

## IDENTIFYING ELDERLY WITH COPING DIFFICULTIES AFTER TWO YEARS OF BEREAVEMENT\* \*\*

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### ABSTRACT

This study answers three research questions. First, what proportion of the elderly are experiencing major coping difficulties after two years of bereavement? Second, what factors in early bereavement distinguish between those with difficulties and the others? Third, what set of factors are the best predictors of coping difficulties at two years? Of the 138 persons who completed a two-year longitudinal study of bereavement, twenty-five (18%) were found to be having difficulties after two years according to a scale which combined perceived stress, coping, and depression. The poor copers did not differ from the others with respect to any of the sociodemographic, health, or social support variables. However, those who were poor copers had lower self-esteem, experienced several feelings/behaviors with greater intensity/frequency in early bereavement. Low self-esteem, even prior to bereavement, is likely to be predictive of coping difficulties two years following the death of a spouse. Three weeks after the spouse's death, the poor copers expressed confusion and a desire to die with greater intensity. They also were less likely to be proud of how they were managing the death, they cried more frequently, and did not try to keep as busy in this early bereavement period.

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Management of bereavement is a major concern for the elderly and for those who provide care and services to them. Associated problems are numerous, diverse, and frequently long-term in their consequences. Some of the common emotional problems experienced in early bereavement include confusion, shock, guilt, anger, profound sadness, and irritability [1-3]. As the process continues, problems related to loneliness, social isolation, and depression emerge and frequently persist for relatively long periods of time [2]. Bereaved persons are also likely to experience difficulties related to mundane activities such as preparing meals, housecleaning, home repairs, yardwork, and transportation [4]. For some, particularly the elderly, these problems are compounded by deteriorating physical health and social relationships.

The elderly are a heterogeneous group and the bereavement research reflects their variability in perceptions, coping strategies and outcomes. Many of them successfully manage their bereavement independently or with the assistance of their informal support systems. However, there is evidence that others do not manage as well and experience great difficulty for many years [5-9]. Findings from the Harvard study indicate that many bereaved spouses began to return to normalcy within two months or at least by one year after the death. Factors associated with their recovery were keeping busy, learning new skills, and renewing social activity [1]. In addition, those who were experiencing chronic, pathological grief, were often without the emotional and instrumental support that was once provided by a partner. Those who had less difficulty coping often had someone available to provide at least some of that support [10]. While the Harvard study only involved younger widows and widowers (under forty-five years), there is evidence that some of these findings may also be salient to bereaved elderly. For instance, Barrett and Schneeweis provide evidence that it is a myth that only the recently widowed need assistance [11]. Some participants in their research reported bereavement-related stress from sixteen to twenty years after their spouse's death.

From a clinical or therapeutic perspective, it is essential to recognize that not all of the elderly bereaved will experience long-term difficulties but for those who will, it is worthwhile to identify and treat them as early as possible. In their study of unresolved grief, Dopson and Harper reported that the key to treatment was the recognition of the problem and the ability to identify it early in the process [12]. The purpose of this article is to identify personal characteristics early in the bereavement process which are associated with long-term difficulties. This early detection of those who are likely to be at risk for later social, emotional, mental, and physical health problems will be valuable information to both professional and lay care providers. Three specific research questions are addressed in this article:

1. What proportion of the bereaved elderly are experiencing coping difficulties after two years of bereavement?
2. What specific characteristics in early bereavement are associated with coping difficulties at two years?

3. How much of the variance in coping difficulties at two years can be explained by these associated characteristics?

## METHOD

The data utilized in this investigation were part of a longitudinal descriptive study of bereavement among the elderly which was completed in 1983 in the Salt Lake metropolitan area (the University of Utah study). Recently bereaved persons over the age of fifty were identified through local newspaper obituaries in order to complete the first interview/questionnaire as early as three weeks following their spouse's death. No significant gender, age, or socioeconomic differences were found between those who had a published obituary and the 9 percent who did not. Due to this early assessment, 61 percent of the potential bereaved participants refused to be in the study. The most common reasons for refusal were: too busy, too upset, poor health, and recommendations from adult children. A one-year follow-up telephone interview with a random sample of 111 of these refusals found them to be of slightly poorer physical health, but no different from the participants with respect to age, gender, and socioeconomic status.

Of the 192 bereaved participants who were in the study, 138 (72%) completed the sixth data collection at two years following their spouse's death. Four males and five females died during the second year of bereavement. The most common reasons for drop-out or noncompletion were: too busy, too inconvenient, moved away, or on vacation. The data analysis presented in this article are based upon the  $T_1$  (three to four weeks) and  $T_6$  (two years) responses of the 138 persons. The questionnaire instruments took between one to two hours to complete and elicited data on a variety of sociodemographic variables as well as bereavement-related feelings and behaviors, life satisfaction [13], depression [14], social supports, religious activity, and numerous self-report measures concerning self-esteem, stress, and coping ability.

A coping difficulties scale was computed by combining three major indicators of bereavement outcomes based upon the  $T_6$  data. The degree of stress related to their spouse's death, their perceived inability to cope with the death and their current level of depression were coded to allow a summation of all three outcome indicators. With an equivalent 1 to 7 scoring for each item there was a possible range of 3 to 21, with a high score associated with high difficulty. The scale's standardized alpha coefficient of internal consistency was .65. A score of thirteen or greater was selected to identify those with considerable coping difficulty. This cutoff score was selected for two reasons. On a 1 to 7 scale, a score of four could be considered moderate since it is the midpoint, and a combined total of four on each indicator yields a score of twelve. Therefore, a cutoff score of thirteen exceeds a combined average of moderate ratings, and also exceeds one standard deviation above the  $T_6$  mean scale score. The sample mean was 9.94 with a standard deviation of 2.94.

## RESULTS

According to the coping difficulties scale there were twenty-five (18%) of the 138 participants who were experiencing significant difficulty in coping with their spouse's death after two years of bereavement. The frequency distribution for this scale score is presented in Table 1. This 18 percent figure can be compared with the 33 percent in the van Rooijen study [7] who attained the maximum grief score after eighteen months of bereavement, the 25 percent figure that Carey [4, 15] found to be severely depressed after thirteen to sixteen months, and the 17 percent who were found to be depressed by Bornstein, Clayton, Halikas, Maurice, and Robins [16].

The sociodemographic data presented in Table 2 compares the characteristics of the poor copers (coping difficulties scale score  $\geq 13$ ) with the other bereaved participants and addresses the second research question in the study. The majority of those in this study were female, between the ages of sixty and sixty-nine, high school graduates, Mormons, and had a comfortable level of income. There were no statistical differences between the poor copers and the others with respect to these characteristics.

Table 1. Frequency Distribution for Coping Difficulties Scale<sup>a</sup> After Two Years of Bereavement ( $N = 138$ )<sup>b</sup>

<i>Coping Difficulties Score<sup>c</sup></i>	<i>f</i>	<i>Percentage</i>
Low		
3	2	1.0
4	3	2.0
5	6	4.0
6	5	4.0
7	9	7.0
8	14	10.0
9	23	17.0
10	21	15.0
11	17	12.0
12	13	9.0
13 <sup>d</sup>	9	7.0
14	6	4.0
15	4	3.0
16	5	4.0
17	0	0.0
High		
18	1	1.0

<sup>a</sup> Summative scale which combines self-reported stress (1-7) inability to cope (1-7), and Zung depression scale (raw score converted into 1-7 equivalent); possible range = 3-21; high score = high difficulty.

<sup>b</sup>  $N$  of 138 includes only those who completed questionnaires/interviews at the two-year data collection.

<sup>c</sup> Mean = 9.94; Median = 9.83; Mode = 9.0; S.D. = 2.94.

<sup>d</sup> Persons with scores  $\geq 13$  are designated as having substantial coping difficulty; these scores exceed one standard deviation above the mean; comprise 18 percent of the sample.

Table 2. Sociodemographic Comparisons<sup>a</sup> of Poor Copers<sup>b</sup> and Other Bereaved Elderly

Sociodemographic <sup>c</sup> Variables	Poor Copers (N = 25)		Other Bereaved Elderly (N = 113)	
	f	Percent	f	Percent
Gender:				
Males	5	20.0	25	22.0
Females	20	80.0	88	78.0
Age <sup>d</sup> :				
50-59	7	28.0	20	18.0
60-69	9	36.0	54	47.0
70-79	7	28.0	27	24.0
80+	2	8.0	12	11.0
Education:				
Less than high school	4	16.0	24	21.0
High school graduate	6	24.0	39	35.0
Beyond high school	15	60.0	50	44.0
Income Adequacy:				
Have problems	3	12.0	14	12.0
Comfortable	16	64.0	83	73.0
More than adequate	6	24.0	16	15.0
Religion:				
Protestant	4	16.0	14	13.0
Catholic	1	4.0	7	6.0
Mormon	19	76.0	81	72.0
Other	1	4.0	4	4.0
None	0	0.0	6	5.0

<sup>a</sup> No significant differences between the two groups according to t-tests and chi-squares.

<sup>b</sup> Those with  $\geq 13$  on the coping difficulties scale.

<sup>c</sup> Variables measured at first data collection (three to four weeks after spouse's death).

<sup>d</sup> Mean age for poor copers = 66.3 years; others 67.5 years.

Comparisons of the poor copers and the other bereaved persons with respect to selected health, psychosocial, and social factors are presented in Table 3. Based upon a series of one-way analysis of variance tests, there were no statistical differences between the two groups on physical health, number of years married, religious activity, satisfaction with living arrangements, and marital happiness. Both groups were found to have moderate ratings on perceived health, religious activity, and satisfaction with living arrangements, high marital happiness, and were married an average of forty years.<sup>f</sup> However, the poor copers were found to have significantly lower self-esteem than the

Table 3. Comparison of Poor Copers and Other Bereaved Elderly on Selected Health, Psychosocial and Social Variables ( $N = 138$ )<sup>a</sup>

Selected Variables	Poor Copers ( $N = 25$ ) <sup>b</sup>		Others ( $N = 113$ ) <sup>c</sup>		F-value	P
	$\bar{x}$	S.D.	$\bar{x}$	S.D.		
Self-Reported Health (1 = Poor; 7 = Excellent)	4.5	1.3	4.9	1.5	1.57	N.S.
Self-Esteem* (1 = Negative; 7 = Positive)	4.4	1.4	5.7	1.2	17.80	.0001
Number of Years Married	39.6	11.8	39.2	14.4	.16	N.S.
Religious Activity (1 = Never; 7 = once/week)	4.6	2.1	4.4	2.3	.14	N.S.
Satisfaction with Living Arrangement (1 = St. dislike; 7 = St. satisfied)	3.9	1.1	4.2	.8	2.36	N.S.
Marital Happiness (1 = Very happy; 7 = Perfectly happy)	6.2	1.3	6.0	1.3	.21	N.S.

<sup>a</sup> All comparisons are based upon  $T_1$  data (three to four weeks after spouse's death).

<sup>b</sup> Sample size varies from twenty to twenty-five due to nonresponse.

<sup>c</sup> Sample size varies from ninety-four to one hundred-thirteen due to nonresponse.

\* Denotes variables where the differences between the two groups were statistically significant based upon the  $F$ -value obtained through a one-way analysis of variance.

other bereaved participants. The poor copers had moderate self-esteem ratings compared to high self-esteem among those having less difficulty.

Self-esteem is not effected significantly by bereavement according to previously reported analyses by one of the authors [17]. The bereaved respondents' self-esteem scores were compared with a matched (gender, age, and SES) nonbereaved sample of 104 persons and analyzed over time. The bereaved and nonbereaved had almost identical mean self-esteem scores which remained stable throughout the two years of bereavement. This is important to note because it is more likely that self-esteem influences bereavement coping difficulties rather than the reverse. This is consistent with Pedder's observation that low self-esteem makes the bereaved more vulnerable to negative outcomes in response to the loss [18].

A great deal of bereavement literature suggests that social supports influence the way people experience bereavement [19-23]. Therefore, statistical comparisons were made between the poor copers and the others on twenty-five

social support variables. These items included quantitative and structural dimensions of the support network such as size, amount of contact, duration, stability, and homogeneity in age and gender. Also included were qualitative aspects such as perceived closeness, helpfulness, confiding, reciprocity, availability, and cohesion. Although these data are not presented in statistical format it is important to report that no differences were found to exist between the poor copers and the other bereaved elderly persons. Generally, the study participants had fairly positive social support networks both quantitatively and qualitatively.

The data collection instruments also obtained information regarding the intensity of numerous bereavement-related feelings and the frequency of bereavement-related behaviors. Twenty-six commonly experienced feelings and sixteen behaviors were identified from the Harvard study [1] and other sources and were presented to the respondents in a list format. Table 4 indicates that the poor copers differed from the others on fourteen of the feelings measured at three to four weeks after their spouse's death. The poor copers were more intense in their feelings of being dazed, empty, confused, wanting to cry, uncertainty about the appropriateness of crying, irritability, wanting to die, alone, and helpless. They were less intense in their feelings about being amazed at their strength, proud, strong, confident, and feeling different from others. It is clear that these poor copers were experiencing greater difficulty early in the bereavement process.

Similar patterns were found regarding early bereavement-related behaviors (see Table 5). Once again, the poor copers were found more frequently to cry, look for their spouse in places they enjoyed together, visit the grave, avoid reminders of their spouse, avoid social contacts, and to take sleeping pills or tranquilizers more often. They were less likely to try to keep busy.

In response to the second research question there was no statistical association with the sociodemographic, health, psychosocial and social support variables at  $T_1$  and coping difficulties at two years. Coping difficulties were associated with lower levels of self-esteem and many of the bereavement-related feelings and behaviors.

The final research question was answered by performing a series of multiple regression analyses to identify the variables which collectively explain the most variance in coping difficulties. For these analyses, the bereaved person's numerical score on the coping difficulties scale (interval level) was used rather than the categorical coding in the previous statistical comparisons. The fourteen feelings with significant associations with coping difficulty were regressed separately to identify those with the highest degree of variance explained. The same procedure was followed to reduce the number of bereavement-related behaviors. Coping difficulty at two years was most strongly associated with early bereavement feelings of wanting to die, confusion, alone, and not feeling very proud. The simple  $r$ -values ranged from .35 to .48. Early bereavement behaviors

Table 4. Comparison of Poor Copers and Other Bereaved Elderly on the Intensity of Bereavement-Related Feelings<sup>a</sup> at  $T_1$  ( $N = 138$ )

Bereavement-Related Feelings	Poor Copers ( $N = 25$ ) <sup>b</sup>		Others ( $N = 113$ ) <sup>c</sup>		F-value	P
	$\bar{x}$	S.D.	$\bar{x}$	S.D.		
1. Shock	3.8	1.3	3.3	1.4	2.21	N.S.
2. Disbelief	2.8	1.5	2.5	1.5	.76	N.S.
3. Cold	2.6	1.6	2.0	1.3	2.97	N.S.
4. Numb	3.0	1.4	2.3	1.4	3.61	N.S.
5. Dazed*	3.3	1.0	2.5	1.3	6.03	.01
6. Empty*	4.2	1.0	3.4	1.4	5.26	.01
7. Confused*	3.0	1.2	2.2	1.3	6.74	.01
8. Feel like crying*	3.7	1.1	3.1	1.2	3.72	.05
9. Unsure okay to cry*	2.5	1.6	1.8	1.2	4.70	.05
10. Afraid of breakdown	1.5	.8	1.4	.9	.20	N.S.
11. Angry at doctor	2.0	1.5	1.5	1.2	1.92	N.S.
12. Angry at family	1.2	.9	1.1	.5	.38	N.S.
13. Angry at spouse	1.1	.3	1.2	.6	.20	N.S.
14. Relieved	2.3	1.4	2.6	1.5	1.06	N.S.
15. Irritable*	2.1	1.1	1.5	.8	7.36	.01
16. Wish I were dead*	2.5	1.4	1.4	.9	20.10	.001
17. Burden to others	1.7	1.1	1.4	.9	1.57	N.S.
18. Alone*	3.7	1.1	2.9	1.3	5.36	.05
19. Helpless*	2.2	1.1	1.6	1.1	5.27	.05
20. Panicky	1.8	1.3	1.6	.9	1.15	N.S.
21. Guilty	1.6	1.1	1.5	.9	.27	N.S.
22. Amazed at strength*	2.6	1.3	3.2	1.3	3.61	.05
23. Different from others*	1.5	.7	2.2	1.4	3.99	.05
24. Proud*	2.5	1.3	3.5	1.2	10.88	.001
25. Strong*	2.6	1.0	3.5	1.2	8.82	.01
26. Confident*	3.1	1.1	3.7	1.0	5.10	.05

<sup>a</sup> All feelings measured in self-report format with 1 = never felt; 5 = extreme intensity.

<sup>b</sup> Sample size varies for each item from twenty to twenty-five due to nonresponse.

<sup>c</sup> Sample size varies for each item from ninety-four to one hundred-thirteen due to nonresponse.

\* Denotes variables where the differences between the two groups were statistically significant based upon the *F*-value obtained through a one-way analysis of variance.



Table 5. Comparison of Poor Copers and Other Bereaved Elderly on the Frequency of Bereavement-Related Behaviors<sup>a</sup> at T<sub>1</sub> (N = 138)

Bereavement-Related Behaviors			Poor Copers (N = 25) <sup>b</sup>		Others (N = 113) <sup>c</sup>	
	$\bar{x}$	S.D.	$\bar{x}$	S.D.	F-Value	P
1. Cry*	3.5	.9	2.9	1.0	5.89	.01
2. Try to find reason for death	2.4	1.5	1.9	1.2	2.24	N.S.
3. Review death circumstances	3.8	1.3	3.2	1.3	3.27	N.S.
4. Talk to others about spouse	3.5	.9	3.6	.9	.16	N.S.
5. Talk to spouse	2.6	1.3	2.1	1.3	1.79	N.S.
6. Blame self for death	1.5	1.1	1.2	.7	3.09	N.S.
7. Look for spouse in places enjoyed together*	2.8	1.5	2.1	1.3	5.23	.05
8. Visit the grave*	3.2	1.0	2.4	1.2	7.61	.01
9. Avoid reminders of spouse*	2.2	1.4	1.6	1.0	4.44	.05
10. Avoid social contacts*	2.3	1.2	1.5	1.1	7.10	.01
11. Take sleeping pills or Tranquilizers*	2.2	1.5	1.6	1.1	4.01	.05
12. Drink alcohol	1.6	.9	1.5	1.0	.20	N.S.
13. Try to keep busy*	4.1	1.2	4.6	.8	5.71	.01
14. Learn to do new things	2.8	1.7	2.6	1.6	.23	N.S.
15. Make new female friends	1.4	.9	1.7	1.1	1.13	N.S.
16. Make new male friends	1.2	.7	1.3	.8	.08	N.S.

<sup>a</sup> All behaviors measured in self-report format with 1 = never did this; 5 = most of the time.

<sup>b</sup> Sample size varies for each item from twenty to twenty-five due to nonresponse.

<sup>c</sup> Sample size varies for each item from ninety-four to one hundred-thirteen due to nonresponse.

\* Denotes variables where the difference between the two groups were statistically significant based upon the F-value obtained through a one-way analysis of variance.

of crying, not keeping busy, and taking sleeping pills or tranquilizers were associated most strongly with subsequent difficulty. Their simple *r*-values ranged from .27 to .35.

These four specific feelings, three behaviors, and self-esteem were entered into a multiple regression analysis to determine their relative and combined influence on coping difficulties. According to the data in Table 6, the best predictor of future difficulty was the respondent's intensity of wishing they were dead. The simple *r* was .48 which explained 23 percent of the variance. Due to the multicollinearity among the predictor variables, the increase in the variance explained was not proportional to each additional variable. Nearly 45 percent of the variance in coping difficulties was explained by three specific feelings and two behaviors. Coping difficulties at two years was significantly greater among those who in early bereavement, experienced an intense wish to

Table 6. Multiple Regression of Significant Early Bereavement Variables on Coping Difficulties at Two Years

<i>Early Bereavement Variables</i>	<i>Multiple R</i>	<i>Simple R</i>	<i>Cumulative Percent of Variance Explained</i>
Wish I were dead	.48	.48	23.0
Confused	.57	.45	34.3
Proud of how managed	.63	-.36	39.2
Cry	.65	.38	42.6
Try to keep busy	.67	-.27	44.6
Take sleeping pills/tranquilizers	.68	.35	46.3
Alone	.69	.40	47.5
Self-esteem	.69	-.46	48.0

die, confusion, low intensity of feeling proud, cried frequently, and did not try to keep busy. Taking sleeping pills/tranquilizers, feeling alone, and having lower self-esteem were related to coping difficulties but their predictive ability was better explained by the other five variables.

## DISCUSSION

Approximately 18 percent of the bereaved respondent's were identified as having great difficulty in coping with their spouse's death after two years. These persons are also the most likely to be at risk for many of the deleterious effects of bereavement on physical, emotional, and social functioning. According to this study, these persons are best identified in early bereavement by a few specific intense feelings and behaviors. Professional and lay caregivers will be more effective in their efforts to buffer the negative impact of bereavement if they pay particular attention to the early and strong emotional responses such as a desire to die, confusion, and not being proud of how they have managed. Excessive crying and not keeping busy were also predictive of long-term difficulty.

For those who provide service and care for elderly bereaved persons it is worthwhile to note that the best predictors of long-term coping difficulties were specific early bereavement feelings and behaviors. However, it is likely that many of the potential poor copers can be identified even before their spouse dies. Since self-esteem does not appear to be significantly affected by bereavement, those with low or moderate levels of self-esteem are likely to experience the greatest long-term difficulty. Conversely, those with high self-esteem prior to their spouse's death are the least likely to experience long-term coping problems.

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