesis which focuses on widows and social support. I am conducting an exploratory study designed to evaluate how a widow's friends and family influence her grieving process and to determine what needs a widow has that her friends and family can fulfill.**

**My intent in conducting this study is to increase awareness of a widow's process, and more specifically to identify her needs, her experiences, and what others can do to help her. The information gathered in this study will help to develop programs for newly widowed women.**

**If you are between the ages of 35 and 59, have been widowed 1-5 years, and have not been remarried, your participation in this study will make a valuable contribution to our understanding of grief issues. I will guarantee all participants confidentiality. Identities of all participants will be known only to myself, and a first name will be sufficient for all interactions. Your name and the information you give will not be linked in any way.**

**If you are interested or know of someone who may be, please contact or leave a message for Lynn Breer or Kay Breer at (517)-857-3617. My mother is also in the process of forming a widow's group for social activities. So if you are interested in joining the widow's social group, please contact Kay Breer at 857-3617.**

**Announcement for Bulletins and newsletters**

Lynn Breer, a graduate student in Ecological (Community) Psychology at MSU, is interested in studying how social support systems influence the grieving process for widows. She'd like to interview women who have lost a spouse, who are between the ages of 35 and 59, who have been widowed 1 to 5 years, and who have not been remarried. The one-to-two hour interview will be strictly confidential. If you are interested, know someone who may be interested, or have any questions, please call Lynn at (517)-393-6665 or at 355-7440, and if I am not present please leave a message.

## **WIDOWS and SOCIAL SUPPORT**

### **INFORMATION SHEET**

I am a graduate student in Ecological (Community) Psychology at Michigan State University. For my masters thesis, I am conducting an exploratory study designed to evaluate how a widow's social support systems (friends and family) influence the integration of her spouse's death and to determine what the social support system needs to learn in order to help the widow through the grieving process.

My intent in conducting this study is to create awareness of a widow's experiences, her needs, and what her social support system can do for her following the death of her spouse. The material gathered in this study may provide the needed information to develop an intervention for a newly widowed woman's friends and family. This intervention would provide a greater understanding of what she is experiencing and what she needs from them to help her deal with her loss and adjust to her new situation.

Various strategies will be used to protect the identities of all participants. Identities of all participants will be known only to myself, and a first name will be sufficient for all interactions. All the information you give will be kept strictly confidential. Your name and information will not be linked in any way.

If you are between the ages of 35 and 59, have been widowed 1-5 years, and have not been remarried, your participation in this study may make a valuable contribution to our understanding of these issues. So if you are interested or know of someone who may be, please contact Lynn Breer at 355-7440 or 393-6665.

To whom it may concern:

My name is Lynn Breer, and I am the graduate student from Michigan State University that called you recently. For my masters thesis, I am working in conjunction with Dr. LaRue Allen, Professor of Psychology at Michigan State University. My masters focuses on widows and social support. I am trying to determine the relationship between satisfaction with social support and the grieving process, the needs of widowed women, and other factors that may influence the grieving process, such as employment, number of children, and age.

Enclosed with this letter are some information sheets that give details about my project. I would greatly appreciate it if you would pass the information sheets out at your next meeting and post one on a bulletin board if possible. I am also sending you an announcement that can be placed in newsletters and bulletins in case such an opportunity arises. Those who are interested should feel free to call me at home, and if they do not want to make a long distance call, tell them to call and give me their phone number, and I will return their call immediately. I am willing to travel to the Detroit area to complete the interviews if this is a concern for anyone who may be interested. I would also be glad to answer any and all questions that you may have so please feel free to call me anytime. My phone numbers are on the information sheets, and there are answering machines at both establishments.

I just want to reassure you that this project has passed through the human subjects research board and is considered safe and ethical and that all participants will be guaranteed confidentiality.

Thank you for your time and your help.

To Whom it may Concern:

I called your office recently about putting an announcement in your newsletter or bulletin. The announcement and an information sheet are attached to this letter. If you have any questions or concerns, please feel free to call me at any time. I would be happy to explain my project in more detail. I also want to reassure you that any potential participant's identity will be protected. Their names and any information they give will not be linked in any way.

If you find that you cannot run this announcement in your newsletter or bulletin, please let me know. If you can run this announcement, I would appreciate a copy of the bulletin or newsletter if possible. I would also appreciate it if you could run this announcement for as long and/or as often as possible until the end of February, 1993. If you run this announcement and would like a copy of the results, just let me know. I would be happy to send you a copy. Again if you have any questions or replies call me, Lynn Breer, at (517)-393-6665 or 355-7440.

I would also appreciate it if you could post the information sheet on a bulletin board if possible.

Thank you for your time and consideration.



Dear Mr. Schneider:

My name is Lynn Breer, and I called you recently about a possible edition on widows and social support. I am a graduate student in Ecological Psychology at Michigan State University, and I am presently working on my master's thesis in this area. I am contacting you for several reasons. First of all, if you do an edition about widows and social support, it would bring a great deal of visibility to the area of grief and social support and to my project. I am in the process of interviewing widows for my research right now and have discovered that I am sadly lacking in women who are willing to participate or that my project is suffering from lack of exposure to the public. I am trying very hard to recruit potential subjects, but my efforts are getting little results.

Recruitment is not the only reason that I have contacted you. I believe that grief is a very important issue that needs to be acknowledged and accepted in this society. I know it is very hard for survivors of loss and the people around the survivors to deal with grief. I lost my father a few years ago, and I have seen first hand the way grief is dealt with in this society, and I don't like it. Death is a natural part of life that needs to be recognized. Perhaps if we recognized loss and grief, we would be better equipped to deal with death and all its repercussions. This is the true reason behind my project and the reason for pursuing the "social acceptance" of death and grief as my life's work.

I know it is forward of me to ask, but I would appreciate any help you would be willing to give me. If you decide to write an article about the importance of social support for widows and include my project, please let me know. I am sending an information sheet that gives more details about my project with this letter. My study is now in process. If you decide to write in this area, it would be helpful if you could do so before the end of January and if you could let me know as soon as possible if and when you will be publishing an edition in this area. If you need any background information, please feel free to call me. My number is on the information sheet.

Thank you for your time and consideration.

Dear Mr. Schneider

I am a graduate student in Ecological (Community) Psychology at Michigan State University. For my masters thesis, I am conducting an exploratory study designed to evaluate how a widow's social support systems (friends and family) influence the integration of her spouse's death and to determine what the social support system needs to learn in order to help the widow through the grieving process.

My intent in conducting this study is to bring awareness of a widow's experiences, her needs, and what her social support system can do for her following the death of her spouse to the general public, a widow's social support system, and the professional community. The material gathered in this study may provide the needed information to develop an intervention for a newly widowed woman's friends and family which would give them a greater understanding of what she is going through and what she needs from them to help her deal with and adjust to her loss.

Various strategies will be used to protect the identities of all participants. Identities of all participants will be known only to myself, and a first name will be sufficient for all interactions. All the information you give will be kept strictly confidential. Your name and information will not be linked in any way.

If you are between the ages of 35 and 55, have been widowed 1-2 years, and have not been remarried, your participation in this study may make a valuable contribution to our understanding of these issues. So if you are interested or know of someone who may be, please contact Lynn Breer at 355-7440 or 393-6665.

## **APPENDIX B**

**Appendix B**  
**Consent Form**

**RESEARCH CONSENT FORM**

1. I have freely consented to take part in a study being conducted by M. Lynn Breer, a graduate student at Michigan State University  
Under the supervision of: LaRue Allen  
Academic Title: Professor of Psychology

This research involves me being interviewed and asked questions about my social network, my recovery from my husband's death, and issues concerning what needs were met or not met by my social network.

Participation in this study usually takes approximately 1 to 2 hours.

2. The study has been explained to me and I understand the explanation that has been given and what my participation will involve.
3. I understand that I am free to refuse to participate and to discontinue my participation in the study at any time, and to choose NOT to answer any or all of the questions, without any penalty.
4. I understand that all details about my participation in the study, including answers I give to questions and questions I choose not to answer, are confidential. I understand that in any report of the research findings, information from all interviews will be included together, and that I will remain anonymous. Results of the study will be made available to me at my request.
5. I have been given the name and the phone number of a contact person, in case I have any questions or concerns after participating in the study.
6. I have given my permission to have this interview audio-taped with the understanding that my confidentiality will be maintained and that the interview will be erased as soon as it is transcribed.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

## **APPENDIX C**

## Appendix C

### Measures

#### Needs Assessment (mailed version)

Please read to the following questions carefully, and answer them as thoroughly and honestly as you can. Take as much time as you need to complete each answer. All of your answers will be kept confidential. The purpose of this interview is to gain more information concerning the activities and emotions you experienced following the death of your husband and the amount of support you received from your friends and family. The information will be used to develop an intervention for the social support network of a recently widowed woman.

1. Age

2. How long has your husband been deceased? \_\_\_\_\_

3. How long were you married? \_\_\_\_\_

4. Were you happily married?    \_\_\_ yes        \_\_\_ no

5. Do you have children?    \_\_\_ yes        \_\_\_ no (if yes answer b  
and c, if no  
go to #6)

b. How many children do you have? \_\_\_\_\_

c. How old were your children at the time of your  
husband's death?  
\_\_\_\_\_

6. What factors have influenced and/or helped you with your  
grieving process and issues that have developed as a  
result of your husband's death? (list all that apply)

7. What factors have inhibited/hindered/held back your  
grieving process and issues that have developed as a  
result of your husband's death? (list all that apply)

8. Were there certain phrases or expressions that people  
used that upset you or made you angry?    \_\_\_ yes        \_\_\_ no  
b. If yes, what were they?

9. Were there certain phrases or expressions that comforted you?

\_\_\_\_\_ yes \_\_\_\_\_ no

b. If yes, what were they?

10. Did your friends and family push you in your grieving process? Ex. Did they ever tell you to "get over it" or "it's time to move on with your life".

\_\_\_\_\_ yes \_\_\_\_\_ no

b. How did this affect your grieving process?

11. Were you working at the time of your husband's death?  
\_\_\_\_\_ yes \_\_\_\_\_ no (if no go to D. if yes answer B and C but skip D)

B. Did your job help you? \_\_\_\_\_ yes \_\_\_\_\_ no

C. How did this help you or not help you?

D. Are you working now? \_\_\_\_\_ yes \_\_\_\_\_ no

If so how has your job affected your grieving process?

12. Looking back on your experience, what would you change about the types of support you received from family and friends? (i.e. is there anything that would really have helped you if it had been done differently)

13. What would you keep the same? (i.e. what did your friends and family do that really helped you.)

14. Looking back on your experience, what would you want from friends and family that you did not receive?

15. How do you feel now and how well are you coping now compared to how well you were doing following the loss of your husband?

16. When your husband died, did you have any friends who were widowed?

\_\_\_\_\_ yes \_\_\_\_\_ no (if yes answer B and C, if no go to 17)

B. Did you feel more comfortable talking with her about your loss?

\_\_\_\_\_ yes \_\_\_\_\_ no

C. If yes, why?

17. Did you have a friend(s) whose husband died after you experienced your loss?  
       \_\_\_\_\_ yes            \_\_\_\_\_ no (if yes answer b if no go to 18)

B. How did this affect your grieving process?

18. Do you feel uncomfortable around married couples?  
       \_\_\_\_\_ yes            \_\_\_\_\_ no (if yes answer B if no go to 19)

B. If so, why?

19. When you were married, were most of your friends married?  
       \_\_\_\_\_ yes            \_\_\_\_\_ no

20. Do you have different friends now?  
       \_\_\_\_\_ yes            \_\_\_\_\_ no (if yes go to B and C if no go to 21)

B. If yes, how have they changed? (i.e. most are now single)

- C. Do you think this change is a direct result of your loss?  
       \_\_\_\_\_ yes            \_\_\_\_\_ no (if yes answer D)

D. If so, why?

21. How would you describe your marriage?

22. Have you participated in a support group or been with hospice program since your loss?  
       \_\_\_\_\_yes            \_\_\_\_\_no

If so which one?

23. Was your loss sudden or anticipated?



**Needs Assessment (interview version)**

Please listen to the following questions carefully, and answer them as thoroughly and honestly as you can. Take as much time as you need to complete each answer. All of your answers will be kept confidential. The purpose of this interview is to gain more information concerning the activities and emotions you experienced following the death of your husband and the amount of support you received from your friends and family. The information will be used to develop an intervention for the social support network of a recently widowed woman.

1. Age
2. How long has your husband been deceased? \_\_\_\_\_
3. How long were you married? \_\_\_\_\_
4. Were you happily married?   \_\_\_ yes       \_\_\_ no
5. How many children do you have? \_\_\_\_\_

The children's ages at the time of death.

6. What factors have influenced your recovery?
7. What factors have inhibited your recovery?
8. Were there certain phrases or expressions that people used that upset you? Ex. God doesn't let anything happen to people unless they can handle it.

b. What were they?

9. Were there certain phrases or expressions used that comforted you?

b. What were they?

10. Did your friends and family push you in your recovery?

Ex. Did they ever tell you to "get over it" or "it's time to move on with your life".

\_\_\_\_ yes \_\_\_\_ no

b. How did this affect your recovery?

11. Were you working at the time of your husband's death?

\_\_\_\_ yes \_\_\_\_ no

12. Did your job help your recovery from your loss?

\_\_\_\_ yes \_\_\_\_ no

b. If yes, How did this help your recovery?

13. Looking back on your experience, what would you change about the types of support you received from family and friends?

b. What would you keep the same?

14. Looking back on your experience, what would you want from friends and family that you did not receive?

15. How do you feel now and how well are you coping now compared to how well you were doing following the loss of your husband?

16. When your husband died, did you have any friends who were widowed?

\_\_\_\_\_ yes \_\_\_\_\_ no

17. Did you feel more comfortable talking with her about your loss?

\_\_\_\_\_ yes \_\_\_\_\_ no

If so, why?

18. Did you have a friend(s) whose husband died after you experienced you loss?

\_\_\_\_\_ yes \_\_\_\_\_ no

19. How did this affect your grieving process?

20. Did you feel uncomfortable around married couples?

\_\_\_\_\_ yes \_\_\_\_\_ no

If so, why?

21. When you were married were most of your friends married?

\_\_\_\_\_ yes \_\_\_\_\_ no

22. Do you have different friends now?

\_\_\_\_\_ yes \_\_\_\_\_ no

If so, how have they changed? (i.e. most are single now)

23. Do you think this change is a direct result of your loss? \_\_\_\_\_ yes \_\_\_\_\_ no

If so, why?

24. How would you describe your marriage?

25. Have you participated in a support group or been with a hospice program since your loss?

\_\_\_\_ yes \_\_\_\_ no

If so, which one?

26. Was your loss sudden or anticipated?

We would like to ask you some questions about your friends and family, and your social relationships in general. First, we would like to know about people who are important to you in a number of specific ways:

- (1) people who give you emotional support,
- (2) people you socialize with,
- (3) people who help you out with practical problems,
- (4) people who help you out financially,
- (5) people who give you advice and guidance.

NOTE: We do not need to know exactly who these people are, although we will want you to list them (by first name and last initial) so that you can answer questions about specific individuals.

The questions are contained in this booklet. We would like you to indicate your answers on the answer sheet provided.

In general, we will ask you to list up to ten people who are important to you in each of the areas above. Some of the same people may, of course, be important in several ways (e.g., as providers of emotional support and as people you socialize with). If so, please list them under each relevant category. After you have listed relevant people in your social network, we would like to ask you a series of questions about them. (When the same person is listed under several categories, answer these questions only once.)

### QUESTIONS

1. Emotional Support. First, we would like you to list (first name and last initial) up to 10 people who provide you with emotional support. To help you think of people, ask yourself the following questions.

Who comforts you, or calms you down, when you are upset?  
 Who do you feel close to?  
 Who do you confide in, and discuss personal feelings with?

(These questions are just to help you. People may provide emotional support in other ways too.)

2. Socializing. Next list up to 10 people with whom you socialize. To help you think of them, ask yourself these questions.

Who do you visit, or invite to your house/apartment/dorm?  
 Who do you do things for fun with, i.e., lunch, movies, drink?

3. Practical Assistance. Next list up to 10 people who help you out with practical problems. Ask yourself these questions.

Who would you ask to help you move, or do some other task that required extra hands?  
 Who would you ask to look after your house, children, pets, or plants for awhile?  
 Who do you borrow things from, such as tools, a car, specialized equipment or appliances, or other miscellaneous items?

4. Financial Assistance. Next list up to 10 people who help you out with financial problems (or would if you needed help). Ask yourself these questions.

Who would you borrow money from, say the equivalent of a month's rent or mortgage payment?

Who buys you things (meals, clothes, supplies) when you don't have enough money?

5. Advice/Guidance. Next list up to 10 people who you turn to for advice and guidance. Ask yourself these questions.

Who do you talk to when you are not sure what to do?

Who do you talk to when you are confused?

Who often provides you with useful or important information?

Now that you have listed many of the important people in your social network, we would like to ask you some questions about each of these people. The questions and answer choices are listed below. You should answer by filling in the numbered circle on the answer sheet, which corresponds to the written answer you choose below.

We would like to ask you 8 questions about each person in your list. IMPORTANT: If you have listed someone several times, just answer the questions about them the first time.

A. Frequency. How frequently do you talk with this person, either in person or on the telephone?

- 1 about every day
- 2 about twice a week
- 3 once a week
- 4 about twice a month
- 5 about once a month or less

B. Closeness. How close (trusting, intimate) do you feel to this person?

- 1 not at all, or a little close
- 2 quite close
- 3 very close
- 4 extremely close

C. Balance. Do you feel that there is equal "give and take" in this relationship, or does one person give more than the other?

- 1 I give much more than I get
- 2 I give more than I get
- 3 We give and take equally
- 4 I get more than I give
- 5 I get much more than I give

D. Complexity. Some relationships are simple in the sense that we do just one or a few things with the person, or see them mostly in one setting (e.g., just have lunch with a work-mate, or play sports with someone, but never do anything else). Other relationships are very complex in that we see the person in many capacities and settings, and do a lot of different things with them. How complex is your relationship with each of the people listed?

- 1 simple, we do only a few things together
- 2 fairly complex, we see each other in several different roles and settings
- 3 very complex, we see each other in many different capacities, in different settings, and do many different things together

E. Relationship. What is the nature of your relationship with this person; are they family, friend, etc.?

- 1 husband/wife or marital-like partner
- 2 immediate family
- 3 extended family (cousins, uncles, aunts, in-laws, etc.)
- 4 intimate sexual
- 5 close friend
- 6 social acquaintance
- 7 other

F. Sector. Is this person a neighbor, work-mate/classmate, etc.?

- 1 neighbor
- 2 workmate/classmate
- 3 fellow member of church/synagogue or other organization
- 4 sorority sister/fraternity brother
- 5 other

G. Sex. Is this person the same sex as you?

- 1 yes
- 2 no

H. Who knows who? We would like to know how many people in your list each person knows. By "knows" we mean more than just knows the name of; we mean has some sort of acquaintance or relationship. Starting with the first person listed, how many people in the entire list does he/she know? Write this number in column H, then go to the second person, etc.

I. Satisfaction. Finally, we would like to ask you how satisfied you are with each of the areas of support/assistance you get. Consider, for instance, the emotional support you get from all the people you listed in that category, how satisfied are you with that support? Using the scale below, put your answer in the appropriate space below. How about Socializing and the other kinds of support/assistance. (Circle one number in each row below.)

	Not at all Satisfied	A little Satisfied	Very Satisfied	Extremely Satisfied
Emotional	1	2	3	4
Socializing	1	2	3	4
Practical	1	2	3	4
Financial	1	2	3	4
Advice	1	2	3	4



H.  
Who knows  
who?

[illegible]

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# RESPONSE TO LOSS: SHORT FORM

Taking the RTL is voluntary. You may choose not to participate at all, or not answer certain questions without penalty. You indicate your willingness to participate by filling out and returning the answer sheets.

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John Schneider  
Diane Deutsch  
Tom McGovern

**©1992 RESPONSE TO LOSS (RTL)-SHORT**  
**Questionnaire Instruction**  
**Schneider-Deutsch**

This is an inventory of ways people respond to losses in their lives. All of the questions reflect the normal process of grieving, although, of course, none of us reacts in all of these ways to any given loss. Responding to this inventory may help you identify your current reactions to significant changes in your life, particularly losses. You may find responding to this questionnaire difficult because some questions may bring up memories or feelings which are painful. You may not wish to finish this inventory. You are not required to do so.

- Since this inventory asks you only how you are doing right now, you may find that you have changed from how you would have responded even a few days or a few months ago.

- It might be helpful to discuss your reactions with someone. You are invited to record your thoughts about taking the inventory at the end of your answer sheets.

- When possible, respond to only one particular loss or change in your life. The *Life Change Inventory* may have already helped you to select your most recent and/or most significant loss. Please note in the answer booklet which loss it is that you are considering.

- When it is not possible to focus on a single loss, please indicate all the losses which were involved in your response.

- As you read each question, ask yourself if the statement is true about you right now, or in the past few days or weeks. You can indicate the degree to which you are having these responses according to the following scheme:

0 = *this isn't accurate about my current response to this loss.*

1 = *occasionally this is true about my responses to this loss.*

2 = *some of the time this is true about my responses to this loss.*

3 = *most of the time this is true about my responses to this loss.*

4 = *this definitely is accurate about my current responses to this loss.*

NOTE: If a statement is true about you, but is not a response to this loss, leave it blank.

Please read all questions, even if you leave some of them blank. You may find it helpful to take one or more breaks while you are filling out the questionnaire. It does not need to be filled out in one day, but within a few days. If the loss you are considering has occurred recently, or if filling out these items provokes strong feelings, you may wish to postpone filling out this questionnaire.

**ANSWER EACH ITEM IN THE TEST BOOKLET IN THE SPACE NEXT  
TO THE ITEM**

Name or code: \_\_\_\_\_ Date: \_\_\_\_\_  
 Age: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female: \_\_\_\_\_  
 Living Condition: Alone \_\_\_\_\_ With partner \_\_\_\_\_ With parent(s) \_\_\_\_\_ With children \_\_\_\_\_  
 With family (partner & children) \_\_\_\_\_ Other \_\_\_\_\_  
 (Indicate those to be entered at this time):

With family (partner & children) \_\_\_\_\_ Other \_\_\_\_\_  
The loss(es) I am considering is (check all that are to be rated at this time):

- 00 = my own life-threatening illness or condition
- 01 = death of a partner/spouse
- 02 = death of a child/
- 03 = death of a grandchild
- 04 = death of a parent
- 05 = death of a grandparent
- 06 = death of a friend
- 07 = death of a brother or sister
- 08 = loss of job (e.g., being fired, quitting, retirement)
- 09 = loss of partner/spouse other than by death (e.g. divorce, separation, severe conflict)
- 10 = loss of health
- 11 = loss of home, homeland, culture (e.g., due to moving, war, intolerance)
- 12 = financial loss (e.g., bankruptcy, foreclosure, business failure)
- 13 = loss of freedom (e.g., arrest, imprisonment)
- 14 = loss of parents other than through death ( e.g., moving from home, being disowned, estrangement, conflicts, their divorce, separation)
- 15 = loss of children other than through death (e.g.moving, illness, adoption, visitation rights)
- 16 = loss of self due to traumatic experience(s) (e.g. accident, crime, war, disaster, rape, incest)
- 17 = other loss(es): Choose from the Life Change Inventory. Please specify: \_\_\_\_\_

17 = other loss(es). Choose from the one choice below:  
I was first aware of this loss (or the first of these losses):

- \_\_\_ Within the past three months
- \_\_\_ Four to six months ago
- \_\_\_ Seven months to a year ago
- \_\_\_ More than a year but less than two years
- \_\_\_ Two to four years ago
- \_\_\_ More than four years, but less than ten years ago
- \_\_\_ More than ten years ago

**This loss was:**

- Sudden and unexpected  
One I could anticipate happening for more than a few days or weeks

## Control?

- Control:**  
☒ I had some degree of control over this loss  
☐ This loss was totally out of my control

SELF SCORING						
	Behavioral	Cognitive	Emotional	Physical	Spiritual	Total
<b>COPING</b>						
Holding On						
Letting Go						
<b>AWARENESS</b>						
Awareness						
<b>PERSPECTIVE</b>						
Perspective						
<b>GROWTH</b>						
Integration						
Self-Empow						
<b>TOTALS</b>						
<b>TRANSFORMING LOSS</b>						

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NOTE: If a statement is true about you, but is not a response to this loss, leave it blank.

## COPING

### LETTING GO- Behavioral

Since this loss happened,

- \_\_\_1. I avoid telling anyone what I'm thinking, feeling and/or doing.
- \_\_\_2. I avoid people who remind me of this experience.
- \_\_\_3. I've been careless.
- \_\_\_4. I have kept secret what really happened.
- \_\_\_5. I act as though this doesn't really matter to me.

### Letting Go -Cognitive

Since the time of this loss, I have thought

- \_\_\_1. Something else is going to go wrong.
- \_\_\_2. It's easier when I can forget what happened.
- \_\_\_3. This loss is evidence that I have failed as a person.
- \_\_\_4. If I get too happy, something bad is bound to happen.
- \_\_\_5. If I don't look out for myself, no one else will.

### Letting Go - Emotional

In the time since this loss,

- \_\_\_1. I feel confused and disoriented.
- \_\_\_2. I feel detached and separate from others.
- \_\_\_3. I feel dissatisfied with everything.
- \_\_\_4. I feel overwhelmed.
- \_\_\_5. People irritate me.

### Letting Go -Physical

Since this loss happened,

- \_\_\_1. I am less interested in sex.
- \_\_\_2. I don't want to be touched.
- \_\_\_3. I get hurt more.
- \_\_\_4. I dream that I destroyed what/who I lost.
- \_\_\_5. I am sick a lot.

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### Letting Go - Spiritual

Since this loss

- \_\_\_1. I wish I could be saved from having to deal with this experience.
- \_\_\_2. I doubt that anything or anyone can give my life meaning again.
- \_\_\_3. It's hard for me to trust anybody.
- \_\_\_4. Nothing has really made any difference, so why do I bother?
- \_\_\_5. Nobody cares how I am doing.

## AWARENESS

### Awareness - Behavioral

Since the time of this loss,

- \_\_\_1. It's been hard to concentrate.
- \_\_\_2. I am less confident.
- \_\_\_3. I've not been interested in meeting anyone new.
- \_\_\_4. I have very little to say.
- \_\_\_5. I've had no energy to do anything.

### Awareness - Cognitive

When I think about this loss,

- \_\_\_1. I am scattered and ineffective.
- \_\_\_2. I am unable to find anything to look forward to.
- \_\_\_3. My thinking has been slower than usual.
- \_\_\_4. I can't imagine how things will get better.
- \_\_\_5. It seems hopeless to try to understand what really happened.

### Awareness - Emotional

Because of this loss,

- \_\_\_1. I feel empty, like a shell, like I am just existing.
- \_\_\_2. I feel lonely and alone.
- \_\_\_3. I long for what (whom) I've lost.
- \_\_\_4. The tears are hard to stop.
- \_\_\_5. I miss expressing my love.

### Awareness - Physical

Because of this loss,

- \_\_\_1. I feel restless.
- \_\_\_2. I feel tense.
- \_\_\_3. I am exhausted by any effort.
- \_\_\_4. My body feels heavy.
- \_\_\_5. I wake up during the night.

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### **Awareness - Spiritual**

Because of this loss

- \_\_\_1. The future seems empty.
- \_\_\_2. It is easier to realize that someday I will die.
- \_\_\_3. Everything else seems trivial and meaningless.
- \_\_\_4. I've lost my fear of dying.
- \_\_\_5. There is nothing positive or redeeming about this loss.

## **PERSPECTIVE**

### **Perspective - Behavioral**

In the time since this loss,

- \_\_\_1. Hearing about other's experiences with similar losses helps.
- \_\_\_2. Being by myself has been healing.
- \_\_\_3. Telling or writing my story about this experience gives me a feeling of relief and release.
- \_\_\_4. It's easier to let myself just experience this loss.
- \_\_\_5. It helps to be with a friend who accepts me as I am.

### **Perspective -Cognitive**

- \_\_\_1. I think about the effects of this loss; how I have changed, what is different.
- \_\_\_2. I can take what comes.
- \_\_\_3. I realize that I've lost a lot, but I haven't lost everything.
- \_\_\_4. There are some things I will never understand about this.
- \_\_\_5. I'm not as responsible as I thought I was for what happened.

### **Perspective-Emotional**

In light of this loss,

- \_\_\_1. My feelings make sense when I think about them.
- \_\_\_2. I don't need to struggle to accept what has happened.
- \_\_\_3. I still hurt, but the pain has lessened.
- \_\_\_4. My feelings still catch me by surprise, but they don't last as long.
- \_\_\_5. I don't feel as guilty as I used to.

### **Perspective -Physical**

- \_\_\_1. I can enjoy simple pleasures of life again.
- \_\_\_2. My body is healing from the stresses of this experience.
- \_\_\_3. The aches and pains I used to have with this loss have lessened.
- \_\_\_4. I notice how things smell and taste again.
- \_\_\_5. I'm able to relax.

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### **Perspective - Spiritual**

In light of this loss,

- \_\_\_1. I realize that sadness and peacefulness can co-exist.
- \_\_\_2. Someone or something powerful and loving has helped me make it this far.
- \_\_\_3. I have learned to accept that losses and changes are a part of life.
- \_\_\_4. I believe there is some good in every person.
- \_\_\_5. My faith or religious beliefs helped me with this experience.

## **GROWTH**

### **Integration -Behavioral**

In the times since this loss,

- \_\_\_1. At least one person knows that I've forgiven myself.
- \_\_\_2. I've found ways to get back my integrity.
- \_\_\_3. I've changed.
- \_\_\_4. I've experienced this loss in ways that were healing.
- \_\_\_5. I've said good-bye to my loss.

### **Integration -Cognitive**

In light of this loss,

- \_\_\_1. I realize how important it is to say good-bye to what's (who's) gone.
- \_\_\_2. My life has more to it.
- \_\_\_3. I know my life is important.
- \_\_\_4. I have as good an understanding as I can right now.
- \_\_\_5. I understand why it's important to have times of celebration and remembrance before it's too late.

### **Integration -Emotional**

In the time since this loss,

- \_\_\_1. I've felt what I've needed to feel about this loss.
- \_\_\_2. I no longer feel shame.
- \_\_\_3. I've let go of the guilt.
- \_\_\_4. I've let go of my sadness.
- \_\_\_5. I've let go of the anger.



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### Integration - Physical

Since this loss happened,

\_\_\_1. I can make sense out of the messages from my body.

\_\_\_2. I have the energy I need.

\_\_\_3. I relax.

\_\_\_4. I don't neglect my body.

\_\_\_5. I sleep well.

### Integration - Spiritual

\_\_\_1. I feel confident enough in myself to move on to other things.

\_\_\_2. I have forgiven myself for what happened.

\_\_\_3. It's time for me to get on with life.

\_\_\_4. This loss has opened me to bonds of love and friendship with at least one person.

\_\_\_5. I have been forgiven for what I contributed to this loss.

## GROWTH

### Self-empowerment - Behavioral

As a result of this loss,

\_\_\_1. I'm more self-disciplined.

\_\_\_2. I enjoy being alone.

\_\_\_3. I discovered what I want in life.

\_\_\_4. I can laugh at myself.

\_\_\_5. I'm more assertive.

### Self-empowerment - Cognitive

As a result of this loss,

\_\_\_1. I feel more confident.

\_\_\_2. I'm more creative in my approach to life.

\_\_\_3. I feel challenged to keep on going.

\_\_\_4. I enjoy dreaming as much as I do reaching for them.

\_\_\_5. I've changed in ways that would not have happened otherwise.

### Self-Empowerment- Emotional

As a result of the ways I have dealt with this loss,

\_\_\_1. I am curious about a lot of things.

\_\_\_2. I feel like a whole person.

\_\_\_3. I feel loving and affectionate.

\_\_\_4. I've learned to respect myself.

\_\_\_5. I am not as hard on myself when I make mistakes.

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### Self-Empowerment-Physical

As a result of what's happened since this loss,

- \_\_\_1. I listen to what my body tells me.
- \_\_\_2. I am efficient and creative at doing things.
- \_\_\_3. I enjoy making love.
- \_\_\_4. I feel strong.
- \_\_\_5. I am active in caring for myself physically.

### Self-Empowerment - Spiritual

Since this loss,

- \_\_\_1. I've discovered that there is more to me than what meets the eye.
- \_\_\_2. I trust my intuition, dreams, fantasies or my inner sense to let me know what I need to know.
- \_\_\_3. I feel a part of something much bigger than me.
- \_\_\_4. I live as fully as I can.
- \_\_\_5. I can love and be devoted to another without losing myself.

### TRANSFORMING LOSS

- \_\_\_1. I have peaceful moments.
- \_\_\_2. I am sometimes surprised by what I know and say.
- \_\_\_3. I've discovered that the most important parts of my loss remain alive inside of me.
- \_\_\_4. I can get along with less than I have needed in the past.
- \_\_\_5. I believe there is someone or something more powerful, loving, lasting and wiser than any single human being.
- \_\_\_6. I feel connected to the world and to nature.
- \_\_\_7. I know I am in the right place for me right now.
- \_\_\_8. I realize that I can't live without loving myself.
- \_\_\_9. I know that things in my life can change and life can still be meaningful.
- \_\_\_10. My life has times of joy.

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