A Five Factor Model of Grief:

A Q-Methodological Study

By

Debra J. Smith

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Abstract

Q-methodology permitted 41 people to communicate their perspective of grief. In an attempt to clarify the research to date and to allow those who have experienced this human journey to direct the scientists, 80 statements were chosen to present to the participants based on the research from academic and counselling sources. Five different perspectives emerged from the Q-sorts and factor analysis. Each perspective was valuable for the understanding of different groups of mourners. They were interpreted using questionnaire data and interview information. They are as follows: Factor 1- Growth Optimism; Factor 2 – Schema Destruction and Negative Affect; Factor 3- Identification with the Deceased Person; Factor 4- Intact World view with High Clarity and High Social Support; Factor 5- Schema Destruction with High Preoccupation and Attention to Emotion.

Some people grow in the face of grief, others hold on to essentially the same schemas and others are devastated by their loss. The different perspectives reported herein supply clues to the sources of these differing outcomes. From examination of Factor 1, it appears that a healthy living relationship helps substantially in the event of loss. An orientation toward emotions that encourages clarity, exemplified by Factor 4, without hyper-vigilance to emotion may be helpful as well. Strategies for maintaining schematic representations of the world with little alteration include: identification with the values of the deceased person, as in Factor 3 and reliance on social support and/or God as demonstrated by Factor 4. When the relationship had painful periods, social support may be accessed to benefit some mourners.

When the person's frame of reference or higher order schemas are assaulted by

the events of loss, the people most at risk for traumatic grief seem to be those with difficult relationships as indicated by Factor 5 individuals. When low social support, high attention to emotion with low clarity and little belief that feelings can be altered for the better are also attributes of the mourner devastating grief can result. In the end, there are groups of people who are forced to endure the entire process of schema destruction and devastation. Some appear to recover in part and others appear to stay in a form of purgatory for many years. The results of this study suggest that, those who experience devastating grief may be in the minority. In the future interventions could be more specifically addressed if these perspectives are replicated in a larger, more detailed study.

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Finally, to my favourite person in the universe, who makes all things possible, my God, who brings comfort to all who mourn in Zion, I thank you.

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Miller & Trestman, 1991; Umberson, Worunan, & Kessler, 1992; Birmaher, et al., 1994; Zisook et al., 1994). Although the link between immunological reactions remains unclear, increased T and B cell proliferation and a suppression of natural killer cell activity have been demonstrated in bereaved people (Bartrop, Lazarus, Luckherst, & Kiloh, 1977; Schliefer, Keller, Bond, Cohen, & Stein, 1983; Irwin, Daniels, Smith, Bloom, & Weiner, 1987, Irwin, Daniels, Risch, Bloom, & Weiner, 1988; Pettingale, Hussein, & Tee, 1994; Beem et al., 1999).

Bereavement may affect mental and physical health through direct or indirect routes (Andyrkowski, 1992). A direct route would be through seratonin release, which is associated with adverse mental health outcomes such as depression (Mendes de Leon, Kasi, & Jacobs, 1994) and anxiety (Reynolds, 1994). Other direct routes include the psychoneuroendocrine response of suppressed immune functioning and endocrinological changes. These responses are associated with increased susceptibility to infectious diseases (Cohen & Williamson, 1991), cancer, and coronary heart disease (Martikainen & Valkonen, 1996; Bartrop, et al., 1977; Stroebe & Stroebe, 1991). Indirect health effects of bereavement may occur through cognitive and behavioural pathways. For example, when the individual appraises an event as stressful and perceives the inability to cope, more adverse outcomes can be expected (Range & Niss, 1990).

Bereavement also represents a significant loss and alteration in a person's support network. Unexpected losses are thought to disrupt the support network more than expected losses (Cleiren, 1993). The loss of a spouse constitutes the loss of emotional, instrumental, and financial aspects of social support which, in turn, may have direct and indirect effects on the bereaved person's physical and mental health functioning. The

"main effect" model of social support suggests that people gain health benefits directly through social support regardless of their stress status (Cohen &Wills, 1985). In this regard, Kessler, McLeod, and Withington, (1985) found that women had more extensive networks of social support than men. This is consistent with the notion that women fare better than men during periods of bereavement because the loss represents a smaller portion of the overall support network (Antonucci & Akiyama, 1987). The "buffering model" of social support suggests that a person's social network buffers them from the effects of stress (Cohen & Wills, 1985). In this view, men would suffer more than women when they lose their spouse because they have fewer emotional resources to cope with the stresses. These notions are supported by research suggesting that women experience more supportive relationships than men (Flaherty & Richman, 1986; Lean, 1983). According to these models, unexpected losses are more damaging because they impair the bereaved person's access to, or ability to use, instrumental or emotional support to buffer the stress of sudden loss.

While in no way minimizing the deleterious effects of bereavement, the fact remains that many people not only weather this trauma but emerge from their season of grief in some sense renewed and refined. In fact, some researchers and theorists suggest that it is because the trauma so overwhelms coping resources and renders schemas useless that personal growth can develop at such a time (Tedeschi & Calhoun, 1995).

At a time of great loss, positive outcomes are often inconceivable to those experiencing the devastation. Grief-stricken people are preoccupied by the attempt to cope with unbearable emotions and to reduce the distress they are feeling. Only when some of the pain has subsided, does possible growth become recognizable (Kast, 1990).

Even then, the benefits may be seen only many years later. There have been recent attempts to demonstrate psychological growth as a direct result of grappling with traumas such as bereavement (Calhoun & Tedeschi, 1989-1990; Hammera & Shotz,1978; Lehman et al., 1993; Lopata, 1973). Indeed, the work of these researchers suggests that profound and healthy growth can be the outcome of such foundation shaking events.

One class of benefits cited by individuals who have faced difficult experiences is positive changes in the perception of the self (Affleck, Tennen, McGrade, & Tatzan, 1985). Coping with the most difficult challenge of their lives sometimes leads people to the conclusion that they are much stronger than they ever imagined. Even though bereaved individuals may initially have serious doubts about their own ability to cope, and find themselves questioning their own self-reliance, surviving bereavement leaves some feeling amazed at their own strength (Thomas, DiGiulio, & Sheehan,1991, Calhoun & Tedeschi, 1989-90). For example, one study of bereaved elderly women, who had lived very traditional roles for the duration of their marriages, reported increased confidence and self-esteem when they discovered that they were able to manage the responsibilities formerly shouldered by their husbands (Lund, Caserta, & Dimond, 1993).

Another benefit reported by certain individuals who have dealt with bereavement is an enhanced sense of control. The literature on the perception of control frequently links such a sense of control with an overall sense of well-being (Langer & Rodin,1976; Schultz, 1980, Wallston & Wallston, 1982), although the relationship is not simple and direct. Most psychologically healthy people appear to maintain a sense of personal control that is not factually accurate (Taylor & Brown, 1988). That is, they tend to overestimate the degree of control they have in their lives. The very fact that bereaved

people reconstruct their lives at the end of a period of grief and mourning can lead to a perception of control over outcomes which leads to enhanced self-esteem and an increased sense of self-worth. Many Holocaust survivors have demonstrated this point with the lives that they subsequently carved out for themselves in the post-war years (Helmreich, 1992).

Another gain reported by some bereaved people is a recognition of their own vulnerability. Tedeschi and Calhoun (1995) argue that a sense of invulnerability often isolates individuals from others and prevents them from asking for or receiving help. In the face of a loss, however, formerly "invulnerable" individuals, find themselves seeking and accepting help. This can lead to a reappraisal of their social network and to a new sense of connectedness. It can also lead to renewed attempts by members of the social network to offer support. Indeed, parallel development of self-reliance and vulnerability was documented by Collins, Taylor, and Skokan (1990), who noted that using a variety of coping responses is related to the perception of benefits in coping with the trauma and to good outcomes.

For some people, another benefit appears to be the strengthening of relationships (Zemore & Shepel, 1989; Affleck et al.; 1985, Lehman, Lang, Wortman & Sorenson, 1989; Lehman et al., 1993). This may occur more often in some types of relationships, such as with family members, than with others (Drabek & Key, 1976). Calhoun and Tedeschi (1989-1990) suggested that increased positive responses of others and openness to receiving assistance may be related to the recognition of the availability and importance of strong interpersonal relationships. New levels of self-disclosure may arise from the need to talk about the loss and consequences of bereavement. This may, in turn,

lead to increased intimacy, which is believed to enhance social support (Dakof & Taylor, 1990). Indeed, many survivors report increased compassion, and greater sensitivity to others (Collins et al., 1990; Miles, Demi, & Mostyn-Aker, 1984), behaviours that could also lead to enhanced relationships.

Many report a changed philosophy of life after losing a loved one. Life, their own and that of others, becomes more precious (Malinak, Hoyt, & Patterson, 1979). This is often reflected in reordered priorities. Active confrontation of the inevitability of death often leads to the recognition that people, time, and life must not be taken for granted (Miles & Crandall, 1983). For many there is a change in their spiritual life. Some find their faith deepened (Andrykowski, 1992; Calhoun & Tedeschi, 1989-90; Calhoun, Tedeschi & Lincourt, 1992; Schwartzberg & Janoff-Bulman, 1991) while others find their former beliefs to be without meaning (Schwartzberg & Janof-Bulman, 1991). For some, religious faith helps them gain a sense of control when life has become chaotic and uncontrollable. The belief that there is meaning in the midst of chaos and that someone, somewhere, is in control can bring comfort when the person perceives an intimate relationship with a caring God (Pargament, 1990). The belief that there is purpose and meaning in one's suffering can also alter basic assumptions about life and how it works (Janoff-Bulman, 1989; Taylor & Brown, 1988; Thompson & Janigian, 1988). Thus, for some, the labourious process of assimilating the horrendous life events of loss into a life narrative (Epstein, 1990), unveils a new sense of order and meaning (Thompson & Janigian, 1988). The ability to discern a purpose and order to life can also increase perceptions of control and self-esteem with a resulting increase in well-being and happiness, regardless of the actual circumstances (Campbell, 1981; Diener, 1984).

Tedeschi and Calhoun (1995) have argued that certain personality traits may facilitate positive growth outcomes following traumatic experiences. These include: internal locus of control, a sense of self-efficacy, optimism, hardiness, resilience, and a sense of coherence (which is comprised of comprehensibility, manageability and meaningfulness). In addition, Tedeschi and Calhoun (1995) claim that certain personality traits, such as extraversion and openness to experience, appear to be key factors in the successful recovery from psychological trauma. These researchers suggest that there is a complex relationship between the crisis events, personality characteristics, and successful coping. Their research indicates that growth seems more likely for people who are resilient, optimistic, and hardy. A new level of adaptation must be achieved if people successfully face life crises, which represent irreversible changes. Tedeschi and Calhoun (1995) also suggest that the degree of negativity that a crisis holds for a person is not completely inherent in the crisis but is, rather, related to the characteristics of the person. They suggest that the people most likely to grow in the face of such a crisis are not those who achieve the highest scores on these attributes but rather those who score in the middle ranges. While their initial coping may not equal that of the most hardy, resilient, and creative people, they appear to have the most potential for new growth. Tedeschi and Calhoun (1995) also suggest that a curvilinear relationship exists between these personal characteristics and personal growth as a result of suffering with traumatic experience. People with poor coping skills, who perceive themselves as less capable, are likely to have poor outcomes. In contrast, the highest scoring, most hardy, resilient types may not even be sufficiently challenged by loss events to be truly tested. Tedeschi and Calhoun (1995) suggest a ceiling effect in these individuals. However, those with moderate skills

may have much to gain in terms of personal growth. The researchers equate this with the gains in physical fitness in three like groups. The very fit may gain little, the very unfit may be defeated by the same regimen, and the moderately fit may gain much.

For most people there is a process of grief that must be endured. Its outcome may be defeat or positive growth. Many tasks and cognitive processes must be navigated at the juncture of life and death. Escaping the pain of grief is a major task. Initially, anxiety, depression, and physical symptoms may be so extreme that a sort of numbing of the psyche results, followed by unbearable emotional pain. Relief of emotional pain becomes a primary goal which may be achieved through emotion focused coping strategies (Lazarus & Folkman, 1984) such as venting, support seeking, and self-medicating. At such times, people are stretched to the limits of their ability to endure physical and psychological pain. Focusing on day to day functioning and on solving problems of a practical nature may lead to better outcomes. This approach is often viewed as a more constructive, problem centered, method of coping. Feelings of being overwhelmed and helpless are common at this point of the process. Working schemas facilitate healthy functioning by establishing foundational context and predictability for cause and effect relationships about how the world works, and for human relationships (Healy, 1989, Stewart, 1982). For example, if one has dealt with social relationships as part of a couple for decades, that person will have to make many adjustments to preserve relationships that formerly had a comfortable, almost ritualistic, familiarity. For many, the foundation of expectation and ritual is often reduced to rubble in the aftermath of traumatic loss leading to feelings of being overwhelmed and helpless.

In order to live, human beings bring order out of chaos by imposing working schemas. That is, we construct templates of reality, probability statements about our world that allow us to manage the swirling flood around us. These schemas about how our world functions are organized cognitive structures on which our processing of information rests, directing our memory, attention, meaning assumptions, planning, and ultimately, action. McCann and Pearlman (1990) refer to the over arching, supraordinate schema as our "frame of reference". This is comprised of attributions of causality, locus of control, and hopefulness. There are also high order schemas, which relate to fundamental issues of self-worth and efficacy, the benevolence of others, issues of trust, safety, intimacy, and even meaning (Epstein, 1980; McCann & Pearlman, 1990). Maintenance of these beliefs or positive illusions (Taylor & Brown, 1988) allows the world to remain stable and understandable to us. This allows us to navigate efficiently through our world and to believe that our life has meaning. Thus, when the chaos associated with bereavement is at its height, it may be a struggle for those suffering just to comprehend the crisis.

Of necessity, higher order and supraordinate schemas are very resistant to change (Collins, Taylor, Skokan, 1990). The death of a loved one may require modification or replacement of higher-order schemas such as justice, permanence, and self-worth. This modification has major life-altering impact because all of the lower-order schemas, which dictate such things as social interaction, self-view, and navigation through the public realm of life, are dependent upon them.

Trauma often forces people to search for meaning, not just in the event, but in their overall life. The highest order schemas have to do with the meaning of one's life.

When the loved one's cause of death can be attributed meaning (such as the lifestyle of the deceased) schemas may remain intact and even the most traumatic loss may be tolerated. When that is not the case, an individual's schemas may be shattered, resulting in a questioning of the meaning of life itself. At such times religion may become a "sacred canopy" (Berger, 1967). Thus, some people adapt by transferring the responsibility of primary control of their lives to God. By assuming a position of secondary control, the individual can sustain higher-order schemas and engage in new behaviours with the understanding that there is order in life even if it is not presently comprehensible. For others, throwing themselves into the roles of life that are still available and where they are needed, helps to sustain meaningfulness. Without these canopies the disintegration and reformulation of schemas may be accompanied by extreme distress.

Sometimes individuals enter into a stage of serious distress when their schemas are not adequate and there are no canopies beneath which to take shelter. When formerly functioning schemas are absolutely unable to accommodate the events, there may be denial in the face of traumatic events (Carver, Scheier, Weintraub, 1989). Although denial is seen as maladaptive by many researchers, healthy denial may enhance adaptive coping over time (Druss & Douglas, 1999). It can allow the person to function for critical periods of time. When an event is absolutely irreversible, as in the case of death, the bereaved person may gradually come to a place of acceptance rather than denial (Carver, et al., 1989). It is a process. Moving on to acceptance is not an easy transition and requires the reformulation of schemas.

Denial is often followed by rumination. Rumination is employed in an attempt to assimilate the painful information and to reconstruct or alter long held world views. Rumination is defined as a general response tendency that increases with the degree of stress and negative emotion. Rumination generally includes a review of the negative implications of the event, a search for meaning, a need to talk about it (Tait & Silver, 1989), and brainstorming new methods for achieving goals. Rumination, which is usually accompanied by significant psychological distress, can set the stage for new insights about life. Rumination and denial often alternate so that people allow themselves as much information and challenge as they can handle at any given time (Janoff-Bulman, 1989; Krystal, 1988). As people come to terms with the trauma, rumination is reduced and denial is eliminated but this often takes a very long time (Wortman & Silver, 1989). Even people who had endured a trauma 50 years before experience unbidden, intrusive, and vivid ruminations of the event (Tait & Silver, 1989). For example, Holocaust survivors appear to successfully compartmentalize their memories but situations can act as triggers bringing the images and the affect to the forefront resulting in vivid ruminations (Whiteman, 1993).

The repetitive thoughts associated with rumination, are believed to subside because the individual assimilates the stressful information into existing cognitive schema or accommodates schema accordingly. Thus, the reduction in ruminative thought and negative affect is associated with recovery in cognitive processing terms. Salovey, Mayer, Goldman, Turvey, and Palfai (1995) hypothesised that adapting successfully to a stressful experience would depend in part, on the capacity to attend to, discriminate among, and regulate feelings. These researchers examined individual differences in the

attention given to, clarity while experiencing, and the regulation of feeling to sustained negative affect to understand this matter of adaptation better. Attention to, and the tendency to attempt to repair (i.e., the belief that one can consciously improve one's mood), appeared to influence the reporting of physical symptoms and illnesses. Depression appeared to be associated with low clarity, high attention, and low repair. They found that low clarity tended to indicate neuroticism with greater mood lability, associated with lack of clarity about mood. Clarity and belief in repair were negatively correlated with measures of distress and the repair concept was associated with the tendency to overestimate levels of positive affect. Additionally, repressive and defensive behaviours were associated with low attention to moods. They suggest that there are distinct patterns of outcome in the face of disruption or trauma which can be greatly influenced by the way people perceive, attend to and deal with their emotional thought processes.

Another part of the adaptation and reformulation of schemas is the establishment of new goals. Goals in such a season of life may be as simple as getting through the day or as complex as maintaining financial support for the family, and they appear to exist in a hierarchy of importance and of abstraction. To establish new goals, the old ones must be reevaluated and sometimes abandoned. The ability to set and work toward new goals may be a sign of healthy adaptation to the circumstances. An intense focus on the primary goal, such as simply getting through the day, may take up so much energy that there remains no time or energy for other things. Such an intense focus is required to sustain the most important goal achievement, survival, (Carver et al., 1989) and this is often accomplished at the expense of less immediate goals such as maintaining relationships.

This period of time when goals are shifting and changing may represent the break down and re-assembly of schemas. If, in this process, new goals do not become readily apparent, apathy and depression may arise, sometimes signaled by changes in hygiene and eating patterns (Carver et al., 1989). This may signify that the process of mental and emotional disengagement has been carried too far.

The process of disengagement from old goals and establishment of new goals is often associated with a search for meaning and understanding (Zisook, Schuchter, Sledge, Paulus, & Judd, 1994). Vicarious learning from observing others and social comparisons may help the bereaved individual to find meaning and understanding. For example, a good model may show the way to a new meaningful life and a poor one may demonstrate the pitfalls to be avoided. Comparing one's set of circumstances in a downward direction may bring home the point that the situation could be worse (as in "I could have been left destitute without loving friends"). Downward comparisons may also answer the "Why me?" question by making it evident that the person was not singled out for catastrophe (Taylor, Wayment, & Collins, 1993). While this may constitute survival, it cannot be considered optimal coping.

In the long run, successful coping requires the mending or restructuring of schemas to permit functioning of cognitive processing and adaptation to the new life circumstances. By changing the basis of the schemas to one more closely reflecting reality, functioning can return to a more balanced level. The denial phase may reflect the attempt to sustain the old schemas in an environment where they clearly are not adequate to the task. Rumination may reflect the search for new and workable understandings of the world. Disengagement could then be understood as the abandonment of old schemas.

The goal setting phase may be seen as adaptation to the circumstances. Thus, there appears to be substantial reorganization of schemas as a result of trauma.

In the process of restructuring schemas and finding meaning, some people eventually find themselves moving beyond successful coping to a strengthened state where growth and positive change can be recognized. Many researchers have deemed this to be merely positive reinterpretation (Lazarus & Folkman, 1984; Scheier, Weintraub, & Carver, 1986). However, Tedeschi and Calhoun (1995) have developed a model with principles for true growth as a direct result of trauma.

The first principle is that growth occurs when schemas are changed by traumatic events. Just as Kelly (1955) and Neimeyer (1993) suggest, people actively construct their model of reality. Negative events may alter schemas by addition, by reorganization, or by forcing the individual to reconstruct them entirely. A part of a schema that was relatively unimportant may assume an increased position of importance. Kelly (1955) suggested that this replacement of beliefs may actually be the mode of development or maturation. The widening of the cognitive system may be forced upon a person at time of recovery from trauma at an unprecedented rate. These changes can occur as a result of emotional distress so that both affective and cognitive schemas are activated and integrated when successful coping occurs (Rybash, Hoyer, & Roodin, 1986).

The second principle is that, in this process, certain assumptions are more resistant to disconfirmation by events and reduce the possibilities for schema change or growth. When existing beliefs are flexible enough to absorb the shock of trauma, such as strongly held religious beliefs, growth may not appear. Re-examining these beliefs may lead to some strengthening or development of the belief system.

The third principle is that, when the trauma is considered, there must be some positive evaluation for growth to occur. That is, the individual must be open to finding some sort of benefit or growth as a result of the experience. This often requires time and reduction of pain. In addition to the three basic principles, personality characteristics are related to the possibility of growth. Tedeschi and Calhoun (1995) also assert that growth occurs when the trauma assumes a central place in the life story and that wisdom is a product of growth.

In summary, bereavement is a major challenge to schematic representations of the world. Denial, rumination, disengagement, and goal setting are part of the process of reorganization and adaptation in the face of bereavement trauma, which may set the stage for personal growth. Additionally, personality qualities such as locus of control, extraversion, openness to experience, hardiness, optimism, resilience, and self-efficacy all interact with the circumstances of the loss to produce the psychological outcome. The current theories suggest that together, they predict the likelihood of positive personal growth.

The Current Study

While many people outwardly survive the loss of a loved one, not all go on to recover full and satisfying lives. Some seem broken irreparably by the experience while others somehow find an amazing resilience and determination to go on. People who have endured one loss and gathered up the pieces of their lives, demonstrate something hopeful in the human spirit and those who have survived more than one such loss have proven their ability to weather the cruelest of blows.

Most studies on the grief process have followed those who asked for help or approached professionals (Levy & Derby, 1992; Stroebe & Stroebe, 1991). There appears to be a relative lack of studies which tap into the wisdom gained by those who did not seek counseling. This group continues life without the aid of professional support but we cannot conclude that they suffered less nor that they learned less. Moreover, although there is a considerable body of research on bereavement and its effects, there appears to be an absence of studies that examine individual's subjective experience of grief. This study is intended to begin to address this gap in the literature using Q-methodology to gain insight into the subjective experiences of bereavement, and its impact on the lives of those who have been bereaved.

Q-Methodology Explained

This Q methodological study was devised to reconnect the "objective" study of grief with the subjective realities of the people who experience it in an attempt to bring a clarification, holistic depth, and affirmation to the discussion and understanding of the grief process. No method suits this objective as well as Q-methodology because it permits scientists to model subjectivity, an important component of human expression and, ultimately, behaviour. Q-methodology is particularly useful in elucidating situations in which the self is intimately involved. The study of grief is an excellent example of this. In Q methodology participants are presented with a series of statements relevant to the phenomenon under study. These statements are referred to as a sample. The statements can originate from a variety of sources such as interviews or other sources where opinions are voiced. Newspapers, diaries, television broadcasts, academic work, and

counseling journals also constitute good sources for statements. Participants are then asked to sort and resort these statements according to a specific set of instructions until they are satisfied that they have accurately presented their point of view. The sorting process allows the researcher to see into the participant's world as individuals react by ranking and prioritizing each statement according to the importance that they place on each statement. The responses gain structure and form when the participants sort the statements according to the specific set of instructions. In this study, the participants were instructed to sorts the cards according to their feelings in the time following the most significant loss of their lives. Ultimately, the researcher hopes to learn how the respondents understand and react to the items. In Q, the meaning and significance of items is determined by the participant so that the observer acquires knowledge of their meaning *a posteriori*. The resulting Q-sorts are then factor analyzed. Results of this analysis typically yield one or more groups of individuals representing the various viewpoints and experiences of the participants.

Meaning is inferred from the location of statements provided by the respondents as they distribute them along the Q-sort continuum. This is known as operant subjectivity. As mentioned above, data analysis in Q-methodology involves conducting a factor analysis of the Q-sorts. Data analysis begins with the calculation of intercorrelations among the Q-sorts (hence, persons, not traits or items, are correlated) and factor analysis of the resulting correlation matrix. Typically, the number of factors extracted is determined by the size of the eigenvalues. Factors having eigenvalues greater than one are then rotated using varimax or manual rotation to arrive at interpretable factors. Each factor represents a point of view and the association of each

respondent with each point of view is indicated by the magnitude of his or her loading on that factor (Silcox, 1999). Individuals having a significant loading on one factor and nonsignificant loadings on the remaining factors are deemed to be "pure" and said to define the factor. Their Q-sorts are merged and factor scores are calculated on the basis of these sorts yielding a single "summary" Q-sort representing a single viewpoint, which is then interpreted. Factor interpretation proceeds based on factor scores and only those individuals who solely and significantly load on given factor are merged in computing an array for that type or factor. Finally, what remains are groups of people who represent particular points of view.

Eighty statements were drawn from the literature for this study. Concepts of grief, which were considered important or pivotal from academic and counselling publications, were presented to those who had lived the experience. Eighty statements were deemed the maximum number of statements that a participant could comfortably handle in one session. Each was included to enhance our understanding of the subjective experience of grief. The statements used in this study are listed in Table 1.

Table 1. List of statements used in this study

1. My priorities about what is important in life have changed.
2. I became more likely to try to change things, which need changing.
3. I gained a greater appreciation for the value of my own life.
4. I gained a greater feeling of self-reliance.
5. I had a better understanding of spiritual matters because of coping with this loss.
6. I became certain that I could count on people in times of trouble.
7. I gained a greater sense of closeness with others.
8. I became more willing to express my emotions as a result of this loss.
9. I am better able to accept the way things work out because of dealing with this death.
10. I appreciate each day more than I used to.
11. I have more compassion for others.
12. I put greater effort into my relationships.
13. I discovered that I am stronger than I thought.
14. I learned a great deal about how wonderful people really are.
15. I developed new interests.
16. I accepted needing others.
17. I felt that life had no meaning in the aftermath of this death.
18. My religious faith was helpful during this time.
19. I lost interest in my work for sometime after the death

Table 1. continued

20. I thought I was losing my mind at times after I lost this person.

21. I lost interest in activities that I had previously cared about.

22. I felt like I was watching myself go through the motions of living after s/he died.

23. I felt the need to be emotionally close to someone.

24. I felt emotionally distant from people.

25. I felt afraid to be alone.

26. I thought I had done something to contribute to the death.

27. I felt that some person was responsible for the death.

28. I felt guilty about some things I said or did during the time surrounding the death.

29. I believe that there were some very real reasons why I felt guilty.

30. I felt angry at myself.

31. I felt angry at the deceased person.

32. I felt unable to recall the deceased person's image.

33. Often, when I started to do things, I suddenly became aware that s/he was gone.

34. We shared many daily activities.

35. I still do the same things as I did when the person was alive.

36. I do for myself the things that the deceased person did for or with me before.

37. I yearned for the deceased person.

38. I felt the deceased person was/is guiding me.

39. I spent time looking at the deceased person's pictures, clothing, belongings.

Table 1. continued

40. I was preoccupied with the thought of the deceased person.

41. I could not bear to part with the deceased person's belongings.

42. I had someone to talk to who really listened.

43. I had to make a conscious decision to keep on living.

44. I was sad but never depressed.

45. Upon hearing the news I thought it wasn't real.

46. I thought a lot about the death and memories of the funeral.

47. I was surprised that grief was not only emotionally painful but physically painful too.

48. I was ill a lot in the first year following the death.

49. I always knew I could and would go on.

50. The intensity of grief lifted with time.

51. I think there is no such thing as recovery.

52. I feel that my loved one lives on inside of me.

53. I am more like my loved one than I used to be.

54. I found the world to be a far less predictable place in the time after s/he died.

55. My nervousness and fears increased at that time.

56. I remember looking for some sense of meaning in the events.

57. I learned things that could be of help to others going through the same thing.

58. It made me question myself and my self-worth.

59. I didn't like myself very much for awhile.

60. I see the world very differently as a result of this experience.

Table 1. continued

61. This was one of the most significant events of my life.

62. I have difficulty finding someone else to love in the same way.

63. The world has never felt as safe again.

64. I have found that I have trouble trusting people since then.

65. I am hopeful about the future.

66. I think of myself as an extravert.

67. New experiences are generally fun for me.

68. It is easier to love people now.

69. I try to think good thoughts no matter how badly I feel.

70. I was feeling.

71. Feelings give direction to life.

72. Although I am sometimes sad, I have a mostly optimistic outlook.

73. When I am upset I realise that the "good things in life" are illusions.

74. The best way for me to handle my feelings is to experience them to the fullest.

75. My beliefs and opinions seem to change depending on how I feel.

76. I feel at ease about my emotions.

77. One should never be guided by emotions.

78. At that time, I felt an overwhelming sense of shame.

79. A feeling of contempt arose from inside of me during the time following the funeral.

80. I felt responsible for someone else who was grieving.

The statements for the Q-sort were chosen to reflect the main issues highlighted in the review of the literature. The first section of statements, (1-18), taken directly from Tedeschi and Calhoun's (1995) Personal Growth from Trauma Index (PGTI) were included to assess the survivor's sense of positive outcomes following the loss. The PGTI is comprised of five factors: New possibilities (items 1, 2, 15), Relating to others (items 6, 7, 8, 11, 12, 14, 16), Personal strength (items 4, 9, 13), Appreciation of life (items 3, 10, 17), and Spiritual change (items 5, 18) (Tedeschi & Calhoun, 1995).

The next group of statements was drawn from The Bereavement Trauma Index (Guarnaccia & Hayslip, 1998). It is comprised of 3 factors: Existential Loss/Emotional Needs (items 19- 24), Guilt/Blame/Anger (items 25-30), and Preoccupation with the deceased (items 31, 32, 36-41, 52 & 53) (Guarnaccia & Hayslip, 1998). These statements were included to assess the individual's depth of trauma.

Items 33-35 were designed to assess the closeness of the daily contact in the relationship (Benjafield, 2000). Item 42 assessed perceived social support. Items 43 and 44 were included to assess the depth of loss. Item 45 addressed denial and item 46 was included to address the issue of rumination and preoccupation.

In addition, there are several statements pertaining to physical health. Some people are so broken by a death of a loved one that they experience physical pain and immunological consequences (Spurrel & Creed, 1993). Statements 47 and 48 represent these ideas. Thus, these items are designed to tap into the depth of loss because the physical symptoms are associated with the most traumatic of losses and are frequently thought to be associated with the most negative outcomes of grief.

Item 49 addressed the fundamental certainty that some people have of their own strength and survival. Items 50-51 address the process of recovery. Items 54, 55, and 58-64 addressed schema destruction. The search for meaning plays a prominent role in much of the literature and item 56 was included to get a sense of whether or not survivors remember such a search.

Tedeschi and Calhoun (1995) suggested that optimism (items 57 and 65), extraversion (66) and openness to experience (67) would all influence the experience of grief. Item (68) was included to assess growth in relationships.

Salovey, Mayer, Goldman, Turvey, and Palfai, (1995) hypothesised that adapting successfully to a stressful experience would depend in part, on the capacity to attend to (attention, items 71, 74, 77), discriminate among (clarity, items 70, 75,76) and regulate feelings (repair, items 69, 72, 73).

One item (80) was included to determine whether or not additional responsibilities for others who were mourning influenced the reported process. Two statements (78, 79) tap into the emotions of shame and contempt to complete the group of emotions that are often a part of the grieving process along with guilt, anger and blame (Guarnaccia & Hayslip, 1998).

METHOD

Participants

The participants for this study were a convenience sample drawn from the community at large. All were adults, who had experienced a loss, through death, of a loved one at any time in their life except in the preceding year. Forty-one participants (28 women and 13 men) produced Q-sorts, completed the questionnaire, and were interviewed. The age range of the participants was from 18 to 77 (M= 39.8, SD=4.3).

PROCEDURE

As a result of the contacts that I had made through my volunteer work with bereaved people, several people who were interested in volunteering for this study came forward, bringing friends and relatives. In addition, a poster was displayed in the Psychology department asking for participants who met the criteria, which included bereavement at any point in their lives except for the preceding year, and never having sought counseling for their loss. Participants were not compensated for their participation.

Potential participants approached the researcher and left their name and telephone number. The researcher telephoned each to outline the purpose of the study and the procedure. Anyone who had been bereaved within the year or who was in counseling pertaining to grief was disqualified because the questioning of a recently bereaved person might elicit overwhelming emotions and interfere with their healing process and second, because a history of counseling would affect the results of the study. In this event, the insights gained would not have been attributable to the individual's own unassisted

cognitive and emotional processes. If they were willing to participate, they were given a time and date for the study at their home or at the home of a friend.

On the day of the study, I spent time in conversation with each individual and expressed a sincere welcome and gratitude for their participation. When a level of comfort was adequately established, the volunteers were advised that they could withdraw at any point in the process and then they were asked to sign the consent forms (see Appendix A for a copy of the consent form). Only then did the study commence.

Each individual was asked to complete a short questionnaire. It included the following questions: age at time of loss, time since loss, date of loss, sex, sex and age of the deceased, relationship to deceased, satisfaction with the quality of the relationship, number of traumatic losses through death experienced, the chronological order of the losses, expectedness of the loss and a rating of the severity of the impact on the participant's life (see Appendix B for a copy of the questionnaire.)

Next, each individual was given a set of 80 cards, on each of which was transcribed a statement. Each participant was asked to focus on the most difficult loss through death that he or she had experienced and on the thoughts and emotions experienced at that time. The following instructions were given: To the best of your recollection, and as a direct result of the loss under consideration, please sort the following using the scale provided. The number line was affixed to the table and ran from –5 to +5 with –5 representing "least like my opinion or experience", +5 representing "most like my opinion or experience" and 0 representing " neutral point". First they were asked to sort the statements into three piles: those with which they agreed or felt were like their experience, those with which they disagreed, and finally, those which held no

meaning for them or were unimportant to them. They were then asked to sort the statements along the number line using a normal distribution curve as a guide. They were given as much time as they required to complete this task and were permitted to ask questions at any point. When they indicated that they were finished, the pattern of sorting was recorded.

After completing the sorts, the participants were interviewed to clarify the thought processes that went into the sorting of the statements (see Appendix C for a copy of the interview questions). The questions served as a starting point for the discussion that followed. All participants spontaneously shared more in depth information of their experience of loss and their thoughts during the sorting procedure. They were given as much time as they desired for this discussion.

Finally, out of respect for the intimate and sensitive nature of the discussion, participants were asked for permission to include the information that they had provided in the study. They were asked to indicate this consent by signing a final consent form to ensure that they were comfortable with the entire process and had no regrets about their disclosures. Everyone granted permission (The form is included in Appendix D). They were sincerely thanked for their contribution and time. Telephone numbers for contact, support or questions were provided. No one left until he or she appeared to be comfortable and at peace with the entire procedure.

RESULTS AND DISCUSSION

The data were analyzed using PQMETHOD version 2.0 software specifically designed for Q-studies. An initial principal components analysis resulted in eight potential factors all with eigenvalues above one. Several possible varimax-rotated solutions were considered. Close examination of these factors indicated that the information from the study was most meaningful and interpretable with a 5 factor model. For interpretation, the number of pure loadings on each factor is the most important feature. Please note that a factor is defined by individuals who load significantly on only one factor and who do not load significantly on any other factor. Thus Factor one, which accounted for 22% of the variance was defined by 15 individuals. Factor two accounted for 10% of the variance and was defined by 9 people. Factor three accounted for 7% of the variance and was defined by 3 people. Factor four accounted for 5% of the variance and was defined by 2 people and finally, Factor five accounted for 7% of the variance and represented 3 people. Results of this analysis, which accounted for 51% of the variability, are presented in Table 2. Table 3 presents the correlations between factors and the composite reliabilities. Responses to the questionnaire items are presented in Table 4.

Loadings for the five factor solution.

Table 2. Results of the Factor analysis of Q-sorts showing rotated factors

	Factors				
ID	1	2	3	4	5
4	.78	-.11	-.03	.12	.20
10	.61	-.03	.32	-.09	-.24
11	.58	.09	.15	.38	.08
13	.66	.10	.05	.18	-.05
14	.51	.01	.35	-.01	.33
15	.76	.25	.10	.10	.26
16	.61	-.02	.03	.30	.22
24	.69	.04	.12	-.06	.20
25	.63	.01	.30	.05	.06
29	.73	-.04	.03	.06	.20
32	.77	-.05	.08	-.10	-.03
33	.63	.04	-.06	.03	.14
34	.68	.08	.18	.00	-.00
35	.80	-.01	.03	.07	.05
36	.71	.19	-.07	.40	.13
2	-.00	.49	.09	.30	.41
5	-.21	.86	.14	.03	-.18
6	-.30	.57	.12	-.12	.11
7	.10	.71	.11	.04	-.15
8	.14	.54	-.07	-.07	.21
12	.32	.71	.02	-.08	-.29
19	-.11	.56	-.30	-.04	.17
30	.34	.41	-.07	-.17	-.09
37	.17	.72	.03	.16	.29

Table 2. Continued

3	.36	-.02	.48	.12	.13
31	.09	.03	.73	-.04	.04
40	-.09	.02	.66	-.06	.17
17	.27	.04	.13	.63	.06
41	.01	.20	.25	.75	.17
22	.28	-.15	.33	.02	.52
26	.22	-.03	.17	.26	.61
27	-.13	.28	.05	-.26	.59

Note: Boxed loadings are those of participants who defined the factors. Nine participants loaded significantly on more than one factor.

Correlations between the factors and composite reliability of each of the factors are presented in Table 3. Low correlations indicate that the factors are not overlapping or linked. Composite reliabilities demonstrate the internal consistency of the factor.

Table 3. Correlations between the five factors and composite reliability of each factor.

	Correlations between Factors				
Factor	1	2	3	4	5
1	-	.16	.21	.10	.31
2		-	.06	-.17	.13
3			-	-.13	.31
4				-	-.07
5					-
Composite Reliability	.98	.97	.92	.89	.92

Table 4. Responses to questionnaire items for respondents defining each factor.

ID#	Rel	Sat	Dage	Page	Cage	TLos	PSx	Dis	X
Factor 1									
4	S	10	16	43	46	2	F	10	N
10	Fr	8	17	21	23	4	M	8	N
11	B	7	17	21	23	6	M	10	N
13	F	5	59	26	41	1	F	10	N
14	A	10	45	20	32	3	F	10	N
15	Gf	10	72	19	38	7	F	9	N
16	F	5	51	16	40	10	M	5	N
24	S	10	19	61	63	8	F	10	N
25	F	8	62	26	42	4	F	6	SA
29	H	8	48	43	77	6	F	10	Y
32	Fr	10	17	14	18	5	M	10	N
33	W	10	47	47	49	7	M	10	N
34	M	10	57	32	37	10	F	8	N
35	F	9	72	30	32	4	M	10	N
36	Fr	10	46	46	48	8	F	10	Y

Table 4. continued

ID#	Rel	Sat	Dage	Page	Cage	TLos	PSx	Dis	X
Factor 2									
2	Bl	3	48	40	43	7	F	10	SA
5	B	5	17	25	28	7	F	10	N
6	M	10	54	35	46	5	F	10	Y
7	B	10	27	37	48	5	F	10	N
8	H	10	49	45	49	7	F	10	Y
12	Gf	5	80	22	23	5	F	9	SA
19	F	3	74	53	63	2	M	10	N
30	N	3	17	48	51	6	F	10	N
37	S	10	0	20	26	8	F	10	Y
Factor 3									
3	F	10	61	31	46	8	M	8	N
31	F	10	58	28	40	11	F	10	N
40	Fr	10	16	16	19	3	M	10	N
Factor 4									
17	F	4	78	45	61	4	M	4	SA
41	B	1	17	23	25	7	M	10	N

Table 4. continued

ID#	Rel	Sat	Dage	Page	Cage	TLos	PSx	Dis	X
Factor 5									
22	Fr	7	27	32	34	2	M	7	SA
26	M	10	77	52	61	5	F	10	N
27	S	10	25	44	57	8	F	10	N

Notes: ID# is participant number, Rel is relationship, Sat is satisfaction with the relationship on a scale from one (very dissatisfied) to ten (very satisfied) , Dage is Deceased age at death, Page is Participant age at that time, Cage is current age, TLos is total number of losses experienced by this individual, PSx stands for sex of participant, Dis is level of distress rated from one (little) to ten (great amount). X is expectedness rated N for not expected, Y for expected, and SA for somewhat expected.
Relationships: F= father, M= mother, S = son, H= husband, W =wife, B=brother, Gf =grandfather, A = aunt, N=nephew, Fr = friend, Bl = brother-in-law

Consistent with Q-methodology, defining sorts for each factor were merged and a summary sort was produced representing a distinct point of view. First, factor scores were calculated for the merged Q-sorts. These scores were then converted back to the original values, which reflected the scales the participants had used in the sorting process (-5 to +5). The merged sorts, each representing a particular point of view were then interpreted incorporating information from the questionnaire and individual interviews.

Q-methodology and the information provided by the volunteers in this study have indicated five distinct ways of experiencing or perceiving grief. In other words, these participants expressed the important aspects of their own experience of loss from five basic and separate experiential perspectives. These are referred to as Factors and each is interpreted below.

Factor 1: Growth and Optimism

The first Factor represented the largest group of respondents, with fifteen people loading purely on this factor. It represents a perspective of positive adaptation and optimism. The information from the questionnaire indicated that this group rated their level of distress highly. The loss was typically unexpected. The lost relationships varied from parent to child to sibling to spouse and all were considered the greatest loss of the participant's life. Table 5 lists the statements that this group deemed important and the defining statements which distinguish this viewpoint from those that follow in other factors. Despite having lost a very important relationship, those who clearly defined this viewpoint demonstrated a healthy, optimistic adaptation to the new realities of life. As indicated by the participants' Q-sorts, combined with the information from the questionnaire, the source of this adaptation appears to be a healthy pre-death relationship with the loved one and a rejection of a negative orientation to the event and relationship. The reasoning for this deduction follows the table.

Table 5. Statements characterizing Factor 1. Statements that distinguish this viewpoint from the others are indicated by asterisks.

Score	Item #	Statement
5	65	I am hopeful about the future.
5	18	My religious faith was helpful.
4	50**	The intensity of grief lifted with time.
4	3*	I gained a greater appreciation of my own life
4	5	I gained a greater sense of closeness with others.
4	1	My priorities in life changed
3	69*	I try to think good thoughts no matter how bad I feel.
3	61	This was one of the most significant events of my life.
3	9**	I am better able to accept the way things work out.
3	10**	I appreciate each day more than I used to.
3	12	I put greater effort into relationships now.
3	67	New experiences are generally fun for me.
3	13	I discovered that I was stronger than I thought.
2	66**	I see myself as an extrovert.
-3	43**	I made a conscious decision to go on living.
-3	59**	I didn't like myself very much for awhile.
-3	48	I was ill a lot in the first year.
-3	73	When I am upset good things seem like illusions.
-3	64	I have trouble trusting people now.

Table 5. continued

-3	58	I made me question myself and my self-worth.
-3	20	I thought I was losing my mind.
-4	26**	I thought I had done something to contribute to the death.
-4	30**	I felt angry at myself for awhile.
-4	79	I felt contempt.
-4	30	I felt angry at myself.
-4	27	I felt that someone was responsible.
-4	17	I felt that life had no meaning.
-5	78**	I felt an overwhelming sense of shame.
-5	51	I think there is no such thing as recovery.

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

Hope for the future (65) and faith in God (18 PGTI) were the two most important features of the grief experience for this viewpoint. Individuals who defined this factor were aware of and accepted that the intensity of grief lessened as time passed (50). The Positive Growth through Trauma Index received ample support in this viewpoint in items 3, 5, 1, 9, 10, 12, 13 and 18, which, were all rated positively at +3 or above. These respondents rejected that life had no meaning in the aftermath of this event (17).

The work of Salovey et al. (1995) was supported. Participants in this group rated the statement "I try to think good thoughts no matter how badly I feel" (69 repair) as very like their own experience while rejecting the negatively phrased "when I am upset the

good things in life seem like illusions" (73). This indicates good clarity of thought process. The belief that mood can be altered for the better and clarity of emotional perception were hypothesized by Salovey et al. (1995) to enhance the ability to cope with traumatic emotional events. Adapting to a stressful experience such as bereavement would depend in part on the capacity to attend to, discriminate among and regulate their feelings. Clarity and repair were negatively correlated with measures of distress in their findings. This appears to be validated by the importance and relevance attributed to them in the group's personal experience.

All of these respondents moderately to strongly rejected all of the negative emotion statements including shame (78), anger (30), contempt (79) and blame (27). The questionnaire data and interview information indicated that they were content with their relationship and this lack of negative emotions also indicated that they had no cause to reflect on the past with regrets or anger. They affirmed that they did not feel so devastated that they doubted their own subsequent existence, suggesting that their identity had not been merged with the loved one. They did not experience self-rejection. In the statements that the participants rejected quite strongly, they communicated a clear message that their schemas were not challenged to the point of devastation; they did not turn inward in anger toward themselves; and, they did not entertain false guilt nor experience shame. These all achieved statistical significance and support the work of Guarnaccia and Hayslip, (1998).

In the interviews, these fifteen people also reported a readiness to heal and feel better. It appears that they seem to have given themselves permission to recover. They not only noticed improvement when it came but they accepted it as a viable and

reasonable outcome. They strongly concurred that the intensity of grief lifted with time. This group reported awareness that their feeling progressed from painful to bearable. They reported a positive growth in appreciation of life and that they were oriented toward consciously attempting to alter their mood states for the better. Those who endorsed this viewpoint strongly indicated that they recognized improvement and that it was a major element of their grief experience. They also reported adequate social support.

To enhance understanding of the Factor 1 viewpoint, the following is the story of one individual from this study, G. who typifies the Factor one viewpoint:

G. lost her seventeen year old son in a skiing accident. He was her eldest son, easy in temperament, a gifted student, and they had a close and communicative relationship. He had talked to her about his first loves, his adventures and his foibles. He was fatally injured doing something he loved, skiing with his father. G. was able to speak with him in the hospital before he succumbed to his injuries. Many people marveled at the strength she exhibited throughout the early days of her loss and even wondered aloud if she were "in denial". Others encouraged her to "let it out". She said that she did have times of great mourning in quiet times of solitude. She reported that the happy memories sustained her. Even though her son's life had been short, she had no regrets because he had been happy and had lived a full existence, living in different parts of the world. A picture of him as a young boy delighted her and reminded her of all his joy in life. Now, four years later, she has moved on in life. She returned to her native England, remarried and has an excellent relationship with her daughter and her youngest son. She will never

stop loving her eldest son and feels privileged to have been given the gift of having him in her life.

G.'s story illustrates the positive orientation that characterizes the Factor 1 viewpoint. The positive pre-death relationship is evident along with the willingness to heal and recover. The life that she now enjoys demonstrates her positive adaptation after a traumatic loss.

Factor 2: Schema destruction and Negative affect

Among the factor groups these people were high in self-reported distress and among the lowest in relationship satisfaction. This was clearly a very major event in their lives.

Table 6. Statements that characterize the Factor 2 Viewpoint. Statements that distinguish this viewpoint from the other factors are indicated by an asterisk.

Score	Item#	Statement
5	18	My religious faith was helpful.
5	60	This was one of the most significant events of my life.
4	59**	I didn't like myself much for awhile.
4	58**	It made me question my self worth and myself.
4	1	My priorities changed.
4	40	I was preoccupied by thoughts of the deceased.
4	37	I spent time looking at the deceased possessions.
3	55**	My nervousness and fears increased at that time.
3	24**	I felt emotionally distant from others.

3	22**	I felt I was watching myself going through the motions.
3	39	I felt the deceased was/is guiding me.
3	60	I see the world very differently.
3	57	I learned things that could be of help to others.
3	11	I have more compassion for others.
2	25**	I felt afraid to be alone.
-2	34*	We shared many daily activities.
-3	67**	New experiences are generally fun for me.
-3	7	I became certain I could count on people.
-3	51	I think there is no such thing as recovery.
-3	70*	I was aware of and clear about what I was feeling.
-3	17**	I felt life had no meaning in the aftermath of this experience.
-3	68	It is easier to love people now.
-3	8	I am now more willing to express emotions.
-3	32	I felt unable to recall the person's image.
-4	44	I was sad but never depressed.
-4	27	I felt someone was responsible for the death.
-4	38	I yearned for the deceased.
-4	75	My beliefs and opinions change with feelings.
-4	73	When I am upset good things appear to be illusions.
-5	76**	I feel at ease about my emotions.
-5	74**	I believe that emotions should be experienced to their fullest.

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

A strong contrast was provided by the second perspective, which was represented by 9 individuals. This is evidenced by the fact that they reported that the wrestling with negative emotions was a very important part of their experience. Self-rejection and schema destruction were intense struggles for these people and this was captured by their rating of +4 for "I didn't like myself much for awhile" (59) and " It made me question my self worth and myself" (58). Elements of schema destruction are evident in the moderately highly rated sense of going through the motions (22) and increase in nervousness and fears (55). They experienced a sense of social isolation (24), which they rated moderately highly as well. They also agreed that they felt afraid to be alone (25). Interestingly, it is evident that they did not share a daily relationship with the lost person so this pattern of experience cannot be attributed to the adjustments that might be required of intense daily relationships (34) with drastic changes in roles and reduced instrumental support. These people reported a low degree of clarity in the awareness of their feelings (70, 32). While they rejected the idea that life had no meaning because of the death, they gave the highest possible negative rating to the idea of being at ease with their emotions (76) and the idea that emotions should be experienced to the fullest (74). Although they said that their religion was helpful (18), these people struggled with negative emotions in one of the most significant events of their lives (60).

There is evidence of self- rejection (59), insecurity (22), anxiety, phobic reactions (55) and depression (44). Social distancing (24) and fear of being alone (25) attest to conflicting drives and needs. These are all components of the proposed schema destruction pattern. These people also exhibited low emotional clarity (70), a lack of ease

with emotion and (76) with intense emotion (74), in particular, supporting the work of Salovey et al. (1995). They tended to avoid new experiences as well, indicating support for the Tedeschi and Calhoun work (1995).

This viewpoint not only incorporated four of the schema destruction statements (55, 56, 57, 60), but rated them most like their experience. This indicated that for this group, schema destruction was clearly at work. The Positive Growth from Trauma Index statements 7, 8 and 17 all indicated a negative adjustment to bereavement with two indications of eroded personal relationships and one of reduced appreciation of life. Items 37 and 40 indicated a moderate preoccupation with the deceased, and from the BTI (Guarnaccia & Hayslip, 1998) items 24 and 25 indicated unmet emotional needs. Finally, Salovey et al. (1995) items indicated low emotional clarity (70, 75), and (76) high levels of attention to discomfort with emotions and reluctance to feel the power of the full force of negative emotions (74). These characteristics were associated with the most negative outcomes in the work of Salovey et al. (1995).

Here is the story of a Factor Two mourner from this study:

J. was in his 50's when his father died. They had always had a relationship that seemed lacking, but for years they had lived in a sort of détente where issues were not resolved and their mutual disappointment was never addressed. They had no closeness. Even though he was married and had grown children of his own, J. was deeply shaken and began to self-medicate with alcohol in the months following his father's death. He reported being astounded, confused, and unnerved by the intensity of his feelings. The finality of the event and the absolute impossibility of resolving the issues with his father

stymied him. His faith did help him but he felt he had waited too long and would never have a chance to make things right. A shy man, who considered himself a "home body", the remaining relationships of his life were not only of little comfort, they made no sense in light of this event.

This mourner reported low levels of clarity and a very negative pre-death relationship. His pain is evident and his attempt to cope by self-medicating was not productive. The destruction of his coherent way of seeing his world was difficult to deal with and healing was slow. The emotions that he mentioned are applicable to schema destruction as illustrated by this paper.

Factor 3: Identification with the Deceased Person

The 3 individuals, who formed this group reported a high level of satisfaction with relationship and a high level of distress. The death was not expected. These people had the highest levels of relationship satisfaction and also rated their distress levels very high among the factor groups.

Table 7. Statements that characterize Factor 3. Statements that distinguish Factor 3 from the other viewpoints are indicated by asterisks.

Score	Item#	Statement
5	53**	I am more like my loved one than I used to be.
5	52	I feel my loved one lives on inside of me.
4	61	This was one of the most significant events of my life.
4	38	I yearned for the deceased person.
4	12	I put greater effort into my relationships now.

Table 7. continued

4	42	I had someone to talk to who really listened.
3	27**	I felt someone was responsible for the death.
3	41**	I couldn't bear to part with the belongings.
3	57	I learned things that could be of help to others.
3	80	I was responsible for someone else who was mourning.
3	72	Although I am sometimes sad, I am mostly optimistic.
3	47	I was surprised that grief was physically painful.
3	49	I always knew I could and would go on.
-3	77	One should never be guided by emotions.
-3	15*	I have developed new interests.
-3	7*	I gained a greater sense of closeness with others.
-3	24*	I felt emotionally distant from people.
-3	31	I felt angry with the deceased person.
-3	78	I felt an overwhelming sense of shame.
-3	14	I learned that people were wonderful.
-3	15	I developed new interests.
-3	32	I felt unable to recall the person's image.
-4	18*	My religious faith was helpful at this time.
-4	25**	I felt afraid to be alone.
-4	22	I felt like I was going through the motions of living.
-4	25	I have a better understanding of spiritual matters.
-4	73	When I'm upset the good things in life appear to be illusions.

Table 7. continued

-4	51	I think there is no such thing as recovery.
-5	43**	I made a conscious decision to go on living.
-5	17	I felt that life had no meaning in the aftermath.

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

This perspective centered on identification with the person who died. Factor 3 is characterized by "I am more like my loved on than I used to be" (53) which these people rated highly (+5). They reported being unable to part with the belongings (41) and that "Their loved one lives on inside of them" (52) as well. Their preoccupation remained with the lost loved one and they reported feeling that someone was responsible for the death (27).

This viewpoint is evidence of a perspective that enabled the existing schemas to remain intact. However, this appears to have been at a price. There is an indication of the awareness of physical pain (47) associated with grief that is sometimes associated with immune suppression in the literature. There is no evidence of nervousness and these people strongly rejected any fear of being alone (25). They most strongly rejected the idea that there was any doubt that they would go on living (43). The one issue that complicated the grieving process was that someone was perceived as responsible for the death (27), which is often cited in the literature as a major complicating factor for bereavement. Each death was largely unexpected and these people had been in continual daily contact with the person who died.

From the Personal Growth from Trauma Index (Tedeschi & Calhoun, 1995) only one item (12) concerning the effort that they put into relationships now was rated positively. The rest, (items 7, 14, 15, and 17), were rated negatively indicating deterioration in relating to others and the inability to discover new possibilities. In the interview, however, they reported that they discovered that they were stronger than they thought and that their social support was adequate. They also admitted that blaming (27) was part of their experience. While they found it necessary to cling to the deceased person's belongings (41) they strongly rejected the idea that their own existence was in jeopardy (43, 17). These findings suggest that adaptation through identification aided their perceived recovery.

Here is the experience of a Factor Three mourner:

D. was 16 when he lost his best friend, A., in an accident. He reports that he is far more like A. than he was before A. died. He wore A.'s hat all the time for the first year after the funeral and still treasures the hat 4 years later. Part of the identification is manifested in his assumption of A.'s values. Travelling the world, and pursuit of world peace have evolved from lofty teenage ideals into adult choices of area of study and lifestyle. Since A.'s death, D. has traveled to Africa where A. spent part of his life. He plans to do his Master's degree in World Peace Studies. A. and D. were partners in Model United Nations Debating. D. reported that some part of A. remained with him but that he himself, supplies the inner support that A. used to provide. He discovered that he was stronger than he thought he was but that his worldview did not change except to become clearer. He did not gain a greater sense of closeness with others. He also rejected the idea of feeling emotionally distant from people. He felt that relationships with others

stayed essentially the same. Religion held no answers. He had no sense of a threat to his own existence and no fear of being alone. He simply experienced the biggest loss in his young life and the deepest sadness he has ever known. He admits now to having been deeply depressed for a time and was frequently ill in the first year with colds, flu, and miscellaneous aches and pains. It took him awhile to forgive those who seemed to have failed A. in the last hours of his life.

The story above illustrates the closeness of the pre-death relationship and the clinging to the friend's memory and belongings. Patterning life after the deceased and his values is indicative of the identification in order to preserve the world-view.

Factor 4: Intact World View with High Clarity and High Social Support

This group reported a low level of relationship satisfaction and high distress levels. The death was generally unexpected.

Table 8. Statements characterizing Factor 4. Statements that distinguish Factor 4 from other points of view are indicated with an asterisk.

Score	Item#	Statement
5	70**	I was aware of and clear about what I was feeling.
5	18	My religious faith was helpful.
4	6	I have a better understanding of spiritual matters.
4	80	I felt responsible for someone else who was mourning.
4	14**	I learned that people are wonderful.
4	76*	I feel at ease about my emotions.
4	42	I had someone to talk to who really listened.

Table 8. continued

3	51**	I think that there is no such thing as recovery.
3	13	I discovered that I am stronger than I thought.
3	7	I became certain I could count on people.
3	35	I still do the same things as when s/he was alive.
3	79**	I felt an overwhelming sense of shame.
3	72	Although I am sometimes sad, I'm mostly optimistic.
-3	40	I was preoccupied with thoughts of the deceased.
-3	46	I thought a lot about death and the funeral.
-3	1*	My priorities about what is important changed.
-3	8	I became more willing to express emotions.
-3	47	I was surprised that grief was physically painful.
-3	54	I found the world to be a less predictable place.
-3	56	I looked for a sense of meaning in the events.
-3	38	I yearned for the deceased.
-3	52	I feel that my loved one lives on inside of me.
-4	4	I gained a greater feeling of self-reliance.
-4	45**	I thought the news wasn't real.
-4	9*	I am better able to accept the way things work out.
-4	39	I felt that deceased person was/is guiding me.
-4	48	I was ill a lot in the first year.
-5	61**	One of the most significant events of my life.
-5	60**	I see the world verv differentlv as a result of this event.

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

The Factor 4 group provides another perspective of grief, which enabled the existing world-view to stay intact. These individuals reported that the most salient aspect of their experience was a high degree of clarity about their feelings (70). Second in importance to this group was their religious faith (18, 6). In addition, they felt responsible for another mourner (80). The high level of social support that they received was important to them (14, 42). They also felt moderately strongly that recovery was not possible (51).

Shame (3) was identified as a moderately strong part of their experience. They rejected the idea that good things in life appear to be illusions when they are upset. These people also reported feeling less self-reliant (4) but they strongly rejected the idea that this was one of the most significant events of their lives (61). This indicates that the loss was not a defining event for them. Just as strongly, they rejected the idea of schema change (60), indicating that they continue to view the world in essentially the same manner. The PGTI was well represented by items 6, 7, 13 and 14 which were all rated positively and items 1, 4, 8, and 9 which were all rejected. They reported growth in the areas of spirituality, social relationships and awareness of their personal strength. However, they also reported that their world-view did not change, and that they stayed the same in terms of expressing their emotions. They also reported being less able to accept the outcomes of situations such as these and that they were less self-reliant. This group reported improved ability to relate to others from the PGTI and a lower estimate of their personal strength. It is often necessary for these to be paired to allow effective growth in relationships to develop (Tedeschi, 1989). There was also a cluster of

statements from Salovey et al (1995) which indicated high clarity (76, 72) and no preoccupation with the deceased (40, 46, 38, 39, 52).

Here is an example of a Factor Four mourner from this study:

When his younger brother was killed in a car accident, R. knew exactly what he was feeling. The clarity was remarkable. His father had died 2 years before and people who loved his family rushed in to help in every way they could. R. reported generally being very at ease with his emotions but he also reported that he did not let them make his decisions for him. He believes that there is no such thing as recovery. "How do you get back a father and a brother", he asked. "those places are always empty". The afternoon his brother died, R. sent him home from work at his restaurant because his brother was not being productive. R's last words were in confrontation with his brother and he felt shame in the days and weeks that followed. This caused him to question himself and his self-worth. In the end, a strong sense of values, a strong and sustaining faith, and lots of loving people helped him to maintain his world view and decide that his brother's death would not define his life.

High clarity, as illustrated in this story has been postulated to enhance coping in the event of trauma (Salovey et al. 1985). High social support has also been shown to have beneficial effects (Cohen & Wills, 1985). Maintenance of roles, such as those where one is needed, and the "sacred canopy" of religion have been postulated to help to maintain schemas in the face of assault.

Factor 5: Schema Destruction with High Preoccupation and Attention to Emotion

This group of three people reported the greatest degree of devastation and schema disruption. They reported the high levels of distress and low levels of relationship satisfaction with a great deal of daily contact.

Table 9. Statements that characterize Factor 5. Statements that distinguish Factor 5 from other viewpoints are indicated with an asterisk.

Score	Item#	Statement
5	20**	I thought I was losing my mind.
5	52	I feel that my loved one lives on inside of me.
4	34**	We shared many daily activities.
4	13	I discovered that I was stronger than I thought.
4	40	I was preoccupied with thoughts of the deceased.
4	37	I spent time looking at the deceased possessions.
4	65	I am hopeful about the future.
3	71*	Feelings give direction to life.
3	61	This was one of the most significant events of my life.
3	69	I would suddenly become aware that the person was gone.
3	49	I always knew I could and would go on.
3	6	I now have a better understanding of spiritual matters.
3	17	I felt life had no meaning in the aftermath.
3	60	I see the world very differently now.
-3	51	I think there is no such thing as recovery.

Table 9. continued

-3	36	I now do the things that the deceased person did for me.
-3	63	The world has never felt as safe again.
-3	79	I felt contempt.
-3	27*	I felt someone was responsible for the death.
-3	22	I felt that I was watching myself go through the motions of living.
-3	58	It made me question myself and my self-worth.
-4	77	One should never be guided by emotions.
-4	73	When I am upset good things in life appear to be illusions.
-4	54	I found the world to be a far less predictable place.
-4	64	I have trouble trusting people now.
-4	44	I was sad but never depressed.
-5	31**	I felt angry with the deceased.
-5	45**	I thought the news wasn't real.

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

These people experienced Factor 5 grief. Many of the conditions that were suggested in the literature review are evident in the experience of these participants. They were so shaken by the events that they believed that they were losing their minds (20). This was their most salient experience of grief. Additionally, they had been in close daily contact with the loved one, necessitating major adjustments in their home environment and roles (34). They reported the belief "that their loved one lives on inside of them" (52)

indicating preoccupation with the deceased (also 37, 40). Schema destruction was indicated by items (17) "I felt that life had no meaning in the aftermath" and (60) "I see the world very differently now." They strongly disagreed with the idea that they felt any anger toward the deceased person. They also had no experience of denial in the face of the news. They knew that it was deadly real. This group believed that it is appropriate to be guided by one's feelings (71, 77).

For these people there was no one to blame (27) , no anger for the deceased (31) and no sacred canopy to cover their pain. In the interview they confirmed that they experienced major devastation and preoccupation with the deceased partly because they were in daily contact. According to Salovey et al. (1995) their feeling focus made them more vulnerable because of the increased attention that they allotted to thinking about and feeling their pain.

A Factor 5 mourner's story:

A. lost her 20 year old son, who still resided with her, in a single vehicle accident. He had been a difficult teenager and he died driving while intoxicated. Her mourning was wrenching, deep and painful, filled with regrets and self-recrimination. She withdrew from life as she had known it. Nothing had meaning in the aftermath of his death. She could find no peace. Her faith was not helpful in dealing with this loss, nor could she be comforted by other relationships. She reported that she was preoccupied by the loss for an extended period of time and that even now the wound is still as intense but less frequently brought to mind. Factor 5 mourners reported grief that was very different from that reported by other Factor groups. It seemed to have a prolonged, all encompassing quality that blackened out the light of life.

SUMMARY AND CONCLUSIONS

Apathy, depression and disengagement were certainly evident in the interviews even when many years had elapsed since the event for both Factor 2 and 5. These people clearly had had their assumptive world turned upside down and their schemas no longer sustained them. In order to survive, they recounted withdrawal from even other loved ones. Their ruminations were torturous and unproductive. One participant from Factor 2 reported that he believed his thoughts simply burnt out. They traveled around in his head so long that they self-destructed. After that, functioning became gradually possible again. However, he pointed out that he did not think that he understood more but rather that he simply finally accepted that he would never understand.

It has been suggested that rumination is an attempt to assimilate the painful information and to reconstruct or alter long held world-views. Rumination is defined as a general response tendency that increases with the degree of stress and negative emotion. It generally includes a review of the negative implications of the event, a search for meaning, a need to talk about it (Tait & Silver, 1989), and brainstorming new methods for achieving goals. Rumination, which is usually accompanied by significant psychological distress, can set the stage for new insights about life. As a person comes to terms with the trauma, rumination is reduced but this often takes a very long time (Wortman & Silver,1989). Both of the groups with the worst outcomes referred to rumination and the Factor 5 group recounted an extensive search for meaning.

This study lends support to some of the issues raised in previous research and seems to indicate that some factors are more important to those who experience loss than we previously understood. Previous research has indicated that some people are so deeply

impacted by the loss of a loved one that they demonstrate increased morbidity in the year following a loss (Kissane et al., 1996). This study was not designed to investigate that particular population of mourners but there was some indication that immune function was compromised for at least one group of respondents. Factor group 3 reported increased physical illness and depression in the first year. Factors 2 and 5 also mentioned depression in that time frame. This is consistent with the literature, which implicates impaired immunological functioning in the case of severe mourning. These three groups had the worst outcomes among the 5 factor groups. The two groups with the best outcomes mentioned neither depression nor physical illness. While these facts lend support to the extensive research cited in the literature review, more investigation focusing on this aspect of grief in particular should be pursued to gain a greater understanding of the connection between grief, depression, and illness. In combination with a detailed tracing of physical illness from medical reports in the year following a major loss, an additional Q-sort could be constructed to understand more about the individual's experience of immune impairment. It would be useful to learn whether the mourners perceived a link between physical health and depression as well.

The current results indicate that the overall satisfaction with the relationship during the loved one's lifetime had a major impact on the grieving process. A good relationship, with extensive interaction and good rapport, may be one of the most important factors for insulating the mourner from complicated grieving. While this may appear self-evident, the reasons for this may be more complex than they seem at first glance. This may indicate that people capable of healthy and happy relationships are also more capable of healthy mourning. On the other hand, it may indicate that issues that

were unresolved in the living relationship remain unresolved and even haunting in the static relationship where one person is permanently left behind. If we contrast a Factor 1 mourner who reported a satisfying relationship and no evidence of negative emotion, such as guilt, with a Factor 4 mourner who also had a close daily relationship but who experienced negative emotional struggles in the aftermath of the death, interesting issues arise. It becomes apparent that the issue is more complex than simply the ability to have a positive living relationship. The factor 4 mourner's recovery, which included guilt and other negative emotions, appears to suggest that something within these mourning individuals, such as their cognitive processes, or perhaps accessing social support contributed to their healthy healing.

In this study, satisfaction with the relationship was assessed in the questionnaire portion of the study. This has several ramifications. It is possible that people who mourn more intensely and feel more negative emotion remember only the negative aspects of the relationship such as the things that they regret or the things that remained unresolved. This is consistent with mood congruent memory theories (Taylor et al., 1993). It is also possible that those who weathered the events with less trauma remember only the more positive aspects of the relationship in a sort of revisionist historical perspective. In other words, individuals who are able to be optimistic in the darkest of circumstances may provide evidence for the literature that suggests that those who are better able to resist depression are those who, see the world in a slightly inaccurate rose colored manner (Taylor & Brown, 1988). This takes the discussion back to the literature review, which linked the sense of control (Rodin & Salovey, 1989) with an individual's sense of well-being (Langer & Rodin, 1976, Schultz 1980, Wallerston & Wallerston, 1982).

Intuitively, it could be assumed that a very satisfying, fulfilling relationship would leave a greater hole in a person's existence when the beloved died. In contrast, these results suggest that the richness of a relationship may provide a buffer of some sort when the relationship ends in death. They may also suggest that difficult relationships continue to haunt us when they end in death. It would be important to follow up and explore these possibilities in future research.

Another area that was illuminated by the questionnaire portion of the study was the concept of expectedness of the loss. Unexpected losses have been cited in the literature as a major disruption to the support network. They are considered more damaging because they impair the bereaved person's access to or ability to use instrumental or emotional support to buffer the stress of sudden loss. In this sample, losses that were somewhat expected were not better tolerated than were those which were entirely unexpected. This suggests that other factors may be of greater importance to the mourning process and recovery than the expectedness of the loss. In reality, most losses are traumatic whether or not they are expected. No one is ever fully prepared for such an experience. More research on this topic is required and future studies could productively address the expectedness of the loss in relation to other factors such as quality of the relationship.

Affleck et al. (1985), suggested that one class of benefits cited by individuals who had faced difficult life experiences was positive changes in the perception of the self. This can be seen in the Factor 1 people. From the interview it became apparent that they saw themselves as more appreciative of all that is good in life. They indicated that they seem to see the world more clearly and notice the kindnesses that others offer. These

people also indicated that the relationships with others have benefited from this new sense of awareness and gratitude.

Another benefit reported by bereaved persons is an enhanced sense of control. Having survived the unthinkable helps groups like the Factor 1 mourners to see the future with less fear. However, it is clear that some groups, such as those comprising Factors 2 and 5, now see the future with a reduced sense of control. This study indicated that an enhanced sense of control may be an indicator of positive growth after trauma, something like a badge of success. Further study is warranted.

One more gain reported by some bereaved people is a recognition of their own vulnerability, which can lead to a reappraisal of social networks and to new connectedness. Factor 4 mourners, in particular, detailed the process of becoming aware of needing others to a far greater extent than they had previously understood. This subsequently motivated them to invest more in their social relationships. In the case of the story of R. depicted in Factor 4, he has become active in civic organizations, with fund raising for families in need and he is far more active in church membership. The recognition of vulnerability may be connected to the benefit of strengthened relationships. In order to accept assistance and to perceive the altruistic motives of another person, one must allow oneself to be open and vulnerable. Normally, it is when a person feels strong that s/he is more likely to take such a risk. These indiviudals may have had no choice in their weakened state but to accept help. The experience of being vulnerable may not have had the consequences of which they were fearful. Certain assumptions, such as the stereotypes of who may be trusted, are more resistant to negation by events. These assumptions reduce the possibilities for schema growth and

change but duress may circumvent the resistance to new evidence. This opening of the self under duress may introduce people to a totally unexpected reality of the goodness of others. This information may be more meaningful because it occurred when the individuals were vulnerable. In such circumstances, the goodness of others could be a powerful enough testimony to pierce armor and stereotypes, thereby impacting awareness.

In the same manner, new levels of self-disclosure and increased intimacy may have been forced on some of these mourners out of need or desperation. In the devastation of the loss of a loved one, new survival behaviours may be forced upon the grieving and, in optimal circumstances, those around prove themselves to be trustworthy, caring, and compassionate. This again, may have the power to breach previously strongly held defensive systems.

The above all implicate high order schemas, which relate to fundamental issues of self-worth and efficacy, the benevolence of others, issues of trust, safety and intimacy, and even meaning (Epstein, 1980; McCann & Pearlman, 1990). Maintenance of these beliefs or positive illusions (Taylor & Brown, 1988) allows the world to remain stable and understandable to us. This allows us to navigate efficiently though our world and to believe that our life has meaning, so it is not surprising that influences that affirm these positive schemas help to keep them intact and facilitate healing. It is also not surprising that altering schemas to be more in line with positive realities may break down strongly held defenses and release individuals from negative past experiences so that they are free to benefit from better human relations.

Every factor group professed to have learned something in the healing process that could be of assistance to someone else going through the same circumstances. One result that was, in some ways, surprising was that the more negative the outcome for the mourning group, the more they felt compassion and sensitivity to others. Factor 5 mourners were the most committed to helping others in times of loss. For example A., the Factor 5 mourner whose story was recounted above is very active in helping others in practical ways whenever she is aware of a tragedy. Others who had more favourable outcomes did not seem to have the same sense of obligation to respond with practical help. They were more inclined to offer help if asked, or to offer verbal encouragement.

Range and Niss (1990) indicated that when a person appraises an event as stressful, which would be virtually universal in the death of a loved one, and perceives an inability to cope, they are more likely to experience adverse outcomes. Among these Factor groups, Factor 2 and Factor 5 voiced a perceived inability to cope and encountered the most difficult adjustments. The other three groups fared better in their outcomes.

The work of Anonucci and Ajuyama (1987) indicated that people gain health benefits directly through social support, regardless of their stress status. This gains some support from the Factor 4 profile. Despite dealing with guilt and shame, these individuals cited positive social support as a very important part of their grief experience. If one recalls the experience of R, who had a confrontation with his brother shortly before he was killed in a car accident, the social support factor appears to have had a powerful influence in redeeming his sense of well-being. Of course, further research is required to assess the extent of the influence.

The role of spirituality and faith in God was very complex. Most of the participants considered themselves to be practicing Christians. Factors 1 and 2 both rated the positive influence of their faith as highly as possible. Most of the respondents spoke quite extensively of the influence of their faith in the interview process. This dichotomy is very interesting. Some people reported a tremendous fear of God, which caused them to reexamine their belief system entirely. One woman who became deeply fearful of God reported that it took two years for her schematic representation of God to be modified so that she could enjoy a positive relationship with Him again. Others said that they could not entertain such high level thoughts when they were so burdened. Another reported that relief came for him when he stopped asking God "Why?" and asked himself "Why not?" One man said that he just found no evidence to support his former beliefs. Others said that they relied heavily on God and simply trusted in His goodness. Many feel that they benefited from the "sacred canopy". The protective quality of faith seemed to have been eclipsed by habitual methods of dealing with emotions for some of the factor groups.

Although anecdotal information from police officers and doctors who are forced to deliver the news of unexpected loss frequently features reports of denial in the face of the news, no one in this study reported that denial was a significant part of their experience. It was expected that denial and rumination would probably be partnered in the recovery process for some individuals, but this did not appear to be the case. Perhaps different research techniques or different stimulus items would be required to uncover evidence of that experience.

A potential limitation in any study of this sort is that it is possible that the respondents were unable to accurately recall their feelings during their time of

bereavement. Certainly, it has been noted that bereavement responses tend to diminish with time (Guarnaccia &Hayslip, 1998). To try to reduce the distortion, the sorting instructions were given to the participants to take participants back to recall the emotions in the period following the loss and to encourage the most accurate responses possible. Unfortunately, the issue of distorted memory seems to be a possible flaw in any retrospective study.

Most people find ways to cope with, or surmount, the pain of the loss of a loved one. The participants in this Q-methodological study offered some insight into the different perspectives of life after loss. This, in turn, offered clues into the important influences of their experience. These clues may permit researchers to focus on distinct areas to enhance future understanding.

The large body of research on immunological consequences remains a vital area for future research. The impact of emotion on the immune system is a crucial area of human research and may benefit the most devastated mourners in the future by alerting professional caregivers to the need for medical support for these individuals. This study suggested that illness and depression are part of the experience of those with the worst outcomes.

Salovey et al.'s (1995) work received consistent support from the perspectives of grief reported in this study. These authors suggested that processing intrusive thoughts may depend on skills related to the activation, experience, and modification of feelings. They predicted that people who reported greater clarity of emotion would have fewer, less negative, thoughts in general; would report more positive thoughts over time; would display a decline in intrusiveness and uncontrollability of the thought; and would report

more positive mood overall. In their study, attention and repair influenced the reporting of physical symptoms and illnesses. Depression was associated with low clarity, high attention, and low belief that moods can be altered for the better. In addition, low clarity was associated with neuroticism and greater mood lability. High clarity and repair were negatively correlated with measures of distress and repair was associated with the tendency to overestimate levels of positive affect in stressful conditions such as examinations. The varied perspectives reported in this study supported aspects of these findings.

In practical terms, the need for clarity, in particular, may be well served by a professional grief counsellor. Even if an individual is simply given a secure place to talk, this may facilitate a constructive form of rumination where suggestions may be inserted at opportune moments when the mourner has come to the end of her/his own resources. This may, of course, augment a negative feature of excessive attention to the emotions of grief. A cognitive approach may be helpful, but merely encouraging venting is unlikely to be because it increases attention without resolution. The reduction in rumination and negative affect are associated with recovery in cognitive processing terms. These forms of thought are believed to subside because the individual assimilates the stressful information into existing cognitive schemata or accommodates the schema accordingly.

In summary, Q-methodology permitted 41 people to give the researcher a window into their perspective of grief. Eighty statements were chosen to present to the participants based on the research from academic and counselling sources. Five different perspectives emerged from the analysis. Each perspective was valuable for the understanding of different groups of mourners when interpreted with the questionnaire

and interview results

It appears that a healthy living relationship helps substantially in the event of loss. An orientation toward emotions that encourages clarity and a belief that mood can be altered for the better, without excessive attention to emotion, may also be helpful. Strategies for maintaining schematic representations of the world with little alteration include: identification with the values of the deceased person and reliance on social support and/or God.

When a relationship has had painful periods, social support may be accessed to benefit some mourners. When the person's frame of reference or higher order schemas are assaulted by the events of loss, the people most at risk for traumatic grief seem to be those with difficult relationships. This risk could include the presence of an individual who is blamed for taking the relationship from the survivor (as in the case of a drunk driver). When low social support, high attention to emotion with low clarity and little belief that feelings can be altered for the better are also attributes of the mourner, devastating grief can result. Unfortunately, there are groups of people who must endure the entire process of schema destruction. Some appear to recover in part and others appear to stay in a form of purgatory for many years. If the results of this small study were accurate, they may be in the minority.

Ideally, counselling could be targeted to speed the processing of the new realities of life after loss. The ability to use information provided by emotions can be adaptive. If personal intelligence is access to one's own feeling life and awareness of one's range of emotions, then the capacity to instantly effect discriminations among these feelings and to label them, to facilitate understanding and the directing of one's behaviour is very

valuable. When the situation is very stressful or traumatic, as in grief, these abilities could mean the difference between prompt positive adaptation or prolonged negative outcomes. The perspectives provided by this Q-methodological study affirm that those who are best at these tasks appear to have the best outcomes in grief situations.

Simply knowing that people experience grief in distinct patterns could be of great benefit to academics, counsellors and ultimately to the population that these people aspire to serve. As a methodology, Q allows scientists to return full circle and to inquire of the people that we study, "Are we on the right track?" In this case, these participants indicated that grief could have different and distinct manifestations. They also indicated that some of the previous research hit at the heart of the important grief issues. This should be very encouraging to the psychological community.

Eventually counsellors may be equipped to identify the major concerns of each perspective and to tailor treatment options to meet individual needs. It should come as no surprise that people cannot benefit from help offered outside their realm of awareness or outside their own perspective. Helpful communication with the grieving may require that a professional free up the individual's emotional resources to encourage healing by speaking to the specific problem in a language the mourner can readily understand.

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Appendix A

Brock University Department of Psychology

INFORMED CONSENT FORM

Title of study: Evidence of Growth Through Trauma: A Q-methodological Study

Researchers: Debra J. Smith and Nancy DeCourville (Supervising Professor)

Please Print your name here

_____

You are invited to participate in this study. Please understand that you are under NO obligation to participate. In fact you will be granting the researchers the benefit of your experience and understanding and are therefore, doing them a great service.

Please read the following thoroughly

I understand that this study asks me to consider the most difficult loss through death that I have encountered in my life. If I decide to participate in this study, I will read and rate a variety of statements about my feelings, my thoughts and the changes I experienced as a result of this loss. When I have completed that task, I will be interviewed so that the researcher can be certain that she understands how I feel and what I meant. This will take approximately one to one and a half hours of my time.

The purpose of this study is to understand how real people think about the issues and concerns that psychologist have identified as important in the study of bereavement. Are there different ways of experiencing bereavement? Are we focusing on the important issues or are there other ways to look at it?

I understand that participation in this study is VOLUNTARY and that I can stop or withdraw at ANY time for ANY reason without penalty. There will be NO payment.

I understand that the topic of this study may bring up some sad emotions.

I understand that there is NO obligation to answer any question or participate in any aspect of this project that I consider invasive, offensive or inappropriate.

I understand that all personal data will be kept strictly confidential and that all information will be coded so that my name is not associated with my answers. I

understand that only the researchers named above will have access to the data.

If you have any questions or concerns about your participation in the study, you may contact Debra Smith at 905 468-4689 or Dr. N. DeCourville at 688-5550 ext. 4318.

This study has been reviewed and approved by the Brock University Research Ethics Board.

If you feel confident that you wish to participate please sign below and record the date:

_____ Date_____

I have full explained the procedures of this study to the above volunteer.

Researcher's signature_____ Date_____

Thank you for your help. Please take a copy of this form with your for future reference

If you wish, I will notify you when the results of the study have been completed and I will mail you a summary of the results.

Appendix B

QUESTIONNAIRE

Please identify the most significant loss through death that you have experienced in your life by relationship (e.g. mother, friend, brother, wife).

_____

The death was: unexpected, expected, somewhat anticipated, other (please circle one.)

He/She was this age when he/she died_____

How old were you at that time?_____

In my life I have experienced the following losses through death (in chronological order)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

If possible please rate the degree of distress and disruption in your life resulting from each death on a scale of 1 to 10 (10 = most severe) on the line above next to each.
If possible please rate your degree of satisfaction with the relationship during the person's life time from 1 to 10 (1= extremely unsatisfying, 10= extremely satisfying) on the same line.

I sought the help of a professional counsellor: Yes No (please circle one).

After which event(s) of loss did you do so?_____
My age is:_____ I am: Male Female (Please circle one).

Appendix C

Interview Questions

1. What other questions pertaining to your grief experience should I have asked that I didn't understand enough about your experience to ask?

2. How would they help me to understand grief better?

3. What questions came up in your mind as you sorted the cards?

4. What was the most challenging aspect of this sort?

5. Do you believe that you were able to maintain focus on each individual loss or did they tend to blur in your mind?

6. In sum total, do you believe that you are different for having experienced these losses?

7. How so?

8. Would you care to explain any aspect of the manner in which you chose to sort these cards?

9. I see by the way you sorted the cards that you felt contempt)or guilt or anger or shame). Would you mind sharing a little more about that feeling?

10. For whom or at whom was this feeling directed?

11. Why?

12. Would you please tell me the story of your loss from start to finish in your own words?

Appendix D

FINAL CONSENT FORM

Absolutely no part of this study nor its intents were hidden from you. My purpose was to ask you, a person that I consider an expert in this type of experience, about your feelings, your thoughts and the changes that occurred in you during this difficult time. The sorting procedure was to help me understand what you feel strongly about and what you feel is not as important. The ideas or statements that you sorted were taken from questionnaires that psychologists think might help us understand what kinds of questions to ask to try and understand and how to help someone who is grieving. We have completed the sorting and the follow-up interview. Do you have any other questions about anything at all? I am very grateful for your help.

I will leave you a card with my phone number so that if you find you have any questions in the future you may contact me. It is important that you feel comfortable with the entire experience and so I am asking you to consider again, whether or not you are comfortable with my using the information you provided in my study. If so, please sign on the line below indicating your consent.

Name_____ Date _____

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