# GRIEF AND SOCIAL SUPPORT: WHO DO BEREAVED INDIVIDUALS UTILISE FOR SUPPORT?

A thesis presented in partial fulfilment of

the requirements for the degree of

Master of Sciences in Psychology

at Massey University

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1993

Dedicated to the

memory of my Mother,

Verna Florence Durbin

1926-1986

# Abstract

The present study aimed to investigate, using three theoretical perspectives of sociobiology, attachment and affiliation, who individuals go to for social support after the death of a close friend or relative. Based on the sociobiological literature it can be postulated that bereaved individuals will go to family for support. Attachment theory proposes that they will go to friends whereas affiliation theory suggests that people who have experienced a similar bereavement would be used for support. Based on the grief and social support research it was expected that bereaved individuals would go to a combination of supports and that female support givers would be used more than male supporters. It was also anticipated that bereaved females would use more supports than bereaved males. An added consideration was that bereaved individuals would use their partners for support. Thirty female and thirty male community based volunteers aged 20-70 were asked to complete a questionnaire at a time and place deemed appropriate for them. The questionnaire comprised items regarding demographics, and support from family, friends and people who have experienced a similar bereavement. The results revealed that bereaved individuals used a combination of support types but used more friend support after their bereavement than family or experienced person support. More female than male supports were used by both bereaved females and males. Bereaved females used significantly more supports than bereaved males. The majority of participants who had partners used them for their support. It was concluded that bereaved

individuals used more informal social supports, such as friends and family, than formal supports. Friends, including partners, were most often used. Significant gender differences were found in who the bereaved people approached for support.

# Acknowledgements

Thank you to my supervisor, Ross Flett, for his encouragement, assistance and willingness to pick up my thesis topic at such a late date. Without this my thesis would never have been written.

My thanks to Keith Tuffin for the encouragement and support through the long haul. Also thanks to Arnold Chamove for his initial input into my thesis.

I would like to thank also the many friends and colleagues who showed interest through their encouragement and support. Special thanks goes to Alan who gave me his complete support, encouragement and friendship and urged me to carry on when I had all but given up. My thanks to Claire who proof read and was a sounding board as well as a good friend. Thanks also to Karyn and Margaret for their support and friendship through the good times and the bad times. Thanks to my family, Carole, Annemarie and Dad.

Finally, thank you to all the subjects without who this thesis would not have been possible.

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# CHAPTER ONE

## Overview

### 1.1 Introduction

Grief and bereavement have long been recognized as characteristic human responses to loss, whether it be the loss of a person or the loss of some other important organism or object (Barbato & Irwin, 1992; Burnell & Burnell, 1989; Parkes, 1988; Schulz, 1978). In our society death, grief and bereavement become more common occurrences as a person gets older. Grief is multilayered; the pain is felt on many levels at once. For example, when a beloved person dies, the bereaved not only must feel the physical hurt of the broken heart (Schulz, 1978) and the emotional pain of separation (Bowlby, 1980), but also must contend with the social deprivation of having to live without that special person (Parkes, 1986). Because grief is a universal experience and as more people go through it, it is important to understand what being bereaved encompasses, including what factors affect the outcome of grief. Anything that can assist these bereaved people get through their overwhelming transition period should be given full support and help.

This research looks at grief and social support from the aspect of three very different theories; that of Sociobiology which involves family support,

Attachment which consists of friend support and Affiliation comprising experienced people support. This study starts by exploring the important aspects of grief, encompassing such issues as patterns, outcomes and the potential risk factors that influence the bereaved's outcome. It moves on to investigate the most essential factor, that of social support, without this there is little chance of a positive outcome from death of a loved one (Avis, Brambilla, Vass & McKinlay, 1991; Bass, Bowman & Noelker, 1991; Bowling & Cartwright, 1982; Burnell & Burnell, 1989; Krause, Liang, Keith, 1990; Maddison & Walker, 1967; Pilisuk & Froland, 1978; Vachon, Sheldon, Lancee, Lyall, Rogers & Freeman, 1982; Vachon & Stylianos, 1988; Windholz, Marmar & Horowitz, 1985).

The present study examines social support, the different types and aspects and how it is thought to help people get through crisis periods in their lives. It moves on to look at the combination of grief and social support, emphasizing again the importance of this factor. Here social support is separated into three sections; family support, friend support and lastly support from people who have experienced their own bereavement. All of these supports are important for people to resolve their grief. Each type of support provides something different to the bereaved individual at varying times throughout their bereavement. For the support giver to be sensitive and effective it is essential that she/he know and understand about grief and the misconceptions that surround it, and also realise what to a bereaved person constitutes helpful and unhelpful support.

## 1.2 Definitions

The terms grief, mourning and bereavement are often used interchangeably in everyday language. The terms will be differentiated here in the following way: Bereavement refers to the objective situation of an individual who has recently experienced the loss of someone significant through that person's death (Osterweiss, Solomon & Green, 1984; Sanders, 1989; Stroebe & Stroebe, 1988). It is a blanket term to describe the vast array of emotions, experiences, changes, and conditions that take place as a result of the loss. Bereavement is the cause of both grief and mourning. Grief is the emotional response to loss, which includes a number of psychological and somatic reactions (Osterweiss, Solomon & Green, 1984; Sanders, 1989; Seplowin & Seravalli, 1985; Stroebe & Stroebe, 1988). Mourning refers to the culturally defined acts expressive of grief (Osterweiss, Solomon & Green, 1984; Sanders, 1989; Seplowin & Seravalli, 1985; Stroebe & Stroebe, 1988). These acts are shaped by the mourning practices of a given society or cultural group, which serve as guidelines for how bereaved persons are expected to behave (Seplowin & Seravalli, 1985; Stroebe & Stroebe, 1988).

# CHAPTER TWO

## Grief

### 2.1 Patterns of Grief

Death is considered to be a group crisis as well as an individual one. It involves two parties - the person who dies and the survivors who must deal with their death. For the individual who dies, death is clearly an ending, but for those who survive, it is a beginning marked by devastating psychological and physical trauma. People confronted with a loss will exhibit a fairly predictable pattern of behaviour that is pattern is generally normal, natural and universal. The specific behavioural format depends on the influence of prevailing contextual variables surrounding the individual (Katz & Florian, 1987; Parsons, 1979; Rosenblatt, 1988) and a number of reactions within this pattern have been identified. Not all individuals show the same degree of severity of psychological or physiological reaction, nor exactly the same symptoms. These reactions may be intermingled. In some cases a stage may not even manifest itself. The reactions noted to most frequently to occur in bereaved individuals are shock, denial, sorrow, anxiety, depression, anger, guilt, somatic distress such as headaches, sleeplessness and loss of appetite, either forgetting of or preoccupation with the lost person, empathy, hope and readjustment (Barbato & Irwin, 1992; Burnell & Burnell, 1989: Dimond,

1981; Katz & Florian, 1987; Leick & Davidsen-Nielsen, 1991; Parkes, 1986; Sanders, 1989; Schulz, 1978; Schwab, Chalmers, Conroy, Farris & Markush, 1975; Stroebe & Stroebe, 1988; Troll, 1982; Wortman & Silver, 1989). Over time the symptoms of grief gradually subside, and while they may never completely disappear, they usually become sufficiently mild for the individual to experience herself or himself as "normal" once again (Lofland, 1985; Weiss, 1988).

## 2.2 Outcomes of Grief

It has been shown by many investigators that bereavement places the bereaved at an elevated risk for illness and morbidity and that it may take medically significant and pathological forms (Dean, 1988; DeVaul, Zisook & Faschingbauer, 1979; Gallagher, Breckenridge, Thompson & Peterson, 1983; Jacobs & Douglas, 1979; Murrell, Himmelfarb & Phifer, 1988; Pilisuk & Froland, 1978; Sanders, 1988; Stroebe & Stroebe, 1987; Stroebe, Stroebe & Domittner, 1988; Zisook & Shuchter, 1985).

The question of what constitutes adaptive or maladaptive outcome in bereavement is still equivocal among researchers and clinicians. Because patterns of normal bereavement reactions are still not clearly understood, it remains difficult to determine criteria for abnormal reactions (Osterweiss et al, 1984). Clinical judgement parallels societal expectations (Sanders, 1989).

For example, if one healthily survives, remarries, attempts new adventures, and forms new relationships, that person is proclaimed by society as having made a healthy adjustment. Sanders (1989) identified three major outcome possibilities of bereavement, with many variations falling somewhere in between. She recognised that these outcomes were dependent on such risk factors as the situation surrounding the death, attachment to and relationship with the deceased, premorbid personality of the bereaved, social support systems and concurrent losses. The first outcome was that one can determine to let go of the deceased, form new and satisfactory relationships, adopt a new identity structure, and energetically reintegrate back into the mainstream of life. The second outcome listed was that one can continue in the same manner of living as before the death, proceeding in every way as if the deceased were just away, and maintaining the same relationships and roles. The last outcome identified was that at some level, either consciously or unconsciously, one can choose not to invest the energy required to begin a new life, but instead to move in the opposite direction, that of seclusion, sickness, or death. She acknowledges that the choice of how an individual determines the course of action following a significant loss remains a personal decision.

Wortman & Silver (1989) mentioned three common patterns of adaptation to loss; some bereaved individuals go through the expected pattern of high to low distress over time, other bereaved individuals do not show intense distress, immediately or at subsequent intervals, and others

continue in a state of high distress much longer than expected. Other researchers feel that if a bereaved individual does not show intense distress or exhibits this distress for more than a year that they are suffering from pathological grief and are in need of some psychological assistance (Danto, 1975; Parkes, 1986; Raphael, 1983; Schulz, 1978). Others believe that a person exhibits pathological grief if their grief reaction shows a marked deviation from the normal pattern (Stroebe & Stroebe, 1987). But as has been stated before, there is no agreed upon 'normal' grief reaction. This contradiction of patterns of adaptation can lead to confusion and possible misconceptions of grief for the bereaved individual and other support people surrounding them.

Maddison & Raphael (1975) noted three commonly found variables that had an affect on grief and in using them they found they could confidently select widows who were likely to experience a maladaptive outcome[1]. The criteria were firstly the presence of additional concurrent crisis situations, so that the individual is facing such an overwhelming mass of problems demanding solution that the coping requirements are likely to be beyond the adaptive capacities of most people; secondly the mode of death may have been such as to maximise anger, guilt or self-reproach and; finally a pre-existing pathological marital relationship characterized by extreme dependence or ambivalence in the relationship between the survivor and the

[1]Maddison and Raphael (1975) referred to maladaptive outcomes if the widow reported a substantial decline in her level of physical and/or mental health in the year following their bereavement.

deceased. Mount (1986) mentions the first criteria noted above in that he believes that losses do not occur in a vacuum. They interact with, modify, and often augment the other stresses in our personal and professional lives. This in turn affects how the survivor copes with their bereavement.

## 2.3 Risk Factors Affecting the Bereaved's Outcome

There has been many contradictions among grief research in defining the risk factors that affect an individual's outcome to a bereavement. Windholz, Marmar & Horowitz (1985) listed multiple factors that have been postulated as playing an intervening role as individuals negotiated a life crisis. These factors include: age at the time of the loss, gender, health before bereavement and the anticipation of the loss. Other factors found to impinge on bereaved individuals that can cause an elevated health risk are the nature and quality of the attachment to the deceased, personality of the bereaved, organisational involvement, socioeconomic status and quality of social support (Barbato & Irwin, 1992; Belitsky & Jacobs, 1986; Bowlby, 1980; Dean, 1988; Katz & Florian, 1987; Lattanzi, 1982; Littlefield & Rushton, 1986; Maddison & Walker, 1967; Parkes, 1988; Raphael, 1983; Sanders, 1988) (see Figure 1). Each of these factors will be considered briefly.

There have been contradictions in findings about the effects of age at the time of bereavement. Heyman and Gianturco (1973) found that older

people reacted well to their loss. The reason given was that it was because of their old age and having concluded their roles within work, career and family. Morgan (1976) supported this idea with the suggestion that older widows are likely to have friends who are also widowed to provide a supportive reference group.

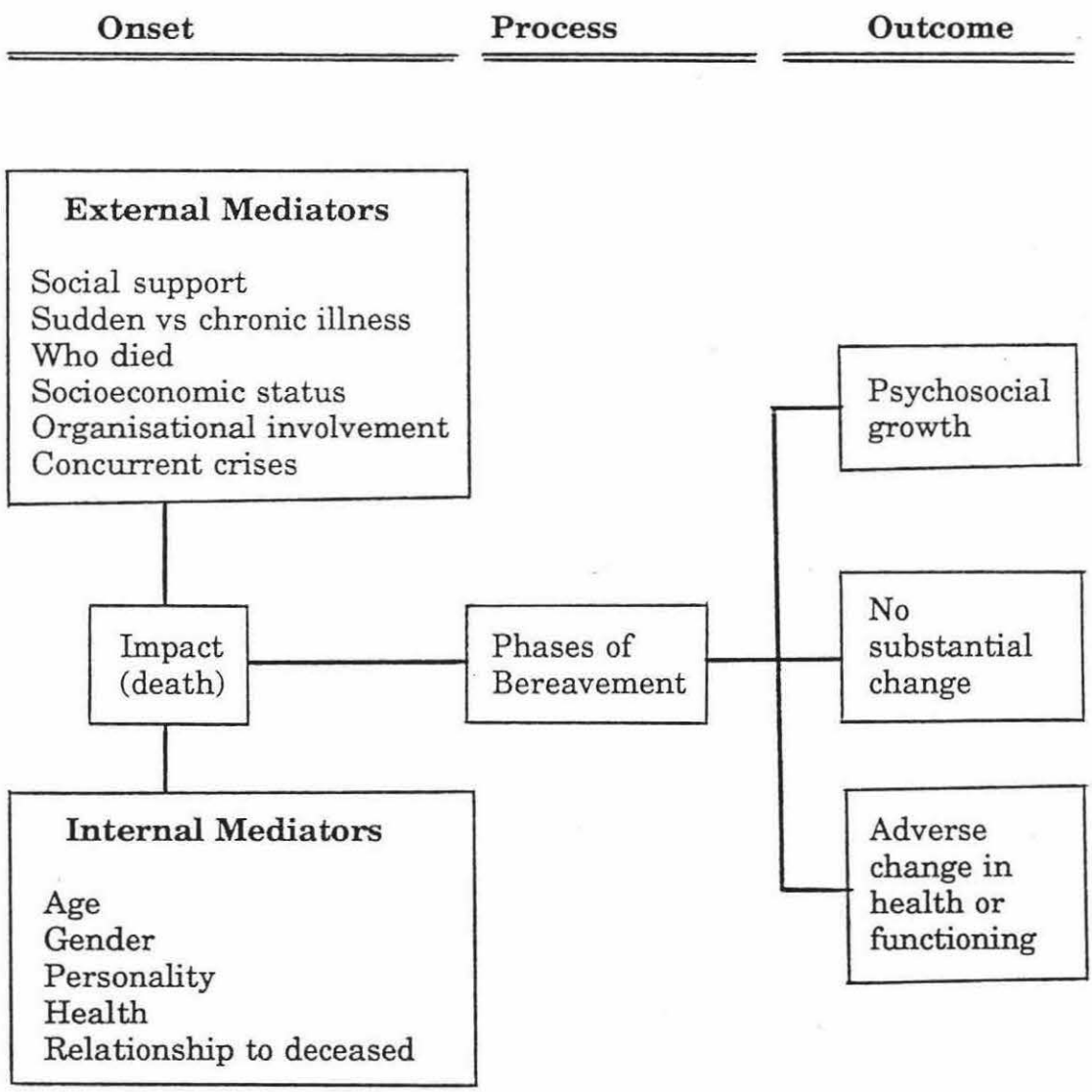


**Figure 1:** The Bereavement Process

(Adapted from Sanders, 1989, p39).

Parkes and Weiss's (1983) study of bereaved widows indicated that younger widows suffered more psychological problems, while older widows had more physical problems. This finding was thought to reflect a reluctance by older persons in the society to complain of grief reactions, and to channel their symptoms into more socially acceptable physical difficulties. Sanders on the other hand came to the conclusion in her 1988 study that being older does not contribute directly to grief symptoms per se, but rather to the constellation of debilitating variables that commonly plague the elderly.

There is a lack of agreement regarding the effects of gender on bereavement outcome. Some investigators have noted no significant differences (Gallagher et al, 1983; Schwab et al, 1975). Other researchers have concluded that woman suffer more health consequences than do men after a bereavement (Lopata, 1973). While considerably more writers find that bereaved males sustain greater problems (Berardo, 1970; Bowlby, 1980; Bowling & Cartwright, 1982; Morgan, 1984; Mutran & Reitzes, 1984; Siegel & Kuykendall, 1990; Stroebe & Stroebe, 1987; Troll, 1982). Reasons for the differing results were put down to sex differences, in particular to a differential availability of alternative (family, friends & experienced people, not just partners) sources of social support to men and women (Sanders, 1988; Stroebe & Stroebe, 1987). These authors found that men have fewer alternative supports than women. A number of reasons why widowers should be less likely than widows to find alternative sources of support can be proposed. It is much less acceptable in our culture for men than for women

to express personal feelings or verbalize intimate thoughts with regard to feelings of loneliness or a need for companionship. Due to these constraints, men are more likely to rely exclusively on their partners as confidants, while women frequently have confidants outside of the home (Schilling, 1987). As a consequence, widowers are less likely than widows to have somebody to whom they can talk freely about their anguish and pain and who, by merely listening, helps them to work through their grief. Another reason for the gender differences could be that if studies compared gender with such outcome measures as mortality, physical symptoms, depression and other emotional sequelae a difference could be seen due to the evidence showing that men typically report fewer symptoms and less affective distress than do women, thus making widows appear more severely distressed than widowers (Sanders, 1988; Stroebe & Stroebe, 1987; Troll, 1982). This gender main effect can lead to incorrect interpretations regarding severity of bereavement symptomatology.

It is likely that, if an individual's mental or physical health is tenuous before bereavement, the stress of grief will exaggerate that condition (Sanders, 1988). As well as this, poor physical health adversely affects the bereaved's use of social support resources (Arling, 1976a; Ferraro, Mutran & Barresi, 1984; Mutran & Reitzes, 1984).

Sudden unexpected death has been shown to have a debilitating effect on the bereaved, and that shock acts to prolong grief, as well as to produce

excessive physical and emotional trauma (Leick & Davidsen-Nielsen, 1991; Littlefield & Rushton, 1986; Parkes, 1986; Parkes & Weiss, 1983; Raphael, 1983; Sanders, 1988; Schulz, 1978). This may be because, when death is anticipated, the bereaved person is better prepared psychologically than when the death is unexpected. An important consequence of anticipated death is that death is perceived as less mysterious and hence less frightening. An anticipated death may be traumatic when it finally occurs, but its cause is understood. A specific disease with a predictable course is usually involved. As a result, the bereaved individual knows what to fear and can, to some extent, plan his or her life to avoid or minimise the possibility of encountering the same disease again. When death occurs suddenly and unexpectedly, as in an accident, suicide, or murder, the bereaved people never really understand why the death occurred. Survivors often live with the fear that the event could occur again either to another significant person or to the bereaved individual themselves (Burnell & Burnell, 1989; Sanders, 1988; Schulz, 1978).

The nature and the quality of the attachment formed between the bereaved and the deceased significantly affects both the intensity of bereavement and the time it takes for completion of the grief process (Belitsky & Jacobs, 1986; Bowlby, 1980; Dean, 1988; Leick & Davidsen-Nielsen, 1991; Littlefield & Rushton, 1986; Parkes 1986). The research has shown that the more significant a person is to an individual, the greater the emotional impact when that person dies (Lofland, 1985; Parkes, 1988;

Sanders, 1989; Schwab et al, 1975). The relationship between the bereaved and deceased can present other elements that cause problems in resolution of bereavement, such as ambivalence (Raphael, 1983; Stroebe & Stroebe, 1988), guilt (Bowling & Cartwright, 1982; Parkes, 1986), hostility (Bowlby, 1980; Leick & Davidsen-Nielsen, 1991), or excessive dependency (Lopata, 1973; Parkes & Weiss, 1983).

Factors such as excessive neuroticism, early childhood losses, dependency disorders, or antisocial behaviour could cause an individual to deal poorly with the added stress of bereavement (Belitsky & Jacobs, 1986; Dean, 1988; Parkes & Weiss, 1983; Sanders, 1989; Vachon, Rogers, Lyall, Lancee, Sheldon & Freeman, 1982). Individuals who have dormant negative self-images may find that bereavement activates these thoughts, making them feel more helpless and defective than before (Stroebe & Stroebe, 1987; Stroebe et al, 1988). All these factors affect an individual's ability to learn how to cope with crisis situations leading to them being less likely to be able to handle added stress.

Organisational involvement includes such things as employment, religious membership and voluntary organisation membership. It is suggested that participation in these activities provides beneficial social interaction and prevents the occurrence of social isolation thereby moderating the impact of the loss experienced by the bereaved individual (Berardo, 1970; Dean, 1988; Morgan, 1976; Siegel & Kuykendall, 1990).

It can also have a negative effect if the people involved in these organisations withdraw their support due to their own unease with the situation. This in itself causes both pain from the withdrawal, confusion, misunderstandings, anger and isolation, all leading to added stress for the bereaved individual.

Economic difficulties often plague the bereaved, complicating their already painful existence. It acts as an added stressor (Sanders, 1988), lowers morale (Morgan, 1976), restricts mobility and allows for less contact (Arling, 1976b; Atchley, 1975). Other researchers have found that this factor has no effect on such things as mobility or contact (Bankoff, 1983b; Burnell & Burnell, 1986; Maddison & Raphael, 1975). These factor's effects are heavily dependent on the bereaved's social support system.

The last noted risk factor is that of social support. All studies recognised the importance of the availability and utilization of the bereaved individual's social support network. Burnell & Burnell (1989) and Vachon, Sheldon, Lancee, Lyall, Rogers & Freeman (1982) and others acknowledged that the perceived lack of social support was one of the most significant predictors of poor outcome among the bereaved (Avis, Brambilla, Vass & McKinlay, 1991; Bass, Bowman & Noelker, 1991; Bowling & Cartwright, 1982; Krause, Liang, Keith, 1990; Maddison & Walker, 1967; Pilisuk & Froland, 1978; Vachon & Stylianos, 1988; Windholz et al, 1985). This factor is covered in more detail in the next section.

While any one of these factors alone can cause problems, a combination of factors poses the most major risk (Barbato & Irwin, 1992; Lattanzi, 1982; Parkes, 1988; Sanders, 1988).

There is some debate about the effects of grief, it's outcomes and the potential risk factors affecting it. What is generally agreed upon is that grief is a common experience and that there is a lack of information and research in this area. The main factors that were found to have an influence on the outcome of the bereaved individual are personality and quality of social support. It is the issue of social support that is considered in this study and its positive and negative affect on the bereaved individual's response to their loss.

# CHAPTER THREE

## Social Support

### 3.1 Introduction

An individual's social support network may be defined as that set of personal contacts (professional and nonprofessional) through which the individual maintains his/her social identity and receives emotional support, material aid and services, information and new social contacts (Heller, Swindle & Dusenbury, 1986; Heitzmann & Kaplan, 1988; Herth, 1990; O'Reilly, 1988; Tolsdorf, 1976; Walker, MacBride & Vachon, 1977). Sarason, Levine, Basham & Sarason (1983) define social support as the "existence or availability of people on whom we can rely, people who let us know that they care about, value, and love us" (p 127). Whereas help-seeking can be defined as "any communication about a problem or troublesome event which is directed towards obtaining support, advice, or assistance in times of distress" (Gourash, 1978, p 413). Help-seeking thus includes both general discussions about problems and specific appeals for aid (practical and psychological). Thoits (1982) makes the important point that interaction by itself does not constitute social support. She defines support in terms of "the degree to which a person's basic social needs are met by the interactions" (p 146). It has been shown that it is the individual's own perception of their social

support network that is important (Bass et al, 1991; Connell & D'Augelli, 1990; Ferraro et al, 1984; Heitzmann & Kaplan, 1988; Legman, Ellard & Wortman, 1986; Thoits, 1982).

All social support networks are unique to each individual. A large number of environmental and individual characteristics interact to produce a person's social support system at any one point in time, and the nature of all these determinants changes with sequential role changes and other life events as an individual proceeds through the life cycle. In addition, as a person's life situation changes, different combinations of support may be better able to meet the individual's needs than others; a support network that may be optimally helpful at one point in time may be dysfunctional at another time (House, 1981; Osterweiss et al, 1986; Procidano & Heller, 1983). For example, during the early stage of grief, a small, dense network is most helpful. Later on however, this small network may limit the bereaved individual's need to make a transition to new social roles.

### 3.2 Types of Social Support

Social support is made up of four components. First, emotional support which involves actions that are self-esteem enhancing; second, appraisal support which provides feedback on one's views or behaviour; third, informational support. This type includes advice or information that promotes

problem solving. Fourth, instrumental support which includes the provision of tangible assistance (Heitzmann & Kaplan, 1988; Hirsch, 1980; Jacobson, 1986; Mutran & Reitzes, 1984; O'Reilly, 1988; Vachon & Stylianos, 1988). These aspects of social support are thought to modify the effects of traumatic loss and to facilitate recovery from bereavement (Osterweiss et al, 1984). Social relationships are an important determinant of self-esteem. They may enhance the individual's well-being by providing information leading the individual to believe that they are cared for, loved, esteemed and valued and that they belong to a network of communication and mutual obligations. Social support is also viewed as an important factor in the coping process, because relationships provide information and problem-solving skills which an individual can draw on to help solve basic tasks and devise strategies for meeting life cycle transitions (Maton, 1989).

### 3.3 Aspects of Social Support

There are certain social support network characteristics that are thought to be important (Berkman, 1983; Connell & D'Augelli, 1990; Dimond, Lund & Caserta, 1987; Pearson, 1987; Pilisuk & Froland, 1978; Schilling, 1987; Vachon & Stylianos, 1988; Vaux & Athanassopulou, 1987). These social support characteristics are:

* Size - number of people included in a person's network, including spouse, friends, relatives, neighbours, and work associates.
* Frequency of contact - how often people are seen by the respondent, and frequency of contact by telephone and mail.
* Density - the extent to which members of a person's social network know and interact with one another.
* Intimacy - the feelings of closeness to network members, and the presence or absence of a confident.
* Homogeneity - the similarity of people in the network in terms of a number of characteristics eg., age, social economic status and occupation.
* Durability - the length of time a person has known people in the network.
* Geographic dispersion - geographic dispersion of network members
* Reciprocity - the extent to which a person helps other network members, and member's help is returned

Vaux, Burda & Stewart (1986) noted an important network characteristic which they believe has received relatively little attention. It is network orientation - which is the individual's willingness to utilize her or his social support resources.

Social support is a recognized resource that is believed to help people cope better with change and ambiguity and to help buffer the effects

of stressful experiences. Socially supportive relationships and meaningful social networks strengthen one's abilities to appraise realistically stressful events and choose alternative strategies for dealing with such situations.

Due to the amount of research and controversy in this area the present study has only covered the main points. For a more detailed account of social support see articles written by Heitzmann and Kaplan (1988) and O'Reilly (1988). The key issue that arises is that as an individual's life situation changes so does their need for different combinations of support. Both the supporter and the supported need to understand and accept this to enable the individual to get through their crisis transition phase. In the present study social support was measured when the bereaved person requested any one of the four previously mentioned components; emotional (ie. allowing them to express their grief), appraisal (ie. assurance that their feelings, actions and ideas are normal), informational (ie. helping them with information about how to cope with finances) and instrumental (ie. helping them cook, mow the lawn, look after the children). The next section combines the issues of grief and social support.

# CHAPTER FOUR

## Grief and Social Support

### 4.1 Introduction

Involvement with other people can be a productive and adaptive way of dealing with one's grief. Relationships can provide support and comfort or stave off loneliness. They may offer the bereaved an opportunity for the direct expression of powerful feelings and troubling thoughts. They can also distract a bereaved person from their grief; by focusing on other's needs, one momentarily forgets one's own misery. In treating the bereaved Schulz (1978) advocates anything that promotes feelings of security and safety and the elimination of possible dangers and uncertainties. Providing the bereaved individual with familiar surroundings, people and situations maximizes feelings of security. The bereaved individual should be encompassed by familiar people such as family members and friends.

### 4.2 Family Social Support

Researchers into bereavement and social support all note that it is important that the bereaved's family, at least initially, gives their support

(Arling, 1976a+b; Bankoff, 1983a+b; Bowling & Cartwright, 1982; Ferraro et al, 1984; Heyman & Gianturco, 1973; Lopata, 1975; Morgan, 1984; O'Bryant & Morgan, 1990; Pilisuk & Froland, 1978; Roberto & Scott, 1986; Rosenman et al, 1981; Shuchter, 1984; Stroebe & Stroebe, 1987). O'Bryant and Morgan (1990) and Shuchter (1984) noted that for widows, in the areas that they needed support, they largely relied on their children. Often this leads to difficulty as the children themselves were going through their own grief (Bankoff, 1983b; Shuchter, 1986) or are fearful that they will somehow have to serve as a replacement for the deceased, or as the object of dependency for their remaining parent (Bankoff, 1983a; Shuchter, 1984). Lopata (1975) and others indicated that the widowed parent often finds it problematic balancing their own needs against the requirements of their children thereby finding that it produces extra stresses (Arling, 1976a; Bowling & Cartwright, 1982; Rosenman et al, 1981). Frequently problems arise with family support as time goes on. Often the family appears to be trying to push the bereaved relative out of the bereaved role before they are ready, pulling away the support systems to which s/he is accustomed to (Lopata, 1975; Morgan, 1989). They demand support from the bereaved individual in return for what they gave her/him. Other researchers have said that family support is more helpful in the long term as they are more committed to the bereaved than others such as friends (Bankoff, 1983a). For some families, bereavement can lead to greater closeness and intimacy, but in others it can lead to disruption. Argyle, Trimboli and Forgas (1988) found that the closer the relationship between the bereaved individual and their relatives the more they would

disclose to them about personal issues.

### 4.3 Friendship Social Support

Friendship support also has been found to be an important issue in the outcome of a bereaved person (Arling, 1976a+b; Bankoff, 1983a+b; Bowling & Cartwright, 1982; Dimond, Lund & Caserta, 1987; Ferraro, Mutran & Barresi, 1984; Heyman & Gianturco, 1973; Lopata, 1975; Morgan, 1989; Pilisuk & Froland, 1978; Roberto & Scott, 1986; Rosenman et al, 1981; Shuchter, 1986; Stroebe & Stroebe, 1987). Friends can reach out and give, or understand and accept the bereaved's withdrawal and not be put off. They can offer practical help and emotional support by sharing the pain and allowing its free expression. This network allows the grieving person to continue feeling appreciated, needed, and loved by people who are valued. Arling (1976a) talks of how the widows in her study seek personal contacts as much, or even more, with friends as with family members. The reasons for this were that friendships develop voluntarily and are characterised by an equal ability to exchange assistance, thereby avoiding the psychological consequence of dependency. Moreover, while friendships are based on common interests and lifestyles, the bereaved's family ties may be characterised by dissimilar concerns and interests, leading to miscommunication and lack of mutual understanding among generations. On the other hand, a friend may have difficulty in understanding the level of the

bereaved individual's grief and may feel hurt by the person's withdrawal. They may react to this by withdrawing themselves. Bowling and Cartwright (1982) found that social networks are likely to be disrupted after a bereavement. It was established that friendship interaction was particularly low during the first year after the bereavement, and especially so for widows and widowers (Bowling & Cartwright, 1982; Shuchter, 1986; Stroebe & Stroebe, 1987). Over time friends may also push the bereaved person into getting over their grief and to giving support back to them before the person is ready. Again, the closer the bereaved person is to the friend the more likely they are to talk about their personal issues (Argyle et al, 1988).

### 4.4 Support From People Who Have Experienced Bereavement

Legman, Ellard and Wortman (1986) established that bereaved people found contact with others who were in a similar situation or who had experienced a similar situation to be the most helpful and supportive (Bankoff, 1983a; Bowlby, 1980; Burnell & Burnell, 1986; Lopata, 1973; Maddison & Raphael, 1975; Maton, 1989; Shuchter, 1986; Videka-Sherman, 1982; Vachon, Lyall, Rogers, Freedman-Letofsky & Freeman, 1980). Lopata's (1975) study showed that the widows found, in the long term, more friendship support through their participation in a "society of widows". Vachon et al (1980) paired widows with a widow contact who provided emotional support and practical assistance. Results showed differences between the women

receiving intervention (the widow contact) and the controls (no widow contact) at six, twelve, and twenty-four months after their bereavement. This suggests that those receiving intervention followed the same general course of adaptation as control subjects but that the rate of achieving landmark stages was accelerated for the intervention group. The logic behind this is that sometimes a person who also has lost someone close will reach out to the grieving individual and provide important links to the suffering and to life beyond grief. An experienced bereaved person may be less threatened and upset by signs of distress from the bereaved individual and therefore less likely to close off discussions of feelings or to push the person towards quick recovery. Moreover, advice or suggestions may be less likely to be perceived as judgemental when offered by a person who has been through the experience. These relationships can provide valuable assistance and lead to the deepest bonds. In addition to individuals who may give support and assistance, coalitions of bereaved people have evolved for the specific purpose of providing support in many ways. They have developed as an extension of the principle "it takes one to know one". The relationships that develop from such groups can be among the most meaningful and helpful in the lives of the newly bereaved (Burnell & Burnell, 1986; Maton, 1988, 1989; Shuchter, 1986; Videka-Sherman, 1982). Examples of these groups in New Zealand are; Bereaved Parents Support, Widows and Widowers, and Separated, Divorced and Widowed group. The benefits of these groups are multiple. For a great number of bereaved, participation in the small group constitutes their only access to people who understand them or accept their feelings, thus providing

them with their only means of catharsis. The awareness that others have gone through the same experience and have come out not only intact but often stronger provides great reassurance that they are not "going crazy". At the same time the uniqueness of their loss is respected and supported, and they are made to feel important. These groups also have the advantage that they provide practical assistance as well, such as how to apply for benefits. Frequently the bereaved person has no knowledge of these groups and how to join or does not know of anyone who has gone through a similar experience to them. Another barrier to this support's use is that the bereaved individual may feel that what they are going through is private and not to be shared with just any strangers, especially the intense feelings and actions which may lead to feeling embarrassment. Some people may find it easier to talk to strangers while others may not. Another possible hindrance is that the bereaved person may try to enter these support groups too soon and may be overwhelmed by what is going on. This would cause them fear, discomfort and confusion about what they may be going to experience in the course of their grief. Problems may also arise with the philosophy of the organisation running the groups. If the bereaved individuals do not believe in this philosophy they may feel unease or even feel forced to conform which produces more stresses to overcome.

The use of experienced people and bereavement groups is an excellent resource for helping bereaved individuals, but they mainly go unutilized due to the lack of knowledge about their existence.

### 4.5 Important Issues for Social Support

The amount of overall support a bereaved person receives is influenced by the bereaved individual's past experiences and their attitudes towards independence (O'Bryant & Morgan, 1990). A person who has been seen to cope with crises alone before, will be offered less support than a more dependent person.

The accessibility of the social support resources was found by some studies to be an important factor for the bereaved individual. In Bowling and Cartwright's (1982) study they found that of the people the widows identified as providing the most comfort and practical help since the death of their spouse, three quarters lived within half an hours journey. This was not found to be so in other studies (Leick & Davidsen-Nielsen, 1991; Sanders, 1988). The inconsistencies could be put down to methodological differences between the studies. For example, some of the studies were administered in urban areas and others in rural areas, others did not use the same definitions of social support and perceived comfort.

The gender of the support person also is an important factor. Female support people were found to be more supportive than male support people (Bankoff, 1983a; Bankoff, 1983b; Bowling & Cartwright, 1982; Maddison & Raphael, 1975; Parkes, 1986). It was found that daughters were mentioned most often as the person who was seen the most, gave the most comfort, and

the most help. Female friends were mentioned next as being the people the bereaved saw most often. Sons were noted for giving more practical than emotional help. If the bereaved individual did not have children, they were more likely to turn to their female siblings than male siblings (Bowling & Cartwright, 1982).

Bankoff (1983b) examined the timing and perceived effectiveness of the social supports given. He found that only a few of the social supports examined seemed to make any difference to the new widows in the crisis loss phase, while many more seemed to be effective for the longer term widows in the transition phase. The reason given for this was the lack of responsiveness of the crisis-loss-phase widows to so many of the supports provided by their informal social networks. This withdrawal can essentially mean a cutting off from much needed support resources (Shuchter, 1986). It was often reported that the bereaved's friends and relatives showed concern and willingness to talk about the loss for only a few weeks (Bankoff, 1983b; Morgan, 1984; Parkes, 1988; Schwab et al, 1975). Thus it seems that many did not have the opportunity to express their sorrow or ventilate their feelings over a period of time. Banuelos & LoGiudice (1985) found that bereaved individuals initially used family for support after their loss. Rosenman, Shulman & Penman (1981) noted that personal friends were a very important source of support and that they became even more so over time.

## 4.6 Helpful and Unhelpful Social Support

The "goodness of fit" between an individual's needs and support offered by their network after bereavement is determined by the impact of the loss on both the individual and other network members and the presence or absence of concurrent stressors. The interaction among these variables leads to the perception of the network as either helpful or unhelpful (Bankoff, 1983b; Vachon & Stylianos, 1988). Legman, Ellard and Wortman (1986) studied helpful/unhelpful support attempts. They established that the support attempts most frequently mentioned as helpful were contact with similar others and opportunities to express feelings. Those attempts that were most frequently mentioned as unhelpful were giving advice and encouraging recovery. Morgan (1989) examined the positive and negative aspects of relations with family and friends among a group of widows in focus-group discussions. Whenever relationships were mentioned they were coded as positive or negative. Morgan found that approximately forty percent of all mentions were negative, with family members receiving more negative mentions (Pihlblad & Adams, 1972). The widows mentioned that family support included commitments involving both problematic obligations and an inability to avoid undesirable behaviour (Bankoff, 1983b). Non-family support, on the other hand, was more flexible, with increases in positive relationships and decreases in negative ones. Legman, Ellard & Wortman's (1986) study showed that the majority of the unhelpful responses were received from family members and close friends (Bankoff, 1983a).

This was explained by the fact that close support providers may feel more responsible for alleviating the bereaved person's distress than those on the periphery of the social network. Moreover, family members and close friends may be more highly motivated to see the bereaved recover, because their own lives are particularly likely to be disrupted by the bereaved's continued dysfunction and distress (Lopata, 1975; Shuchter, 1984). Thus, such unhelpful support attempts as blocking expressions of feelings, minimizing the problem, and urging recovery may occur not because close support providers expect the bereaved person to be recovered, but because they have a strong personal desire for the bereaved person's suffering to end. Frequently problems arise with support given from friends, particularly other married couples (Shuchter, 1984). The source of the difficulty may arise from the inability of the friends to empathize with the person's grief. Such empathy, which would involve to a degree an identification with their bereaved friend, can represent an overwhelming threat to people unable to consider this particular reality in their own lives. In other instances, a "hungry" widow or widower (a person seen as looking for a partner) can stimulate jealousy and insecurity in a couple's relationship. The result is that at times the bereaved person feels isolated, as an outcast, or a "fifth wheel", or constrained in the relationship with people to limit conversation to neutral subjects (Lopata, 1975; Shuchter, 1984). Another reason why support attempts could be seen as unhelpful is the expectations and assumptions of the support giver about how the bereaved person should respond to their loss (Wortman & Silver, 1989). If the support giver holds unrealistically narrow

views of what constitutes normal grief response, they may have difficulty offering the appropriate forms of assistance to family and friends who are trying to cope with their loss.

Taking the perspective of the support provider into account, one reason why failed support attempts may occur is that, although people know hypothetically what to say to a bereaved person, the tensions inherent in face-to-face interactions with the bereaved impedes the delivery of those strategies that would be effective (Lopata, 1973; Legman et al, 1986). It is also suggested that the potential supporter may be so conscious of what is happening, and so worried about responding inappropriately, that the natural expressions of concerns may be unlikely to occur (Davis, Stewart & Harmon, 1988; Vachon, Sheldon, Lancee, Lyall, Rogers & Freeman, 1982; Wortman & Silver, 1989).

### 4.7 Limitations of Social Support

Many limitations have been identified concerning the support given, or not given. Burnell and Burnell's (1986) and Brenner, Norvell & Limacher (1989) studies determined that, because most people have little understanding of the grief process, the support that was given was often perceived as superficial, perfunctory, and generally lacking in understanding and acceptance. It has been recognised that support groups formed specifically

for bereaved individuals can successfully fill the need in this area. What is needed to avoid this limitation is an education program about grief and it's potential effects. Another limitation of grief support are the myths and misconceptions about grief (Burnell & Burnell, 1989; Wortman & Silver, 1989). For example, grief lasts six months to a year, it's less painful not to think about the loss, anger and guilt only occur in abnormal grief reactions, it's more helpful to the bereaved person if the loss is not mentioned and so on. It is important that potential grief support givers, and also the bereaved individuals, recognise and understand these ideas as misconceptions in order to avoid falling into their trap.

The inconsistent and sometimes inconclusive results from the grief and social support literature are a repercussion from the fact that the majority of the studies have been marred by methodological problems and inconsistencies.

People need support while they are grieving, with opportunities to describe their feelings and to talk about the person who has died. They may also need opportunities to be alone. Grieving is not done all at once; it is an intermittent process of varying intensity and with frequent relapses. The bereaved need time, patience, and understanding. It is essential to realise that all forms of support are important and necessary to help the person through their bereavement. Because grief is an intermittent process the need for certain types and aspects of social support change with time.

Knowledge of the grief process, helpful/unhelpful responses and limitations can assist the support provider to be sensitive and effective. Information about who the bereaved people will go to for support can help us help them to become competent support providers.

In order to organise and put into perspective the diverse and abundant information on grief, social support and the concomitant variables, three theoretical models have been proposed. These models provide a template for understanding the variety of responses and stages individuals may exhibit and progress through in their adaptation to loss. Bereavement models also incorporate the information about types of social support required and the times at which each type is most appropriate to assist with the understanding of the bereavement and grief process. The three models are sociobiology, attachment and affiliation and each will be outlined and discussed in the next chapter.

# CHAPTER FIVE

## Grief and Social Support: Theoretical Perspectives

### 5.1 Sociobiology

Sociobiology is the systematic study of the emergence of social behaviour using the principles of evolutionary biology (Kalat, 1990; Lazarus, 1987; Littlefield & Rushton, 1986; Myers, 1983; Smith, 1983). An animal interacts with others of its species in a particular way because doing so provides a survival or reproductive advantage. Human sociobiology also is partly the product of our evolutionary history. A difficulty arises here as we are less certain about which human behaviours are strongly influenced by our genes and which ones are learned from our culture (Kalat, 1990; Kitcher, 1985, 1987; Raphael, 1983). Sociobiology has two important constructs, that of kin selection and reciprocity. Kin selection involves "the idea that evolution has selected altruism toward one's close relatives to enhance the survival of mutually shared genes" (Myers, 1983, p390). Reciprocity is when "an organism helps another because it expects help in return and failing to reciprocate is punished and thus not favoured by natural selection" (Myers, 1983, p390).

Averill (1968) suggests that grief reactions may have a biological origin and have an evolutionary function to ensure group cohesiveness in species for which the maintenance of social bonds is necessary for survival (Archer, 1988). The pain of grief makes separation from the group or individual extremely stressful and this reinforces the social group. Where loss does occur the grief has to run its "biological" course. Charles Darwin's (1872, cited in Raphael, 1983) description of the expression of emotions of grief and the responses that these evoke in others would support such a model. He concluded that the facial expressions typical of adult grief are composed of tendencies to scream like an abandoned child trying to attract its mother. Thus the bereaved individual brings others to him/her. This drawing together reaffirms the social group, and the ongoing of the species. Essock-Virale & McGuire (1980, cited in Smith, 1983) predicted that in human altruism most help should be given to close kin as it ensures the survival of the species.

In line with sociobiological principles, the people that the bereaved individual will most likely go to for support, considering environmental circumstances, would be a relative. Even more so, the support person could be expected to be a closely related person (for example, mother, father, sibling rather than a second cousin). This help giving behaviour would be in line with the survival of their species.

## 5.2 Attachment

The view of loss from the position of attachment theory was principally developed by Bowlby (1980). Bowlby states that during the course of healthy development, attachment behaviour leads to the development of affectional bonds or attachments, at first between child and parent and later between adult and adult. "This attachment behaviour is instinctive and mediated through homeostatic behavioural systems" (Deans, 1988, p159). The bond formed by attachment behaviour endures of itself, and the attachment behavioural systems are activated by conditions such as strangeness, fatigue, separation from or unresponsivity of the attachment figure. When aroused, such behavioural systems may only be terminated by familiar surroundings and the availability and responsiveness of the attachment figure. Attachment behaviour is conceived as any form of behaviour that results in a person attaining or retaining proximity to some other differentiated and preferred individual (Belitsky & Jacobs, 1986; Bowlby, 1980; Dean, 1988; Leick & Davidsen-Nielsen, 1991; Weiss, 1988). It has the aims of establishing proximity to and gaining the attention and investment of the attachment figure. When the attachment bond is endangered by separation, powerful attachment behaviours such as crying, clinging, angry coercion and protest are activated, and there is acute physiological stress and emotional distress (Belitsky & Jacobs, 1986; Bowlby, 1980; Deans, 1988; Leick & Davidsen-Nielsen, 1991; Raphael, 1983).

Loss and grief are universal phenomena with serious potential psychological and physical consequences. Attachment theory provides a conceptual scheme to understand these processes and consequences (Dean, 1988). Grief, in this context, can be understood as the "condition of a person who is experiencing distress at loss and experiencing it in a more or less overt way" (Belitsky & Jacobs, 1986, p276).

Looking at the literature on grief, social support and attachment theory one can assume that the bereaved individual would go to someone whom they are closely attached to. Often this person is a partner or spouse (Arling, 1976b; Bankoff, 1983a+b; Belitsky & Jacobs, 1986; Dean, 1988; Leick & Davidsen-Nielsen, 1991; Shuchter, 1986). The literature indicates that friendship support is preferred in a lot of cases to family support due to its lack of problematic occurrences (Dimond et al, 1987; Ferraro et al, 1984; Heyman & Gianturco, 1973; Parkes, 1988; Roberto & Scott, 1986; Stroebe & Stroebe, 1987). From this evidence it can be speculated that the bereaved person will go to a closely attached friend for support and help after their loss.

### 5.3 Affiliation

Schachter (1959) pioneered the research on affiliation. His basic assumption was that the experience of emotional ambiguity is similar to the

experience of cognitive ambiguity, and thus increases affiliative behaviour. Because ambiguity is one of the main characteristics of threat situations, his study of affiliation of emotionally aroused people focused mainly on affiliative reaction to threat. His results showed that high anxiety subjects showed a much stronger preference for waiting with others than the low anxiety subjects did and that high anxiety subjects like to wait with other high anxiety subjects. Schachter proposed two explanations: First, people who are suffering anxiety may find some relief from just being with other people who share their experience. Second, being with others who are anxious helps people to judge whether their own anxiety is greater or less than normal (Zimbardo, 1963).

Teichman, Teichman, Morad & Melnick (1982) studied the relationship between affiliation and information. They reasoned that people who experienced threat and have an opportunity to affiliate would do so first of all in order to obtain information (clarity); when this need is at least partially fulfilled, affiliative behaviour would then be motivated by the need for emotional support. Their findings were that there was a significant decrease in affiliation when meaningful information was provided with the aroused individuals, partial information increased affiliation due to the fact that it intensified ambiguity and arousal, and that emotional comparison is only one of several motivations that stimulate affiliation (Kirkpatrick & Shaver, 1988; Zimbardo, 1963).

Rofe (1984) revised Schachter's 1959 theory on affiliation. He called the revised theory utility affiliation theory (UAT), its basic assumption is that the strength of the affiliation tendency in a stressful situation is a function of the extent of benefit and/or damage that may be caused to an individual by being with others. The greater the probability that being with others may help to eliminate or reduce the threatening aspects of the stressful situation or increase one's ability to cope with stress (ie. benefit), the stronger will be the arousal of the affiliation tendency, and vice versa. The degree of benefit and damage of being with others is a function of three basic factors; situational characteristics (whether the situation is avoidable or unavoidable, dangerous, embarrassing or stressful), characteristics of the individual (whether person is a repressor or sensitizer[2], sex and birth order), and the characteristics of the potential affiliates (their similarity). It can be argued that subjects preferred the company of other miserable people, not so much because the potential affiliate was also miserable but because the affiliate was the only available person who could help clarify the situation and satisfy the subject's needs. The most important characteristic of the other person in determining subject's tendency to affiliate is the competence of the other person to help cope with specific types of stress (Kirkpatrick & Shaver, 1988; Rofe, 1984).

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[2]Rofe (1984) noted that the main difference between repressors and sensitizers is the mode of response to stressful stimuli. Whereas repressors tend to repress, deny, and avoid threatening stimuli by avoiding perceiving, talking, and even thinking about stressful stimuli, sensitizers tend to display the opposite pattern of behaviour.

From this research it can be assumed that bereaved individuals will go to other similar experienced people for support. The grief and social support literature lend support to this assumption that people who have experienced a bereavement are more helpful (Bankoff, 1983a; Bowlby, 1980; Burnell & Burnell, 1986; Legman et al, 1986; Lopata, 1973; Maddison & Raphael, 1975; Maton, 1989; Shuchter, 1986; Videka-Sherman, 1982; Vachon, Lyall, Rogers, Freedman-Letofsky & Freeman, 1980).

Using these three theoretical perspectives we can see that bereaved individuals will go to one or a combination of two or three groups of potential social supports. The sociobiology perspective assumes that the support people will be family members. The attachment perspective assumes that the support people will be close friends and the affiliation perspective assumes that the support people will be people who have experienced a similar bereavement. When looking at the grief and social support literature one can see that bereaved people in fact can and do use these types of supports. The present study is designed to investigate the social support resources used by a community based sample of bereaved individuals and in doing so will advocate which theoretical perspective, or combination, is endorsed.

# CHAPTER SIX

## The Present Study

The present study aims firstly to find out who a bereaved person goes to for social support, whether it be family, friend, or a person who has experienced a similar bereavement, female or male. Second it aims to find out if the same support person was used over time and if they actually made the bereaved individual feel better with the support they gave.

This study is concerned with increasing the potential support person's awareness about who the bereaved will go to and when they will possibly require their support. It is important to not only teach the formal helping organisation about grief and social support but also the informal ones, as more often than not a bereaved individual will use them first (Rosenman et al, 1981; Sidel, 1975). This will increase the effectiveness of the informal help givers for bereavement support (Vachon & Stylianos, 1988). Legman, Ellard & Wortman (1986) found that most support providers already know which behaviours are supportive, but nevertheless are sometimes unable to carry them out. This suggests that instead of teaching support providers about specific strategies, it may be more important to teach them how to manage and control the anxiety inherent in their interactions with the bereaved person.

This research is not a replication of any other study. There are however, similarities between the present investigation and several other relevant studies. The following literature, unless otherwise stated, all involve research about social support from a combination of family, friend and experienced people support. A number of researchers looked at family and friend support (Arling, 1976a+b; Bowling & Cartwright, 1982; Dimond et al, 1987; Ferraro et al, 1984; Heyman & Gianturco, 1973; Lopata, 1975; Morgan, 1984, 1989; O'Bryant & Morgan, 1990; Pilisuk & Froland, 1978; Roberto & Scott, 1986; Rosenman et al, 1981; Shuchter, 1984; Stroebe & Stroebe, 1987), the others looked at family, friend and experienced people support (Bankoff, 1983a+b; Bowlby, 1980; Burnell & Burnell, 1986; Lopata, 1973; Maddison & Raphael, 1975; Maton, 1989; Shuchter, 1986; Videka-Sherman, 1982; Vachon, Lyall, Rogers, Freedman-Letofsky & Freeman, 1980). None of these studies have incorporated the three theoretical perspectives of sociobiology, attachment and affiliation as a means of explanation for the use of particular support groups.

The present study is exploratory. The variables explored in it are as follows:

1. Relationship of the support person to the bereaved individual
2. Gender of the support person used
3. Gender of the bereaved individual by number of support people used

4. Which support people were used at six months and at twelve months
5. The effectiveness of the support

The major objective of the present study is an analysis of who the bereaved individual went to first for support. The main hypothesis for this research is that the bereaved individual will use their family members first for support. This hypothesis is based on the grief, social support and sociobiology research completed by Archer (1988), Arling (1976a+b), Bankoff (1983a+b), Essock-Virale & McGuire (1980), Lopata (1975), O'Bryant & Morgan (1990), Roberto & Scott (1986) and Shuchter (1984, 1986).

A secondary consideration is any significant relationships between gender of the bereaved individual and gender of the support people used. Previous research has established that female support people were used more than male support people and that female bereaved individuals used more support people than male bereaved individuals (Bankoff, 1983a+b; Bowling & Cartwright, 1982; Maddison & Raphael, 1975; Morgan, 1984; Parkes, 1986; Sanders, 1988; Schilling, 1987; Siegel & Kuykendall, 1990; Stroebe & Stroebe, 1987).

Research completed by Burnell and Burnell (1986), Legman, Ellard and Wortman (1986), Maton (1988) and Vachon, et al (1980) found that bereaved people used a combination of support people including family, friends,

experienced people, counsellors and doctors to help them through particular time intervals after their bereavement. Based on this finding, the present study proposes that this will be the case for the participants of this study. These researchers and others (Bankoff, 1983a+b; Dimond et al, 1987; Ferraro et al, 1984; Rosenman et al, 1981) said that the majority of the support people bereaved individuals chose to use made them feel better. A similar finding is therefore expected in this study. Bankoff (1983a), Stroebe and Stroebe (1987) and Maton (1988) suggested that different support networks would be used over time as the needs of bereaved individuals changed. This study also proposes this based on their research. Friend support research reported that if a bereaved individual had a partner or spouse it was often this person that they went to for support after their bereavement (Arling, 1976b; Bankoff, 1983a+b; Belistsky & Jacobs, 1986; Dean, 1988; Leick & Davidsen-Nielsen, 1991; Shuchter, 1986). For the purposes of this study, the term "partner" is taken to mean spouse and boyfriend/girlfriends all of whom are included in the friend category. The present study proposes that this will also be the case for the study's participants.

## Hypotheses:

1. Bereaved individuals will use family support before other sources of support.

2. Bereaved individuals will use a combination of family, friend and experienced people support some time throughout their bereavement.

3. The support people that the bereaved individual used for support will be effective ie. that they will make the individual feel better.

4. Bereaved individuals, both female and male, will use more female support people than male support people.

5. The bereaved individual will use different support people over time.

6. The bereaved female will use greater numbers of support people, both female and male, than the bereaved male. She will also use a wider range of support from a combination of family, friends and experienced people.

7. If the bereaved individual has a partner she/he will use that partner for support.

# CHAPTER SEVEN

## Method

### 7.1 Subjects

A total of 60 subjects were recruited from the community of Palmerston North, New Zealand. The subject pool consisted of 30 males and 30 females ranging from 20 to 70 years of age. A requirement of the subjects was to have experienced a bereavement of someone close to them i.e., a relative or friend, more than six months and less than ten years ago. The subject group was obtained by word of mouth, information sheets placed on organisation notice boards and articles in the Massey University campus paper and Palmerston North's local paper the Evening Standard. (Appendix A).

### 7.2 Questionnaire

The questionnaire used was based on the questionnaires from studies completed by Arling (1976a), Arling (1976b), Bankoff (1983a), Berkman (1983), Herth (1990), Hirsch (1980), Pearson (1987), Rosenman, Shulman & Penman (1981), Sarason, Levine, Basham & Sarason (1983) and Vaux & Athanassopulou (1987).

The questionnaire used in this survey consisted of both quantitative and qualitative questions. It incorporated five sections; demographics, family support information, friend support information, experienced person support information and other sources of support information. The key variables that were assessed are:

* the type of relationship between the deceased and the bereaved
* whether or not this relationship affected who the bereaved person went to for support
* how many of the support people were participant's partners
* if the bereaved person's involvement in employment, religious activities and/or social activities affects who the support people they use are
* who the bereaved individual went to for support at time intervals, immediately, six months and at a year to see if there was a change in support resources over time
* sex differences pertaining to both the bereaved individual and the support person
* if the support person made them feel better and the reasons why this may not be so
* the reasons why they did not use particular support people they had listed as being available.

(See Appendix B for copy of this questionnaire).

## 7.3 Procedure

The subjects were contacted by telephone to discuss the details of the survey and to answer any queries they had. All issues on the information sheet were discussed and it was stressed that the researcher was not offering counselling or grief advice on their physical or mental health. (See Appendix C). Also stressed was the fact that should any problems arise during or after the study that individual would take appropriate action, as they would have done normally. A time and place was organised that was suitable for the subject to complete the questionnaire. Most of the subjects were given the questionnaire in the comfort of their own home. At the agreed time, written consent for participation was obtained before giving the questionnaire. The questionnaire took between twenty minutes to two and a half hours to complete. This time depended on how much each subjected wanted to talk about their experience. Any issues that the subject raised were discussed. A list of Palmerston North social support resources was offered to each subject. Once the results were analyzed a summary hand-out of the findings was sent to the participating subjects.

# CHAPTER EIGHT

## Results

The following results are presented in two separate sections; quantitative and qualitative. All data was screened to ensure that the assumptions of normality, linearity and homoscedasticity were not violated. The data was also screened for univariate and multivariate outliers via the method described by Tabachnick & Fidell (1989). The data did not violate any of these assumptions.

### 8.1 Quantitative Results

#### 8.1.1 Demographics

Table 8.1 displays the information concerning the participants' demographics. At the time of the subjects' bereavement, 35.0% were single, 56.7% were married or in a de facto relationship and 8.4% were separated or divorced. For 56.7% of the bereaved individuals their relationship to the deceased person was that of a family member. The relationship between the bereaved and deceased for 25% of the subjects was that of friendship.

The remaining 18.3% were partners of the deceased person. The circumstances of the person's death ranged from a long illness of over six months (28.3%) through a short illness of six months or less (13.3%) to suddenly (58.3%). Eighty three percent of the participants considered themselves to be of an adequate or more than adequate socioeconomic status (SES) at the time of their bereavement. Ninety five percent had no health problems that stopped them from going out of their homes to seek support. At the time of their bereavement, 58.3% live with one or more people, 41.7% lived alone. When their bereavement occurred, 71.7% of the participants were employed, 30% were involved with religious activities, and 53.3% were involved in social activities such as sports, voluntary organisations, educational activities and so on. Forty five percent of the participants had experienced their bereavement less than two years ago. This statistic ranged from six months to eight and a half years with mean of three years.

Table 8.1 which appears on the following page, is a summary of the participants' demographic details presented in percentage and frequency format.

Table 8.1: Demographic details of the participants.

| **Demographics** | **Percentages (%)** | **Frequencies (people)** |
|---|---|---|
| Marital status | | |
| Single | 35.0 | 21/60 |
| Married/Defacto | 53.4 | 32/60 |
| Divorced | 8.4 | 5/60 |
| Relationship to the deceased | | |
| Family | 56.7 | 34/60 |
| Friend | 25.0 | 15/60 |
| Partner | 18.3 | 11/60 |
| Circumstances of the death | | |
| Long illness | 28.3 | 17/60 |
| Short illness | 13.3 | 8/60 |
| Suddenly | 58.3 | 35/60 |
| SES | | |
| Adequate plus | 83.3 | 50/60 |
| Inadequate | 16.7 | 10/60 |
| Health problems | | |
| Yes | 5.0 | 3/60 |
| No | 95.0 | 57/60 |
| Live alone | | |
| Yes | 41.7 | 25/60 |
| No | 58.3 | 35/60 |
| Employed | | |
| Yes | 71.7 | 43/60 |
| No | 28.3 | 17/60 |
| Involved in religious activities | | |
| Yes | 30.0 | 18/60 |
| No | 70.0 | 42/60 |
| Involved in social activities | | |
| Yes | 53.3 | 32/60 |
| No | 46.7 | 28/60 |
| Time since bereavement | | |
| One yr & under | 16.7 | 10/60 |
| Two yrs & under | 28.4 | 17/60 |
| Three yrs & under | 13.3 | 8/60 |
| Four yrs & under | 8.3 | 5/60 |
| Five yrs & over | 23.3 | 20/60 |

### 8.1.2 Use of Family for Support

Table 8.2 presents the percentages and frequencies of the results relating to family support information. At the time of their bereavement, 86.7% of the subjects had relatives available to them for support by either travelling a distance of less than two hours by a vehicle, or by telephone. Overall 80% of the bereaved individuals went to relatives for support some time in their grief. Out of this 80%, 33.3% went to their relatives first when seeking support and 66.7% chose another source. Looking at differences between the gender of the support people, on average twice as many female relatives were used for support as male relatives. All of the participants who used relatives for support used female relatives whereas only 75% used male relatives for support. The majority of subjects used one female relative (35%) and one male relative (33.3%). Ninety three percent of the subjects who used relatives said that this support made them feel better, 6.2% said that this was not so. Out of the 80% who used relatives for support, 37.5% of the bereaved individuals spent the most of their time with their relatives for support at the six month time interval. These figures remained the same for the twelve month time interval.

Table 8.2: Family support information in percentage and frequency form.

| **Relative information** | **Percentages (%)** | **Frequencies (people)** |
|---|---|---|
| Available for support | | |
| Yes | 86.7 | 52/60 |
| No | 13.3 | 8/60 |
| Went to for support | | |
| Yes | 80.0 | 48/60 |
| No | 20.0 | 12/60 |
| Went to first for support | | |
| Yes | 33.3 | 16/48 |
| No | 66.7 | 32/48 |
| Number of females used for support | | |
| none | 0.0 | 0/48 |
| one | 43.8 | 21/48 |
| two | 16.6 | 8/48 |
| three | 10.4 | 5/48 |
| four | 18.8 | 9/48 |
| five | 4.2 | 2/48 |
| six | 4.2 | 2/48 |
| seven | 2.0 | 1/48 |
| Total 117 | 100.0 | 48/48 |
| Number of males used for support | | |
| none | 25.0 | 12/48 |
| one | 41.8 | 20/48 |
| two | 12.5 | 6/48 |
| three | 14.7 | 7/48 |
| four | 2.0 | 1/48 |
| five | 0.0 | 0/48 |
| six | 2.0 | 1/48 |
| seven | 2.0 | 1/48 |
| Total 70 | 100.0 | 48/48 |
| Made them feel better | | |
| Yes | 93.8 | 45/48 |
| No | 6.2 | 3/48 |
| Spent most time with 6 months | | |
| Yes | 37.5 | 18/48 |
| No | 62.5 | 30/48 |
| Spent most time with 12 month | | |
| Yes | 37.5 | 18/48 |
| No | 62.5 | 30/48 |

### 8.1.3 Use of Friends for Support

Friend support information can be seen in Table 8.3 on the following page. At the time of their bereavement, 98.3% of the subjects had friends available to them for support. Overall 85% of the participants went to friends for support some time in their grief. Out of this 85%, 78.4% of the subjects went to their friends first for support and 21.6% did not. On average, twice as many female friends were used for support than male friends. Out of the 85% who used friend for support, 88.2% of the subjects used female friends for support whereas only 74.5% used male friends for support. The majority of participants used 2 female friends and one male friend for support (20% & 30% respectively). All of the 85% of the bereaved individuals who used friends for support said that they made them feel better. Out of the 85% of subjects who used friends for support, 68.6% spent most of their time with friends at the six month time interval. These figures remained the same for the twelve month time interval.

Table 8.3: Friend support information in percentage and frequency form.

| **Friend information** | **Percentages (%)** | **Frequencies (people)** |
|---|---|---|
| Available for support | | |
| Yes | 98.3 | 59/60 |
| No | 1.7 | 1/60 |
| Went to for support | | |
| Yes | 85.0 | 51/60 |
| No | 15.0 | 9/60 |
| Went to first for support | | |
| Yes | 78.4 | 40/51 |
| No | 21.6 | 11/51 |
| Number of females used for support | | |
| none | 11.8 | 6/51 |
| one | 19.6 | 10/51 |
| two | 23.5 | 12/51 |
| three | 19.6 | 10/51 |
| four | 9.8 | 5/51 |
| five | 9.8 | 5/51 |
| six | 5.9 | 3/51 |
| Total 127 | 100.0 | 51/51 |
| Number of males used for support | | |
| none | 25.5 | 13/51 |
| one | 35.3 | 18/51 |
| two | 17.6 | 9/51 |
| three | 7.8 | 4/51 |
| four | 5.9 | 3/51 |
| five | 3.9 | 2/51 |
| six | 2.0 | 1/51 |
| seven | 2.0 | 1/51 |
| Total 83 | 100.0 | 51/51 |
| Made them feel better | | |
| Yes | 100.0 | 51/51 |
| No | 0.0 | 0/51 |
| Spent most time with 6 months | | |
| Yes | 68.6 | 35/51 |
| No | 31.4 | 16/51 |
| Spent most time with 12 months | | |
| Yes | 68.6 | 35/51 |
| No | 31.4 | 16/51 |

### 8.1.4 Use of Experienced People for Support

Table 8.4 on the following page, exhibits the percentages and frequencies of the results relating to the experienced people support information. At the time of their bereavement, 40% of the participants had people who have experienced a similar bereavement available to them for support as for relative support. Overall 23.3% of the subjects went to experienced people for support some time in their grief. No subjects went to an experienced person first for support. All of the bereaved individuals who used experienced people for support used female experienced people whereas only 21.4% used male experienced people. The majority of participants used one female experienced person (13.3%) and one male experienced person (3.3%). All of the 23.3% of subjects who used experienced people for support said that they made them feel better. For both the six and the twelve month time intervals 7.1% out of the 23.3% who used experienced people for support said that they spent the most time with these people.

Table 8.4: Experienced person support information in percentage and frequency form.

| **Experienced people information** | **Percentages (%)** | **Frequencies (people)** |
|---|---|---|
| Available for support | | |
| Yes | 40.0 | 24/60 |
| No | 60.0 | 36/60 |
| Went to for support | | |
| Yes | 23.3 | 14/60 |
| No but knew of some | 16.7 | 10/60 |
| No, didn't know any | 60.0 | 36/60 |
| Went to first for support | | |
| Yes | 0.0 | 0/14 |
| No | 100.0 | 14/14 |
| Number of females used for support | | |
| none | 0.0 | 0/14 |
| one | 57.1 | 8/14 |
| two | 28.6 | 4/14 |
| three | 14.3 | 2/14 |
| Total 22 | 100.0 | 14/14 |
| Number of males used for support | | |
| none | 78.6 | 11/14 |
| one | 14.3 | 2/14 |
| two | 7.1 | 1/14 |
| Total 4 | 100.0 | 14/14 |
| Made them feel better | | |
| Yes | 100.0 | 14/14 |
| No | 0.0 | 0/14 |
| Spent most time with 6 months | | |
| Yes | 7.1 | 1/14 |
| No | 92.9 | 13/14 |
| Spent most time with 12 months | | |
| Yes | 7.1 | 1/14 |
| No | 92.9 | 13/14 |

### 8.1.5 Summary: Support from Relatives, Friends and Experienced People

More participants had friends (98.3%) available to them for support than relatives (86.7%) or experienced people (40%). Friends were used more than the relatives or experienced people (85%, 80%, 23.3% respectively). Friends were used 2 and a half times more often as the first support than relatives (26.7%) and 66.7% more than experienced (0%). The participants used more friends, both female and male (127 & 83 respectively), than relatives (117 & 70 respectively) or experienced people (22 & 4 respectively). Both friends and experienced people made all the subjects feel better when they went to them for support whereas 6.2% of the relatives did not. The bereaved people spent most of their time with friends (68.6%) at six and twelve months than with relatives (37.5) or experienced people (7.1%). (See Table 8.5 on the following page).

These results supported hypotheses two and three; that bereaved individuals will use a combination of family, friend and experienced people support some time during their bereavement, and that the support people used by the bereaved individual will be effective. Hypothesis four which suggested that bereaved individuals, both male and female, will use more female support people than male was also supported. However, the first hypothesis that bereaved individuals will use family support before other sources, was not supported by the results.

Table 8.5: Comparison of friend support, family support and experienced people support.

| Information gathered | Friend support | Family support | Experienced people support |
|---|---|---|---|
| Percent available for support | 98.3 | 86.7 | 40.0 |
| Percent went to for support | 85.0 | 80.0 | 23.3 |
| Percent went to first for support | 78.4 | 33.3 | 0.0 |
| Number of females used for support | 127 | 117 | 22 |
| Number of males used for support | 83 | 70 | 4 |
| Percent that made them feel better | 100.0 | 93.5 | 100.0 |
| Percent spent most time 6 mths & 12 mths | 68.7 | 37.5 | 7.1 |

### 8.1.6 Other Variables

Use of Support People Over Time

When looking more closely at the "spend most time six months and the twelve months" statistic it showed that 70% of the subjects did use the same support people at both time intervals. Fifteen percent used different people at these time intervals, and for the last 15% this question did not apply.

These results did not support hypothesis five that bereaved individuals will use different support people over time.

Effect of Subject's Gender on Type of Support People used and Number of Support People used

In looking at gender differences by relative support, friend support and experienced people support, using a two by two contingency table, a significant relationship between gender and relative support and gender and experienced people support can be seen ($X^2$ (1, $N$ = 60) = 3.75, 3.22 respectively, $p < .05$). The relationship between gender and friend support was found to be not significant. More female subjects used the three different types of support than male subjects (27 female to 21 male subjects used relative support, 27 female to 24 male subjects used friend support, and 8 female to 4 male subjects used experienced people support). Next the association between gender of the subject and gender and number of the support people used was established. It was shown that there is a significant relationship between gender and number of female relatives used ($X^2$ (2, $N$ = 60) = 6.42, $p < .05$) and also gender and number of female friends used ($X^2$ (2, $N$ = 60) = 16.09, $p < .01$). Female subjects used more female and male support people in all sections except for male relative support. Female subjects used a greater number of supports in all sections than male subjects. (Table 8.6 on the following page)

Table 8.6: Percentages and chi-squares of gender of subject with gender and number of support people used.

| | Gender of subject | | |
|---|---|---|---|
| **Gender & No support people** | **Female %** | **Male %** | **Chi-square** |
| Female relatives | | | |
| No used 0 | 5.0 | 15.0 | |
| 1 | 15.0 | 20.0 | 6.43* |
| >1 | 30.0 | 15.0 | |
| Male relatives | | | |
| No used 0 | 20.0 | 20.0 | |
| 1 | 11.7 | 21.7 | 4.05 |
| >1 | 18.3 | 8.3 | |
| Female friends | | | |
| No used 0 | 6.7 | 18.3 | |
| 1 | 1.7 | 15.0 | 16.09** |
| >1 | 41.7 | 16.7 | |
| Male friends | | | |
| No used 0 | 16.7 | 20.0 | |
| 1 | 18.3 | 11.7 | 1.27 |
| >1 | 15.0 | 18.3 | |
| Female experienced | | | |
| No used 0 | 36.7 | 40.0 | |
| 1 | 5.0 | 8.3 | 3.25 |
| >1 | 8.3 | 1.7 | |
| Male experienced | | | |
| No used 0 | 49.1 | 48.3 | |
| 1 | 3.3 | 1.7 | 3.01 |
| >1 | 1.7 | 1.7 | |

* significant at $p < .05$ df = 2, n = 60
** significant at $p < .01$

Bereaved Subjects' Combined Use of Family, Friend and Experienced Person Support

Out of the 60 participating subjects 8.4% went to no people for support (four times more males than females), 49.8% went to family and friends for support (equal numbers of males and females), and 20.0% went to family,

friends and experienced people for support (twice as many females than males). These results can be seen in Table 8.7 below.

The results of the previous two sections support hypothesis six , the bereaved female will use greater numbers of support people, both female and male, than the bereaved male. She will also use a wider range of support from a combination of the three available groups.

Table 8.7: Combined information of bereaved individuals' support choices.

**Combinations of support resources used**

| None | Family | Friends | Family & friends | Family & experienced | Family, friends & experienced |
|---|---|---|---|---|---|
| Female<br>1.7%<br>1/60 | Female<br>3.4%<br>2/60 | Female<br>5.0%<br>3/60 | Female<br>26.7%<br>16/60 | Female<br>1.7%<br>1/60 | Female<br>13.3%<br>8/60 |
| Male<br>6.7%<br>4/60 | Male<br>5.0%<br>3/60 | Male<br>6.7%<br>4/60 | Male<br>23.1%<br>14/60 | Males<br>0.0%<br>0/60 | Male<br>6.7%<br>4/60 |

Partner Information

In looking closer at the statistics it can be seen that at the time of their bereavement, 56.7% (34/60, 16 females & 18 males) of the participants had partners available to them for support, 20% (12/60) the deceased was their partner and the remaining 23.3% (14/60) had no partner. Out of this 56.7%, 73.5% (25/34) of the subjects used their partner (wife/husband,

girlfriend/boyfriend) for their support. Of this number 60% (15/25) of the subjects were male and 40% (10/25) were female.

These results support hypothesis seven that if the bereaved individual has a partner, she\he will use that partner for support.

## 8.2 Qualitative Results

### 8.2.1 Reasons Why the Support Person did not Make the Bereaved Individual Feel Better

The reasons given as to why the support person did not make the subject feel better were that; they tried to cheer me up instead of just listening to me (mentioned three times), more interested in own point of view about what was going on, was as miserable as me and couldn't help, had had a fight with the support person and he had refused to help, person was insensitive, and support did not give me the help that I needed.

### 8.2.2 Reasons for not Using a Particular Support Person

The reasons that the bereaved individuals listed for not using a particular support person that they had noted as being available to them are

displayed in Table 8.8. The reasons most often mentioned, listed in descending order, were that the support person; was not that type of relationship or not that close, lived too far away, offered me support even though I didn't ask for it or they came to me for support, it was not an issue to be discussed or they did not want to burden anyone, was going through their own grief, personal and/or religious differences, have their own problems, and they were too old or too young to give the required support.

Table 8.8: Reasons listed for not using particular support people and the number of times they were mentioned.

| Reasons for not using the support person | Number of times mentioned |
|---|---|
| Not that type of relationship/ not close | 34 |
| Lived too far away | 30 |
| They offered me support/ came to me for support | 17 |
| Not an issue to discuss/burden others with | 16 |
| Going through own grief | 15 |
| Personal/religious differences | 15 |
| Coping with own problems | 12 |
| Too old/young | 11 |
| Didn't know deceased | 6 |

### 8.2.3 Other Sources of Support Listed

Table 8.9 lists the other sources of support information noted by the participants. It can be seen that the most often mentioned were psychologists/counsellors, doctors and the church (9, 8, 8 times respectively).

Table 8.9: Other listed sources of support and the number of times they were mentioned.

| **Sources of support** | **Number of times mentioned** |
|---|---|
| Psychologist/counsellor | 9 |
| Doctor | 8 |
| Church | 8 |
| Bereavement groups | 5 |
| Aromatherapy, Hypnotherapy | 2 |

# CHAPTER NINE

# DISCUSSION

## 9.1 Introduction

Although most of the findings were expected ones, the main hypothesis was not supported by the results of this study. Bereaved people used friends more than family for support. Findings supported previous studies which suggested that bereaved individuals use a combination of family, friends and experienced people throughout their bereavement, that the support person was effective and that female support people were used more that male supports by both male and female bereaved individuals. Also supported was the gender difference of the bereaved individuals. Bereaved females used more support people and used more combinations of support people than did bereaved males. A hypothesis that was not supported was that people would use different supports over time. Lastly if the bereaved person had a partner she/he did use that partner for support. Each of the hypotheses will be discussed in turn.

## 9.2 Who the Bereaved Individuals Used First for Support

This study did not support the first hypothesis nor previous research by Archer (1988), Arling (1976a+b), Bankoff (1983a+b), Essock-Virale & McGuire (1980), Lopata (1975), O'Bryant & Morgan (1990), Roberto & Scott (1986) and Shuchter (1984, 1986). They proposed that bereaved people would use their family first for support after their bereavement (sociobiology theory). In this research results showed that friend support was used before family support for the majority of the subjects. This finding supports the work by Belitsky and Jacobs (1986), Dean (1988) and Leick & Davidsen-Nielsen (1991) (attachment theory).

A possible explanation for this outcome is that the bereaved individual used friends first for support rather than family because they felt more compatible as friends are chosen by the individual whereas family is pre-selected. Friendship in this case can appear less fraught with hassles, such as feelings of dependency. The majority of relationships between the bereaved individual and the deceased was that of family. This would mean that other family members would be suffering their own grief for the death. The participant may feel unable to burden their relative more by asking for support. Another cause is that this study incorporated the bereaved individual's partner into the friend support statistics. The majority of the subjects were married which provides them with an immediate potential source of support. Previous research may have allowed for this effect.

The present study only involved sixty participants. This small number of subjects may be a reason why the results did not support previous studies.

When examining the overall amount of support used, friend support was sought the most with family support marginally behind, whereas support from people who have experienced a similar bereavement (affiliation theory) was used much less than friend support. This finding can be explained by looking at the availability statistic. Participants had more friends and family available to them for support than people who had experienced a similar bereavement. It was noted in the grief and social support literature that people who had experienced a similar bereavement were an effective resource for helping another bereaved person get through their grief (Burnell & Burnell, 1986; Maton, 1988, 1989; Shuchter, 1986; Vachon et al, 1980; Videka-Sherman, 1982). As can be seen by the availability statistics, few participants had this source of support open to them when compared with the availability of family members or friends which adds to the reasons why an effective resource is not being utilised. This is also true for bereavement self help groups.

The reasons the participants mentioned for not using particular support people were somewhat varied. They consisted of explanations such as; they did not have that type of relationship with that family member or friend, the support person lived too far away, the family member was experiencing their own grief over the bereavement, the person had their own

problems too, there were personal or religious differences between the bereaved person and the potential support giver and that the bereaved's grief was not a matter to be discussed or to burden any one with.

The present study would have benefited from controlling the three previously mentioned variables by using them as a selection criteria. The first variable is that of the relationship between the bereaved and the deceased which would allow the researcher to examine whether for example, if a friend dies, the bereaved goes to friends or family for support. Secondly, whether the participants are married, separated or single and if they used their partners for support which would enable the researcher to have a better indication of the use of friend support statistic. The third variable is the differing amounts of availability for family, friend and experienced people support which would allow the researcher to investigate whether having equal amounts of family, friend and experienced people support available would affect their use for supporting bereaved individuals.

### 9.3 Combination of Supports

When the bereaved participants were asked who they went to for support a majority of them mentioned using a combination of family, friends and experienced people. This finding supported the research completed by Burnell and Burnell (1986), Legman, Ellard and Wortman (1986), Maton

(1988) and Vachon et al (1980) and the present study's second hypothesis. A small minority of subjects listed using other supports such as psychologists, counsellors, doctors and the church. This points to the fact that most bereaved individuals will use informal rather than formal social support resources after their bereavement. This emphasises how important it is to alert the potential informal support giver to the grief process and to the knowledge about what are considered to be helpful and unhelpful responses to the bereaved individual, as well as misconceptions about grief and mourning. In doing so we can ensure that the potential support giver can be as competent as possible in the circumstances.

### 9.4 The Effectiveness of the Support People

This hypothesis was supported by the results. It was found that all of the friends and the people who had experienced a similar bereavement who were used for support made the bereaved individual feel better. The majority of family used for support also were effective. These findings supported previous research (Bankoff, 1983a+b; Burnell & Burnell, 1986; Dimond et al, 1987; Ferraro et al, 1984; Legman et al, 1986; Maton, 1988; Rosenman et al, 1981; Vachon et al, 1980). Participants who used social supports other than family, friend or experienced people mentioned that some of the counsellors and some people from the church were ineffective in the support they gave. They remarked that these supports were insensitive to their feelings and

didn't give them the support they asked for but they gave them the support they thought they needed. The reasons given as to why a few of the family supports were ineffective were; they tried to cheer me up instead of just listening, they were just as miserable as me, they were too interested in their own views on what was going on and they had had a fight and support was refused.

### 9.5 The Use of Support People Over Time

It was proposed that bereaved people would use different supports over time as their needs changed (Bankoff, 1983a; Maton, 1988; Stroebe & Stroebe, 1987). This was not supported by the present findings. It was found that the majority of participants used the same support at six months as at a year. A suggested explanation for this outcome is that as the bereaved individuals found the people they used for support were effective, they saw no need to go to other supports. Possibly the supports used had fulfilled the changing needs of the bereaved person, thereby reducing the need for other support resources. Other explanations could be: that previous studies examined this variable over a longer time period than twelve months enabling time for the needs of the bereaved person to change; or the bereaved individuals found it convenient to use the support resource that was immediately available to them, that of their partner; or their social support network size was reasonably small thereby limiting the support resources available to them.

Another variable that may have confounded these results was again that of the small number of participants. To get more reliable results more subjects would be required.

The present study could have profited from the addition of a longer time interval than twelve months such as eighteen months and twenty four months. As mentioned previously, controlling the "use of partner" variable would allow the researcher to see if changes in support people over time do occur.

## 9.6 Effect of Support Person's Gender on Use by the Bereaved Individual

Female support people were used more than male support by both the bereaved female and male participants in this study. This supports the previous literature by Bankoff (1983a), Bowling and Cartwright (1982), Maddison and Raphael (1975) and Parkes (1986). It was found that female friends were most often used for support, followed by female relatives. Female support givers were seen as more sensitive and patient, willing to listen whenever the bereaved person needed to talk. Some bereaved males felt unable to go to their male friends for support as they thought it was not appropriate to express emotions, especially those of sorrow and apprehension. These same males did not have this inhibition when using female support

people.

## 9.7 Effect of Bereaved Person's Gender on the Supports Used

Previous research by Bankoff (1983a+b), Bowling & Cartwright (1982), Maddison & Raphael (1975), Morgan (1984), Parkes (1986), Sanders (1988), Schilling (1987), Siegel & Kuykendall (1990) and Stroebe & Stroebe (1987) was supported by the results from the present study. The present study's sixth hypothesis was also supported. Bereaved females did use more of both female and male support people than did bereaved males. They also used a wider range of support from a combination of the three types mentioned in this study. A significant relationship was found between gender and relative support and also gender and experienced people support. Females used significantly more relatives and experienced people support than did males. A significant relationship was also discovered between gender and the number of females relatives used, and gender and the number of female friends used. Bereaved females used significantly more female family members and female friends as support resources than did bereaved males. This last finding links in with hypothesis four that female support people are used more for support than males. It was also shown that bereaved females used twice as many supports from all three sections, family, friends and experienced people, than did males.

These results lend support to the finding that bereaved females are more likely to express their feelings and actions to support people than bereaved males. This has a major implication in that males need to be encouraged to talk to others in times of crises to help them manage their stresses. Research has emphasized the importance of social support in assisting people, both female and male, to cope better with change and to help buffer the effects of stressful experiences such as the death of a family member or friend. It is essential that this effective resource be utilized to its full potential.

### 9.8 Use of Partners for Support

Previous research (Arling, 1976b; Bankoff, 1983a+b; Belitsky & Jacobs, 1986; Dean, 1988; Leick & Davidsen-Nielsen, 1991; Shuchter, 1986) stated that if the bereaved individual had a partner she/he would use that person for support. This outcome was supported by the results of this study, the majority of participants who had partners available to them did use them for support. For this study, the categorization of partners as friends had a definite effect on the friend support outcome. Partners were often noted as being the first person the bereaved individual went to for support. This enhanced the finding that friends were used first for support. More bereaved males used their partners for support than bereaved females. This result supports earlier research by Sanders (1990), Schilling (1987) and Stroebe and

Stroebe (1987) in which they found that the majority of bereaved males used their partners for support and were at a loss if their bereavement was that of their wife. For five out of the nine people who had partners available to them but did not utilize them, the deceased was their child. In these cases the bereaved parents mentioned that their were feelings of guilt, anger and resentment against the other parent which stopped them going to them for support.

## 9.9 Suggestions to Improve the Present Study

A major limitation of the present study is that of the small subject group number. Only sixty participants were involved. Increasing this number would greatly benefit future research by allowing any personal idiosyncrasies to be evened out. A larger subject group would also facilitate a more in-depth investigation into the issues outlined in the introduction.

This study relied heavily on the subject's ability to recall their grief and who they went to for support ranging from a time period of six months to eight and a half years. Kalat (1990) notes that emotional charged situations (positive and negative) are easier to recall than neutral ones because the individual involved thinks more about the events and experiences thereby rehearsing and organising the memory. In some cases, however, negative emotions hinder retrieval of the memory. Distinctiveness and meaningfulness

have also been found to affect a person's recall ability. If the memory has a very striking effect on the individual, such as with the death of a loved one, it makes the recalling of it easier. If the memory has a particular level of meaningfulness to the individual, such as the changes that occur from death of a spouse, this enhances the individual's recall ability. On the basis of these findings it was speculated that the subjects would not have forgotten much about a situation that was extremely emotionally charged and very distinctive and meaningful to them, though some recall problems can be expected.

This research was a retrospective study, an improved design would be to have a prospective study. This would follow people through their bereavement noting down at the time who they used for support. This design would eliminate any memory or recall problems that may have occurred during this study.

Suggestions that have been mentioned earlier in the discussion are;

* To control for the effects of the relationship between the bereaved and deceased to see who they use for social support. This would allow the researcher to examine whether, if a friend dies, the bereaved goes to friends or family for support.
* To control for the effects of partner support. This would enable the researcher to have a better indication of the use of friend support.

* To control for the amounts of availability of each of the three support sections. This would allow the researcher to investigate whether having equal amounts of family, friend and experienced people support available would affect their use for supporting bereaved individuals.
* To increase the number of time intervals to include eighteen and twenty four month intervals. This would allow the bereaved individual to experience any changes in needs that would affect their uses of support.

Another variable that may have affected this study's findings is the circumstances of the death. It was reported that fifty eight percent of the participants had suffered sudden death of a family member or friend. As noted in the introduction, sudden death affects the bereaved person more than an anticipated death. When a person suffers a bereavement from sudden death they are not psychologically prepared for the intense feeling and actions that this situation puts them in. Similarly the support people may experience mixed emotions about an accidental or contrived death making them less forthcoming with their support. This study could therefore have benefited from using the circumstances of the death as a selection criteria but the small number of subjects involved did not make such an analysis viable. Future research could look at the differences in use of social support for anticipated and unanticipated death.

Further research could also be completed by looking at the differences between use of social support after a bereavement in urban and rural areas.

## 9.10 Summary and Conclusions

The major findings of this research are: bereaved people went to friends first for support and then to family members; and bereaved females used a greater number and a wider range of supports than did bereaved males. The implications of these results is that informal social support resources are being used more than formal resources and that males do not use as many supports than females. This implies that the potential support givers need to be made aware that they will be used for support after a friends or family member experiences a close death. In making them aware, the process of grief, helpful and unhelpful responses and misconception of grief need to be covered. Informal support people should also be warned that there is a possibility that bereaved males need to be listened to and given support, even though they do not approach them. As well as this, bereaved males need to be told that it is alright to talk about these intense feelings to other people and that it does not make them appear weak or not masculine.

Another finding was that female support people were utilised more than male support people. The reason given for this was that they are more sensitive, patient and willing to listen. To overcome this limitation potential

male support people need to be made aware of these feelings and taught how to be effective support givers. This would increase the number of available support people to a bereaved individual.

An effective support resource that is under utilised is that of people who have experienced a similar bereavement and bereavement self-help groups. It is essential that bereaved people are informed of these resources, their use and their effectiveness in helping people cope with their grief. The self-help groups need to be advertised more around the community alerting people to their existence.

The present study focused on who bereaved individuals went to for social support. Most of the hypotheses were supported adding to the current knowledge in this area but with a New Zealand sample. Reasons were given for the hypotheses that were not supported. This area is becoming increasingly important as more people are experiencing the deaths of friends and family members. It is essential to help make their transition stage through grief as smooth as possible. This can be accomplished by informing people about grief, bereavement and social support.

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APENDIX A: ADVERTISEMENTS FOR THE STUDY

# Bereaved people sought for study

by Sharon Meyer

PEOPLE who have experienced a close relative or friend's death are needed to help with Massey University research into where bereaved people turn for support. Psychology Department postgraduate student Michelle Durbin is undertaking a thesis aimed at finding what social support bereaved people use.

She wants to interview 100 people who lost a close relative or friend more than six months ago.Both sexes are sought, but bereaved men are especially needed.

She said participants would be asked non-intrusive questions over 20 minutes to an hour. They would include such questions as the person's age, sex and marital status and their relationship to the deceased. "It's really based on who they went to for social support and why they didn't go to close friends or family."

Anyone interested can contact Miss Durbin on 354-2680.

Evening Standard 3 Dec 1991

- **Bereavement**

Michelle Durbin is currently completing a thesis studying the social support resources that a bereaved individual uses. If you, or someone you know, has suffered a bereavement of someone close, over 6 months ago, are interested in participating in this study, and will answer a non-intrusive questionnaire, please contact Michelle Ph 354-2680 evenings or leave a message with the Secretary, Psychology Department.

Massey University Campus Paper
21 Oct - 4 Nov 1991

APPENDIX B: QUESTIONNAIRE

# MASSEY UNIVERSITY.

## THE BEREAVED INDIVIDUAL'S USE OF SOCIAL SUPPORT RESOURCES.

Please read the following instructions carefully.

The aim of this study is to explore what social support resources bereaved people used throughout their bereavement.

If possible, please attempt all the questions and be careful not to skip any pages. However, if you do not wish to answer any particular item please miss it out and move onto the next.

If you have any queries or questions please feel free to ask me.

Your answers are completely anonymous. Should you wish to withdraw at this point please feel free to do so. Otherwise thank you for your continued participation.

Thank you

Researcher: Michelle Durbin.

## GRIEF AND SOCIAL SUPPORT QUESTIONNAIRE.

**General Information:**

Sex: Female Male

Age:

Marital Status at time of bereavement:

Single Married De-facto Widowed Separated Divorced

Relationship to the deceased:

How long had you known the deceased (years):

Mark on the scale how close were you to the deceased:

1----2----3----4----5----6----7----8----9----10

| | | |
|---|---|---|
| Not close | Friendly | Very close |
| i.e., | i.e., | i.e., |
| Shop Assistant | Neighbour | Twins |

Time since the bereavement (years & months):

Circumstances of the individual's death:

Long illness (>6 months)
Short illness (<6 months)
Suddenly

Your financial status at time of bereavement:

More than adequate
Adequate
Inadequate

Did you have any health problems that make it difficult, or even stop you from going out:

No Yes -Please explain:

If yes, did these health problems stop you seeking some forms of support after the bereavement:

No Yes

Were you going to a professional (doctor, counsellor, etc) prior to the bereavement:

No Yes -Please list:

Did you have the means to enable you to travel locally:

No Yes -Please list:

Were you living alone: Yes No -With who:

Were you employed outside of the home:

No Yes -Occupation:

Were you a member of any religious group:

No Yes -How often did you attend:

Were you involved in any other organisations or social activities:

No Yes -Please list:

-How often were you involved:

**Table Instructions.**

1/

a/ Please fill in **Section One** of **Column 1** naming the relatives who you have contact with, who are alive. Please use their first names. 'Other Relatives' can include husbands, step-children, in-laws, nephews and nieces. When listing people under the 'Other Relatives' part please name their relationship to you.

b/ Please do this for **Section Two** but put the names of your friends who you have contact with. A friend is a person that you feel at ease with, someone you can talk to about private matters. Do not include anyone you have previously named in Section One.

c/ Now fill in **Section Three.** Give the first name of people you know who have experienced a bereavement of someone close to them. Do not include anyone you have previously named in the above two sections.

d/ Now fill in **Section Four** naming any other sources you went to for help after the bereavement. These sources can include professionals, clergy, support groups and so on.

2/ Using the scale below fill in **Column 2** stating how far this person lived from you.

| 1----2----3----4----5----6----7----8----9----10 | | |
|---|---|---|
| Greater than 1 hour away. | 45 mins away. | Less than 30 mins away. |

3/ For **Column 3** answer either yes (Y) or no (N) if you went to the people who you listed 5 and greater on the above scale for support after your bereavement.

4/ Using the scale below please fill in **Column 4** stating how close you felt to this person.

| 1----2----3----4----5----6----7----8----9----10 | | |
|---|---|---|
| Not close ie., say hello to. | Friendly ie., talk about everyday matters. | Very close ie., talk to them about private matters. |

5/ For **Column 5** answer either yes (Y) or no (N) if you went to the people who scored 6 and greater on the above scale for support after the bereavement.

6/ Now fill in **Column 6** listing in order the first 10 people you went to for support after the bereavement, eg., I went to this person 1st, this one 2nd etc.

7/ For **Column 7** answer yes (Y) or no (N) if the person you went to for support after the bereavement made you feel better or not. If the answer is no please explain why in the space provided on the table.

8/ Now fill in **Column 8** listing in order the people that you spent most of your time with for support until six months after the bereavement. Please repeat the above for one year after the bereavement.

9/ Now fill in **Column 9**, using the people you have named in column 1, give the number of close bereavements each one has suffered. If you do not know please state this. If the person has experienced more than 10 bereavements please put 10+.

10/ For **Column 10** please tick the people you used for support after a year had passed following the bereavement. If you used someone not previously named on the table please name them in this column.

11/ If you have not used these people that you have named for support after the bereavement please explain why in **Column 11**.

| COLUMN 1: First names of these people. | COLUMN 2: Lived this far away. (see scale) | COLUMN 3: Did you go to people scoring 5 & more on the scale. | COLUMN 4: How close did you feel to this person. (see scale) | COLUMN 5: Did you go to people scoring 6 & more on the scale. | COLUMN 6: List in order who you went to for support. |
|---|---|---|---|---|---|
| SECTION ONE: Relatives First Names | | | | | |
| Mother:<br>Father: | | | | | |
| Maternal Grandmother:<br>Maternal Grandfather:<br>Paternal Grandmother:<br>Paternal Grandfather: | | | | | |
| Brothers: | | | | | |
| Sisters: | | | | | |
| Your Children: | | | | | |
| Aunts: | | | | | |
| Uncles: | | | | | |
| Cousins: | | | | | |
| Other Relatives: | | | | | |

| COLUMN 7: Did the person you went to make you feel better. If no, why not? | COLUMN 8: List in order people you spent most time with. | COLUMN 9: List number of bereave-ments person had. | COLUMN 10: After 1yr you used these people for support. | COLUMN 11: If you did not go to this person for support please note why. |
|---|---|---|---|---|
| | 6 1<br>mnths yr | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| | | | | |

| COLUMN 1: First names of these people. | COLUMN 2: Lived this far away. (see scale) | COLUMN 3: Did you go to people scoring 5 & more on the scale. | COLUMN 4: How close did you feel to this person. (see scale) | COLUMN 5: Did you go to people scoring 6 & more on the scale. | COLUMN 6: List in order who you went to for support. |
|---|---|---|---|---|---|
| SECTION TWO: Friends First Names | | | | | |
| | | | | | |
| SECTION THREE: People who have experienced bereavement First Names | | | | | |
| | | | | | |
| SECTION FOUR: Other Sources | | | | | |
| | | | | | |

| COLUMN 7: Did the person you went to make you feel better. If no, why not? | COLUMN 8: List in order people you spent most time with. | COLUMN 9: List number of bereave-ments person had. | COLUMN 10: After 1yr you used these people for support. | COLUMN 11: If you did not go to this person for support please note why. |
|---|---|---|---|---|
| | 6 1<br>moths yr | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

APPENDIX C: INFORMATION AND CONSENT FORMS

## THE BEREAVED INDIVIDUAL'S USE OF SOCIAL SUPPORT RESOURCES.

### Information Sheet.

This form provides information about a study being conducted by Ms Michelle Durbin, a Massey Psychology Department post graduate student, under the supervision of Dr Arnold Chamove, Psychology Department Lecturer at Massey University. The study has been approved by the Massey University Ethics Committee and the Ethics Committee of the Manawatu-Wanganui Area Health Board.

**What is this study about?**

The aim of this study is to explore what social support resources bereaved people actually used throughout their bereavement. It questions when and how often the bereaved people wanted these resources. Social support resources includes both family and non-family.

**Who will participate in this study?**

I need one hundred volunteers for this research.

To be eligible for this study participants should:

* Have experienced the death of a close friend or relative, more than six months ago.

**What will participants have to do?**

Participants will be asked to complete one questionnaire providing information regarding general demographics and actual use of social support resources throughout their bereavement period. Completing this form normally takes no longer than one hour.

**What can participants expect from the researchers?**

Each participant:

* has the right to refuse to answer any particular question and to withdraw from the study at any time.
* has complete confidentially of any information written in the questionnaire. Your responses are anonymous, no identification marks or codes will be written on the questionnaire.
* will have the researcher present should any difficulties arise when completing the questionnaire.
* will receive a summary of the research findings at the completion of the study.

If you are interested in participating in this study or would like further information please sign your name and write your phone number in the spaces below.

Name:_____ Phone:_____

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## Consent Form

**What would I have to do?**

Participants will be asked to complete one questionnaire providing information regarding general information as to age and sex and who you went to when you were going through your bereavement period. Completing this form normally takes no longer than one hour. The researcher will be present should any difficulties arise when completing the questionnaire.

**What can I expect from the researchers?**

All participants

* have the right to refuse to answer any particular question, and withdraw from the study at any time.

* has complete confidentially of any information written in the questionnaire. Your responses are anonymous, no identification marks or codes will be written on the questionnaire.

* will receive a summary of the research findings after the information has been analysed.

It is important to emphasise that the researcher will not be offering counselling or grief advice on your physical and mental health, since the information being collected is not suitable for this purpose. Should any problems arise during the study, it is assumed that you will take appropriate action, as you would normally. A list of Palmerston North's social support resources is available if wanted.

**The details of this study have been adequately explained to me, and I wish to participate under the conditions set above.**

signature of participant_____

date_____

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