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**TESTING A MULTI-LEVEL MODEL OF FAMILY ADAPTABILITY
AND FUNCTIONING AFTER THE DEATH OF A PARENT**

By

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ABSTRACT

TESTING A MULTI-LEVEL MODEL OF FAMILY ADAPTABILITY AND FUNCTIONING AFTER THE DEATH OF A PARENT

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This study developed and tested a conceptual model that hypothesized that both individual and family level factors would impact individual grief and family functioning after the death of a parent. The study examined the relationships between the individual factors of social support, coping, and grief and the family factors of the nature of the death, family communication, and family functioning. Participants consisted of 72 families with children between the ages of 12 and 18 who had experienced the death of a parent within the last four years.

Although the overall conceptual model was not validated by the findings of this study, parts of the model were confirmed, and individual and family level variables interact with each other. On the individual level, findings indicated that functional social support influenced coping for both children and parents, and parent and child coping affected parent and child grief. Functional social support also partially mediated the relationship between the nature of the death and coping for parents. Family communication significantly influenced child coping, and parent and child coping significantly impacted family functioning for both parents and children. In other words, for both parents and children, functional social support led to better coping, effective

coping led to progress through the grieving process, and progress through the grieving process led to family functioning. The implications of these findings are that both family and individual level variables play a role in the individual's grief and on family functioning. Future research needs to take this into consideration and examine both family and individual level variables when working with a grieving population.

To all the families who have loved and lost.

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Chapter 1

INTRODUCTION

Very few people manage to escape the loss of a loved one in their lifetime. When a loved one dies, the world in which the survivor lives is not over, but the death changes the character of that world significantly (Stroebe, Stroebe, & Hansson, 1988). Picture a family unit: a father, a mother, and two children. The family has the usual conflicts between the siblings, between the parents, and between the children and parents, but overall the family members feel secure and loved by each other. They all know their jobs and responsibilities within the family unit. For example, each family member performs chores around the house, spends time with each other, and provides advice, guidance, and support for each other. They depend on each other to maintain equilibrium and balance within the family. As a result, the behaviors of family members are reciprocally interdependent: how one family member behaves affects the other family members, which in turn influences the actions of the other members (Shapiro, 1994). Together the family forms a complete four piece puzzle; each member represents one puzzle piece connected to and dependent upon the three other pieces to complete the family system.

One day, without warning, one of the parent pieces dies, ripping a significant piece out of the puzzle. How does this missing piece affect the remaining pieces? If the surviving pieces wish to keep the puzzle intact, they must try to reconfigure themselves to account for the gaping hole and adjust to a new life. If not, they may break apart and fail to adjust to life without the missing piece.

This metaphor produces some important questions. How does the death of a parent affect the family? What impacts the family members' grief and their adjustment to life without the parent? What factors facilitate family survival--the closing of the gaping whole and adjustment to a new life without the parent? Herz (1980, 1989; reprinted in Shapiro, 1994) found that the family position of the dead member helps to determine the level of disruption caused by a death in the family. The death of a parent in a family with children is extremely disruptive since the family depends on this parent to meet its emotional and physical needs (Shapiro, 1994). The family depends on the parent for love, attention, support, finances, advice, stability, and everything else that children and spouses depend on from a parent/spouse. The death of a parent causes gaps to develop in the family's functioning and may interrupt its ongoing development (Herz, 1980, 1989; reprinted in Shapiro, 1994). Death also causes structural changes in the family, such as impaired functioning of family roles caused by grief and the loss of a stable member who helps maintain family equilibrium (Shapiro, 1994).

The bulk of grief research to date has primarily examined how the death of a spouse or parent affects the individual survivors. In the past, researchers have examined how the death of a spouse affects surviving spouses (Barret, 1981; Barrett, 1978; Hauser,

1983; Lopata, 1986; Malikson, 1987; Silverman, 1988; Silverman, 1972; Silverman, 1970) or how the death of a parent affects surviving children (Balk, 1983; Bieri, Parrilla, & Clayton, 1982; Eederwegh, Elizur & Kaffman, 1982; Harris, 1991; Kane, 1979).

Across these studies, several consistent findings regarding grief and coping have emerged. Overall, these researchers have discovered that a) social support is a constant predictor of adjustment to loss (Gray, 1989; Raphael & Nunn, 1988; Windholz, Marmar, & Horowitz, 1985); b) Effective coping strategies influence a person's ability to grieve and adjust to loss (Bertman, 1984; Olowu, 1989); c) Open communication about the death and the deceased influences how well a person copes (Cook & Oltjenbruns, 1989); d) The nature of the death affects a survivor's ability to cope (Burnell & Burnell, 1989; Rando, 1984; Sander, 1982); and e) The age of the survivor impacts the survivor's ability to grieve the death and adjust to the death (Baker, Sedney, & Gross, 1992; Ball, 1977; Johnson & Rosenblatt, 1981).

While studying the individual, researchers and clinicians, such as Baker, Sedney, and Gross (1992), Kubler-Ross (1969), Schneider, (1994), and Worden (1982) have developed theories about the grieving process. Other researchers have provided valuable background information about reactions that the death of a family member produces in surviving children and spouses. They have identified prominent emotional reactions, such as sadness, longing, confusion, guilt, depression and anger (Elizur & Kaffman, 1982; Furman, 1983; Harris, 1991; Van Eederwegh, Bieri, Parrilla, & Clayton, 1982). They have also discovered behavioral reactions, such as social withdrawal, aggression, and reduced academic achievement (Elizur & Kaffman, 1982; Furman, 1983; Harris,

1991; Van Eederwegh, Bieri, Parrilla, & Clayton, 1982). Researchers have also uncovered physical reactions, such as sleep and eating disturbances, hypochondriacal concerns, and physical symptoms similar to the deceased's illness (Burnell & Burnell, 1989; Elizur & Kaffman, 1982; Furman, 1983; Krupnick & Solomon, 1987; Wass & Stillion, 1988). The death of a parent in childhood can have long term behavioral and emotional affects on the surviving children (Elizur & Kaffman, 1982; Mireault & Bond, 1992; Ragan & McGlashan, 1986). Losing 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).

The impact of the death of a parent/spouse emanates beyond the individual survivors. It can also significantly influence the family's functioning and family relationships (Shapiro, 1994). For example, the emotional well-being of the surviving parent can significantly influence the emotional well-being of the surviving children (Baker, Sedney, & Gross, 1992; Elizur & Kaffman, 1982). Elizur and Kaffman (1982) suggest that the child's reactions to the death of a parent is connected to the functioning of the surviving parent. As a result, if the surviving parent is functioning well and supporting the surviving children, the children will cope and grieve more effectively (Baker et al., 1992). The child can affect the parent as well. For example, the "problems" that grieving children face may prevent the surviving parent from totally withdrawing from the family or keep a deeply depressed parent at least minimally involved in the family (Baker et al., 1992). The reactions and well-being of one family member

influences and may depend upon the reactions and well-being of other family members. Sometimes the interactions between family members are beneficial and sometimes they are not. In fact, interactions within the family system may have detrimental effects on the progress that any one family member may make when faced with a stressful situation (Lieberman, 1978).

These findings suggest that grief extends beyond the individual level. From a systems perspective, family members are interdependent on each other (Minuchin, 1985). This interdependency has a spiral effect on all members within a system. The actions and behaviors of one member affects all other members within the system, which in turn affects the functioning of all other members (Kelly, 1966; Minuchin, 1985; Shapiro, 1994). In other words, each member of a family influences the other members of the family. As a result, grief is not only an individual experience, but also a shared experience among family members (Kissane & Bloch, 1994), and the death of a family member can significantly impact family functioning (Kissane & Bloch, 1994; Shapiro, 1994). Specifically, the death of a parent requires the family to achieve a new balance following the death, and the capacity of the family to achieve balance influences their functioning as a family unit (Kosciulek, 1994). However, our understanding of the effect of death on family functioning is minimal. In their review of the family grief literature, Kissane and Bloch (1994) discovered that the family grief research is extremely limited. Research that has targeted the family system has primarily focused on families that have lost a child or has examined the efficacy of support groups/therapy. Therefore, studying families with children after the death of a parent is an important but overlooked area.

Researchers have concluded that the death of a parent in childhood causes a crisis situation with long term consequences (Elizur & Kaffman, 1982), and that the death of a spouse is an extremely disruptive life experience with long term effects (Zisook, Shuchter, & Lyons, 1987). But we do not know enough about how the family who loses a parent adapts to the death. Gaining more knowledge and understanding about adjustment after loss could help prevent future behavioral, emotional, and physical problems for both adults and children. In order to have a better understanding of how professionals can help families who have lost a parent, researchers need to examine variables that influence grief, their interactions, and how they help the family adapt to the death of a parent. This study provides such insight. Specifically it examines how families with children cope, communicate, grieve, and adapt to the death of a parent on an individual and family level.

The primary purpose of this study was to develop and test a conceptual model that is the first to include both individual and family factors and their impact on individual grief and the functioning of the family system. Given that few studies have examined how the death of a parent affects the family system and the surviving family members (Kissane & Bloch, 1994), this study examined families with children who have lost a parent. This study evaluated variables that past researchers have examined and linked to grief and attempted to determine the relationships that exist among these variables. Specifically, it explored the relationships and interactions among the nature of the parent's death, social support, coping, family communication, grief, and family functioning.

The study tested two competing hypotheses in regards to the impact of social support on coping. In the past, researchers have demonstrated that social support can significantly impact the grieving process (Raphael & Nunn, 1988; Windholz, Marmar, & Horowitz, 1985). However, it is uncertain how social support actually influences grieving. In their review of the social support literature, Cohen and Wills (1985) developed two opposing hypotheses regarding how social support impacts stress. Their main effect hypothesis suggested that social support benefits individuals whether or not they are experiencing stress. The support system provides individuals with stable, predictable, caring relationships that benefit a person's life in general (Cohen & Wills, 1985). On the contrary, the buffering hypothesis implies that social support protects an individual from the adverse effects of stress (Cohen & Wills, 1985). As a result, in the absence of stress, no differences exist in the emotional well-being between individuals with social support and individuals without social support (Bailey, Wolfe, & Wolfe, 1993).

Past researchers in the grief area have identified social support as a key factor for the bereaved (Raphael & Nunn, 1988; Windholz et al., 1985). These studies focused on the perception of social support (Gray, 1989; Hopmeter & Werk, 1994), the role of social support (Vachon & Stylianos, 1988), and the stability of social support (Lund, Caserta, Van Pelt, & Gass, 1990). They examined the impact of social support on multiple outcomes, such as depression, self-esteem, mood, and physical health. These studies have shown that social support tends to decrease physical illnesses and depression, and improve mood (emotions, such as anger and guilt, experienced after death) after the death

of a loved one. In other words, social support positively impacts the bereaved. Since social support is such an important variable in the grieving process, and since social support could have a mediating or moderating effect, this study will be the first to specifically examine if social support has a direct or buffering impact on coping for bereaved spouses and children. One model in this study assessed if social support mediates the relationship between the nature of the death and coping while the other hypothesized that social support moderates the effect of the nature of the death on the individual's ability to cope.

To test these models, this study recruited 72 families who have lost a parent within the past four years. The surviving parent and one surviving child between 12 and 18 completed questionnaires that target the variables in the provided conceptual models. The study targeted 12 to 18 year olds in order to gain information from both preadolescents and adolescents. The models were tested using structural equation modeling, path analysis, and regressions.

Defining Grief

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).

Individual Grief Responses to Death

Childhood and Adolescent Grief

The death of a loved one produces many emotions and reactions in both children and adults (Burnell & Burnell, 1989; Johnson & Rosenblatt, 1981; Osterweis, Solomon, & Green, 1984; Silverman, 1988). Bereaved children experience intense emotional and behavioral expressions, but these expressions are not continuous. Rather they are intermittent (Burnell & Burnell, 1989) because a child's capacity to experience intense emotions is limited (Osterweis, Solomon, & Green, 1984). In other words, children grieve when they are emotionally able to deal with their feelings. For example, a child may go weeks or even months without asking questions or exhibiting any emotional or behavioral outbursts related to his/her grief. Then all of a sudden he/she begins to have problems at school or becomes temperamental and overly sensitive. After a few days of this behavior, the child returns to his/her "normal" self.

Normal Reactions. Children and adolescents often express their grief through troublesome emotions and behaviors which may reoccur months and even years after the loss (Burnell & Burnell 1989; Johnson & Rosenblatt, 1981). Common immediate and intermediate reactions (first several years following the loss) include: a) emotional reactions, such as guilt, anger, depression, and sadness, (Elizur & Kaffman, 1982; Furman, 1983; Harris, 1991; Van Eederwegh, Bieri, Parrilla, & Clayton, 1982); b) behavioral reactions, such as reduced academic achievement, social withdrawal, and

aggression. (Elizur & Kaffman, 1982; Furman, 1983; Harris, 1991; Van Eederwegh, Bieri, Parrilla, & Clayton, 1982); and c) physical reactions, such as sleep and eating disturbances, hypochondriacal concerns, and physical symptoms similar to the deceased's illness (Burnell & Burnell, 1989; Elizur & Kaffman, 1982; Furman, 1983; Krupnick & Solomon, 1987; Wass & Stillion, 1988). Anger and guilt are two common grief reactions in children and adolescents. Children and adolescents often experience a great deal of anger after the death of a parent. They may be angry with the deceased for dying, with the surviving parent for not preventing the death or for surviving, with their peers who have two parents, and with God (Furman, 1984).

The death of a parent can have a lengthy and significant impact on the surviving children (Elizur & Kaffman, 1982; Johnson & Rosenblatt, 1981). Elizur and Kaffman (1982) studied the loss of a father in young children and followed them for four years. They found that half the children showed emotional disturbances at 6, 18, and 42 months following their father's death, and more than two-thirds of the children reacted with severe psychological problems and impairment during at least one phase of the study. They link these symptoms to the loss of the father and to the child's difficulties in coping with all the stressful changes that accompany the loss of a family member, such as changes in family structure, in daily routines, and in the functioning of the bereaved mother. After the first six months, they found a considerable reduction in the frequency and intensity of affective grief reactions (crying, moodiness, longing, anger, protest, denial, reviving image of the father, anxiety), but the number and severity of behavioral reactions (aggression, thumb sucking, eating problems, dependency on mother, enuresis)

remained stable through the fourth year of the study. These findings indicate that the death of a parent has a long term impact on the surviving children, with children often expressing their reactions to the death of a parent by developing behavior problems that last several years after the death.

Long-term Reactions. Long term impacts of death usually involve anniversary reactions. Anniversary reactions, "behaviors and/or psychological or emotional symptoms or feelings which are associated with specific times of special significance to the individual", are acknowledged as a normal reaction in the adult bereavement literature, but little has been done with children's anniversary reactions (Plotkin, 1983). Fox (1985) found that children did describe physical behavioral, and/or psychological responses which occurred at times of special significance. These anniversary times varied and included birthdays, holidays, weather phenomena, and meaningful activities shared with the deceased. Anniversaries can trigger intense feelings of loss and association with the deceased family member, but these responses may occur at various times, predictable or not and with varying frequency and intensity, because of the unconscious aspects of some of the associations (Plotkin, 1983). Johnson and Rosenblatt (1981) suggest that children who lose a loved one in childhood will have brief "relapses" of grief as they mature and experience life events, such as graduations, first pregnancy, marriage, problems friends have with parents, and questions asked by one's children or significant other. The intensity of reactions due to anniversaries after the first year of bereavement may be overlooked, leaving bereaved children and adolescents at the "mercy of these feelings"

and without access to the support they may have received in the first year of mourning (Plotkin, 1983).

Children who suffer the loss of a parent often suffer long term consequences. Ragan and McGlashan (1986) studied psychiatric inpatients at a long-term residential treatment facility and found that those patients who experienced the death of a parent in childhood had a significantly greater family pathology and impaired social and heterosexual functioning, and that a childhood parental death may be a contributing factor to adult psychopathology. Mireault and Bond (1992) found that college students who had experienced the loss of a parent in childhood perceived themselves to be more vulnerable to future losses than a nonbereaved peer group. This perceived vulnerability to loss was identified as a better predictor of adult anxiety and depression than the actual loss. Altschul and Beiser (1984) state that bereaved children have reported problems with parenting their own children especially if they experienced the loss of a same-sex parent between the ages of 7 and 12.

Unresolved grief can lead to pathological/complicated manifestations of grief (Burnell et al., 1989). Researchers estimate that 10-15% of bereaved individuals will develop pathological outcomes, such as major depression, psychosomatic conditions, phobias, obsessive and anxiety disorders, drug and alcohol abuse, family problems, or psychotic disorders, following loss (Burnell et al., 1989; Zisook & DeVaul, 1983). Rando (1992) states that the prevalence of complicated grief is increasing due to sociocultural and technological trends. These trends influence today's types of death (more violent and sudden deaths and deaths to AIDS), characteristics of personal

relationships severed by death (conflicted, dependent, abusive relationships), and resources (social support, family) of today's survivors. These factors produce numerous emotions (anger, ambivalence) which complicate grief (Rando, 1992).

Summary. The loss of a loved one impacts most aspects of a surviving child's life (Silverman & Worden, 1992). Research has shown that the loss of a parent produces many emotional and behavioral problems for surviving children, that these reactions are not restricted to a specific time period and that support at these times is often lacking because it occurs years after the loss (Plotkin, 1983). These findings suggest that researchers should assess children's behaviors along with their emotions in regards to their grief reactions to the death of their parent since children often express their grief reactions through their behaviors. The behavioral and emotional reactions of grief will be examined in this study.

Adults and Grief Research

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, people often 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 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. As a result, the widowed must reconstruct their lives to accommodate the new social position of being single (Kitson & Zyzanski, 1987; Silverman, 1988). While making the needed transitions after death, the widowed often explore and lose part of their existing social network (lose touch with married friends) and build a new social network of single friends and other widows (Breer, 1993; Silverman, 1988).

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. 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.

The loss of a spouse is considered the most stressful life event on the Holmes and Rahe (1967) stressful life event scale. Numerous studies have examined the relationship between stressful life events and physical/mental health (Bowling, 1988). In their review of the literature, Windholz, Marmar, and Horowitz, (1985) discovered that a significant number of people suffer from ill health following the death of their spouse.

Survivors often experience physical symptoms, such as 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 over the age of 55 suffer from a significantly higher mortality risk than married men of the same age.

Summary. Unquestionably, 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 source of

emotional support (the deceased spouse), cause economic difficulties, require the acquisition of new roles and statuses in society (Osterweis et al., 1984; Zisook et al., 1987) and result in changes in their social networks (Breer, 1993; Silverman, 1974). They may need to acquire new friends because they no longer feel comfortable with their married friends (Silverman, 1974) and their married friends may not feel comfortable around the widowed (Breer, 1993). In effect, the widowed experience multiple losses (e.g., emotional support, economics, friends, losing and acquiring roles) associated with the death of a spouse. As a result, they may need years to grieve and recover from not only the death of their spouse but also the changes the death brings into their lives.

Time Since Death and Grief Reactions

The impact that time since death plays on the grieving process is very complex. Research has revealed that time since death impacts both child and adult grief, but it affects children and adults differently. Researchers have noted that over time emotional grief reactions become less frequent for young children, but their behavioral reactions remain stable over time (Elizur & Kaffman, 1982). For adults, Ball (1977) and Sanders (1981) found that time since death interacts with age of the survivor, affecting the intensity of a widow's grief reactions. Young widows have intense initial reactions while older widows have more intense reactions about 18 months following the loss of a spouse. Time since death moderates the impact age has on the individual's adaptation to the loss and does so differently for different age groups.

Perhaps these reactions over time exhibit the natural process of grief for children and adults. The grieving process is often explained as a series of phases or tasks that a

person must progress through or accomplish over time (Kalish, 1985) in order to accept the reality of the death and to potentially grow from their experience.

Psychological Tasks of Grief: for Children

Baker, Sedney, and Gross (1992) conceptualize the grieving process for children as a series of sequential tasks that need to be accomplished or completed over time. This model is divided into early, middle, and late tasks. The two early tasks that grieving children need to complete are understanding the fact that someone has died and the implications of this fact and self-protection of themselves, their bodies, and their families. If children are to successfully deal with the loss of a loved one, they need information about death in general and about the nature of the death of their loved one. If this information is withheld, the children may fill in the missing pieces with fantasy. But even with accurate information, children may still need time to process and understand what they have been told about death. If children are to begin grieving, they need to be in a safe secure environment. In an unstable environment, children may fear that they will die or that their family may disintegrate. As a result, children and their families may focus on protecting other members of their family and isolate themselves emotionally or physically from others (Baker et al., 1992).

The three middle phase tasks are accepting and emotionally acknowledging the reality of the loss, exploring and reevaluating the relationship to the lost love object, and facing and bearing the psychological pain that accompanies the realization of the loss (Baker et al., 1992). For these tasks children explore the shared relationship with the deceased in detail. Through this exploration, the child reevaluates and reworks the

relationship they shared with the deceased. During this phase some children may maintain a healthy internal attachment to the deceased. This phase also involves facing the painful feelings of loss and despair that often occur after a loss. The children must weather this pain. If they do not, they may persist in clinging to the deceased as their primary source of emotional support which will in all likelihood stop their progression through the grieving process (Baker et al., 1992).

The late tasks of grief involve reorganizing identity and relationships. Children must first develop a new sense of identity including the experience of the loss and some identification with the deceased. Next children need to seek out new relationships without an excessive fear of loss and without constantly comparing the new person to the deceased. Third children must develop and maintain a strong and lasting inner relationship with the deceased. Also, children need to return to age-appropriate developmental tasks and activities that were interrupted by emotional loss. Finally, children need to cope with the recurrence of painful feelings of loss that may occur at points of developmental transitions or on specific anniversaries (Baker et al., 1992).

Adult Grieving: Schneider's Theory

Schneider (1996 p. 68) developed a theory based on three phases of grief. This model highlights personal growth and integration of the loss into the adult survivor's life. Schneider's first phase of grief is discovering what is lost. Discovering what is lost involves becoming aware of the full extent of the loss which is the most difficult and painful aspect of grief. During this phase of the grieving process, the bereaved vacillates between awareness of the loss and limiting that awareness. The bereaved must limit the

awareness because constantly facing the pain of the loss can paralyze the bereaved (Schnieder, 1996, p.68). In order to cope during this phase of the grieving process, the bereaved may either fight the loss by holding on or escape the loss by letting go. The bereaved hold on to the loss by trying to prevent, overcome, or reverse the loss. If the bereaved want to escape or let go of the loss, they tend to withdraw, hide, or distract themselves from facing what they have lost. If they try hard enough, the bereaved believe they can overcome the threat or the reality of the loss. Letting go of the loss allows the bereaved to rest and to reduce the fear that everything meaningful in life has been taken away. Using the coping strategies of holding on and letting go allows the bereaved to slowly become conscious of the implications and extent of the loss and to experience the full extent of the loss. This awareness is commonly referred to as "grieving".

Awareness, the most difficult and painful part of the grieving process, may challenge the bereaved's will to live. At this point, the bereaved may determine whether or not what is lost is too much to live with or that life is worth living (Schneider, 1996 p. 70-71).

Phase two of Schneider's theory involves discovering what is left. This phase of the grieving process involves healing, restoration, perspective, and integration (Schneider, 1996, p. 71). At this point in the grieving process, the bereaved may take one of three paths. According to Schneider (1996) they may "1) return to coping to limit further awareness, 2) move into a time of healing, passivity and resignation, or 3) proceed to a more active discovery of what is left or can be restored." If the bereaved return to coping, the loss has not been fully examined and awareness is incomplete. If the bereaved does not return to coping, they move on to gaining perspective on their loss. They look for

what they have left, what can be restored, what the positives and negatives of the may be, consider the long term implications, remember as much as possible about the loss, and rediscover the little things that keep them going and bring pleasure (Schneider, 1996, p. 72). Once perspective is attained, the bereaved may move on to integration. Integration allows the bereaved to find motivation for change and growth and to move on. Moving on may include ending an active focus on the past, saying good-bye, finishing business, forgiveness, releasing feelings, and committing to the future (Schneider, 1996, p. 72).

Next, the bereaved may move toward discovering what is possible. Reformulating the loss may be a very self-empowering experience for the bereaved. During this phase, the bereaved reformulate how they look at life and themselves and transform loss. They focus on potential, challenge limits, reformulate beliefs, expand definition of self, find new patterns and life themes, and place the loss in a context of growth (Schneider, 1996, p.72-73).

Obviously, these tasks and stages cannot be accomplished in a few days, weeks, or even months for most people. Individuals progress through their grief at different paces, probably due in part to the survivor's coping abilities, the relationship shared with the deceased, and the nature of the loss. Some bereaved individuals may never accomplish all the tasks of grief or progress through the phases of grief. Although individuals progress in different ways, time since death is an important factors. In this study, time since loss will be measured in years since the death and will be linked with grief to see if it impacts where individuals are in the grieving process. Grief will be measured in phases

for both adolescents and adults. The advanced phases of grief indicate that individuals are progressing and adapting.

Individual Level Factors Influencing Grief

Thus far, the literature has shown that the death of a parent/spouse has emotional, behavioral, physical, economic, and long term implications for both children (Elizur & Kaffman, 1982; Van Eederwegh et al., 1983) and spouses (Breer, 1993; Osterweis et al., 1984; Silverman, 1974). The loss of friends and primary support is also a consideration for the bereaved (Breer, 1993; Osterweis et al., 1984; Silverman, 1974). Clearly, it is important to identify factors that can potentially lighten this impact. There are many individual level factors that may influence the physical and emotional well-being of the bereaved individual. These factors include age of the survivor (Ball, 1977; Berlinsky et al., 1982), the survivor's coping ability, and the adequacy of social support, (Zisook, Shuchter, & Lyons, 1987). Figures 1 and 2 portray the proposed models that describe these variables, their interactions, and their effect on grief and adaptation that were tested in this study. The individual level variables in these figures are indicated by solid lines and the family level variables are indicated by dotted lines. According to this model, the social support that the individual family members receive will influence how well they cope with the death. A parent's coping ability will influence his/her own grief, and a child's coping ability will influence his/her own grief. In addition, on the family level, parent's coping ability and the child's coping ability will share a reciprocal relationship. These variables and their hypothesized relationships are described below.

Coping

The death of a parent or spouse is a highly stressful event (Levine & Perkins, 1987, p. 163; Zisook et al., 1987;). In fact, the death of a parent or spouse is often classified as a crisis requiring change and adaptation because it is an event beyond the individual's control, and it may place strain on the "material, physical, or psychological resources of the individual, his or her family, or others who might be a part of the individual's social support network" (Levine & Perkins, 1987, p. 161). The outcome of the death of a loved one may vary depending on the individual's psychological characteristics and resources (Billings & Moos, 1981; Dohrenwend, 1978; Levine & Perkins, 1987;). Dohrenwend (1978) proposed three possible outcomes of a stressful event. She hypothesized that the individual either becomes stronger, returns to the previous level of functioning, or develops psychopathology as a result of experiencing a stressful event.

In the past, coping was seen as a set of intrapsychic (i.e., cognitive) mechanisms (e.g., denial) which guard an individual's emotional functioning from external threats (Billings & Moos, 1981). More recently, the coping process has been described as including both cognitive responses which help one deal with external stressors as well as behavioral responses which help one to avoid the problem (Billings & Moos, 1981; Fleishman, 1984). Lazarus (1966) defined coping as strategies used to deal with stressful events or threats. In order to deal with a stressful event, individuals use their coping strategies which help 1) reduce vulnerability to stress (Dohrenwend, 1978), 2) maintain psychosocial adaptation during stressful periods (Lazarus & Folkman 1984), and 3) decrease emotional distress (Pearlin & Schooler, 1978). Coping has also been defined as

a set of processes used to moderate the repercussions of stressful life events on an individual's physical, emotional, and social functioning (Billings & Moos, 1981).

Coping strategies and responses are classified in a variety of ways (Moos & Schaefer, 1993); however, most responses fall into one of two categories: approaching and confronting the problem or avoiding the problem (Roth & Cohen, 1986). Folkman and Lazarus (1980) categorized coping strategies into problem focused coping and emotion focused coping. Both emotion and problem focused coping strategies have strategies that both approach and confront the problem as well as deny the problem depending on the type of problem or emotional strategy the individual uses.

Folkman and Lazarus (1980) defined problem focused coping as attempts to eliminate or decrease demands and/or to expand resources for managing them. For example, seeking information about the problem from books or other resources and relying on past experiences to help decide what to do are both examples of problem focused coping that helps the individual confront the problem. Keeping active and busy so that there is no time to think about the problem is a problem focused coping strategy that avoids the problem. Emotion focused coping was defined as endeavors to manage emotional states associated with stressful events. Seeking support from family and friends and sharing feelings and emotions are examples of emotion focused coping that confronts the problem. However, avoiding discussions or burying feelings regarding the problem are examples of avoiding the problem using emotion focused coping. Both avoiding and confronting emotion and problem focused strategies can have positive effects for people (Sanders, 1980; Schneider, 1996). For example, denial can provide the

bereaved time to emotionally prepare for the feelings and reactions they have in response to the death of a loved one. However, the prolonged use of avoidance techniques may have less positive consequences for the bereaved (Sanders, 1980). For example, if the bereaved continue to deny the death, they can never accept that the death happened, and as a result, they may never accept or cope with their loss.

In order for researchers and professionals to help the bereaved, it is necessary to understand how the bereaved cope with their loss and how coping impacts grief. Given that the death of a family member is such a highly stressful event for both parents and children (Levine & Perkins, 1987, p. 163; Zisook et al., 1987) and that both parents and children tend to have both emotional (i.e., emotion focused) and behavioral (i.e., problem focused) reactions (Schneider, 1996; Worden, 1996), it is important that researchers and professionals examine both problem focused and emotion focused coping strategies for both parents and children and investigate how effective coping impacts the grieving process.

Coping and grief for parents. None of the studies in the grief area have adequately examined the relationship between grief and coping for parents or children. Most of the studies performed in this area discuss coping in a general sense (e.g., behaviors, emotions, physical symptoms, and stress). They do not specify the coping techniques used by their participants, nor do they examine coping directly. These studies also tend to examine grief in terms of adjustment to a new life situation (e.g., psychological well-being) instead of examining where the bereaved are in the grieving process. In order for professionals to help the bereaved effectively, they need to know what coping strategies

are the most constructive and useful to the bereaved for coping and the grieving process. Since the grief studies have not adequately examined coping or grief, the current study evaluates these factors directly. It also examines coping in relation to grief and the factors that affect coping.

Researchers have examined coping after the death of a spouse for adults in relation to adjustment and variables that affect their coping abilities. Ben-Sira (1983) examined adjustment and coping with bereavement using an adult population and found that coping did predict adjustment after the death. Adults coping effectively tended to adjust better than adults who were not coping well. Carey (1980) found that adults who had forewarning about the death of a spouse (i.e., anticipated the death) tended to cope better and as a result adjust better after the death. Sanders (1980) found that coping impacted how well the widowed adjusted to the death. She identified that some bereaved individuals employ strong denial defense mechanisms. These individuals tended to accept the death as real but avoided dealing with their emotions. They continued to function adequately in every day life, but never dealt with their grief. This group had difficulty coping without their spouse. On the other hand, Sanders (1980) found that widowed persons who expressed little confusion or unreality and could share their feelings with someone coped and grieved very well.

These findings from these studies suggest that coping does impact the grieving process for adults who experience the death of a loved one, and that other factors such as the nature of the death have an important impact on coping (Carey, 1980). As a result, this study hypothesizes that parents who anticipated their spouse's death will cope more

effectively than parents whose spouse died suddenly and that parents who are coping effectively will grieve more effectively than parents who are not coping well.

Coping and grief for children. Hogan and DeSantis (1994) looked at factors that help and hinder adolescents coping with grief. They found that bereaved adolescents used a variety of coping strategies, such as emotion and problem focused coping, to deal with the death of a parent. Adolescents reported that keeping busy (problem focused coping), releasing emotions (emotion focused coping), and playing an instrument (problem focused coping) were helpful techniques when dealing with the death of their parent. The adolescents also depended on members of their families and friends "who were there for them" for support (emotion focused coping) during their grieving process. However, Hogan and DeSantis (1994) found that a) intrusive thoughts, b) feelings of guilt, shame, and loneliness, and c) recognizing the permanence of the death decreased adolescents' ability to cope with their grief.

These findings suggest that the adolescent's perception of how helpful they found both emotion focused and problem focused coping strategies impacted how well they coped with the death of their parent. In fact, Knapp, Stark, Kurkjian, and Spirito (1993) suggest that when evaluating coping with children it is important to examine the child's perceived efficacy (i.e., how helpful did you find that strategy) since norms for coping strategies used by children have not been established. Measuring coping in this manner also reduces the biases regarding "appropriate" coping strategies for children and evades problems linked to making assumptions about a strategy being adaptive or maladaptive (Knapp et al., 1993). As a result, this study evaluates the child's perceived efficacy (i.e.,

how much did it help) of both emotion and problem focused coping strategies. This study hypothesizes that when children perceive their coping strategies as helpful they will grieve more effectively.

Baker, Sedney, and Gross (1992) suggest that how children cope can influence parental coping. For example, children who are experiencing numerous behavioral and emotional outbursts may keep their withdrawn and depressed parent involved with the family. Elizur and Kaffman (1982) suggest that parental coping influences child coping. They also found that when surviving parents are coping effectively and are able to provide stable environments their children tend to cope effectively. Hogan and DeSantis (1994) found that adolescents felt uncomfortable when their parents cried in front of them and appeared distressed over the death of their parent. These findings imply that how a parent copes and deals with the death of a spouse influences how their adolescent children cope with the death. They also indicate that how children cope could influence parent coping. This reciprocal relationship between the parent's and the child's abilities to cope is examined in this study.

Informal Social Support

Social support is a vague term that has been defined in a variety of ways (Mitchell & Trickett, 1980). In the framework adopted for this study, Cohen and Wills (1985) conceptualize social support as having either structural or functional components. Structural social support describes the nature and existence of the relationships within an individual's support network (Cohen & Wills, 1985). Measures of structural social support examine the number of supporters, relationships between supporters and the

individual, and the interrelationships between the supporters (Kincaid & Caldwell, 198). Functional social support evaluates the extent to which the relationships among the support network provide a particular function (Cohen & Wills, 1985). Measures of functional support tend to assess the perceptions of perceived and available support, such as availability of emotional and practical support (Kincaid & Caldwell, 198). Functional emotional support includes demonstrations of sympathy, encouragement, and understanding while functional practical support involves help with material and financial problems (e.g., babysitting, fixing things around the house) (Malikson, 1987). In addition, support networks can be divided into informal networks (family, friends, and acquaintances) and formal networks (support groups, and professional support, such as therapists, counselors). The grief literature has identified social support as an important factor impacting grief outcomes. In fact, social support has been identified as the one constant predictor of good outcomes after the death of a loved one (Raphael & Nunn, 1988; Windholz et al., 1985). However, no one has examined if social support has a mediating or moderating effect on coping.

Informal support's direct impact on coping for parents. Given that the death of a family member is considered a highly disruptive and stressful event (Holmes & Rahe, 1967; Zisook, Shuchter, & Lyons, 1987), survivors may naturally turn to their networks for the support they need in order to cope effectively with their loss. Researchers have found a strong link between positive/effective perceptions of social support and healthy adjustment, as evidenced by low distress, less depression, coping, and well-adjustment

(Ben-Sira, 1983; Gottlieb, 1983; Raphael & Nunn, 1988; Vachon et al., 1982; Windholz et al., 1985).

Social support can significantly enhance one's coping ability (Ben-Sira, 1983; Gottlieb, 1983). Both children and adults feel helped most when they have supportive interactions with their social networks (friends and family) (Dimond et al., 1987; Gray, 1989; Raphael & Nunn, 1988;). Widowed persons who perceive their networks as supportive experience less distress and better outcomes in the first two years of bereavement (Dimond et al., 1987; Vachon et al., 1982; Raphael & Nunn, 1988). For example, Raphael (1977) and Raphael and Nunn (1988) found that widows who lack support or perceive their social networks as nonsupportive have adjusted poorly to their spouses' death a year after the death of their spouses. Vachon, Lyall, and Rogers (1980) found that a disturbance in the social network (not seeing or contacting friends as often) predicted poor adjustment to the death of a spouse. Vachon et al., (1982) found that widows experiencing high distress two years after the death of their spouse felt isolated from their social network and had infrequent contacts with their network. Dimond et al. (1987) found that frequent contact and feeling comfortable expressing themselves and sharing feelings and confidences with the social network produced less depression, better coping, higher life satisfaction, and better health in bereaved adults. Malikson (1987) found that widows reported higher satisfaction with practical functional support (i.e., babysitting, help with household chores, money) than with emotional functional support (i.e., expressions of sympathy, encouragement, understanding). In fact, all the participants reported that people's attitudes and comments were perceived as unhelpful

and often painful and that they had twice as many unhelpful emotional experiences than unhelpful practical experiences.

Clearly, social support plays a significant role in the bereaved's ability to cope with their loss. However, the crisis of death may place tremendous strain on a previously adequate network that then becomes perceived as "failing" in the time of need, leaving the bereaved even more bereft (Raphael & Nunn, 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 in 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 because they may not understand what happened and may lack appropriate rituals or etiquette for dealing with the situation. Or, they may see the loss as a threatening event which may happen to them. Finally, they may be uncomfortable with another's grief, and the loss may remind them of their own vulnerability. Often the needs of the bereaved family are too burdensome or uncomfortable for others to deal with (Rosenblatt, 1988). While social support may be difficult to sustain, it is a critical component for coping with the loss of a spouse. In fact, in Windholz et al.'s (1985) review of bereavement literature, the one constant predictor of coping following the loss of a spouse is social support. Grief researchers have thoroughly examined the impact of functional social support for the bereaved, however, they have yet to examine adequacy of social support (i.e., the extent to which the emotional and practical needs of the bereaved are met) specifically in terms of meeting the needs of the bereaved. In other

words, does the social support network meet the emotional and practical needs of the bereaved?

Informal support's direct impact on coping for children. Bereaved children also appear to benefit from the social support received from their network (Gray, 1989; Worden, 1996;). In fact, Gray (1989) found that adolescents who reported low levels of social support experienced significantly higher levels of depression than adolescents who reported high levels of social support. The adolescents in Gray's (1989) study reported that talking about the loss was the most helpful way to deal with their loss, and 40% of these adolescents identified a peer as being most helpful. Silverman and Worden (1992) also found that the bereaved children and adolescents in their study talked with their friends about their deceased parent and found it helpful. Adolescents also appreciated contact with people who understood what they were going through, especially those who had also experienced the death of a loved one (Gray, 1989). However, adolescents may not get the support they need from peers due to their peers' limited experience and understanding of the grieving process (Gray, 1989). This finding implies that children and adolescents may need to seek social support from sources other than their peers in order to receive the support they need and that adequacy of social support is vital to children and adolescents.

Worden (1996) found that family support seems to play an even more important role in children's adjustment to the death than support from friends. Worden (1996) suggests that even though peer support is important, the home environment and the ability of the surviving parent to adapt after the death of a parent is the most crucial component

of support for the surviving children in the family. If the surviving parent is not adapting well, the support that is received from the peer group may not be enough to provide an adequate amount of overall support for the child (Worden, 1996).

Rosen (1985) found that interactions with less significant others such as adult friends, extended family, police, and religious representatives can potentially have a great impact on adolescents' support and coping. Bereaved adolescents often receive numerous negative responses from less significant others regarding "be strong for your parents" and pointed silences about the loss, which survivors often perceive as neglecting their needs. She believes that less significant others can encourage survivors to repress and deny their grief, but they also have a great potential for helping survivors because they may be the most appropriate person to whom the grieving child can turn. These people are close enough to be trusted by the survivor, yet are detached enough not to be deeply grieving at the same time (Rosen, 1985).

This research supports the importance of social support for children and adolescents, but also highlights the difficulties children and adolescents may have in finding this support. Adolescents tend to seek out friends for support and find them helpful (Silverman & Worden, 1992; Gray, 1989). However, these friends may lack the emotional maturity needed to help, or the bereaved may not feel comfortable expressing their emotions and reactions to these friends (Gray, 1989). When investigating the role social support plays in the coping of adolescents, it is critical to determine the adequacy of social support for the bereaved. In other words, it is vital to discover if the provided

social support meets the emotional and practical needs of adolescents as well as who provides the support (e.g., family, friends/peers).

For children, structural social support has not been evaluated to the extent of functional social support. Studies looking at structural support have mainly examined with whom the adolescents interact. For example, Rosen (1985) found that interactions with less significant others such as adult friends, extended family, police, and religious representatives can affect or influence adolescents. These less significant others can encourage survivors to further repress and deny their grief and loss. They also have a great potential for helping survivors because they may be the most appropriate person to whom the grieving child can turn. These people are close enough to be trusted by the survivor, yet are detached enough not to be deeply grieving at the same time (Rosen, 1985). Harris (1991) found that adolescents rarely shared their immediate reactions with friends or family. Harris found that older adolescents spent more time with friends than at home, and even though adolescents rarely shared their reactions with others, older adolescents often depended on a best friend for support. Younger adolescents (13-15) tended to be more withdrawn and isolated and less involved with their peers (Harris, 1991). These adolescents tended to focus on their families and became immersed in their grief. Over time, this may result in the loss of friendships, becoming "stuck" in one's grief, poor adaptation to the loss, and becoming overwhelmed with the family and its grief.

Summary of informal support for parents and children. Taken together, these findings suggest that both children and adults benefit from effective social support from

their families and peers. Grief researchers have examined functional social support through the availability of support (Malikson, 1987; Raphael & Nunn, 1988) and the bereaved's ability to express their feelings and concerns within their support network (Dimond et al., 1987; Malikson, 1987; Raphael & Nunn, 1988). Grief researchers have also evaluated satisfaction with social support in terms of the supportiveness of the network (Vachon et al., 1982) and the helpfulness of the network (Malikson, 1987). So far, structural social support has been studied only through frequency of contacts with the social network (Dimond et al., 1987; Vachon et al., 1982). These studies have focused on who provides the support and functional social support in terms of availability of support and the perception of support (i.e., was it helpful or unhelpful) (Gray, 1989; Malikson, 1987; Raphael & Nunn, 1988). These researchers have identified and highlighted both functional and structural social support as key factors for coping with the death of a spouse and parent. However, none of these studies have examined adequacy of social support in terms of meeting the emotional and practical needs of the bereaved which is an important but overlooked component of functional support.

Given that social support is a key factor for bereaved individuals and that past studies have not evaluated social support in terms of meeting the emotional and practical needs of the bereaved, this study defines social support in the following manner: a) structural social support is defined as the frequency of contact with the network; b) functional support is defined as the adequacy of emotional and practical support (i.e., are their emotional and practical needs being met by their support network) received from family and friends; and c) both structural and functional questions will be asked regarding

the individual's informal support networks (family and friends). It is hypothesized that individuals who received adequate support (needs are met) from family and friends will cope better than individuals whose support is not adequate. In other words, adequate social support directly impacts coping for both parents and children.

Formal Support for Parent and Child

Walsh and McGoldrick (1991) believe that a family must face two adaptational tasks after the death of a family member. First the family must share an acknowledgment that the death occurred and share the experience of the loss. Second, the family needs to reorganize itself so it can reinvest in other relationships and life pursuits (Walsh & McGoldrick, 1991). Baker et al. (1992) and Schneider (1994) suggest similar tasks must occur in both children and adults individually. They propose that grieving children and adults must recognize their loss, face the emotional pain, and then integrate the loss into their "new" life and perhaps potentially experience a sense of growth from their experience. Family therapy, support groups, and preventive interventions are venues that could facilitate this transition. These interventions could not only provide support and validation of the bereaved's experiences but may also allow participants to face the pain, make easier transitions and adaptations to their "new" life, integrate their loss, and/or progress through their grief more effectively. Support groups and family interventions are also possible resources that families can access to gain the emotional support they need.

Black and Urbanowicz (1987) compared families that had attended family therapy after the death of a parent to families that had not attended therapy. They found that

families participating in family therapy experienced fewer behavior and mood (worry, depression, suicidal thoughts) problems and were physically healthier than the control group. After two years, the children in the treatment group had fewer behavior problems and talked more about their deceased parent. Their parents were in better physical health than the control group. Zambelli, Clark, Barile, and de Jong (1988) developed a program for bereaved children. Parents of participating children reported that at the end of the intervention their children were more secure and expressive and better able to deal with their anger about the death. Children whose parents also participated seemed to be more comfortable discussing the death and their feelings and had fewer difficulties dealing with their grief. Masterman and Reams (1988) also found that children who participate in a support group appear less constricted and angry over time and seem more able to understand and cope with their emotional reactions. Parents of the participants reported decreases in behavior problems and increases in communication about bereavement and death that were not previously discussed (Masterman & Reams, 1988).

Gray (1989) found that the adolescents felt they were helped most frequently when they were allowed to talk about their loss, especially with adolescents who understood their loss or who had similar experiences. They found the relationships with peers in a support group more helpful than other peer relationships. Adolescents who had not participated in a support group often found distraction from their emotions more helpful which may postpone the pain they need to feel to grieve. Others who valued distraction used it more for a feeling of normalcy than for running from their pain. These

adolescents needed time away from their painful home environment, needed to feel as though they belonged to the group, and needed to feel normal.

Summary of formal support for families. Support groups and family interventions seem to benefit the participants. They often reduce misconceptions about death, make the death less confusing for children, and normalize reactions to the death (Masterman & Reams, 1988; York & Weinstein, 1981; Zambelli & DeRosa, 1992) which could impact the individual's coping abilities. Parents and facilitators report that children in support groups are less angry and have fewer behavioral problems after attending a support group (Masterman & Reams, 1988). Children and adults also appear to benefit from gaining support from peers with similar experiences. In the current study, it is hypothesized that individuals and/or families who have participated in a support group or counseling will cope more effectively than those who do not participate in formal support.

Nature of Death as a Predictor of Social Support

When examining the effects of social support on coping, one must gain a greater understanding of what factors could predict social support for the bereaved. The nature of the parent/spouse's death could potentially impact the support received from friends and family of the surviving family members. For example, anticipated deaths, such as those due to unpreventable diseases are often easier to understand for both adults and children (Cruse & Cruse, 1989). As a result, social support may be more readily available for survivors of anticipatory deaths. However, in cases of long-term chronic illnesses, survivors often find themselves socially isolated after the death which would impact their social support (Sanders, 1982). Some types of sudden deaths, such as homicide, suicide,

and AIDS, leave survivors feeling stigmatized which in turn may negatively affect the availability of the survivor's social support in a negative manner (Crook & Oltjenbruns, 1989). In sudden death situations, the support network may not know how to respond to the bereaved or the situations surrounding the death, which impacts not only the availability of social support but the bereaved's perception of the social support received (Crook & Oltjenbruns, 1989). Given that the nature of the death could potentially predict social support for bereaved people (Crook & Oltjenbruns, 1989; Sanders, 1982), it is important to form an understanding of the impact that the nature of the death has on social support for the bereaved. As a result, this study examines the relationship between the nature of death and social support. The study hypothesizes that parents and children who experienced a sudden death will have less adequate social support than parents and children who experienced an anticipated death.

Support as a Moderator or Mediator of Nature of Death and Coping

Previous research indicates that the nature of the death impacts both coping and social support (Crook & Oltjenbruns, 1989; Sanders, 1982). However, the grief literature has yet to examine the relationships among all three factors: nature of the death, social support and coping. This study examines the relationships among these three factors. It attempts to determine if social support is a mediator or moderator between the nature of the death and coping based on Cohen and Wills (1985) theory regarding main or buffering effects of social support on coping.

Cohen and Wills (1985) hypothesize that social support could either mediate or moderate coping. Given that social support is such a significant factor for the bereaved

(Raphael & Nunn, 1988; Windholz et al., 1985), it is important to examine both potential relationships in regards to the bereaved since researchers have not determined if social support moderates or mediates the impact of the nature of the death on coping. In order for professionals and researchers to develop effective interventions for the bereaved, they need to understand these relationships. As a result, this study examines both relationships. Cohen and Wills (1985) determined that structural social support tends to support the mediating hypothesis while functional social support tends to support the moderating hypothesis. However, other grief researchers have found that functional social support tends to support the mediating hypothesis (Crook & Oltjenbruns, 1989; Sanders, 1982). Consequently, this study examines the mediating hypothesis using both structural and functional support and tests the moderating hypothesis using functional social support.

In this study, Model 1 (see Figure 1) tests the mediating hypothesis using both structural and functional support, and Model 2 (see Figure 2) examines the moderating hypothesis using functional support. The mediating hypothesis hypothesized that regardless of the nature of the death both adequacy of support (functional support) and frequency of contact with the network (structural support) will mediate coping for both parents and children. In other words, adequate social support and contact with the support network positively impact coping regardless of the nature of the death for both parents and children. Social support could also moderate the relationship between the nature of the death and coping. This model hypothesizes that adequacy of social support moderates the effect of the nature of death on the individual's coping abilities. In other

words, parents and children who have adequate social support will cope better when they have experienced an anticipated death.

Age of Survivors

A strong relationship exists between the age of child survivors and adaptability to the loss (Berlinsky et al., 1982). A child's age when they lose a loved one impacts the child's adjustment to the loss and his/her subsequent development (Berlinsky et al., 1982). Several researchers (Berlinsky et al., 1982; Cleiren, 1993; & Crase & Crase, 1989) suggest that younger children have a more difficult time adjusting to the death of a loved one. Berlinsky et al. (1982) provide two potential reasons for this potentially difficult adjustment. These reasons are a) young children are not capable of understanding the significance or meaning of death and b) the absence of a parent and the role model provided by the parent could be detrimental to the child's development and autonomy.

According to Baker, Sedney, and Gross (1992) cognitive abilities of children affect how they approach the early tasks of bereavement, that is their understanding death has occurred and its implications. Preadolescents are likely to confuse the cause of death and assign responsibility of the death erroneously. Younger children may see death as reversible and expect to see the loved one sometime in the future (Baker et al., 1992). Children often use denial, distract themselves, or use fantasy to cope with their emotions (Sekaer, 1987).

Harris (1991) found that older adolescents spent more time with friends than at home. These adolescents often depended on a best friend for support. This type of relationship offered protection from family issues and support, but the disruption of this

relationship left the adolescents vulnerable to even more emotional distress. Younger adolescents (13-15) tended to be more withdrawn and isolated and less involved with their peers (Harris, 1991). These adolescents tended to focus on their families and became immersed in their grief. Over time, this may result in the loss of friendships, becoming "stuck" in one's grief, poor adaptation to the loss, and becoming overwhelmed with the family and its grief. Harris' (1991) findings suggest that age influences who the adolescent seeks out for support and how they interact with their support system.

Age also influences the adjustment to widowhood for adults. Research has shown that initially older widows adjust better than younger ones (Cook et al., 1989). In fact, Ball (1977) reported that six to nine months after the loss of a spouse young widows are more likely than older widows to experience severe grief responses. Sanders (1981) found similar results. She found that younger widows experienced greater intensities of grief following the loss of a spouse; however, after 18 months these young widows showed reductions on all scales with the exception of guilt and anger (Sanders, 1981). Older widows, on the other hand, expressed less intense grief responses initially, but after 18 months, they experienced worsened scores at the time of the final interview (Sanders, 1981). In other words, for adult survivors age of the survivor and time since loss interacts to influence the magnitude and intensity of grief.

The impact of age on the grieving process is complex. Age affects how both children and adults adjust to the death of a parent and spouse on the individual level and this relationship is moderated by time since loss. For both adults and children, age as well as time since death (Sanders, 1981) impacts their grief (Berlinsky et al., 1982). The

age of the individual influences the individual's grief. As a result, age and time will be partialled out when examining the models.

Family and Grief

Thus far we have seen how the death of a parent and a spouse affects children and adults individually. The death of a parent and a spouse creates numerous emotional, physical, and behavioral reactions and disrupts the current life cycle for the individual. However, grief is both an individualized and a shared experience (Kissane & Bloch, 1994). In other words, individuals react and cope differently to the death of a loved one because of the unique relationship they shared with the deceased, their personality, other family member's reactions, and their coping skills. However, individuals must cope with their own grief within the context of all other people who are affected by the loss (Cook & Oltjenbruns, 1989). In effect, individuals share the loss with members of their family, and the way one member reacts to the death will affect all other family members (Kelly, 1966; Minuchin, 1985). As a result, the family also needs to grieve the deceased and adapt to a life without the deceased. In the past, researchers have focused primarily on the individual and have overlooked the impact of grief on the family system (Kissane & Bloch, 1994).

According to Cook and Oltjenbruns (1989), a family is a system because it consists of interacting parts and is governed by rules. In other words, a family is composed of individual members, their relationships with each other, and their relationships with others outside the family. As a system, a family has shared values and norms that help guide family functioning and predictable behaviors of family members.

These values and norms help the family maintain their balance or equilibrium. When a death occurs the family is thrown into a state of chaos and must work to regain equilibrium and balance (Cook & Oltjenbruns, 1989).

Within a systems perspective, the family composes the most significant social group where grief is experienced (Kissane & Bloch, 1994). Family members shared a relationship with the deceased and each other and share memories and experiences with the deceased. The family is the natural built in support network for each other, however, grief researchers have not adequately examined the impact that grief has on the family system (Kissane & Bloch, 1994). To understand this system impact, this study examines the relationships between parent and child grief and family functioning. It tests the impact of parent and child grief on family functioning and explores the possible mediating relationship that grief may have between parent and child coping and family functioning. As a result, this study hypothesizes that parents and children who are grieving effectively will also have families that are functioning well and that parent and child grief mediates the relationship between parent and child coping and family functioning.

Family Functioning

According to McCubbin and McCubbin (1991; reprinted in Kosciulek, 1994) family adaptation involves the family's attempt to achieve a new level of balance, harmony, and coherence following a crisis. Kosciulek (1994) defines positive family adaptation as a balance that aids unity and organization and fosters individual growth and development which is facilitated by coping resources.

Part of the family's adaptation after the death of a parent includes adjusting to changes in family roles. Family roles may change as a result of a loss. Families, like any system, "require ongoing support of each individual component to keep the system operating in balance. When an element is added or taken away, the system becomes unbalanced and there is a struggle to reach homeostasis again" (Rando, 1984). So when a family member dies and can no longer perform their roles, the roles may be reassigned, placing more demands on the remaining family members (Rando, 1984). As a result, each family member must not only deal with the loss, but with an out-of-balance system, new responsibilities, the loss of certain roles, and the demands of the new responsibilities which will increase the demand for adaptation of the mourners (Berardo, 1988; Rando, 1984). For example, a surviving child may attempt to assume the responsibility of the deceased parent, but the expectations of assuming this responsibility is not within the child's capabilities (Johnson et al., 1981). As a result, the child has the potential of developing personal and relationship problems because he/she may be less able to fulfill "normal" childhood needs and may be learning behavior patterns that are not appropriate for developing relationships with others (Johnson et al., 1981).

This research suggests that the loss of a parent affects numerous aspects of family life, including changes in family stability and family roles. These changes place added pressure on the surviving family members. As a result, the family must not only adapt to the loss of the parent, but they must also adapt to the changes in the home and family as well. This study evaluates how well the family functions after the death of a parent.

Family Level Factors Influencing Grief and Functioning

Numerous characteristics of the death itself and the family's reaction to the death will affect family member's grief and adaptation. The nature of the parent's death affects both the surviving parent's and child's coping ability. Surviving parents and children who had a chance to say goodbye will cope more effectively than people who did not have an opportunity to finish business. The family's communication about the death and the deceased will influence the parent and child's coping ability. The parent's coping abilities will influence the child's ability to cope. Families that discuss the death openly and honestly and share memories of the deceased will have parents and children who cope more effectively than families who do not discuss the death and the deceased. Families who attend support groups will cope more effectively than families who do not.

Nature of the Parent's Death

One important factor that can influence how family members deal with loss is the nature of the death. Unexpected death often produces a shock that has a debilitating effect on the bereaved, which both prolongs grief and produces excessive physical and emotional trauma (Rando, 1984). Similarly, a short duration of a terminal illness, a long chronic illness (e.g., anticipate death more than 6 months), or no opportunity to discuss the death with the deceased can also lead to poor outcomes. Lundin (1984) found that survivors of sudden death showed greater somatic and psychiatric illness than those who experience an anticipated death. Other studies have found that both sudden and long term chronic illness (> 6 months) deaths produced poorer bereavement adjustments than deaths due to an illness that was intermediate in length (Rando, 1983).

In cases of long chronic illness families can become immersed in the illness, have difficulty "letting go" of the relationship, and tend to develop feelings of increased loyalty and commitment which may intensify grief at the time of death (Burnell & Burnell, 1989). Survivors of long-chronic illness often find themselves socially isolated which can be very debilitating if the disease becomes the focal point in their lives leaving them with little energy and time to keep up social ties (Sanders, 1982). Sanders (1982) also found that survivors of sudden death had elevated levels of guilt because of the lack of opportunity to make restitution or complete unfinished business with the deceased. They also experience more physical symptoms, and the shock of the sudden death was still evident 18 months following the loss. Sudden and violent deaths may produce complex reactions and unanswerable questions that may produce more difficulties in coping (Crase & Crase, 1989). Feeling stigmatized by the nature of the death (homicide, suicide) may affect the availability of the survivor's social support (Crook & Oltjenbruns, 1989). Anticipating the death over a period of time may increase the survivor's acceptance of the death. Deaths due to unpreventable diseases are often easier to understand for both adults and children (Crase & Crase, 1989). As a result, social support may be more readily available for survivors of anticipatory deaths. These findings have linked the nature of the death to physical health, somatic and psychiatric illness, bereavement adjustments, shock, and other reactions to the death. These findings imply that the nature of the death affects how well the bereaved cope and could potentially affect adequacy of social support. Families who experience a sudden loss or a long chronic illness will have a

more difficult time coping with their loss than families who have experienced an anticipated loss.

Family Communication

The grief literature emphasizes and stresses the importance of communicating about the death and the deceased within the family (Bertman, 1984; DeSpelder et al., 1987; Olowu, 1990; & Schumacher, 1984), but research has shown that parents and children do not communicate effectively about death if at all (Cruse, & Cruse, 1989). Cruse and Cruse (1989) suggest the following two possible explanations for this lack of communication: a) parents are uncomfortable with the subject, do not relate well to it, and tend to avoid discussing its implications; and b) parents want to protect their young children from sensitive matter, assuming it will be detrimental to the child. Silverman and Silverman (1979) suggest that sometimes a parent's inability to communicate about the death may be due to their need to find a way of coping with their new reality (living without the lost loved one present) before they can begin to talk about their experience.

Researchers may have difficulty determining the role that communication plays because parents and children may present conflicting accounts of family communication. For example, Johnson (1982) looked at parent's and children's perception of their family's communication about death. Johnson (1982) found that parents believe that they discussed death with their children before the death of a loved one while the children reported no communication about death prior to loss. She found the same phenomena regarding the discussion of what will occur during the wakes and/or funeral homes. She did find that parents and children wanted to discuss the death and their reactions.

However, parents and children disagreed about the frequency of these discussions and who initiated these discussions. The parents and children did not agree on how often they discussed the death and who began these discussions. Parents overestimated the frequencies of these discussions and the number of times their children initiated these discussions. These findings reinforce the need to have both the parents and children targeted in grief research since their perceptions of what occurs in the family may differ. The differences in the parents and children's perceptions could be attributed to the parents not fulfilling the needs of the children, or the children misinterpreting the parent's messages. Perhaps the children leave these discussions with the feeling that they were not heard and with unanswered questions.

DeSpelder, et al. (1987) stress how important open communication is to effective coping for children. They suggest that parents can help their children cope by a) acknowledging and accepting the child's feelings b) answering the child's questions openly and honestly and c) listening to the child openly and actively. A child's ability to cope with death increases if the child is allowed to grieve openly with the family, if the child is allowed to participate in the funerals or rituals associated with the loss, if the child is given prompt and accurate information, and if the child has the comforting presence of surviving parent(s) or a known and trusted substitute (Bertman, 1984; Olowu, 1989). Support groups have also been an important outlet for promoting communication about death in the family (Masterman & Reams, 1988; York & Weinstein, 1981; Zambelli & DeRosa, 1992). In other words, open communication is critical to effective coping.

The surviving parent's ability to cope influences the child's ability to cope and to adapt (Elizur et al., 1983; Gray, 1989; Silverman & Worden, 1992). The death of a parent saturated most aspects of the surviving child's life. As a result, the surviving parent's ability to maintain stability and routines, assume new roles, support the surviving children, and adapt to a single-parent household influences how well the child copes and adapts (Silverman & Worden, 1992). Parents who allow open expressions of feelings, listen to their children's questions and fears, and answer their questions honestly enhance their children's ability to cope with death (Bertman, 1984; DeSpelder et al., 1987; Olowu, 1989). Also, children may experience emotional disturbances years after the loss, and if the surviving parent withdraws and becomes isolated, the surviving children may have a more difficult time coping with their grief especially since they lack the support they need from their surviving parent (Cruse et al., 1989; Elizur et al., 1983).

These findings suggest that effective communication can significantly improve an individual's coping with the death of a loved one. They also suggest that communication needs careful evaluation. Surveys with both children and parents need to occur to gain both perspectives since these perspectives may differ significantly. Researchers should ask all family members questions regarding a) family's ability to discuss and answer questions regarding death b) family's ability to discuss and answer questions about the deceased and c) family's ability to express their feelings openly. Parents who are coping effectively will foster better communication within their family than parents who are not coping well. Families in which parents and children communicate openly about the death

and the deceased will have children who cope more effectively with their loss than families who do not discuss the death or deceased.

Conclusions

Researchers have made great strides towards understanding the grieving process (Baker et al., 1992; Schneider, 1994, Shapiro, 1994), grief reactions (Burnell et al., 1989; Berlinsky & Biller, 1982; Elizur & Kaffman, 1982; Osterweis et al., 1984) and factors that influence the grieving process (Baker et al., 1992; Crase & Crase, 1989; Elizur et al., 1983; Gray, 1989; Silverman et al., 1992;). Various researchers imply how important nature of death, social support, coping, communication, and age are to the grieving process (Baker et al., 1992; Clieren, 1993, Crase & Crase, 1989; Zisook et al., 1987). These factors have been studied separately for individuals (children and adults) and to a more limited degree for families. However, researchers have not studied the interactions among these variables nor have they examined the multi-level nature of these variables as they relate to grief and family adaptability.

One limitation in the grief literature concerns data collection. Many studies have depended on the surviving parent to inform the researchers about the family (Van Eerdewegh, Bieri, Parilla, & Clayton, 1982). This methodology assumes that the parent's perspective fully and accurately represents the experiences of all family members. Grieving families experience major transitions and changes in the family and family roles on top of their grief. When a family member dies and can no longer perform their roles, the roles may be reassigned, placing more demands on the remaining family members (Rando, 1984). As a result, each family member must not only deal with the loss, but

with an out-of-balance system, new responsibilities, the loss of certain roles, and the demands of the new responsibilities which will increase the demand for adaptation of the mourners (Berardo, 1988; Rando, 1984). Under these circumstances, it is unlikely that a surviving parent can possibly know everything about what his/her children are doing at school and how they are reacting to the loss. In fact, previous research suggests that parents and children often have different perceptions of the coping, grieving, and adapting that occurs after a loss (Johnson, 1982). As a result, this study will focus on gathering the perspective of both the surviving parent and one child within the family. This study will use children as their own informants and look at the death of a loved one on both an individual and family level.

This study focuses on comparing two conceptual models (see Figures 1-2) of family grief and functioning using the factors that have been identified as important influences on the grieving process and adaptability. On an individual level, this model examines the relationships between the nature of the parent's death, parent and child coping, social support (functional and structural), and coping on the grief of family survivors. On a family level, this model will look at the impact that family communication has on parent/child coping, how parent coping influences child coping, and how all these factors influence family functioning. Potential confounds of age of survivors and time since death are partialled out of the analysis.

Using the proposed model, the following hypotheses will be investigated in this study: 1) Parents and children who experienced a sudden death will be less likely to have

their functional support needs (adequacy of emotional and practical needs) met by friends and family than individuals who experience an anticipated death.

2) Parents and children who experienced a sudden death will have a more difficult time coping than parents and children who experienced an anticipated death.

3) Functional (adequacy: emotional and practical needs met) social support will directly impact coping for both parents and children.

4) Parents and children in frequent contact with their support networks will cope better than parents and children who are not in frequent contact with their networks.

5) The parent's ability to cope will influence the child's ability to cope, and the child's ability to cope will influence the parent's ability to cope.

6) Individuals who participate in formal support will be more likely to cope more effectively than individuals who did not participate in formal support.

7) Functional social support (adequacy of social support) will either a) mediate the parent's and child's ability to cope regardless of the nature of the death or b) moderate the effect of the nature of death on the parent's and child's ability to cope.

8) Structural social support (frequency of contact with the network) will mediate the parent's and child's ability to cope regardless of the nature of the death.

9) Parents who are coping effectively will have better communication within the family than those parents who are not coping well.

10) Families who communicate openly about the death and the deceased will have children who cope more effectively with the death than families who do not discuss the death or deceased.

11) Family communication will mediate the relationship between parent and child coping.

12) Parents and children who cope effectively will grieve more effectively than parents and children who have difficulty coping.

13) Families which have parents and children grieving more effectively will function better as a family than those families whose members are not grieving effectively.

14) Parent and child grief will mediate the relationship between parent and child coping and family functioning.

Chapter 2

METHODS

Procedures

Recruitment

To recruit families several methods were used in this study. A letter to the editor was sent to 1500 weekly newspapers that had circulations under 10,000 in Michigan, Indiana, Illinois, Iowa, Ohio, Wisconsin, West Virginia, Pennsylvania, South Dakota, Kansas, Oregon, Colorado and Minnesota (Appendix A1). The letter to the editor discussed a personal experience with loss and the importance of studying families. It also provided readers with an 800 phone number and e-mail address to contact the researcher if they were interested in participating. A cover letter accompanied the letter requesting the newspapers to use it as a letter to the editor, as a newsworthy item, or as a feature article (Appendix A2). The cover letter also contained the researcher's phone number and address in case the newspaper had questions regarding the study or about grief in general. This letter to the editor was also published in the November/December 1996 issue of *Bereavement Magazine* (a national magazine that publishes personal death and grief related stories and articles from both lay people and professionals in the field of grief and loss).

Another resource accessed by the researcher was the INTERNET. The researcher utilized "griefchat" and grief bulletin boards on the INTERNET. An announcement and brief description of the study was sent to the members of griefchat which consists of an online support group and information resource for bereaved individuals and professionals interested in grief. The researcher also contacted support groups, funeral homes, hospices, and other support agencies in large communities, such as Lansing, Ann Arbor, Traverse City, Detroit, Grand Rapids, Chicago, St. Paul, Cleveland, Fort Wayne, Alto Palto, and Cincinnati. Information sheets (Appendix A3) and information letters (Appendix A4) introducing the researcher and briefly describing the study were distributed to these agencies and circulated to their current members and people on their mailing lists.

Data Collection

Through all of the recruiting methods, the researcher provided interested families with a local Lansing phone number, an 800 phone number, or an e-mail address in order to contact the researcher to obtain further information. Upon contact, the researcher determined if the family was appropriate for the study. If they fit the criteria, the researcher explained the study, answered all questions the family had, and performed a preliminary interview which included collecting the age of everyone in the family, who died in the family, when the family member died, how he/she died, and how much the family anticipated the death (Appendix B). If the family was not appropriate for the study, the researcher thanked the caller. Once the parent agreed to participate, the researcher determined which child should participate in the study. Data was collected from the surviving parent and one child in each family. If only one child in the family fell

between the ages of 12 and 18, that child was asked to participate in the study. In families with more than one child between 12 and 18, one child was randomly selected. If that child refused to participate, another child was randomly selected.

All parents and children independently completed self report measures. Local families chose one of three options at the initial contact to complete the questionnaires. The family could have 1) received the measures through the mail, completed them, and sent them back in self-addressed stamped envelopes, 2) completed the questionnaires on Michigan State University's campus at their convenience, 3) or welcomed the researcher into their home and completed the questionnaires while the researcher waits. If families were not located in the Lansing area, the researcher obtained their address and sent them the questionnaires in the mail with self-addressed stamped envelopes to return the completed measures. If the questionnaires were not returned within 2 to 3 weeks, the researcher called the families to determine how close they were to finishing the surveys and to see if they had decided to not participate.

A letter (Appendix C), an instruction sheet for the parent (Appendix C1) and child (Appendix C2), and a mailing checklist for the parent (Appendix C3) and child (Appendix C4) accompanied the mailed questionnaires. The instructions asked the parent and the child to please sign and date the appropriate consent forms (Appendix D & D1), to complete the questionnaires in separate rooms, and to seal their questionnaires in the envelopes when completed to maintain the confidentiality of both the parent and the child. The envelope sent to the family included both the child and parent questionnaire packets and the two self-addressed stamped envelopes, one for the parent and one for the

child. It was estimated that both the parent and the child surveys would take approximately 2 hours to complete. Those families who participated received a thank you letter and a summary of the results of the study.

Participants

Families that had experienced the death of a parent within the last four years with at least one child between the ages of 12 and 18 years of age at the time of this study were targeted. Families that were interested in participating but did not fit the criteria of the study were thanked for their interest and were asked to pass on the information to anyone they knew. All the parents in the study completed a demographic measure, two social support measures, the family communication measure, a coping measure, the family functioning measure, and the split half version of the grief measure. All of the children completed a brief demographic measure, two social support measures, the family communication measure, a coping measure, and the shortened version of the grief measure. All participants received the measures through the mail.

Measures

Demographics

Demographic data was collected to provide background and descriptive information on the families. This instrument included questions regarding the age of each family member, income, current marital status, ethnic background, education level, religion, the number of deaths the family has experienced in the past 4 years, which parent died, time since loss, and type of loss (sudden or anticipated). The parent completed these questions. The child completed a brief demographic survey which asked

for the child's age and if he or she had participated in a support group or therapy as a result of the parent's death. The parent answered some of these questions in the preliminary interview over the phone and the rest of the questions were completed with the rest of the surveys. Included in the demographic questions was the nature of the parents death (1=sudden and 2=anticipated) (Appendix E & E1).

Social Support

Two aspects of social support were measured. Structural social support was evaluated for both parents and children in regards to both their informal support (family and friends) and participation in formal support (support group, therapy, counseling). Functional support was assessed for both parents and children in regards to the emotional and practical support received from their informal support networks (family and friends).

Structural social support. Structural support was measured using a structural support instrument developed by the researcher. Both the parent version (Appendix F) and the child version (Appendix F1) of this measure had 8 items. Three items evaluated the size of the participants network in regards to family, friends, and formal support members (e.g. Since the death of your parent/spouse, how many family members can you really help you when you have a problem and really listen to you and talk to you?). These questions were open ended. Three items asked the participants about the frequency of contact with family, friends, and formal support members (e.g. Since the death of your parent/spouse, how often do you talk with the friends who really help you when you have a problem and who really listen to you and talk to you?). These questions asked the participants if they were in contact with their network 0=never, 1=less than one time per

month, 2=one time per month, 3=2-3 times per month, 4=weekly, and 5=daily. This scale also asked about changes within the parent's and child's social network. The participants were asked about the extent to which their circle of friends has changed since the death (1=not at all, 2=have lost a few and gained a few, 3=have lost all friends and gained a few new friends, 4=have all new friends, and 5=other). This question was used for descriptive purposes. The final question of this scale asked whether or not the parent or child participated in formal support (support groups, therapy, counseling). The impact of participating in formal support on coping was evaluated.

Structural support, as measured by the size and frequency of contact with one's network, was used to test Model 1 (Figure 1) which supports the Main Effect Hypothesis developed by Cohen and Wills (1985). Means for the size of the network (number of people in the network) were computed, and means for frequency of contact were also computed. These two means were used as indicators for social support in Model 1 when testing the structural equation model. Since there was a lot of missing data for the size of the network (e.g. people tended to answer with few, several, all, or most instead of providing an actual number), this mean was not used with the regressions. Instead, the mean for frequency of contact with the support network was used with the regression analyses.

Functional social support. To measure functional support, questions regarding the adequacy of emotional and practical support provided by family and friends were assessed for both parents and children. The Multidimensional Support Scale (MDSS) developed by Winefield, Winefield, and Tiggermann (1992) was used. The original

MDSS measures the frequency and adequacy of emotional and practical social support from three sources--confidants (7 questions), peers (6 questions), and supervisors (6 questions). For the purpose of this study, the sources were changed to family and friends and only the adequacy questions were used for the analyses. The original MDSS has 19 items and has reliabilities ranging from .81 to .90 and the authors reported good concurrent validity (Winefield, Winefield, & Tiggermann, 1992).

Six of the seven original questions on the family (confidant) scale and five of the six original questions on the friends (peer) scale were assessed by the parents and children. The practical support question on both scales (e.g. how often did they help you in practical ways, like doing things for you or lending you money?) was expanded into more specific practical support typically needed by parents and children who have experienced a death in the family. The added practical support questions for the parents included: 1) legal help and advice you need; 2) financial help and advice you need; 3) help you need managing your household, such as chores, fixing things, or generally getting things done around the house; 4) help with transportation needs; 5) help with child care needs; 6) help with other things you need. The additional practical support questions for the children consisted of: 1) how often do you get rides to school activities when you need them; 2) how often do you get rides to places you want to go when you need them; 3) how often do you get help with your homework when you need it; 4) how often do you get money from your family when you need it (family scale only); 5) how often do you get to do the things you did before your parent died, such as play sports, go to movies or concerts, hang out with friends (family scale only); 6) how often do you receive the

guidance you need since the death of your parent. Four emotional support questions were also added for both parents and children. These questions included since the death of your parent/spouse how often have your family/friends: 1) been supportive of you in general; 2) really understand your feelings about the death of your spouse/parent; 3) give you the comfort and reassurance you need; and 4) do you express your feelings about your deceased spouse/parent with family/friends. The phrase since the death of your spouse/parent was added to all the questions on the MDSS to reflect their experience since the death of their parent or spouse.

Parents were asked 16 questions about the emotional and practical support received from family, and 15 questions about the emotional and practical support attained from friends (Appendix F2). Children were asked 16 questions about the emotional and practical support received from family members and 13 questions about the emotional and practical support received from friends (Appendix F3). Within each set of questions, respondents answered two questions. Participants analyzed both the quantity of social support and the adequacy of social support. However only the adequacy responses were used in analyses since the bereaved individual's perception of adequacy of their social support (are emotional and practical needs met) has yet to be examined by grief researchers. The adequacy questions asked participants if they would have liked to receive this support 1 = More Often, 2 = Less Often, or 3 = It Was Just Right.

Internal consistencies of the functional support scale. Both parents and children received two scores for adequacy of the emotional and practical support obtained from informal support. The two scores represent support received from 1) family and 2)

friends. The two scales for the parents had internal consistencies of .90 (family) and .93 (friends). No questions were removed from the family, friends, or formal support scales for the parents. Tables 1 and 2 contain the psychometric properties and the internal consistencies of the parent scales.

For the children's scales measuring adequacy of social support received from family and friends, the internal consistencies consisted of .85 (family) and .86 (friends). A total of 6 questions were deleted from the children's functional social support scales due to corrected item total correlations below .30. Three were omitted from the family scales and three were eliminated from the friends scale. These items are identified in Appendix F4. Tables 3 and 4 contain the psychometric properties and the internal consistencies of the child scales.

Functional social support, as measured by the adequacy of emotional and practical support received from family and friends, was used to test both Model 1 (Figure 1) which supports the direct effect hypothesis and Model 2 (Figure 2) which supports the buffering effect hypothesis developed by Cohen and Wills (1985). Two means (family and friends) for both parents and children were calculated. The means from the family and friends scales were used to test the structural equation model. A grand mean of the family and friends scales was computed and used with the regression analyses.

Table 1

Psychometric Properties of Family Support Scale for Parents

Scale Items	Mean	SD	Corrected Item Total Correlations
1. Since the death of your spouse, how often does your family really listen to you and try to understand your problems and concerns?	1.60	.49	.56
2. Since the death of your spouse, how often do you confide in members of your family about feelings or concerns you have about your deceased spouse?	1.63	.49	.59
3. Since the death of your spouse, how often has your family been supportive of you in general?	1.72	.45	.62
4. Since the death of your spouse, how often does your family give you the comfort and reassurance you need?	1.62	.49	.64
5. Since the death of you spouse, how often does your family really understand your feelings about the death of your spouse?	1.47	.50	.59
6. Since the death of your spouse, how often do you express your feelings about your deceased spouse with family members.	1.58	.50	.61
7. Since the death of your spouse, how often does your family really make you feel loved?	1.70	.46	.69
8. Since the death of your spouse, how often do they try to take your mind off your problems by telling jokes or chattering about other things?	1.78	.41	.49
9. How often do they answer your questions or give you advice about how to solve your problems?	1.68	.47	.49
10. How often can you use your family as examples of how to deal with your problems?	1.68	.47	.58
11. Legal help and advice you need?	1.73	.45	.58
12. Financial help and advice you need?	1.70	.46	.49
13. Help you need managing your household such as chores, fixing things, or generally getting things done around the house?	1.42	.50	.52
14. Help with transportation needs?	1.65	.48	.48
15. Help with child care needs?	1.53	.50	.48
16. Help with other things you need?	1.57	.50	.61
Alpha=.90			

Table 2

Psychometric Properties of Friends Support Scale for Parents

Scale Items	Mean	SD	Corrected Item Total Correlations
1. Since the death of your spouse, how often do your friends really listen to you and try to understand your problems and concerns?	1.68	.47	.75
2. Since the death of your spouse, how often do you confide in your friends about feelings or concerns you have about your deceased spouse?	1.58	.50	.68
3. Since the death of your spouse, how often have your friends been supportive of you in general?	1.71	.46	.76
4. Since the death of your spouse, how often do your friends give you the comfort and reassurance you need?	1.68	.47	.79
5. Since the death of your spouse, how often do your friends really understand your feelings about the death of your spouse?	1.52	.50	.68
6. Since the death of your spouse how often do you express your feelings about your deceased spouse with friends?	1.66	.48	.67
7. Since the death of your spouse, how often do they try to take your mind off your problems by telling jokes or chattering about other things?	1.66	.48	.58
8. How often do they answer your questions or give you advice about how to solve your problems?	1.76	.43	.61
9. How often can you use your friends as examples of how to deal with your problems?	1.66	.48	.76
10. Legal help and advice you need?	1.71	.46	.64
11. Financial help and advice you need?	1.76	.43	.46
12. Help you need managing your household such as chores, fixing things, or generally getting things done around the house?	1.53	.50	.66
13. Help with transportation needs?	1.69	.46	.53
14. Help with child care needs?	1.66	.48	.50
15. Help with other things you need?	1.56	.50	.66
Alpha=.93			

Table 3

Psychometric Properties of Family Support Scale for Children

Scale Items	Mean	SD	Corrected Item-Total Correlations
1. Since the death of your parent, how often does your family really listen to you and try to understand your problems and concerns?	2.50	.84	.56
2. Since the death of your parent, how often do you confide in members of your family about feelings or concerns you have about your deceased parent?	2.56	.78	.41
3. Since the death of your parent, how often has your family been supportive of you in general?	2.42	.90	.64
4. Since the death of your parent, how often does your family give you the comfort and reassurance you need?	2.27	.94	.64
5. How often does your family understand your feelings since the death of you parent?	2.23	.96	.60
6. Since the death of your parent how often do you express your feelings about your deceased parent with family members.	2.34	.90	.53
7. Since the death of your parent, how often does your family really make you feel loved?	2.34	.94	.47
8. How often do they answer your questions or give you advice about how to solve your problems?	2.50	.78	.59
9. How often can you use your family as examples of how to deal with your problems?	2.40	.88	.35
10. How often do you get rides to school activities when you need them?	2.71	.71	.37
11. How often do you get rides to places you want to go when you need them?	2.53	.84	.51
12. How often do you get to do the things you did before your parent died, such as play sports, go to movies or concerts, hang out with friends?	2.48	.88	.41
13. How often do you receive the guidance you need since the death of your parent?	2.50	.84	.45
Alpha=.85			

Table 4

Psychometric Properties of Friends Support Scale for Children

Scale Items	Mean	SD	Corrected Item-Total Correlations
1. Since the death of your parent, how often do your friends really listen to you when and try to understand your problems and concerns?	2.43	.90	.52
2. Since the death of your parent, how often do you confide in your friends about feelings or concerns you have about your deceased parent?	2.48	.87	.61
3. Since the death of your parent, how often have your friends been supportive of you in general?	2.55	.83	.74
4. Since the death of your parent, how often do your friends give you the comfort and reassurance you need?	2.31	.95	.72
5. How often do your friends really understand your feelings since the death of you parent?	2.03	.99	.59
6. Since the death of your parent how often do you express your feelings about your deceased parent with friends.	2.31	.93	.54
7. Since the death of your parent, how often do your friends try to take your mind off your problems by telling jokes or chattering about other things?	2.65	.60	.41
8. How often do your friends answer your questions or give you advice about how to solve your problems?	2.41	.85	.38
9. How often can you use your friends as examples of how to deal with your problems?	2.23	.98	.53
10. How often do you receive the guidance you need from friends since the death of your parent?	2.35	.94	.57
Alpha=.86			

Family Communication

The communication scale for both the parents and children consisted of 14 questions relating to the discussion of the deceased loved one and the deceased's death. The researcher designed this questionnaire which consisted of several questions regarding areas deemed critical to effective communication by previous researchers, such as the child's ability to talk freely about the parent who died with family members, to express their feelings openly within the family unit, to ask questions about the death and the deceased and have them answered honestly, and to participate in the funeral or memorial services (DeSpelder, et al., 1987). As a result, this scale included 14 questions in relation to 1) the extent to which the parents support open communication about the parent who died, 2) the extent to which the family supports the child's ability to express their feelings openly within the family, 3) the extent to which the family allows questions about the death and deceased and have them answered honestly, and 4) the degree to which the child participated in the funeral or memorial service. The parents evaluated their perspective of family communication between parent and child (e.g. I answer my child(ren)'s questions about my spouse who died) (Appendix G). The children assessed their perspective of family communication in regards to their ability to share questions and feelings within the family (e.g. I am encouraged by members of my family to talk about my parent who died.) (Appendix G1). The questions were answered using a 6 point likert scale with 1=Strongly Disagree and 6=Strongly Agree.

Factor analysis of communication. A factor analysis was conducted to determine if the scales were unidimensional. The factor analysis for both the parent and the child scales resulted in four subscales. The four subscales resulting from the factor analysis made little sense conceptually; therefore, the whole scale was used for the purpose of this study.

Psychometric properties of communication. Internal consistencies of .84 (parent survey) and .86 (child survey) were established for this 14 item measure. Two items from the child scale and four items from the parent scale were eliminated since their corrected item total correlations were below .30. These items are identified in Appendix G2. Removing these items increased the internal consistencies of these scales to .87 (parent) and .90 (child). Tables 5 and 6 list the remaining items comprising the communication scales, the internal consistency estimate, and the corrected item-total correlations (deleted items are not included in the tables). The alphas from these scales indicate that the scales are internally consistent. An overall mean score was computed for both the parent and the child. These mean scores reflect how positively family communication about the death is perceived within the family for both the parent and the child. Both the parent and child mean scores were used in the structural equation model. In the regression analyses the child's score was used to represent family communication since the parent and child communication scores had a low correlation ($r=.31$) and since researchers have determined that the child's perception is more important (DeSpelder, et al., 1987).

Table 5

Psychometric Properties of Parent Communication Survey

Scale Items	Mean	SD	Corrected Item-Total Correlations
1. My child(ren) freely talk with me about their deceased parent.	4.28	1.38	.80
2. My child(ren) share memories about their deceased parent with myself and/or their siblings.	4.88	1.05	.74
3. My child(ren) never ask me questions about their deceased paren. (R)	4.63	1.41	.53
4. I encourage my child(ren) to talk about their deceased parent.	5.04	1.06	.58
5. My child(ren) ask me questions about their deceased parent.	4.54	1.29	.78
6. I honestly answer my child(ren)'s questions about their deceased parent.	5.59	.80	.52
7. My child(ren) freely express their feelings with me about the death of their parent.	4.32	1.38	.68
8. My child(ren) and I avoid talking about their deceased parent. (R)	5.15	1.21	.62
9. I encourage my child(ren) to ask any questions they have about how their parent died.	5.21	1.04	.36
10. I listen to my child(ren) when they want to talk about their parent who died.	5.69	.50	.58
Alpha = .87			

 **(R) = Question recoded

Table 6

Psychometric Properties of Child Communication Survey

Scale Items	Mean	SD	Corrected Item-Total Correlations
1. I freely talk about my deceased parent with members of my family.	4.13	1.44	.72
2. I share memories about my deceased parent with members of my family.	4.95	.97	.67
3. I never ask my family questions about my parent who died. (R)	5.03	1.07	.46
4. I am encouraged by members of my family to talk about my parent who died.	4.18	1.48	.61
5. I ask my family questions about my parent who died.	4.85	1.14	.52
6. The questions I ask about my parent who died are answered honestly.	5.20	1.06	.60
7. My family does not encourage me to talk about my parent who died. (R)	4.98	1.45	.49
8. I freely express my feelings about my parent with members of my family.	4.15	1.45	.68
9. My family avoids talking about my parent who died. (R)	4.76	1.35	.58
10. I am encouraged by members of my family to ask any questions I have about how my parent died.	4.41	1.50	.72
11. My family listens to me when I want to talk about my parent who died.	5.06	1.02	.70
12. When I want to talk about my parent who died, my family changes the subject. (R)	5.29	1.03	.67
Alpha = .90			

** (R) = Question recoded

Parent Coping

To measure coping the parents completed the Family Crisis Oriented Personal Evaluation Scales (F-COPES) (McCubbin, Olson, & Larsen, 1994) which consisted of a 30 item measure designed to identify coping abilities for families in problematic situations. The items on the scales were changed to the first person in order to reflect the individual survivor's coping abilities alone, and they were asked to assess their coping abilities since the death of their spouse (e.g. Since the death of my spouse, I face problems or difficulties in my family by seeking encouragement and support from friends). Questions were answered on a five point likert scale where 1=strongly disagree and 5=strongly agree. The F-COPES has an alpha of .86, and test retest reliabilities of .81 for the entire scale, and the 5 subscales have test retest reliabilities ranging from .61 to .95. (Appendix H)

Psychometric properties of the F-Copes scale. Tables 7 to 11 contain the psychometric properties and internal consistencies of the five subscales. The internal consistencies of the subscales for this study ranged from .30 to .87. The four item Passive Appraisal subscale (e.g. watching television) and the four item Mobilizing subscale (e.g. seeking information and advice from family doctor) were eliminated from this study because their internal consistencies were poor (.30 and .69 respectively). The three remaining subscales included: 1) Seeking Spiritual Support (e.g. attending/participating in church services/activities) which measures the individual's participation in faith and religion; 2) Reframing (e.g. accepting that difficulties occur unexpectedly) which determines the individual's ability to evaluate and gain perspective on their problems; and

3) Acquiring Social Support (e.g. sharing my difficulties with relatives) which evaluates the individual's ability to access and obtain support from their network. All three of these scales assess the individual's capacity to use both problem and emotion focused coping strategies. Means for these three subscales were calculated and used to indicate parent coping for the structural equation analysis. For the regression analyses, a grand mean of the three subscales was computed.

Table 7

Psychometric Properties of Mobilizing Coping Subscale

Scale Items	Mean	SD	Corrected Item-Total Correlations
1. Seeking information and advice from persons in other families who have faced the same or similar problems	3.20	1.32	.39
2. Seeking assistance from community agencies and programs designed to help individuals in my situation	2.62	1.28	.60
3. Seeking information and advice from the family doctor	2.45	1.35	.38
4. Seeking professional counseling and help with my difficulties.	2.85	1.37	.55
Alpha = .69			

Table 8

Psychometric Properties of the Seeking Spiritual Support Coping Subscale

Scale Items	Mean	SD	Corrected Item-Total Correlations
1. Attending church services	3.53	1.49	.85
2. Participating in church activities	3.21	1.41	.88
3. Seeking advice from a minister	2.73	1.36	.65
4. Having faith in God	4.37	1.09	.53
Alpha = .87			

Table 9

Psychometric Properties of Passive Appraisal Coping Subscale

Scale Items	Mean	SD	Corrected Item-Total Correlations
1. Watching television	3.93	1.11	.15
2. Knowing luck plays a big part in how well we are able to solve family problems.	4.04	.88	.35
3. Feeling that no matter what I do to prepare, I will have difficulty handling problems.	3.91	1.03	.12
4. Believing if I wait long enough, the problem will go away.	4.36	.99	.13
Alpha = .30			

Table 10

Psychometric Properties of Acquiring Social Support Coping Subscale

Scale Items	Mean	SD	Corrected Item-Total Correlations
1. Sharing my difficulties with relatives	3.25	1.34	.53
2. Seeking encouragement and support from friends	3.72	1.17	.48
3. Seeking advice from relatives	3.32	1.21	.60
4. Receiving gifts and favors from neighbors (e.g. food, taking in mail, etc.)	2.99	1.32	.52
5. Asking neighbors for favors and assistance	2.58	1.31	.65
6. Sharing concerns with close friends	3.84	1.11	.48
7. Doing things with relatives (get-together, dinners, etc.)	3.65	1.11	.44
8. Asking relatives how they feel about problems I face	2.57	1.17	.37
9. Sharing problems with neighbors	2.19	1.23	.46
Alpha = .81			

Table 11

Psychometric Properties of Reframing Coping Subscale

Scale Items	Mean	SD	Corrected Item- Total Correlations
1. Knowing I have the power to solve major problems	3.99	1.01	.70
2. Knowing that I have the strength within myself to solve my problems.	4.01	.96	.71
3. Facing the problems "head-on" and trying to get solutions right away.	3.93	.95	.52
4. Showing that I am strong.	3.91	.93	.59
5. Accepting stressful events as a fact of life.	3.99	.92	.61
6. Accepting that difficulties occur unexpectedly.	4.03	.92	.51
7. Believing I can handle my own problems.	3.66	1.13	.66
8. Defining my problem in a more positive way so that I do not become too discouraged.	3.89	.91	.49
Alpha = .86			

Child Coping

The children who participated completed a modified version of the Kidcope questionnaire (Spirito, Stark, & Williams, 1988) which consisted of 11 items concerning coping strategies (e.g. I thought about something else; tried to forget it; and/or went and did something like watch TV or play a game to get it out of my mind.). Kidcope is concerned with both the frequency of usage for each coping strategy and the efficacy or how helpful they found each coping strategy. However, this study just focused on the efficacy (i.e. how helpful did you find that strategy) questions since norms for coping strategies used by children have not been established (Knapp et al., 1993). Measuring coping in this manner also reduces the biases regarding "appropriate" coping strategies

for children and evades problems linked to making assumptions about a strategy being adaptive or maladaptive (Knapp et al., 1993). The children answered the efficacy questions using five possible responses where 0 = Not at all to 4 = Very Much. The authors report adequate test retest reliability and concurrent validity for this measure (Spirito, et al., 1988). (Appendix H1)

Psychometric properties of kidcope scale. Since the Kidcope scale has not been used extensively, a factor analysis was conducted on the Kidcope questionnaire. Results indicated a two factor solution which accounted for 50% of the variance. The solution may be somewhat unstable given the small N used to test for factors. Both these factors focused on problem and emotion focused coping strategies and did not seem conceptually different from each other. As a result, the whole scale was used to represent child coping.

For this study, the internal consistency of the efficacy Kidcope scale was .68. The reliability analysis led to the deletion of one item (I kept thinking and wishing this had never happened and/or that I could change what happened) due to a low corrected item total correlations. Table 12 contains the psychometric properties and internal consistency of the total Kidcope scale. A total mean was computed and used in the regression analyses.

Table 12

Psychometric Properties of Efficacy Kidcope Scale

Scale Items	Mean	SD	Corrected Item-Total Correlations
1. I thought about something else.	1.62	1.20	.30
2. I stayed away from people.	1.79	1.85	.32
3. I tried to see the good side of things and/or concentrated on something good that could come out of the situation.	2.19	1.58	.35
4. I realized I brought the problem on myself and blamed myself for causing it.	1.24	1.72	.44
5. I realized that someone else caused the problem and blamed them for making me go through this.	1.56	2.10	.48
6. I thought of ways to solve the problem.	1.82	1.80	.39
7. I talked to others to get more facts and information about the problem and/or tried to actually solve the problem.	1.99	2.38	.37
8. I talked about how I was feeling.	2.57	1.23	.30
9. Turned to my family, friends, or other adults to help me feel better	2.71	1.27	.30
10. I just accepted the problem because I know I couldn't do anything about it.	1.98	1.49	.32
Alpha = .68			

Parent/Child Grief

To measure the progression through the grieving process, parents and children completed the Response to Loss (RTL) scale developed by Schneider, Deutsch, and McGovern (1992). This scale helped the researcher to determine approximately where the bereaved was in the grieving process. This questionnaire consisted of seven scales representing Schneider's (1995) phases of the grieving process: holding on, letting go, awareness, healing and perspective, integration, reformulation, and transformation. Each subscale also contained measures which assess grief reactions in the following five areas: behavioral, cognitive, emotional, physical, and spiritual. The Holding On and Letting Go scales measured how a bereaved person coped with the loss. Holding On (e.g. I look at reminders of my loss such as pictures and mementoes) measured if the person coped by believing s/he would overcome or destroy the loss or the threat of one. Letting Go (e.g. It's easier when I can forget what happened) measured if the person coped by escaping or avoiding the impact of the loss. Awareness (e.g. I am unable to find anything to look forward to.) measured active grieving (i.e. the pain, loneliness, helplessness, and hopelessness of grief). Healing and perspective (e.g. I think about the effects of this loss, how I have changed, what is different) assessed a person's ability to begin examining what's left after a loss. Integration (e.g. I understand why it's important to have times of celebration and remembering before it's too late) examined the person's ability to remember, restore, and recreate their memories as well as their curiosity, patience, firmness, and forgiveness. Reformulation (e.g. I've changed in ways that would not have happened otherwise) assessed the person's ability to find significance in the loss.

Transformation (e.g. I know that things in my life can change and life can still be meaningful) measured the person's ability to endure and complete transitions (Schneider, 1994). The subscales on the split half versions of this scale had overall reliabilities ranging from .90 to .96. The shortened version of the scales had the following reliabilities: Holding on .89, Letting go .93, Awareness .95, Perspective .83, Integration .92, Self-Empowerment .92, and Transforming Loss .82 (Breer, 1993).

The questions on the scales were in statement form, and participants assessed if **the** statements were true for them now or in the past few days or weeks. They answered **the** statements on a five point likert scale with 0=this isn't accurate about my current response to this loss to 4 = this definitely is accurate about my current responses to this loss. The responses for the children's version were changed slightly in order to decrease confusion for the younger children. These responses were also on a five point likert scale with 0=this is never true to 4=this is always true. Also, two questions pertaining to **making** love and sex were removed from the children's version because the pilot participants felt they were inappropriate for the age group. The wording on some questions were also changed in order to make it more understandable for younger participants.

Since the total RTL consists of 517 items and takes approximately 1-2 hours to complete and since the families will be completing a number of measures, the parents completed the split half version of the scale (Appendix I), and the children completed a shortened version of the scale constructed for the purpose of this study (Appendix II). This shortened version consisted of 158 statements. The transformation subscale

contained 10 statements while the other six subscales all contained 25 statements that had the highest item-total correlations with the corresponding subscale on the total RTL.

The RTL is usually scored by obtaining percentage scores for each of the five areas of grief reactions (emotional, behavioral, physical, spiritual, and cognitive) of each subscale representing the three phases of grief (holding on, letting go, awareness, etc.), an overall percentage score for each subscale, and an overall percentage score for each area (emotional, behavioral, etc.). For example, a percentage score was calculated for the overall scale of Holding On and for the emotional, behavioral, physical, spiritual, and cognitive aspects of Holding On. The highest percentage scores of the seven subscales indicate where the individual is in the grieving process. Once all of these scores are calculated, the researcher looks for patterns, variations, and balances in the scores. For example, very low scores across all the physical scores in the subscales could indicate that the individual had a physical disability.

Factor analysis of the RTL. A factor analysis was completed on the whole scale to determine if it included one or more scales (holding on, letting go, etc.). This analysis resulted in two factors for both the parent and the child. The first factor represented the early phases of the grieving process which focus more on coping with the loss. The second factor represented the later phases of the grieving process which concentrate more on growing from the loss. The Holding On, Letting Go, and Awareness scales factored into one scale for both groups with an internal consistency of .98 for the parents and .97 for the children. The three subscales used to comprise this scale represent the early phases of the grieving process which focuses on coping with the death. As a result, this

scales was called Coping Grief. Combining these scales provided a mean coping grief score for each child and parent. The Integration, Perspective, Self-Empowerment, and Transforming scales also factored into one scale labelled Grief Growth for both groups with an internal consistency of .97 for the parents and .97 for the children. The scales used to develop the Grief Growth scale depict the later phases of the grieving process which focus on gaining perspective and integrating the death into their life. The two factors accounted for 82% of the variance in the whole scale. Table 13 contains the varimax rotated factor loadings for both the parent and child versions of the RTL.

The two factors indicate where the bereaved are in their grieving process. Since the three subscales composing the coping grief scale for both parents and children represent the early phases of the grieving process, a high coping grief score indicates that the individual tends to be in the early phases of the grieving process. The four subscales comprising the growth grief scale for both parents and children represent the later phases of the grieving process. A high growth grief score signifies that the bereaved tends to be in the later phases of the grieving process. In other words, if the coping grief score is higher than the growth grief score, then the individual is probably in the earlier phases of the grieving process, but if their growth grief score is higher than their coping score, then they are probably in the later phases of their grief. It is not possible to have high scores on both the coping and grief score, but it is possible to have medium (fairly equal) scores on both. A mean score for each of the two scales was computed for both parents and children and used as indicators to test the structural equation model. For the regression analyses, a difference score for grief was computed both the parent and the child. This

difference score subtracted the coping score from the growth score. High scores mean the individual is likely to be further along in the grieving process while low and negative scores indicate that the individual is in the earlier phases of their grieving process.

Internal consistencies of the RTL survey. Internal consistencies were calculated on each of the two grief scales to determine their reliabilities for this study. Examination of the corrected item-total correlations resulted in the deletion of 40 items on the parent scales and 15 items on the child scales due to corrected item total correlations below .30. With the deletion of these items the internal consistencies of the scales were .81 (coping) and .96 (growth) for the parents and .85 (coping) and .95 (growth) for the children. The deleted items are identified in Appendix I3. Tables 13 through 17 contain the psychometric properties and internal consistencies of these four scales.

Table 13

Varimax Rotated Factor Loading of Parent and Child RTL Subscales

Scale	Factor 1: Coping Grief	Factor 2: Growth Grief
Parent Scale		
Self-Empowerment	.943	.110
Integration	.887	.074
Perspective	.879	.030
Transformation	.876	.014
Letting Go	.128	.924
Awareness	.313	.878
Holding On	.233	.854
Child Scale		
Transforming Loss	.909	.137
Perspective	.905	.198
Integration	.886	.086
Self-Empowerment	.844	.271
Awareness	.306	.886
Letting Go	.230	.884
Holding On	.115	.859

Table 14

Psychometric Properties of the Parent Coping Grief Scale

Scale Items	Mean	SD	Corrected Item- Total Correlations
1. I am smoking more.	.74	1.41	.40
2. Taking care of others distracts me from thinking about my loss.	2.43	1.22	.39
3. I want/need to tell others what happened.	1.99	1.34	.37
4. If I try hard enough, I can bring back what I lost	.25	.71	.39
5. I'm looking for who made this loss happen.	.21	.73	.35
6. I remain involved with my friends and family to stay connected with my loss.	3.65	1.65	.42
7. I haven't given up the rituals and habits that connect me to my loss.	1.82	1.47	.31
8. I don't believe that this loss really happened.	1.49	1.46	.32
9. I keep thinking something could be done to bring back what I lost.	.53	1.09	.35
10. I try to figure out how it could have been different.	1.65	1.32	.54
11. I try to figure out why this loss happened to me.	1.44	1.35	.50
12. If I don't concentrate on remembering what has happened, I'll forget it.	.35	1.02	.40
13. If I'm good enough, nobody I love will ever die.	.80	.53	.30
14. If I am good enough or perfect enough, what was lost will come back.	.90	.59	.32
15. I think I am responsible for this loss.	.70	.80	.40
16. I wish things were the way they were before this loss occurred.	2.82	1.44	.30
17. I'm scared to share what I've been thinking, feeling, and doing	1.29	1.37	.69
18. My feelings are so unpredictable I wonder if I am crazy.	.96	1.25	.76
19. I feel guilty just thinking about enjoying myself.	1.21	1.32	.67
20. My feelings are so intense I'm afraid of losing control.	1.00	1.35	.84
21. I try to hold back the tears.	1.36	1.31	.66

Table 14 cont'd

22. Unless something happens to change this, I don't know if I can control myself.	.50	.95	.63
23. I am afraid to think about anything else but my loss.	.50	.95	.48
24. Nothing is going to rob me of my feelings about this loss.	1.46	1.50	.40
25. I have trouble breathing.	.58	1.11	.48
26. I don't eat as much.	1.19	1.41	.40
27. I am sleeping less.	1.88	1.70	.70
28. I dream that something has happened to reverse my loss.	.99	1.39	.47
29. Life seems unfair.	1.74	1.48	.58
30. I wonder if I really deserve what I have.	1.33	1.39	.40
31. I avoid telling anyone what I'm thinking, feeling and/or doing about this loss.	1.08	1.29	.63
32. I'm less patient with people.	1.22	1.24	.52
33. I don't see much of my old friends.	1.40	1.45	.65
34. I've been careless.	.68	1.07	.58
35. I avoid getting involved in anything.	1.28	1.39	.62
36. I've put away anything which could remind me of this loss.	.74	1.36	.34
37. I have kept secret what really happened.	.70	.68	.32
38. I can be verbally abusive when others remind me of this loss.	.70	.68	.35
39. If I get too happy, something bad is bound to happen.	.80	1.07	.51
40. This loss is evidence that I have failed as a person.	.70	.72	.54
41. I deserve a better deal than I am getting.	1.14	1.29	.68
42. Even if I could understand why it happened, it wouldn't change anything.	2.54	1.66	.35
43. It's easier when I can forget what happened.	.94	1.30	.45
44. Nobody really cares how this loss affects me.	1.12	1.23	.48
45. I've rejected others' ideas about the loss.	.82	1.14	.39
46. I should eat, drink, and be merry, for tomorrow may never come.	.61	1.00	.30

Table 14 cont'd

47. Don't rock the boat. You'll just get noticed.	.55	.96	.36
48. Nobody cares about me. Why should I care about anyone else?	.50	1.11	.55
49. Easy come, easy go.	.40	.72	.39
50. Enjoy yourself now. Who cares about tomorrow?	.39	.80	.40
51. If you're too happy, something bad is bound to happen.	.64	1.20	.49
52. It is the nail that stands out that gets hammered the hardest.	.53	1.07	.49
53. I feel confused and disoriented.	1.19	1.31	.79
54. I try not to let anything affect me.	1.22	1.09	.52
55. I feel detached and separate from others.	1.47	1.44	.68
56. I feel bored with life.	.96	1.18	.63
57. People irritate me easily.	1.14	1.17	.69
58. I feel frustrated.	1.54	1.31	.78
59. If I let myself, I get so unhappy I can't stand it.	1.13	1.29	.79
60. I get upset with myself for the way I have behaved.	1.01	1.17	.76
61. I am revolted by the way people have responded.	.90	1.25	.62
62. I don't want to be touched.	.82	1.32	.61
63. I'm more clumsy and accident prone.	.72	1.15	.68
64. I have felt sick to my stomach.	.99	1.34	.77
65. I exercise less.	1.21	1.60	.55
66. I don't watch what I eat.	1.36	1.44	.58
67. I doubt that anything or anyone can give my life meaning again.	1.33	1.43	.78
68. I can't imagine anyone ever being as important to me.	1.94	1.64	.59
69. I've given up believing that my life has any particular significance.	.97	1.27	.76
70. It's hard for me to trust anybody.	1.67	1.40	.73
71. Nothing has really made any difference, so why do I bother?	.53	.90	.64
72. I wonder if I'm really a disgusting worthless person.	.50	.87	.57

Table 14 cont'd

73. I dream that I destroyed who I lost.	.60	.81	.48
74. I deserve to be taken care of after what's happened.	.89	1.24	.35
75. I am scattered and ineffective.	.90	1.13	.60
76. I forget to do routine, everyday tasks.	.75	1.10	.66
77. I never seem to know what to do with myself.	.81	1.12	.62
78. I have very little to say.	1.03	1.14	.66
79. I do less of the things I enjoyed before.	1.38	1.50	.74
80. I've not been interested in meeting anyone new.	1.88	1.69	.56
81. I lack love, affection, and companionship.	1.71	1.63	.44
82. I've lost friends.	1.14	1.52	.61
83. My thinking has been slower than usual.	1.28	1.41	.62
84. I am unable to find anything to look forward to.	1.04	1.20	.73
85. I forget how it used to be before this happened.	.75	1.04	.54
86. I'm struck by how other people seem to go on with their lives while I cannot.	1.13	1.33	.77
87. There's no way I can fully understand why it happened.	2.78	1.54	.46
88. I am aware of what is no longer a part of my life.	3.56	.80	.36
89. I think about what's missing in my life.	2.74	1.26	.63
90. The tears are hard to stop.	1.54	1.24	.56
91. I long for whom I've lost.	2.81	1.35	.44
92. It's hard to express what I feel in words.	2.39	1.53	.60
93. I miss feeling happy.	2.08	1.55	.68
94. I feel a great deal of hurt or emotional pain.	2.17	1.48	.72
95. I feel helpless.	1.06	1.38	.64
96. I feel lonely and alone.	2.06	1.46	.57
97. Being in certain places stirs up unexpected feelings.	2.53	1.37	.48
98. Certain odors (e.g. perfumes, old houses) can trigger feelings.	2.18	1.51	.44
99. I feel tense.	1.64	1.38	.81

Table 14 cont'd

100. My body feels heavy.	1.49	1.46	.71
101. I've had no energy to do anything.	1.32	1.32	.72
102. I feel numb	1.22	1.36	.80
103. I sigh.	1.58	1.36	.64
104. I wake up feeling tense and achy, as if I'd been tense all night.	1.38	1.37	.72
105. I wake up during the night.	2.14	1.59	.61
106. My dreams remind me of my loss.	1.50	1.48	.71
107. When someone touches me, my feelings come to the surface	1.14	1.17	.40
108. My stomach really churns	.89	1.21	.62
109. I have aches and pains which remind me of my loss	.86	1.23	.66
110. I would rather die than go on experiencing this.	.60	1.07	.54
111. No amount of money could ever replace it	2.89	1.71	.37
112. The future seems empty	1.68	1.50	.63
113. What I value most in life has been destroyed.	1.83	1.59	.52
114. I question the existence of the God I used to believe in	.70	1.22	.46
115. I cannot continue life the same way as before.	2.22	1.56	.54
116. My life will never be totally free from pain and suffering.	2.07	1.50	.71
117. I will lose things and people important to me	2.06	1.60	.50
118. Parts of me are missing.	2.22	1.55	.68
119. I am no the loving, caring, trusting person I was.	.92	1.24	.69
120. When I'm convinced things can't get any worse they do.	1.21	1.30	.58
121. I have lost my desire to live.	.60	.96	.53

Alpha = .98

Table 15

Psychometric Properties of the Parent Growth Grief Scale

Scale Items	Mean	SD	Corrected Item- Total Correlations
1. Being by myself has been healing.	2.08	1.45	.30
2. Activities like getting a massage, painting or music are soothing.	1.99	1.61	.51
3. Talking or writing about it gives me relief and release.	2.18	1.54	.40
4. I can let things turn out the way they will.	2.06	1.42	.43
5. I realize that I've lost a lot, but I haven't lost everything.	3.21	1.05	.56
6. I think about how I have changed, what is different.	2.72	1.19	.34
7. I have already passed the lowest point.	2.65	1.47	.50
8. My fears about dying are less.	2.10	1.62	.38
9. I am able to express my feelings about the loss.	2.90	1.06	.46
10. My feelings still catch me by surprise, but they don't last as long.	2.42	1.31	.30
11. I'm not so sad.	2.26	1.38	.40
12. My disgust over what happened has lessened.	1.38	1.55	.43
13. I realize that sadness and peacefulness can co-exist.	2.74	1.34	.69
14. I can enjoy simple pleasures of life again.	2.79	1.26	.76
15. The aches and pains I used to have with this loss have lessened.	2.10	1.52	.43
16. I enjoy being touched and held once again.	1.43	1.75	.48
17. It takes less energy to do things than it used to.	1.65	1.51	.52
18. I notice how things smell and taste again.	1.96	1.62	.45
19. I have learned to accept that losses and changes are a part of life.	3.26	1.10	.51
20. My life will continue.	3.58	.78	.59
21. My dreams seem to help me understand and accept what happened.	1.24	1.44	.43
22. My faith or spiritual understanding helped me with this experience.	2.85	1.55	.34

Table 15 (cont'd)

23. My life does seem to have meaning.	3.07	1.28	.67
24. Life seems more fragile and precious.	3.25	1.11	.39
25. I've found ways to get back my integrity.	2.25	1.63	.36
26. I don't depend as much on others.	2.68	1.34	.31
27. I've remembered what I really want to remember about it.	2.68	1.42	.50
28. I've finished things related to my loss as completely as I can.	2.42	1.46	.52
29. I've taken steps to forgive those involved.	1.38	1.60	.41
30. I am making restitution for my contribution to this loss.	.69	1.34	.30
31. I like being with people again.	2.39	1.47	.61
32. Putting my thoughts into words has helped me recover.	2.36	1.46	.52
33. It's important to have times of celebration and remembrance before it's too late.	3.01	1.40	.46
34. My life has more to it.	1.75	1.53	.53
35. I've felt all I can feel about this loss.	1.56	1.52	.34
36. I've found effective ways to express my feelings.	2.47	1.24	.58
37. I've experienced this loss in ways that were healing.	2.43	1.33	.68
38. I've let go of the guilt.	1.68	1.63	.36
39. I've let go of the anger.	2.11	1.43	.41
40. I can make sense out of the messages from my body.	1.79	1.46	.66
41. I don't push my body beyond limits.	2.15	1.54	.47
42. I relax.	2.19	1.40	.57
43. I sleep well.	2.21	1.46	.42
44. I eat sensibly.	2.07	1.41	.36
45. I can be sexually or romantically interested.	1.42	1.64	.51
46. I know my life is important.	3.31	.97	.61
47. My dreams are restful, playful and helpful.	1.53	1.49	.61
48. I've restored or regained part of what I had lost.	1.32	1.41	.46
49. I feel the presence of who I lost.	1.94	1.52	.30

Table 15 (cont'd)

50. I have forgiven myself for what happened.	1.15	1.54	.37
51. I have forgiven others for what happened.	1.10	1.52	.30
52. I would not want my loss reversed if it meant giving up all my growth from it.	.68	1.31	.36
53. I feel confident enough in myself to move on to other things.	2.65	1.31	.64
54. It takes less effort and thought to do what I need to do.	1.99	1.45	.64
55. I'm nicer to myself.	2.06	1.34	.64
56. I'm not as serious a person.	1.31	1.27	.43
57. I'm able to take risks again.	1.75	1.42	.63
58. I'm more self-disciplined.	2.10	1.40	.49
59. I don't place limits in front of myself as readily as I did before this loss.	1.81	1.38	.56
60. I am more able to give to others.	2.18	1.39	.65
61. I have time for my family and friends and time for me.	2.76	1.16	.51
62. I can express myself in many ways.	2.31	1.36	.77
63. I can appreciate the paradoxes and seeming contradictions in my life.	2.10	1.46	.70
64. I feel more confident.	2.15	1.43	.69
65. I've grown.	2.69	1.30	.63
66. I feel challenged to keep on going.	3.18	1.07	.63
67. I trust my ways of thinking.	3.06	.96	.56
68. I don't avoid my feelings.	2.90	1.13	.57
69. I've found new ways to express my feelings.	2.06	1.43	.62
70. I feel loving and affectionate.	2.32	1.37	.74
71. Sadness reminds me how important this loss was to me.	2.88	1.26	.30
72. I am curious about many things.	2.82	1.27	.56
73. I listen to what my body tells me.	2.30	1.21	.46
74. I enjoy making love.	.92	1.57	.41
75. I feel strong.	2.38	1.29	.72

Table 15 (cont'd)

76. I am active in caring for myself physically.	2.57	1.16	.42
77. What I eat is healthy.	2.44	1.12	.41
78. I feel warm all over.	1.33	1.33	.64
79. I have what is meaningful within me.	2.49	1.31	.75
80. I've learned to respect myself.	2.58	1.26	.73
81. I feel like a whole person.	2.17	1.42	.74
82. I've discovered that there is more to me than what meets the eye.	2.60	1.30	.52
83. My dreams make sense.	1.31	1.35	.48
84. I live as fully as I can	2.68	1.05	.66
85. I have fewer conditions on my love.	1.43	1.49	.44
86. I feel lovable.	2.25	1.38	.66
87. I've challenged and altered some of my most cherished and long standing assumptions and beliefs.	1.56	1.39	.43
88. I want other people in my life.	2.90	1.38	.49
89. I want to share with others who have these life experiences.	3.00	1.10	.30
90. What I own isn't important.	2.42	1.18	.30
91. The cycles of life have times of birth and death.	3.43	1.14	.45
92. I am sometimes surprised by what I know and say.	2.38	1.33	.33
93. I feel connected to the world and to nature.	2.50	1.30	.62
94. Things in my life can change and life can still be meaningful.	2.94	1.17	.62
95. I am curious about what will happen after I die.	2.46	1.41	.38
96. I can't live without loving myself.	2.54	1.53	.50
97. I discovered some essential parts of me.	2.36	1.48	.67
98. My life has times of joy.	3.17	1.10	.57

Alpha = .97

Table 16

Psychometric Properties of the Child Coping Grief Scale

Scale Items	Mean	SD	Corrected Item-Total Correlations
1. I've been working much harder.	1.99	1.26	.30
2. I look at reminders of my loss (pictures, mementoes).	2.56	1.11	.30
3. I go over the loss in my mind, trying to figure out how things could have been different.	1.88	1.53	.52
4. I try to figure out why this loss happened to me.	1.86	1.57	.66
5. I ask myself: "Why did this happen to me?"	2.14	1.47	.58
6. This whole thing seems unreal.	2.07	1.43	.54
7. Sometimes I unexpectedly see or hear things that remind me of my parent.	2.49	1.33	.42
8. I have hoped that I was dreaming and I'd wake up and find out it never happened.	2.38	1.48	.51
9. I feel that I should have done something to prevent this from happening	1.19	1.34	.52
10. I've been angry	2.04	1.23	.52
11. I've been scared to share what I've been thinking, feeling, and doing.	1.49	1.33	.47
12. I can't express the feeling I have about what I did and/or didn't do just before the loss happened.	1.58	1.44	.53
13. I dream that it never happened.	1.64	1.52	.45
14. I've increased my exercise.	1.49	1.34	.30
15. I ignore the physical pain just to keep going.	1.38	1.35	.54
16. I dream that something has happened to reverse my loss.	1.24	1.41	.46
17. I have lost weight.	1.04	1.43	.32
18. It would help if someone could help me understand this.	1.35	1.32	.68
19. Life seems unfair.	2.36	1.44	.65
20. There are times when it feels like I am going through the same thing all over again.	1.49	1.32	.63
21. I am not able to forgive those who contributed to this loss.	.81	1.35	.36

Table 16 (cont'd)

22. I wonder if I really deserve what I have.	1.67	1.38	.58
23. I avoid telling anyone what I'm thinking, feeling, and/or doing.	1.54	1.29	.38
24. I avoid people who remind me of this experience	.85	1.17	.35
25. I've been careless.	1.47	1.10	.55
26. Something else is going to go wrong.	1.39	1.21	.59
27. It's easier when I can forget what happened.	1.42	1.23	.30
28. This loss is evidence that I have failed as a person.	.50	.70	.34
29. If I get too happy, something bad is bound to happen	1.10	1.22	.50
30. If I don't look out for myself, no one else will	1.31	1.51	.48
31. I feel confused .	1.97	1.24	.71
32. I feel detached and separate from others.	1.58	1.35	.71
33. I feel dissatisfied with everything.	1.25	1.21	.63
34. I feel overwhelmed.	1.64	1.35	.51
35. People irritate me.	1.85	1.24	.49
36. I don't want to be touched.	.95	1.06	.51
37. I get hurt more.	1.10	1.20	.61
38. I am sick a lot.	.85	1.10	.35
39. I wish I could be saved from having to deal with this experience.	2.18	1.44	.58
40. I doubt that anything or anyone can give my life meaning again.	.88	1.19	.70
41. It's hard for me to trust anybody.	1.08	1.30	.62
42. Nothing has really made any difference, so why do I bother?	.75	.95	.31
43. Nobody cares how I am doing.	.82	1.14	.62
44. It's been hard to concentrate.	1.57	1.16	.69
45. I am less confident.	1.33	1.24	.63
46. I've not been interested in meeting anyone new.	.79	1.03	.51
47. I have very little to say	1.13	1.13	.55

Table 16 (cont'd)

48. I've had no energy to do anything	1.10	1.26	.58
49. I am scattered and ineffective	.94	1.05	.64
50. I am unable to find anything to look forward to.	.82	1.04	.67
51. My thinking has been slower than usual.	.85	1.08	.68
52. I can't imagine how things will get better.	1.01	1.12	.75
53. It seem hopeless to try to understand what really happened.	1.01	1.29	.71
54. I feel empty, like a shell, like I am just existing.	1.15	1.19	.75
55. I feel lonely and alone	1.44	1.29	.76
56. I long for whom I've lost.	2.58	1.42	.66
57. The tears are hard to stop.	1.56	1.11	.67
58. I miss expressing my love.	1.97	1.55	.58
59. I feel restless.	1.46	1.31	.64
60. I feel tense	1.54	1.30	.68
61. I am exhausted by any effort	.80	1.06	.66
62. My body feels heavy	.94	1.18	.67
63. I wake up during the night.	1.34	1.30	.54
64. The future seems empty.	1.00	1.15	.67
65. It is easier to realize that someday I will die.	2.25	1.45	.42
66. Everything else seems trivial and meaningless.	1.14	1.26	.61
67. There is nothing positive or good about this loss.	1.59	1.55	.48

Alpha = .97

Table 17

Psychometric Properties of the Child Growth Grief Scale

Scale Items	Mean	SD	Corrected Item-Total Correlations
1. Hearing about other's experiences with similar losses helps	1.92	1.30	.41
2. Being by myself has been healing.	1.81	1.27	.32
3. Telling or writing my story about this experience gives me a feeling of relief and release.	1.90	1.44	.43
4. It's easier to let myself just experience this loss.	1.61	1.27	.30
5. It helps to be with a friend who accepts me as I am	3.25	1.14	.38
6. I think about the effects of this loss, how I have changed, what is different.	2.68	1.06	.30
7. I can take what comes	2.69	1.03	.51
8. I realize that I've lost a lot, but I haven't lost everything.	2.97	1.00	.52
9. My feelings make sense when I think about them.	2.54	1.20	.46
10. I don't need to struggle to accept what has happened.	2.21	1.33	.38
11. I still hurt, but the pain has lessened.	2.43	1.30	.57
12. My feelings still catch me by surprise, but they don't last as long.	2.17	1.37	.53
13. I don't feel as guilty as I used to.	1.96	1.60	.51
14. I can enjoy simple pleasures of life again.	2.90	1.13	.51
15. My body is healing from the stresses of this experience.	2.49	1.36	.57
16. The aches and pains I used to have with this loss have lessened.	2.54	1.32	.63
17. I notice how things smell and taste again.	2.67	1.48	.55
18. I'm able to relax.	2.49	1.37	.61
19. I realize that sadness and peacefulness can co-exist.	2.81	1.30	.60
20. Someone or something powerful and loving has helped me make it this far.	3.15	1.13	.68
21. I have learned to accept that losses and changes are a part of life.	3.03	1.00	.57
22. I believe there is some good in every person.	3.17	.96	.56

Table 17 (cont'd)

23. My faith or religious beliefs helped me with this experience.	2.47	1.42	.40
24. At least one person knows that I've forgiven myself.	1.90	1.77	.42
25. I've found ways to get back my integrity	1.78	1.44	.43
26. I've experienced this loss in ways that were healing.	2.39	1.12	.66
27. I've said good-bye to my loss.	2.24	1.48	.33
28. I realize how important it is to say good-bye to who's gone.	2.76	1.25	.34
29. My life has more to it.	2.49	1.32	.63
30. I know my life is important.	3.18	1.12	.67
31. I have as good an understanding as I can right now about what happened.	2.99	1.13	.37
32. I understand why it's important to have time of celebration and remembering before it's too late.	3.07	1.21	.50
33. I've felt what I've needed to feel about this loss.	2.47	1.21	.68
34. I no longer feel shame.	2.35	1.64	.51
35. I've let go of the guilt.	2.40	1.63	.48
36. I've let go of my sadness.	1.81	1.30	.58
37. I've let go of my anger.	2.07	1.39	.60
38. I can make sense out of the messages from my body	2.15	1.29	.58
39. I have the energy I need.	2.76	1.20	.56
40. I relax	2.79	1.20	.63
41. I don't neglect my body	2.64	1.35	.47
42. I feel confident enough in myself to move on to other things.	2.96	1.00	.62
43. I have forgiven myself for what happened.	2.46	1.65	.58
44. It's time for me to get on with life.	2.61	1.39	.56
45. This loss has opened me to bonds of love and friendship with at least one person.	2.97	1.28	.53
46. I have been forgiven for what I contributed to this loss.	1.94	1.74	.45
47. I discovered what I want in life.	2.17	1.38	.30
48. I can laugh at myself	2.54	1.20	.46

Table 17 (cont'd)

49. I'm more assertive	2.46	1.23	.40
50. I feel more confident.	2.46	1.14	.66
51. I'm more creative in my approach to life	2.22	1.20	.63
52. I feel challenged to keep on going.	2.51	1.28	.51
53. I enjoy dreaming as much as I do reaching for my dreams.	2.83	1.17	.63
54. I've changed in ways that would not have happened otherwise.	2.86	1.21	.42
55. I am curious about a lot of things.	3.00	1.06	.45
56. I feel like a whole person.	2.69	1.29	.56
57. I feel loving and affectionate.	2.88	1.07	.60
58. I've learned to respect myself.	2.82	1.28	.72
59. I am not as hard on myself when I make mistakes.	2.21	1.36	.62
60. I listen to what my body tells me	2.06	1.22	.56
61. I am efficient and creative at doing things.	2.43	1.14	.40
62. I feel strong.	2.75	1.11	.61
63. I am active in caring for myself physically.	2.77	1.12	.57
64. I've discovered that there is more to me than what meets the eye.	2.82	1.20	.67
65. I trust my intuition, dreams, fantasies, or my inner sense to let me know what I need to know.	2.69	1.07	.47
66. I feel a part of something much bigger than me.	2.56	1.21	.61
67. I live as fully as I can.	2.93	1.08	.65
68. I can love and be devoted to another without losing myself.	2.76	1.27	.58
69. I have peaceful moments.	2.75	1.03	.57
70. I've discovered that the most important parts of my loss remain alive inside me.	2.68	1.21	.51
71. I believe there is someone or something more powerful, loving, lasting, and wiser than any single human being.	3.10	1.29	.63
72. I feel connected to the world and to nature.	2.36	1.18	.57
73. I know I am in the right place for me right now.	2.64	1.30	.64

Table 17 (cont'd)

74. I realize that I can't live without loving myself.	2.82	1.23	.62
75. I know that things in my life can change and life can still be meaningful.	3.21	1.09	.71
76. My life has times of joy.	3.46	.71	.62

Alpha = .97

Family Functioning

Parents completed the Family Assessment Device (FAD) which determined the family's functioning (Appendix J). This measure consisted of 60 items regarding the family's functioning on a 4 point likert scale (Epstein, Baldwin, & Bishop, 1983). The FAD included seven subscales based on the McMaster Model of Family Functioning and an overall level of family functioning. The FAD responses were on a four point likert scale with 1=Strongly Agree and 4=Strongly Disagree. All items on the scale were recoded to 1=Strongly Disagree and 4=Strongly Agree so that high numbers would represent high functioning and low numbers would signify low functioning. The seven subscales were Problem Solving, Communication, Roles, Affective Responsiveness, Affective Involvement, Behavior Control, and General Functioning (Epstein, et al., 1983). Problem Solving was the family's ability to settle difficulties while maintaining effective family functioning. This subscale consisted of 6 items, such as we try to think of different ways to solve problems. Communication involved determining whether communication was clear in respect to content and whether the family members talked directly with each other. For example, did family members talk directly with the person for whom a message was intended, or did they leave the message with another family member? The communication scale consisted of 9 questions, such as people come right out and say things instead of hinting at them. The Roles scale centered on the existence of organized patterns for family chores. This scale included 11 items, such as family tasks don't get spread around enough. Affective Responsiveness determined whether the family members exhibit appropriate responses to situations. This scale included 6 items,

such as we do not show our love for each other. Affective Involvement ascertained the interest and values family members place on the activities and concerns of other family members. This scale contained 7 items, such as we get involved with each other only when something interests us. Behavior Control included 9 items and measured how the family revealed and preserved behavior standards for family members using questions like we can easily get away with breaking the rules. General Functioning, with 12 items, gave an overall level of family functioning using questions similar to we don't get along together (Epstein, et al., 1983). The internal consistency of the FAD subscales have alphas ranging from .72 to .92 and test-retest reliabilities of .66 to .76 (Miller, Kabacoff, Keitner, Epstein, & Bishop, 1986).

Internal consistencies of FAD. This study produced internal consistencies ranging from .76 to .86 for the family functioning subscales. Tables 18 through 24 contain the psychometric properties and internal consistencies of the seven family functioning subscales. Means for each of the seven subscales were calculated and used as indicators of family functioning to test the structural equation model. Previous researchers using the FAD tend to use the general functioning scale when looking at family functioning in general (Miller, Keitner, Whisman, Ryan, Epstein, Bishop, 1992; Keitner, Fodor, Ryan, Miller, Epstein, & Bishop, 1991). As a result, a mean of the general functioning scale was calculated and used to test the regression analyses. High means indicate high functioning while low means represent low functioning for the family.

Table 18

Psychometric Properties of Affective Response FAD Subscale

Scale Items	Mean	SD	Corrected Item- Total Correlations
1. We express tenderness.	3.11	.64	.70
2. We cry openly.	2.86	.82	.43
3. We are reluctant to show our affection for each other. (R)	3.22	.80	.65
4. Some of us just don't respond emotionally. (R)	2.44	.66	.43
5. We do not show our love for each other. (R)	3.30	.74	.42
6. Tenderness takes second place to other things in our family. (R)	2.78	.78	.41
Alpha = .76 NOTE: (R) = Recoded			

Table 19

Psychometric Properties of General Functioning FAD Subscales

Scale Items	Mean	SD	Corrected Item- Total Correlations
1. In times of crisis we can turn to each other for support.	3.45	.73	.61
2. Individuals are accepted for what they are.	3.21	.74	.58
3. We can express our feelings with each other.	2.98	.65	.52
4. We feel accepted for who we are.	3.32	.62	.65
5. We are able to make decisions about how to solve problems.	3.17	.60	.40
6. We confide in each other.	3.09	.63	.63
7. Planning family activities is difficult because we misunderstand each other. (R)	3.15	.87	.36
8. We cannot talk to each other about the sadness we feel. (R)	3.09	.82	.42
9. We avoid discussing our fears and concerns. (R)	2.89	.71	.69
10. There are lots of bad feelings in the family. (R)	3.32	.73	.48
11. Making decisions is a problem for our family. (R)	3.00	.75	.69
Alpha = .86 NOTE: (R) = recoded			

Table 20

Psychometric Properties of Affective Involvement FAD Subscale

Scale Items	Mean	SD	Corrected Item- Total Correlations
1. You only get the interest of others when something is important to them. (R)	2.73	.79	.39
2. We are too self-centered. (R)	2.95	.71	.46
3. We get involved with each other only when something interests us. (R)	2.98	.79	.62
4. We show interest in each other when we can get something out of it personally. (R)	2.99	.75	.66
5. Our family shows interest in each other only when they can get something out of it personally. (R)	3.18	.73	.71
6. Even though we mean well, we intrude too much into each other's lives. (R)	3.04	.76	.39
Alpha = .79		NOTE: (R)=Recoded	

Table 21

Psychometric Properties of Communication FAD Scales

Scale Items	Means	SD	Corrected Item- Total Correlations
1. When someone is upset the others know why.	2.72	.59	.39
2. People come right out and say things instead of hinting at them.	2.80	.67	.57
3. We talk to people directly rather than through go between.	2.94	.72	.41
4. We are frank with each other.	3.09	.47	.54
5. When we don't like what someone has done, we tell them.	3.02	.54	.35
6. You can't tell how a person is feeling from what they are saying. (R)	2.81	.82	.52
7. It is difficult to talk to each other about tender feelings. (R)	2.71	.73	.62
8. We often don't say what we mean. (R)	2.87	.70	.67
Alpha=.79		NOTE: (R) = recoded	

Table 22

Psychometric Properties of Problem Solving FAD Scales

Scale Items	Mean	SD	Corrected Item- Total Correlations
1. We resolve most everyday problems around the house.	3.35	.59	.41
2. We usually act on our decisions.	2.97	.64	.32
3. After our family tries to solve a problem, we usually discuss whether it worked or not.	2.64	.64	.31
4. We resolve most emotional upsets that come up.	3.17	.48	.55
5. We confront problems about feelings.	2.96	.65	.47
6. We don't talk to each other when we are angry. (R)	3.10	.57	.31
Alpha = .86			NOTE: (R)=Recoded

Table 23

Psychometric Properties of Behavior FAD Subscale

Scale Items	Mean	SD	Corrected Item- Total Correlations
1. We know what to do in an emergency.	3.14	.60	.59
2. There are rules about dangerous situations.	3.49	.56	.50
3. We don't know what to do when an emergency comes up. (R)	3.35	.66	.49
4. We have no clear expectations about how we dress. (R)	3.01	.72	.54
5. We don't hold any rules or standards. (R)	3.47	.56	.54
6. If the rules are broken, we don't know what to expect. (R)	3.09	.64	.54
7. Anything goes in our family. (R)	3.48	.68	.54
Alpha = .80			NOTE: (R)=Recoded

Table 24

Psychometric Properties of Roles FAD Subscales

Scale Items	Mean	SD	Corrected Item- Total Correlations
1. We make sure members meet their family responsibilities.	2.93	.71	.41
2. Each of us has particular duties and responsibilities.	2.96	.67	.61
3. We discuss who is to do household jobs.	2.90	.73	.58
4. When you ask someone to do something, you have to check that they did it. (R)	2.31	.79	.37
5. Family tasks don't get spread around enough. (R)	2.43	.81	.62
6. There's little time to explore personal interests. (R)	2.94	.74	.52
7. If people are asked to do something, they need reminding. (R)	2.29	.64	.55
8. We are generally dissatisfied with the family duties assigned to us. (R)	2.95	.67	.32
Alpha = .79 NOTE: (R) = recoded			

Pilot

The measures in this study were piloted with 10 parents who had lost a child and 5 children who had lost a sibling. These families were recruited through a local support group for families located in Lansing. The researcher asked these participants for any comments they had concerning the social support and communication measures created by the researcher. They were asked to determine if there was anything they thought should be added, deleted, or changed on the measures. Parents timed themselves and their children to see how long it took for everyone to complete all the measures. Both the parents and the children recorded any reactions they had while completing the measures.

Once this data was collected and evaluated, all suggestions were noted and necessary modifications were made.

The comments received from the pilot participants overwhelmingly stated that both the social support surveys were redundant, too long, and boring to complete. As a result, the researcher made extensive modifications on the social support measures, the communication measures, and the Kidcope measure. The researcher incorporated the feedback received from both parents and children by deleting inappropriate and redundant items and rewording ambiguous items on the social support and communication measures for both parents and children and the Kidcope measure.

Chapter 3

RESULTS

Participants

Of the 112 families that requested surveys, 72 (66%) completed and returned the measures. The forty families that did not complete the questionnaires usually stated that the children were unwilling to complete the surveys. The parents' ages ranged from 30 to 68 years and the mean age was 45. The children ranged in age from 12 to 18 with a mean age of 15. Sixty-eight (94%) parents identified their family's ethnic background as Caucasian, 2 (3%) as Native American, 1 (1%) Hispanic, and 1 (1%) multiple backgrounds. Table 25 contains the other demographic information on the participants, and Table 26 contains the means, standard deviations, minimums, and maximums of the variables used in this study. Table 27 contains the intercorrelations among the variables used in the regression analyses, and Table 28 contains the intercorrelations among the variables used in the structural equation model.

Use of Time and Age as Covariates in Analyses

Since time since death and age possibly covary social support, coping, and grief, the researcher planned to control for these two variables in all the analyses. To determine

Table 25

Characteristics of Participants

Characteristics	N	%
Family		
Income		
\$0-\$10,000	2	3
\$10,000-\$20,999	14	19
\$21,000-\$35,999	25	35
\$36,000-\$50,999	13	18
Over \$51,000	17	24
Type of Death		
Sudden	47	65
Anticipated	25	35
Religion		
Catholic	18	25
Protestant	35	49
Jewish	2	3
Mormon	1	1
No religious Affiliation	6	8
Other	10	14
Cause of Death		
Cancer	27	38
Heart Attack	12	17
Suicide	7	10
Accident	11	15
Chronic Disease	4	6
Homicide	1	1
Aneurysm/Hemorrhage	6	11
Other Health Problems	4	6
Time since Death		
< 1 year	18	25
1-2 years	25	35
2-3 years	17	24
3-4 years	12	17
Number of Children		
1	6	8
2	29	40
3	24	33
4	10	14
5	1	1
6	2	3

Table 25 (cont'd)

Parents

Gender		
Women	66	92
Men	6	8
In a New Relationship		
Yes	13	18
No	59	82
Support Group/Therapy		
Yes	43	60
No	29	40
Education Level Surviving Parent		
High School/GED	14	19
Some College	19	26
College Degree	22	31
Masters Degree	12	17
Other	5	7
Change in Circle of Friends		
No Change	25	35
Have Lost and Gained a Few	33	46
Lost All Friends and Gained a Few	2	3
Have all New Friends	3	4
Other	9	12

Children

Gender		
Female	50	69
Male	22	31
Support Group/Therapy		
Yes	38	53
No	34	47
Deceased Parent		
Father	66	92
Mother	6	8
Change in Circle of Friends		
No Change	27	37
Have Lost and Gained a Few	28	39
Lost All Friends and Gained a Few	0	0
Have all New Friends	4	6
Other	13	18

Table 26

Descriptive Statistics of Variables

Variables	Mean	SD	Minimum	Maximum
Nature of Death	1.35	.48	1	2
Time Since Death	2.32	1.03	1	4.00
Child Age	15.07	1.99	11	18
Parent Age	45	6.35	30	68
Parent Family Adequate SS	2.26	.57	1	3
Parent Friends Adequate SS	2.38	.63	1	3
Parent Functional Social Support	2.32	.48	1.19	3
Child Family SS	2.44	.51	1.4	3
Child Friends SS	2.36	.60	1	3
Child Functional Social Support	2.40	.41	1.36	3
Parent Structural Support	3.15	1.16	.33	5.33
Child Structural Support	3.57	1.21	1	6
Parent Coping Reframing	3.94	.68	1.88	5
Parent Coping Acquire SS	3.13	.77	1.33	4.56
Parent Coping Spiritual Support	3.43	1.16	1	5
Parent Coping: Grand Mean	3.50	.62	1.90	4.85
Child Coping Frequency	.99	.52	.17	3
Child Coping Efficacy	1.94	.86	0	5.50
Parent Communication	4.94	.80	3.3	6
Child Communication (Family)	4.74	.85	3.00	6.00
Parent Coping Grief	1.24	.71	.16	2.82
Parent Growth Grief	2.27	.67	.73	3.61
Parent Grief	1.03	1.13	-1.83	3.11
Child Coping Grief	1.43	.72	.16	3.19
Child Growth Grief	2.57	.68	.89	3.74
Child Grief	1.14	1.13	-1.45	3.30

Table 26 (cont'd)

Fam. Fun. Affective Response	2.96	.50	1.67	3.83
Fam. Fun Affective Involvement	2.96	.53	1.83	4
Fam. Fun. Behavior	3.23	.42	1.86	4
Fam. Fun. Roles & General Fun.	2.97	.42	1.65	3.85
Fam. Fun. Communication & Problem Solving	2.92	.34	2.29	3.86
Family Functioning (General)	3.14	.44	1.83	4.00

Table 27

Intercorrelations of Variables Used in Regression Analysis

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1. Nature of Death	--														
2. Time since Death	.14	--													
3. Child Part Formal	.16	.19	--												
4. Parent Part Formal	.12	.12	.53**	--											
5. Age Child	-.13	.03	-.15	-.13	--										
6. Age Parent	.07	-.06	-.24*	-.18	.39**	--									
7. Parent Soc Sup	-.25*	-.17	-.16	-.41**	-.08	-.07	--								
8. Child Soc Sup	.07	-.11	-.21	-.01	-.17	-.14	.01	--							
9. Par Freq Contact	-.16	-.19	.31**	.27*	-.30*	-.21	.29*	.07	--						
10. Chi Freq Contact	-.03	.01	-.14	-.22	.21	.03	-.01	-.09	-.16	--					
11. Parent Coping	-.31**	-.18	-.17	-.23*	-.06	.05	.40**	-.02	.18	-.19	--				
12. Child Coping	.01	-.07	-.08	-.15	.01	-.03	-.001	.26*	.04	.06	-.11	--			
13. Family Comm	.15	.05	.07	-.01	-.16	-.11	-.07	.25*	.09	.21	-.17	.39**	--		
14. Parent Grief	-.08	.02	-.21	-.26*	-.16	.19	.38**	.09	.23*	-.19	.49**	.03	-.01	--	
15. Child Grief	.18	.08	-.11	-.23*	-.30*	-.12	.15	.43**	-.05	-.01	.12	.41**	.30*	.35**	
16. Family Funct	-.04	.14	.03	.04	-.08	-.20	.30*	.22	.26*	.20	.19	.21	.37**	.27*	.24*

*p < .05; **p < .01

Table 28

Intercorrelations of Variables Used in Structural Equation Model

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. Nature of Death	-													
2. Child Family Sup	.05	-												
3. Child Friend Sup	.05	.11	-											
4. Chi Freq Contact	-.03	.15	-.25*	-										
5. Parent Family Sup	-.15	-.06	-.03	.09	-									
6. Parent Friend Sup	-.26*	-.12	.20	-.09	.31**	-								
7. Par Freq Contact	-.16	-.01	.11	-.16	.17	.30*	-							
8. C. Cope Efficacy	.05	.17	.15	.05	-.06	-.08	-.005	-						
9. C. Cope Freq.	-.02	-.14	-.32**	.39**	.19	.10	.15	-.03	-					
10. P. Cope Reframe	-	-.07	.001	-.14	.25*	.10	-.14	-.17	-.01	-				
11. P. Cope Soc Sup	-.29*	.04	.24*	-.21	.27*	.35**	.44**	-.14	-.04	.02	-			
12. P. Cope Spiritual	-.12	-.09	-.12	-.08	.24*	.18	.08	-.09	-.03	.33**	.33**	-		
13. Child Comm	.16	.44**	-.04	.21	-.05	-.07	.09	.31**	.23*	-.12	-.10	-.14	-	
14. Parent Comm	-.06	.10	-.13	.29*	.11	.10	.16	-.15	.41**	-.14	-.02	-.08	.31**	-
15. C. Cope Grief	-.13	-.35**	-.38**	.07	.05	-.06	.11	-.31**	.23*	-.13	-.07	-.02	-.27*	.16
16. C. Growth Grief	.15	.22	.07	.06	.10	.28*	.03	.12	.13	.03	.03	.13	.20	.14

Table 28 cont'd

17. P. Cope Grief	.00	.01	-.08	.16	-.32**	-.27*	-.22	-.12	.03	-.27*	-.30**	-.25*	-.08	.19
18. P. Growth Grief	-.13	.07	.09	-.16	.20	.21	.15	-.14	.05	.43**	.21	.30*	-.10	-.12
19. FF Affective Res	-.21	.21	-.24*	.28*	.12	-.12	.32**	.05	.30**	-.06	.09	.17	.27*	.53**
20. FF Behavior	.06	.34**	.03	.03	.12	.06	.22	.05	.10	.04	.25*	.12	.32**	.18
21. FF Role Gen Fun	-.13	.39**	-.06	.18	.35**	.15	.26*	.19	.27*	.01	.27*	.16	.36**	.38**
22. FF Comm & PS	-.21	.28*	-.15	.16	.18	.11	.15	.16	.38**	.18	.06	.15	.39**	.36**
23. FF Affective Inv	-.17	.20	-.14	.18	.21	.22	.25*	.01	.37**	.03	.23*	.09	.25*	.37**

Table 28 (cont'd)

Variables	15	16	17	18	19	20	21	22	23
16. C. Growth Grief	-.30*	-							
17. P. Cope Grief	.30*	-.14	-						
18. P. Growth Grief	-.29*	.21	-.34**	-					
19. FF Affective Res	.002	.15	-.07	-.004	-				
20. FF Behavior	-.11	.18	-.20	.22	.39**	-			
21. FF Role Gen Fun	-.08	.23*	-.21	.15	.60**	.68**	-		
22. FF Comm & PS	-.07	.19	-.14	.21	.56**	.54**	.81**	-	
23. FF Affective Inv	.15	.13	-.23*	.10	.47**	.46**	.70**	.59**	-

the necessity of using these two covariates, the correlates of both time since death and age and the predictors and outcomes in the planned analyses were examined. Since time since loss and age of the parent were not significantly correlated with any of the other variables (see Tables 27 & 28), time and parent age were not included in the analyses. Age of the child was only significantly correlated with child grief. Since child age shares a significant relationship with child grief, the analyses concerning child grief controlled for child age, and for all the other analyses child age was not included in the analyses.

Testing the Models with Structural Equation Modeling

The models (see Figures 1 & 2) were tested with structural equation modeling (SEM) using LISREL VIII. Numerous indices of overall model fit provided by LISREL VIII were examined to determine the degree to which the model fit the data. The model fit indices that are typically reported in the literature were used to determine model fit. The reported fit indices were based on the results from the analyses using a variance/covariance matrix.

For Model 1 (Figure 1), the Chi-Square for goodness of fit with 142 degrees of freedom was equal to 246.95 ($p < .01$), and for Model 2 (Figure 2), the Chi-Square for goodness of fit with 265 degrees of freedom was equal to 439.20 ($p < .01$). Both Chi-Squares indicated a significant discrepancy between the observed and estimated variance/covariance matrixes. However, the Chi-Square for goodness of fit is not necessarily a good indicator of fit since it is heavily dependent on sample size. As a result, other indices of fit, such as the Goodness of Fit Index (GFI), the Adjusted Goodness of Fit Index (AGFI), the Root Mean Square Residual (RMR), and the Normed

Fit Index (NFI) were used to determine the goodness of fit for both Models 1 and 2.

Values equal to or greater than .90 are the normally accepted cutoffs for GFI, AGFI, and the NFI. The RMR should be less than .1 for a good fit. For Model 1, the GFI equaled .75, the AGFI equaled .66, the RMR equaled .11, and the NFI equaled .51. Model 2's GFI equaled .70, AGFI equaled .64, RMR equaled .15, and the NFI equaled .43. All of these indices indicated a poor fit for both Model 1 and Model 2.

Since testing the whole model with SEM did not work, the models were then reduced. The first half of the model was tested (nature of death to parent and child coping) and then the second half of the model was tested (parent and child coping to family functioning). Again these analysis resulted in bad fits for both models. Fit indices for half the model were extremely similar to the fit indices of the whole model. The changes in fit indices represented differences of only .01.

Testing the Models using Path Analysis

Since the SEM indicated a poor fit, a simple path analysis, which examined only the observed variables instead of the latent variables, was then conducted for Model 2. A path analysis was conducted for Model 1, but the analysis did not converge and therefore, could not produce a solution. This could be due to ill-conditioned matrices or mathematical anomalies that cannot be fixed which are more common in analyses with small sample sizes. For Model 2 the Chi-Square goodness of fit with 28 degrees of freedom equaled 48.92 ($p < .05$), indicating a discrepancy between the observed and estimated matrixes. The GFI = .87, AGFI = .75, RMR = .13, and the NFI was greater than one which should not be possible (small sample size could produce coefficients

greater than 1 which could produce indices greater than 1). Since the NFI indicated a number larger than one, these analyses could not be trusted.

Analysis Strategy for Testing the Modified Models and Hypotheses

Since structural equation modeling and path analysis proved unsuccessful for testing the model, the models were modified into three main models with parent coping (see Figure 6), child coping (see Figure 10), and family functioning (see Figures 11 & 12) as the outcome variables in the models. Regressions were used to test these modified models as well as the predicted mediating and moderating hypotheses. Baron and Kenny's (1985) recommendations for using regressions to test mediating and moderating relationships were followed to test these relationships in the models. An independent t-test was used to test the hypothesis regarding the nature of the death's impact on adequacy of social support, and a correlation was reported for the hypothesis linking parent coping to family communication as the dependent variable.

Baron and Kenny (1986) recommend that three regressions are performed to test for mediation between independent variables and dependent variables. The first regression represents the relationship between the mediator and the independent variable, the second between the independent variable and dependent variable, and the third regresses the dependent variable on both the independent variable and mediator. For mediation to occur the first and second regression coefficients must be significant, and in the third regression the mediation variable should significantly impact the dependent variable in the presence of the independent variable (Baron & Kenny, 1986). This third criterion also includes seeing the regression coefficient for the relationship between the

independent variable and dependent variable decrease when the mediator is also represented in the equation.

Baron and Kenny (1986) recommended that when testing for moderators when the independent variable is categorical and the moderator is a continuous variable a regression should be performed including the independent variable, moderator variable, and an interaction between the independent variable and moderator. A moderating relationship exists when the interaction between the independent variable and moderator is significant.

Testing Hypotheses 1 and 6

Independent t-tests were performed to test the relationships between the nature of the parent's death and adequacy of social support for parents and children and between participation in formal support and coping for parents and children. Hypotheses 1 and 6 proposed the following relationships: 1) parents and children who experience a sudden death will be less likely to have their emotional and practical needs met by friends and family than individuals who experience an anticipated death; and 6) parents and children who participate in formal support will be more likely to cope more effectively than parents and children who did not participate in formal support.

T-test results indicated that the nature of the death does impact adequacy of social support for the parents, but not in the hypothesized direction. Parents whose spouse died suddenly were significantly more likely to have adequate social support ($M=2.41$) than parents who anticipated their spouses' death ($M=2.15$) ($t=2.21$, $df=70$, $p<.05$). For the children, the nature of the death did *not* impact the adequacy of social support received

from family and friends.

T-test results also demonstrated that participation in formal support did impact parent coping, but not in the hypothesized direction. Parents who did not participate in formal support were more likely to be coping better ($M=3.67$) than parents who did participate in formal support ($M=3.39$) ($t=2.03$, $df=70$, $p<.05$). For children participation in formal support did *not* impact coping.

Modified Model 1: Parent Coping as the Dependent Variable

Predictors of Parent Coping

Testing parent version of hypothesis 7: functional social support: mediator or moderator of parent coping. A series of multiple regressions were used to test hypothesis 7 which states that functional social support (adequacy of social support) will either a) mediate the parent's ability to cope or b) moderate the effect of the nature of death on the parent's ability to cope. Figures 3 and 4 display the hypothesized relationships, and Tables 29 and 30 contain the unstandardized and standardized regression coefficients, t-tests, R^2 , and F tests for the mediating and moderating analyses, respectively.

Functional support was found to be a partial mediator between the nature of the death and parent coping. All three conditions were met for mediation. Nature of the death negatively influence parent's perceived adequacy of social support (functional support) ($\beta=-.26$, $p<.05$). This indicates that parents whose spouse died suddenly are more likely to receive adequate support from friends and family ($M=1.35$) than parents who anticipated their spouse's death ($M=2.32$). Nature of the death also negatively influences coping ($\beta=-.31$, $p<.01$) which indicates that parents who experienced a sudden

loss are coping better ($M=3.50$) than parents who experienced an anticipated loss ($M=1.35$). When both nature of death and adequacy of social support are entered into the equation, adequacy of social support influenced parent coping ($\beta=.34$, $p<.01$), and the impact of nature of the death on parent coping did decrease ($\beta=-.23$, $p<.05$). This finding indicates that adequacy of social support only partially mediates the relationship between the nature of the death and parent coping since a significant relationship continued to exist between the nature of the death and parent coping with the presence of adequacy of social support.

Table 29

Hypothesis 7A: Mediation effect of Functional Social Support for Parents

Outcome and Predictors		B	β	t	R ²	F
Analysis 1:						
Outcome:	Adequacy of social support					
Predictor:	Nature of the Death	-.26	-.26	-2.21*	.06	4.89*
Analysis 2:						
Outcome:	Parent Coping					
Predictor:	Nature of the Death	-.41	-.31	-2.78**	.10	7.65**
Analysis 3:						
Outcome:	Parent Coping					
Predictor:	Nature of the Death	-.30	-.23	-2.05*	.20	8.86**
	Adequacy of social support	.43	.34	3.03**		

* $p<.05$, ** $p<.01$

Hypothesis 7 part B theorized that adequacy of social support would moderate the relationship between the nature of the death and coping for parents (see Figure 4). If adequacy of social support moderates coping, then the interaction effect between

adequacy of social support and the nature of the death must be significant when coping is regressed on all three variables, nature of the death, adequacy of social support, and the interaction term. While testing for moderation, the nature of the death was recoded into a dummy variable where sudden death=0 and anticipated death=1. A new mean score for adequacy of social support was calculated and used to test for moderation. The new score was computed by subtracting the sample's overall mean score of functional (adequacy) social support from each participant's mean score for functional (adequacy) social support. This new score along with the nature of the death dummy variable were used to compute the interaction terms. This was done in order to avoid problems of multicollinearity. Specifically, interaction terms can be highly correlated with the independent variables used to compute the interaction term which violates assumptions of multiple regression (Aiken & West, 1991). Table 30 contains the standardized and unstandardized regression coefficients, t-tests, R^2 , and F test for parents.

Table 30

Hypothesis 7: Moderation Effect of Functional Social Support for Parents

Outcome and Predictors		B	β	t	R^2	F
Analysis 1:						
Outcome:	Parent Coping					
Predictor:	Nature of the Death	-.23	-.18	-.36	.21	6.08**
	Adequacy of social support	.52	.40	2.89**		
	Interaction	-.24	-.40	-.79		
*p<.05, **p<.01						

These findings indicate that adequacy of social support does not moderate the effect that nature of the death has on coping for parents. The interaction term for parents

was nonsignificant ($\beta = -.24$, $p < .05$). Even though adequacy of social support (functional support) does positively impact coping for parents ($\beta = .40$, $p < .01$), having adequate social support does not decrease the impact of anticipated death on parent coping as the moderating hypothesis developed by Cohen and Wills (1985) suggests.

Testing hypothesis 8: structural social support as a mediator. Hypothesis 8 speculated that structural social support (frequency of contact with support network) will mediate/directly effect coping for parents regardless of the nature of the death (see Figure 5). Table 31 contains the standardized and unstandardized regression coefficients, t-tests, R^2 , and F test for parents from the multiple regression analyses.

Table 31

Testing Hypothesis 8: Mediation effect of Structural Social Support on Nature of Death and Parent Coping

Outcome and Predictors		B	β	t	R^2	F
Analysis 1:						
Outcome:	Frequency Contact with Network					
Predictor:	Nature of the Death	-.38	-.16	-1.32	.02	1.73
Analysis 2:						
Outcome:	Parent Coping					
Predictor:	Nature of the Death	-.41	-.31	-2.77**	.10	7.65**
Analysis 3:						
Outcome:	Parent Coping					
Predictor:	Nature of the Death	-.37	-.28	-2.43*	.11	4.21*
	Frequency Contact with Network	.08	.14	1.19		
* $p < .05$. ** $p < .01$						

The results indicate that structural support does not mediate the relationship between the nature of the death and parent coping. Only one of the three needed

conditions are present. The nature of the death does not impact the parent's frequency of contact with their network ($\beta = -.16$), nor does parent frequency of contact with network impact parent coping ($\beta = .14$), even though nature of the death does influence parent coping ($\beta = -.31$, $p < .01$). It appears that structural social support (frequency of contact with the network) does not have a mediating effect on parent coping. Nature of the death does directly impact coping for parents.

Testing Parent Version of Hypotheses 2, 3, & 5 Multiple regression was used to test these hypotheses, and Table 32 contains the unstandardized and standardized regression coefficients, t-tests, R^2 , and F tests for these analyses. The following analyses tested the following five hypotheses: 2) Parents who experienced a sudden death will have a more difficult time coping than parents who experienced an anticipated death. 3) Parents who have their emotional and practical needs met by friends and family will cope better than those whose needs are unmet. 5) The child's ability to cope will influence the parent's ability to cope. Hypothesis 4) Parents in frequent contact with their support networks will cope better than parents who are not in frequent contact with their networks was not included in this analyses since structural support (frequency of contact with network) was not a predictor of parent coping (see Table 32).

These results support hypotheses 2 (opposite of the hypothesized direction) and 3 but do not support hypothesis 5. Nature of the death (hypothesis 2) and functional (adequacy) social support (hypothesis 3) were significant predictors of parent coping. Child coping (hypothesis 5) did not influence parent coping in any way. Parent coping seems to be impacted by the nature of the death and functional (adequacy) social support.

Parents whose spouse died suddenly were more likely to be coping better ($\beta = -.30$; $p < .05$) than parents who anticipated their spouse's death. Parents who received adequate social support from family

Table 32

Testing Hypotheses 2, 3, and 5 with Parent Coping as the Dependent Variable

Outcome and Predictors		B	β	t	R ²	F
Analysis 1:						
Outcome:	Parent Coping					
Predictor:	Nature of the Death	-.30	-.23	-2.05*	.22	6.27**
	Adequacy of Social Support	.43	.34	3.03*		
	Child Coping	-.08	-.11	-1.04		

* $p < .05$, ** $p < .01$

and friends also tended to cope better ($\beta = .43$, $p < .05$) than parents whose social support was inadequate. These findings suggest that both the nature of the death and adequacy of social support significantly influence the parent's ability to cope.

Summary. These findings indicate that the nature of the death and adequate social support are important factors for parents coping with the death of a spouse. Nature of the death and adequacy of social support both directly influence parent coping. These findings suggest that parents whose spouses died suddenly were more likely to be coping better and to receive adequate support from friends and family than parents who anticipated their spouse's death. Also, adequacy of social support only partially mediates the impact that the nature of the death has on parent coping since a significant relationship continued to exist when parent coping was regressed onto adequacy of social

support and the nature of the death. This finding suggests that adequate social support does influence parent coping regardless of the nature of the death, even though nature of the death also impacts coping.

Modified Model 2: Child Coping as the Dependent Variable

Predictors of Child Coping

Testing hypothesis 7: functional social support: mediator or moderator of child coping. Multiple regressions were used to test hypothesis 7 which states that functional social support (adequacy of social support) will either a) mediate the child's ability to cope or b) moderate the effect of the nature of death on the child's ability to cope. Figures 7 and 8 display the hypothesized relationships and standardized regression coefficients, and Tables 33 and 34 contain the unstandardized and standardized regression coefficients, t-tests, R^2 , and F tests for the mediating and moderating analyses.

Functional social support was not found to be a mediator of child coping. Only one of the three conditions for mediation were met. The nature of the parent's death did not influence child's perceived adequacy of social support ($\beta=.03$; $p<.67$) nor child coping ($\beta=.05$; $p<.65$). However, adequacy of social support did effect child coping ($\beta=.25$; $p<.05$) when the nature of the death was also present in the equation. In other words, adolescents who had adequate social support from friends and family ($M=2.40$) tended to be coping well. This finding indicates that adequacy of social support seems to be important to the adolescents' ability to cope, and that the nature of the parent's death does not influence the children's coping.

Table 33

Hypothesis 7A: Mediation effect of Functional Social Support for Children

Outcome and Predictors		B	β	t	R ²	F
Analysis 1:						
Outcome:	Adequacy of Social Support					
Predictor:	Nature of the Death	.01	.03	.24	.001	.057
Analysis 2:						
Outcome:	Child Coping					
Predictor:	Nature of the Death	.13	.05	.43	.003	.18
Analysis 3:						
Outcome:	Child Coping					
Predictor:	Nature of the Death	.11	.04	.38	.07	2.45
	Adequacy of Social Support	1.39	.25	2.17*		

*p<.05. **p<.01

Hypothesis 7 part B theorized that adequacy of social support would moderate the relationship between the nature of the death and coping for children. If adequacy of social support moderates coping, then the interaction effect between adequacy of social support and the nature of the death must be significant when coping is regressed on all three variables, nature of the death, adequacy of social support, and the interaction term (see Figure 8). Table 34 contains the standardized and unstandardized regression coefficients, t-tests, R², and F test for children. These findings indicate that adequacy of social support does not moderate the effect that nature of the death has on coping for children. The interaction term for children was nonsignificant.

Table 34

Testing Hypothesis 7: Moderation Effect of Functional Social Support for Children

Outcome and Predictors		B	β	t	R ²	F
Analysis 1:						
Outcome:	Child Coping					
Predictor:	Nature of the Death	.02	.01	.119	.10	2.53
	Adequacy of social support	.96	.29	2.13*		
	Interaction	.24	.04	.30		
*p<.05, **p<.01						

Testing hypothesis 8: structural social support as a mediator for children.

Multiple regressions were used to hypothesis 8 which proposed that structural social support (frequency of contact with support network) will mediate coping for children (see Figure 9). Table 35 contains the standardized and unstandardized regression coefficients, t-tests, R², and F test for the children. Results indicated that structural social support does not mediate coping for children since none of the relationships needed to support a mediation effect were present. Neither the nature of the death ($\beta=.05$; $p<.66$) nor frequency of contact ($\beta=.05$; $p<.68$) influenced child coping in any way. Also, nature of the death did not impact frequency of contact with the network ($\beta=-.03$; $p<.83$).

Table 35

Hypothesis 8: Mediation effect of Structural Social Support for Children

Outcome and Predictors		B	β	t	R ²	F
Analysis 1:						
Outcome:	Frequency of Contact					
Predictor:	Nature of the Death	-.06	-.03	-.22	.001	.047
Analysis 2:						
Outcome:	Child Coping					
Predictor:	Nature of the Death	.13	.05	.43	.003	.18
Analysis 3:						
Outcome:	Child Coping					
Predictor:	Nature of the Death	.13	.05	.43	.005	.176
	Frequency of Contact	.05	.05	.41		
*p<.05, **p<.01						

Testing hypothesis 11: family communication as mediator of child coping.

Multiple regressions were used to examine hypothesis 11 which considered the possibility of family communication mediating the relationship between parent and child coping.

Table 36 contains the standardized and unstandardized regression coefficients, t-tests, R², and F test for the children. The results indicate that family communication regarding the death and deceased does not mediate child coping since parent coping did not impact family communication ($\beta = -.17$; $p < .16$) nor did it impact child coping ($\beta = -.13$; $p < .27$). However, family communication did significantly impact child coping ($\beta = .29$; $p < .05$). Although family communication does not mediate the relationship between parent and child coping it does have a direct effect on child coping. This finding implies that if a child perceives their family communication surrounding the deceased parent and the

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death as open, honest, and good, they are more likely to have better coping abilities.

Table 36

Hypothesis 11: Mediation effect of Family Communication on Child Coping

Outcome and Predictors		B	β	t	R ²	F
Analysis 1:						
Outcome:	Family Communication					
Predictor:	Parent Coping	-.23	-.17	-1.42	.03	2.03
Analysis 2:						
Outcome:	Child Coping					
Predictor:	Parent Coping	-.34	-.18	-1.51	.03	2.28
Analysis 3:						
Outcome:	Child Coping					
Predictor:	Parent Coping	-.25	-.13	-1.12	.11	4.39*
	Family Communication	.40	.29*	2.52*		

*p<.05. **p<.01

Direct Predictors of Child Coping

Multiple regressions were used to examine the direct predictors of child coping. They regressed child coping onto child functional support (adequacy of social support) and family communication. Nature of the death (Hypotheses 2), structural support (Hypothesis 4), and parent coping (Hypothesis 5) are not included in this multiple regression since previous regression results indicate that these variables have no impact on child coping (see Tables 33, 35, and 36). These analyses tested the child sections of hypotheses 3 and 10 (see Figure 10). Table 37 contains the unstandardized and standardized regression coefficients, t-tests, R², and F tests for these analyses.

Testing child version of hypotheses 3 & 10. The following analyses tested the

direct impact of functional social support and family communication on child coping.

Hypothesis 3 predicted that children who have their emotional and practical needs met by friends and family will cope better than those whose needs are unmet. Hypothesis 10 speculated that families who communicate openly about the death and the deceased will have children who cope more effectively with the death than families who do not discuss the death or deceased.

For the children, adequacy of social support (Hypothesis 3) and family communication (Hypothesis 10) did impact child coping. These findings indicate that children tend to cope more effectively when their emotional and practical (functional support) needs are met by their family and friends ($\beta=.23$; $p<.05$) and when they live in a family environment where they can openly communication about the death and deceased ($\beta=.34$; $p<.05$).

Table 37

Testing Hypotheses 3, 5, 6 and 10 with Child Coping as the Dependent Variable

Outcome and Predictors		B	β	t	R ²	F
Outcome:	Child Coping					
Predictor:	Adequacy of Social Support	.89	.23	1.96*	.12	4.55**
	Family Communication	.38	.28	2.36*		

* $p<.05$, ** $p<.01$

Summary. Nature of the death, frequency of contact with the network, parent coping, and participation in formal support had no significant role in child coping.

Structural social support (frequency of contact with the network) and functional social

support (adequacy of social support) neither mediated nor moderated the impact of the nature of the death on child coping. The two important key factors that directly influence child coping seem to be functional social support (adequacy of emotional and practical support from family and friends) and open family communication regarding the death and deceased parent.

Modified Model 3: Family Functioning and Grief

Family Functioning as the Dependent Variable

The following analyses examine parent and child grief and family functioning as the dependent variables. They tested the relationships between coping and grief, grief and family functioning, and grief as a mediator between coping and family functioning. Since the child's age is significantly correlated with child grief ($r = -.30$; $p < .05$), the child's age was included as a covariate in the analyses involving child grief. However, time and parent age were not significantly correlated with any of these variables (see Table 27). As a result, time and parent age were not included in the analyses. Multiple regressions were used to test all of these hypotheses.

Testing hypothesis 13: Family functioning as the dependent variable. Hypothesis 13 speculated that families that have parents and children grieving more effectively will function better as a family than those families whose members are not grieving effectively (see Figure 11). Table 38 contains the unstandardized and standardized regression coefficients, t-tests, R^2 , and F tests for these analyses.

The findings from these analyses suggest that both parent and child grief do influence family functioning. Parent grief positively impacts family functioning ($\beta = .27$;

$p < .05$). This finding suggests that parents who are in the later phases of the grieving process tend to have families that function better than parents who are in the early phases of the grieving process. Child grief also positively effects family functioning ($\beta = .24$; $p < .05$). This result also implies that children who are in the later phases of their grieving process tend to have families that function better than children who are in the early phases of the grieving process. The positive correlations between grief and family functioning signify that families function more effectively when both the parents and children tend to be in the later phases of the grieving process. In other words, when family members are still actively coping with their grief (early phases of grief) family functioning tends to be low, yet when they reach the later phases of the grieving process, the family tends to function more effectively.

Table 38

Testing Hypothesis 13: Impact of Grief on Family Functioning

Outcome and Predictors		B	β	t	R ²	F
Analysis 1:						
Outcome:	Family Functioning					
Predictor:	Parent Grief	.11	.27*	2.36*	.07	5.57*
	Child Grief	.09	.24*	1.96*		

* $p < .05$, ** $p < .01$ **Testing hypotheses 12 and 14: Coping on grief & mediation of grief.**

Hypothesis 12 stated that parents and children who cope effectively will grieve more effectively than parents and children who have difficulty coping. Coping did influence grief for both

parents and children. For parents, coping positively affected grief ($\beta=.49$; $p<.01$).

Parents who were coping well tended to be in the later phases of the grieving process than parents who were not coping well. For children, age of the child was covaried out using hierarchical regression since it shared a significant relationship with child grief. The child's coping ($\beta=.31$; $p<.01$) and age ($\beta=-.33$; $p<.05$) influenced their grieving process. Like their parents, children who were coping better also tended to be further along in their grieving process. However, the age of the child negatively impacted the child's grief which indicates that younger children tended to be further along in their grieving process than older children. Effective coping led to effective grieving for both children and parents.

Hypothesis 14 speculated that parent and child grief will mediate the relationship between parent and child coping and family functioning (see Figure 12). Table 38 contains the unstandardized and standardized regression coefficients, t-tests, R^2 , and F tests for these analyses. The results from the three regressions indicate that parent grief does not mediate the relationship between parent coping and family functioning. Only one of the three criteria for mediation was met. Parent coping does directly impact parent grief ($\beta=.49$, $p<.01$). The other two conditions: parent coping impacting family functioning and parent grief impacting family functioning with parent coping in the equation do not exist. As a result parent grief does not mediate the relationship between parent coping and family functioning. Instead, parent coping has a direct effect on parent grief, and the direct relationship between parent grief and family functioning disappears in the presence of coping which could be due to the strong correlations between coping

and grief for both parents and children. Also with the small sample size, the direct relationship between grief and family functioning does not appear to be strong enough to withstand the addition of a new variable for either parents or children.

These analyses were repeated for the children in order to test for grief as a mediator between child coping and family functioning. The findings from these analyses show that for the children only one of the three criteria for mediation were met. Child coping does impact child grief ($\beta=.31$, $p<.01$) which indicates that children coping effectively are further along in their grieving process. However, child coping did not impact family functioning, nor did grief impact family functioning when child coping was also present. These findings suggest that grief does not act as a mediator between coping and family functioning for either parents or children. However, they do show that coping does directly affect grief for both parents and children.

Summary. These results indicate that parent and child coping impact parent and child grief and that parent and child grief effects family functioning. Child age also influences child grief. Grief does not mediate the impact that coping has on family functioning for parents or children, since parent and child coping share no relationship with family functioning. These findings imply that parents and children who are coping well tend to grieve well and that parents and children who grieve effectively tend to have high functioning families.

Table 39

Testing Hypothesis 14: Mediation effect of Parent and Child Grief on the Relationship between Coping and Family Functioning

Outcome and Predictors		B	β	t	R ²	F
Analysis 1:						
Outcome:	Parent Grief					
Predictor:	Parent Coping	.88	.49	4.69**	.24	22.02**
Analysis 2:						
Outcome:	Family Functioning					
Predictor:	Parent Coping	.14	.19	1.63	.04	2.66
Analysis 3:						
Outcome:	Family Functioning					
Predictors:	Parent Grief	.05	.08	.58	.08	2.93
	Parent Coping	.09	.23	1.76		
Analysis 1:						
Outcome:	Child Grief					
Covariate:	Child Age	-.19	-.33	-3.00**		
Predictor:	Child Coping	.29	.31	2.79**	.18	7.60**
Analysis 2:						
Outcome:	Family Functioning					
Covariate:	Child Age	-.02	-.09	-.79		
Predictor:	Child Coping	.06	.18	1.51	.04	1.35
Analysis 3:						
Outcome:	Family Functioning					
Covariate:	Child Age	-.007	-.03	-.24		
Predictors:	Child Coping	.05	.12	.97	.07	1.66
	Child Grief	.08	.19	1.50		
*p<.05, **p<.01						

Chapter 4

DISCUSSION

The primary purpose of the present study was to evaluate a conceptual model that included both individual and family factors and their impact on individual grief and the functioning of the family system. Its second purpose was to determine the relationships among key variables, such as nature of the parent's death, social support, coping, communication, grief, and family functioning. The results of this study supported several findings from previous grief research which found evidence for the impact of family communication on child coping (Bertman, 1984; DeSpelder, et al., 1987) and functional (adequate) social support on both child (Harris, 1991; Silverman & Worden, 1992) and parent coping (Dimond's et al., 1987; Malikson, 1987) . Although pieces of the conceptual model were confirmed, the study did not support the overall proposed conceptual model which could in part be due to small sample size and mutlicollinearity among the independent variables.

Even though the overall conceptual model was not supported by the findings, the findings did confirm the underlying purpose which was that both individual (social support, coping and grief) and family (family communication and family functioning)

level variables are important components to the family's ability to cope and function after the death of parent. The results also identify important relationships among the key variables that researchers have noted in the past and a few relationships that contradict previous findings.

Time since Death and Age

Contrary to previous research, time since death was not correlated to any of the variables examined in this study which indicates that time since death does not impact coping, social support, grief, or family functioning. These results imply that time does not have a significant impact on the grieving process or family functioning. This indicates that other factors, such as coping and social support, play a more important role for bereaved individuals and families than time since the death. Previous researchers have linked time since death to grief reactions for both children and adults (Ball, 1977; Elizur & Kaffman, 1982). However, this study examined the actual grieving process which may account for the different findings. Future research needs to evaluate these relationships more closely to determine the effects of time since death on the bereaved. This finding also indicates that the bereaved could potentially need support from family, friends, and professionals for years after the death of a loved one, yet in all likelihood the support is not available for years following the death.

Age has also been considered an important variable for the bereaved. Previous researchers have indicated that age can play a significant role in reactions to the death of a loved one (Ball, 1977; Elizur & Kaffman, 1982; Harris, 1991). However, for this study age of the parent and child did not impact social support, coping, or family functioning.

Again, the previous studies examined grief reactions and not coping, social support, family functioning, or the actual grieving process. Parent age did not share a relationship with parent grief. However, for the children, age was significantly correlated to their grief. Findings indicated that younger children were more likely to be further along in their grieving process than older children. Perhaps this result is a reflection of who these adolescents turn to for support. Older adolescents are more likely to turn to their peers for support, even though their peers may not be emotionally mature enough to provide the support these older adolescents need (Gray, 1989; Harris, 1991). Younger adolescents may tend to depend more on their families for support (Worden, 1996), and if the parent is further along in the grieving process the child may also be further along in the grieving process. Future research needs to examine the relationship between age and grief and between age of children and parent and child grief more closely. If younger children do depend more on their family for support and if parent grief influences child grief, then professionals and researchers need to develop programs that focus on the family and that promote progress through the grieving process for parents. If older adolescents depend more on their social network for support, programs should be developed for both the bereaved adolescents and their support network.

Nature of Death Impacting Social Support and Coping

Conclusions made from past research in the area of the nature of the death have suggested that both sudden and anticipated deaths have detrimental influences on the survivors' reactions to the death of a loved one for various reasons (i.e. debilitating shock, unfinished business, and difficulty letting go) (Burnell & Burnell, 1989; Rando,

1983; Sanders, 1982). However, this study produced three unexpected findings related to the nature of the death. First, this study indicated that the nature of the death impacted only parents and not children. For the surviving children, perhaps the nature of the death does not influence their adequacy of social support and coping because they focus more on the event and not on the process of how the event occurred. In other words, it may not matter how mom or dad died. The child's only concern may be that the parent died and what the death means to her/him (Cruse & Cruse, 1989).

Second, sudden death tended to be associated with higher levels of functional (adequate) social support in surviving parents. This relationship has not been examined specifically in previous research. However, this effect could be due to the surviving parents' support network. Perhaps, with anticipated deaths, the social network wears out supporting the family throughout the illness, and as a result, disappears after the death. Whereas with sudden deaths, the family as well as the network are probably in shock, and as a result, the network may tend to show great support to the family after the death has occurred.

Third, sudden death also tended to be associated with the surviving parent's having better coping abilities which contradicts previous theories about anticipated deaths (Cook & Oltjenbruns, 1989). This finding contradicts previous research which suggest that anticipated deaths of intermediate lengths have less of an impact than sudden or long terminal illness on surviving family members (Ludin, 1984; Rando, 1983). In other words, previous researchers have concluded that when family members anticipate the death for six months or less they tend to cope more effectively than family members who

experience a sudden loss or long chronic loss (Rando, 1983). This study suggests that family members who experience a sudden loss cope more effectively than family members who anticipate their loss. However, this study grouped all anticipated deaths into one category since there were not enough cases to break down into < 6 months and > 6 months which could possibly account for this result. Perhaps, how the parent/spouse actually dies (e.g. accident, suicide, homicide, cancer, AIDS, etc.) is more important for coping and functional (adequacy) social support than whether the death was anticipated or sudden. This study examined how the nature of the death (sudden/anticipated) affected coping strategies and functional social support (adequate social support) of both parents and children, while previous studies have focused on increases in somatic and psychiatric illnesses (Ludin, 1984), poorer bereavement adjustments (Rando, 1983), physical symptoms (Sanders, 1982), and general reactions to the death of a parent (Cruse & Cruse, 1989) as outcome variables. The different targeted outcome variables examined in these studies may account for the difference in findings among the studies.

Future research should examine these relationships more carefully and determine how a specific type of sudden death (accident, homicide, suicide, heart attack, etc) or anticipated death (cancer, AIDS, diabetes, etc..) impacts the surviving parent. Future research in this area should also examine the effects of the length of a terminal disease on parent coping and functional (adequacy) social support. They should also evaluate if a specific type of death would influence the children's coping and functional (adequacy) social support. While doing this, they could also discover the age at which the nature of the death becomes an important variable for children, if at all.

The negative relationship between functional social support and the nature of the death indicate that parents whose spouse died suddenly were more likely to receive adequate social support from friends and family than parents whose anticipated their spouse's death. This finding suggests that support networks need to provide support for the parents throughout the grieving process as well as the illness. They also suggest that professionals dealing with families in which a parent is dying should keep track of how the well parent is coping with the illness and the changes in the family that result from the illness and make sure that this parent is not overwhelmed with all the added responsibilities thrust upon them. Future research should examine more fully the relationship between the nature of the death and functional (adequate) social support. They need to determine what aspects of both sudden and anticipated deaths are detrimental and what aspects enhance the support received from family and friends.

Structural and Functional Support and Coping

In the past, research has consistently highlighted the importance of social support for bereaved individuals for both coping and grief (Dimond, et al., 1987; Gray, 1989; Raphael & Nunn, 1988), and the findings of this study support this research. This study found that the functional (adequate) support received from family and friends influenced coping for both parents and children. For both parents and children, having their emotional and practical support needs met (functional support) tends to increase their coping abilities. Structural social support (frequency of contact with network), on the other hand, did not impact coping for parents or children. This suggests that structural support (frequency of contact with the network) may not be as important as the actual

support received when in touch with their network. Perhaps for parents and children, just knowing that they can depend on someone within their network is more important than how often they actually interact with members of their network (Malikson, 1987; Worden, 1996). These findings strongly support the link between social support and coping for parents and children that is highlighted in previous research (Gray, 1989; Raphael, 1988).

These findings also reinforce the important and necessary role that social support has for bereaved individuals on coping. These findings suggest that the provision of social support is not as important to the bereaved as the extent to which the social support provided meets the needs of the bereaved (Gray, 1989; Malikson, 1987; Silverman, 1988; Worden, 1996). As a result, it is essential that researchers and professionals determine the emotional and practical needs of the bereaved. Once a greater understanding of the bereaved's needs is reached, researchers and professionals can begin to educate the bereaved's network to help their bereaved family and friends and help the family and friends recognize their own limitations for providing support (i.e. practical versus emotional). The bereaved also need to know who they can depend on in their networks for the different types of support (practical or emotional) that they need at different times during their grieving process, and if they cannot get what they need from their network, they need to be able access community resources available to them.

The current study also found that parent coping and child coping share no relationship. This is contradictory to systems theories, which imply that the family is a unit and how one person in the family reacts affects everyone else in the family (Shapiro,

1994). Perhaps, this result is due to the age of the children. Maybe in families with young and preadolescent children, parent coping would have a significant impact on child coping (Baker et al., 1992). The children participating in the study ranged in age from 12 to 18 years. They are at the point where they are beginning to gain independence from the family, to explore who they are, and to rely more heavily on their peers for support and acceptance (Harris, 1991). This could explain why parent and child coping share no relationship in this study. Another explanation of this finding could be that parents and children have completely different ways of coping and that one is not dependent on the other. For example, parents may externalize their feelings by talking with friends and family while children internalize their feelings by keeping busy and thinking about other things. More research needs to be done in this area to test this relationship. It is also possible that the instrument used for measuring child coping could have affected this relationship since its reliability was fairly low, and it only had eleven questions. The instrument may not have tapped into the coping strategies that the children find extremely effective or that are more related to the parent coping strategies. Future research could compare families with young and preadolescent children to families with adolescent children in order to reexamine this relationship and the possible differences between families with children in different age groups. Developing a good instrument to measure child coping would also be beneficial to future research. If this finding is replicated, professionals who work with the bereaved, especially families, need to be aware of the fact that parent and child coping abilities do not share a relationship which could alter how they deal with families.

Formal Support and Child Coping

It was predicted that formal support would positively impact coping for both parents and children. For children, participation in formal support did not influence coping which contradicts previous findings (Masterman & Reams, 1988). However, previous research in this area did not examine coping as an outcome. Instead they tended to evaluate behavior changes and mood (Masterman & Reams, 1988; Zambelli et al., 1988) which could account for the different findings. For the children, perhaps the support received from formal support was no better or no different than the support received from friends and family, or maybe the children did not feel that attending formal support helped them cope with their experience. They may have attended under duress, and therefore, did not make the effort to actively participate or gain anything from this experience. This group of children may have found the information and experiences gained from formal support to be ineffective for coping with the death of their parent. However, participation in formal support may have been effective in other areas, such as feeling less angry and having fewer behavior changes or problems as previous research has shown (Masterman & Reams, 1988), or perhaps these formal support programs were ineffective for these adolescents and just didn't meet their needs. Future research needs to evaluate this relationship in closer detail in order to determine the actual impact of participating in formal support for children and adolescents. This research should include measuring actual coping strategies, behaviors, and grief for children as well as examining the effectiveness of formal support. Age of the child may have also affected the impact of participation in formal support on the child's coping. Perhaps younger children find

more comfort from the family while older adolescents may benefit more from the support groups since they depend more heavily on their peers for support (Gray, 1989; Worden, 1996). This is another area that future researchers need to explore more fully.

These findings contradict previous research which found that children who participate in formal support tend to experience less anger and fewer behavioral problems after attending a support group (Masterman & Reams, 1988). Support groups often reduce misconceptions about death, make the death less confusing for children, and normalize reactions to the death, and on the family level, they often promote communication about death in the family (Masterman & Reams, 1988; York & Weinstein, 1981; Zambelli & DeRosa, 1992). However, these studies focused on emotional and behavioral reactions as the outcome variables. They did not examine coping strategies which may explain the different findings.

Formal Support and Parent Coping

Parents in this study who participated in formal support tended to be coping less effectively than parents not participating in formal support which may be the reason parents initially sought help from formal sources instead of family and friends. Perhaps formal support resources sought by the parents in this study did not impact coping, but instead focused on providing emotional support for the participants.

Parents who participated in formal support were also less likely to have their functional support (adequacy of emotional and practical needs) needs met by their family and friends. This finding may indicate that participating in formal support may make parents more aware of what they need emotionally and practically from family and friends

and that their family and friends are not meeting those needs or that the parents attending formal support programs may be more needy than parents who do not seek these resources. Future research involving formal support resources for the bereaved needs to examine why people seek these resources, how well they are coping before and after attending, the adequacy of support received from family and friends before and after attending, and the effectiveness of these formal resources. Future research also needs to determine the differences between people who seek formal support resources and people who do not seek formal support resources, and should also use longitudinal studies to examine individuals and families attending formal support resources in order to ascertain if attending formal support improves coping and functional support over time.

The study did not separate the type of formal support (support group, counseling, therapy, or clergy) received by the participants. Perhaps one type of formal support is more effective than another (i.e. support group over therapy) for different types of resources (i.e. sharing experiences and problems). The length of time the participants attend the formal support may also have impacted these results (Black & Urbanowicz, 1987). Perhaps the bereaved have to attend for a certain period of time before formal support positively impacts coping, and this sample had not yet reached that point. Or maybe formal support does not impact coping at all, but instead affects family communication and grief like previous researchers have suggested (Masterman & Reams, 1988; York & Weinstein, 1981; Zambelli & DeRosa, 1992) and could ultimately impact family functioning instead of coping. More research should be performed that examines formal support in detail. This research should include type of formal support, length of

time participated in formal support, coping of participants, satisfaction with support received, family communication, grief, reactions to the death, and family functioning and should be performed longitudinally. Developing and evaluating interventions for the bereaved individuals and families is also a critical area that needs to be examined in detail. Specifically, researchers need to determine what types of support services (i.e. support groups, individual counseling, family counseling) are the most effective for families and individuals, what the focus of the interventions should be, why the bereaved seek support resources, do these resources work more effectively for some families over others, and if so, how these families differ on coping, social support, nature of the death, family functioning and demographic characteristics.

Social Support as Moderator and Mediator

Although results regarding social support reinforce the importance of adequate social support for bereaved individuals, social support in this study tended to have only direct relationships with other variables. Functional (adequacy) social support did not moderate the relationship between nature of the death and coping for parents or children. For children, this probably resulted because the nature of the death was not linked to social support or coping. For parents, this result may be a product of the strong direct relationship that both nature of the death and functional social support have with coping.

Both structural (frequency of contact with network) and functional (adequacy of social support) social support were examined as mediators between the nature of the death and coping. Structural support (frequency of contact with the network) did not mediate the relationship between the nature of the death and coping for either children or

parents. For children, nature of the death was not significantly linked to either frequency of contact with network or coping which accounts for the lack of results. As discussed earlier, frequency of contact with network just may not be as important to coping as the support they get when they are in touch with their network, and how their parent died may not matter as much as how the event affects them. Also, no change in frequency of contact may have occurred as a result of the death. This could especially be true for children since they still live at home and are in contact with their families every day and they see their friends at school every day also.

Structural support did not mediate the relationship between the nature of the death and coping for parents either. Nature of the death did not impact frequency of contact with the network. Perhaps the parents in this study experienced no changes in their contact with their support network. In today's society most families have two working parents, and if the surviving parent's coworkers are also close friends, the frequency of contact is not affected since they see their coworkers everyday at work. Or maybe functional support is more important to bereaved parents than structural support. In other words, perhaps the quality of the interaction is more important for parents than the number of interactions.

Functional support partially mediated the relationship between parent coping and the nature of the death. This finding indicates that adequacy of social support impacts coping regardless of the nature of the death. Functional support is a partial mediator due to the significant relationship between the nature of the death and coping when adequacy of support was added to the equation. This indicates that other factors that were not

accounted for in this analysis may be involved in this relationship or that the nature of the death has both an indirect and direct effect on coping. Other possible factors not accounted for may consist of emotional reactions to the death, such as anger, guilt, blame and a lack of control (e.g. not having control over the events that lead to or are associated with the death that may have prevented the death) (Cook & Otljenbruns, 1989). Future research should further examine these relationships in order to determine what other factors may be playing a role in these relationships.

Coping and Communication

In this study, parent coping did not influence family communication in any way. It was hypothesized that parents who were coping more effectively would be more likely to have families open to communication regarding the death and the deceased parent; however, this hypothesis did not hold true for this study. Perhaps, parent coping did not affect family communication because the family was in crisis and this upset their normal communication patterns, or maybe parent coping has no impact on the family's communication pattern regarding the death and the deceased parent.

Even though parent coping shared no relationship with family communication, family communication did impact child coping which supports previous research (Bertman, 1984; DeSpelder, et al., 1987). The strong relationship between family communication and child coping indicates that children find open communication in the family to be very important to their coping. Parents, on the other hand, do not seem to be affected by family communication since these two variables did not share a relationship. This could be a result of the way family communication was measured. The family

communication scale really considered the child's perception and feelings of being able to ask questions and express their emotions. Since previous research indicated that family communication was important for the children (DeSpelder, et al., 1987; Olowu, 1990), the family communication survey did not ask questions regarding the parent's ability to share their feelings with the family. This is something to consider for future research. This study reinforces the importance of family communication for children. As a result, parents need to understand the importance of being open about what happened with their children. Parents of bereaved children need to be educated about the importance of being open and honest about the death and the deceased parent and how to talk about these subjects with their children. Future research should include developing interventions that promote family communication about death, dying and grief among family members before and after death occurs in the family. Community education regarding talking about death and feelings associated with a deceased loved one would be a good place to start.

Coping, Grief and Family Functioning

It was hypothesized that coping effectively would predict grieving for both parents and children. The findings of this study support this hypothesis. For both parents and children, high coping was positively linked to grief. This suggests that if a parent or child were coping effectively they also tended to be in the later phases of the grieving process. This finding indicates that coping is an important aspect of the grieving process and tends to impact the grieving process. It is also important to note that time since the death did not impact coping or the grieving process for either parents or children which indicates

that time is not a factor for the grieving process for the participants in this study. This knowledge should be utilized by the professional community when developing programs and working with the bereaved. Programs should evaluate the coping skills of the participants and help to enhance effective coping strategies for participants who are having a difficult time coping with their loss. Since time does not impact the grieving process, programs should be available and designed to help all grieving individuals and families no matter how long it has been since the death occurred. Although grief did not serve as a mediator between coping and family functioning for parents or children, it did directly affect family functioning. The results showed that families with children and parents in the later phases of the grieving process function better as a family which indicates that having family members in the later phases of the grieving process benefits family functioning while having family members in the early phase may prove to be detrimental to family functioning. Perhaps being in the early (coping) phase of the grief process is so consuming that family members cannot concentrate on what is happening within the family. Maybe they are so busy dealing with their own grief and the daily needs of the family that they may not have the energy or awareness of what is happening in the family (Schneider, 1994). These findings indicate the importance of effective grieving on family functioning. Evidently, while in the early phases of the grieving process, family members are very self involved with trying to deal with their feelings and reactions to the death. As a result, the family is affected and does not function well. However, once members enter the later phases (i.e. growth phases) of the grieving process, family functioning improves. Future research needs to further examine this

relationship in greater detail and concentrate on developing programs that help families deal effectively with their grief which may lead to better family functioning for bereaved families. These relationships indicate the important impact these individual and family level variables have on the family, and support the idea that death affects family members on both an individual and family level.

Summary. Although all the hypotheses in this study were not supported and the proposed models were not confirmed, the results advance our understanding of the impact of the death of a family member on individual variables and family functioning. For the most part, the individual level variables for parents and children had similar relationships. For example, effective coping was associated with effective grieving for both the parents and the children. Most of the differences in the findings between the parents and the children occurred when examining the mediational relationships proposed in the model and the impact of the nature of the death on coping and adequacy of social support. The findings indicate that for both parents and children: 1) adequacy of social support positively impacts coping; 2) effective coping positively influences grieving; and 3) dealing effectively with their grief and progressing through the grieving process influences family functioning. Further testing of a modified model with a larger sample size should be considered for future research. Some of the relationships in the original model that were consistently nonexistent could be removed (i.e. link between parent coping and family communication, and links between nature of the death and child coping and satisfaction with support). A larger sample size could extract relationships that may exist but were not strong enough to be found with this small sample. Doing this

would provide us with a much clearer picture of what happens to both the family and individuals within the family when the death of a parent occurs. See Figure 13 for a final model that illustrates the relationships demonstrated in this study.

Limitations of the Present Research

This study shares two shortcomings of past research that has focused on grief, recruiting difficulties and sampling bias. Recruiting bereaved families, especially families with children, has always been a tall order for researchers, and getting a large sample where both the parent and the child or children (especially teenagers) in the family agree to participate has proven to be even more difficult. Studies have usually relied on support groups, funeral homes, hospitals, obituaries, and churches for recruitment purposes which may access a lot of families (Stroebe & Stroebe, 1989; Zambelli et al., 1988; Black & Urbanowicz 1987), but not all families attend support groups, or access the same hospitals, churches, or place obituaries in the newspaper the researchers are using for recruitment. Sampling from support groups and churches is very problematic because not all families have access to support resources or attend churches and families (and individual members of families) choose to access these resources (Stroebe & Stroebe, 1989). The current study accessed similar resources for recruitment. The participants responded to notices in small circulation community newspapers and support groups. Although support groups were not good resources to acquire participants, the community newspapers proved to be an excellent resource for participants. Although some of the newspapers served large urban areas, most of these newspapers were in small rural towns in the Midwest. This raises the concern of the differences between people

who live in urban areas and rural areas, and the resources available or not available to each. Also, the people who read these community newspapers may be different from people who choose not to read these papers. Therefore, the results may be biased towards families who have access to the papers, who live in certain geographical areas, who are interested and/or are involved in community events, and who may have educated parents. As a result, conclusions drawn from the current research may not be generalizable to all bereaved families.

Difficulties in recruitment leads to another limitation the present study faced, small sample size. This research consisted of only 72 families. Small sample size may adversely affect the Goodness of Fit Indices in structural equation modeling. In other words, small sample size (under 250) may cause some of the fit indices, such as GFI and NFI, to be underestimated indicating that the model does not fit when in actuality it does (Hu & Bentler, 1995). The small sample also placed this study at an increased risk for statistical error and low power which may account for some of the difficulty faced in analyzing the data (Hu & Bentler, 1995).

Another potential limitation of this study were some of the instruments used by the researcher. More research needs to be done on developing and refining measures that assess the variables looked at in this study. A better coping measure for the children should have been used. The KidCope scale had low reliability and few items. Since the children in this study were adolescents, perhaps a more sophisticated instrument could have been used. The family communication scale in this study had never been used before and so had no test retest reliability. Questions were added by the researcher to the

functional social support measure. These questions had not been previously tested with the bereaved either. While the other scales used in this study had been previously tested, most of them had not been used to assess the bereaved, Bereaved individuals may face some unique social support, coping, or family functioning needs that are not important to other populations tested with these measurements.

Multicollinearity was another concern the study faced. The independent variables were highly correlated with each other and most were correlated with the dependent variables. Multicollinearity among the independent variables may produce unstable partial regression coefficients. This instability may cause the coefficients to change considerably in magnitude and even in sign (negative/positive) (Shavelson, 1988). As a result, the findings of this study may have been affected by the high number of intercorrelations among the observed variables. Perhaps, if the independent variables were less correlated with each other, more of the mediation and direct effects may have been significant.

Another limitation was the lack of variance in the sample population. Most of the participants were Caucasian (94%), earned more than \$21,000/year (77%), and 92% of the families had lost a father/husband. To truly understand the impact that the death of a parent has on family functioning, future research needs to focus and build on the importance of the relationships between social support, coping, family communication, grief, and family functioning found in this study. In order to do this, research needs to evaluate these relationships by collecting information from a sample representative of our population. Researchers in this area need to actively recruit families across racial/ethnic

and rural/urban backgrounds as well as across income levels to determine the differences among the different ethnic or cultural groups, who functions best after the death, and if what they are doing right is applicable to the other groups and the special needs of each population. It would be interesting to understand the differences that may exist between these groups of people, and if what proves effective for one group could be taught to the other groups and be just as effective. It would also be fascinating to ascertain if rural and urban families differ in regards to support, available resources, coping, grief, and family functioning. Future researchers also need to evaluate the differences that may exist between families that lose a mother versus a father and the special needs that each family has.

The final limitation of the current study was that it was not longitudinal, especially since very little is known about the long-term effects the death of a parent has on children as they develop and become adults. At this point, researchers have very little knowledge of how the loss of a parent in childhood or adolescence affect these children throughout their lifetimes. Researchers know that the loss is felt throughout life because of anniversary reactions during special life events and developmental stages (graduations, weddings, holidays, etc.) (Baker, et al., 1992), but not how it affects their development, their relationships with friends, family and partners, their parenting skills, and how they deal with everyday life events. Other areas of interest for longitudinal studies could include how losing a parent at different ages or developmental stages influences children's development and how they may differ from children who have never experienced the death of a parent as adults. Also, since data was cross sectional, the

researcher had no way to know how well the family was supported, coping, communicating, and functioning before the death, and as a result, could not compare the families over time. A better way to truly determine the effects that the death of a parent has on family functioning would be to study the family in a non crisis mode (preferably before the death occurred) as well as after. But, this is virtually impossible to do since we do not know when we will die, and even families with a terminally ill parent are not in a non crisis mode since they are dealing with a dying family member. Of course, researchers could ask families about coping, social support, family communication, and family functioning retrospectively. However, an objective view of these variables would probably be difficult to obtain since the family members' perception may be tainted by their experience.

Implications for Future Work

The present study both supports and contradicts previous research done in the grief area but also, makes an important contribution to the research. More importantly, these findings strengthen our understanding of how the death of a parent impacts a family on both individual and family levels. The present study takes a further step to portray the relationships between key variables that have been identified as important to bereaved individuals. These findings have implications for future intervention design and implementation.

Interventions. The current study illuminates the importance of perceived adequacy of social support for bereaved individuals, and past research has illustrated how the lack of support can be detrimental to bereaved individuals (Malikson, 1987). But in a

society that sees death as a taboo subject and most work settings provide three days leave when facing the death of an immediate family member, good social support may be difficult to acquire for many bereaved individuals. The rise of violent (homicide) and stigmatized deaths (AIDS) may not only increase the chances of complicated grief for the survivors (Rando, 1983) but could potentially decrease adequacy of social support. Interventions should not only focus on the bereaved, but on their support networks also. Community and high school education may be a good place to lay the groundwork for a greater understanding of what bereaved individuals and families face (Weeks & Johnson, 1992). Support networks (i.e. people of all ages) could be educated about the grieving process and what their family members and friends face as a result of losing a loved one, and in cases of terminal illness, support needs to be provided beyond the illness and into the grieving process (Silverman, 1988). Ultimately, this education could also benefit the support networks, since it could prepare them for what they may face in the future.

Findings from this study also indicate that family communication regarding the death and the deceased parent is instrumental to the child's coping abilities. Interventions for bereaved parents should include an educational component on how to talk with children about death and the deceased parent. The findings also imply that coping abilities impact both grief and family functioning so increasing coping capabilities for the bereaved should also be a key component of interventions for families. Grief was also identified as an important component for family functioning. In fact, the focus should be on helping families to progress to the growth phase of grief since this phase is what

positively influences family functioning. Interventions need to find appropriate ways to facilitate the grieving process for families.

Conclusion

Although the results from the current study did not support the hypothesized models, they did prove that both individual and family level variables impact the family after the death of a parent. These findings support Kissane and Bloch's (1994) belief that grief is both an individual and shared experience. The results from this study indicate that the death of a parent does impact both parents and children at the individual level as well as the family level, and these levels interact with each other. Thus far, researchers have tended to focus on the individual level and have all but ignored the possible influence that the family may have on the individual when facing the death of a loved one (Kissane & Bloch, 1994). In the future, research needs to consider not only individual level factors but also family level variables when working with a grieving population.

APPENDICES

APPENDIX A

APPENDIX A

RECRUITMENT MATERIALS

A1: LETTER TO THE EDITOR

Grieving Families

My name is Lynn Breer, and I am a Ph.D. candidate in psychology at Michigan State University. For my dissertation I would like to collect information from families who have experienced the death of a parent. My interest in this field stems from personal experience. Nine years ago my life changed forever when my father died suddenly from a brain aneurysm. I was seventeen, confused, angry, and in pain. I felt there was no one I could turn to for help. My family was also in pain and I didn't want to upset them more than I had to and there were no community resources available for me in the small town where I lived. I never really talked with my friends about my father's death and how I felt because I didn't know how they would react, and I wouldn't have known what to do if this happened to one of them instead of me. As a result of my experience, I have decided to devote my life to helping families who have lost a loved one.

Most communities don't provide us with effective information, support, or resources when we are grieving. So my long term goal is to develop effective resources for grieving families. In order to do so, I need to know what helps grieving families and what grieving families need. Currently, I am working on a project that focuses on families who have lost a parent within the last four years with at least one child between the ages of 12 and 18. If you or someone you know has experienced this loss and would be willing to complete some mailed surveys, please contact me at 1-800-765-7542, or e-mail me at lbreer@aol.com. I really need your help. Everything you do will be greatly appreciated and could potentially help numerous other families who will experience the death of a parent.

Lynn Breer

A2: COVER LETTER TO THE EDITOR

April ,1996

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(517) 393-6665

Dear Editor:

I am a graduate student at Michigan State University, and I am working on my dissertation and need information from a lot of people. I do not have the resources to advertise, so I thought this would be a good way of getting the word out. If you can't use this or fit it in as a letter to the editor, would you please consider using it as a news worthy item in some other form. I am willing to provide you with any other information you would need. If need more information or decide to print it, please contact me at my 1-800-765-7542 number or e-mail address lbreer@aol.com.

Sincerely,

M. Lynn Breer, M.A.

A3: INFORMATION SHEET

Family Grief Study

Information Sheet

My name is Lynn Breer, and I am a psychology graduate student at Michigan State University. For my dissertation, I am examining factors, such as coping, social support, communication, and grief, that influence how a family adapts after the death of a parent. My interest in this area stems from my own experience of losing my father at the age of seventeen. As a result of my experience, I want to help others who are experiencing similar losses.

My intent in conducting this study is gathering information about how families deal and adapt effectively with the crisis of losing a parent. I want to find out what determines how well a family adapts and functions after the death of a parent. The material gathered in this study may provide the needed information to develop effective interventions and support resources for families experiencing the loss of a parent.

Various strategies will be used to protect the identities of all participants. I will be the only one who is aware of your participation in the study. All the information you provide will be kept strictly confidential. Your name and the information you give will not be linked in any way.

If you have lost a spouse or parent within the last four years and have at least one child between 12 and 18, your participation in this study may make a valuable contribution to our understanding of these issues. So if you are interested or know of anyone who may be, please contact Lynn Breer at 1-800-765-7542 or e-mail me at lbreer@aol.com.

APPENDIX B

APPENDIX B

ENTRANCE INTERVIEW

Hello, this is Lynn Breer. I am calling (or returning your call) about the Family Grief Study. I am a graduate student in psychology at Michigan State University. I am interested in working with families who have experienced a significant loss through death. My interest in the area stems from a personal experience. My father died when I was seventeen, and I remember how much it affected my family and how hard it's been to deal with my father's death for everyone in my family. Do you have any questions you would like to ask me at this point? Did you call to get more information about the study? What do you know about the study and what would you like to know about the study? Do you have any questions or concerns about participating in the project?

Let me explain the options you have for completing the surveys, and then if you have any other questions, please feel free to ask them. First, I need to ask you if you live in the Lansing area? If you live in the Lansing area, you and your child have several options for completing the surveys. I can mail the surveys to you and your child, and you can complete them and return them in a self-addressed stamped envelope to me through the mail, or I could pick them up. I could come to your home and wait and while you and your child complete the surveys, or we could meet somewhere neutral, like an office on campus, my office at VNS, or a restaurant, and you and your child could complete the surveys. Which option would you and your child be most comfortable with?

OUT OF TOWN OR MAILING OPTION FOR LOCALS: If you do not live in the Lansing area or do live locally and want to receive the surveys through the mail, I will explain the process. I will be mailing a packet to you in the mail. The packet will contain two packets of surveys marked one marked parent and one marked child and two self-addressed stamped envelopes. Both packets will contain the appropriate surveys for you and your child along with an instruction sheet, a consent form, and a mailing checklist. I want you and your child to complete the forms in separate rooms and then seal them in the envelope as soon as you complete ALL the forms and then drop them in the mail. You do not have to complete all the surveys in one day. Take a few days to complete them if that works best for you and your child. Please return the completed surveys within a week of receiving them.

Do you have any questions at this point? Let me assure you that all the information you give me will be kept strictly confidential. I will be the only person who knows that you are participating in the study. Your name will not be linked with the information or the study in any way or form. Any questions? Would you and your family like to participate in the study?

If yes, I need to ask you a few questions okay?

If no, is it okay if I ask you five questions?

1. How old are you? _____
 Could you give me the first name and ages of all your children? _____

2. What was the relationship you shared with the deceased?
 a. Wife
 b. Husband
 c. Ex-wife
 d. Ex-husband
3. When did your spouse die? (Date/Month/Year)

4. What was the cause of death?

5. Was the loss:
 a. Sudden/unexpected
 b. Anticipated for 1-6 months
 c. Anticipated for longer than 6 months

Non Participants: Thank you for your interest in the study. I enjoyed talking with you.

Now we will select the child who will participate in the study. I will randomly select one of your children between 12 and 18 to participate in the study. (Pick the name of the child by putting their names in a hat and picking one.) I have selected _____. Is _____ available? Could I speak to him/her? Hello, _____ my name is Lynn, and I am studying psychology at Michigan State University. I am interested in working with you and your mom/dad. I would like you and your mom/dad to answer some questions for me about your experiences since the death of your parent. Do you have any questions you would like to ask me? I just want to let you know that your answers will be kept confidential. I will send you an envelope to put all the surveys in

when they are done and you can seal it. You don't have to show anyone your answers. Your name will not be connected to the study in any way. Do you have any questions? Would you like to complete the surveys I will be sending you and your mom/dad? If yes, great could I speak with your mom/dad again? If no, okay could I speak with your mom/dad again? (If no randomly select another child and ask the new child to participate.)

Now I will need your name and address.

Name: _____

Address: _____

MAILED SURVEYS: I will be sending you the surveys in the next few days. Remember to be sure to sign the consent form, read the instruction sheet, and read all the directions carefully before completing the surveys. Please return the surveys within a week of receiving them. Thank you so much for your interest and participation.

LOCAL SURVEYS NOT MAILED: You chose to complete the surveys by:

1. allowing me to come to your home. Could I get directions and could we schedule a date and time to meet?
2. meeting in a neutral place: Where would you like to meet? When would you like to meet?

Thank you so much for agreeing to participate in my study. Remember if you have any questions, please feel free to call me anytime at 1-800-765-7542 (local 393-6665). Thank you.

APPENDIX C

APPENDIX C

INSTRUCTION PACKET

C1: PARENT INSTRUCTION SHEET

Parent Instruction Sheet

Please read the following directions carefully before completing your questionnaires.

I just want to make sure that you know that all the information you and your child provides will be kept strictly confidential. Your names will not be linked to any information you provide in any way or form.

PLEASE MAKE SURE BOTH YOU AND YOUR CHILD READ AND SIGN THE APPROPRIATE CONSENT FORM BEFORE COMPLETING THE SURVEYS!

Enclosed with this envelope you will find two self-addressed stamped envelopes, one with a questionnaire packet for you marked PARENT PACKET, and one with a packet for your child marked CHILD PACKET.

When completing the questionnaires, make sure that you and your child are in separate rooms, and please do not discuss the questions with each other while completing the surveys because it could influence how the questions are answered. Once the surveys are finished, please complete your questionnaire and seal it in the envelope when you have finished. Please have your child complete his/her questionnaires and have him/her seal them in the designated envelope. When you have both completed these questionnaires, please drop them both in the mail at the same time.

The questionnaires you will complete are basically the same questionnaires that your child will complete. There are some minor variations in wording and questions on most of the measures, but overall they are the same.

Completing these questionnaires should take approximately 2 hours, and you do not have to do it all in one night. Please take a few days to complete them if that works best for you. Just be sure to return the completed questionnaires **within one week of receiving them.**

Be sure to tell your child to read all the directions carefully. If your child has any questions regarding directions or answering questions, please have them phone me at 1-800- or e-mail me at breermar@pilot.msu.edu. I will be checking my messages daily and will respond promptly. **If your child decides not to participate, please call me immediately so I can randomly select another child in your family to participate. If you have only one other child between 12 and 18 who wants to participate, then go ahead and let that child complete the surveys. If you have more than one child between 12 and 18, please call me now.**

After completing the questionnaires, if you have any concerns, questions, or need to debrief, please call me at 1-800-765-7542, or e-mail me at breermar@pilot.msu.edu. Talk with your child also. Ask him/her if s/he has anything s/he wants to talk about regarding the surveys or anything else.

BEFORE SEALING THE ENVELOPE MAKE SURE YOU HAVE ALL THE SURVEYS IN IT AND MAKE SURE YOU ENCLOSE YOUR SIGNED CONSENT FORM.

C2: CHILD INSTRUCTION SHEET

Child Instruction Sheet

Please read the following directions carefully before completing your questions.

I just want to remind you to make sure you **read and sign the consent form before you begin answering the questions**. Also you should know that all the information you provide will be kept strictly confidential. Confidential means that I will never use your name when I talk about what I find in my study. It also means that all the information you give me will be looked at with all the other information I get from everyone who completes the surveys. So there will be no way that your name or the information you give me can be linked to you. It also means that your parent will not look at your answers. Your answers are private. To make sure your parent doesn't see your answers, put the surveys in your envelope and seal it when you are finished with ***all*** of the questions.

You have your own survey packet and your own self-addressed stamped envelope. When you finish **ALL** your questions put them in the envelope and seal it. **BEFORE SEALING THE ENVELOPE MAKE SURE YOU HAVE ALL THE SURVEYS IN THE ENVELOPE AND YOU ALSO HAVE THE CONSENT FORM IN THE ENVELOPE ALSO**. Then give the sealed envelope to your parent to mail.

Please complete all the questions as best you can. Completing the surveys will take you about 2 hours, and you do not have to do it all in one night. Take a couple of nights to complete them if that works best for you. If the directions or some of the statements don't make sense, or you don't understand a word in the question, please contact me at 1-800-765-7542 or e-mail me at breermar@pilot.msu.edu, and I will answer any questions you have as soon as I receive your message. Be sure to let me know a good time to contact you. Be sure to complete the surveys in a separate room from your parent.

If you need to talk with someone after you complete the questions, please feel free to talk with me by calling or writing me. You may also want to talk with your parent about your experience **after you both have completed the surveys**.

C3: PARENT MAILING CHECKLIST

Mailing Checklist (Parent)

Before sealing your envelope make sure you have:

1. Signed and dated your consent form.
2. Enclosed the signed and dated consent form.
3. Enclosed the completed Social Support Survey
4. Enclosed the Coping Survey.
5. Enclosed the Family Communication Survey
6. Enclosed the Response to Loss Survey (grief survey)
7. Enclosed the Family Assessment Device (parents only).

If you have enclosed all of these forms please seal the envelope and drop it in the mail.

C4: CHILD MAILING CHECKLIST

Mailing Checklist (Child)

Before sealing your envelope make sure you have:

1. Signed and dated your consent form.
2. Enclosed the signed and dated consent form.
3. Enclosed the completed Social Support Survey
4. Enclosed the Coping Survey.
5. Enclosed the Family Communication Survey
6. Enclosed the Response to Loss Survey (grief survey)

If you have enclosed all of these forms please seal the envelope and give it to your parent to mail.

APPENDIX D

APPENDIX D

CONSENT FORMS

Parent 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.

I have freely consented to allow my minor child to take part in this study if he or she wishes to participate.

I understand that this research involves me and my child completing surveys about our loss experience, our grief, our social support system, our family communication, our coping abilities, and our family functioning.

I understand that the surveys will take approximately 2 hours to complete.

2. I understand that if my child or I need more intense help we can call the researcher and receive ways we can contact resources within our community.
3. I understand that my child and I are free to refuse to participate in the study at any time and that we are free to choose NOT to answer any or all of the questions without 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 surveys will be included together, and that I will remain anonymous. Results of the study will be made available at my request.
5. I have been given the name and phone number of a contact person in case I have any questions or concerns after or during my participation in the study.

Signature: _____

Date: _____

D1: CHILD CONSENT FORMS

Child Consent Form

1. I know that I will be participating in a study and will be answering questions about my experiences since the death of my parent.
2. I understand that I do not have to answer questions if I don't want to.
3. I understand that I can drop out of the study and not complete the surveys.
4. I understand that all my answers will be kept confidential. My name will not be connected with any information I give on the surveys. I do not have to discuss my answers with anyone unless I want to.
5. I have been given a name and phone number in case I have questions.

Signature: _____

Date: _____

APPENDIX E

APPENDIX E

DEMOGRAPHIC SURVEY

PARENT SURVEY

1. What is your family's religious affiliation?
 - a. Catholic
 - b. Protestant
 - c. Jewish
 - d. Mormon
 - e. Lutheran
 - f. Baptist
 - g. No religious affiliation
 - h. Other (Specify) _____
2. What is your family's annual income?
 - a. \$0-\$10,000
 - b. \$11,000-\$20,999
 - c. \$21,000-\$35,999
 - d. \$36,000-\$50,999
 - e. Over \$51,000
3. What is your family's ethnic background?
 - a. Caucasian
 - b. African American
 - c. Native American
 - d. Hispanic
 - e. Indian
 - f. Asian
 - g. Multiple Backgrounds (Specify) _____
 - h. Other (Specify) _____
4. What is your education level?
 - a. Some High School
 - b. High School Diploma/GED
 - c. Some College
 - d. College Diploma
 - e. Master's Degree
 - f. Ph.D.
 - g. Other (Specify) _____
5. What was your spouse's education level?
 - a. Some High School
 - b. High School Diploma/GED
 - c. Some College
 - d. College Diploma
 - e. Master's Degree
 - f. Ph.D.
 - g. Other (Specify) _____

6. How many deaths has your family experienced in the last three years? Please specify the relationships with the deceased. (Includes grandparents, aunts, uncles, friends, cousins, spouse, and children)
- _____
7. Are you currently in a new relationship?
Yes No
8. What grief support services are available in your community?
9. As a result of your loss, have you or any of your children attended counseling or therapy?
Yes No
10. As a result of your loss, have you or any of your children attended a support group?
Yes No
11. If yes to questions 9 and/or 10, please list everyone in your family who attended.
- _____
- _____
12. If you attended a support group or therapy, how long did you go?
- _____
13. How old are you? _____
Please give the first name and ages of all your children.
- _____
- _____
14. When did your spouse die? (Month/date/year)
- _____
15. What was the cause of death?
- _____
16. Was the loss:
A. Sudden/unexpected
B. Anticipated for 1-6 months
C. Anticipated for longer than 6 months

E1: CHILD SURVEY

AC9. As a result of your loss, have you attended counseling or therapy?
Yes No

AC10. As a result of you loss have you attended a support group?
Yes No

AC13. How old are you? _____

APPENDIX F

APPENDIX F

SOCIAL SUPPORT SURVEYS

STRUCTURAL SOCIAL SUPPORT (PARENT)

When answering the following questions, please think about the how you feel in response to each of these questions since the death of your spouse. Please read each question carefully and give or circle the answer that best describes your experience.

1. Since the death of your spouse, how many family members really help you when you have a problem and really listen to you and talk with you? _____
2. Since the death of your spouse, how often do you talk with the family members who really help you when you have a problem and who really listen to you and talk with you?
 - A. Never
 - B. Less than One time per Month
 - B. One time per month
 - C. 2-3 times per month
 - D. Weekly
 - E. Daily
3. Since the death of your spouse, how many friends really help you when you have a problem and who really listen to you and talk to you? _____
4. Since the death of your spouse, how often do you talk with the friends who really help you when you have a problem and who really listen to you and talk to you?
 - A. Never
 - B. Less than One time per Month
 - B. One time per month
 - C. 2-3 times per month
 - D. Weekly
 - E. Daily

5. To what extent has your circle of friends changed since the death of your spouse?

- A. Not at all (Still have all the same friends)
- B. Have lost a few and gained a few
- C. Have lost all friends and gained a few new friends
- D. Have all new friends
- E. Other (Please explain)

6. Have you ever attended a support group or sought professional help from a counselor, therapist, minister, or doctor to help you deal with the loss of your spouse?

Yes No

If yes, please answer questions 7 and 8. If no, please go to next survey.

7. Since the death of your spouse, how many members of your support group or professional people (counselor, therapist, minister, or doctor) have really helped you when you have a problem and really listen to you and talk to you? _____

8. Since the death of your spouse, how often do you talk with members of your support group or professional people (counselor, therapist, minister, or doctor) who have really helped you when you have a problem and really listen to you and talk to you?

- A. Never
- B. Less than One time per Month
- B. One time per month
- C. 2-3 times per month
- D. Weekly
- E. Daily

F1: STRUCTURAL SOCIAL SUPPORT (CHILD)

When answering the following questions, please think about the how you feel in response to each of these questions since the death of your parent. Please read each question carefully and give or circle the answer that best describes your experience.

1. Since the death of your parent, how many family members really help you when you have a problem and really listen to you and talk to you? _____
2. Since the death of your parent, how often do you talk with the family members who really help you when you have a problem and really listen to you and talk to you?
 - A. Never
 - B. Less than One time per Month
 - B. One time per month
 - C. 2-3 times per month
 - D. Weekly
 - E. Daily
3. Since the death of your parent, how many friends really help you when you have a problem and really listen to you and talk to you? ? _____
4. Since the death of your parent, how often do you talk with the friends who really help you when you have a problem.
 - A. Never
 - B. Less than One time per Month
 - B. One time per month
 - C. 2-3 times per month
 - D. Weekly
 - E. Daily
5. To what extent has your circle of friends changed since the death of your parent?
 - A. Not at all (Still have all the same friends)
 - B. Have lost a few and gained a few
 - C. Have lost all friends and gained a few new friends
 - D. Have all new friends
 - E. Other (Please explain)

6. Have you ever attended a support group or sought professional help from a counselor, therapist, minister, or doctor to help you deal with the loss of your parent?

Yes No

If yes, please answer questions 7 and 8. If no, please go to next survey.

7. Since the death of your parent, how many members of your support group or professional people (counselor, therapist, minister, or doctor) have really helped you when you have a problem and really listen to you and talk to you? _____
8. Since the death of your parent, how often do you talk with members of your support group or professional people (counselor, therapist, minister, or doctor) who have really helped you when you have a problem and really listen to you and talk to you?
- A. Never
 - B. Less than One time per Month
 - B. One time per month
 - C. 2-3 times per month
 - D. Weekly
 - E. Daily

F2: FUNCTIONAL SOCIAL SUPPORT (PARENT)

Below are some questions about the kind of help and support you have available to you since the death of your spouse. The questions refer to three different groups of people who might have been providing support to you since the death of your parent. For each item answer **TWO** questions. **FIRST** answer **HOW OFTEN** the identified group of people have supported you by circling the response that applies to you in columns 2 through 5. **SECOND** answer whether you would have liked this support **MORE OFTEN, LESS OFTEN, or IT WAS JUST RIGHT** from the group of people by circling the answer that best applies to you in the last three columns.

Answer the following questions while thinking about YOUR FAMILY :	How often				I would have liked them to do this:		
	Never	Some-times	Often	Usually Always	More Often	Less Often	Just Right
1. Since the death of your spouse, how often does your family really listen to you and try to understand your problems and concerns?	1	2	3	4	1	2	3
2. Since the death of your spouse, how often do you confide in members of your family about feelings or concerns you have about your deceased spouse?	1	2	3	4	1	2	3
3. Since the death of your spouse, how often has your family been supportive of you in general?	1	2	3	4	1	2	3
4. Since the death of your spouse, how often does your family give you the comfort and reassurance you need?	1	2	3	4	1	2	3
5. Since the death of your spouse, how often does your family really understand your feelings about the death of your spouse?	1	2	3	4	1	2	3
6. Since the death of your spouse, how often do you express your feelings about your deceased spouse with family members.	1	2	3	4	1	2	3
7. Since the death of your spouse, how often does your family really make you feel loved?	1	2	3	4	1	2	3

8. Since the death of your spouse, how often do they try to take your mind off your problems by telling jokes or chattering about other things?	1	2	3	4	1	2	3
9. How often do they answer your questions or give you advice about how to solve your problems?	1	2	3	4	1	2	3
10. How often can you use your family as examples of how to deal with your problems?	1	2	3	4	1	2	3
Now thinking about the kinds of support offered by your family members how often do you get the...							
11. Legal help and advice you need?	1	2	3	4	1	2	3
12. Financial help and advice you need?	1	2	3	4	1	2	3
13. Help you need managing your household such as chores, fixing things, or generally getting things done around the house?	1	2	3	4	1	2	3
14. Help with transportation needs?	1	2	3	4	1	2	3
15. Help with child care needs?	1	2	3	4	1	2	3
16. Help with other things you need?	1	2	3	4	1	2	3

17. Since the death of your spouse, how satisfied are you with the support you have received from your family?

1. I am very unsatisfied
2. I am somewhat unsatisfied
3. I am somewhat satisfied
4. I am very satisfied

Answer the following questions while thinking about your 2-3 CLOSEST FRIENDS:	How often					I would have liked them to do this:		
	Never	Some-times	Often	Usually Always	More Often	Less Often	Just Right	
18. Since the death of your spouse, how often do your friends really listen to you and try to understand your problems and concerns?	1	2	3	4	1	2	3	
19. Since the death of your spouse, how often do you confide in your friends about feelings or concerns you have about your deceased spouse?	1	2	3	4	1	2	3	
20. Since the death of your spouse, how often have your friends been supportive of you in general?	1	2	3	4	1	2	3	
21. Since the death of your spouse, how often do your friends give you the comfort and reassurance you need?	1	2	3	4	1	2	3	
22. Since the death of your spouse, how often do your friends really understand your feelings about the death of your spouse?	1	2	3	4	1	2	3	
23. Since the death of your spouse how often do you express your feelings about your deceased spouse with friends?	1	2	3	4	1	2	3	
24. Since the death of your spouse, how often do they try to take your mind off your problems by telling jokes or chattering about other things?	1	2	3	4	1	2	3	
25. How often do they answer your questions or give you advice about how to solve your problems?	1	2	3	4	1	2	3	
26. How often can you use your friends as examples of how to deal with your problems?	1	2	3	4	1	2	3	
Now thinking about the kinds of support offered by your friends how often do you get the ...								
27. Legal help and advice you need?	1	2	3	4	1	2	3	
28. Financial help and advice you need?	1	2	3	4	1	2	3	

29. Help you need managing your household such as chores, fixing things, or generally getting things done around the house?	1	2	3	4	1	2	3
30. Help with transportation needs?	1	2	3	4	1	2	3
31. Help with child care needs?	1	2	3	4	1	2	3
32. Help with other things you need?	1	2	3	4	1	2	3

33. Since the death of your spouse, how satisfied are you with the support you have received from your friends?

1. I am very unsatisfied
2. I am somewhat unsatisfied
3. I am somewhat satisfied
4. I am very satisfied

F3: FUNCTIONAL SOCIAL SUPPORT (CHILD)

Below are some questions about the kind of help and support you have available to you since the death of your parent. The questions refer to three different groups of people who might have been providing support to you since the death of your parent. For each item answer **TWO** questions. **FIRST** answer **HOW OFTEN** the identified group of people have supported you by circling the response that applies to you in columns 2 through 5. **SECOND** answer whether you would have liked this support **MORE OFTEN, LESS OFTEN, or IT WAS JUST RIGHT** from the group of people by circling the answer that best applies to you in the last three columns.

Answer the following questions while thinking about <u>YOUR FAMILY parent</u> and siblings.	How often				I would have liked them to do this:		
	Never	Some-times	Often	Usually Always	More Often	Less Often	Just Right
1. Since the death of your parent, how often does your family really listen to you and try to understand your problems and concerns?	1	2	3	4	1	2	3
2. Since the death of your parent, how often do you confide in members of your family about feelings or concerns you have about your deceased parent?	1	2	3	4	1	2	3
3. Since the death of your parent, how often has your family been supportive of you in general?	1	2	3	4	1	2	3
4. Since the death of your parent, how often does your family give you the comfort and reassurance you need?	1	2	3	4	1	2	3
5. How often does your family understand your feelings since the death of you parent?	1	2	3	4	1	2	3
6. Since the death of your parent how often do you express your feelings about your deceased parent with family members.	1	2	3	4	1	2	3
7 . Since the death of your parent, how often does your family really make you feel loved?	1	2	3	4	1	2	3

8. Since the death of your parent, how often do they try to take your mind off your problems by telling jokes or chattering about other things?	1	2	3	4	1	2	3
9. How often do they answer your questions or give you advice about how to solve your problems?	1	2	3	4	1	2	3
10. How often can you use your family as examples of how to deal with your problems?	1	2	3	4	1	2	3
11. How often do you get rides to school activities when you need them?	1	2	3	4	1	2	3
12. How often do you get rides to places you want to go when you need them?	1	2	3	4	1	2	3
13. How often do you get help with your homework when you need it?	1	2	3	4	1	2	3
14. How often do you get money from your family when you need it?	1	2	3	4	1	2	3
15. How often do you get to do the things you did before your parent died, such as play sports, go to movies or concerts, hang out with friends?	1	2	3	4	1	2	3
16. How often do you receive the guidance you need since the death of your parent?	1	2	3	4	1	2	3

17. Since the death of your parent, how satisfied are you with the support you have received from your family?

1. I am very unsatisfied
2. I am somewhat unsatisfied
3. I am somewhat satisfied
4. I am very satisfied

Answer the following questions while thinking about your 2-3 CLOSEST FRIENDS	How often				I would have liked them to do this:		
	Never	Some-times	Often	Usually Always	More Often	Less Often	Just Right
18. Since the death of your parent, how often do your friends really listen to you when and try to understand your problems and concerns?	1	2	3	4	1	2	3
19. Since the death of your parent, how often do you confide in your friends about feelings or concerns you have about your deceased parent?	1	2	3	4	1	2	3
20. Since the death of your parent, how often have your friends been supportive of you in general?	1	2	3	4	1	2	3
21. Since the death of your parent, how often do your friends give you the comfort and reassurance you need?	1	2	3	4	1	2	3
22. How often do your friends understand your feelings since the death of you parent?	1	2	3	4	1	2	3
23. Since the death of your parent how often do you express your feelings about your deceased parent with friends.	1	2	3	4	1	2	3
24. Since the death of your parent, how often do your friends try to take your mind off your problems by telling jokes or chattering about other things?	1	2	3	4	1	2	3
25. How often do your friends answer your questions or give you advice about how to solve your problems?	1	2	3	4	1	2	3
26. How often can you use your friends as examples of how to deal with your problems?	1	2	3	4	1	2	3
27. How often do you get rides to school activities from friends when you need them?	1	2	3	4	1	2	3
28. How often do you get rides to places you want to go from friends when you need them?	1	2	3	4	1	2	3

29. How often do you get help with your homework when you need it?	1	2	3	4	1	2	3
30. How often do you receive the guidance you need from friends since the death of your parent?	1	2	3	4	1	2	3

31. Since the death of your parent, how satisfied are you with the support you have received from your friends?

1. I am very unsatisfied
2. I am somewhat unsatisfied
3. I am somewhat satisfied
4. I am very satisfied

F4: ITEMS DELETED FORM CHILD'S FUNCTIONAL SUPPORT SCALE**Family:**

1. Since the death of your parent, how often do they try to take your mind off your problems by telling jokes or chattering about other things?
2. How often do you get help with your homework when you need it?
3. How often do you get money from your family when you need it?

Friends:

1. How often do you get rides to school activities from friends when you need them?
2. How often do you get rides to places you want to go from friends when you need them?
3. How often do you get help with your homework when you need it?

APPENDIX G

APPENDIX G

COMMUNICATION SURVEY

FAMILY COMMUNICATION (PARENT)

Please read each of the following questions carefully and circle the answer that best describes you and your family.

	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
1. My child(ren) freely talk with me about their deceased parent.	1	2	3	4	5	6
2. My child(ren) share memories about their deceased parent with myself and/or their siblings.	1	2	3	4	5	6
3. My child(ren) never ask me questions about their deceased parent.	1	2	3	4	5	6
4. I encourage my child(ren) to talk about their deceased parent.	1	2	3	4	5	6
5. My child(ren) ask me questions about their deceased parent.	1	2	3	4	5	6
6. My child(ren) participated in the funeral or memorial services for their deceased parent.	1	2	3	4	5	6
7. I honestly answer my child(ren)'s questions about their deceased parent.	1	2	3	4	5	6
8. I do not encourage my children to talk about their deceased parent.	1	2	3	4	5	6

9. My child(ren) freely express their feelings with me about the death of their parent.	1	2	3	4	5	6
10. My children and I avoid talking my their deceased parent.	1	2	3	4	5	6
11. I encourage my child(ren) to ask any questions they have about how their parent died.	1	2	3	4	5	6
12. I listen to my child(ren) when they want to talk about their parent who died.	1	2	3	4	5	6
13. My child(ren) found out things about how their parent died from people other than myself.	1	2	3	4	5	6
14. When my child(ren) talk about the death of their parent, I change the subject.	1	2	3	4	5	6

G1: FAMILY COMMUNICATION (CHILD)

Please read each of the following questions carefully and circle the answer that best describes your family (sisters, brothers, and parent).

	Strongly Disagree	Disagree	Somewhat Disagree	Agree	Somewhat Agree	Strongly Agree
1. I freely talk about my deceased parent with members of my family.	1	2	3	4	5	6
2. I share memories about my deceased parent with members of my family.	1	2	3	4	5	6
3. I never ask my family questions about my parent who died.	1	2	3	4	5	6
4. I am encouraged by members of my family to talk about my parent who died.	1	2	3	4	5	6
5. I ask my family questions about my parent who died.	1	2	3	4	5	6
6. I participated in the funeral or memorial services for my parent who died.	1	2	3	4	5	6
7. The questions I ask about my parent who died are answered honestly.	1	2	3	4	5	6
8. My family does not encourage me to talk about my parent who died.	1	2	3	4	5	6
9. I freely express my feelings about my parent with members of my family.	1	2	3	4	5	6
10. My family avoids talking about my parent who died.	1	2	3	4	5	6
11. I am encouraged by members of my family to ask any questions I have about death or how my parent died.	1	2	3	4	5	6
12. My family listens to me when I want to talk about my parent who died.	1	2	3	4	5	6
13. I found out things about how my parent died from people who are not members of my family.	1	2	3	4	5	6
14. When I want to talk about my parent who died, my family changes the subject.	1	2	3	4	5	6

G2: ITEMS DELETED FROM PARENT COMMUNICATION SURVEY

1. **My children participated in the funeral or memorial services for their deceased parent.**
2. **I do not encourage my children to talk about their deceased parent.**
3. **My children found out things about how their parent died from people other than myself.**
4. **When my children talk about the death of their parent, I change the subject.**

Items Deleted from the Child Communication Survey

1. **I participated in the funeral or memorial services for my parent who died.**
2. **My family avoids talking about my parent who died.**
3. **I found out things about how my parent died from people who are not members of my family.**

APPENDIX H

APPENDIX H

COPING SURVEYS

F: PARENT COPING

Directions: Decide how well each statement describes your attitudes and behavior in response to problems or difficulties. If the statement describes your response very well, then circle the number 5 indicating that you STRONGLY AGREE; if the statement does not describe your response at all, then circle number 1 indicating that you STRONGLY DISAGREE; if the statement describes your response to some degree, then select a number 2, 3, or 4 to indicate how much you agree or disagree with the statement about your response.

Since the death of my spouse, I face problems or difficulties in my family by:	Strongly Disagree	Moderately disagree	Neither agree nor disagree	Moderately Agree	Strongly Agree
1. Sharing my difficulties with relatives	1	2	3	4	5
2. Seeking encouragement and support from friends	1	2	3	4	5
3. Knowing I have the power to solve major problems	1	2	3	4	5
4. Seeking information and advice from persons in other families who have faced the same or similar problems	1	2	3	4	5
5. Seeking advice from relatives	1	2	3	4	5
6. Seeking assistance from community agencies and programs designed to help individuals in my situation	1	2	3	4	5
7. Knowing that I have the strength within myself to solve my problems	1	2	3	4	5
8. Receiving gifts and favors from neighbors (e.g., food, taking in mail, etc.)	1	2	3	4	5
9. Seeking information and advice from the family doctor	1	2	3	4	5

10. Asking neighbors for favors and assistance	1	2	3	4	5
11. Facing the problems "head-on" and trying to get solutions right away	1	2	3	4	5
12. Watching television	1	2	3	4	5
13. Showing that I am strong	1	2	3	4	5
14. Attending church services	1	2	3	4	5
15. Accepting stressful events as a fact of life	1	2	3	4	5
16. Sharing concerns with close friends	1	2	3	4	5
17. Knowing luck plays a big part in how well we are able to solve family problems	1	2	3	4	5
18. Exercise with friends to stay fit and reduce tension	1	2	3	4	5
19. Accepting that difficulties occur unexpectedly	1	2	3	4	5
20. Doing things with relatives (get-together, dinners, etc.)	1	2	3	4	5
21. Seeking professional counseling and help with my difficulties	1	2	3	4	5
22. Believing I can handle my own problems	1	2	3	4	5
23. Participating in church activities	1	2	3	4	5
24. Defining my problem in a more positive way so that I do not become too discouraged	1	2	3	4	5
25. Asking relatives how they feel about problems I face	1	2	3	4	5
26. Feeling that no matter what I do to prepare, I will have difficulty handling problems	1	2	3	4	5
27. Seeking advice from a minister	1	2	3	4	5
28. Believing if I wait long enough, the problem will go away.	1	2	3	4	5
29. Sharing problems with neighbors	1	2	3	4	5
30. Having faith in God	1	2	3	4	5

H1: CHILD COPING

INSTRUCTIONS: Please read each item and circle which phrase (within the questions) applies (if any). Then answer both questions to the right of each item, circling the best answer.

	How often did you do this?				How much did it help?				
	Not at all	Some-times	A lot of the time	Almost all of the time	Not at all	A little	Some-times	Pretty much	Very much
1. I thought about something else.	0	1	2	3	0	1	2	3	4
2. I stayed away from people.	0	1	2	3	0	1	2	3	4
3. I tried to see the good side of things and/or concentrated on something good that could come out of the situation.	0	1	2	3	0	1	2	3	4
4. I realized I brought the problem on myself and blamed myself for causing it.	0	1	2	3	0	1	2	3	4
5. I realized that someone else caused the problem and blamed them for making me go through this.	0	1	2	3	0	1	2	3	4
6. I thought of ways to solve the problem; talked to others to get more facts and information about the problem and/or tried to actually solve the problem	0	1	2	3	0	1	2	3	4
7. I talked to others to get more facts and information about the problem and/or tried to actually solve the problem.	0	1	2	3	0	1	2	3	4
8. I talked about how I was feeling.	0	1	2	3	0	1	2	3	4
9. I kept thinking and wishing this had never happened and/or that I could change what happened.	0	1	2	3	0	1	2	3	4
10. Turned to my family, friends, or other adults to help me feel better.	0	1	2	3	0	1	2	3	4
11. I just accepted the problem because I know I couldn't do anything about it.	0	1	2	3	0	1	2	3	4

APPENDIX I

APPENDIX I

GRIEF SURVEYS

Response to Loss Questionnaire Instruction Parent Inventory

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, no one reacts in ***all*** of these ways to any given loss. You may find responding to this questionnaire difficult because some questions may bring up memories or feelings which are painful. If you may find completing this inventory to be painful, put it aside for a while and return to it later.

- Since this inventory asks you 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 note your thoughts about taking the inventory at the end of your answer sheets.
- 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 the loss of my spouse.
1 =occasionally this is true about my current responses to the loss of my spouse.
2 =some of the time this is true about my current responses to the loss of my spouse.
3 =most of the time this is true about my current responses to the loss of my spouse.
4 =this definitely is accurate about my current responses to the loss of my spouse.

**NOTE: IF A STATEMENT IS NOT A RESPONSE TO THIS LOSS, PLEASE
LEAVE IT BLANK.**

Please read all questions, even if you leave some of them blank. You may find it helpful to take some breaks while filling out the questionnaire. If filling out this inventory provokes strong feelings, you may wish to postpone filling out this questionnaire.

ANSWER EACH ITEM IN THE SPACE NEXT TO THE ITEM.

- 0 = this isn't accurate about my current response to the loss.
 1 = occasionally this is true about my current responses to the loss.
 2 = some of the time this is true about my current responses to the loss.
 3 = most of the time this is true about my current responses to the loss.
 4 = this definitely is accurate about my current responses to the loss

Since the time of my loss,

1. _____ I keep active and busy.
2. _____ I am smoking more.
3. _____ Taking care of others distracts me from thinking about my loss.
4. _____ I want/need to tell others what happened.
5. _____ If I try hard enough, I can bring back what I lost.
6. _____ I'm looking for who made this loss happen.
7. _____ I remain involved with my friends and family to stay connected with my loss.
8. _____ I haven't given up the rituals and habits that connect me to my loss.
9. _____ I look just as good as I always did.
10. _____ I've found someone or something to replace who I lost.

Since the time of this loss, I have thought

11. _____ I don't believe that this loss really happened.
12. _____ I keep thinking something could be done to bring back what I lost.
13. _____ I try to figure out how it could have been different.
14. _____ I try to figure out why this loss happened to me.
15. _____ If I don't concentrate on remembering what has happened, I'll forget it.
16. _____ If I'm good enough, nobody I love will ever die.
17. _____ It will all work out in the long run.
18. _____ Every cloud has a silver lining.
19. _____ People get the respect they deserve in this world.
20. _____ The show must go on.
21. _____ Idle hands are the devil's workbench.
22. _____ If I am good enough or perfect enough, what was lost will come back.
23. _____ I think I am responsible for this loss.
24. _____ I wish things were the way they were before this loss occurred.
25. _____ I'm scared to share what I've been thinking, feeling, and doing.
26. _____ My feelings are so unpredictable I wonder if I am crazy.
27. _____ I feel guilty just thinking about enjoying myself.
28. _____ My feelings are so intense I'm afraid of losing control.
29. _____ I try to hold back the tears.
30. _____ Unless something happens to change this, I don't know if I can control myself.

- 0 = this isn't accurate about my current response to the loss.
 1 = occasionally this is true about my current responses to the loss.
 2 = some of the time this is true about my current responses to the loss.
 3 = most of the time this is true about my current responses to the loss.
 4 = this definitely is accurate about my current responses to the loss

In the time since this loss,

31. _____ I am afraid to think about anything else but my loss.
 32. _____ Nothing is going to rob me of my feelings about this loss.
 33. _____ I've increased my exercise.
 34. _____ Sex gets my mind off the loss.
 35. _____ I don't feel like I am a sexual creature.
 36. _____ I have trouble breathing.
 37. _____ I don't eat as much.
 38. _____ I am sleeping less.
 39. _____ I dream that something has happened to reverse my loss.
 40. _____ Life seems unfair.
 41. _____ I believe something good will happen.
 42. _____ I can outlast any intruder.
 43. _____ I can still find meaningful and supportive relationships.
 44. _____ I know I will not be tested beyond my capacity to endure.
 45. _____ I wonder if I really deserve what I have.

Since this loss occurred,

46. _____ I know I won't give up.
 47. _____ I am determined to make those responsible pay for this.
 48. _____ This loss must be changed.
 49. _____ I avoid telling anyone what I'm thinking, feeling and/or doing about this loss.
 50. _____ I'm less patient with people.
 51. _____ I don't see much of my old friends.
 52. _____ I've ben careless.
 53. _____ I avoid getting involved in anything.
 54. _____ I use drugs to forget my loss.
 55. _____ I've put away anything which could remind me of this loss.
 56. _____ I have kept secret what really happened.
 57. _____ I can be verbally abusive when others remind me of this loss.
 58. _____ I've had more sex with more people.
 59. _____ If I get too happy, something bad is bound to happen.
 60. _____ This loss is evidence that I have failed as a person.
 61. _____ I deserve a better deal than I am getting.

- 0 = this isn't accurate about my current response to the loss
 1 = occasionally this is true about current my responses to the loss
 2 = some of the time this is true about my current responses to the loss
 3 = most of the time this is true about my current responses to the loss
 4 = this definitely is accurate about my current responses to the loss

Since the time of this loss, I have thought

62. _____ I'm better off without him/her.
 63. _____ No matter what I do, what will happen will happen.
 64. _____ Even if I could understand why it happened, it wouldn't change anything.
 65. _____ It's easier when I can forget what happened.
 66. _____ Nobody really cares how this loss affects me.
 67. _____ I've rejected others' ideas about the loss.
 68. _____ I should eat, drink, and be merry, for tomorrow may never come.
 69. _____ Don't rock the boat. You'll just get noticed.
 70. _____ Nobody cares about me. Why should I care about anyone else?
 71. _____ Easy come, easy go.
 72. _____ The good die young.
 73. _____ What the eye doesn't see, the heart doesn't remember.
 74. _____ Enjoy yourself now. Who cares about tomorrow?
 75. _____ If you're too happy, something bad is bound to happen.
 76. _____ It is the nail that stands out that gets hammered the hardest.

Since this loss happened,

77. _____ I feel confused and disoriented.
 78. _____ I try not to let anything affect me.
 79. _____ I feel detached and separate from others.
 80. _____ I feel bored with life.
 81. _____ People irritate me easily.
 82. _____ I feel frustrated.
 83. _____ If I let myself, I get so unhappy I can't stand it.
 84. _____ I get upset with myself for the way I have behaved.
 85. _____ I am revolted by the way people have responded.
 86. _____ I don't want to be touched.
 87. _____ I'm more clumsy and accident prone.
 88. _____ I have felt sick to my stomach.
 89. _____ I exercise less.
 90. _____ I don't watch what I eat.
 91. _____ I doubt that anything or anyone can give my life meaning again.
 92. _____ I can't imagine anyone ever being as important to me.
 93. _____ I've given up believing that my life has any particular significance.

- 0 = this isn't accurate about my current response to the loss
 1 = occasionally this is true about my current responses to the loss
 2 = some of the time this is true about my current responses to the loss
 3 = most of the time this is true about my current responses to the loss
 4 = this definitely is accurate about my current responses to the loss

Since this loss happened,

94. _____ It's hard for me to trust anybody.
 95. _____ Nothing has really made any difference, so why do I bother?
 96. _____ I've realized that nothing could have prevented it.
 97. _____ I wonder if I'm really a disgusting worthless person.
 98. _____ I don't remember my dreams.
 99. _____ I dream that I destroyed who I lost.
 100. _____ No one can blame me for the way it turned out.
 101. _____ I deserve to be taken care of after what's happened.
 102. _____ I am scattered and ineffective.
 103. _____ I forget to do routine, everyday tasks.
 104. _____ I never seem to know what to do with myself.
 105. _____ I have very little to say.
 106. _____ I do less of the things I enjoyed before.
 107. _____ I've not been interested in meeting anyone new.
 108. _____ I lack love, affection, and companionship.
 109. _____ I've lost friends.

In the time since this loss,

110. _____ My thinking has been slower than usual.
 111. _____ I am unable to find anything to look forward to.
 112. _____ I forget how it used to be before this happened.
 113. _____ I'm struck by how other people seem to go on with their lives while I cannot.
 114. _____ I know I cannot bring it back
 115. _____ There's no way I can fully understand why it happened.
 116. _____ I am aware of what is no longer a part of my life.
 117. _____ I think about what's missing in my life.
 118. _____ The tears are hard to stop.
 119. _____ I long for whom I've lost.
 120. _____ It's hard to express what I feel in words.
 121. _____ I miss feeling happy.
 122. _____ I feel a great deal of hurt or emotional pain.
 123. _____ I feel helpless.
 124. _____ I feel lonely and alone.

- 0 = this isn't accurate about my current response to the loss
 1 = occasionally this is true about my current responses to the loss
 2 = some of the time this is true about my current responses to the loss
 3 = most of the time this is true about my current responses to the loss
 4 = this definitely is accurate about my current responses to the loss

Since this loss happened,

125. _____ Being in certain places stirs up unexpected feelings.
 126. _____ Certain odors (e.g. perfumes, old houses) can trigger feelings.
 127. _____ I feel tense.
 128. _____ My body feels heavy.
 129. _____ I've had no energy to do anything.
 130. _____ I feel numb
 131. _____ I sigh.
 132. _____ I wake up feeling tense and achy, as if I'd been tense all night.
 133. _____ I wake up during the night.
 134. _____ My dreams remind me of my loss.
 135. _____ I lack a sex life.
 136. _____ When someone touches me, my feelings come to the surface
 137. _____ My stomach really churns
 138. _____ I have aches and pains which remind me of my loss
 139. _____ I would rather die than go on experiencing this.
 140. _____ No amount of money could ever replace it
 141. _____ The future seems empty
 142. _____ What I value most in life has been destroyed.
 143. _____ I question the existence of the God I used to believe in
 144. _____ I cannot continue life the same way as before.
 145. _____ My life will never be totally free from pain and suffering.
 146. _____ I will lose things and people important to me
 147. _____ Parts of me are missing.
 148. _____ I am no the loving, caring, trusting person I was.
 149. _____ When I'm convinced things can't get any worse they do.
 150. _____ I have lost my desire to live.
 151. _____ Hearing about other's experiences with similar losses helps.
 152. _____ There is at least one person I can count on for support.
 153. _____ Being by myself has been healing.
 154. _____ I take long walks and just daydream.
 155. _____ Activities like getting a massage, painting or music are soothing.
 156. _____ Talking or writing about it gives me relief and release.
 157. _____ I can let things turn out the way they will.
 158. _____ I realize that I've lost a lot, but I haven't lost everything.
 159. _____ I think about how I have changed, what is different.

- 0 = this isn't accurate about my current response to the loss
 1 = occasionally this is true about my current responses to the loss
 2 = some of the time this is true about my current responses to the loss
 3 = most of the time this is true about my current responses to the loss
 4 = this definitely is accurate about my current responses to the loss

160. _____ I'm not as responsible as I thought I was for what happened.
 161. _____ I have already passed the lowest point.
 162. _____ My fears about dying are less.
 163. _____ I am able to express my feelings about the loss.
 164. _____ My feelings still catch me by surprise, but they don't last as long.
 165. _____ My guilt has lessened.
 166. _____ I'm not so sad.
 167. _____ My disgust over what happened has lessened.
 168. _____ I realize that sadness and peacefulness can co-exist.
 169. _____ I can enjoy simple pleasures of life again.
 170. _____ The aches and pains I used to have with this loss have lessened.
 172. _____ I enjoy being touched and held once again.
 173. _____ It takes less energy to do things than it used to.
 174. _____ I notice how things smell and taste again.
 175. _____ I have learned to accept that losses and changes are a part of life.
 176. _____ My life will continue.
 177. _____ My dreams seem to help me understand and accept what happened.
 178. _____ My faith or spiritual understanding helped me with this experience.
 179. _____ My life does seem to have meaning.
 180. _____ Whatever I contributed to this loss, I did not want it to happen.

Since this loss happened,

181. _____ Life seems more fragile and precious.
 182. _____ My past will always be a part of me.
 183. _____ The fond memories are there along with the painful ones.
 184. _____ I've found ways to get back my integrity.
 185. _____ I don't depend as much on others.
 186. _____ I've remembered what I really want to remember about it.
 187. _____ I've finished things related to my loss as completely as I can.
 188. _____ I've taken steps to forgive those involved.
 189. _____ I am making restitution for my contribution to this loss.
 190. _____ I like being with people again.
 191. _____ Putting my thoughts into words has helped me recover.
 192. _____ It's important to have times of celebration and remembrance before it's too late.
 193. _____ My life has more to it.

- 0 = this isn't accurate about my current response to the loss
 1 = occasionally this is true about my current responses to the loss
 2 = some of the time this is true about my current responses to the loss
 3 = most of the time this is true about my current responses to the loss
 4 = this definitely is accurate about my current responses to the loss

Since this loss happened,

194. _____ I've felt all I can feel about this loss.
 195. _____ I've found effective ways to express my feelings.
 196. _____ I've experienced this loss in ways that were healing.
 197. _____ I've let go of the guilt.
 198. _____ I've let go of the anger.
 199. _____ I can make sense out of the messages from my body.
 200. _____ I don't push my body beyond limits.
 201. _____ I relax.
 202. _____ I sleep well.
 203. _____ I eat sensibly.
 204. _____ I can be sexually or romantically interested.
 205. _____ I know my life is important.
 206. _____ My dreams are restful, playful and helpful.
 207. _____ I've restored or regained part of what I had lost.
 208. _____ I feel the presence of who I lost.
 209. _____ I have forgiven myself for what happened.
 210. _____ I have forgiven others for what happened.
 211. _____ I would not want my loss reversed if it meant giving up all my growth from it.
 212. _____ I feel confident enough in myself to move on to other things.
 213. _____ It takes less effort and thought to do what I need to do.
 214. _____ I enjoy being alone.
 215. _____ I'm nicer to myself.
 216. _____ I'm not as serious a person.
 217. _____ I'm able to take risks again.
 218. _____ I'm more self-disciplined.
 219. _____ I don't place limits in front of myself as readily as I did before this loss.
 220. _____ I am more able to give to others.
 221. _____ I have time for my family and friends and time for me.
 222. _____ I can express myself in many ways.
 223. _____ I can appreciate the paradoxes and seeming contradictions in my life.
 224. _____ I feel more confident.
 225. _____ I've grown.
 226. _____ I see the past as just as important as what is happening now.
 227. _____ Past, present and future are equally important.

- 0 = this isn't accurate about my current response to the loss
 1 = occasionally this is true about my current responses to the loss
 2 = some of the time this is true about my current responses to the loss
 3 = most of the time this is true about my current responses to the loss
 4 = this definitely is accurate about my current responses to the loss

228. _____ I feel challenged to keep on going.
 229. _____ I trust my ways of thinking.
 230. _____ I don't avoid my feelings.
 231. _____ I've found new ways to express my feelings.
 232. _____ I feel loving and affectionate.
 233. _____ Sadness reminds me how important this loss was to me.
 234. _____ I am curious about many things.
 235. _____ I listen to what my body tells me.
 236. _____ I enjoy making love.
 237. _____ I feel strong.
 238. _____ I am active in caring for myself physically.
 239. _____ What I eat is healthy.
 240. _____ I feel warm all over.
 241. _____ I have what is meaningful within me.
 242. _____ I've learned to respect myself.
 243. _____ I feel like a whole person.
 244. _____ I've discovered that there is more to me than what meets the eye.
 245. _____ My dreams make sense.
 246. _____ I live as fully as I can
 247. _____ What is important to me has changed.
 248. _____ I have fewer conditions on my love.
 249. _____ I realize I can do destructive things.
 250. _____ I feel lovable.
 251. _____ I've challenged and altered some of my most cherished and long standing assumptions and beliefs.
 252. _____ I want other people in my life.
 253. _____ I want to share with others who have these life experiences.
 254. _____ What I own isn't important.
 255. _____ The cycles of life have times of birth and death.
 256. _____ I am sometimes surprised by what I know and say.
 257. _____ I feel connected to the world and to nature.
 258. _____ Things in my life can change and life can still be meaningful.
 259. _____ I am curious about what will happen after I die.
 260. _____ I can't live without loving myself.
 261. _____ I discovered some essential parts of me.
 262. _____ My life has times of joy.

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11: CHILD GRIEF SURVEY

Response to Loss
Questionnaire Instruction
Child Inventory

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, no one reacts in **all** of these ways to any given loss. You may find responding to this questionnaire difficult because some questions may bring up memories or feelings which are painful. If you find that completing this part of the surveys is painful, put the survey down and return to it when you feel refreshed.

- Since this inventory asks you 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 note your thoughts about taking the inventory at the end of your answer sheets.
- 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 is never true
1 = once in a while this is true
2 = some of the time this is true
3 = most of the time this is true.
4 = this is always true

NOTE: IF A STATEMENT IS TRUE, BUT IS NOT A RESPONSE TO THIS LOSS, PLEASE LEAVE IT BLANK.

Please read all questions, even if you leave some of them blank. You may find it helpful to take some breaks while filling out the questionnaire. If filling out this inventory provokes strong feelings, you may wish to postpone filling out this questionnaire.

ANSWER EACH ITEM IN THE SPACE NEXT TO THE ITEM.

Some questions may seem like they are the same questions. Please answer these questions even if it seems like you have already answered a question like it.

Please select the response that best describes your current response to the questions since the death of your parent. Right now or in the past few weeks how accurate do these statements describe your current responses to the death of your parent.

- 0 = this is never true
 1 = once in a while this is true
 2 = some of the time this is true
 3 = most of the time this is true
 4 = this is always true

In the time since my parent died.

1. _____ I look just as good as I always do.
2. _____ I find myself talking or acting as if nothing has changed.
3. _____ keeping active and busy helps me feel less troubled about this loss.
4. _____ I've been working much harder.
5. _____ I look at reminders of my loss (pictures, mementoes).
6. _____ I go over the loss in my mind, trying to figure out how things could have been different.
7. _____ I try to figure out why this loss happened to me.
8. _____ I ask myself: "Why did this happen to me?"
9. _____ This whole thing seems unreal.
10. _____ Sometimes I unexpectedly see or hear things that remind me of my parent.
11. _____ I have hoped that I was dreaming and I'd wake up and find out it never happened.
12. _____ I feel that I should have done something to prevent this from happening.
13. _____ I've been angry
14. _____ I've been scared to share what I've been thinking, feeling, and doing.
15. _____ I can't express the feeling I have about what I did and/or didn't do just before the loss happened.
16. _____ I dream that it never happened.
17. _____ I've increased my exercise.
18. _____ I ignore the physical pain just to keep going.
19. _____ I dream that something has happened to reverse my loss.
20. _____ I have lost weight.
21. _____ It would help if someone could help me understand this.
22. _____ Life seems unfair.
23. _____ There are times when it feels like I am going through the same thing all over again.
24. _____ I am not able to forgive those who contributed to this loss.
25. _____ I wonder if I really deserve what I have.

Right now or in the past few weeks how accurate do these statements describe your current responses to the death of your parent.

0 = this is never true

1 = once in a while this is true

2 = some of the time this is true

3 = most of the time this is true

4 = this is always true

Since the death of my parent.

26. _____ I avoid telling anyone what I'm thinking, feeling, and/or doing.
27. _____ I avoid people who remind me of this experience
28. _____ I've been careless.
29. _____ I have never told anyone what really happened.
30. _____ I act as though this doesn't really matter to me.
31. _____ Something else is going to go wrong.
32. _____ It's easier when I can forget what happened.
33. _____ This loss is evidence that I have failed as a person.
34. _____ If I get too happy, something bad is bound to happen
35. _____ If I don't look out for myself, no one else will
36. _____ I feel confused .
37. _____ I feel detached and separate from others.
38. _____ I feel dissatisfied with everything.
39. _____ I feel overwhelmed.
40. _____ People irritate me.
41. _____ I don't want to be touched.
42. _____ I get hurt more.
43. _____ I dream that I destroyed who I lost.
44. _____ I am sick a lot.
45. _____ I wish I could be saved from having to deal with this experience.
46. _____ I doubt that anything or anyone can give my life meaning again.
47. _____ It's hard for me to trust anybody.
48. _____ Nothing has really made any difference, so why do I bother?
49. _____ Nobody cares how I am doing.
50. _____ It's been hard to concentrate.
51. _____ I am less confident.
52. _____ I've not been interested in meeting anyone new.
53. _____ I have very little to say
54. _____ I've had no energy to do anything
55. _____ I am scattered and ineffective
56. _____ I am unable to find anything to look forward to.
57. _____ My thinking has been slower than usual.
58. _____ I can't imagine how things will get better.

Right now or in the past few weeks how accurate do these statements describe your current responses to the death of your parent.

- 0 = this is never true
 1 = once in a while this is true
 2 = some of the time this is true
 3 = most of the time this is true
 4 = this is always true

Since the death of my parent.

59. _____ It seem hopeless to try to understand what really happened.
60. _____ I feel empty, like a shell, like I am just existing.
61. _____ I feel lonely and alone
62. _____ I long for whom I've lost.
63. _____ The tears are hard to stop.
64. _____ I miss expressing my love.
65. _____ I feel restless.
66. _____ I feel tense
67. _____ I am exhausted by any effort
68. _____ My body feels heavy
69. _____ I wake up during the night.
70. _____ The future seems empty.
71. _____ It is easier to realize that someday I will die.
72. _____ Everything else seems trivial and meaningless.
73. _____ I've lost my fear of dying.
74. _____ There is nothing positive or good about this loss.
75. _____ Hearing about other's experiences with similar losses helps
76. _____ Being by myself has been healing.
77. _____ Telling or writing my story about this experience gives me a feeling of relief and release.
78. _____ It's easier to let myself just experience this loss.
79. _____ It helps to be with a friend who accepts me as I am
80. _____ I think about the effects of this loss, how I have changed, what is different.
81. _____ I can take what comes
82. _____ I realize that I've lost a lot, but I haven't lost everything.
83. _____ There are some things I will never understand about this.
84. _____ I'm not as responsible as I thought I was for what happened.
85. _____ My feelings make sense when I think about them.
86. _____ I don't need to struggle to accept what has happened.
87. _____ I still hurt, but the pain has lessened.
88. _____ My feelings still catch me by surprise, but they don't last as long.
89. _____ I don't feel as guilty as I used to.

Right now or in the past few weeks how accurate do these statements describe your current responses to the death of your parent.

- 0 = this is never true
- 1 = once in a while this is true
- 2 = some of the time this is true
- 3 = most of the time this is true
- 4 = this is always true

In the time since my parent died

- 90. _____ I can enjoy simple pleasures of life again.
- 91. _____ My body is healing from the stresses of this experience.
- 92. _____ The aches and pains I used to have with this loss have lessened.
- 93. _____ I notice how things smell and taste again.
- 94. _____ I'm able to relax.
- 95. _____ I realize that sadness and peacefulness can co-exist.
- 96. _____ Someone or something powerful and loving has helped me make it this far.
- 97. _____ I have learned to accept that losses and changes are a part of life.
- 98. _____ I believe there is some good in every person.
- 99. _____ My faith or religious beliefs helped me with this experience.
- 100. _____ At least one person knows that I've forgiven myself.
- 101. _____ I've found ways to get back my integrity
- 102. _____ I've changed
- 103. _____ I've experienced this loss in ways that were healing.
- 104. _____ I've said good-bye to my loss.
- 105. _____ I realize how important it is to say good-by to who's gone.
- 106. _____ My life has more to it.
- 107. _____ I know my life is important.
- 108. _____ I have as good an understanding as I can right now about what happened.
- 109. _____ I understand why it's important to have time of celebration and remembering before it's too late.
- 110. _____ I've felt what I've needed to feel about this loss.
- 111. _____ I no longer feel shame.
- 112. _____ I've let go of the guilt.
- 113. _____ I've let go of my sadness.
- 114. _____ I've let go of my anger.
- 115. _____ I can make sense out of the messages from my body
- 116. _____ I have the energy I need.
- 117. _____ I relax
- 118. _____ I don't neglect my body
- 119. _____ I sleep well.

Right now or in the past few weeks how accurate do these statements describe your current responses to the death of your parent.

- 0 = this is never true
 1 = once in a while this is true
 2 = some of the time this is true
 3 = most of the time this is true
 4 = this is always true

As a result of the death of my parent.

120. _____ I feel confident enough in myself to move on to other things.
 121. _____ I have forgiven myself for what happened.
 122. _____ It's time for me to get on with life.
 123. _____ This loss has opened me to bonds of love and friendship with at least one person.
 124. _____ I have been forgiven for what I contributed to this loss.
 125. _____ I'm more self-disciplined
 126. _____ I enjoy being alone.
 127. _____ I discovered what I want in life.
 128. _____ I can laugh at myself
 129. _____ I'm more assertive
 130. _____ I feel more confident.
 131. _____ I'm more creative in my approach to life
 132. _____ I feel challenged to keep on going.
 133. _____ I enjoy dreaming as much as I do reaching for my dreams.
 134. _____ I've changed in ways that would not have happened otherwise.
 135. _____ I am curious about a lot of things.
 136. _____ I feel like a whole person.
 137. _____ I feel loving and affectionate.
 138. _____ I've learned to respect myself.
 139. _____ I am not as hard on myself when I make mistakes.
 140. _____ I listen to what my body tells me
 141. _____ I am efficient and creative at doing things.
 142. _____ I feel strong.
 143. _____ I am active in caring for myself physically.
 144. _____ I've discovered that there is more to me than what meets the eye.
 145. _____ I trust my intuition, dreams, fantasies, or my inner sense to let me know what I need to know.
 146. _____ I feel a part of something much bigger than me.
 147. _____ I live as fully as I can.
 148. _____ I can love and be devoted to another without losing myself.
 149. _____ I have peaceful moments.

Right now or in the past few weeks how accurate do these statements describe your current responses to the death of your parent.

- 0 = this is never true
- 1 = once in a while this is true
- 2 = some of the time this is true
- 3 = most of the time this is true
- 4 = this is always true

- 150. _____ I am sometimes surprised by what I know and say.
- 151. _____ I've discovered that the most important parts of my loss remain alive inside me.
- 152. _____ I can get along with less than I have needed in the past
- 153. _____ I believe there is someone or something more powerful, loving, lasting, and wiser than any single human being.
- 154. _____ I feel connected to the world and to nature.
- 155. _____ I know I am in the right place for me right now.
- 156. _____ I realize that I can't live without loving myself.
- 157. _____ I know that things in my life can change and life can still be meaningful.
- 158. _____ My life has times of joy.

13: ITEMS DELETED FROM PARENT SCALE

1. I keep active and busy.
2. I look just as good as I always did
3. I've found someone or something to replace who I lost
4. It will all work out in the long run
5. Every cloud has a silver lining
6. People get the respect they deserve in this world,
7. The show must go on
8. Idle hands are the devil's workbench
9. I've increased my exercise
10. Sex gets my mind off the loss
11. I don't feel like I am a sexual creature
12. I believe something good will happen
13. I can outlast any intruder
14. I can still find meaningful and supportive relationships
15. I know I won't give up
16. I am determined to make those responsible pay for this
17. This loss must be changed
18. I use drugs to forget my loss
19. I've had more sex with more people
20. I'm better off without him/her
21. No matter what I do, what will happen will happen
22. The good die young
23. What the eye doesn't see, the heart doesn't remember
24. I've realized that nothing could have prevented it
25. I don't remember my dreams
26. No one can blame me for the way it turned out
27. I know I cannot bring it back
28. I lack a sex life
29. Hearing about other's experiences with similar losses helps,
30. There is at least one person I can count on for support.
31. I'm not as responsible as I thought I was for what happened
32. My guilt has lessened
33. Whatever I contributed to this loss, I did not want it to happen
34. My past will always be a part of me
35. The fond memories are there along with the painful ones
36. I enjoy being alone.
37. I see the past as just as important as what is happening now
38. Past, present and future are equally important
39. What is important to me has changed
40. I realize I can do destructive things.

14: ITEMS DELETED FROM CHILD SCALE

1. I look just as good as I always do
2. I find myself talking or acting as if nothing has changed
3. keeping active and busy helps me feel less troubled about this loss
4. I have never told anyone what really happened
5. I act as though this doesn't really matter to me,
6. I dream that I destroyed who I lost
7. I've lost my fear of dying on the Coping Scale
8. There are some things I will never understand about this
9. I'm not as responsible as I thought I was for what happened
10. I've changed
11. I sleep well
12. I'm more self-disciplined
13. I enjoy being alone
14. I am sometimes surprised by what I know and say
15. I can get along with less than I have needed in the past

APPENDIX J

APPENDIX J

FAMILY ASSESSMENT DEVICE

On the following pages, there are a number of statement about families. Please read each statement carefully, and consider how much it describes your family at the current time. you should answer according to how you see your family now.

For each statement there are four possible responses.

RESPONSE CHOICES:

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

For each statement, circle one of the numbers to the right.

Circle 1	Strongly Agree	if you feel that the statement describes your family <u>very accurately</u>
Circle 2	Agree	if you feel that the statement describes your family <u>for the most part</u>
Circle 3	Disagree	if you feel that the statement <u>does not</u> describe your family <u>for the most part</u>
Circle 4	Strongly Disagree	if you feel that the statement <u>does not</u> describe your family

Try not to spend too much time thinking about each statement. Answer with your initial reaction.

22. It is difficult to talk to each other about sensitive feelings		Strongly Agree	Agree	Disagree	Strongly Disagree
1. Planning family activities is difficult because we misunderstand each other.		1	2	3	4
2. We resolve most everyday problems around the house.		1	2	3	4
3. When someone is upset the others know why.		1	2	3	4
4. When you ask someone to do something, you have to check that they did it.		1	2	3	4
5. If someone is in trouble the others become too involved.		1	2	3	4
6. In times of crisis we can turn to each other for support.		1	2	3	4
7. We don't know what to do when an emergency comes up.		1	2	3	4
8. We sometimes run out of what we need.		1	2	3	4
9. We are reluctant to show our affection for each other.		1	2	3	4
10. We make sure members meet their family responsibilities.		1	2	3	4
11. We cannot talk to each other about the sadness we feel.		1	2	3	4
12. We usually act on our decisions		1	2	3	4
13. You only get the interest of others when something is important to them.		1	2	3	4
14. You can't tell how a person is feeling from what they are saying.		1	2	3	4
15. Family tasks don't get spread around enough.		1	2	3	4
16. Individuals are accepted for what they are.		1	2	3	4
17. You can easily get away with breaking the rules.		1	2	3	4
18. People come right out and say things instead of hinting at them.		1	2	3	4
19. Some of us just don't respond emotionally.		1	2	3	4
20. We know what to do in an emergency.		1	2	3	4
21. We avoid discussing our fears and concerns.		1	2	3	4

22. It is difficult to talk to each other about tender feelings.	1	2	3	4
23. We have trouble meeting our bills.	1	2	3	4
24. After our family tries to solve a problem, we usually discuss whether it worked or not.	1	2	3	4
25. We are too self-centered.	1	2	3	4
26. We can express our feelings with each other.	1	2	3	4
27. We have no clear expectations about how we dress.	1	2	3	4
28. We do not show our love for each other.	1	2	3	4
29. We talk to people directly rather than through go-betweens.	1	2	3	4
30. Each of us has particular duties and responsibilities.	1	2	3	4
31. There are lots of bad feelings in the family.	1	2	3	4
32. We have rules about hitting people.	1	2	3	4
33. We get involved with each other only when something interests us.	1	2	3	4
34. There's little time to explore personal interests.	1	2	3	4
35. We often don't say what we mean.	1	2	3	4
36. We feel accepted for who we are.	1	2	3	4
37. We show interest in each other when we can get something out of it personally.	1	2	3	4
38. We resolve most emotional upsets that come up.	1	2	3	4
39. Tenderness takes second place to other things in our family.	1	2	3	4
40. We discuss who is to do household jobs.	1	2	3	4
41. Making decisions is a problem for our family.	1	2	3	4
42. Our family shows interest in each other only when they can get something out of it personally.	1	2	3	4
43. We are frank with each other.	1	2	3	4

44. We don't hold any rules or standards.	1	2	3	4
45. If people are asked to do something, they need reminding.	1	2	3	4
46. We are able to make decisions about how to solve problems.	1	2	3	4
47. If the rules are broken, we don't know what to expect.	1	2	3	4
48. Anything goes in our family.	1	2	3	4
49. We express tenderness.	1	2	3	4
50. We confront problems about feelings.	1	2	3	4
51. We don't get along well together.	1	2	3	4
52. We don't talk to each other when we are angry.	1	2	3	4
53. We are generally dissatisfied with the family duties assigned to us.	1	2	3	4
54. Even though we mean well, we intrude too much into each other's lives.	1	2	3	4
55. There are rules about dangerous situations.	1	2	3	4
56. We confide in each other.	1	2	3	4
57. We cry openly.	1	2	3	4
58. We have trouble getting places because we don't have access to reasonable transportation.	1	2	3	4
59. When we don't like what someone has done, we tell them.	1	2	3	4
60. We try to think of different ways to solve problems.	1	2	3	4

APPENDIX K

APPENDIX K

FIGURES

Figure 1

Model 1: Social Support as a Direct Effect on Coping

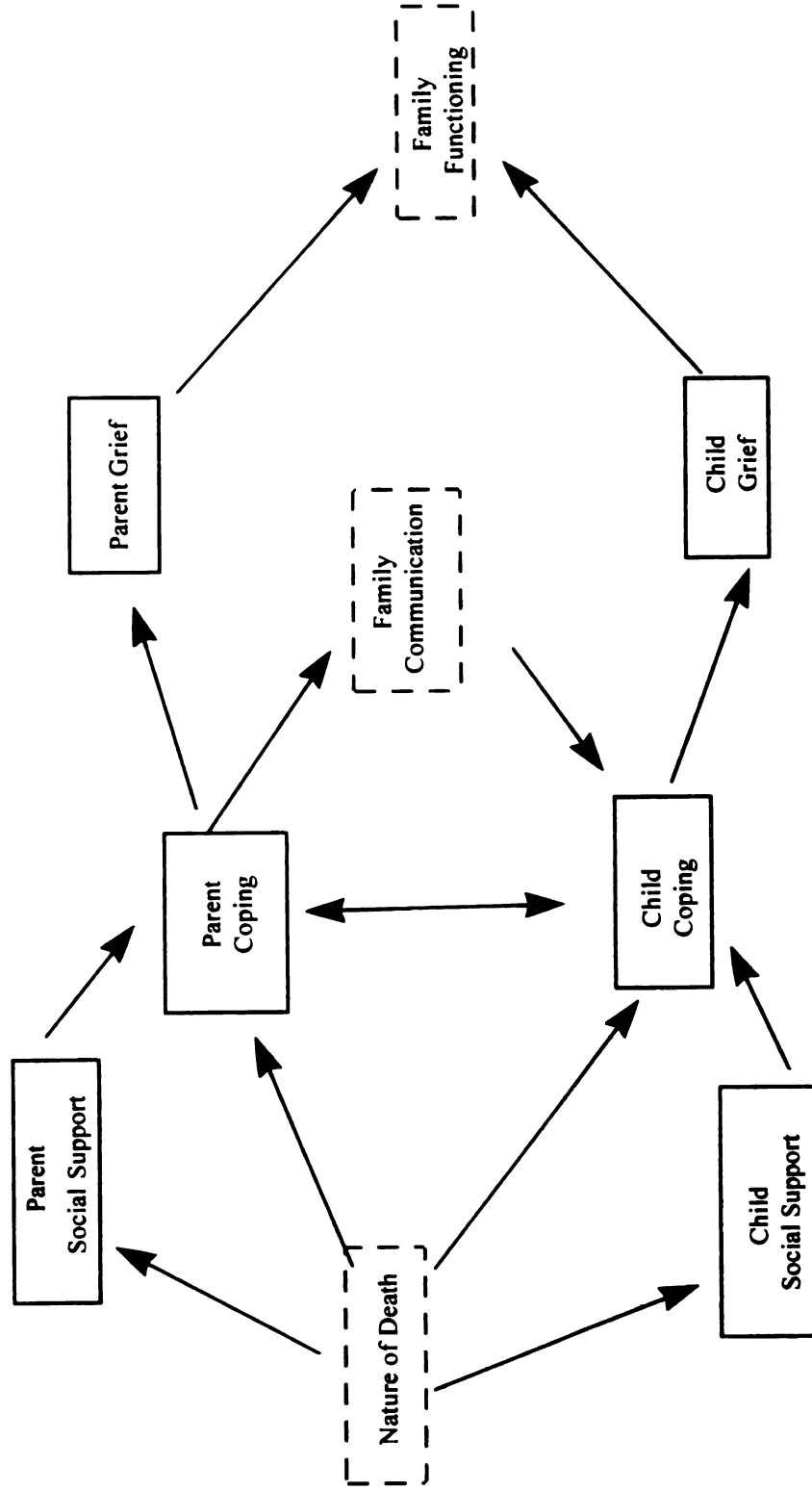


Figure 2

Model 2: Social Support as a Moderator of Coping

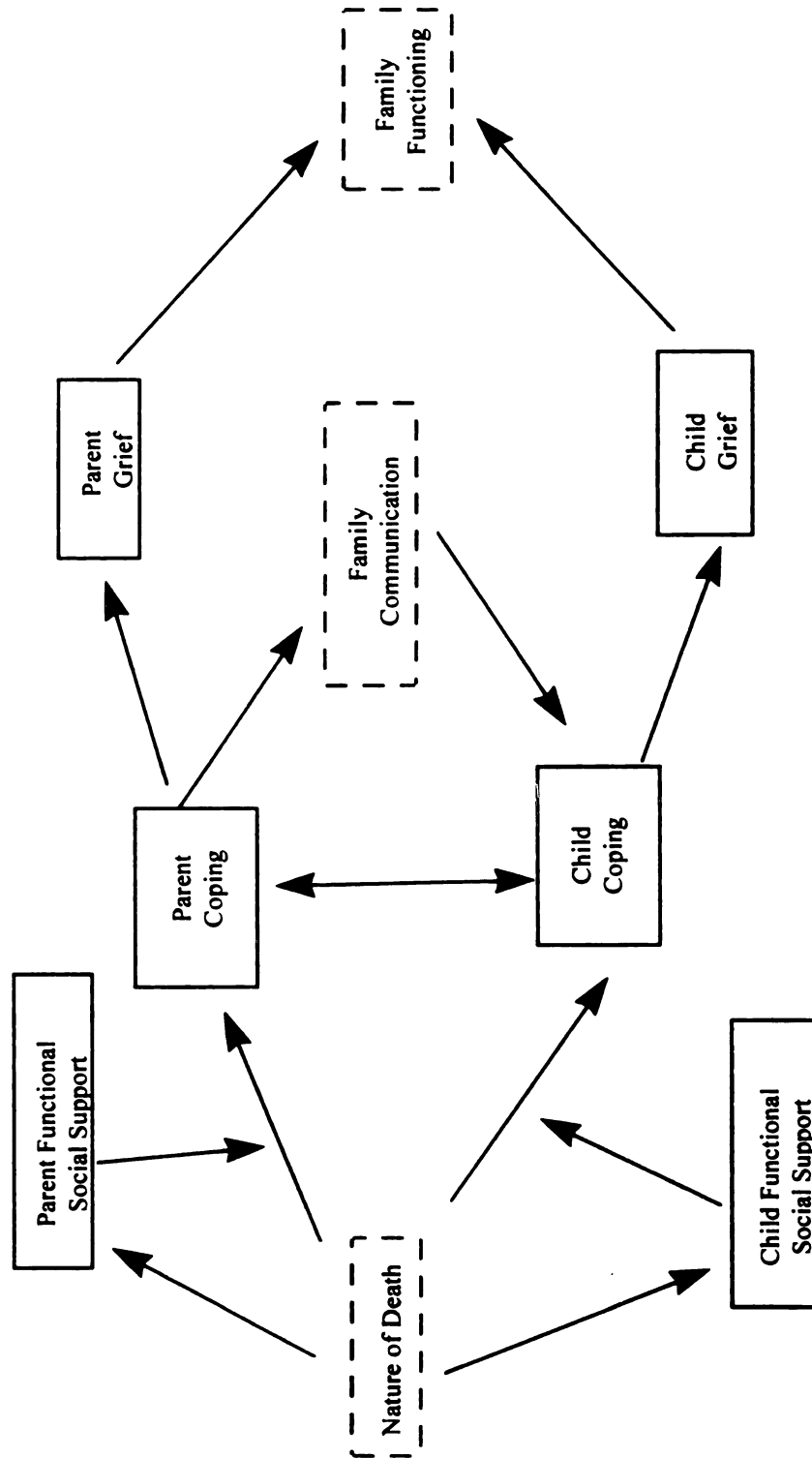


Figure 3

Functional Support as a Mediator of Parent Coping

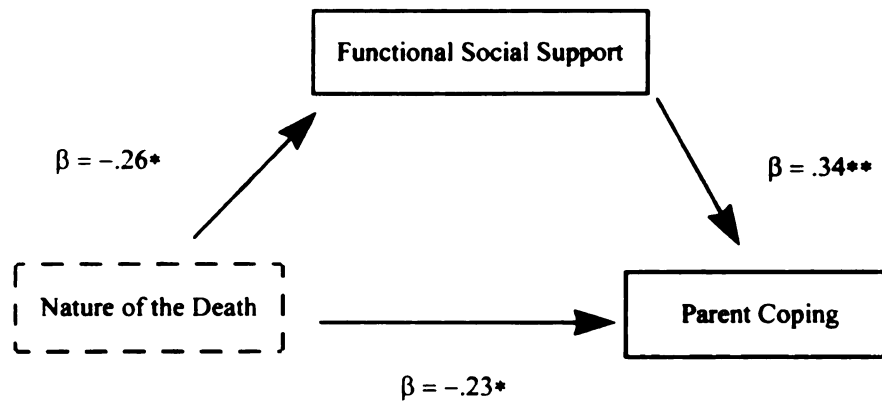
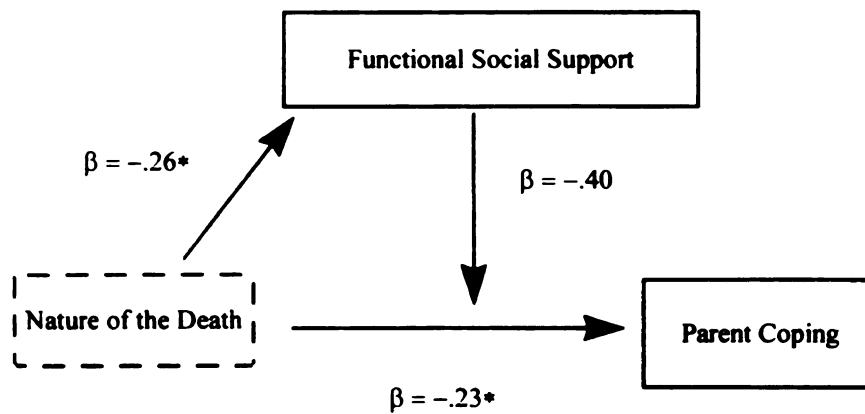


Figure 4

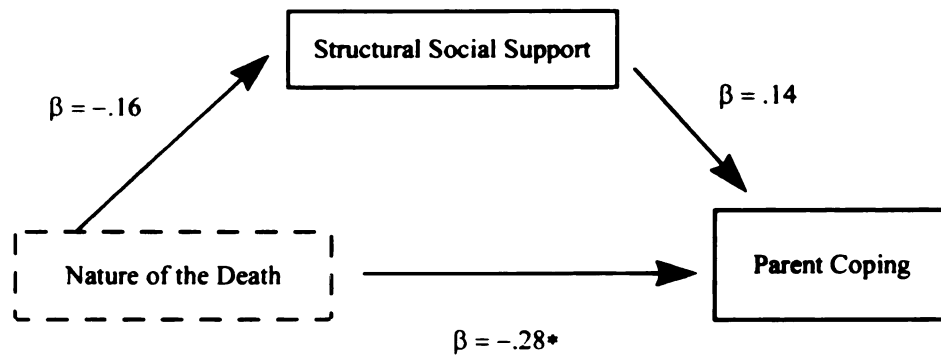
Functional Support as a Moderator of Parent Coping



* $p < .05$, ** $p < .01$

Figure 5

Structural Social Support as a Mediator of Parent Coping

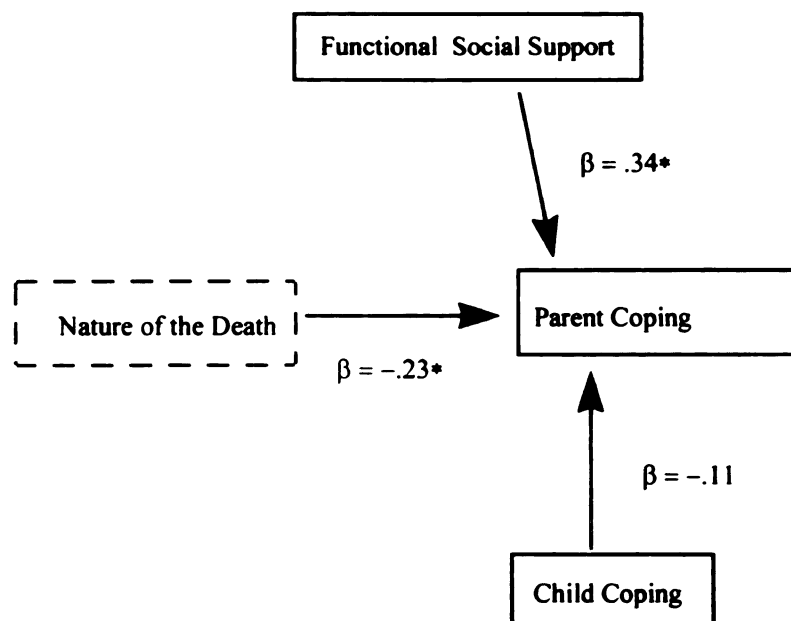


* $p < .05$, ** $p < .01$

* $p < .05$, ** $p < .01$

Figure 6

Parent Coping as the Dependent Variable



* $p < .05$, ** $p < .01$

Figure 7

Functional Social Support as a Mediator of Child Coping

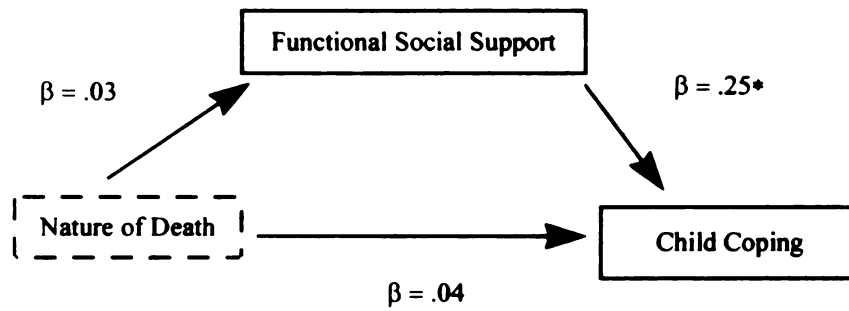
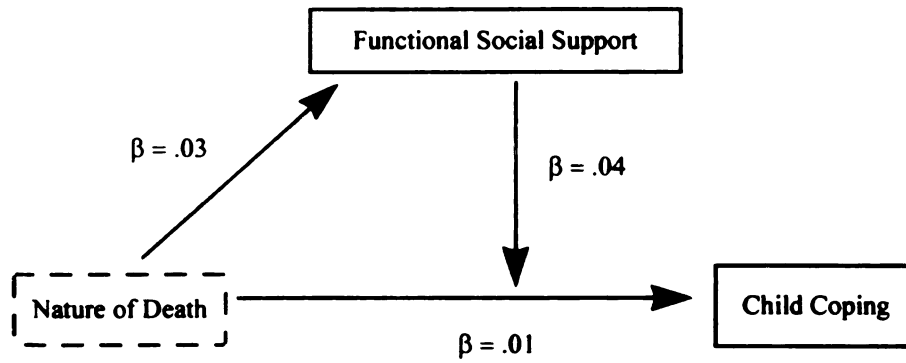


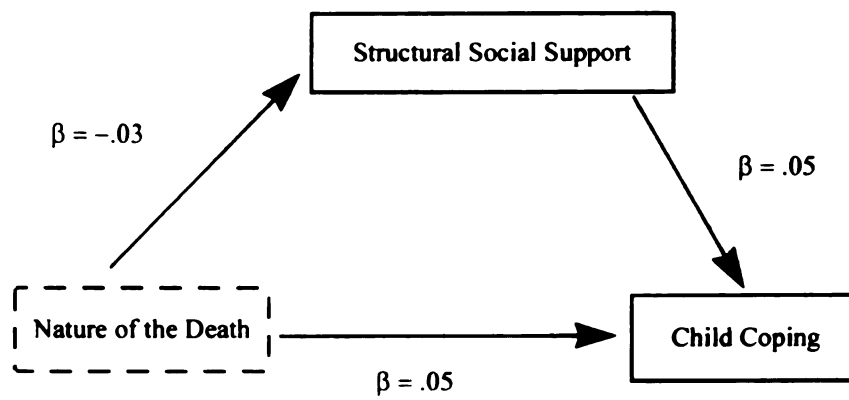
Figure 8

Functional Social Support as a Moderator of Child Coping



* $p < .05$, ** $p < .01$

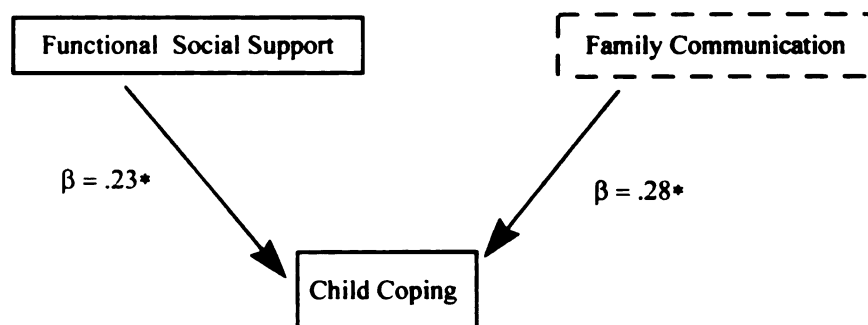
Figure 9

Structural Social Support as a Mediator of Child Coping

* $p < .05$, ** $p < .01$

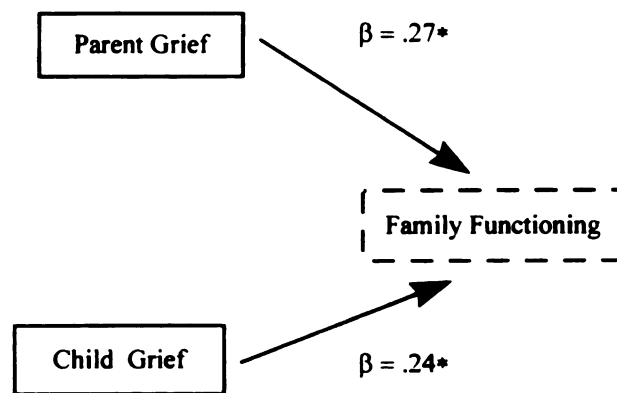
Figure 10

Child Coping as the Dependent Variable



* $p < .05$, ** $p < .01$

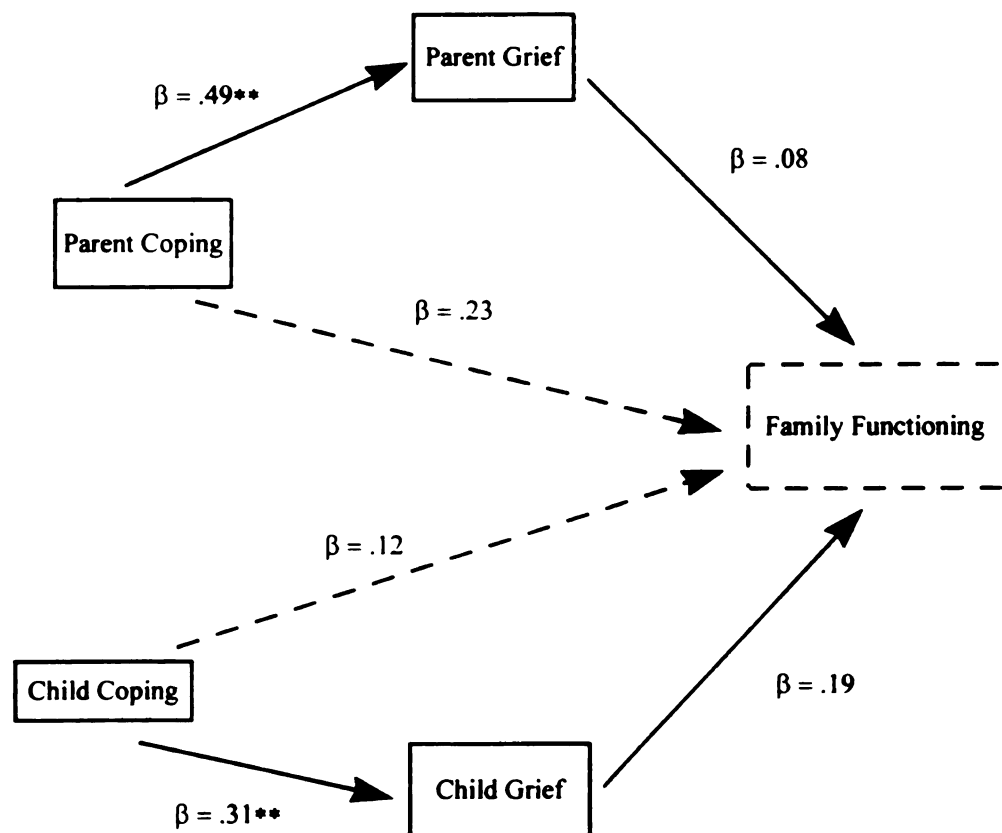
Figure 11
Grief Predicting Family Functioning



* $p < .05$, ** $p < .01$

Figure 12

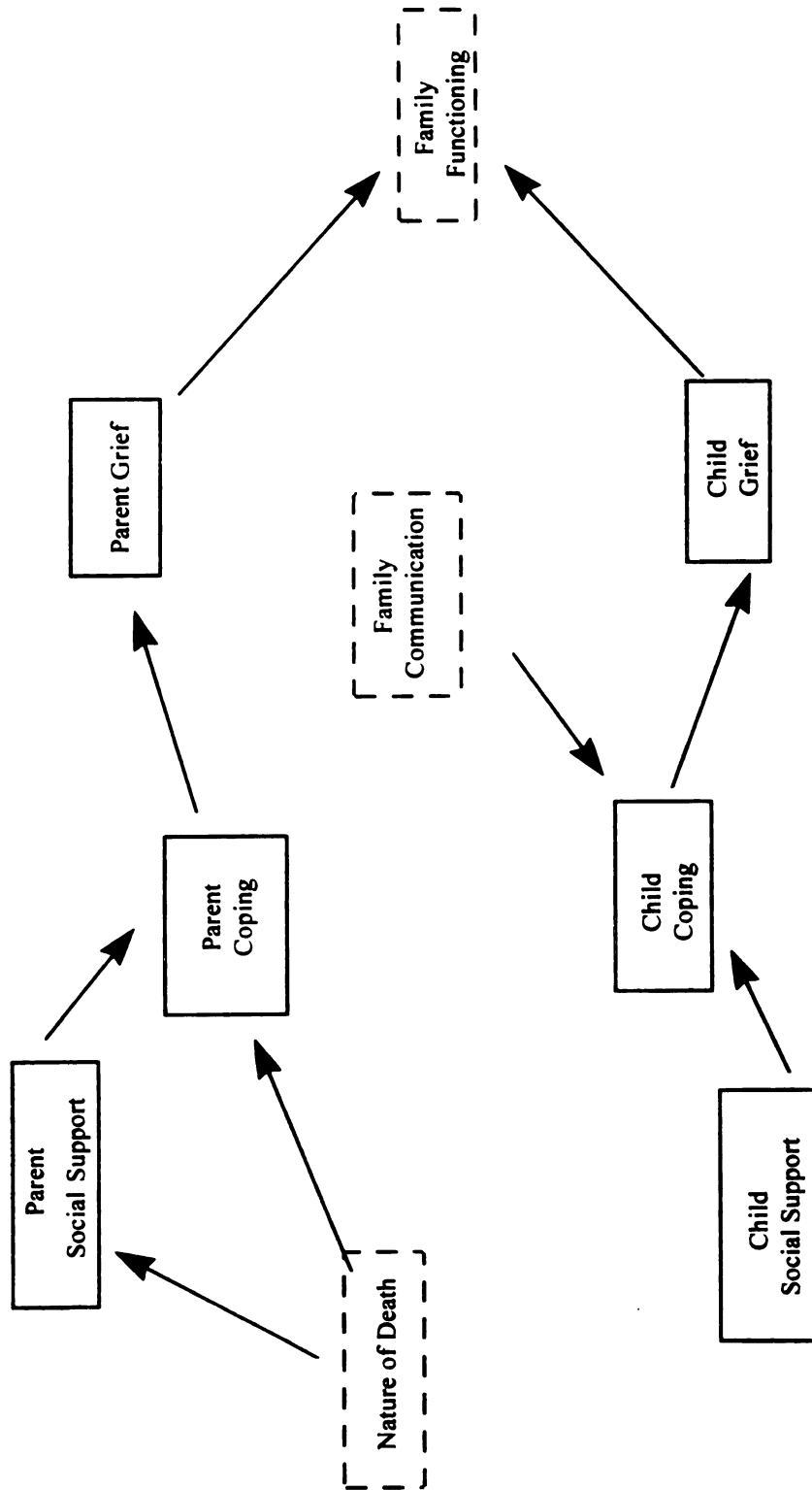
Parent and Child Grief as Mediators of Coping on Family Functioning



* $p < .05$, ** $p < .01$

Figure 13

Modified Final Model



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