

BEREAVEMENT COPING AND INTENSITY AS A FUNCTION OF GENDER AND TIME
OF LOSS FOR UNDERGRADUATE UNIVERSITY STUDENTS

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Abstract

One of the most painful events in life that an adolescent can face is the loss of someone with whom they had a strong emotional attachment (Harvey, 2002). This loss could be a friend, relative, parent, or any person that was strongly attached to the adolescent. In today's literature, there is a lack of attention given to adolescents, college students in particular who experience loss. This retrospective study consisted of 224 university students who had lost someone during adolescence or preadolescence. I examined if the impact of the stress accompanied by the loss and the coping strategies used to deal with loss differed by gender and the time in which students experienced their loss.

Results from this study indicate that gender plays a significant role in both coping behaviors and the impact of the loss on the individual. In particular, females were found have more coping behaviors and felt a higher degree of impact of the loss than males. Another variable that played a significant factor in this study was the time of loss, early or later in life. Those students who experienced their loss later in life (between 13-19) were impacted more than those who experienced their loss early in life (between 5-12). However, time of loss did not play a role in the individual coping behaviors exhibited.

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Bereavement Coping and Intensity as a Function of Gender and Time
of Loss for Undergraduate University Students

CHAPTER I

Introduction

The loss of a parent, close friend, family member, or significant other through death is one of the most stressful life events that a person can experience. The recovery process during this time is typically long and painful (Harvey, 2002; Ifeagwaski & Obieze, 2000). Adolescents in particular may be at risk because they are already dealing with multiple stressors related to their developmental stage. Thompson and Range (1992) noted that most adolescents endure feelings of sadness, despair, and grief when experiencing a loss.

Little research attention is given to young adults who experience loss. LaGrand (1985) even classifies this age group as the “forgotten grievers” (p. 15). Without grief support, a young adult may feel isolated in their mourning, which in turn can create additional bereavement stress (Harvey, 2002), leaving young adults feeling uncertain, socially unsupported, and vulnerable (Gentry & Goodwin, 1995).

This retrospective study of university students examined their bereavement stress and coping when they were adolescents and preadolescents. Specifically, the present study investigated whether the impact of bereavement stress and coping strategies differ by gender and time of loss (adolescence or preadolescence).

CHAPTER II

Theoretical Framework

Stress and Coping Theory

Stress and coping theory, as detailed by Lazarus and Folkman (1984), proposes that a person experiences stress when the demands of a situation are seen as demanding or exceeding resources. This in turn endangers a person's emotional well-being and physical health. A bereaved individual experiences a combination of stressors related to grief (Harvey, 2002). According to Gentry and Goodwin (1995), symptoms include mental confusion, emotional pain, and identity loss as new roles are assumed during bereavement. The person eventually learns to cope with the stressors related to grief. Lazarus and Folkman (1984) have categorized coping as being either emotion-focused or problem-focused. Emotion-focused coping is aimed at controlling the emotional fallout of the traumatic event. This can be done through use of strategies such as regaining emotional control, releasing pent up emotions, or accepting the situation and moving on (Lazarus & Folkman, 1984). Problem-focused coping is geared toward managing and altering the problem that is causing the distress. This can be done through use of coping strategies such as seeking information or advice, taking action, and identifying alternatives (Lazarus & Folkman, 1984).

A third form of coping mentioned by other stress theorists involves appraisal-focused coping (Carver, Scheier, & Weintraub, 1989). Appraisal-focused coping includes logical analysis, mental preparation, cognitive redefinition, and cognitive avoidance and denial. According to Balk (1996), an adolescent experiencing the loss of a parent or other family member may try to avoid thinking about the loss while beginning to form their own personal meaning of the loss.

Grief Theory

LaGrand (1985), states that, “grief is a process of letting go and adapting to the environment without the object that was lost” (p. 17). Often, grief reactions consist of anger, guilt, fear, depression, reconstruction, and hope. While experiencing bereavement, a young adult experiences different components of what LaGrand refers to as grief work. Grief work consists of the adjusting behaviors displayed following loss and the confrontations that involve feelings and any unfinished business associated with the loss (LaGrand, 1985). Research suggests that the time span for grieving is usually an extended period of time that is characterized by highs and lows (Harvey, 2002). Grief work is typically initiated through expression of emotion and talking about the loss. According to LaGrand (1986), the response to grief is a four-fold progression which is described here as stages of grief.

The first stage of grief begins with a feeling of shock and numbness. During this time, the grieving person becomes confused and is unable to comprehend the reality of their loss. This stage may last for days or weeks, often being expressed through emotional reactions such as crying, sobbing, or anger. The second stage is accompanied by guilt. This guilt, either real or imagined, intensifies and prolongs the journey to obtaining resolution. The third stage is distinguished by feelings of loneliness associated with the loss. During this time, survivors suffer the loss of what was felt to be part of the self. It is in this period that survivors may feel isolated in their grief, either by choice or because of the avoidance behavior exhibited by others. During the fourth stage of grief, the individual tries to reconstruct their identity without the deceased and feels a dawning of hope that one can live with the changes demanded by loss. This feeling of hope occurs when the person accepts what has happened in his or her life. LaGrand

(1985) emphasizes that, because each individual adapts according to his or her own needs, these four stages may not be followed in an exact order.

Other researchers have discussed the notion that grief is a process that unfolds in stages or tasks. For example, Kubler-Ross and Worden (1977), conclude that a grieving person must achieve four tasks that are necessary to resolve grief. The first task is to accept the reality of the death. An individual begins the process of grief by coming to accept the fact that his or her loved one has passed away. The second task involves experiencing the pain associated with the loss. The third task is to adjust to changes in the environment. Following the loss, for example, a person may take on more roles in the family. Finally, the grieving person must establish an emotional perspective for the deceased by understanding what the loss means personally (Kubler-Ross & Worden's study as cited in Peterson & Rafuls, 1998).

Bereavement Stress

The death of a close relative or friend can produce both unexpected and unsettling emotions in an individual, referred to here as "bereavement stress." This stress can be connected with what has been lost and the changes taking place throughout the process of bereavement (Stroebe & Schut, 1999). Bereavement stress encompasses feelings of sadness, despair, mental confusion, and emotional pain. During this time of stress, the adolescent may feel overwhelmed by confusion, anger, and fear (Balk, 1996; Thompson & Range, 1992). In a study conducted by Thompson and Range (1992), bereaved college students reported experiencing feelings of blame and unhelpfulness while dealing with their loss.

How the bereaved person perceives the loss will help define the extent of the impact of the loss. Although the thoughts of others are taken into account, the bereaved person's own subjective view takes priority when defining a major loss. Often, a major loss will be

experienced when a person deals with the death of someone in which there was a close relationship. A close relationship is vital to the feelings of happiness and the sense that life is meaningful. According to Weiss (1988), grief can be triggered by experiencing the loss of a relationship that is characterized by a close attachment. This grief occurs when the bereaved had an emotional bond of closeness and love to the deceased (Weiss, 1998). According to Ringler and Hayden (2000), often adolescents will experience both long-term and short-term effects from the loss that lead to additional stress associated with bereavement. Examples of long-term effects are medical illness and physical illness, while examples of short-term effects include shock, numbness, sadness, anger, insomnia, loneliness, fright, suicide ideation, and problems in school (Ringler & Hayden, 2000).

Some researchers, such as Stroebe and Schut (1999), believe bereavement is a life event, which triggers the emotion of grief. Due to the lack of control, the emotion becomes a stressor itself because of the additional or secondary stressors that are associated with the emotions felt by the individual. According to Stroebe and Schut (1999), stressors are triggered at two key times during bereavement. First, loss-orientation stressors occur as the bereaved reminisces about the deceased and the events surrounding the death. Additional bereavement behaviors include yearning for the deceased, viewing old photographs, and crying. Second, restoration-orientation stressors occur at this point in bereavement. The individual not only feels grief for the deceased, but must also adjust to changes that are secondary consequences of the loss. This additional stress adds to the burden of the loss (Stroebe & Schut, 1999).

Gender Differences

In a study of 491 college students, LaGrand (1985) found that males and females differed in both emotional and physical reactions to loss. In his study, LaGrand found that depression

was the emotional reaction reported most often by both males and females. Males were more hesitant to show their emotions and were more idealistic in putting their losses behind them. Other reactions included shock, emptiness, disbelief, anger, loneliness, fear, and guilt, all of which were reported more often by females. Physical reactions also accompanied the grief. Results from LaGrand's study indicated that females, more than males, had physical reactions in the form of crying, headaches, insomnia, exhaustion, weakness, numbness, and vomiting. In a similar study, Meshot and Leitner (1993) found that women had a high degree of mourning which was characterized by crying and/or the feeling of needing to cry. In addition, women found it more difficult to sleep and often found themselves thinking about how the deceased used to conduct their daily activities, which supplements the findings from LaGrand. Meshot and Leitner (1993) suggest the need to study and highlight the gender differences in bereavement for adolescents. Specifically, we should examine the emotional expressiveness and openness between genders.

Few studies examine gender differences in bereavement stress among the college student population. This particular study tries to fill the gap of knowledge in our field by studying a college student sample and how their stress following bereavement at different times in their past differs by gender. By having a better understanding of gender, practitioners can be better able to provide better-suited means of support while coping.

Coping with Bereavement

Gender Differences

Males and females have been found to differ in their approach to coping with loss. In his study of adolescent reactions to loss, LaGrand (1985) found that females compared to males, possessed a larger circle of friends with which to share their grief. In another investigation,

O'Brien et. al. (1991) concluded that males used the coping strategy of denying the importance of their loss until peers responded with sorrow.

Frydenberg (1997) found that adolescent males, ranging from ages 13 to 16, reported a greater reliance on direct action than females. Adolescent males also tended to seek additional information and get involved in alternate activities, which in turn reduced their stress.

Frydenberg (1997) also found that adolescent males, unlike females, used denial to ignore their problems. Girls, in contrast to boys, assessed situations as being more threatening. In addition, adolescent girls were more likely to expect the worst during their time of loss and more often used emotion-focused strategies to cope with their loss. Such strategies included distraction and catharsis. These strategies rely on gaining emotional support from family and teachers that are found within the adolescent's support network. In the context of the same situation, girls saw the problem as more complex and more individually caused, even after the event was over. To cope with loss, girls were more willing to use social support. This greater use of social support suggests that girls, more often than boys, accepted support and let their feelings out while talking to others about their feelings (Frydenberg, 1997). In another study, Meshot and Leitner (1993) discussed the possibility that women have a higher need to cry during mourning. This may be due to the greater expression of emotion exhibited by women.

Differences in Coping by Time of Loss

Grief Stages

Based on LaGrand's (1986) earlier research, ways of coping should differ by the stage of grief. During the first stage of grief (shock and numbness), the bereaved more often cope by crying and redirecting their anger towards those who are around them at the time. This emotion-focused coping strategy represents an attempt to deal with a seemingly unmanageable situation.

According to LaGrand (1986), expressed anger can be a powerful source of energy that can motivate changes in a person's behavior.

In the second stage of grief (guilt), the bereaved more often relies on social support as a way of coping. By hearing a friend's reassurance, self-blame and feelings of guilt tend to decrease. In the third stage of grief (loneliness), the bereaved will often begin to cope by developing new relationships. The bereaved is beginning to accept the loss, but has not come to terms with the loss. Sometimes the bereaved cope by using alcohol or other drugs to ease the pain of loss. The final stage of grief (reconstruction of identity) consists of the bereaved accepting their loss. During this time, a person may experience fear due to thoughts of losing another person to death. To deal with this fear, the bereaved will try to cope by talking about his or her fear with others. The bereaved will begin to find new courage and power. During this stage, coping efforts focus on reconstructing one's life and gaining a sense of hope (LaGrand, 1985). The main form of coping during this period will be to begin replacing the individual who was lost.

Grief and Coping Conceptualized in Terms of Attachment

According to Shaver and Tancredy (2001), attachment theory is one of the most useful theoretical perspectives for examining bereavement. The theory of attachment proposes that early care giving experiences have an important influence on the development of a resilient personality (Bowlby, 1973 as cited in Zimmerman & Becker-Stoll, 2002). According to Shaver and Tancredy (2001), the attachment theory can help explain the psychological impact of loss. A person activates the attachment behavior when experiencing a stressful situation, in this case the loss of a loved one. The person seeks the closeness of a familiar person that will help him or her cope with the situation (Rice, 1990). There is an extreme feeling of grief after the loss of

someone who once contributed to the bereaved individual's inclusive drive. For a young child, he or she relies on the attachment figure for security and protection. Shaver and Tancredy (2001) propose that when losing a parent, the intensity of the child's reaction can be determined by the extent to which the child sees the parent to as a major source of protection and security.

However, attachments are not necessarily restricted to one individual. In fact, they can occur at any age and with other people in addition to the main caregiver. For an adolescent, many important developmental tasks are related to attachment and family relationships (Allison & Sabatelli, 1988). Adolescents use attachment for ego development, and social and emotional adjustment to different situations. From an organizational perspective, secure attachment between an adolescent and his or her parents can aid in adaptive functioning in a variety of situations (Rice, 1990). Armsden and Greenberg (1987) found that the quality of attachment to parents was positively correlated with self-esteem, life satisfaction, and self-concept. In addition, Armsden and Greenberg (1987) found that a higher quality of parent attachment was associated with adaptive emotional functioning.

Intensity and Attachment

Behaviors experienced during part of a particular time of mourning depend on the nature of the relationship to the deceased. In addition, behaviors also depend on the particular needs and beliefs underlying the bereaved individual's emotion related appraisals. People who have an intense reaction to a particular loss are more likely to continue to be upset about their loss months and years later (Shaver & Tancredy, 2001).

The particular attachment patterns of the grieving individual can determine how they handle their emotions. Individuals who have been treated in ways that allow for a sense of security find it easier to access attachment-related emotional memories. Individuals who lack a

sense of security fit into one of three patterns; avoidant, anxious/ambivalent, or disorganized/disoriented. Individuals, who fall into the pattern classified as avoidant, tend to suppress or avoid attachment-related emotions. On the other hand, individuals who are anxious/ambivalent tend to be highly emotional and expressive, but are unable to cope constructively with attachment-related feelings. Disorganized or disoriented individuals are traumatized in ways that have damaged their ability to think and talk coherently about attachment-related losses (Shaver & Tancredy, 2001).

Resiliency

Family Resiliency and Stress

According to McCubbin, Hamilton, and McCubbin (1996), “resiliency can be defined as the positive behavioral patterns and functional competencies individuals and the family display under stressful circumstances, which determine the ability of the family to recover by maintaining its integrity as a unit while insuring and restoring the well-being of family members and the entire family unit” (p. 5). In short, resilience is the ability to withstand and rebound from adversity (Walsh, 2002). Throughout the life cycle of a family, members will experience stress and hardship due to normative and nonnormative stressors that occur over time. Normative stressors, such as getting married, would not be considered a significant risk for families. On the other hand, nonnormative stressors are often traumatic and can be classified as a significant risk (Patterson, 2002). From a resiliency perspective, most families can recover from their stress and adversity and be successful.

One principle of family resiliency is that stressful crises and challenges influence the whole family. When this occurs, family processes help mediate the recovery and resilience of the vulnerable members in the family. Families experiencing a crisis can follow a family

resilience framework that will serve as a map to guide prevention and intervention efforts that aid in the strengthening of the family during this time. By experiencing a crisis, families may emerge stronger and more resourceful, thus promoting resilience. As a family becomes more resourceful, the ability to meet future problems and challenges may be enhanced (Walsh, 2002). On the other hand, while experiencing a crisis, a family may go through a change in structure. This in turn can lead to a discontinuity in the families functioning and can lead to either improved or poorer functioning. By identifying protective factors and processes that moderate a family's exposure to a significant risk, a family may be able to show competence in accomplishing their family functions, thus showing family resilience (Walsh, 2002).

A critical component in understanding resilience is the process of defining the situation. A family's shared meanings about the demands of the situation can leave them more or less vulnerable in how they respond. One way to build resiliency is by understanding how much success the family has experienced while managing normative demands. By having more success, a family is more likely to increase the likelihood of showing resilience if they are exposed to a traumatic event in their lives. On the other hand, a family who has had difficulty in managing normative demands could experience a downward curve in family functions and building protective family relational processes (Patterson, 2002).

CHAPTER III

Methods

Procedure and Sample Description

The sample in this study consisted of 224 undergraduate students from Virginia Tech. In order to identify my sample, I visited two undergraduate Human Development classes and discussed my study in general terms with the students. (See Appendix A for the protocol used to describe my study.) Prior to visiting the class, I contacted the professors to gain their permission and schedule a time for me to come to their class. When visiting the class, I informed the students that I was looking for participants who had lost someone in which they had a close emotional attachment. This could be a parent, grandparent, brother, or sister. Each student was given a booklet containing three instruments that measured the variables I chose to study. Information that was collected involved coping strategies, closeness to the deceased/impact of event, length of time since the death, age of the student, collegiate standing of the student, and other demographic variables.

An important selection criterion is loss. Almost every subject was able to identify someone who died and for whom they grieved a significant loss. The loss took place either early in the students' lives (between the ages of 5 to 12) or later in their lives (between the ages of 13 to 19). This allowed me to examine coping strategies and impact of the loss by gender (male and female) and by time of loss (early loss and late loss).

Measurement

Demographic Information

Respondents were asked to provide demographic information (i.e., age, sex, time since the loss) for the purpose of sample description. (See demographic data form in Appendix B)

A-COPE

In order to assess the different coping strategies/behaviors, I used a modified version of the A-COPE (Adolescent-Coping Orientation for Problem Experiences), which is designed to record the behaviors adolescents find helpful to them in managing problems or difficult situations which happen to them or members of their families (McCubbin, 1981). The participants in this study were asked to complete the A-COPE in relation to the significant loss they identified in their demographic data sheet. Responses to statements included within the A-COPE can be divided into a conceptual scale structure consisting of twelve sub-scale categories. The categories are labeled as ventilating feelings, seeking diversions, developing self-reliance and optimism, developing social support, solving family problems, avoiding problems, seeking spiritual support, investing in close friends, seeking professional support, engaging in demanding activity, being humorous, and relaxing. The A-COPE utilizes a 5-point Likert Scale, which asks the respondent to decide how well each statement describes the manner in which they cope with difficulties. Responses range from one (not at all) to five (extremely well). Scoring is done by summing item scores for a total score for each of the seven subscales. Items 7, 8, 19, 24, 26, 28, 42, 46, and 49 are reverse scored. The A-COPE has a fair to good internal reliability with subscale alphas ranging from .50 to .75. The test-retest correlation is .83. The A-COPE has “fair” predictive validity (Fischer & Corcoran, 1994). I requested and received permission from the author of the A-COPE to use it in this study.

IES

In order to measure the closeness of the student to the deceased and the impact of the loss on the student, with permission of the author, I used a modified version of Horowitz’ Impact of Event Scale (IES). The purpose of the IES is to measure the stress associated with traumatic

events. The IES contains 15 items that assess the experience of a posttraumatic stress for any life event, including loss, and its context. Subjects were asked to fill the IES out in terms of the significant person they lost which they identified on the demographic data form. The scales wording was changed specifically to ask about the death of the significant person. Normally a practitioner uses the IES during treatment that is being administered to the respondent (the person who experienced the loss). The IES measures two categories of response to stressful events. First, it measures intrusive experience, such as ideas, feelings, or bad dreams. Second, it measures avoidance, the recognized avoidance of certain ideas, feelings, and situations. Scoring is done by rating items according to how frequently the intrusive or avoidance reaction occurred. Responses to the items are scored from 0 to 5 with higher scores reflecting a more stressful impact. Intrusive scores range from a sum of 0 to 35, while avoidance scores range from a sum of 0 to 40. Any score above 26 suggests a moderate to severe impact.

The IES has a good internal reliability, with coefficients ranging from .79 to .92, with the average for the intrusive subscale being .86 and .90 for the avoidance subscale (Fischer & Corcoran, 1994). Since the IES is primarily used to monitor a clients' progress in treatment, the validity is sensitive to change as scores may change over the course of the treatment. For this reason, I asked the subjects to answer, as they would have three months after the significant person's death.

Analysis

In order to gain an understanding of the collected data, I used an independent samples t-test, which examined whether coping behaviors (the dependent variable) varies by gender (male and female). In addition, I used a one-way analysis of variance to examine whether coping behaviors varied by the time of loss (early and later). Tuckey post hoc analysis was used to

determine the existence of specific significant differences between cells. The level of significance was set at .05.

Second, a one-way analysis of variance was used to examine whether the impact of the loss (dependent variable), varies by gender (male and female) and/or by the time of loss. Tuckey post hoc analysis was used to determine the existence of specific differences between cells. The level of significance was set at .05.

Finally, a two-way analysis of variance was used to determine if there was an interaction effect between coping behaviors, gender, and time of loss. I also tested to see if there was an interaction effect between impact of loss, gender, and time of loss. The level of significance for each test was set at .05.

Research Questions

The research questions guiding this study include:

1. Do males and females differ in their ways they cope with loss, as measured by the subscales of a modified version of the A-COPE?
2. Do undergraduates cope differently when they lose someone early in life (between 5-12) as compared to later in life (13-19)?
3. Is there an interaction effect for gender and time of loss in terms of how undergraduates cope with the loss of a significant person in their lives?
4. Do males and females differ in the impact of the loss three months after the loss occurred as measured by the IES?
5. Is the impact different for undergraduates when they lose someone early in life (between 5-12) as compared to later in life (13-19)?

6. Is there an interaction effect for gender and time of loss in terms of the impact on the lives of undergraduates coping with the loss of a significant person in their lives?

CHAPTER IV

Results

This particular study consisted of 224 students. There were 168 females and 53 males. Three participants chose not to identify their gender. Approximately 20 students declined to participate in the study because they stated that they had not had a significant loss in their lives. The breakdown of collegiate standing is as follows: 74 freshman, 71 sophomores, 24 juniors, and 52 seniors. Three participants chose not to identify their year. Among the two groups of loss, there were 51 students who were labeled as experiencing an early loss (between the ages of 5-12) and 130 students who were labeled as experiencing a later loss (between the ages of 13-19). Forty-three participants either lost someone after the age of 19 or chose not to indicate when their loss took place. The breakdown of the current age of the students is as follows: 54 students were 18, 66 students were 19, 41 students were 20, 43 students were 21, and 18 students were 22. Two students did not report their age. The A-COPE had an alpha reliability of .85, while the IES had an alpha reliability of .87.

Research Question 1: Do males and females differ in their ways they cope with loss, as measured by the subscales of a modified version of the A-COPE?

The first research question examined whether males and females would differ in their ways of coping with loss. An independent samples t-test was conducted for each subscale to evaluate the differences in gender and the form of coping used by the students. Surprisingly, eight of the twelve subscales yielded significant results. In Table 1, t-tests of the differences between means for males and females on each of the subscales are presented. Females had a significantly higher mean score for eight coping patterns: ventilating feelings ($t = 2.028$), developing self-reliance and optimism ($t = 2.195$), developing social support ($t = 7.282$), solving

family problems ($t = 4.879$), seeking spiritual support ($t = 3.537$), investing in close friends ($t = 5.760$), seeking professional support ($t = 2.332$), and engaging in demanding activities ($t = 2.972$).

Table 1

Mean Comparisons for Coping with Loss Between Males and Females

Subscales	Males	Females	T Value	Sig.
Ventilating Feelings	18.81	19.59	2.02	.044*
Seeking Diversions	20.09	21.37	1.95	.052
Developing Self-Reliance and Optimism	18.69	20.12	2.20	.029*
Developing Social Support	16.45	20.52	7.28	.000*
Solving Family Problems	15.96	19.13	4.88	.000*
Avoiding Problems	18.09	18.65	1.21	.228
Seeking Spiritual Support	6.03	7.59	3.54	.000*
Investing in Close Friends	5.74	7.38	5.76	.000*
Seeking Professional Support	2.57	3.01	2.33	.021*
Engaging in Demanding Activity	11.10	12.57	2.97	.003*
Being Humorous	6.53	6.11	1.35	.179
Relaxing	13.49	13.42	.21	.834

* Significant at $p \leq .05$

Research Question 2: Do undergraduates cope differently when they lose someone early in life (between 5-12) as compared to later in life (13-19)?

The second research question examined whether undergraduates would cope differently when they lose someone early in life (between 5-12) as compared to later in life (13-19). A one-way analysis of variance was conducted to evaluate the relationship between time of loss and the total score for each gender on the A-COPE. Results of the analysis were not significant (see table 2). This would indicate that time of loss does not play a significant role in the selection of coping strategies.

Table 2

Analysis of Variance for Coping and Early Loss vs. Late Loss

Source	df	F	Eta	Sig.
Corrected Model	2	.132	.001	.876
Intercept	1	11198.397	.983	.000*
Loss (L)	2	.132	.001	.876
L within-group				
Error	197	(370.20)		
Total	200			

Note. Values enclosed in parentheses represent mean square errors.

L = loss.

* $p \leq .05$

Research question 3: Is there an interaction effect for gender and time of loss in terms of how undergraduates cope with the loss of a significant person in their lives?

The third research question examined whether there would be an interaction effect for gender and the time of loss in terms of how undergraduates coped with the loss of a significant person in their lives. A two-way analysis of variance was conducted to evaluate the effects of gender and the time of loss on the coping behaviors of the student. The analysis did not indicate

a significant interaction between time of loss and gender in terms of coping behaviors (see table 3). This would indicate that regardless of gender, the time of loss does not play a significant role in how students said they coped with their loss. Specifically, we can look at Table 3 and see that only gender plays a significant role in how students coped with their loss.

Table 3

Interaction Effect for Time of Loss, Gender, and Coping Behaviors

Source	df	F	Eta	Sig.
Loss (L)	2	.988	.010	.374
Gender (G)	1	23.609	.108	.000*
L x G	2	.278	.003	.758
G within-group				
Error	194	(325.735)		
Total	200			

Note. Values enclosed in parentheses represent mean square errors.

L = Loss

G = Gender.

* $p \leq .05$

Research Question 4: Do males and females differ in the impact of the loss three months after the loss occurred as measured by the IES?

The fourth research question examined whether males and females would differ in the impact of their loss three months after the loss occurred as measured by the IES. A one-way analysis of variance was conducted to evaluate the relationship between gender and the impact of the loss. Results from the analysis indicated significance ($F [1, 212] = 14.320, p = .000$) (see table 4a). This finding indicates that males and females differed in the impact of their loss. In

examining the data, we find that females had a mean score of 39.13, while males had a mean score of 34.03 (see table 4b). Thus, we can conclude, based on the results, that females experienced a stronger impact from their loss than males.

Table 4a

Analysis of Variance for Impact of Loss and Gender

Source	df	F	Eta	Sig.
Corrected Model	1	14.320	.064	.000
Intercept	1	2957.803	.934	.000*
Gender (G)	1	14.320	.064	.000
G within-group				
Error	210	(1003.931)		
Total	212			

Note. Values enclosed in parentheses represent mean square errors.

G = Gender.

* $p \leq .05$

Table 4b

Mean Scores for Gender and Impact of Loss

Gender	Mean	Standard Deviation	Sample Size
Male	34.04	9.85	51
Female	39.13	7.86	161

Research Question 5: Is the impact different for undergraduates when they lose someone early in life (between 5-12) as compared to later in life (13-19)?

The fifth research question examined whether the impact of the loss would be different for undergraduates when they lose someone early in life (between 5-12) as compared to later in

life (13-19). A one-way analysis of variance was conducted to evaluate the relationship between the impact and time of loss. Results from the analysis were significant ($F [2, 207] = 3.170, p = .044$) (see table 5a). The data reflects that students who were in the later loss group had a mean of 39.12, while students in the early loss group had a mean of 35.73 (see table 5b). This would indicate that time of loss plays a significant role in the impact of the loss on the student. Specifically, the undergraduates who experienced loss early in life (between 5-12) experienced a lesser impact than the undergraduates who experienced loss later in life (between 13-19).

Table 5a

Analysis of Variance for Impact and Time of Loss

Source	df	F	Eta	Sig.
Corrected Model	2	3.170	.030	.044
Intercept	1	2922.042	.935	.000*
Loss (L)	2	3.170	.030	.044
L within-group				
Error	204	(71.606)		
Total	207			

Note. Values enclosed in parentheses represent mean square errors.

L = Loss

* $p \leq .05$

Table 5b

Mean Scores for Time of Loss and Impact

Time of Loss	Mean	Standard Deviation	Sample Size
5-12	35.73	9.48	49
13-19	39.12	8.11	126
Over 19	36.81	8.18	32

Research Question 6: Is there an interaction effect for gender and time of loss in terms of the impact on the lives of undergraduates coping with the loss of a significant person in their lives?

The sixth research question examined whether there would be an interaction effect for gender and the time of loss in terms of the impact on the lives of undergraduates coping with the loss of a significant person in their lives. A two-way analysis of variance was conducted to evaluate the effects of gender and time of loss on the impact of the loss on the individual. The results were not significant (see table 6). This would indicate that gender and the time of loss together do not play a significant role in the impact of the loss on the student.

Table 6

Interaction Effect for Gender, Time of Loss, and Impact of Loss

Source	df	F	Eta	Sig.
Loss (L)	2	2.699	.026	.070
Gender (G)	1	9.107	.043	.003*
L x G	2	1.990	.019	.139
G within-group				
Error	201	(66.989)		
Total	207			

Note. Values enclosed in parentheses represent mean square errors.

L = Loss/G = Gender

*p≤.05

CHAPTER V

Discussion

The results from this study suggest that males and females cope differently when dealing with their loss. After running t-tests on the means for each subscale, I found that females tend to use the coping behaviors of ventilating feelings, developing social support, developing self-reliance, solving family problems, seeking spiritual support, investing in close relationships, investing in close friends, seeking professional support, and engaging in demanding activity. These findings are consistent with the work conducted by LaGrand (1985), who found that females, rather than males, possessed a larger circle of social support in which to share their grief. This is a characteristic found in the developing social support subscale of the A-COPE. This social support can come from family or teachers that are found within the adolescent's support network. In addition, the findings supplement LaGrand's (1985) work that also found that females were more likely to invest in finding close friends, an idea that is similar to the investing in close relationships subscale of the A-COPE. Frydenberg (1997) also adds support to the findings in my study. In her work, Frydenburg (1997) found that females used more social support and ventilated their feelings more than males, a finding which was true in my study. However, my study indicates that females were more likely to engage in a demanding activity (e.g. strenuous physical activity, improving oneself, or working hard on schoolwork). This is contradictory to the work conducted by Frydenburg (1997) that found that males, rather than females, were more likely to get involved in activities to reduce their stress. Although nomethetic data gives trends, we must remember that there is a range of coping strategies for each gender.

Results from this study also reveal that undergraduates, who lost someone early in life, did not differ in the forms of coping from those who lost someone later in life. One possibility for this may be the inability of the student to recall accurately their loss and the coping behaviors that were exhibited. This is in line with the ideas of Meshot and Leitner (1993), who discussed the idea that the participants in a retrospective study may not differ because their accuracy of recollection of coping and events may be distorted.

However, results from my study do indicate that undergraduates differed in the impact of the loss in terms of when in life it occurred. By comparing the means, we find that the later loss group experienced a greater impact from the loss ($X = 39.11$) than did the early loss group ($X = 35.73$). One possible explanation for this difference may be the quality of the attachment to the lost loved one. According to Shaver and Tancredy (2001), when losing a parent, the intensity of the child's reaction can be determined by the extent to which the child perceives the parent to be a major source of protection and security. Due to this being a retrospective study, some of the participants may have difficulty when recalling the quality of their attachment at an early age. Students who experienced their loss later in life might find it easier to recall their level of attachment to the person they lost, since the loss was more recent.

In addition, results from my study indicate that males and females differed in the overall impact of their loss as measured by the IES. Females had a higher mean score ($X = 39.13$) compared to the males ($X = 34.03$). This is consistent with LaGrand (1985), who found that females, rather than males, reported having greater emotional and physical reactions to loss. Emotional reactions by females include shock, emptiness, disbelief, anger, loneliness, fear, and guilt. Physical reactions include crying, headaches, insomnia, exhaustion, weakness, numbness, and vomiting. To supplement the work done in this study and by LaGrand (1985), Meshot and

Leitner (1993) found that females had a higher degree of mourning and crying. In addition, females found it more difficult to sleep. Thus, the difference between males and females may be that girls are more vulnerable than boys are to the loss and experience a greater impact associated with the loss. One could hypothesize that this may be because of the socialization toward greater emotional vulnerability of females and the reluctance of males to show their emotions.

According to Meshot and Leitner (1993), women seem to identify more with the deceased and are more open. However, this can be seen as a positive form of coping. By being more expressive emotionally, women may report their feelings more often than men may. Meshot and Leitner (1993) believe that this openness in emotion may lead to a more intense grief reaction, which would then lead to a longer period of grieving and more unresolved grief. Previous research has shown that being expressive and having an extended period of grieving can be good for an individual. LaGrand (1985) found that being open and expressing feelings is a key component in the acceptance and coping process.

One of the more interesting findings occurred when I tested to see if there was an interaction effect between gender and time of loss for and the impact felt by the student. It was after running the results that I found that when combined, gender and the time of loss do not play a significant role in the impact of the loss on the student dealing with the loss. You could hypothesize that this may be because the students who lost someone early in life, regardless of gender, may have trouble accurately recalling how they felt about their loss at an early age.

A second finding that appeared to be interesting occurred when I chose to see if there was an interaction effect between time of loss, gender, and the coping strategies used to cope with their loss. As was true in the previous interaction effect, time of loss and gender combined, do not play a significant role on the selection of coping strategies used to cope with their loss. Only

when studying gender alone can we find a significant difference. This may be either because there is no difference between time of loss or because the students had a difficult time recalling accurately their coping behaviors used to deal with their loss if the loss occurred many years ago.

Conclusion

After conducting this retrospective study, it can be concluded that gender is a main variable when differentiating between the coping strategies of undergraduate college students. In this study, females used the coping behaviors of ventilating feelings, developing social support, developing self-reliance, solving family problems, seeking spiritual support, investing in close relationships, investing in close friends, seeking professional support, and engaging in demanding activity. According to Meshot and Leitner (1993), males are more reluctant to show their emotions, while females tend to grieve the deceased longer. This difference in expression may be one explanation as to why females tended to rely on more coping strategies than did the males.

As was true with coping strategies, gender also plays a significant role in the impact of the loss on the individual. From this study, I found that females were more impacted by their loss than males. An explanation for this could be that females tend to have more physical and emotional reactions to their loss than males. In addition, females tend to value their relationship with the deceased more than males (LaGrand, 1985). A second variable that played a significant role in the impact felt by the student was the time of loss. In this study, those students who lost someone later in life suffered a greater impact from their loss than did those who lost someone early in life. It may be that later losses impact participants more than early loss. However, this appears counterintuitive. Another possible explanation could be the inability to recall accurately the events associated with the loss. Someone who experienced a loss 8-10 years ago may not be

able to recall the loss as accurately as someone who experienced a loss within the last 2-3 years. Another explanation could be students are not necessarily at the same stage of coping. One student may still be accepting the loss of someone who died recently, while another may be towards the end of coping and be accepting the loss.

I also thought that time of loss would play an important role in the selection of coping behaviors used by the individual. In this study, students who experienced their loss early in life did not differ significantly than those who lost someone later in life. One possible explanation could be the inability to remember the coping behaviors used early in life to deal with their loss. As time passes, so to does the accuracy of recall. This also could explain why combining time of loss and gender did not play a significant role in the remembrance of coping strategies or impact of the loss, with the exception of one subscale. The only exception to this was in subscale three, developing self-reliance and optimism. Characteristics of this subscale include organizing your life and making your own decisions.

Limitations

One drawback to this study is the difference in sample size between genders. There were 168 females compared to only 53 males. Some of the conclusions need to be taken with caution. Nevertheless, the results are in line with previous research that includes gender as a variable in the coping process (O'Brien et al., 1991, Frydenberg, 1997). Women were impacted more than men were. The difference in the impact between men and women may be due to the socialization experiences of women. Women may be more expressive emotionally, so they may report their feelings more often than a male (Travis, 1982 as in Meshot & Leitner, 1993). Being more expressive may be why females said they were more impacted than males.

Another limitation to this study is the fact that I did not ask the students to identify their significant loss in terms of what role the person played in their lives (e.g., mother) or the degree of significant attachment they had to this person. Some students may have identified a person who they know, but did not have a close attachment to. I could have asked the students to identify if they lost their mother, father, grandparent, brother, or sister and the degree of attachment they had to that person. Future studies should examine both relationship role and degree of attachment.

In a retrospective study, the question of accuracy of recall of events may be asked (Meshot & Leitner, 1993). Perhaps the difference in time of loss and the impact felt is due to this limitation. The memory of the person lost may not be as accurate 8-10 years later as those who recall the memory of a person who was lost 2-3 years earlier.

Finally, another possible limitation may lie within the sample. In this study, I did not examine cultural differences or different socio-economic groups. These two variables may play a significant role in coping behaviors and the intensity of the loss on an individual. In the future, researchers may want to include these variables. By doing this, greater clarity may be brought out in the differences around adolescents and bereavement.

Clinical Implications

Based on the students' responses in this study, there are important considerations for practitioners. The time in which a person experiences a loss can have an effect on the impact of the loss on the individual. This should be taken into account when trying to help or counsel the individual who has experienced the loss.

Another implication is based on the finding that women were more impacted by their loss and wanted to seek professional support to cope with their loss. In general, students may want to

meet with teachers to discuss their loss. However, teachers may not feel comfortable or capable of addressing this subject. The guidance staff in the school could provide instruction to teachers about ways to respond to a student during their crisis. By doing this, teachers would feel more comfortable and confident about helping and the students will have someone to talk with about their feelings. It may be that what one would do to help girls who are freer with their feelings, would be quite different from what one would do to help boys, who appear to use less coping strategies. Specifically, a counselor may need to draw boys out more than girls so that they might grieve and cope, rather than deny their loss.

Finally, although in this particular study women were more impacted by the loss than men were, the truth of the matter is that both genders were impacted by their loss. After experiencing a loss, the student may want to meet with friends and others to mourn the loss. This may take place at school, church, or may even be a dedication placed in a newspaper or school yearbook. A student should be able to do this. The student who lost someone should be able to mourn their loss in their own personal way.

Research Implications

In this study, it was found that males and females differed in both coping behaviors and the impact of their loss. In addition, the time of loss played a significant role in the impact of the loss on the individual. Despite my findings, more research is needed to distinguish why females tend to use more coping strategies than males. To add to this, additional research should be conducted to gain a better understanding to why women are more impacted by their loss than men. Research needs to be conducted that will examine if the impact of the loss is influenced by the amount of coping, or is the impact even related to the coping behaviors exhibited by the individual. Furthermore, what variables affect the intensity felt by the individual? We as

researchers need to examine the impact of a loss on the quality of life for the individual. Perhaps for some, the impact may be small, while for others it may be quite negative. What makes the difference? Clearly, we need to know more.

Although this study examined coping behaviors by gender, the idea of counseling and gender was a topic that was not examined. Researchers need to empirically examine the counseling strategies used for each gender. If males and females differ in coping behaviors, then the most effective counseling received by each gender may differ and should be in line with the behaviors exhibited by each gender. Clearly, researchers should examine which counseling strategies are best for males and females.

Finally, retrospective studies must take into account the fact that the accuracy of recall fades as you get older. Future research needs to address this situation and use it as a variable when examining coping behaviors and the impact of the loss. Possible avenues for future research include examining memory recall and if it varies by gender. This may then be used to explain why males and females differed in their reporting of their coping with the loss and the impact felt by the loss.

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Appendix A

Dear Student:

The information in this packet is being collected as part of a study to provide a better understanding of the strategies used in coping with the loss of someone with whom you had a significant relationship. Your participation in this research is being solicited in order to assess if undergraduates cope differently when they lose someone early in life (between 5-12) as compared to later in life (13-19). With your responses, I hope to gain a greater understanding of coping and loss. No identifying information has been requested. Your identity and responses to the questions will be held in professional confidence. Thank you and if you have any questions, please ask a researcher.

Sincerely,



INFORMED CONSENT FOR PARTICIPANTS OF INVESTIGATIVE PROJECTS TO BE USED WITH THE QUESTIONNAIRE

Title:

Bereavement Coping and Intensity as a Function of Gender and Time of Loss for Undergraduate University Students

Investigator(s):

Fred Piercy, Ph. D., Professor and Department Head of Human Development

Baylan Smith, B.S., Graduate Student in Human Development

I. Purpose:

You are invited to participate in a study of bereavement coping and intensity as it varies by gender and time of loss. The main objective of this retrospective study of university students is to examine their bereavement stress and coping when they were adolescents and preadolescents.

II. Procedures:

The study will involve three questionnaires, which are outlined in the subsequent paragraphs.

The first questionnaire will be used to record demographic data for sample representation. Respondents will be asked to provide demographic information such as age, sex, time since the loss, for the purpose of sample description.

The second questionnaire/scale will be used to assess the different coping strategies/behaviors. Respondents will be completing a modified version of the A-COPE (Adolescent-Coping Orientation for Problem Experiences), which is designed to record the behaviors adolescents find helpful to them in managing problems or difficult situations which happen to them or members of their families. Subjects are asked to complete the A-COPE in relation to the significant loss they identified in their demographic data sheet.

The third questionnaire/scale will be used to measure the closeness of the student to the deceased and the impact of the loss on the student. Respondents will be completing a modified version of Horowitz' Impact of Event Scale (IES). The purpose of the IES is to measure the stress associated with traumatic events. The IES contains 15 items that assess the experience of a posttraumatic stress for any life event, including loss, and its context. Subjects are asked to complete the IES in terms of the significant person they lost which they identified on the demographic data form.

Participation in this study will require approximately 20 minutes of your time, and in order to participate, you must be at least 18 years old.

III. Risks and Benefits:

This study offers only minimal risk to the participants. A general benefit of this project is the opportunity to provide information which may ultimately lead to the better understanding of how college students cope with loss.

IV. Confidentiality:

The written responses collected in this study will be kept strictly confidential. At no time will the researchers release an individual participant's responses. The information you provide will be identified through the use of a randomly assigned participant number; and only this number will be used during data analyses and in any reports of this research.

V. Freedom to Withdraw:

Participation is completely voluntarily. Participants may stop at any time without penalty.

VI. Approval of Research:

This research project has been approved, as required, by the Institutional Review Board for Research Involving Human Subjects at Virginia Polytechnic Institute and State University, by the Department of Human Development and Adult Day Services.

IRB Approval Date January 28, 2004 Approval Expiration Date

VII. Participants Responsibilities:

I voluntarily agree to participate in this study. I understand that I have the following responsibilities:

- 1.) To read all of the questionnaire's instructions
- 2.) To provide a written response for each of the questionnaire's items

VIII. PARTICIPANT'S Permission

I have read and understand the informed consent and conditions of this project. I have had all my questions answered. I hereby acknowledge the above and give my voluntary consent for participation in this project.

If I participate, I may withdraw at any time without penalty. I agree to abide by the rules of this project.

Participant's Signature and Date

Should I have any questions about this research or its conduct, I will contact:

(Investigator) Dr. Fred Piercy - (540) 231-4794

(Investigator) Baylan Smith- (540) 951-5960

IRB APPROVAL



Institutional Review Board

Dr. David M. Moore
IRB (Human Subjects) Chair
Assistant Vice Provost for Research Compliance
CVM Phase II- Duckpond Dr., Blacksburg, VA 24061-0442
Office: 540/231-4991; FAX: 540/231-6033
email: moored@vt.edu

DATE: January 28, 2004

MEMORANDUM

TO: Fred P. Piercy Human Development 0416
Baylan Smith HD 0416

FROM: David Moore 

SUBJECT: **IRB Exempt Approval:** "Bereavement Coping and Intensity as a Function of Gender and Time of Loss for Undergraduate University Students" IRB # 04-017

I have reviewed your request to the IRB for exemption for the above referenced project. I concur that the research falls within the exempt status. Approval is granted effective as of January 28, 2004.

cc: File
Department Reviewer Joyce Arditti HD 0416
OSP 0170

April 23, 2004

Baylan Smith
203 Kent St. Apt. D
Blacksburg, VA. 24060

Dear Mr. Smith:

CD# 5294

This letter is to give you permission to use the Adolescent Coping Orientation for Problem Experiences (A-COPE) in your thesis research on “Bereavement Coping and Intensity as a Function of Gender and Time of Loss in Undergraduate University Students.” We would appreciate receiving a formal copy of the dissertation abstract when you have completed your degree requirements for our records.

Best wishes on your research.

Sincerely yours,

Marilyn A. McCubbin, RN, PhD, FAAN
Professor & Director
Center for Health Disparities Research
University of Hawaii at Manoa
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Appendix B

Demographic Information

Please take the time to answer the following questions on the scantron provided to you.

1. Your current age is:

- A. 18
- B. 19
- C. 20
- D. 21
- E. 22 +

2. Your collegiate standing is:

- A. Freshman
- B. Sophomore
- C. Junior
- D. Senior
- E. Graduate Student

3. Did your loss (death of someone who was close to you) occur:

- A. Between the ages of 5-12
- B. Between the ages of 13-19
- C. After the age of 19

4. You are:

- A. Male
- B. Female

A-COPE

Purpose:

A-COPE is designed to record the behaviors people find helpful in managing problems or difficult situations which happen to them or others.

COPING is defined as individual or group behavior used to manage the hardships and relieve the discomfort associated with life changes or difficult events.

Directions:

Read each of the statements below which describes a behavior for coping with problems.

Decide how often you do or did each of the described behaviors to deal with the loss of the significant person who died. Focus on how often you did these behaviors during the first year after the person died. Even though you did some of these things just for fun, please indicate ONLY how often you do each behavior as a way to cope with your loss.

Fill in on your scantron one of the following responses for each statement:

1 = Never 2 = Hardly Ever 3 = Sometimes 4 = Often 5 = Most of the time

Please be sure and fill in a response for each statement.

NOTE: Anytime the words parent, mother, father, brother, or sister are used, they also mean stepparent, stepmother, etc

When you face difficulties or feel tense, how often do you	Never	Hardly ever	Some- times	Often	Most of the time
5. Go along with parents' requests and rules	1	2	3	4	5
6. Read	1	2	3	4	5
7. Try to be funny and make light of it all	1	2	3	4	5
8. Apologize to people	1	2	3	4	5
9. Listen to music--stereo, radio, etc.	1	2	3	4	5

10. Talk to a teacher or counselor at school about what bothers you	1	2	3	4	5
11. Eat food	1	2	3	4	5
12. Try to stay away from home as much as possible	1	2	3	4	5
13. Use drugs prescribed by a doctor	1	2	3	4	5
14. Get more involved in activities at school	1	2	3	4	5
15. Go shopping; buy things you like	1	2	3	4	5
16. Try to reason with parents and talk things out; compromise	1	2	3	4	5
17. Try to improve yourself (get body in shape, get better grades, etc.)	1	2	3	4	5
18. Cry	1	2	3	4	5
19. Try to think about the good things in your life	1	2	3	4	5
20. Be with a boyfriend or girlfriend	1	2	3	4	5
21. Ride around in the car	1	2	3	4	5
22. Say nice things to others	1	2	3	4	5
23. Get angry and yell at people	1	2	3	4	5
24. Joke and keep a sense of humor	1	2	3	4	5
25. Talk to a minister/priest/rabbi	1	2	3	4	5
26. Let off steam by complaining to family members	1	2	3	4	5

27. Go to church	1	2	3	4	5
28. Use drugs (not prescribed by doctor)	1	2	3	4	5
29. Organize your life and what you have to do	1	2	3	4	5
30. Swear	1	2	3	4	5
31. Work hard on schoolwork or other school projects	1	2	3	4	5
32. Blame others for what's going wrong	1	2	3	4	5
33. Be close with someone you care about	1	2	3	4	5
34. Try to help other people solve their problems	1	2	3	4	5
35. Talk to your mother about what bothers you	1	2	3	4	5
36. Try, on your own, to figure out how to deal with your problems or tension	1	2	3	4	5
37. Work on a hobby you have (sewing, model building, etc.)	1	2	3	4	5
38. Get professional counseling (not from a school teacher or school-counselor)	1	2	3	4	5
39. Try to keep up friendships or make new friends	1	2	3	4	5
40. Tell yourself the problem is not important	1	2	3	4	5
41. Go to a movie	1	2	3	4	5
42. Daydream about how you would	1	2	3	4	5

like things to be

43. Talk to a brother or sister about how you feel	1	2	3	4	5
44. Get a job or work harder at one	1	2	3	4	5
45. Do things with your family	1	2	3	4	5
46. Smoke	1	2	3	4	5
47. Watch TV	1	2	3	4	5
48. Pray	1	2	3	4	5
49. Try to see the good things in a difficult situation	1	2	3	4	5
50. Drink beer, wine, liquor	1	2	3	4	5
51. Try to make your own decisions	1	2	3	4	5
52. Sleep	1	2	3	4	5
53. Say mean things to people; be sarcastic	1	2	3	4	5
54. Talk to your father about how you feel	1	2	3	4	5
55. Let off steam by complaining to your friends	1	2	3	4	5
56. Talk to a friend about how you feel	1	2	3	4	5
57. Play video games, pool, pinball, etc.	1	2	3	4	5
58. Do a strenuous physical activity (jogging, biking, etc.)	1	2	3	4	5

IES

Below is a list of comments made by people about stressful life events and the context surrounding them. Read each item and decide how frequently each item was true for you after the death of the significant person you lost. If this item did not occur, choose "Not at all" option. **Indicate on your scantron the number that best describes that item.** Please complete each item.

0 = Not at all
1 = Rarely
3 = Sometimes
4 = Often

59. I thought about it when I didn't mean to.
60. I avoided letting myself get upset when I thought about it or was reminded of it.
61. I tried to remove it from memory.
62. I had trouble falling asleep or staying asleep, because of pictures or thoughts that came into my mind.
63. I had waves of strong feelings about it.
64. I had dreams about it.
65. I stayed away from reminders of it.
66. I felt as if it hadn't happened or wasn't real.
67. I tried not to talk about it.
68. Pictures about it popped into my mind.
69. Other things kept making me think about it.
70. I was aware that I still had a lot of feelings about it, but I didn't deal with them.
71. I tried not to think about it.
72. Any reminder brought back feelings about it.
73. My feelings about it were kind of numb.

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2004 Virginia Polytechnic Institute and State University, M. S., Human Development/Family Studies, Blacksburg, VA QCA: 3.83/4.0. Thesis: Bereavement Coping and Intensity as a Function of Gender and Time of Loss for Undergraduate University Students.

2000 Virginia Polytechnic Institute and State University, B. S., Family and Child Development, Blacksburg, VA QCA: 2.95/4.0.

Honors:

Gamma Sigma Alpha--Honors Fraternity

Professional Experience:

2000 Internship: RAFT Crisis Prevention Hotline, Blacksburg, VA.
Duties: Provided empathy counseling to callers who needed someone to talk to in crisis situations.

1999 Internship: The Family Therapy Center at Virginia Tech, Blacksburg, VA
Duties: Reviewed paper work and watched over therapist's cases.

Presentations:

Presenter, Quint State Conference, Virginia Tech, Blacksburg, VA, April 2002.
Arditti, J., Keller, C., Lee, S., Martin, K., & Smith, B. (2001). Conceptualizing the impact incarceration has on families.