# ADOLESCENT BEREAVEMENT AND SOCIAL SUPPORT

# PERCEPTION OF NEED ACCORDING TO GENDER

By

Lynn M. Katzenmeyer

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The Graduate School
University of Wisconsin-Stout
Menomonie, WI 54751

ABSTRACT

Katzenmeyer, Lynn M.
(Writer) (Last Name) (First) (Initial)

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In the empirical studies that have specifically addressed adolescent grief recovery, the issue of gender differences in perceptions of social support following bereavement has not been thoroughly examined. The purpose of this study was to determine the level of difference in perceptions of social support for bereaved adolescents according to gender.

50 males and 50 females from freshman psychology classes at the University of Wisconsin-Stout participated in the study. During their years in high school, all of them had experienced the death of at least one person who was close to them. The researcher used a self-constructed survey instrument to measure the subjects' perceptions of the social support they received and the social support they desired following their loss. A

student's *t*-test for independent means was used to determine the statistical significance of the results. An alpha level of .05 was used for all statistical tests. The point-biserial correlation coefficient was used to describe the strength of statistically significant differences.

The results of the study indicated that males and females were most likely to identify their parents, other family members, and peers as providing helpful support after their loss. Clergypersons/spiritual leaders, teachers, and school counselors were less likely to be identified as helpful support providers.

The majority of males and females were likely to identify more than five people who provided helpful support. However, more males than females identified only one or two support people. Males were more likely than females to identify a parent, followed by a peer as their most helpful support person. Females were split evenly between naming a parent or peer as their most helpful support person.

Males were likely to receive support for shorter periods of time, with half of them receiving only a few days of support. Females were more likely to receive support for a few weeks or more. However, the males were more likely to desire support for shorter periods of time, and most of them received the duration of support they desired. The females were more likely to desire a longer duration of support, and they were less likely to receive the duration of support they desired.

A brief look at the statistically significant differences indicates that females were more likely than males to receive helpful support in the form of having someone listen, understand their feelings, express sorrow, hug them, let them cry, and share their experience of the loss. Males and females received similar levels of support in the form

of being helped with problem solving, being distracted from the loss, sharing memories of the deceased, and being allowed to grieve alone.

A brief look at the statistically differences indicates that females were more likely than males to want someone to listen, to help with problem solving, to understand their feelings, to express sorrow, to hug them, to let them cry, and to share their experiences of the loss. Males and females desired similar levels of support in the form of being distracted from the loss, sharing memories of the deceased, and being allowed to grieve alone.

The author compared participants' experiences and perceptions of loss and social support following the loss, integrating the findings with prior research on adolescent bereavement and grief support issues. Implications for professionals, such as educators and counselors, who work with adolescents are discussed, as well as suggestions for future research.

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# CHAPTER ONE

## Introduction

Many adults have incorrectly assumed that death is not a part of the lives of children and adolescents. However, the death of a parent is experienced by at least four to five percent of children by the time they are 16 years old (Mahon, Goldberg, & Washington, 1999). The proportion may be substantially higher in lower socioeconomic groups (Osterweis, Solomon, & Green, 1984). Ewalt and Perkins (1979) found that 90% of 1,447 juniors and seniors in two Kansas City high schools had experienced the loss of a sibling, grandparent, aunt, uncle, or someone else close to them. They also found that about 20% of the students had been present when a person died, 11% had lost a parent, and about 40% had lost a close peer. Balk and Vesta (1998) reported that a survey replicated four times on the Kansas State University campus demonstrated that at any given time, over 25% of the students were in the first year of grief following the death of a family member, and nearly 30% were in the first year of grief following the death of a friend.

Adolescence is the only stage of life in which the three leading causes of death are human induced rather than the result of disease. Accidents, suicide, and homicide account for more than 77% of all deaths among American teenagers (Corr, Nabe, & Corr, 1997). Such deaths usually occur suddenly and unexpectedly, and are most often associated with trauma and violence. Even those who have not experienced such a loss have likely been exposed to the sensationalized news media coverage of mass tragedies and the deaths of famous people (Morin & Welsh, 1996).

Death is a part of the worlds of children and adolescents today, although its manifestation is different than in earlier generations. Until recent years, people typically died at home from organic diseases, surrounded by family and friends. Advances in health care have changed the epidemiology of illness and injury in American society. Morbidity and mortality from organic diseases have decreased, resulting in increased life expectancy. As a culture, we have become more distanced from death due to the fact that people are living longer and are more likely to die in a hospital or residential care facility than at home. Consequently, death is often viewed as a mystery rather than as an integral part of life, and the subject of death is often avoided in Western culture (O'Brien, Goodenow, & Espin, cited in Herkert, 2000). Not only do people have trouble talking about death, they often have difficulties communicating grief with one another as well as problems determining how to show support when someone is grieving (Herkert, 2000).

Knowing how to support a grieving person is important. A large body of empirical evidence has linked social support to health, with most researchers agreeing that lower levels of support are associated with poor physical and psychological health (Cohen & Syme, 1985; Shumaker & Hill, 1991).

The concept of social support for grief recovery lacks a specific definition (Antonucci, 1985; Cohen, 1988; Cohen & Syme, 1985; Shumaker & Brownell, 1984). However, there appears to be a reasonable consensus that the measures of social structure and function may include the existence, types of resources provided, and perceived adequacy of social networks (Cohen & Syme, 1985; Shumaker & Hill, 1991). Four aspects of social support—enhancing self-esteem and a feeling of being loved, problem solving, networking, and providing relationship resources for meeting the transitions in

the life cycle—are believed to facilitate the grieving process and to promote reorganization (Cobb, 1976; Kaplan, Cassell, & Gore, 1977; Osterweis et al., 1984).

There have been differing views of grief recovery throughout the past century. Freud (1917/1957) believed that grief work was the active process of working through the anguish of the loss by severing ties and gaining detachment from the deceased. It was Bowlby's (1980) view that recovery from bereavement occurred in four phases: feeling numb, craving and searching for the one who died, falling into disorganization and despair, and reorganizing one's life. Reorganization results from the person's investment in new social attachments.

In recent years, the concept of grief work has undergone some rethinking. Stroebe and Schut (cited in Balk & Vesta, 1998) asserted that recovery from grief involves both grief work and grief avoidance. The bereaved must focus on their loss as well as restorative changes they must make in their own lives: a loss orientation and a restorative orientation.

Manning (cited in Herkert, 2000) believed that it is more important to recognize that there are patterns of growth people experience rather than well-defined steps. Individuals react differently, and stages tend to overlap and lack sequence. Hogan, Morse, and Tason (cited in Herkert, 2000) also asserted that an individual's grief response is unique, depending upon such factors as cause and circumstances of death, relationship with the deceased, and the availability of social support. A totally unexpected death can predictably result in an extended grief process (Ramsey, cited in Herkert, 2000).

Regardless of how the stages of grief are defined, Sunoo and Soloman (cited in Herkert, 2000), Ramsey (cited in Herkert, 2000), and Prince (cited in Herkert, 2000) all described a generally predictable pattern of dealing with grief although each person is unique. The stages are characterized by shock and denial, anger, rage, guilt, sadness or depression, acceptance, and growth.

People who understand the grieving process will be in a better position to support the individual needs of survivors. Unfortunately, anxiety related to the discussion of death and the communication of grief is all too common. When it comes to matters of death, dying, and bereavement, adolescents are often "sheltered" by well-intentioned, but misguided adults who may find it more comfortable to avoid such topics (Gordon, 1986). Researchers have explored many of the different types of bereavement adolescents experience. Reactions of adolescents to the death of a parent, sibling, or peer have been closely examined (Marwit & Carusa, 1998; O'Brien, et al., 1991; Podell, 1989; Ringler & Hayden, 2000; Schachter, 1991).

Teenagers identify closely with their peers. They typically spend a lot of time together and intimately share their lives. Consequently, the death of a friend can be devastating. There are many problems that have been documented around the loss of a peer, including fear of one's own vulnerability and mortality, loss of self-esteem, depression, social withdrawal, shock, numbness, anger, insomnia, loneliness, survivor guilt, nightmares, suicide ideation, drug abuse, and school problems (LaGrand, 1985; McNeil, Silliman, & Swihart, 1991; Podell, 1989; Schachter, 1991; Sklar & Hartley, 1990; Valente & Sellers, 1986).

Following the death of a sibling, surviving brothers and sisters may feel guilt and remorse over memories of normal sibling rivalries (Oates, 1993). Furthermore, surviving siblings may be neglected due to the devastation of the loss for other family members. The marital relationship is particularly vulnerable following the death of a child, with divorce rates reported to be as high as 80% for bereaved parents, leading to additional grief for surviving children (McGoldrick & Walsh, 1991).

The death of a parent interferes with the emerging identity and expression of independence of adolescents. They might experience regression to a less mature state, or be thrust into the role of a surrogate parent. Either way, the young person may experience a diminished ability to move through the normal developmental transition to the separation that characterizes young adulthood (Gordon, 1986).

In many ways, adolescents often respond much like adults to the death of someone close to them. They can experience a wide range of emotional and behavioral reactions, such as sadness, anger, fear, appetite and sleep disturbances, social withdrawal, restlessness, and difficulties in concentration. However, they may also be reluctant to express their emotions. Long-term effects include the increased likelihood of medical illness (Osterweis et al., 1984; Raphael, 1983; Schmale & Iker, 1971), psychiatric illness—especially depression (Osterweis et al., 1984; Valente, Saunders, & Street, 1988), and suicidal risk (Adams, Overholser, & Lehnert, 1994; Koch, cited in Ringler & Hayden, 2000).

Ringler and Hayden (2000) surveyed a group of university students to investigate their perceptions of social support following adolescent bereavement. They concluded that the duration of help received is often below what was desired. Adolescents have

identified peers and parents as being their most helpful support persons following loss (Marwit & Carusa, 1998; Ringler & Hayden, 2000). Teachers and school counselors were seldom seen as being helpful (Ringler & Hayden, 2000). A study by Mahon, Goldberg, and Washington (1999) found that teachers and those studying to become teachers need more understanding about the complexity of childhood bereavement, as well as clarification of helpful interventions in order to provide greater support to students.

In the empirical studies that have specifically addressed grief recovery, the issue of gender difference in social support following bereavement has not been examined thoroughly. Few investigations have included both men and women, and analyses according to gender difference are often not reported. Many researchers have described gender differences in the structure of social support. In general, girls and women are more likely to have an extensive support system than boys and men, who are more likely to have only one confidant or a small group of friends (Baum & Grunberg, 1991; Flaherty & Richman, 1989; Powers & Bultena, 1976; Shumaker & Hill, 1991).

In contemporary American society, males have been socialized to be "more independent, assertive, dominant, and competitive" than females, who have been encouraged to be "more passive, loving, sensitive, and supportive in social relationships" Hetherington & Parke, cited in Stillion, 1995, p. 33-34). Boys are taught to control their emotions and to deny anxiety. Girls are expected to display anxiety and express their emotions. Despite some pressure to loosen gender roles, such gender stereotypes persist. Different socialization in expressiveness may allow females to more readily admit their feelings and explore them with significant others. Males, in an effort to live up to the

cultural norm of independence and emotional toughness, may repress emotions associated with death (Stillion, 1995).

A review of the literature indicates there are gender differences in social support networks, as well as culturally prescribed gender reactions to grief. Therefore, the research hypothesis for this study is that bereaved adolescent men and women have different perceptions of social support needs. It is assumed that bereaved adolescent women will desire and receive social support from a more extensive system than will adolescent men. It is also assumed that the type of support adolescent women desire and receive will be more likely to involve expression of emotion than the type of support desired and received by adolescent men.

It is hoped that this comparison of adolescent female and male perceptions of social support needs will result in better understanding of adolescent bereavement. Such awareness can lead to improved death education, crisis intervention plans, and follow-up care by school personnel and others who work with adolescents.

## Statement of the Problem

The purpose of the study was to determine the level of difference in perceptions of social support for bereaved adolescents who differ according to gender.

## Null Hypothesis

There is no statistically significant difference between perceptions of social support for bereaved adolescent women as compared to bereaved adolescent men.

## Definition of Terms

For clarity of understanding, the term “adolescents” is defined in this study as people aged 14 through 19. For this study, social support is defined as the existence of

relationship resources that facilitate the grieving process and promote reorganization for the bereaved.

## Assumptions

An assumption that is apparent in this research is that respondents answered the survey questions truthfully.

## Limitations

The sample size was relatively small and was not culturally representative. The participants were all students at the same mid-sized midwestern university. Three of the participants identified themselves as Asian American, and the rest identified themselves as Caucasian. It is possible that it is difficult to discretely describe perceptions of the type and duration of social support that bereaved adolescents desire. Therefore, the questions may not accurately represent the types of support the respondents received or desired. Because subjects were asked to reflect upon memories during their high school years, some of the responses might not be an accurate reflection of how they actually felt at the time. It is possible that participants did not answer the questions candidly, or that environmental factors influenced their responses.

# CHAPTER TWO

## Review of the Literature

### Introduction

This chapter will review the literature that examines the incidence of loss in the adolescent population, the effects of social support on health, the effects of bereavement on adolescent development, the effects of social support on the facilitation of grief work, and gender differences in the structure of social support. The purpose for the study will also be described.

### Incidence of Loss

By the time they leave adolescence, most young people have experienced the death of someone close to them. Many adults have incorrectly assumed that death is not a part of the lives of children and adolescents. The death of a parent is experienced by at least four to five percent of children by the time they are 16 years old (Mahon et al., 1999). The proportion may be substantially higher in lower socioeconomic groups (Osterweis et al., 1984). Ewalt and Perkins (1979) found that 90% of 1,447 juniors and seniors in two Kansas City high schools had experienced the loss of a sibling, grandparent, aunt, uncle, or someone else close to them. They also found that about 20% of the students had been present when a person died, 11% had lost a parent, and about 40% had lost a close peer. Balk and Vesta (1998) reported that a survey replicated four times on the Kansas State University campus demonstrated that at any given time, over 25% of the students were in the first year of grief following the death of a family member, and nearly 30% were in the first year of grief following the death of a friend.

Even those who have not directly experienced such a loss have likely been exposed to the sensationalized treatment of death through television, movies, song lyrics, and video games. Deaths of famous people and mass tragedies are often covered in graphic detail on television, in newspapers, and on the covers of magazines (Morin & Welsh, 1996).

Advances in health care during the past century have changed the epidemiology of illness and injury in American society. Because of this and due to the average life expectancy of about 75 years, many adults do not expect death to be a part of the world of children and adolescents. Consequently, well-intentioned, but misguided adults may attempt to shelter young people from death by not discussing the subject. When a death occurs in the family, adolescents usually aren't included in making decisions about funeral arrangements, and are often excluded from mourning rituals (Schachter, 1991).

This isolation from death also extends to the schoolhouse. Most children and adolescents spend a large percentage of their waking hours at school. Although many schools have established secondary interventions in response to traumatic death, there remains a lack of school-based primary interventions about death education (Mahon et al., 1999). This lack of communication contributes to a sense of mystery surrounding death, increasing the anxiety and bewilderment of adolescents. In many cases, young people attempt to gather information from each other, which may lead to misinformation and distortions about death (Rosenthal, 1986).

Adolescents frequently avoid contact with their bereaved friends, because they don't know what to say or how to offer support. In order to prevent pathological grief

and decrease anxiety, adolescents must be supported and encouraged to discuss and share their grief in an environment that is open, comfortable, and non-judgmental.

The Effects of Social Support on Health

Knowing how to support grieving adolescents is important for their overall health and well being. A large body of empirical evidence has linked social support to health; with most researchers agreeing that lower levels of support are associated with poor physical and psychological health (Adams et al., 1994; Cohen & Syme, 1985; Koch, cited in Ringler & Hayden, 2000; Osterweis et al., 1984; Raphael, 1983; Schmale & Iker, 1991; Shumaker & Hill, 1991; Valente et al., 1988).

Social support may have a positive effect on health by promoting healthy behaviors (Kaplan & Hartwell, 1987), through providing information in supportive exchanges (Berkman, 1982; Cohen, 1988), and by providing resources such as economic aid, housing, and transportation (Berkman, 1984; Caplan, 1974; Cohen, 1988). Social support may influence more positive psychological states, such as increased sense of belonging, intimacy, improved self-esteem (Berkman, 1982, 1984; Cohen, 1988), and an increased sense of control (Cohen, 1988). Self-esteem, self-efficacy, and an internal locus of control are associated with emotional and social well being, as well as reduced likelihood of engaging in risky behaviors, such as unprotected sex (Turner, 1999). Therefore, future health and well being could be positively influenced through the provision of adequate social support for the bereaved.

The Effects of Bereavement on Adolescent Development

Adolescence is the developmental period in which young people are struggling to separate from early identifications to form their own "identity" (Fleming & Adolph,

1986). Corr and McNeil (1986) have described how the loss of a profound relationship during this stage of life can interfere with the natural progression of intellectual and emotional changes that are part of "growing up." In many ways, the normal work of adolescence and the work of grief are similar. Both involve adaptation to the loss of cherished objects, both involve coping with changed internal and external realities, and both have aspects of ambivalence and conflicts related to the phases of separation and loss. Furthermore, adolescence and the grieving process are both paradoxical in nature. Adolescents must first develop a sense of emotional separation from loved ones in order to develop the individuality and feeling of competence necessary to form intimate attachments to other people. Mourners must immerse themselves in memories of the deceased in order to confront any unresolved emotions before they can feel separate from the deceased and form new attachments.

Fleming and Adolph (1986) identified three maturational phases of adolescence that offer insight into the tasks and conflicts characteristic of this stage of development, defined chronologically as the period from age 11 to 21. During Phase I (ages 11-14), the young person's task is emotional separation from parents. The conflict during this phase is separation versus reunion (abandonment versus safety). During this stage, adolescents are loosening the emotional bonds they have with their parents, and replacing family comforts with those of peers. There is a heightened sense of excitement about participating in new activities with one's peer group, but also a sense of insecurity as one leaves the comfort and familiarity of the family.

During Phase II (ages 14-17), the adolescent's task is competency/mastery/control. The conflict of this period is the struggle between

independence and dependence. This stage is characterized by the desire for autonomy that adolescents may feel is threatened by their residual dependence upon their parents.

In Phase III (ages 17-21), intimacy versus commitment is the task older adolescents face after having achieved a degree of emotional and physical separation from their parents. Having successfully begun to establish their personal and social identities, young people are ready to develop more intimate relationships. Closeness versus distance is the conflict they struggle with during this stage.

Researchers have investigated the reactions of adolescents to the different types of death they confront. Although any loss can be traumatic, the results of previous studies suggest that the mourning of different persons creates a different experience (Gordon, 1986; O'Brien et al., 1991).

The death of a parent interferes with the emerging identity and expression of independence of the adolescent. Reactions to parental death differ, depending on the individual's age. If a parent's death occurs in early adolescence, the young teenager may regress to a less mature state. An older adolescent might be pressed into the role of surrogate parent. In this instance, a young person might not complete the separation process, staying home to care for the surviving parent or younger siblings. Other young people might sever ties to the family prematurely in an effort to resolve the conflict between independence and inappropriate family responsibilities (Gordon, 1986; O'Brien et al., 1991).

Adolescents may experience similar developmental complications and conflicts after the death of a grandparent who has been a surrogate parent, or with whom they are especially close (Corr et al., 1997). The death of a grandparent or a family pet is often a

child's first encounter with death, and is the type of death most frequently experienced by children. This can be an especially difficult loss, regardless of whether it's a first death experience, because there is often a special bond between a grandparent and grandchild. However, the child's mother or father (who is grieving the loss of a parent) may fail to recognize how deeply the child is affected (Oates, 1993).

The death of a sibling marks the end to what is typically expected to be one of the longest and most intimate relationships in life. Following the death of a sibling, surviving brothers and sisters may feel guilt and remorse over memories of normal sibling rivalries (Oates, 1993). The death of a sibling may block an adolescent's achievement in individual potential because of such pain, as well as survivor guilt. Remaining children might be expected to "replace" the lost child, who cannot be replaced. Rosen (cited in O'Brien et al., 1991) found that 76% of surviving siblings were unable to share their feelings with anyone, often isolating themselves from family and friends. The grieving process for surviving siblings can be affected by the grief experience of their parents. Parental grief tends to persist for years, and may intensify with time. The grief of the bereaved parents often minimizes, or overshadows, that of surviving siblings. Furthermore, the parents and other family members may be so devastated by the loss that the surviving siblings do not receive the attention they need, or the opportunity for their grief to be understood and validated. The high distress of bereaved parents can be devastating to their health. Depression, anxiety, somatic symptoms, lowered self-esteem, and loss of a sense of control are all common findings (Rando, cited in McGoldrick & Walsh, 1991). The marital relationship is particularly vulnerable following the death of a child, with divorce rates reported to be as high as

80% for bereaved parents, leading to additional grief for surviving children (McGoldrick & Walsh, 1991).

In many ways, adolescents often respond much like adults to the death of a parent or sibling. They can experience a wide range of emotional and behavioral reactions, such as sadness, anger, fear, appetite and sleep disturbances, social withdrawal, restlessness, and difficulties in concentration. However, they may also be reluctant to express their emotions. Long-term effects include the increased likelihood of medical illness (Osterweis et al., 1984; Raphael, 1983; Schmale & Iker, 1971), psychiatric illness—especially depression (Osterweis et al., 1984; Valente et al., 1988), and suicidal risk (Adams et al., 1994; Huff, 1999; Koch, cited in Ringler & Hayden, 2000).

A brief return to childhood might not threaten the young person's normal development, especially if the family network is supportive, understanding, and doesn't discourage appropriate adolescent behavior. However, it is possible for the trauma of the death to interrupt the psychosocial process of maturity, thereby putting the adolescent "on hold" developmentally. Some adolescents might have difficulty separating from their family of origin, and others might spend their lives seeking to replace the lost parent through marital or business relationships (Gordon, 1986).

Adolescence is the only era of life in which the three leading causes of death are human induced rather than the result of disease. Accidents, suicide, and homicide account for more than 77% of all deaths among American teenagers (Corr et al., 1997). Such deaths usually occur suddenly and unexpectedly, and are most often associated with trauma and violence.

The death of a peer can be devastating to young survivors. As adolescents' identity shifts away from parents and family and toward their peer group, the loss of a peer can disrupt the formation of emerging identity. Peer relationships assist the adolescent's establishment of a basic sense of comfort and security during the transitition from childhood dependence to adult maturation. A peer's death can seriously impact adolescents because it emphasizes their own vulnerability. Such a loss can thrust them into contemplating their own mortality, especially if they identify closely with the deceased (O'Brien et al., 1991; Schachter, 1991). Many other problems have been documented around the loss of a peer, including loss of self-esteem, depression, social withdrawal, shock, numbness, anger, insomnia, loneliness, survivor guilt, nightmares, suicide ideation, drug abuse, and school problems (LaGrand, 1985; McNeil et al., 1991; Podell, 1989; Schachter, 1991; Sklar & Hartley, 1990; Valente & Sellers, 1986).

The grieving adolescent may feel the loss of a peer as traumatically as the loss of a sibling or parent. Ringler and Hayden (2000) noted that the loss of a peer is not included on Kirk's (1993) adolescent revision of Holmes and Rahe's (1967) Social Readjustment Rating Scale for stress, despite the fact that the loss of a parent or close family member rank the highest, or close to the highest, respectively, on the scale. In a survey of high school students that sought to identify stress factors that predict suicide ideation, Huff (1999) found that the three highest ranked stressful events centered on death—sibling death, death of a close friend, and death of a grandparent. (The death of a parent was not an event included on the survey.)

Often, the teenager's expression of grief is interpreted as an acting out response to family issues, or an expression of developmental conflicts (Podell, 1989). Adolescents

often express anger over their sense of abandonment and feelings of helplessness over the loss of a peer. Because of the societal focus on bereaved parents, the grief of surviving adolescents (peers and siblings) is often not recognized, and the teenager becomes the forgotten mourner (Balk, cited in Schachter, 1991). Podell (1989) pointed out that adolescents often keep their grief private, frequently expressing their need for support and assistance through such symptoms as social withdrawal, suicidal gestures, antisocial behavior, academic decline, and risk-taking behavior.

Bowlby (1980) described grief work as occurring in four phases. The most frequent immediate reaction following bereavement, regardless of whether the loss was anticipated, is a sense of disbelief. Shock and numbness are typical responses during this phase. Survivors can appear to be holding up well, because the reality of the death has not fully penetrated their awareness.

Numbness usually gives way to intense feelings of pain and separation. Intense yearning and "searching" for the deceased often characterize this period. Dreams in which the deceased is still alive, "seeing" the dead person on the street, and other illusions and misperceptions are frequently reported (Osterweis et al., 1984). These behaviors decrease, and despair sets in as the survivor realizes the deceased will not return. Symptoms commonly associated with grief, such as depressed mood and somatic complaints, are typical during this phase. Survivors may shift quickly from one feeling state to another, generally moving gradually from a state of disbelief to acceptance of the reality of the loss. The grieving process can be expected to be longer when the death was totally unexpected.

The bereaved person eventually enters the final phase of "resolution" or "reorganization" when the survivor is able to recall memories of the deceased without being overwhelmed by emotion, and is ready to form new social attachments. Hogan, Morse, and Tason (cited in Herkert, 2000) identified two grief cycles that often continue to recur. The first occurs when holidays, family celebrations, and days that relate to the deceased, such as birthdays and the anniversaries of the death, are associated with pain. The second grief cycle is triggered without warning by something the survivor associates with the deceased, such as music, odors, or someone who resembles the person who died.

The Effects of Social Support on the Facilitation of Grief Work

The concept of social support lacks a specific definition, and measures of such support have varied widely (Antonucci, 1985; Cohen, 1988; Cohen & Syme, 1985; Shumaker & Brownell, 1984). However, there appears to be a reasonable consensus that the measures of social structure and function may include the existence, types of resources provided, and perceived adequacy of social networks (Cohen & Syme, 1985; Shumaker & Hill, 1991). Four aspects of social support—enhancing self-esteem and a feeling of being loved, problem solving, networking, and providing relationship resources for meeting the transitions in the life cycle—are believed to facilitate the grieving process, and to promote reorganization (Cobb, 1976; Kaplan et al., 1977; Osterweis et al., 1984).

Providing social support for bereaved children and adolescents requires understanding their vulnerabilities. Attig (1995, p. 47) described four factors that can interfere with effective coping:

(a) Limitations in their own coping capacities and background experiences; and complications from their past or present stage of personal development, (b) possible adverse effects or interferences that derive from the social circumstances within which they grieve, (c) complications that derive from unhappy features of their relationship with the deceased, and (d) complications deriving from the especially challenging nature of some deaths.

Attig believes that the most significant of these vulnerabilities for children and adolescents is the limitation of their coping capacities and their inexperience with loss and grieving. Children and adolescents are also subject to developmental vulnerabilities. Because bereavement occurs in the early stages of their development, children and adolescents may revisit their losses when they move into later stages of development. Ineffective grieving at an early age can disrupt later development.

Attig (1995) gave additional descriptions of the vulnerabilities of bereaved children and adolescents to the inadequate social responses of others: (a) The mistaken belief that children do not grieve, (b) a myth of childhood innocence, (c) the dismissal of the significance of their losses, (d) the neglect of their needs as they grieve, (e) others' intolerance of their grieving, (f) abuses of power and authority, and (g) vulnerability to peer pressures and insensitive responses.

Attig (1995, p. 54) also described features of relationships with the deceased that create vulnerability in children and adolescents: "(a) The tapestries of their lives require more or less reweaving depending upon such things as the duration and degree of intimacy with the deceased, and (b) in some instances, lingering unfinished business and

concerns associated with ambivalence, anger, guilt, or dependence in relationships with the deceased challenge them."

Ringler and Hayden (2000) explored adolescent bereavement and social support in terms of details that had not been included in previous studies. The purpose of their research was to determine the number and relationship of support persons, the type of support such persons provide, and the duration of support desired by the bereaved. The results of the study showed that the duration of support was often below what was desired, and that longer duration of support appeared to be correlated with more positive adjustment. The desired support mainly consisted of having someone listen to them and understand their feelings. Receiving a hug was a gesture of support seen as being greatly helpful. Parents and peers were seen as being the most helpful support persons. Teachers and school counselors were seldom seen as being helpful.

Schachter (1991) found that the majority of bereaved adolescents in her survey indicated that other friends, followed by family members, teachers, and guidance counselors, helped them deal with the death of a peer. Many responded that they had become closer to people they cared about—especially their friends—in the aftermath of the death of a friend. Despite the respondents' feelings of comfort and support by their friends, many adolescents expressed uneasiness associated with attending the funeral and/or memorial services. They were concerned with not knowing how to act, what to wear, or what to say in such unfamiliar surroundings. Because adolescents ordinarily have limited experiences with death and mourning, they are often lacking in knowledge about these events, frequently seeking information from peers, who are equally inexperienced.

Guidance and understanding by adults can help young people expand their knowledge of death and dying, thus facilitating their grief work. Teaching death education in school, as well as discussing the subject openly in the home, would assist adolescents in coping more effectively with issues related to death, normal grief, and bereavement. However, some reports suggest that death-related psychological services are not widely available in schools in the United States.

In a study described by Seadler (2000), 344 school psychologists were questioned about their exploration of death and grief issues with students who were displaying learning and/or behavioral problems. The respondents were employed in public, private sectarian, and private nonsectarian schools across the United States. The psychologists were asked their opinions about the role of school psychologists in death-related crisis intervention, grief counseling, grief consultation, and death education. The results indicated that school psychologists perform all four of these psychological services, with the greatest percentage being involved in death-related crisis intervention (62%), and progressively decreasing percentages in grief consultation (50%), grief counseling (44%), and death education (13%). The majority of them expressed the opinion that school psychologists should be involved in death-related crisis intervention (97,1%), grief consultation (95.3%), grief counseling (87.8%), and death education (67.4%). They cited lack of time, lack of training, lack of need, services provided by other school personnel, services provided by non-school agencies, and lack of administrative support as the primary obstacles to their provision of these services. The school psychologists regarded religious/spiritual conflict as the obstacle least likely to inhibit their involvement in death-related crisis intervention, grief counseling, and death education. The participants

reported that they have developed their expertise in these school psychological services primarily through self-study and experience, and least through formal coursework either within or outside of school psychology certification programs.

A survey conducted by Carson, Warren, and Doty (1995) found that only 42% (98) of 233 middle and high schools had ongoing grief counseling. Mahon, Goldberg, and Washington (1999) found that teachers and those studying to become teachers need more understanding about the complexity of childhood bereavement, as well as clarification of helpful interventions, in order to provide support for students.

College students appear to have even greater difficulty receiving supportive nurturance on campus. Balk and Vesta (1998) conducted a survey of students at Kansas State University—replicated four times—that indicated bereaved students found few, if any, persons at the university willing to even mention the death of a friend or family member, despite the fact that at any given time, 25-30% of the students have suffered such a loss in the previous 12 months. Furthermore, few recognized how many others share their condition.

Traditional college undergraduates (18-22 years old) are faced with the developmental transition of forming an autonomous identity and entering into lasting, intimate relationships. Bereaved students may feel additional loneliness and isolation if they have left the supportive environment of family and friends to attend college. Such circumstances can interfere with the normal developmental tasks of later adolescence.

Gender Differences in the Structure of Social Support

The main limitation of the empirical studies is that they have not addressed the issue of gender differences in social support following bereavement. Few investigations

have included both males and females, and analyses according to gender differences are often not reported. Many researchers have described gender differences in the structure of social support.

Belle (1987) reported that, in general, men tend to have more extensive, but less intensive, social networks than girls and women. Women generally receive more social support and make greater use of support networks than men. Men are more likely to derive social support from one person or a small group of people, and are less likely to seek out a support network (Baum & Grunberg, 1991; Flaherty & Richman, 1989; Lowenthal & Haven, 1968; Powers & Bultena, 1976; Shumaker & Hill, 1991). Staudacher (1991) reported that male children and adolescents most often receive support from the female members of the family and the community.

In contemporary American society, males have been socialized to be "more independent, assertive, dominant, and competitive" than females, who have been encouraged to be "more passive, loving, sensitive, and supportive in social relationships" (Hetherington & Parke, cited in Stillion, 1995, p. 33-34). Even at a very early age, males usually get the message that they are to be strong and "in control." Females are expected to express emotions and needs.

Grieving children and adolescents typically respond to the same cultural norms as adults. Therefore, the degree of emotional display, the behavior, and the manner of grieving are all likely to differ between males and females who are experiencing the same loss. According to Staudacher (1991), males are more likely to withdraw and stifle emotions, substitute anger and aggression for other feelings, maintain silence, repress guilt, and experience confusion. Females are more likely to openly express their grief.

Females are expected to express more anxiety under stress, as well as to be warmer and more nurturing in personal relationships, while males are socialized to control their emotion and to deny anxiety. Such acculturation may allow girls to admit their fears, seek the support of others, and be comforted more readily than boys (Stillion, 1995).

The Study

The lack of data related to the issue of gender differences in social support following adolescent bereavement was the impetus for this study. Therefore, the study explored perceptions of social support needs for bereaved adolescent men, as compared to bereaved adolescent women. College freshmen were asked to retrospectively report on their experience of death and social support during their high school years. The incidence of adolescent bereavement and the social support experienced and desired by the students was compared according to gender.

The review of the literature indicates there are gender differences in social support networks, as well as culturally prescribed gender reactions to grief. Therefore, the research hypothesis for this study was that bereaved adolescent men and women have different perceptions of social support needs.

It is hoped that the examination of this issue will result in better understanding of adolescent bereavement. Such awareness can lead to improved death education, crisis intervention plans, and follow-up care by school personnel and others who work with adolescents.

# CHAPTER THREE

## Methodology

### Introduction

This chapter will describe the subjects who participated in this research project and how they were selected for inclusion in the study. In addition, the instrument that was developed and used to collect information will be discussed. Data collection and analysis procedures will then be presented.

### Description of Subjects

The subjects for this study were all freshmen who were enrolled in general psychology classes during the fall semester, 2001 at the University of Wisconsin-Stout. A total of 136 students participated in the study. The sample included 50 males and 86 females. Three of the female subjects did not experience a loss during their high school years, so their surveys were discarded. The surveys from three additional females were discarded because the respondents did not answer all of the questions. Because the researcher chose to study an equal number of males and females, 50 surveys were randomly selected from the remainder of the female respondents. Thus, the research sample included 50 males and 50 females. The mean age for the males was 18.9 years, and the mean age for the females was 18.7 years.

### Sample Selection

The students in each of the classes were asked to participate in the study. They were given an overview of the study and told what their involvement would entail. The students were assured that all information obtained during the study would be treated confidentially. Students were also given information about grief counseling services

available on campus. The researcher distributed consent forms that the students could keep (Appendix A).

Instrumentation

The researcher constructed a survey instrument to measure the attitudes, or opinions, of the participants (Appendix B). The ideas for the content of the instrument were drawn from those used in a study conducted by Ringler and Hayden (2000) of Western Washington University.

A pilot test was conducted with six individuals ages 18 to 21. As a result of their responses, the instrument was revised to include Likert scale answers rather than the need for participants to numerically rank ten responses.

The subjects were asked to give some basic demographic information (current age, gender, ethnicity, and whether they knew someone who died while they were in high school). If they knew more than one person who died while they were in high school, they were asked to focus on the one person whose loss most affected them as they answered the rest of the questions. Respondents were then asked to provide more information about themselves (age at the time the loss occurred), the deceased (cause of death, the extent to which the death was expected, and relationship to the respondent), and whether the respondent attended a visitation, funeral, or memorial service for the deceased. Participants were then asked questions that were designed to determine the nature of social support following their bereavement (which types of support were helpful and which were not helpful, which people—parents, family members, peers, clergypersons/spiritual leaders, teachers, and counselors—were helpful, which one was

most helpful, the total number of people who gave helpful support, how long support was given, and whether the support was perceived as adequate).

Data Collection

Permission was obtained in advance from class instructors to explain and administer the survey instrument during class periods. The survey instrument was a self-administered questionnaire, comprised primarily of Likert scale items, which could be completed in class in approximately ten minutes. All participants were given identical instruments. The surveys were returned to the researcher in class.

Data Analysis

Frequency counts were used to calculate the demographic data. A student's *t* test for independent means was used to determine statistical significance of the results from the study. An alpha level of .05 was used for all statistical tests. The point-biserial correlation coefficient was used to describe the strength of statistically significant relationships.

# CHAPTER FOUR

## Results and Discussion

## Results

### Characteristics of Loss

The data presented here help to again validate the fact that adolescents commonly experience the death of someone close to them. Approximately half of the losses for both groups were due to natural causes, and half were due to accidents, suicide, or unknown causes. Most of the deaths were not expected. The majority of both males and females attended visitation, funeral, or memorial services for the deceased.

Among the males, one (2%) experienced the loss of a parent, one (2%) experienced the loss of a sibling, twelve (24%) experienced the loss of a grandparent, eight (16%) experienced the loss of an aunt or uncle, six (12%) experienced the loss of a close friend, ten (20%) experienced the loss of a friend, five (10%) experienced the loss of an acquaintance, and seven (14%) experienced the loss of a cousin, step-grandmother, boss, or friend's parent. Among the females, four (8%) experienced the loss of a parent, thirteen (26%) experienced the loss of a grandparent, two (4%) experienced the loss of an aunt or uncle, six (12%) experienced the loss of a close friend, ten (20%) experienced the loss of a friend, six (12%) experienced the loss of an acquaintance, and nine (18%) experienced the loss of a cousin, teacher, or friend's parent.

Among the losses experienced by the males, 24 (48%) were due to natural causes [heart attack (6), cancer (13), stroke (2), Alzheimer's Disease (1), "old age" (1), and liver disease (1)], 25 (50%) were due to unnatural causes [vehicle accident (17), suicide/drug overdose (4), murder (1), and other accidents (3)], and one (2%) was due to an unknown

cause. Among the losses experienced by the females, 26 (52%) were due to natural causes [heart attack (6), cancer (16), stroke (1), Alzheimer's Disease (1), liver disease (1), and pulmonary embolism (1)], and 24 (48%) were due to unnatural causes [vehicle accident (16), suicide/drug overdose (6), murder (1), and other accidents (1)].

The mean age of the males at the time of the loss was 16.4. The mean age of the females at the time of the loss was 16.6.

42 (84%) of the males attended a visitation, funeral, or memorial service for the deceased. Eight (16%) did not. 46 (92%) of the females attended a visitation, funeral, or memorial service for the deceased. Four (8%) did not.

Among the losses experienced by the males, 29 (58%) were very unexpected, seven (14%) were somewhat unexpected, eight (16%) were somewhat expected, and six (12%) were very expected. Among the losses experienced by the females, 27 (54%) were very unexpected, four (8%) were somewhat unexpected, twelve (24%) were somewhat expected, and seven (14%) were very expected.

Identification of Helpful Support Persons

Both males and females were most likely to identify their parents, peers, and other family members as supportive. Males were more likely to identify parents as supportive than females, and females were more likely to identify peers as supportive than males. Females were more likely than males to identify teachers and school counselors as supportive.

Among the males, 42 (84%) identified their parents, 28 (56%) identified other family members, 29 (58%) identified peers, seven (14%) identified clergypersons/spiritual leaders, eleven (22%) identified teachers, three (6%) identified

school counselors, and four (8%) identified others (neighbors, co-workers, or relatives of the deceased) as being helpful in giving them support following the loss. Among the females, 35 (70%) identified their parents, 25 (50%) identified other family members, 40 (80%) identified peers, eight (16%) identified clergypersons/spiritual leaders, 19 (38%) identified teachers, 14 (28%) identified school counselors, and one (2%) identified a neighbor as being helpful in giving them support following the loss.

Number of Helpful Support People

The majority of males and females identified five or more people as providers of helpful support. However, the males were more likely to have only one or two support people, and the females were more likely to have larger numbers of support people.

Among the males, seven (14%) identified one person, five (10%) identified two people, six (12%) identified three people, five (10%) identified four people, six (12%) identified five people, three (6%) identified six people, and 18 (36%) identified seven or more people who gave them helpful support. Among the females, two (4%) identified one person, four (8%) identified two people, four (8%) identified three people, five (10%) identified four people, six (12%) identified five people, three (6%) identified six people, and 26 (52%) identified seven or more people who gave them helpful support.

Most Helpful Support Person

Males were more likely to identify a parent as the person who provided the most helpful support, followed by a peer. Females were split between identifying a parent or a peer as the person who provided the most helpful support.

Among the males, 25 (50%) identified a parent, three (6%) identified another family member, 19 (38%) identified a peer, one (2%) identified a clergyperson/spiritual

leader, one (2%) identified a teacher, and one (2%) identified a school counselor as the person who was most helpful in giving them support. Among the females, 20 (40%) identified a parent, four (8%) identified another family member, 20 (40%) identified a peer, four (8%) identified a clergyperson/spiritual leader, one (2%) identified a teacher, and one (2%) identified a school counselor as the person who was most helpful in giving them support.

Duration of Support Received

Males were more likely to receive support for shorter periods of time than females, with half of them receiving it for only a few days. Among the males, 25 (50%) received a few days of support, 14 (28%) received a few weeks, five (10%) received one to three months, three (6%) received four to six months, two (4%) are receiving on-going support after one year, and one (2%) is receiving on-going support after two years.

Females were more likely to receive support for a few weeks or more. Among the females, ten (20%) received a few days of support, 20 (40%) received a few weeks, seven (14%) received one to three months, four (8%) received four to six months, four (8%) received seven months to one year, one (2%) is receiving on-going support five months after the loss, one (2%) is receiving on-going support one to two years after the loss, one (2%) is receiving on-going support two years after the loss, one (2%) is receiving on-going support three years after the loss, and one (2%) is receiving on-going support four years after the loss.

Duration of Support Desired

Males were more likely to desire a shorter duration of support than females, with half wanting only a few days or less. Most of them reported receiving the duration of support they desired.

Among the males, one (2%) desired no support, 24 (48%) desired a few days of support, 14 (28%) desired a few weeks, five (10%) desired one to three months, two (4%) desired four to six months, one (2%) desired seven months to one year, one (2%) desires on-going support one year after the loss, and two (4%) desire on-going support two years after the loss. 45 (90%) received the duration of support they desired. Among the males who did not receive the duration of support they wanted, one received a few days of support although he desired none, two received a few weeks although they desired a few days, one received a few days although he desired a few weeks, and one received four to six months, although he desired "about one year" of support.

The females were more likely to desire a longer duration of support, with most wanting a few weeks or more. Although the majority received the duration of support they desired, females were more likely than males to receive a shorter duration of support than they desired.

Among the females, six (12%) desired a few days of support, 22 (44%) desired a few weeks, eight (16%) desired one to three months, five (10%) desired four to six months, five (10%) desired seven months to one year, one (2%) desires on-going support five months after the loss, one (2%) desires on-going support two years after the loss, one (2%) desires on-going support three years after the loss, and one (2%) desires on-going support four years after the loss. 40 (80%) received the duration of support they desired.

Among the females who did not receive the duration of support they desired, three received a few days of support although they desired a few weeks, two received one to three months although they desired a few weeks, three received a few weeks although they desired one to three months, one received a few weeks although she desired four to six months, one received one to two years although she desired seven months to one year of support.

Types of Support Received from the Most Helpful Person

Ten of the questions on the survey instrument were concerned with the types of support that were received from the most helpful person following the death. Likert scales were used with scores as follows: 5=strongly agree, 4=agree, 3=neither agree nor disagree, 2=disagree, and 1=strongly disagree. Mean scores for each of the items from the male sample were compared to mean scores for each of the items from the female sample. Two of the ten items were statistically significant at an alpha level of .05, while four of the items were statistically significant at the .01 level. A point-biserial correlation coefficient was used to describe the strengths of the statistically significant differences. Table 1 reports these results.

A look at the six statistically significant differences indicates that the females were more likely than the males to receive helpful support in the form of having someone listen to them talk about their loss ($x=4.684$; $p<.05$), understand their feelings ($x=4.46$; $p<.01$), express sorrow about the loss ($x=4.42$; $p<.01$), hug them ($x=4.46$; $p<.01$), let them cry ($x=4.56$; $p<.01$), and share their experience of the loss ($x=4.18$; $p<.05$). There was no statistically significant difference between the two groups for the other four items. This indicates that females and males received similar levels of support in the form of

being helped with problem solving, being distracted from the loss, sharing memories of the deceased, and allowing them to grieve alone.

The three types of support the males were most likely to receive based upon the mean scores were “listened to me talk about my loss” (x=4.12), “shared memories of the deceased” (x=4.02), and “understood my feelings” (x=3.98). Of the males, 45 stated they “strongly agreed” or “agreed” that their most helpful support person listened to them talk about their loss, 39 “strongly agreed” or “agreed” that this person shared memories of the deceased, and 37 “strongly agreed” or “agreed” that their most helpful support person understood their feelings.

The three types of support the females were most likely to receive based upon the mean scores were “listened to me talk about my loss” (x=4.684), “let me cry” (x=4.56), and “understood my feelings” (x=4.46). Of the females, 48 stated they “strongly agreed” or “agreed” that their most helpful support person listened to them talk about their loss, 46 “strongly agreed” or “agreed” that this person let them cry, and 48 “strongly agreed” or “agreed” that their most helpful support person understood their feelings.

Table 1

Types of Support Received from Most Helpful Person

| | Males (n=50) | | Females (n=50) | | *t*-Score | r |
|---|---|---|---|---|---|---|
| Support Received | M | SD | M | SD | | |
| Listened to me | 4.12 | 0.849 | 4.684 | 0.580 | -2.48* | -.24 |
| Helped me solve problems | 3.62 | 1.07 | 3.92 | 0.778 | -1.61 | |
| Understood my feelings | 3.98 | 0.937 | 4.46 | 0.579 | -3.08** | -.30 |
| Distracted me | 3.42 | 1.05 | 3.34 | 0.982 | 0.393 | |
| Shared memories | 4.02 | 0.915 | 4.22 | 0.910 | -1.10 | |
| Expressed sorrow | 3.74 | 0.803 | 4.42 | 0.575 | -4.87** | -.44 |
| Hugged me | 3.76 | 1.06 | 4.46 | 0.813 | -3.70** | -.35 |
| Let me cry | 3.34 | 1.06 | 4.56 | 0.644 | -6.95** | -.57 |
| Shared experience of loss | 3.80 | 0.881 | 4.18 | 1.02 | -1.99* | -.20 |
| Allowed me to grieve alone | 3.56 | 1.03 | 3.66 | 1.04 | -0.482 | |

Note. Correlation is point-biserial correlation coefficient.

*Df*=98

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

Types of Support Desired from Any Support Person

Ten of the questions on the survey instrument were concerned with the types of support that were desired from any support person following the death. Likert scales were used with scores as follows: 5=strongly agree, 4=agree, 3=neither agree nor disagree, 2=disagree, and 1=strongly disagree. Mean scores for each of the items from the male sample were compared to mean scores for each of the items from the female sample. Three of the ten items were statistically significant at the .05 level, while four items were statistically significant at the .01 level. A point-biserial correlation coefficient was used to describe the strengths of the statistically significant differences. Table 2 reports these differences.

A look at the seven statistically significant differences indicates that the females were more likely than the males to want someone to listen to them talk about their loss ($x=4.30$; $p<.01$), to help with problem solving ($x=3.58$; $p<.05$), to understand their feelings ($x=4.26$; $p<.05$), to express sorrow about the loss ($x=4.00$; $p<.01$), to hug them $x=4.50$; $p<.01$), to let them cry ($x=4.62$; $p<.01$), and to share their experiences of the loss ($x=4.02$; $p<.05$). There was no statistically significant difference between the two groups for the other three items. This indicates that males and females desired similar levels of support in the form of being distracted from the loss, sharing memories of the deceased, and allowing them to grieve alone.

The three types of support that the males were most likely to desire based upon the mean scores were “sharing memories of the deceased” ($x=3.88$), “understanding my feelings” ($x=3.84$), and “listening to me talk about my loss” ($x=3.80$). Of the males, 39 stated they “strongly agreed” or “agreed” that they wanted to share memories of the

deceased, 37 “strongly agreed” or “agreed” that they wanted someone to understand their feelings, and 41 “strongly agreed” or “agreed” that they wanted someone to listen to them talk about their loss.

The three types of support the females were most likely to desire were “letting me cry” (x=4.62), “hugging me” (x=4.50), and “listening to me talk about my loss” (x=4.30). Of the females, 46 stated they “strongly agreed” or “agreed” that they wanted a support person to let them cry, 44 “strongly agreed” or “agreed” that they wanted someone to hug them, and 48 “strongly agreed” or “agreed” that they wanted someone to let them talk about their loss.

Table 2

Types of Support Desired from any Support Person

| | Males (n=50) | | Females (n=50) | | *t*-Score | r |
|---|---|---|---|---|---|---|
| Support Desired | M | SD | M | SD | | |
| Listen to me | 3.80 | 0.939 | 4.30 | 0.789 | -2.66** | -.26 |
| Help me solve problems | 3.06 | 1.27 | 3.58 | 0.928 | -2.34* | -.23 |
| Understand my feelings | 3.84 | 0.997 | 4.26 | 0.723 | -2.41* | -.24 |
| Distract me | 3.32 | 1.19 | 3.38 | 1.10 | -0.262 | |
| Share memories | 3.88 | 1.00 | 4.18 | 0.873 | -1.60 | |
| Express sorrow | 3.48 | 1.03 | 4.00 | 0.782 | -2.83** | -.27 |
| Hug me | 3.68 | 1.13 | 4.50 | 0.763 | -4.25** | -.39 |
| Let me cry | 3.32 | 1.15 | 4.62 | 0.602 | -7.08** | -.58 |
| Share experience of loss | 3.52 | 1.13 | 4.02 | 0.892 | -2.46* | -.24 |
| Allow me to grieve alone | 3.46 | 1.14 | 3.62 | 1.16 | -0.699 | |

Note. Correlation is point-biserial correlation coefficient.

*Df*=98

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

Extent to Which Subjects are Still Affected by the Loss

The mean age for the males was 18.9 years, and their mean age at the time of the loss was 16.4. The mean age for the females was 18.7 years, and their mean age at the time of the loss was 16.6. The majority of males and females are still affected by their loss, although females were more likely to still be affected than males. The extent to which the respondents are still affected by the loss could differ according to factors such as the nature of the loss and passage of time since the loss occurred, which were not examined in this study.

At the end of the survey, participants were asked to what extent they are still affected by their loss. Among the males, nine (18%) are still "very affected," 25 (50%) are "affected," ten (20%) are "neither affected nor unaffected," three (6%) are "unaffected," and three (6%) are "very unaffected." Among the females, 13 (26%) are still "very affected," 27 (54%) are still "affected," eight (16%) are neither affected nor unaffected," and two (4%) are "unaffected."

Level of Comfort in Completing the Survey Instrument

The majority of the males and females felt comfortable in completing the questionnaire, although females were more likely to feel uncomfortable than males. The level of comfort was ascertained through a general question and was not measured in relation to the nature of the loss or the amount of time since the loss. Such factors could influence the level of comfort in completing the questionnaire.

At the end of the survey, participants were asked to what extent they felt comfortable in completing the questionnaire. Among the males, five (10%) were "very uncomfortable," three (6%) were "uncomfortable," seven (14%) were neither

comfortable nor uncomfortable," 27 (54%) were "comfortable," and eight (16%) were "very comfortable." Among the females, 11 (22%) were "very uncomfortable," two (4%) were "uncomfortable," three (6%) were "neither comfortable nor uncomfortable," 27 (54%) were "comfortable," and seven (14%) were "very comfortable."

## Discussion

The results of this study support the findings of other researchers that adolescents commonly experience the death of someone close to them (Mahon et al, 1999; Ewalt & Perkins, 1979; Balk & Vesta, 1998). The results of the study agree with the findings of Ringler and Hayden (2000) as well as Marwit and Carusa (1998) that adolescents identify peers and parents as being their most helpful support persons following loss, and were less likely to identify teachers and school counselors as being helpful.

Unlike the results of Ringler and Hayden's study, most of the students in this study received the type and duration of support they desired. This finding may indicate a cultural change. Grief and loss from tragedies such as school shootings and the Oklahoma City bombing have received widespread news coverage, perhaps contributing to a greater cultural awareness of the common experience of death for people of all ages. Counselors and other mental health professionals have often been interviewed for news reports in relation to these tragedies, perhaps leading to a better understanding of the grieving process and the importance of social support for the bereaved.

Unlike the findings of other researchers (Baum & Grunberg, 1991; Flaherty & Richman, 1989; Powers & Bultena, 1976; Shumaker & Hill, 1991), the majority of males as well as females in this study were likely to have a support system comprised of five or more people. Those studies had indicated that males were less likely than females to seek

out a support network. Belle (1987) found that males tend to have more extensive, but less intensive, social networks than females. However, this study did not investigate the level of intensity of the social networks.

The results of the study support the gender differences described by Stillion (1995). There were statistically significant differences between males and females in their desire to express emotions following their loss. Females were more likely to want to cry, to be hugged, to express their feelings to someone who would listen understand, express sorrow, and share their experience of the loss. The mean scores for all ten measures of support received and support desired were higher for females than for males. These findings imply that females may receive and desire more tangible forms of support than males.

The majority of the males and females in this study reported that they are still affected by their loss, although females were more likely to still be affected than males. The extent to which the respondents are still affected by the loss could differ according to factors other than gender, such as the nature of the loss or the passage of time since the loss occurred, which were not examined in this study.

Although the majority of the males and females in the study felt comfortable in completing the survey, many reported that they were "very uncomfortable" or "uncomfortable" in completing it. The level of comfort was ascertained through a general question. Therefore, the reasons for the feelings of discomfort regarding the completion of this survey cannot be determined.

# CHAPTER FIVE

## Summary, Conclusions, and Implications

### Summary

The purpose of this study was to determine the level of gender differences in perceptions of social support for bereaved adolescents. The subjects for this study were all freshmen who were enrolled in general psychology classes during the fall semester, 2001 at the University of Wisconsin-Stout. The research sample included 50 males and 50 females who had experienced the death of someone close to them during their high school years.

The participants were asked to complete a survey instrument that was constructed by the researcher. The instrument was designed to collect demographic information, as well as information about the deceased (cause of death, the extent to which the death was expected, and relationship to the respondent), and whether the respondent attended a visitation, funeral, or memorial service for the deceased. Participants were then asked Likert scale questions that were designed to determine the nature of social support they received, as well as the type of social support that was desired following their bereavement. They were also asked about the extent to which they are still affected by the loss, as well as their level of comfort in completing the survey.

The demographic data was calculated through the use of frequency counts. Data obtained from Likert scales was analyzed through the use of a student's *t* test for independent means in order to determine statistical significance of the results. An alpha level of .05 was used for all statistical tests. The point-biserial correlation coefficient was used to describe the strength of statistically significant relationships.

A look at the statistically significant differences indicates that the females were more likely than the males to receive helpful support in the form of having someone listen to them talk about their loss, understand their feelings, express sorrow about the loss, hug them, let them cry, and share their experience of the loss. A look at the statistically significant differences indicates that the females were more likely than the males to want someone to listen to them talk about their loss, to help with problem-solving, to understand their feelings, to express sorrow about their loss, to hug them, to let them cry, and to share their experience of the loss.

## Conclusions

The results of the study indicate that adolescents commonly experience the death of someone close to them, and are likely to attend a visitation, funeral, or memorial service for the deceased. The results of this study support the research hypothesis that bereaved adolescent males and females have different perceptions of social support needs. Bereaved adolescent males and females are likely to have networks of social support consisting of at least five people. Males are most likely to identify a parent, followed by a peer, as their most helpful support person. Females are equally likely to identify a parent or a peer as their most helpful support person.

Bereaved adolescent males tend to receive a shorter duration of support than females. However, males appear to be more likely to receive the duration of support they desire. Females seem to prefer more tangible expressions of support, such as having someone allow them to cry, hug them, listen to them talk about their loss, understand their feelings, express sorrow about their loss, share their experiences of the loss, and help with problem solving.

The majority of males and females were still affected by their loss, although females were more likely to be affected than males. The majority of males and females expressed feelings of comfort about completing the survey.

## Implications

### Implications for Professionals Who Work With Adolescents

This study has validated previous research findings that indicate adolescents commonly experience the death of someone close to them (Mahon et al., 1999; Osterweis et al., 1984; Ewalt & Perkins, 1979; Balk & Vesta, 1998). Consequently, it is vital that professionals who work with adolescents be aware that grief and loss are often a part of the world of adolescents.

Unlike some previous studies (Ringler & Hayden, 2000; Schachter, 1991), this study did not look at support in relation to type of loss. However, as in those studies, results from this study indicate that adolescents are not likely to see teachers or school counselors as providing helpful support following their loss.

In many ways, adolescents often respond much like adults to the death of someone close to them. They can experience a wide range of emotional and behavioral reactions. However, they may be reluctant to express their emotions. Long-term effects include the increased likelihood of medical illness (Osterweis et al., 1984; Raphael, 1983; Schmale & Iker, 1971), psychiatric illness (Osterweis et al., 1984; Valente et al., 1988), and suicidal risk (Adams et al., 1994; Koch, cited in Ringler & Hayden, 2000). Furthermore, adolescence is the developmental period in which young people are struggling to separate from early identifications to form their own "identity" (Fleming & Adolph, 1986). The loss of a profound relationship during this stage of life can interfere

with the natural progression of intellectual and emotional changes that are part of "growing up" (Corr & McNeil, 1986). Therefore, knowing how to support grieving adolescents is important to their health and well being.

The results from this study indicate that the top three types of support that the males desired were "sharing memories of the deceased," "understanding my feelings," and "listening to me talk about my loss." This would imply that grieving adolescent males might find it particularly helpful to be involved in activities that help to memorialize the deceased. Counselors and educators can facilitate this type of support by encouraging students to share memories through such things as journaling, poetry, art, photographs, construction of a memorial (such as a memory wall, scrapbook, yearbook dedication, or planting of a memorial tree), or group support work.

Results from the study indicate that the top three types of support females were most likely to desire were "letting me cry," "hugging me," and "listening to me talk about my loss." This would imply that grieving female adolescents might find it particularly helpful to engage in more open expressions of grief. Educators and counselors can facilitate this type of support by providing students with opportunities to openly express grief in an atmosphere in which they feel supported and safe from judgment or ridicule.

Implications for Future Research

The results of this study do not fit some of the gender differences in social support that other researchers have described. Researchers have reported that men generally tend to have more extensive, but less intensive, social networks than women (Belle, 1987; Baum & Grunberg, 1991; Flaherty & Richman, 1989; Lowenthal & Haven, 1968; Powers

& Bultena, 1976; Shumaker & Hill, 1991). The majority of males and females in this study reported a social network of five or more people.

Hetherington and Parke (cited in Stillion, 1995, p. 33-34) reported that in contemporary American society males have been socialized to be "more independent, assertive, dominant, and competitive" than females, who have been encouraged to be "more passive, loving, sensitive, and supportive in social relationships." Even at a very early age, males usually get the message that they are to be strong and "in control." Females are expected to express emotions and needs.

According to Staudacher (1991), males are more likely to withdraw and stifle emotions, substitute anger and aggression for other feelings, maintain silence, repress guilt, and experience confusion. Females are more likely to openly express their grief. Females are expected to express more anxiety under stress, as well as to be warmer and more nurturing in personal relationships, while males are socialized to control their emotion and to deny anxiety.

The results from this study indicate that in some aspects grieving adolescent males and females may be more alike than different in the types of support they desire. Both groups wanted to talk about their feelings. Both groups wanted to be allowed to openly express their grief. However, males were more likely to want to express their grief in the form of sharing memories of the deceased, and females were more likely to want to share their grief in the form of being hugged or allowed to cry.

Future researchers might compare gender differences in the types and durations of support received and desired following specific types of loss. Additional studies might also clarify the methods by which males would like to share memories of the deceased.

Future researchers might also want to explore gender differences in regard to the people who are identified as providers of helpful support.

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# Appendix A – Student Consent

Dear Student: Fall, 2001

As a graduate student in the Department of Guidance and Counseling at the University of Wisconsin-Stout in Menomonie, Wisconsin, I have the opportunity to research a topic of interest to me and importance to you. I am studying adolescent bereavement and social support. I would like your help with this study. Please read this page in its entirety and complete the attached questionnaire if you agree to participate in the study.

**THIS STUDY IS ANONYMOUS!** Your name will not be required. No identifiers will be used.

The results from this survey will be used to identify social support needs for adolescents who have experienced the death of someone close to them. Participants in this study should be students who are 18 or 19 years old, and experienced the death of someone (such as a grandparent, parent, sibling, aunt/uncle, friend, acquaintance, their child, or another person) during their high school years (grades 9 through 12).

Thank you very much for your help!

Lynn Katzenmeyer
Graduate Student

Dr. Leslie Koepke
Thesis Advisor

STUDENT CONSENT FORM

I understand that by returning this questionnaire, I am giving my informed consent as a participating volunteer in this study. I understand the basic nature of the study and agree that any potential risks are exceedingly small. I also understand the potential benefits that might be realized from the successful completion of this study. I am aware that the information is being sought in a specific manner so that no identifiers are needed and so that confidentiality is guaranteed. I realize that I have the right to refuse to participate and that my right to withdraw from participation at any time during the study will be respected with no coercion or prejudice.

NOTE: Questions or concerns about participation in the research or subsequent complaints should be addressed first to the researcher or research advisor and second to Dr. Janice Coker, Chair, UW-Stout Institutional Review Board for the Protection of Human Subjects in Research, 11 HH, UW-Stout, Menomonie, WI, 54751, phone (715) 232-1126.

GRIEF COUNSELING IS AVAILABLE ON CAMPUS

By the time they leave adolescence, most young people have experienced the death of someone close to them. Many more have been indirectly affected by death. If you would like help in coping with a death (or any type of loss), or if you just need someone to talk to, there are counselors here at the University of Wisconsin-Stout who can help. Contact the University Counseling Center for personal assistance, or visit the website for more information:

The University Counseling Center
410 Bowman Hall
715-232-2468
Website: www.uwstout.edu/counsel/

**YOU MAY KEEP THIS PAGE FOR FUTURE REFERENCE**

# Appendix B – Research Survey

DIRECTIONS: You must be 18 or 19 years old in order to participate in this survey. Please answer every question. Some questions will involve events that might have occurred some time ago. Please answer them to the best of your recollection.

**Part I: Please check your answers to the following questions**

1. Please describe yourself as being a _____Male _____Female
2. How old are you? _____18 _____19
3. I identify my race as: _____Caucasian _____Native American _____African-American _____Hispanic _____Asian American _____Other (name)_____
4. Did you know someone who died while you were in high school (grades 9-12)? _____Yes _____No

IF NO—PLEASE RETURN THIS SURVEY TO THE RESEARCHER

**If you knew more than one person who died while you were in high school, please focus on the one person whose loss most affected you as you answer the rest of the questions.**

5. Please identify the relationship of the deceased person to you by checking the answer that best applies:
   _____Mother/Father _____Brother/Sister _____Grandmother/Grandfather _____Aunt/Uncle
   _____Close friend _____Friend _____Acquaintance _____My child
   _____Other (identify relationship)_____

6. What was the cause of death of the deceased person? Please read all the answers and check the one that best applies:
   _____Heart Attack _____Cancer _____Stroke _____Alzheimer's
   _____Vehicle Accident _____Suicide/Drug Overdose _____AIDS _____Abortion/Miscarriage
   _____Unknown Cause _____Other (identify cause)_____

7. How old were you at the time of this person's death? _____ years old

8. Did you attend a visitation, funeral, or memorial service for the deceased person? ___Yes ___No

9. To what extent was the death of the deceased person expected? (Check your answer)
   _____Very unexpected _____Somewhat unexpected _____Somewhat expected _____Very expected

10. After the death, the following people were helpful in giving me support (check **all** that apply):
    _____Parent(s) _____Other family member(s) _____Peer(s) _____Clergyperson/Spiritual Leader(s)
    _____Teacher(s) _____School Counselor(s) _____Other(s) (identify relationship)_____

11. All together, the following number of people gave me helpful support (check your answer):
    _____None _____Two _____Four _____Six
    _____One _____Three _____Five _____Seven or more

12. The **one** person who was **most helpful** in giving me support was:
_____Parent _____Other family member ____Peer _____Clergyperson/Spiritual Leader
_____Teacher _____School Counselor _____Other (identify relationship)_____

13. The duration of support I **received** from the most helpful person was:
_____A few days _____1-3 months _____7 months to 1 year
_____A few weeks _____4-6 months _____Other (how long?)_____

14. The duration of support I **wanted to receive** from the most helpful person was:
_____A few days _____1-3 months _____7 months to 1 year
_____A few weeks _____4-6 months _____Other (how long?)_____

**Part II: Please describe the types of support you received from the most helpful person after the death. CHECK your answers.**

1. This person helped by listening to me talk about my loss
____strongly agree ____agree ____neither agree nor disagree ____disagree ____strongly disagree

2. This person helped by helping me solve problems
____strongly agree ____agree ____neither agree nor disagree ____disagree ____strongly disagree

3. This person helped by understanding my feelings
____strongly agree ____agree ____neither agree nor disagree ____disagree ____strongly disagree

**PLEASE TURN OVER AND COMPLETE THE BACK SIDE**

4. This person helped by distracting me from my loss
____strongly agree ____agree ____neither agree nor disagree ____disagree ____strongly disagree

5. This person helped by sharing memories of the deceased
____strongly agree ____agree ____neither agree nor disagree ____disagree ____strongly disagree

6. This person helped by expressing sorrow about my loss
____strongly agree ____agree ____neither agree nor disagree ____disagree ____strongly disagree

7. This person helped by hugging me
____strongly agree ____agree ____neither agree nor disagree ____disagree ____strongly disagree

8. This person helped by letting me cry
____strongly agree ____agree ____neither agree nor disagree ____disagree ____strongly disagree

9. This person helped by sharing his/her experience of the loss
____strongly agree ____agree ____neither agree nor disagree ____disagree ____strongly disagree

10. This person helped by allowing me to grieve alone
____strongly agree ____agree ____neither agree nor disagree ____disagree ____strongly disagree

Were there other types of support you received from the most helpful person that are not listed above? If so, please
describe:_____
___

**Part III: Please describe the type of support you <u>wanted to receive</u> from any support person after the death. <u>CHECK</u> your answers.**

1. I wanted someone to listen to me talk about my loss
____strongly agree ____agree ____neither agree nor disagree ____disagree ____strongly disagree

2. I wanted someone to help me solve problems
____strongly agree ____agree ____neither agree nor disagree ____disagree ____strongly disagree

3. I wanted someone to understand my feelings
____strongly agree ____agree ____neither agree nor disagree ____disagree ____strongly disagree

4. I wanted someone to distract me from my loss
____strongly agree ____agree ____neither agree nor disagree ____disagree ____strongly disagree

5. I wanted someone to share memories of the deceased
____strongly agree ____agree ____neither agree nor disagree ____disagree ____strongly disagree

6. I wanted someone to express sorrow about my loss
____strongly agree ____agree ____neither agree nor disagree ____disagree ____strongly disagree

7. I wanted someone to hug me
____strongly agree ____agree ____neither agree nor disagree ____disagree ____strongly disagree

8. I wanted someone to let me cry
____strongly agree ____agree ____neither agree nor disagree ____disagree ____strongly disagree

9. I wanted someone to share his/her experience of the loss
____strongly agree ____agree ____neither agree nor disagree ____disagree ____strongly disagree

10. I wanted someone to allow me to grieve alone
____strongly agree ____agree ____neither agree nor disagree ____disagree ____strongly disagree

Were there other types of support you wanted to receive that are not listed above? If so, please describe:_____
___

**Part IV: Please <u>CHECK</u> the answers that best apply:**

1. To what extent do you still feel affected by the loss of the deceased?
_____very affected _____affected _____neither affected nor unaffected _____unaffected _____very unaffected

2. To what extent did you feel comfortable in completing this questionnaire?
_____very uncomfortable _____uncomfortable _____neither comfortable nor uncomfortable
_____comfortable _____very comfortable