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A Study of Bereavement in the Elderly

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A STUDY OF BEREAVEMENT IN THE ELDERLY

by

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VITA

Marilyn Sue Johnson-Arbor is the daughter of Cecil Clyde Johnson and Mary Post Johnson. She was born on October 22, 1946 in Eau Claire, Wisconsin.

She attended both elementary and secondary school in Eau Claire, graduating from Memorial High School in 1964. In 1968, she received a Bachelor of Science degree in Biology from the University of Wisconsin-Milwaukee. After graduating from college, she taught science for one year at Oak Creek High School in Milwaukee, Wisconsin. In 1969, Marilyn began working for Trans World Airlines as a Flight Attendant and was domiciled in Chicago. During her four years employed by TWA, she travelled extensively throughout the world. She also worked as a part-time teacher in the Maine Township High School District during this same time period.

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CHAPTER I

INTRODUCTION

Recent years have seen the older population increase in both absolute number and proportionately to our population. When these increases are viewed together with the life conditions of the elderly, there is a realization that they belong to a special group that need and deserve special attention. In addition to expanding, the older population of the United States is growing older. In 1940, the median age of the older population was 71.4 years. By 1970 it had risen to 72.8 years, and by the year 2000, it is expected to reach 73.9 years. This group has grown in size from 3.1 million persons in 1900 to an expected peak of 52 million in the year 2030 (Siegel, 1976). At present, approximately 30 million Americans are 65 years and older. Graphs of these statistics can be found in Appendix A, pp. 173 & 174.

Although the elderly belong to a minority group that cuts across every defined element in our society, they have been met with benign neglect in the meeting of most of their needs and rights. Demographic descriptions of older persons most often relate to the total population with no regard to their unique needs, characteristics, and support systems. Professionals should be cognizant of the universal needs of older adults as well as the unique needs of each aged individual. For example, one must understand the decreased physical capacity of the elderly to respond to stress and be aware of the role of multiple losses in their lives (Whitefield, 1978). One must also understand

that much of the developmental tasks of aging involves the acceptance of adjustment to loss or decline (Havighurst, 1959). One of the most difficult adjustments is to "loss of spouse".

The study of bereavement and how best to help grieving persons contend with their sorrow has recently become an area of particular interest in our society. With the increased recognition of our aged population, more research is now being conducted in terms of their special problems and needs. Bereavement, losses, and death-related topics are now being accepted as non-taboo in our society. This allows for investigation and potential increased understanding. Yet, which factors influence bereavement and how they are intertwined to affect adjustment to loss of spouse remains a mystery. Further research is also needed to understand the bereavement process in terms of stress, morbidity, and mortality.

It is important that we start understanding the needs of the elderly Americans so that we can help them adjust in a healthy way and be viewed as a valuable resource. Their energy, free time, and experience can enable them to contribute significantly to the total community. In order for this to happen, their physiological, psychological, emotional, and sociological needs must be understood and met. These and other variables all influence and are influenced by an individual's style of coping and adjusting. The intent of this study is to find out more about the needs of the elderly with the main focus on postbereavement adjustment.

The Problem

Statement of the Problem. Although loss of spouse occurs

throughout the various age groups in the population, it occurs most often with the elderly population. The effects of bereavement and the grief process due to loss of spouse must be understood as a unique and special process for this population. The impact of bereavement is far-reaching and impinges not only on the older person, but also on the surrounding family members, friends, and other support systems. However, the intensity, duration, and ramifications of loss of spouse are little understood, as are the means of coping with grief and adjustment. Relatively little information appears to be available on adjusting to loss of spouse in the elderly.

The elderly person suffering a bereavement feels grief as does a person of any age, and due to multiple losses and fear for the well-being of other intimate friends and relatives, he/she may feel an overwhelming sorrow and apprehension. Previous research suggests that the grief process and reactions of aging people differ significantly from those of other age groups. The impact of compound losses at a time in life when psychic and physical energy are lessened can be deep and cause many different grief reactions. Because the later years, unlike the earlier years, bring fewer outer compensations and substitutions for any type of loss, their grief can be manifested in disorganized behavior, depression, withdrawal, hostility, or other psychological or physiological ways. Grief reactions in the elderly are often further compounded by subjective anxiety about ailments and death, or the reactivation of other unresolved losses.

Because of these additional feelings, the grief process in the elderly population may differ from other age groups. In light of the

findings of previous research, this study attempts to further understand the bereavement process for the aged, sixty years and older, in areas of stress, morbidity, and mortality. It attempts to measure the variance due to psychological, physiological, sociological, and demographic variables in terms of their postbereavement adjustment. It also attempts to measure the effect of funeral rituals and death-related variables on their postbereavement adjustment. Thus, this investigation will help to provide a better understanding of the total bereavement process in the aged population.

Questions to be Answered. The following constitute the basic questions this study seeks to answer:

1. Is there a significant difference between the bereaved individuals and other adult groups of individuals as measured by the Personal Orientation Inventory (POI).
2. Is there a significant relationship between selected demographic variables and postbereavement adjustment.
3. Is there a significant relationship between selected physiological variables and postbereavement adjustment.
4. Is there a significant relationship between selected psychological variables and postbereavement adjustment.
5. Is there a significant relationship between selected sociological variables and postbereavement adjustment.
6. Is there a significant relationship between selected funeral-related variables and postbereavement adjustment.

Overall Purpose

The overall purpose of this investigation is to better understand

the bereavement process in terms of loss of spouse in the elderly population. By testing theoretical constructs related to postbereavement adjustment, it intends to provide a more reliable method of identifying individuals who are coping and adjusting to life following loss of spouse, as well as those who are not. The research aims to assess the predictive value of different demographic, psychological, physiological, and sociological variables and how they relate to postbereavement adjustment. It also aims to assess the relationship between specific funeral and bereavement variables and postbereavement adjustment.

This study begins to supply the data-base needed to move beyond folk-lore. Early identification of factors related to postbereavement adjustment will be utilized by professionals in their counseling role with the elderly. Comparisons of persons adjusting well to bereavement with those continuing to evidence serious traumatic effects of grief (as measured by the POI) will demonstrate the importance of some variables that can be manipulated (e.g., funeral arrangements) and strongly suggest others that might prove significant if isolated for more careful study and analysis.

The relationship of prolonged, pathological grief to the health of a person should be further clarified by the results of this study. The literature now says merely of a surviving spouse, whose condition deteriorates rapidly, that he/she just did not want to live anymore without his/her spouse. Comparisons of bereaved spouses who survive and thrive with those who deteriorate and fail will provide new insight into this area of postbereavement adjustment. Distinguishing between these two groups will give us information that may serve as a guide and

a helpful reference for the counselor of the aged in detecting future negative effects of death of spouse.

Significance of Study

A review of the literature reveals that much is known about the traumatic effects of loss of spouse for the elderly persons in a general sense, yet few definitive, research-based guidelines are available to aid professionals in the appropriate medical and health-related professions. Many persons have a responsibility and an opportunity to advise, treat, and support bereaved spouses, but they have little more than common wisdom or tradition on which to base their recommendations.

In reviewing the literature, it was also determined by the researcher that no satisfactory definition of adjustment existed, and that those instruments utilized in other studies were inappropriate for the purpose of this study. For example, Carey and Faschingbauer (both 1977) assumed that the less depression indicated by the respondent, the greater the adjustment, and that decrease in depression is synonymous with adjustment. Further, these scales are based on negative or depressed feelings rather than on personal growth, a factor that might reinforce such feelings in the respondents.

A different approach is proposed by the researcher in this investigation, which measures self-actualization following bereavement. This approach is considered to be a more positive measure of adjustment. The self-actualization concept derives from Abraham Maslow (1970) and is based on a hierarchy of needs. In ascending order, they are: physiological needs, safety needs, love and belongingness needs, respect and esteem needs, and self-actualization needs. New and higher

needs become dominant as the lower needs are fulfilled. The Personal Orientation Inventory (POI) developed by Everett Shostrom (1968) is designed to measure degrees of movement towards self-actualization. The POI consists of 150 paired statements and the individual is to pick the one that most consistently applies.

Along with being a positive measure of adjustment, the POI will allow the researcher a more thorough measure of adjustment than previous research. This knowledge can then be utilized to provide a theoretical foundation and information on which all professionals in the field of gerontology can build and apply.

Definition of Terms

Adjustment	Coping rather than succumbing, e.g., acceptance of the inevitable.
Bereavement	Indicative of survivorship status.
Body	Loved one, deceased, remains of the deceased termed viewable or not viewable at funeral and wake.
Burial	Internment below the ground.
Caretaker	Individual who in some way is caring for a bereaved individual. (Family, friend, clergy, administrative personnel, funeral director, etc.)
Cemetery Plot	Gravesite, cemetery lot.
Coffin	Casket, crypt bed, Crecptacle (cardboard for cremation, eternal rest bed vault, full couch, half couch, hinge cap coffins).
Cremation	Body reduced to ashes and bones in furnace.

Ego Integrity	An acceptance of one's life as having been meaningful.
Funeral	Rite of passage, funeral service, memorial service, burial service, mourning ritual.
Grief	The expression most often used to characterize the survivor's distressed state.
Mourning	The culturally patterned manner of expressing the response to death.
Older Population	Those persons who are sixty years of age or older. (Aged or Elderly)
Postbereavement Adjustment	An individual's style of coping during the period following death of spouse.
Social Network	A personal support structure characterized by: size, strength of ties, density, homogeneity and dispersion, e.g., family and friends.
Stages of Grief	Shock and Denial-characterized by numbness lasting from a few hours to several weeks. Anger-at other persons for being alive and well and also anger with God. Bargaining-with God and self. Depression-characterized by marked mental anguish, aimlessness, and depression. Acceptance-characterized by a new awareness stage. Devoid of feeling-not happy or unhappy but a victory. Recovery in the process (Kubler-Ross, 1969).

Stress	Caused by those life changes requiring adjustment (Holmes and Rahe, 1967).
Support Network	That set of personal contacts through which the individual maintains his social identity and receives emotional support, material aid and services, information, and new social contacts.
Survivors	Mourners, bereaved.
Transition	Any major change requiring the individual to restructure ways of looking at the world and plans for living in it.
Undertaker	Mortician, funeral director.
Wake	Visitation, viewing with the body present.

Assumptions

The following assumptions were made with regard to this study:

1. The aging process is part of the total development of human beings.
2. The number of people in the older population has increased more rapidly than any other segment of the population during every decade of this century and is expected to continue to do so until reaching its peak in 2020.
3. The relative size of the older population is important in the perspective of anticipating the demand for needs and services from this growing population.
4. The single most stress-filled event in life is the loss of spouse (Holmes, 1967).
5. Grief over loss of spouse is a process which is a reality and

exists.

6. Disengagement from the central life roles in modern society begins approximately at the age of sixty-five years. This puts further importance and meaning on remaining important relationships, i.e., spouse (Vontress, 1976).
7. Information and services for the older population are not operating in accord with the needs of this growing segment of our society.
8. There is a need for counseling the aged in terms of adjusting to death of spouse.
9. Individuals will benefit from the theoretical foundation and information gathered from this study.
10. The Personal Orientation Inventory (POI) is a valid, reliable instrument that can be used to measure postbereavement adjustment of individuals over the age of sixty.

Delimitations

The following delimitations were made with regard to this study:

1. This study has limited generalizability to the aged population defined as sixty years and older.
2. This study has limited generalizability to an urban population similar to the one sampled in the Chicago metropolitan area.
3. This study has limited generalizability to the time of the investigation, which includes bereaved individuals who have lost their spouse in a period ranging from three to eleven months.

4. This study is limited because self-reporting data is subject to bias.
5. This study is limited by those disadvantages that are intrinsic to the tool chosen--the interview.
6. This study is limited to the theoretical concept of post-bereavement adjustment as measured by the POI, which may not coincide directly with other studies that use different ways to operationalize and measure this construct.

INTRODUCTION TO THE REVIEW OF LITERATURE

"I pressed her eyes closed, and a huge wave of sorrow flooded by heart and flowed outward in tears...What, then, was it which caused grievous pain within me, if not the fresh wound arising from the sudden breaking of a very sweet and cherished habit of living together? Since I was there bereft of such great comfort from her, my soul was wounded and it was as if life which had been made one from hers and mine was torn to shreds...It was a relief to weep in Thy sight about her and for her, about myself and for myself."

St. Augustine in his Confessions

CHAPTER II

REVIEW OF THE RELATED LITERATURE

The purpose of this chapter is to review the literature related to this study. It will be divided into eight major areas of discussion, including an introduction to the literature, physiological variables, psychological variables, sociological variables, demographic variables, funeral and bereavement variables, a summary of the discussion and a brief review of related studies that have used the Personal Orientation Inventory. The literature will review studies that have investigated selected variables and postbereavement adjustment in the aged population. After a thorough review of the literature, the researcher will state the proposed hypotheses for this study.

Introduction to the Related Literature

Modern society is seen by James O. Carpenter (1976) as death-denying and age-defying, both of which have implications for bereavement in the elderly person. The institutionalization of the ill and dying and the association between aging and death lead to social devaluation of persons who are aged. This social devaluation of older persons leads to lowered self-concept, which has considerable influence on their physiological and psychological needs. Because of our societal views on aging and death, elderly persons incorporate youth-oriented values into their own self-image, coming to believe the popular stereotyping about aging (Kastenbaum, 1969). The elderly regard their lives as less valuable now than when younger, as does society at large. This affects

their feelings about their remaining life, impending death, and about other elderly persons. Older persons may become involved in a self-fulfilling prophecy: that their lives lack value, that they will inevitably decline physically and mentally, and that there is little to look forward to except death.

With this self-fulfilling prophecy comes a very important concept in the aging literature--disengagement. The theory states that with increasing age, there is an increasing tendency to dissociate oneself from people and activities (Lipman, 1968). Few researchers have denied the basic observation of withdrawal, but the basic mechanism has been debated. Most investigators have rejected the idea that disengagement is normal and natural, and suggest instead that cultural patterns are rejecting of older persons and push dissociation upon them (Botwinick, 1970). Implicit in the disengagement theory is the hypothesis that a well-adapted, disengaged older person will not suffer the trauma of object loss to the same degree that a younger person would. Cumming and Henry view loss of spouse as formal permission to disengage (1961). Arnold Brown (1972) also found that loss of spouse was a major cause of disengagement. Thus, both personal and perceived societal attitudes are related to stereotyping and affect an individual's self-concept, which in turn influences his psychological and physiological health (Russell, 1977). The restrictiveness of age prejudice blocks both the biological and emotional self-fulfillment needs and can alienate a person from himself and others.

In general, there is an increasing recognition that the typical societal definition of what old age is, and should be, does not fit in

with the intuitive and rational sensing. To be infirm, senile, unproductive, inactive, and listless may be what the aged are supposed to be, but it is not what they are feeling (Ponzo, 1978). Many of these common stereotypings are currently being reexamined and reappraised by both our elderly people who are courageously "not acting their age" and our society in general (Kastenbaum, 1969).

Research done by Brubaker and Powers (1976) suggested that objective indicators of old age (decline in health, retirement, etc.), subjective definition of self, and attitudes of significant others and reference others (society) all influence an individual's self-concept. Kastenbaum (1969) stated that society devalues the lives of the elderly, regarding them as if they were already half dead or socially dead. In terms of bereavement, he states that the death of an aged person produces less grief in the survivors and less social disruption than does the death of a young or middle aged person.

However, the elderly person suffering a bereavement feels grief as does a person of any age, and due to multiple losses and fear for the well-being of other intimate friends and relatives, he may feel an overwhelming sorrow and apprehension. Many authors have suggested that the grief reactions of aging people differ significantly from those of other age groups (Gramlich, 1968; Stern, 1951; Parks, 1965). The impact of compound losses at a time in life when psychic and physical energy are lessened can be deep and cause many different grief reactions. Because the later years, unlike the earlier years, bring fewer outer compensations and substitutions for any type of loss, their grief can be manifested in disorganized or hostile behavior, depression and

withdrawal, and immobilization. When the aging do not dare to express their grief or hostility, their feelings turn inward, leading to poor self-image and depression. Grief reactions in older people are often further compounded by subjective anxiety about ailments and death, or the reactivation of other unresolved losses.

Because of these additional feelings, the grief process in the elderly population may take longer than with a younger person or may last throughout the remaining life of the bereaved. Differences in the manifestations of this grief process also exist. Depression differs in the aged (Myler, 1967). Cath (1965) suggested that due to the multiple losses inevitable in old age, the person experiences "depletion anxiety" which threatens him with "total emotional exile and eventual annihilation (p. 71)." Thus, one might conclude that if sufficient defenses are not erected, regression to the lowest levels of bodily and psychic energy may occur.

Physiological Variables

The ramifications of "loss of spouse" has not been explored sufficiently, and the circumstances of widows and widowers have not received adequate attention. At this point, there are major disagreements in the literature concerning how the elderly respond to a significant loss. However, researchers have found that the bereaved often are under such stress that they do not care properly for their basic physiological needs of adequate rest and nourishment. In a study done by Bernard Cosneck (1966), health decreased with widowhood. Skelskie (1974) confirmed this in her study of widows who reported their current health as worse than before widowhood. In contrast, Heyman and

Gianturco (1973) found no significant differences in health status or in activities before and after spouse loss.

Regardless of the health status of the elderly, researchers have found that many kinds of physiological changes accompany the individual survivor. Physiological activity decreases. Somatic distress, a feeling of tightness in the throat, and choking sensations result; a need for sighing exists. Also, muscular power decreases and changes in the respiratory system occurs (Binstock and Shanas, 1976). In a study done by Paula Clayton (1979) on 109 widows and widowers, it was found that both groups exhibited signs of disturbances of sleep, 78 percent after the first month, and 49 percent after thirteen months. Early morning awakening was also a problem. Weight loss was reported by 40 percent after one month and by 52 percent after thirteen months, with 12 percent losing 21 pounds or more. Clayton also found in the same study that more women lost weight than men.

Gramlich (1968) pointed out that typical grief in the aged person is uncommon. More often it is inhibited or chronic and is manifested by overt somatic pain and distress. He hypothesized that the grieving process is not experienced intensely on a conscious level but is suppressed and finds its outlet through somatic expression. Stern et.al. (1951), in a major study, was in agreement with Gramlich finding a preponderance of somatic illness precipitated or accentuated by bereavement.

Today, chronological age is the best single predictor of mortality as indicated by death rate statistics. Age is also associated with morbidity as indicated by an age-related incidence and prevalence of

disease and disability. Whether because of innate biological mechanisms or exposure to hostile environmental factors, or both, the older the organism, the greater the risk of disease, impairment and death (Shanas and Binstock, 1976). In two studies, perception of health was shown to be significantly related to mortality. Smith (1975) found that when perception of health was poor, depression increased making the individual more susceptible to disease or death. Daddio (1975) had similar findings in his study of the aged. He found that feelings of health or perceived health was a better predictor of death than actual health.

Because perceived health is usually worse in the postbereavement period and bereavement usually occurs in the aged population, the death rate statistics increase during this period. The nature of the ties between two elderly persons is different from that of marriages found in younger persons. An older couple often shows a symbiotic level of intimacy--that is if one dies, the other cannot survive. Maddison (1972) referred to a large Scandinavian study which followed a group of bereaved individuals at the age of 71 and found that the death rate in the first month postbereavement was twice the predicted rate, with an overall increase of 15 percent in the mortality rate during the first year. Not only was the mortality rate high in the postbereavement period, but according to Maddison, there was evidence that physical, psychological, and social morbidity was also high. The medical consultation rate for nonpsychiatric symptoms also increased by nearly one-half in widows over 65 years of age.

In another study done by Maddison, it was estimated that at least one bereaved person in five will suffer substantial health deterioration

during the first year of bereavement. In one series at 13-month follow-up, 32 percent still showed deterioration of health compared with 2 percent of a control group, with deterioration more prominent in widows than widowers. Widows tend to drink too much, lose weight, and often take more medication than is good for them. The risk of mortality is greater in widows than nonwidows, and their illnesses often mirror those of the dead spouse (Clayton, 1971; Hollingsworth, 1977). Even in the second year, mortality is higher than in control groups.

Because aging is such an extremely complex process, it is hard to separate the physiological from the psychological factors. Both are intertwined completely in relation to an individual's health. Experimental studies have been done that show how changes in cognitive function can predict death. Here it is argued that changes in performance and personal adjustment within individuals occur as precursors of death. Because of the complexity of psychological processes, the first indications of breakdown might be detected long before the physiological symptoms that may lead to death (Rosenzweig and Porter, 1975).

Physical and psychological well-being are matters of great social as well as personal concern. Health and illness affect an individual's performance of basic personal tasks in daily living and expected roles. Impairment and disability increase the probability of failure in carrying out these tasks, which increases dependency, and this loss of autonomy has a negative affect of self-evaluation and life satisfaction. Physical health is thus a key personal resource for an individual and a social concern (Binstock and Shanas, 1976). Without physical health, psychological problems arise.

Psychological Variables

Complexly interwoven with the physical effects of aging and bereavement are the psychological effects and characteristics. There is evidence in the literature reviewed that previous personality structure and characteristics play a major role in determining the form of the grief reaction and the adjustment to widowhood. Yet despite these differences in personality, most subjects have in common some depressive feelings and manifestations related to the loss of their spouse. Most bereaved individuals feel that the present is the least happy time of their lives and that life has little meaning now. Many complain of feeling tired, "blue", sad, apathetic, and lonely. Other behavioral responses to loss of spouse are feelings of guilt, anger, anxiety, restlessness, lack of appetite, and preoccupation with the image of the deceased. Skelskie (1974) found in her study that many of the widowed had crying spells and dreams about their spouses. Nervousness, irritability, bitter feelings, decreased appetite, restlessness, difficulty making decisions, confusion, and forgetfulness were rarely reported. Some said they blamed themselves for their spouse's death, and a few said they blamed others. Only one of widows stated she had suicidal wishes during the first year after her spouse's death. Almost half of her sample reported experiencing a sense of their spouse being with them, and others stated that they tried to avoid reminders of their spouses.

Due to the stresses of loss, the bereaved are often mentally depressed and unable to cope or to function with everyday life. These combined physical and psychological stresses can, if not abated, lead

to premature death of the surviving spouse. It has already been established that a higher percentage of old people than young people take their own lives. This tends to stem from loneliness, illness, and very often depression. All these symptoms are found in postbereavement adjustment (Gardner, 1964). Lieberman (1965) studied people to determine the systematic psychological changes prior to death. He reported that changes preceding death are seen as a decrease in the capacity to cope adequately with environmental demands, particularly because of a lowered ability to organize and integrate stimuli in the environment. The subjective experience is one of confusion. Unlike Lieberman, however, Kastenbaum (1967) was unimpressed with the psychological changes that occur in the course of dying. Although there is the discrepancy in the literature with regard to the relationship between psychological changes and mortality, that psychological changes occur after loss of spouse, has been documented, and that these psychological changes could affect survival of the widowed, is a definite possibility.

Although it is generally acknowledged that there is interaction between the lifelong experiences of an individual, his current environment, his changing physical condition, and his mental health, it is not always clear what the precipitating factors are in the depression experienced by the older person. However, bereavement, no matter what the state of functioning an individual is experiencing, brings on some form of depression (Epstein, 1976). In other studies done by Parkes (1972), it was found that bereavement not only brought on depression, but increased the likelihood of psychiatric disorders. In a later study, however, Kay et.al. (1965) found no correlation between

psychiatric illness and bereavement.

Although Freud (1917) documented five psychological and somatic reactions to the death of a spouse: painful dejection, cessation of interest in the outside world, loss of the capacity to love, inhibition of all activity, and absence or disturbance of self-regard, Paula Clayton (1969) found only three symptoms in normal bereavement: depressed mood, sleep disturbances, and crying, as expressed by more than half of the forty subjects. She found no striking differences in the manifestations of these symptoms between those of different ages, sexes, length of illness, or relationship to the deceased. Clayton, et.al. (1970), investigated similarities and differences between mourning and depression and found that those experiencing loss manifested psychological symptoms indistinguishable from depressive illness. Paula Clayton found that these symptoms were seen by both the mourner and those in the environment as normal. Furthermore, these researchers feel that those exhibiting symptoms of depression occurring after the death of a near relative should not be included with those suffering from depression as a primary affective disorder. In agreement with this research, depression is seen by Elizabeth Kubler-Ross (1969) as one of the five stages in grief over loss of loved ones. Depression is looked at as a normal state in the grieving process and a precursor to reactive depression, a psychiatric illness, only if in excess.

The psychological effects of bereavement have been documented by others. Research indicates that continued emotional involvement with the dead spouse often times lingers indefinitely. Stiener et.al. (1969), defined the total grief process as a self-limited, short-lived depression

which is usually spontaneously resolved, but which may become physically pathological. Parkes (1964) reported increased physician utilization during bereavement, and Holmes and Rahe (1967) placed death of a spouse as the most stressful item on the Social Readjustment Rating Scale. Roes and Lutkins report an increased mortality rate among survivors following death of someone close, and they feel that this may be attributed to depression (1967).

Grief as a process and a phase of mourning is a necessary part of the bereavement state. However at some point if not resolved, it becomes pathological. Greenblatt (1978) reports that in a study done by Paula Clayton, 98 percent of bereaved individuals do not seek outside help and that 81 percent begin to improve in six to ten weeks time. However, in other studies Greenblatt (1978) reported that both blocked grief and failure to grieve occurred. In a study of 109 randomly selected widows and widowers, it was found that 67 percent had mild or severe anniversary reactions, which are often regarded as one clue to excessive stress. Failure to grieve or delayed grieving are also possible indications of pathological mourning. Pathological grief as seen by Wahl (1970) include irrational despair, severe feelings of hopelessness, loss of identity, thantophobia, inability to deal with ambivalence, impaired self-esteem, self-blame of death, disinterest in the future, apathy, and irritability. All these symptoms are also signs of depression, and if left unabated could lead to morbidity or mortality.

Another form of grief in the bereavement process is called anticipatory grief. Whether the natural process is labeled anticipatory

grief, preparatory grief, or pre-mourning behavior, it is considered a rehearsal of what to expect after a death. It is the capacity to experience grief and come to terms with loss before the loss actually occurs. This emotional preparation is believed to reduce the intensity of grief after death or increase the ability to cope with it, and therefore, make the survivor less vulnerable to medical, psychological, and social reactions. In other words, it is assumed that those who are bereaved because of chronic illness death, more than two months, will adjust better than individuals who have a sudden loss.

During the last few years there have been only a few systematic studies attempting to understand the adaptation value of anticipatory grief for the aged bereaved. Clayton, Halikas, Maurice, and Robins (1973) reported that survivors with a mean age of 61 years of age, who experienced anticipatory grief, did not significantly differ in depression one year after a death from those who did not experience it. It was found for the elderly, that when there is a comparatively short chronic illness death, two months or less, the bereaved did not differ in psychological adjustment from those who had lived through a loss that was related to a longer-term fatal illness. In a companion paper by Clayton, Halikas, Maurice, and Robins (1973), which focused on widowhood and depression, the data collected showed no significant relationship between short-term illness and depression 13 months after a loss.

Schwab, Chalmers, Conroy, Farris, and Markush (1975) as reported by Gerber et.al. (1975) noted a different pattern of grief reactions from the above investigations. Of the subjects whose relatives died of a fatal illness lasting longer than one year, 68 percent had intense

grief reactions, in contrast to only 30 percent of those reporting either illnesses of less than one year's duration or death not preceded by illness. Approximately 65 percent of Schwab's sample were 65 years of age and over.

Gerber, Rusalem, Hannon, Battin, and Arkin's study (1975) of 81 widows and widowers, 20 percent had lost their spouses from acute illnesses and 80 percent from chronic illnesses, found that exposure to anticipatory grief had no appreciable impact on aged survivors' medical adjustment six months after their loss. Although survivors whose spouses had a chronic fatal illness were more likely to visit physicians, feel ill without contacting a physician, take more psychotropic medications than the bereaved of an acute illness death, the differences were not statistically significant. However, differences were noted for those whose spouses had a chronic fatal illness. It was revealed that male survivors did worse than female survivors, suggesting that long term fatal illnesses for the male survivors, that is, a period of anticipatory grief, is actually dysfunctional for the aged male bereaved.

In contrast to the studies reviewed above, later investigations revealed different results. It was found in a study of widows by Carey (1977) that anticipatory grief helps the individual recover from grief more rapidly. Carey placed the critical forwarning at two weeks. Lewis (1977) found also that preparation time was more important in determining psychological adjustment than the nature of the death. Although Glick, Weiss, and Parkes (1974) suggested from their study that anticipatory grief did not reduce the intensity of grief, they

found that longer forwarning did correlate with satisfactory adjustment to widowhood.

In agreement with these findings by Carey, Lewis, Glick et.al., both Clayton (1972) and Parkes (1975) claimed that intense grief lasts longer in those individuals who have experienced a sudden loss. This they found particularly true of young widows, who were more prone to greater physical deterioration following bereavement. Lindemann et.al. (1944) observed that those who anticipated the loss and therefore grieved before it occurred were less acutely distressed after loss. However, the literature is not altogether clear on this point as suggested by the other studies reviewed.

Although space does not allow for a discussion of the interpretations of the findings on anticipatory grief, the conflicting results indicate that other variables must play a part in its effect on the bereaved. An extended death watch may help resolve grief and may not. However, enough research indicates that it can be detrimental to some individuals. The extended emotional anguish and pressure may cause an individual to neglect his own health and aggravate an existing chronic illness causing increased morbidity and/or mortality.

Sociological Variables

Because an elderly person experiences "multiple losses" with increased age, he moves from a state of independence to dependence which is influenced by the individual's own circumstances. Family and social support systems become increasingly important with age. This is in total contrast to the disengagement theory reviewed previously that suggest that with increasing age there is a tendency to dissociate

oneself from people and activities. What was once viewed as a natural and normal part of aging, is now being looked at as a cultural phenomena that suggests an older person's withdrawal is due to our society's rejection of the aged and dissociation with them. With recently bereaved elderlies, withdrawal from them may even increase not only because of their age status, but because they are now surrounded by death. However, it is at this point, that the elderly is in need of even more support from their friends and family.

The aged take great comfort in familiar surroundings, which includes family and close friends (Merriam, 1977). As their level of economic and emotional security decreases, adjustment to changing environment becomes more difficult. Their need for security becomes greater. With the recently bereaved aged, family and friends can help a great deal to mitigate the pain of grief, especially when the family is close-knit and communication has been good (Bornstein, et.al., 1973).

Most older people have highly articulated networks of interaction and frequent encounters with immediate family members and friends. Skelskie (1974) found in her study of the bereaved that most of them had ten or more friends, although they felt that they could share their personal lives with only a few close friends. Only one subject reported seeing his friends more often now than before widowhood, whereas others reported seeing them less often or about the same. In regards to their family, more than one-half of the sample reported seeing their families at least once or twice a week. On the issue of family neglect, only two subjects felt completely neglected. No subjects felt that family

tried to interfere in personal affairs.

In the same study by Skelskie, there was a tendency of most of the sample to emphasize their strengths and the positive aspects of their lives, such as family, friends, activities, financial security, and independence. Some felt their families to be the most supportive element in their lives and the only aspect of life which continued to have meaning. Others saw their activities as ways of compensating for their loss and helping to forget. Although most subjects stated that they enjoyed the companionship of many friends, they felt that they received little support in regard to their widowhood status and saw others as adjusting better than they. Half of the sample spoke of the need to control their feelings of grief or to "make the best of things," with the implication that a lack of control would only have disastrous consequences, including the possibility of their own death.

Research has found that the connectedness of most elderly members to their families has been unbroken despite industrialization and modernization. For those elderly persons who have had substantial involvement with their family network over the life span, there seems to be more stability, better adjustment to old age, and a healthier mental attitude. The family linkage to the elderly person is necessary and irreplaceable, especially for the bereaved. Family can give an older person reason to live.

The family linkage to the elderly person is thus of critical importance (Troll, 1971). In a study by Smith (1975), strong family ties and widows with children were found to be positively correlated to better adjustment. Lopata's Chicago study (1978) also found that

although there was an infrequent appearance of extended kin in the support system of the widowed, children and parents are frequent contributors to the bereaved in terms of emotional support. From the results of these studies, it seems logical that Schwab et.al. (1976) found that lessened social support was the single greatest factor responsible for unresolved grief. It is important for the elderly to work through their grief by allowing them to draw upon all family and friendship relationships for support.

Grief reactions expressed through tears, conversations, and recollection of experiences shared with the deceased help ease the pain of grief. Grief is a complex and mixed emotion and the most important factor is communication and support through friends and family (Marjolis, 1975). In a comparative study of a cathartic grief group and a discussion-social group, Michaels (1977) found a significant increase in adjustment in the cathartic group individuals who were allowed to express their feelings and work through their grief. Most older people are willing to talk freely on the topic of death and the loss of their loved ones, and express no fear about their own death (Kinsey, 1972). It seems that their reluctance to talk about their recent loss is more a reaction to the messages that they are getting from those people around them, such as, expressing grief means not adjusting, than from their own need to not express grief around others. The support system (caretakers) around a recently bereaved narrows with the reluctance to communicate about death (Kastenbaum, 1969). This failure to communicate could possibly be due to the caretaker's own feelings and experience with death. Evans (1975) found that pastors working with the bereaved

individuals, who had themselves experienced close family deaths, were more successful in helping the bereaved individuals work through their grief than those pastors who had not experienced close family deaths.

As stated previously, most older people have highly articulated networks of family interaction. Children, siblings, parents, and all "significant others" in the elderly's life are needed for supportive emotional aid, morale-building, counseling, and encouragement. Cicirelli's research (1977) on sibling relationships in the elderly found that sisters were great providers of emotional support for elderly men, stimulators to elderly women and the maintainers of kinship ties in adulthood and old age. Children and grandchildren also play an important part in the social support system of the elderly. Butler (1967) indicated that if an aged person has a sense of continued usefulness, this may keep him living. The role of grandparenting can help fulfill the need for both biological continuity and emotional self-fulfillment.

For the bereaved individual, the literature revealed that family and friends as support systems for them is extremely important in the processing and resolution of grief, with children and a few close friends to communicate with as being the most important. Maintenance of activity, positive self-image, and feelings of usefulness were also necessary components to help resolve grief and adjust to the postbereavement period.

In regards to the actual relationship between the survivor and the deceased spouse, the literature indicated conflicting results. Engel (1962) found that the task of resolving loss became more difficult

in direct proportion to the dependency of the relationship. This is in agreement with Bugen's grief model, which states that the closer and more dependent the relationship, the more intense the grief (1977). However, Carey (1977) found that happiness in marriage was not a significant factor in bereavement adjustment. Other variables such as the perception of the marriage after the death of spouse or honesty in reporting the relationship may possibly have been the reason for the conflicting results.

Demographic Variables

The folklore that "time heals all wounds" is subject to dispute. Several writers, including Kastenbaum (1969) and Kutscher (1969) felt that the shortest and best healer was not related to time but what the bereaved person did and accomplished in this time. Quality not quantity was the determinate of how long it would take. Kastenbaum (1969) stated that the outside pressures from family and friends as well as internal unconscious pressures urged the bereaved person to conform to a socially accepted timetable of grief. He suggested that an older person may require more than the usual year to resolve grief due to the bereavement overload of multiple losses. Carey's study (1977) found that 25 percent of his widowed sample were still depressed after one year. In another study of widows six to eight years after death of spouse, it was discovered that emotional interaction with the deceased still existed, indicating unresolved grief and lack of adjustment to their bereaved state.

Unresolved grief, delayed or suppressed, may become pathological. Bornstien and Clayton (1972) found in their study of 109 randomly

selected widows and widowers that 67 percent had mild or severe anniversary reactions, which is often regarded as a clue to excessive stress. Often times the older person is no longer able to respond fully to a new death because he is still working through the grief process for previous deaths, as well as losses such as sale of family house, retirement, financial and economic losses, status, and/or debilitating changes, which are signals in his own body that remind him that his own death is near. That fear of death exists is undebatable. However, attitudes toward death are a product of collective experiences and learned reactions toward it (Bengston et.al., 1977). Today's elderly are products of that learned fear and do not view death as a natural process (Margolis, 1975).

Survey studies dealing with the topic of death showed that people placed fear of their own death fairly low on their list of fears, indicating the fear of the loss of others through death as their primary concern (Geer, 1969). When comparing the aged group with other groups of individuals, the studies showed with fair consistency, that the elderly think and talk more about death, but that death appears less frightening for those who are older. Age appears to be a significant factor in predicting attitudes toward death where increasing age is associated with decreased fear of death. There is no evidence that preoccupation with death increases with age or that sex or socio-economic status has much effect on attitudes toward death (Bengston, Cruellar, and Ragan, 1977). Results of several studies showed that it was the middle aged (45-54) who expressed the greatest fear of death, and unfortunately, it is this age group that makes up most of the

support system that surrounds the bereaved individual. Many times it is the middle aged that are the "caretakers" and these are the individuals who have not resolved their own fears of death and dying. Open communication for resolution of grief seems to be highly improbable, if not impossible, after reviewing these statistics.

Initially, it might seem contradictory that the old, for whom death is more imminent, are less fearful. Three reasons are proposed by Binstock and Shanas (1977):

1. In old age there is a diminished social value of life. The older person recognizes his limited future.
2. People in industrialized nations can anticipate a life span of 65-75 years.
3. As people become older they are socialized to their own death. The rehearsal for widowhood is well known.

Although research indicated that death of self is not a major problem with most elderly people, death of spouse or a close relative and/or friend can threaten needs of both love and security, and result in physical as well as psychological problems. The degree of physical and psychological problems as a measure of adjustment, has been found to be affected by certain variables such as personality structure and characteristics, sex, age, education, financial and economic status, religion, income, and employment status.

A review of the literature on widows and widowers showed that resolution of grief was a highly personal matter, and that no timetable could be placed which would indicate pathology or lack of adjustment for everyone in general. Blick, Weiss, and Parkes (1974) found that

most widows, after one year, were fairly detached from their husbands. Complete detachment, in their opinion, required three to four years. However, their study was done with persons under the age of 45 years, rather than with an older population, which is dealing with multiple losses.

Adjustment to widowhood in terms of sex is still a highly debatable topic. Researchers differed in their results and opinions. According to Cummings and Henry (1961), widowhood is a state to which women adapt successfull. A widow must initially reconstitute her identity and integrate herself into the social system around her. But they point out that widows have a ready-made peer group in other widows and that they join this group easily. They, however, make a sharp distinction between widowhood and widowerhood, suggesting that widowerhood is a desolating experience for men. Due to different death rates, widowhood is a common fate of women, whereas for a man, such a loss is not anticipated and leaves him without the mediator into the world of kinship who he had relied upon. However, they do not report data to support their view that widowerhood is a serious blow for men. Some confirmation of Cumming and Henry's finding that widowhood is a state to which women adapt successfully comes from a recent pilot study at the Duke University Center for Aging and Human Development.

In contrast, Heyman and Giantureo (1973) obtained data suggesting that both elderly men and women adapt to death of a spouse in a manner characterized by their emotional stability supported by deep religious faith, a stable social network, and relatively few life changes. Adjustment ratings showed no significant changes before and after loss

of spouse, but psychiatric evaluation showed a trend in the direction of increased depressive feelings for women, not for men, which is contrary to the findings of Cumming and Henry.

In a study done by Carey (1977), Heyman and Giantureo's results indicating better adjustment for widowers than widows, were confirmed. The numerical trends for superiority of male adjustment held up when the data was analyzed by level of income, amount of forwarning, level of education, and age. However, the difference between men and women was not statistically significant for widowed persons whose income was over $10,000, who had more than two weeks warning, or who had college degrees. Women with college degrees were the only group of women with adjustment scores in the well-adjusted range. The superior adjustment of widowers as compared to widows may be explained by several factors. First, some women tend to build their identity around their husbands and when a woman's husband dies, her life-style is changed radically. Secondly, women tend to live longer than men, and men tend to marry women that are younger than themselves. It is, therefore, easier for a man to remarry. Thirdly, while income was not a key factor in predicting adjustment, twice as many widows worried about financial problems than men. Finally, by the comments recorded, widows tended to experience more problems in making decisions and handling finances, showed more concern about personal safety, and worried about dependent children. Widows also were found to drink too much, lose weight, and often took more medication than was good for them (Clayton et.al., 1971).

Another study done by Jacqueline Zimmer (1975), indicated similar

results with regard to a widow's fear of financial insecurity. She found recent widows having a stronger need during their bereavement period for increased social skills and financial security, which decreased over time. Although the widows were found to be initially passive, they became socially active within ten weeks. Disengagement was temporary and short-lived. This study confirms the results of other research that states once widows re-establish their new identity and realize that they are capable of taking care of themselves, they re-enter society fairly easily.

Research findings concerning sex differences and postbereavement adjustment are varied. Berardo as reported by Gerber et.al. (1975) stated that the aged female survivor was consistently found to do better than her male counterpart. In contrast, are the findings of other researchers who see widowhood as more devastating for the women. However, it was found in all research that when sex interacted with other variables, the results changed, indicating that sex alone cannot determine postbereavement adjustment. For example, Gerber et.al. (1975) found in their study that there was a lack of significant differences between male and female survivors, whose spouse died of an acute illness. However, in chronic illnesses leading to death of the spouse, the male survivors did significantly worse. Therefore, anticipatory grief may be a key variable in determining the differences between male and female elderly widowed.

Other variables found to influence postbereavement adjustment include age, education, income, and religion. Marris (1958) studied widows under age 40 and found them generally to be depressed. Lopata

(1973) studied widows over age 50 and found them generally to be well-adjusted. In Carey's study (1975), he found widows over the median age of 57 to be better adjusted than the widows under this median age. When analyzing this data separately by sex, the trend of superior adjustment for older persons held up for men, but was significant only for the women.

In the same study by Carey, it was found that education correlated positively with postbereavement adjustment. Widowed persons with college or graduate degrees scored significantly higher than those with a high school education or less. Education was a stronger factor in the adjustment of widows than widowers, but not significant in either group when taken alone. Carey's study also found the expected results that increased level of income was positively related to adjustment. Widowed persons who received more than $10,000 per year from all sources were found to be better adjusted than those who were living on less than $10,000. Both Butler (1967) and Rose (1964) found that factors influencing survival were high occupational level, high intelligence, high social level, and maintenance of occupational and active roles. Although employment was found by Carey (1975) not to be a significant factor in adjustment, many respondents said that "keeping busy" or having a job to go to everyday helped to keep their minds off their problems. Such results are compatible with a study done in the Soviet Union by Chebotaryov (1964), as reported by Botwinick in 1970. The Soviet study found that good health, continued interest and activity, and maintained family life were related to survival and adjustment to old age.

Another significant variable found by Carey and Fulton (1977) was religion. Their results indicated that belief in an afterlife did not seem to reduce the initial intensity of grief but did help sustain morale when grief began to subside. Skelskie's findings seemed to conform to their findings because more than half of her sample reported going to religious services either the same or more often after death of spouse, indicating religion to be helpful in sustaining morale (1974). Carey's study in 1975 found that widowed persons who had an intrinsic religious orientation were not significantly better adjusted than those who had other religious orientations. Protestant and Catholic respondents did not differ either. Cosneck (1966) also found no relationship between religion and adjustment. In contrast to these findings, Heyman and Gianturco suggested that the ability of their subjects to adjust reasonably well to the postbereavement period was due to their sample's deep religious faith (1973).

Funeral Variables

In discussing the role of funerals and grief in our current society, Fulton (1976) pointed out that approximately one percent of the population dies each year and that 62 percent of those who died in 1976 were over the age of 65 years. In the 1920's on the other hand, the highest mortality rate was among young children and infants. There has thus been a dramatic shift in the incidence of mortality across age groups, and consequently, a shift in the age and nature of the key survivors. Graph 3 in Appendix A, p. 174, shows this shift in mortality rates. In short, we are entering a time when widows and widowers will constitute a large segment of the population.

Reflecting on the emergence of this large number of men and women who have lost their husbands and wives, we are reminded that the death of a spouse is considered one of the highest causes of stress a person may ever encounter in one's lifetime. The literature indicated that most of the stress of bereavement, with both positive and negative elements, occurs during the first year after the person is bereaved (Parkes, 1972; Clayton, 1969). With older persons, who may be experiencing multiple bereavements, Carpenter (1976) noted that they may become overwhelmed with loss and grief. One possible outlet for this grief may be the funeral rituals which express the integral dignity and worth of the person (Kastenbaum, 1969). The assumption that viewing the body is an important factor in the resolution of grief is put forth by Elizabeth Kubler-Ross (1969). Kubler-Ross believes that seeing and perhaps interacting with the body is vital in terms of coming to accept the death of the person, as well as accepting one's own impending death. For example, in the Jewish tradition the mourner is required to see the body and then to participate in mourning rituals to assist him in coming to terms with the death.

The role and function of the funeral ritual has long been a subject of interest to anthropologists, sociologists, and psychologists. Recently, thanatologists observing the impact of funeral rites on the bereaved have suggested that certain procedures are more helpful than others in facilitating the grieving process (Kubler-Ross, 1969; Fulton, 1976; Parkes, 1976; Rather, 1971). Others as reported by Bengston (1977) feel that we are socialized for impending death through what we see as appropriate by our culture and immediate community. Therefore,

role models and unique community rituals and symbols give meaning to the event of death and help in the resolution of grief.

In a research project done by Glick, Weiss, and Parkes (1974), they reported that most widows tended to find viewing the body repugnant, although all but three of the 49 widows in their study held traditional wakes. Fifty-two percent indicated that the effect on them had been negative, and 30 percent of the total who had viewed, wished they had not done so. Only 14 percent were glad they had viewed the body. However, the widows indicated that the sight of their spouse in the casket unmistakenly indicated death, although at that point the pain of their loss became almost unbearable.

In a study by Robert Fulton (1976) of 576 persons, those who had participated in a traditional funeral, had viewed the body, and had also involved their relatives and friends in the funeral reported having fewer adjustment problems than those who did not. Additionally, their recall of the deceased was more positive. In another study done by Parkes (1972), it was found that active participation by the bereaved in the actual funeral arrangements can help. Some mourners were found to be helped by their faith in God and the church, by pastoral counseling, and by trusted religious advisors.

Schwab et.al. (1976) found that all respondents whose grief was unresolved had participated in a traditional funeral, which meant viewing the body. Those who had resolved their grief, 50 percent, differed in that only 75 percent of them had viewed the body. The sample was very small, however, and not all were widows or widowers, casting doubt on the outcome. In a survey of 1060 persons, "American

Attitudes Toward Death," sponsored by the Casket Manufacturers Association, 50 percent of the subjects believed that the casket should be open during the wake and closed during the funeral. The respondents who believed that the casket should be open on both occasions totaled 30 percent, with five percent believing that the body should not be present at either time.

From a broad social perspective, participation in funeral rites seems to serve many functions. For example, Kluckholm (1962) stated that doctrines and rituals promote the adjustment of individuals and the survival of societies. Habenstein and Lamers (1960) concluded that funeral ceremonies relieve suffering. As reported by Schwab et.al. (1976), the precise function of the funeral is to give meaning to what is meaningless (Toffler, 1970), to be an important source of status (McDonald, 1973), to affirm the importance of the ethnic group (Gorer, 1965), or to reorientate the bereaved and assist the group to adjust to the loss of one of its members (Durkheim, 1926; Mandelbaum, 1959).

For the bereaved individual, funeral rites are believed to furnish something to do during a time of crisis, to offer norm role definitions at an uncertain time, and to provide comfort to the bereaved by bringing family and friends together. However, there are diverging opinions about the significance of the funeral in terms of grief resolution. In a study done by Vernon, as reported by Schwab et.al. (1976), 1,961 subjects participated. Of these subjects, 36 percent reported that grief was most intense when they were first notified of the death, 17 percent during the viewing of the body, 16 percent during the funeral, and 10 percent at the gravesite. About one-fifth of the sample felt that they

had to conform to socially acceptable forms of grief expression, which were not their true feelings. Furthermore, Parkes (1972), thinks that reality testing too early in the bereavement period may even cause problems. He feels that the funeral service is too early after the death to have a positive effect on grief resolution.

Summary

After a thorough review of the literature, it can be stated that there are many differing opinions on the effect of selected variables on the postbereavement period. There seems to be little agreement by researchers on the varying effects of psychological, physiological, sociological, demographic, and funeral-related variables. One reason for this, is due to the fact that in real life many of these variables interact in their own unique ways for each individual. To make general statements, therefore, for all bereaved individuals is difficult. Another reason for the conflicting results in the literature related to the subject of postbereavement adjustment is the newness of the subject area. Until recently, little research has been done on the elderly population, and even less in the area of bereavement.

With the realization of the paucity of research in this area and the conflicting results of the data collected thus far, this study will attempt to discover how the elderly person is affected by the bereaved state both psychologically and physiologically, and also what specific physiological, psychological, sociological, demographic, and funeral variables either help or hinder an individual's post-bereavement adjustment. Moreover, it will try to understand some of the interactive effects of the different variables. Thus, this

investigation will attempt to resolve some of the conflicting results in the previous studies, and also develop more knowledge in the area of postbereavement adjustment in our elderly population. With this in mind, the following hypotheses will be analyzed in this study:

H_o1: There will be no significant difference between the elderly bereaved individuals and the normal adult population in terms of adjustment as measured by the scores on the Personal Orientation Inventory (POI).

H_o2: There will be no significant relationship between selected physiological, psychological, sociological, and demographic variables and postbereavement adjustment when measured in a time period of three to eleven months after loss of spouse.

H_o3: There will be no significant relationship between selected funeral and death-related variables and postbereavement adjustment when measured in a time period of three to eleven months after loss of spouse.

The Personal Orientation Inventory

A review of the literature was done on the Personal Orientation Inventory (POI), which is the instrument used to measure postbereavement adjustment in this study. Specifically, the subscale, Time-Competence (TC), which measures the degree to which a person lives in the present free of hangups over past events and future uncertainties, was used for the level of postbereavement adjustment. Bloxom (Buros, 1972) stated that both TC and Inner-Support (I) were the two subscales in the POI free of problems if used by themselves.

The degree of self-actualization was taken as a measure of emotional stability for this study. In a previous study to examine the relationship of self-actualization to the major personality constructs, Knapp and Comrey (1973) administered the POI and the Comrey Personality Scales (CPS). They found that there was a positive correlation between emotional stability and self-actualization. In particular, significant correlations of both the POI's major Time-Competence and Inner-Directed to CPS Emotional Stability Scale were found. Because self-actualization correlates positively with emotional stability, it can be used as a measure of "adjustment" during the postbereavement period.

In further review of the literature for the POI, it was found that there were many studies in different areas, including college students, nurses, creativity, alcoholics, drug abusers, marathon groups, clergymen, and personality characteristics. However there were few studies on "normal adults" and even fewer on the elderly. There were also very few studies done on how different demographic variables affect self-actualization.

In the area of the relationship between personality characteristics and self-actualization, the literature revealed fairly consistent results. Margulis (1969) found several specific conclusions: 1) A positive relationship exists between value orientation and self-actualization, 2) The higher self-actualized group are more aware of the interconnectedness between task achievement and social-need satisfaction, 3) The behavior of the more self-actualized groups are less determined by formal structure. Wills (1974) study also found a positive correlation between self-concept and self-actualization.

However, he found that self-actualization varied with other personality variables. The more a person saw oneself as physically and mentally healthy and the more open to self-criticism one was, the more self-actualized one's scores were. Gerber (1964) found a positive correlation between self-actualization and creativity in a sample of college students. In contrast, Summerfield (1974) did not find a significant relationship between creativity and self-actualization, but he did find one between risk-taking and self-actualization.

The review of literature on demographic variables and how they affect self-actualization as measured by the POI, indicated that further research is needed in most of these areas. As pointed out by LeMay and Damm (1960), the existence of a sex difference has not been discussed in the literature on self-actualization. This matter needs to be more fully researched so it can be incorporated into the self-actualizing theory. In one study by Wills (1974), it was found that there was a difference in males and females, but their differences were determined by combinations with other personality variables.

In the area of education, a study done by Damm (1970), indicated that both creativity and high intelligence were related positively to self-actualization. He used the Inner-Support subscale for his study. Weber's study (1970) was consistent with these findings. His study of Catholic high school girls revealed that lower ability girls had lower self-actualizing scores on the POI. Smith (in Knapp, 1976) showed a positive correlation between self-actualization and social awareness, educational level, and flexibility.

Several studies have been done in the area of industry and

occupational level, which are directly related to income level. For example Ladenberger (in Knapp, 1976) administered the POI to 225 individuals selected from top and middle levels of management. It was found that the higher the level in management, the more self-actualized the person was. Smith (in Knapp, 1976) hypothesized that there were two types of small businessmen and that they would differ in their levels of self-actualization. He differentiated them on basis of orientation and characteristic behavior patterns. The group that was described as having a limited range of culture, a narrowness of education, low social awareness, lack of flexibility, and time limited to present and past was found to be less self-actualized than the group that had a broad range of culture, breadth of education, high social awareness, flexibility, and time orientation in the future.

Family and support systems also have been found to influence self-actualization. Gibb (1968) made several conclusions with regard to family and self-actualization. In his study, it was found that self-actualization increased in children from homes whose parents had finished high school, from small families with two to three children, from homes where the mother was employed part-time or full-time, and from homes where there was little formal religious training. His study was done with college-aged individuals only. In another study of multilateral marriage and family by Constantine and Constantine (in Knapp,1976), forty participants were given the POI. It was found that departure from the norms in marriage and family structure was not representative of a pathological population nor was it reflected in their POI scores. Dawson (1969) found that children who had lived

in four or five communities from first grade were most self-actualized than those who had grown up in only one or two communities in the same time period.

LaBach (1969) positively related self-actualizing with age, marriage, satisfaction with college, infrequency of religious attendance, and political liberalism. The POI has been administered to many clergy over the past ten years. Greely (1970) studied the American Catholic Priesthood and found that those priests, who were relatively more self-actualized, did not hold traditional values and were also less apt to stay in the priesthood. The more conservative the priest's views were, the less self-actualized he was. Reglin (1976) found similar results with clergy having an Evangelican background. The more conservative their views, the less self-actualized, less growth-oriented, and less innovative they were. In another study done by Burke (1973), comparing different levels of religious orientation, it was found that the highest level of religious orientation (Clergy or Religious Order Member) was the most self-actualized, with an active parish member next, and the student member the least self-actualized.

Finally in the area of age and self-actualization, very few comparative studies have been done. Jansen (1974) reported POI means in ten year age intervals from twenty years for state hospital alcoholics. Although the change in mean scores was not great, scores decreased with increased age. Summerfield (1974) found no significant differences between the age groups of 16-18 and 25-56 in terms of their self-actualization mean scores on the POI. In Greely's study

(1970) of Catholic Priests at 10 year intervals ranging from twenty-six to thirty-five to fifty-six and over, the POI mean scores decreased with age. In conclusion, in the area of age and self-actualization, it can generally be stated that peaks of self-actualization cannot be reached until full maturity, and that the trend is to increase with age up to early and middle adult years and then drop with an older sample. However, more research is needed in this area.

CHAPTER III

METHODOLOGY

Introduction

This research project is designed to study postbereavement adjustment following recent loss of spouse. This study will be limited to the aged population, which the researcher defines as 60 years and older, and to loss of spouse within a time period of three to eleven months. There will be two components to this investigation. The first will be to compare the bereaved individuals to the scores of a self-actualized group, a normal adult population, and a non-self-actualized group as measured by their scores on the Personal Orientation Inventory (POI). The second will be to determine the influence of selected physiological, psychological, sociological, demographic, and funeral-related variables on postbereavement adjustment.

This chapter presents the methodology used to achieve the purpose of this research project. The population will be discussed first, followed by the collection of the data. The instruments used, interviewer's selection and training procedures, and the statistical analysis of the data will then be presented. A rationale for the instruments and data analysis will be incorporated into the discussion of each.

Population

The population of this study is defined as 32 individuals who are 60 years and older. They all had experienced loss of spouse three to eleven months previous to participation in the study. The sample was

drawn from the geographical area defined as metroplitan Chicago by the Department of the Bureau of Vital Statistics. The researcher chose N to be 30 individuals for two reasons. First of all it seemed like a reasonable number to work with because of the difficulty of obtaining such a specific and also sensitive sample. Secondly, it was a reasonable number to apply statistical analysis to and be able to obtain valid results. The number of individuals in the sample ended up to be N = 32.

The population drawn was a non-probability sample classified as Purposive Sampling, which is characterized by the use of judgement and deliberate effort to obtain representative samples by including presumably typical areas or groups in the sample (Kerlinger, 1973). The researcher accomplished purposive sampling by interviewing volunteers from different Diner Site locations and places of worship. Some of the interviewing was done in the homes of the bereaved individuals.

Diner Sites are federally-funded lunch programs located in the Chicago area where an individual can go for a $.75 lunch. This program is part of the Mayor's Office for Senior Citizens and Handicapped-Chicago Nutrition Program for Older Adults. One of the restrictions of the "Golden Diner's Club" is age-related. One must be age 60 years or older in order to belong. There are approximately 100 of these "Golden Diner's Club" sites in the Chicago area.

Another restriction of the Diner Site program is related to income level. By virtue of being at one of these sites, the individual is classified as lower-middle income level or below. To increase generalizability and representativeness, to the middle and upper middle income level, the researcher solicited the help of Clergy and other

church personnel. The Clergy were asked to make the initial contact with the elderly bereaved in their parishes, requesting their volunteer participation. If consent was given by a person, his/her name was turned over to an interviewer to make arrangements for the interview.

The bereaved individuals were selected from either a diner-site, place of worship, or by a referral from an individual who had already been interviewed. The selection of the bereaved individuals was therefore done with either the help of the person in charge of the diner-site, the Clergy or church personnel, or a friend of a bereaved. In all cases, initial contact with the elderly bereaved was made through a person who was involved with them, and who was known and trusted by them. The researcher identifies this person as a "caretaker" of the bereaved.

Of the three kinds of "caretakers", the researcher found that both the Clergy and a friend of the bereaved were the most trusting and willing to help in finding the participants. The person in charge of a diner-site was more likely to "protect" the bereaved individual from the interviewer. For example, the caretaker felt that the interviewer might upset the bereaved individual or cause him/her more pain in someway. Therefore, they often times were very suspect of the interviewer and unwilling to supply names. The interviewer in many incidences had to spend a lot of time talking with the caretaker at the diner-site before being allowed to interview a bereaved individual. The researcher also found that actual contact at the diner-site or place of worship was a much more successful way of acquiring volunteer participants than by initial phone contact. The researcher's experience in sample

acquisition was that there were two components. First, the "caretaker" must be someone who trusted the interviewer, and secondly, that the bereaved have explicit trust in the person who approached them. This was found to be either a friend who had already been through the interview or the bereaveds' Clergy.

Only volunteer participants were used in this study, and this was decided by the "caretaker." Re-evaluation of a volunteer's participation was also subject to the interviewer's professional opinion. If the interviewer felt that the interview was in any way showing harm to the participant, she would cease the interview and inform the referral person. For example, if the participant was showing that he/she was experiencing either psychological or physiological stress due to the interview questions or length of the interview, the interviewer would stop the interview. This only happened once and was due to physical stress. The interview was accomplished in two sessions.

The use of volunteers is limiting, but necessary in this study. The limitation is that volunteers may have some intrinsic characteristics not found in non-volunteers. These independent variables are considered extraneous to the experimental process and could cause spurious results. However, the use of volunteers is necessary because of the sensitivity of the subject matter--bereavement.

In considering a sample selection, three basic concerns were addressed. They were sample size and the degree to which that sample approximates the population along with the degree of error in utilizing a sample as opposed to an entire population (Stanley and Campbell, 1971). As discussed previously, due to the subject area of bereavement, the

researcher chose a small sample size N = 32 as a workable and realistic goal. The researcher used an interview, as opposed to a questionnaire, and offered a small monetary reward of $5.00 to help in the acquisition of the sample. The monetary reward of $5.00 played only a small part in sample selection. It was offered at the diner-sites as an incentive for participation. However, most individuals did not participate in the interview for the money. Many would not accept the money or did so reluctantly. In the middle and upper-middle class range, the money was usually refused. However, it was always offered at the end of the interview as a token of appreciation for their participation.

In an effort to ensure generalizability to that of the general population with the previously discussed limitations, the following rationale for the geographical parameters of the sample was followed. The Bureau of Census reports that 64 percent of those age 65 years and older live in metropolitan areas. Of the total older population, 34 percent live in the central city and 30 percent live in metropolitan areas outside the central city (Richard Blake, 1978).

Although the researcher feels that the sample has good generalizability, there are two delimitations. First, it is representative of the elderly population only age 60 years and older. Secondly, these elderly people were living in an urban and/or suburban areas as opposed to a rural locale. Therefore, geographic location is a delimitation also. One-third of the elderly living in the rural areas were not represented in this study.

Collection of the Data

Data was collected in one private, in-depth, structured interview

at a location selected by the participant. The interview was chosen as the best research tool to identify the intensity of an individual's feelings. Also, the person-to-person interview is particularly suited in gathering material for this age group. Research indicates that both loss in physical capabilities (hearing, eyesight, and staminia) and a loss in social interaction for many of the elderly. The interview compensates for both of these needs and losses. The interview was also the best exploratory tool because of the length and number of questions. The interview technique not only kept the participant interested, but in turn, gave the interviewer greater depth and more insightful information.

The researcher found from pretesting the interview that it could be administered to a non-bereaved person in one hour and to a bereaved person in one hour and fifteen minutes. However, most interviews with bereaved individuals lasted from two to three hours. Therefore, in the actual study, three hours were allowed for each interview, and during this time period, much valuable information was collected.

Further rationale for the use of an interview format for this study includes the overall advantages of this research tool. Interviews allow for greater depth and understanding of responses. They allow for more complex information and more sensitive material to be gathered. Also, interviews allow for more participation of all segments of populations, including the benefits of flexibility in social interaction (Good, 1954).

A concluding rationale for the use of an interview for this research project is that it is congruent with the survey approach to investigation. When information is difficult to obtain by other methods,

the interview is invaluable. When a new area, such as postbereavement adjustment in the elderly population is being explored, interviewing is useful in obtaining leads to hypotheses and other variables. Finally, interviewing may be the only way to communicate with the aged population, and therefore, the only source of data collection (Kerlinger, 1973).

The main disadvantage of using the interview format is the possibility of interviewer bias. To help control for this, the interviewers were well-trained and experienced in the interview approach. They also used a structured questionnaire which controls partially for the effects of subjectivity. Furthermore, the questions were pretested and revised to eliminate ambiguities and inadequate wordings.

Instruments

There were three instruments used in this investigation. They were bound together in a Loyola looseleaf notebook and divided into three sections--one for each instrument. The print was enlarged, to meet the possible needs of the elderly, with approximately two questions per page. The following instruments were used:

Personal Questionnaire. This instrument was administered first during the interview because it was the least sensitive. The Personal Questionnaire, which was designed for this project, gathered data for the demographic variables (sex, age, marital status, ethnic heritage, education, religious orientation, and socio-economic status), perceived physiological and psychological variables, and sociological variables (living situation, family and support systems, and employment status). Each question represented a variable that was analyzed in relationship to postbereavement adjustment.

The Personal Questionnaire provided the descriptive variables for this study. Certain criteria were met for each question. Included were: (1) Each question was related to the research objectives and problem. (2) Each question was placed in sequence from the least threatening and least sensitive to the most sensitive. (3) Each question was tested for relevance and understanding in terms of the population sampled. The complete personal questionnaire is described in Appendix B, pages 176 through 181.

Bereavement and Funeral Questionnaire. This instrument was administered secondly during the interview because it was the most sensitive. The researcher felt that by having it in the middle, the bereaved would be protected. The Personal Orientation Inventory (POI) was administered lastly and used as a buffer because it did not deal with bereavement specifically. The researcher found this to be the most natural order in administering the questionnaires.

Like the Personal Questionnaire, the Bereavement and Funeral Questionnaire was designed for this project specifically. It gathered data regarding the effects of funeral rituals and bereavement conditions on the adjustment of bereaved individuals. This questionnaire was composed of questions representing selected variables including life-changes since loss of spouse, multiple losses, emotional preparation, viewing of the body and visitation, rituals, type of funeral and the bereaveds' relationship to spouse. Each question represented a variable that was analyzed in relationship to postbereavement adjustment. The questions in this questionnaire met the same criteria as the questions in the Personal Questionnaire. The complete questionnaire is described in

Appendix B, pages 181 through 186.

Shostrom's Personal Orientation Inventory (POI) This instrument was administered last during the interview because it was less sensitive than the Bereavement and Funeral Questionnaire. The researcher used the POI for closure in the interview because it allowed the interviewee to diffuse the emotions and feelings elicited from the Bereavement and Funeral Questionnaire. It helped the interviewer bring the interviewee into a better mood and be less vulnerable after the interview ended.

The POI was used to measure the beliefs, values, and behaviors of each individual, which established the level of self-actualization. Self-actualization was used as a measure of personality adjustment which allowed the researcher insight on how bereavement affects individuals in different areas of their personality.

After reviewing the literature, the researcher determined that no satisfactory definition of adjustment existed for this study and proposed a different approach to the investigation. Two studies reviewed used depression as their scale for adjustment--the greater the adjustment, the less the depression (Carey, 1977 and Faschingbauer, 1977). Because these scales were based on negative or depressed feelings rather than on personal growth, a factor that might reinforce such feelings in respondents, the researcher chose the POI as the instrument for an adjustment scale. Because the POI measures the degree of self-actualization following bereavement, it is considered a more positive measure of adjustment.

The self-actualization concept derives from Abraham Maslow (1970) and is based on a hierarchy of needs. In ascending order, they are: physiological needs, safety needs, love and belonging needs, respect and

esteem needs, and finally self-actualization needs. New and higher needs become dominant as the lower needs are fulfilled. According to Maslow, one cannot grow until the essential biologically based inner nature, unique to each individual and yet partly species wide, is allowed to express itself. Self-actualized persons live a fuller life than do average individuals. Such persons are described as "developing and utilizing all of their unique potentialities and capabilities, free of inhibitions and emotional turmoil of those less self-actualized" (Shostrom, 1968, p. 5).

Bloxom (Buros, 1972, p.120) describes the POI as "a self-reporting instrument designed to assess values, attitudes, and behavior relevant to Maslow's concept of the self-actualized person." There are twelve specific variables assessed by the POI. They are described in Table 1, page 59. Two of the most important measures are Time Ratio and Support Ratio. Time Ratio measures the degree to which a person lives in the present, free of hang-ups over past events and future uncertainties. This person is considered Time Competent. Support Ratio measures the degree to which a person acts on and is generally guided by his own principles and motives (Inner Support) in contrast to a person who responds to a wide variety of external pressures (Outer Support).

The Inventory consists of 150 two-choice comparative value judgements. Items were chosen from among a series of significant value judgement problems by therapists. The scores were determined by several criteria: Reisman's concept of inner and outer directed tendencies (Reisman, 1950), Maslow's self-actualization notions (Maslow, 1954), and May's view concerning time orientation (May, 1958). In

Table 1

Scoring Categories for the
Personal Orientation Inventory

Number of Items	Scale Number	Symbol	Description
I. Ratio Scores			
23	1/2	TI/TC	TIME RATIO: Time Incompetence/Time Competence - Measures degree to which one is "present" oriented.
127	3/4	O/I	SUPPORT RATIO: Other/Inner - Measures whether reactivity orientation is basically toward others or self.
II. Sub-Scales			
26	5	SAV	SELF-ACTUALIZING VALUE: Measures affirmation of a primary value of self-actualizing people.
32	6	Ex	EXISTENTIALITY: Measures ability to situationally or existentially react without rigid adherence to principles.
23	7	Fr	FEELING REACTIVITY: Measures sensitivity of responsiveness to one's own needs and feelings.
18	8	S	SPONTANEITY: Measures freedom to react spontaneously or to be oneself.
16	9	Sr	SELF REGARD: Measures affirmation of worth or strength.
26	10	Sa	SELF ACCEPTANCE: Measures affirmation or acceptance of self in spite of weaknesses or deficiencies.
16	11	Nc	NATURE OF MAN: Measures degree of the constructive view of the nature of man, masculinity, femininity.
9	12	Sy	SYNERGY: Measures ability to be synergistic, to transcend dichotomies.

Number of Items	Scale Number	Symbol	Description
23	13	A	ACCEPTANCE OF AGGRESSION: Measures the ability to accept one's natural aggressiveness, denial and repression of aggression.
28	14	C	CAPACITY FOR INTIMATE CONTACT: Measures ability to develop contactful intimate relationships with other human beings unencumbered by expectations and obligations.

responding to the POI, the person is asked to select the one statement in each pair that is most true of himself. Clinically derived scales, comprising items logically grouped into two major scales and ten subscales, are used in comparing the person's responses to normative samples (Knapp, 1976).

Norms: Norms for the POI are based on a sample of 2,607 entering freshman at Western and Midwestern liberal arts colleges. Norms for other selected reference groups are also available. Included is one for a normal adult population.

Validity: Shostrom in Knapp (1976) reported a high level of validity in the POI and stressed that the inventory significantly discriminates between self-actualized and non-self-actualized persons. Correlations of the POI with other scales measuring similar areas are also high, which is another form of concurrent validity.

Reliability: Test-retest reliability coefficients have been obtained for POI scales. Reliability coefficients for the major scales of Time Competence and Inner-Direction are .71 and .84 respectively, and coefficients for the subscales range from .55 to .85. In general the correlations obtained in this study are as high as those reported for most personality measures.

The complete questionnaire is described in Appendix B, pages 188 through 193.

Each individual participant was administered all three of the questionnaires described in a private in-depth interview. However, they each were informed prior to the interview that they could cease being interviewed or not answer specific questions at any time during the

interview. This was for their own protection, as well as the researcher's. A copy of this form is presented in Appendix B, page 196.

Interviewers and Training Procedures

Five professional interviewers were employed during the interviewing phase of this research project. These interviewers were chosen from the graduate students in the field of counseling at Loyola University and Northwestern University. Each interviewer underwent six hours of training, which included general information on the elderly and bereavement, pertinent communication skills, and a thorough acquaintance with the research project. The researcher chose graduate students in the field of counseling because they are professionals who have had some previous training in counseling and interviewing techniques, as well as being knowledgeable in the study of human behavior.

Because the researcher of this project was also an interviewer, training and articulation continued during the three month period of interviewing. The interviewers often went out in teams of two for the interviews. Therefore, there was much sharing of information and additional training during the actual interviewing phase.

After each interview, the interviewer filled out the Interviewer Questionnaire. This questionnaire was designed to gather information on the interviewer's perception of the bereaved individual. It would allow the researcher to see if there was a discrepancy of how the bereaved viewed his/her adjustment to postbereavement, relationship to spouse, and satisfaction with funeral arrangements as compared to the interviewer's perception. It also allowed for the interviewer to express her view of the interview and the individual. Any additional

information that the interviewer felt was pertinent to this study was also gathered in the comment section of the Interviewer Questionnaire. A completed copy of this questionnaire is described in Appendix B, pages 194 through 195.

Analysis of the Data

Hypothesis I compares the bereaved sample with the normed sample of a Normal Adult Population to measure the difference in adjustment as determined by their POI scores. This hypothesis will be analyzed by comparing the means of the bereaved sample to the means of a normal adult population, a self-actualized group, and a non-self-actualized group. Statistical analysis was accomplished using t-tests to compare the means of the bereaved with each group--the self-actualized, normal adult population, and non-self-actualized. A table of the means and a graphic representation of each group will also be used for a descriptive statistic of Hypothesis I.

Hypothesis II stated that there was no significant relationship between selected physiological, psychological, sociological, and demographic variables and postbereavement adjustment. Each one of these variables will be descriptively analyzed by giving their percentage value and frequency presented in tables. Hypothesis III stated that there was no significant relationship between selected funeral and bereavement variables and postbereavement adjustment. Again the analysis will be descriptive statistics of each variable in percentages and frequencies presented in a table.

After percentage and frequency representation is given for each variable, the research will further analyze the data by choosing

specific variables from each questionnaire, including the Personal Questionnaire (PQ), the Bereavement and Funeral Questionnaire (BQ), the Interviewer Questionnaire (IQ), and the POI. Further analysis will be done with cross-tabulations to determine if relationships exist between specific variables. ANOVA will also be used as a final measure to test out relationships between specific variables. In addition, correlations will be made between the interviewers' perceptions of specific variables and the interviewees' responses to the same or similar variables.

The researcher feels that because of the method of data collection--the in-depth interview, much important subjective information was also gathered. This information will be presented in Chapter V in both the Conclusions and Implications sections.

CHAPTER IV

PRESENTATION AND ANALYSIS OF THE DATA

Introduction

The purpose of Chapter IV is to present and analyze the data collected for this study. There are four sections to this chapter. The first section discusses Hypothesis I, which compares the elderly bereaved sample with a normal adult sample, a self-actualized sample, and a non-self-actualized sample. The Personal Orientation Inventory (POI) mean scores of all four samples are compared through t-test statistics and in graph and table forms. The second section discusses the demographic, sociological, and perceived psychological and physiological variables (Hypothesis II). All variables are descriptively analyzed using percentages and frequencies. Selected variables are cross-tabulated giving their frequencies and percents for further analysis. ANOVA is used to determine the relationship between selected variables and the scores on the POI. The third section discusses the funeral and bereavement variables (Hypothesis III). These variables are also analyzed in percentages, frequencies and cross-tabulations. They are cross-tabulated with demographic variables and perceived psychological and physiological variables for analysis. ANOVA is used to determine the relationship between selected funeral and bereavement variables and scores on the POI. The last section presents different tests of association between selected variables on the Personal Questionnaire and Funeral and Bereavement Questionnaire and similar variables from the Interviewer Questionnaire.

SECTION I: HYPOTHESIS I

The null hypothesis states that:

H_o1: There will be no significant difference between the elderly bereaved individuals and the normal adult population in terms of adjustment as measured by the scores on the Personal Orientation Inventory (POI).

Both Table 2 and Graph 1 show that the Bereaved Sample and the Non-Self-Actualized sample are the most similar in mean scores. In fact, all scores of the Bereaved Sample are lower than the Non-Self-Actualized sample except in four areas. For three of these four areas the differences in scores are minimal. In Self-Acceptance (SA) the Bereaved Group have a mean score of 14.34 and the Non-Self-Actualized Group have one of 14.21. This is a difference of 0.13. The Self-ACtualization Value (SAV) mean for the Non-Self-Actualized Group is 18.00, and for the Bereaved Group it is 18.56. This is a difference of 0.56. The other slightly higher score is for Spontaneity (S). The Non-Self-Actualized have a mean score of 9.79, while the Bereaved have one of 10.88. The difference here is 1.09. The other higher score for the bereaved is the Self-Regard score (SR). Here the Bereaved have a mean score of 12.50, and the Non-Self-Actualized have one of 10.21. The difference in mean score is 2.29.

Again looking at Table 2 and Graph 1, the mean scores between the Bereaved Sample and the Normal Adult Sample become even less similar, with only one mean score area being higher for the Bereaved Sample than the Normal Adult Sample. This higher mean score is the Self-Regard (SR) mean, with the Bereaved having the mean score of 12.50 and the Normal

Table 2

The POI Mean Scores for Self-Actualized, Normal, Non-Self-Actualized, and Bereaved Groups

POI Scale	Self-Actualized Group n=29		Normal Adult Group n=158		Non-Self-Actualized Group n = 34		Elderly Bereaved Group n=32	
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
TC	18.93	2.5	17.70	2.8	15.82	3.6	14.22	2.8
I	92.86	11.5	87.25	13.6	75.76	16.2	74.13	9.20
SAV	20.69	3.6	20.17	3.0	18.00	3.7	18.56	3.20
EX	24.76	3.5	21.80	5.1	18.85	5.4	15.09	3.7
FR	16.28	2.8	15.74	3.3	14.26	3.8	13.63	2.4
S	12.66	2.9	11.65	3.0	9.79	3.4	10.88	1.9
SR	12.90	1.9	11.97	2.7	10.21	3.3	12.50	1.9
SA	18.93	3.5	17.09	4.0	14.21	4.0	14.34	3.5
NC	12.34	2.2	12.37	1.9	11.29	2.0	10.94	2.3
SY	7.62	1.2	7.32	1.2	6.18	1.9	6.00	1.5
A	17.62	3.1	16.63	3.7	14.74	3.5	12.81	2.9
C	20.21	3.4	18.80	4.6	16.47	4.3	14.31	3.1
TI	3.72		5.06		7.06		8.31	
O	31.13		37.35		49.65		49.44	

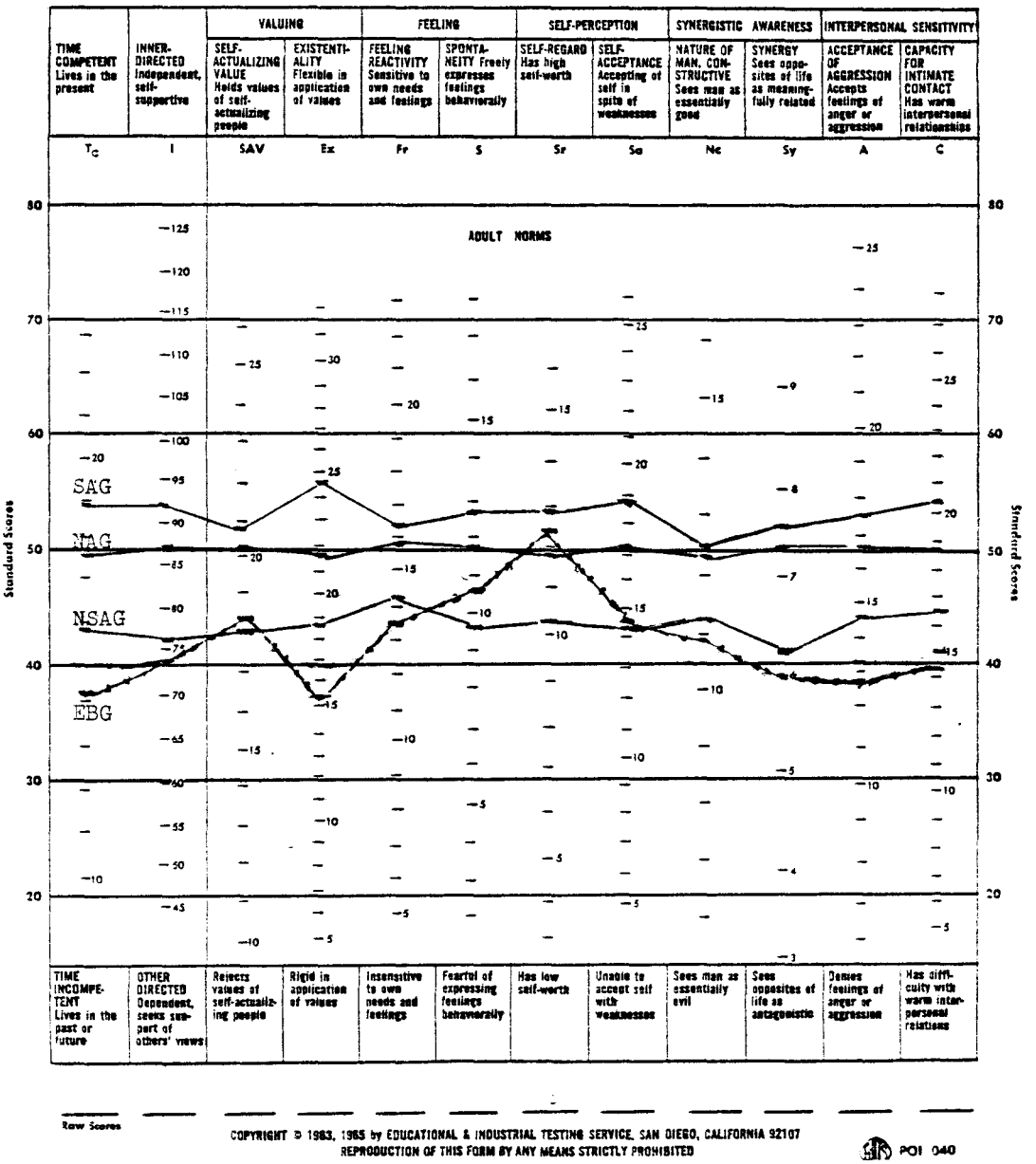
(A Comparison of Total Mean Scores Between Groups)
(Shostrom, 1968, p. 26)
(Knapp, 1976, p. 10)

Graph 1

PROFILE SHEET FOR THE PERSONAL ORIENTATION INVENTORY

Comparison of Mean Scores

SAG-Self-Actualized Group NSAG-Non-Self-Actualized Group
NAG-Normal Adult Group EBG-Elderly Bereaved Group



Adults having one of 11.97. The difference here of 0.53 is slight. Therefore, it can be stated that in all but one subscale area of the mean scores on the POI, the Bereaved Group has lower scores than the Normal Adult Group.

When comparing the Bereaved Sample to the Self-Actualized Sample in Table 2 and Graph 1, the Bereaved individuals are lower on all subscales, including SR. The Bereaved's mean scores are very dissimilar to the Self-Actualized's mean scores, the most similar mean score being SR again. The Bereaved Sample had a high score in Self-Regard (SR), which indicates that one is able to like oneself because of one's strength as a person (Shostrom, 1968). However, to be self-actualized one must have a high score in Self-Acceptance (SA) also. According to the POI Manual, it is harder to achieve a high score in SA because it means one must accept his/her weaknesses also. The Bereaved Sample fell short in the SA subscale by 4.59. They had a mean score of 14.34, as compared to the Self-Actualized Group's mean score of 18.93.

The last two subscales on the POI, Time-Incompetent (TI) and Other-Directed (O) represent the opposite of Time Competent (TC) and Inner-Directed (I). The higher the mean scores in these two areas, the lower the self-actualization. In both areas the Bereaved Sample had higher scores than all other groups. The Bereaved had a TI mean score of 8.31 as compared to 7.06 for the Non-Self-Actualized, 5.06 for the Normal Adult Group, and 3.72 for the Self-Actualized. In the O score, the Bereaved had a mean score of 49.44, as compared to the Non-Self-Actualized (49.65), Normal Adult Group (37.35), and the Self-Actualized (31.13).

After reviewing Table 2 and Graph 1, it can be stated that the Elderly Bereaved Sample are most similar in their mean scores to the Non-Self-Actualized group. Because self-actualization as measured by the POI scores is being used as a measure of adjustment in this study, it can be hypothesized that bereaved individuals are poorly adjusted following the loss of spouse. Scores similar to a non-self-actualized group indicate that the bereaved have similar characteristics to them.

One of the most important characteristics of non-self-actualized persons, and also, the bereaved, is that they are Time-Incompetent. This Time-Incompetence suggests that they do not discriminate well between the past or the future relative to the present. They may be disoriented in the present by splitting off from either their past or their future. Persons who are past-oriented may be characterized by guilt, regret, remorse, blaming, and resentments. They are persons who are "nibbling on the undigested memories and hurts of the past" (Shostrom, 1968, p. 16). Persons who are future-oriented may be characterized by having idealized goals, plans, expectations, predictions and fears. They are obsessive worriers who cannot stop thinking about the future. Present-oriented persons are those individuals whose past does not contribute to the present in a meaningful way and whose future goals are not tied to present activity. They are persons who engage in "meaningless activity and unreflective concentration" (Shostrom, 1968, p. 16). They actively avoid facing themselves (Shostrom, 1968).

Non-self-actualized individuals are also considered Other-Directed in their support systems. Because of the Bereaved Group's similar mean score (74.13) to that of the Non-Self-Actualized Group's mean score of

75.76, they too are considered Other-Directed (O). Other-Directed persons are influenced greatly by external forces and pressures. They have a lot of fear and anxiety over other people's opinions and authority. Approval by others and conformity become high goals. Manipulation in the form of pleasing others and insuring constant acceptance become primary methods of relating.

The ten remaining subscales in the POI are complementary scales to each other and must be considered in pairs. For the Bereaved individuals, both the Self-Actualization Values (SAV) and the Existentiality (EX) mean scores were respectively, 18.56 (mean scores for the Non-Self-Actualized Group-18.00) and 15.09 (mean score for the Non-Self-Actualized Group-18.85). A non-self-actualized mean score for SAV indicates that the bereaved reject values of self-actualizing people. They do not live in terms of their wants, likes, dislikes, and values. Complementing SAV, Existentiality indicates that persons are flexible in applying self-actualized values and principles in their lives. A low score means that they hold values so rigidly that they may become compulsive or dogmatic. The Bereaved's EX mean score was 3.76 points below the non-self-actualized mean.

Feeling Reactivity (FR) and Spontaneity (S) are the next two paired interpretations. A low score in FR indicates an insensitivity to one's own needs and feelings. The Bereaved's FR mean score of 13.63 was 0.63 points lower than the Non-Self-Actualized mean score of 14.26. A low score in Spontaneity (S) indicates that an individual is fearful of expressing feelings behaviorally. A score of 10.88 for the Bereaved Group is low. It is only 1.09 points higher than the

Non-Self-Actualized group and still lower than the Normal Adults (11.65). This indicates that the Bereaved have a hard time in both understanding and expressing their feelings.

Self-Regard (SR) and Self-Acceptance (SA) are paired together, and Self-Actualization requires both. As indicated in the previous discussion the Bereaved Sample scored high in self-regard, 12.50, as compared to 10.21 for the Non-Self-Actualized. Their score of 12.50 is similar to that of a Self-Actualized person-12.90. However, they failed to achieve a high score in the Self-Acceptance (14.34) as compared to 18.93 for the Self-Actualized. Their SA score was again close to that of the Non-Self-Actualized group (14.21). Although a high score in Self-Regard indicates that the Bereaved individuals did like themselves, a low score in Self-Acceptance shows that they were unwilling to accept their weaknesses. Therefore, they cannot be considered self-actualized.

Nature of Man (NC) and Synergy (SY) are the next two paired scores on the POI. A high score in Nature of Man indicates that a person sees man as essentially good, and that he can resolve the dichotomies in the nature of man. A high score in Nature of Man, Constructive (NC) also measures the self-actualizing ability to be synergic in understanding of human nature. The Bereaved sample had a lower score than the Non-Self-Actualized Group in NC (10.94 and 11.29 respectively). Paired with NC is Synergy (S), which is a measure of the ability to see opposites as related meaningfully. A high score indicates that a person is able to view dichotomies as not really opposites, and a low score means that a person sees opposites of life as antagonistic. The Bereaved scored low in Synergy (6.00) which is similar to the Non-Self-

Actualized group of 6.18. The difference in their scores was 0.18 points.

The last two paired interpretations for the POI are Acceptance of Aggression (A) and Capacity for Intimate Contact (C). A high score in Aggression means that a person has the ability to accept anger or aggression within one's self as natural. A low score means that one denies such feelings. The Bereaved Sample had a low score of 12.81, which is 1.93 points lower than the Non-Self-Actualized Group's score of 14.74. In the Capacity for Intimate Contact score the Bereaved individuals had a lower score again-14.31 as compared to the Non-Self-Actualized Group's score of 16.47. A difference of 2.16 points between the two groups, with the lowest score being the elderly bereaved indicates that these individuals have difficulty with warm interpersonal relationships. At this period of time, the bereaved elderly were experiencing difficulty in developing meaningful relationships with other human beings. Their interpersonal sensitivity was at a low point.

To determine if there were differences between the Self-Actualized Group and the Bereaved Group, the Normal Group and the Bereaved Group, and the Non-Self-Actualized Group and the Bereaved Group, separate t-Test Analyses were done for all three comparison groups. The results of these analyses of comparing the mean scores of all the subscales in the POI are presented in Tables 3, 4, and 5.

The researcher found that there were significant differences between the Self-Actualized Group and the Bereaved Group as indicated by the data in Table 3. There were only two subscales that showed non-significant results. They were for Self-Regard (SR) and Nature of Man

Table 3

t-Test Analysis Between Self-Actualized Group and the Bereaved Group for the POI Subscales

Subscales	Degrees of Freedom	t	Significance Level
TC	59	6.74	.01
I	59	6.99	.01
SAV	59	2.47	.05
EX	59	10.56	.01
FR	59	4.017	.01
S	59	4.704	.01
SR	59	1.709	not significant
SA	59	5.045	.01
NC	59	2.36	not significant(but close)
SY	59	4.64	.01
A	59	7.55	.01
C	59	7.017	.01

Table 4

t-Test Analysis Between Non-Self-Actualized Group and the Bereaved Group for the POI Subscales

Subscales	Degrees of Freedom	t	Significance Level
TC		1.95	not significant
I		.521	not significant
SAV		-.662	not significant
EX	62	2.88	.05 (lower)
FR		.869	not significant
S		-1.59	not significant
SR	62	-3.51	.01 (higher)
SA		.166	not significant
NC		1.266	not significant
SY		1.136	not significant
A	62	2.36	.05 (lower)
C	62	2.36	.05 (lower)

Table 5

t-Test Analysis Between The Normal Adult Group and the Bereaved Group for the POI Subscales

Subscales	Degrees of Freedom	t	Significance Level
TC	188	10.645	.001
I	188	18.777	.001
SAV	188	4.740	.001
EX	188	15.595	.001
FR	188	6.113	.001
S	188	2.370	.01
SR		-1.690	not significant
SA	188	7.114	.001
NC	188	5.226	.001
SY	188	4.608	.01
A	188	10.372	.001
C	188	11.052	.001

Constructive (NC). These results are consistent with the data in both Table 2 and Graph 1 that present the differences in mean scores for all four groups. The non-significant result for the Self-Regard was expected because of the Bereaved Group's high mean score of 12.50 as compared to the mean score of 12.90 for the Self-Actualized Group. Although the non-significant result for the Nature of Man (NC) was not expected, the analysis indicated that the differences between the two groups was very close to the .05 significance level.

The t-Test Analysis between the Non-Self-Actualized Group and the Bereaved Group was also found to be consistent with the mean score differences presented in Table 2 and Graph 1. However, there were four significant results when only one was expected. The expected significant difference was between the two groups in the subscale of Self Regard (SR). The analysis indicated that the Bereaved Group had significantly higher mean scores than the Non-Self-Actualized Group. The other three significant results were for Existentiality (EX), Aggression (A), and Capacity of Intimate Contact (C). However, the mean scores for the Bereaved Group were found to be significantly lower than for the Non-Self-Actualized Group. The results of these t-Tests may possibly indicate that these three areas, EX, A, and C, were the most affected by the recent loss of spouse. This data is presented in Table 4.

The final t-Test Analysis between the Normal Adult Group, which is considered the normed group for the POI (N=158), and the Bereaved Group was also consistent with the mean score analysis presented in Table 2 and Graph 1. There were significant differences between the two groups in all but one subscale. Again this was for Self-Regard

(SR). Table 5 presents the results of the t-Test analysis between these two groups.

Because the data indicated that there was no significant difference between the Bereaved and the Non-Self-Actualized Group, and that there were significant differences between the Self-Actualized Group and the Bereaved Group, and the Normal Adult Group and the Bereaved Group, the null hypothesis which states:

H_o1: There will be no significant difference between the Bereaved Sample and the Normal Adult Sample as measured by the scores on the POI

was rejected.

As a summary statement on the Elderly Bereaved Group's POI test scores, the researcher would like to make two concluding remarks. First, the Elderly Bereaved individuals are definitely in the low scoring range, which indicates non-self-actualization. Because non-self-actualization closely parallels not being adjusted and not coping, this indicates that the Bereaved Sample is not coping well or adjusting to their lives. This could be a result of either their life situation at present and/or an accumulation of past experiences. Either way it is highly probable that "loss of spouse" accentuated or intensified their inability to be self-actualized. Secondly, research indicates that with an increase of age after a range of 26-35 years, the POI scores have a tendency to decrease, with the lowest scores being in the age group of 56 years of age and older. Although these scores were not found to be significantly different, the trend towards an inverse relationship between age and POI scores exists (Knapp, 1976). Therefore, the

researcher feels that the age of the bereaved sample (60 through 95 years old) could also have influenced their POI scores.

The information gathered on the POI scores that compare the Bereaved Sample to the Non-Self-Actualized Sample, the Normal Adult Sample, and the Self-Actualized Sample was taken from the POI Manual written by Everett Shostrom in 1968, and the Handbook for the POI by Robert Knapp written in 1976.

SECTION II: HYPOTHESIS II

The null hypothesis states that:

H_o2: There will be no significant relationships between selected physiological, psychological, sociological, and demographic variables and postbereavement adjustment when measured in a time period of three to eleven months after loss of spouse.

Before discussing the relationships between these variables and postbereavement adjustment, the researcher will present each variable in frequency and percent form in Tables with a summary discussion of each.

Table 6 is the summary of the demographic data. Of the 32 individuals sampled 59.4 percent were females and 40.6 percent were males. All were widowed. The majority of the sample was White, 87.6 percent, with only one Black, one Asian, and two Hispanics. More than one half of the sample was between the ages of 60 and 74, 68.7 percent, with 20 percent between the ages of 75 and 84 and 6.3 percent over 84 years of age. Educationally, the sample showed 50 percent of the individuals having completed high school, with only one person, 3.1 percent, having some college. Of the sample, 15.6 percent had completed some high school, 25.0 percent were eighth grade graduates, and 6.3 percent had only a 1-4th grade education.

In the area of religion, the sample varied. There were more Catholics, 43.8 percent, than any other religious group. Protestants comprised the second largest segment with 28.1 percent and Jewish, the third with 18.8 percent. There were two individuals, 6.3 percent;

Table 6

Summary of Demographic Data

N = 32	Frequency	Percent
Sex		
Female	19	59.4
Male	13	40.6
Marital Status		
Widowed	32	100.0
Married	0	00.0
Age		
60-64	9	28.1
65-69	5	15.6
70-74	8	25.0
75-79	3	9.4
80-84	5	15.6
Over 84	2	6.3
Racial Heritage		
American Indian	0	0.0
Asian	1	3.1
Black	1	3.1
White	28	87.6
Hispanic	2	6.3
Education		
1-4 Grades	2	6.3
5-7 Grades	0	0.0

Table 6 (cont.)

N = 32	Frequency	Percent
8th Grade	8	25.0
Some High School	5	15.6
Completed High School	16	50.0
Some College	1	3.1
College Graduate	0	0.0
Religion		
Protestant	9	28.1
Catholic	14	43.8
Jewish	6	18.8
Atheist	0	0.0
Agnostic	2	6.3
Buddhist	1	3.1
Importance of Religion		
Very Important	21	65.6
Somewhat Important	10	31.3
Not Important	1	3.1
Belief in an Afterlife		
Yes	20	62.5
Uncertain	6	18.8
No	6	18.8
Employment Status		
Fully Retired	23	71.9
Fully retired but seeking work	0	0.0

Table 6 (cont.)

N = 32	Frequency	Percent
Employed Part-time	8	25.0
Employed Full-time	1	3.1
Monthly Income Level		
Less than $200	0	0.0
$200-399	10	31.3
$400-599	8	25.0
$600-799	9	28.1
$800-999	1	3.1
$1000 and over	2	6.3
No answer	2	6.3

who considered themselves agnostic and one, 3.1 percent, Buddhist. Of the entire sample, 65.6 percent felt that religion to them was very important, with 31.3 percent feeling it to be somewhat important. Only one person, 3.1 percent, felt that religion was not at all important. Again most of the sample, 62.5 percent, stated that they believed in an afterlife with 18.8 percent saying that they were uncertain, and 18.8 percent saying that they did not believe in an afterlife.

The last two variables presented in the Demographic Table were Employment Status and Monthly Income Level. In the area of employment, most of the individuals were fully retired, 71.9 percent. Twenty-five percent were employed part-time, with only one full-time employee, 3.1 percent. Monthly income level varied with most individuals in the range of $200-$800, 84.4 percent. Only 9.4 percent were in the range of $800 and over. Two individuals, 6.3 percent, refused to answer this question.

A concluding summary statement on this demographic information is that most of these widowed individuals were White, religious, moderately educated, and of low to moderate income level. The sample consisted of more females than males with the majority of the sample between the ages of 60 and 74 years. Most of them were also fully-retired or employed only part-time.

Table 7 is the summary of the sociological data. Most of the 32 individuals lived alone, 84.4 percent, with only five living with either a friend or family member. All subjects stated that they had friends or family to visit, and that they were involved in social activities. The range of visiting and social activities was between

Table 7

Summary of Sociological Data

	Frequency	Percent
Living Situation		
Alone	27	84.4
With a Friend of Family	5	15.6
Social Activities or Visiting of Family or Friends		
Yes	32	100.00
No	0	0.0
Social Activities and Visiting		
1-5 hours per week	6	18.8
6-10 hours per week	7	21.9
11-20 hours per week	5	15.6
21-30 hours per week	7	21.9
31-40 hours per week	7	21.9
Volunteer Service		
Yes	12	37.5
No	20	62.5
Volunteer Service Participation		
1-5 hours per week	7	58.3
6-10 hours per week	3	25.0
11-20 hours per week	2	16.7

1-5 hours a week to 31-40 hours a week. There was a fairly even distribution of frequencies in each category. They were 1-5 hours per week, 18.8 percent, 6-10 hours per week, 21.9 percent, 11-20 hours per week, 15.6 hours per week, and both the 21-30 hours per week and 31-40 hours per week each had 21.9 percent. About one-third of the participants stated that they were involved in volunteer services, 37.5 percent, while nearly two-thirds, 62.5 percent, stated that they were not. Of those who responsed "yes" to the volunteer service question, over one-half were involved 1-5 hours per week, 58.3 percent, 25 percent were involved 6-10 hours per week, and 16.7 percent were involved 11-20 hours per week. Most of the volunteer workers were female.

A summary statement on this sociological information is that the majority of these widowed individuals lived alone. All subjects had friends and family to visit and were involved in social activities. Only one-third of this sample participated in volunteer services. Of the volunteer workers more than one-half only put in 1-5 hours per week.

Table 8 is the summary of the perceived psychological and physiological data. When asked to describe their general health, about two-thirds, 62.5 percent, of the 32 individuals stated that their health was "good", while 34.4 percent said "average" and only one person, 3.1 percent, said "poor". In the area of depression, 50 percent of the sample stated that they were depressed "once in awhile", while 21.9 percent said "seldom" and 18.8 percent said "never". Only two persons, 6.3 percent, stated "often", and one, 3.1 percent, did

Table 8

Summary of Perceived Psychological and Physiological Health

	Frequency	Percent
Describe Your General Health		
Good	20	62.5
Average	11	34.4
Poor	1	3.1
Would You Say You Are Depressed		
Never	6	18.8
Seldom	7	21.9
Once in Awhile	16	50.0
Often	2	6.3
(No answer)	1	3.1
Describe Your Sleeping Patterns		
Have a Hard Time Falling Asleep	15	46.9
Wake up During the Night	14	43.7
Wake up Early in the Morning	7	21.9
/Combination of Two or More/	12	37.5
Have no Problem Sleeping	11	34.4
Describe Your Appetite		
Good	20	62.5
Average	6	18.8
Poor	6	18.8

Table 8 (cont.)

	Frequency	Percent
Do You Find That You Cry		
At Least Once a Day	5	15.6
At Least Once a Week	6	18.8
Several Times a Month	7	21.9
Several Times a Year	7	21.9
Never	7	21.9

not answer the question. The majority of the individuals interviewed stated that they had some type of sleeping problem, with over one-third of them having a combination of problems, 37.5 percent. Of the sample, 46.9 percent stated that they had a "hard time falling asleep," 43.7 percent said they "woke up during the night," and 21.9 percent said they "woke up early in the morning." Only 34.4 percent of the sample stated that they had "no problems sleeping." About two-thirds, 62.5 percent, of the individuals described their appetite as "good", while 18.8 percent stated "average", and 18.8 percent stated "poor". Finally, when asked how often they cried, it was found that a range fairly evenly distributed existed. The responses varied from 15.6 percent saying they cried "at least once a day" to 18.8 percent saying "at least once a week." "Several times a month", "several times a year", and "never" each had percentages of 21.9.

A summary of the perceived psychological and physiological data is that most of the elderly bereaved saw themselves in good health and with a good appetite. At least one-half of the group stated that they were depressed once in awhile, and the majority had some type of sleeping problem or a combination of sleeping problems. In regards to crying, the responses varied evenly from at least once a day to never.

To understand how these different selected demographic, sociological, and perceived psychological and physiological variables affect postbereavement adjustment, further analysis was undertaken. One-Way Analysis of Variance (ANOVA) was used for analysis of specific demographic variables and their affect on postbereavement adjustment as

measured by the Personal Orientation Inventory (POI). The subscale Time Competence (TC) was chosen as the measure of adjustment because it is a measure of how effectively an individual is living in the present. The researcher found in the ANOVA that there was a difference between males and females based on their mean scores in the Time Competence subscale. Their difference was significant at the .0026 level. Table 9 presents the ANOVA for Time Competence between the males and females. Females were found to be more time competent than males. Because time competence (living effectively in the present) was used as a measure of adjustment and ability to cope well in this study, the data indicates that the females were better adjusted than the males. Because all of the individuals were in the bereaved state, this information indicates that females were probably better adjusted to "loss of spouse" than males.

The researcher also did ANOVA on the Self-Actualization Value (SAV) and the Inner-Other (I) subscale between males and females. There were no significant differences. As a final analyses t-tests were done for each subscale of the POI between males and females. Again the only significant difference was found to be in subscale Time Competence (TC). This data is presented in Appendix C, pages 198 and 199.

There was also found to be a significant difference between educational levels based on the Bereaved's mean scores for Time Competency. Their differences were significant at the .007 level. Table 10 presents the ANOVA for Time Competency between different educational levels. With an increase in educational level, there

Table 9

Analysis of Variance for Time Competence
Between Males and Females

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Squares	F	Significance
Between Groups	67.606	1	67.606	10.796	.0026
Within Groups	187.862	30	6.262		

Table 10

Analysis of Variance for Time Competence
Between Educational Levels

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Squares	F	Significance
Between Groups	101.156	4	25.289	4.425	0.0070
Within Groups	154.313	27	5.715		

was an increase in TC mean scores. This is in agreement with previous research (Knapp, 1976).

Because there was found to be no significant differences between other demographic variables and Time Competency (TC), the data is presented in differences in mean scores only (See Appendix C, p. 200 for the ANOVA tables). The information given in Table 11 shows trends and/or variations in difference mean scores based on TC in the demographic categories of age, religion, and monthly income. The data indicates an inverse relationship between age and TC. As the individuals get older, the trend is for a decrease in TC mean scores. This data is in agreement with previous research that states that with increase of age, there is a decrease in POI scores (Knapp, 1976). There seemed to be little variation between religious affiliation and TC mean scores, Jewish with the highest at 15.5 and Protestant with the lowest at 13.1. Lastly, there seemed to be no relationship between monthly income level and TC mean scores. The TC mean scores varied in both directions with increased income level categories.

After reviewing the summary data of sociological variables, refer to Table 7, it was decided that no further analysis would be undertaken. The majority of the individuals interviewed were living alone and wanted it that way, 84.4 percent. The remaining individuals lived with a friend or family member. Most important, however, was that almost all of these elderly individuals stated that they were happy with their living situation. Furthermore, all of the participants interviewed were involved with family, friends, or social activities. Some were participating in volunteer services or part-time work. The

Table 11

Differences in Mean Scores for Time Competency in Age, Income, and Religious Categories

Age	TC Mean Scores	Std Dev
60-64 years	15.0	1.50
65-69 years	15.2	3.56
70-74 years	13.1	3.48
75-79 years	14.3	2.30
80-84 years	14.4	3.64
Over 84 years	12.0	2.82

(The trend is to decrease with Age)

Monthly Income	TC Mean Scores	Std Dev
$200-399	13.8	3.49
$400-599	15.0	1.69
$600-799	14.0	3.53
$800-999	11.0	0.00
$1000 and over	14.5	0.71

(No Apparent Correlation with Income)

Religion	TC Mean Scores	Std Dev
Protestant	13.1	2.89
Catholic	14.2	3.31
Jewish	15.5	2.07
Agnostic	15.0	0.71
Buddhist	15.0	0.00

(Little Variation with Religion)

researcher feels that the most important information gathered from this data, is that none of the participants in this study were social isolates, and all subjects enjoyed some degree of contact with other individuals.

Further analysis was performed on the perceived psychological and physiological data. One-way ANOVA was performed on all of the variables based on their mean scores in the POI. Self-perceived depression, sleep patterns, appetite, and amount of crying were analyzed based on their scores in three subscales of the POI--subscales TC, I, and SAV. No significant relationships were found in any of the categories (refer to Appendix C, pages 201 through 203 for the results of the ANOVA's). However, there was one which indicated a possible relationship between self-perceived depression and the TC mean scores. As self-perceived depression increased, the TC mean scores decreased. Table 12 presents this relationship. This trend indicates that the more the elderly bereaved individuals viewed themselves as depressed, the more time-incompetent they became. This suggests that time competency may be a good measure of postbereavement adjustment because it shows a tendency to correlate with self-perceived depression.

As a final analysis of this data, cross-tabulations were performed on the same demographic variables (sex, education, age, income level, and religious affiliation) and self-perceived depression. Because there were significant relationships and trends between these variables and TC, and there was a trend toward a direct relationship between self-perceived depression and Time Incompetence, the researcher

Table 12

Differences in Mean Scores for Time Competence and Self-Perceived Depression Level

Self-Perceived Depression	TC Mean Scores	Std Dev
Never	14.2	2.137
Seldom	15.1	2.795
Once in Awhile	13.9	3.263
Often	12.5	2.121

(The trend is for the TC mean scores to decrease with increased depression.)

felt that it was important to find out if there was a relationship between these same demographic variables and self-perceived depression.

Table 13 presents the cross-tabulation between sex and self-perceived depression. The data is consistent with the ANOVA, showing a higher percentage of females in the "never" and "seldom" depressed categories than the males. The males had 23.1 percent as compared to 52.7 percent for the females in these two combined categories. About one-half of each group, 53.8 percent for the males and 47.4 percent for the females, indicated that they were depressed "once in awhile", while 15.4 percent of the males stated that they were depressed "often", and 7.7 percent refused to answer. In contrast, the females had no percentages in either of these categories.

Table 14 presents the cross-tabulation analysis between education and depression. Again, this analysis is consistent with the ANOVA between educational levels and TC mean scores. As educational level increased, self-perceived depression decreased. Fifty percent of those individuals with a 1-4th grade education stated that they were "never" or "seldom" depressed, and 25 percent of those individuals with an 8th grade education stated they were "never" or "seldom" depressed. The percentages go up for all those with some high school, 60 percent, and some college, 100.0 percent, who indicated they were "never" or "seldom" depressed. Of those individuals who completed high school, 37.6 percent stated they were "never" or "seldom" depressed. More individuals with a lower educational level indicated that they were depressed "once in awhile", 50 percent of those with a 1-4th grade education and 75 percent of those with an eighth grade

Table 13

A Cross Tabulation Analysis
Between Sex and Self-Perceived Depression

Sex		Self-Perceived Depression					
		Never	Seldom	Once in Awhile	Often	No Answer	TOTALS
Males	F	2	1	7	2	1	13
	P	15.4	7.7	53.8	15.4	7.7	40.6
Females	F	4	6	9	0	0	19
	P	21.1	31.6	47.4	00.0	00.0	59.4
TOTALS	F	6	7	16	2	1	32
	P	18.8	21.9	50.0	6.3	3.1	100.0

**F-Frequency
P-Percent

Table 14

A Cross Tabulation Analysis
Between Education and Self-Perceived Depression

Educational Level in Years		Self-Perceived Depression: Never	Seldom	Once in Awhile	Often	No Answer	TOTALS
Grade 1-4	F	1	0	1	0	0	2
	P	50.0	0.0	50.0	0.0	0.0	6.3
8th Grade Graduate	F	1	1	6	0	0	8
	P	12.5	12.5	75.0	0.0	0.0	25.0
Some High School	F	1	2	2	0	0	5
	P	20.0	40.0	40.0	0.0	0.0	15.6
Complete High School	F	3	3	7	2	1	16
	P	18.8	18.8	43.8	12.5	6.3	50.0
Some College	F	0	1	0	0	0	1
	P	0.0	100.0	0.0	0.0	0.0	3.1
TOTALS	F	6	7	16	2	1	32
	P	18.8	21.9	50.0	6.3	3.1	100.0

**F-Frequency
P-Percent

education, than those with a higher educational level, 40.0 percent of those with some high school and 43.8 percent of those who graduated from high school. Although the data in this cross-tabulation is not strong, there does seem to be a trend towards a relationship between educational level and self-perceived depression.

Table 15 presents the cross-tabulation analysis between age and depression. When observing the table, it becomes apparent that with increased age, there is an increase in the percentages in self-perceived depression for the "never", "seldom", and "once in awhile" categories. In the combined "never" and "seldom" categories, the percentages increase from 44.4 percent for the 60-64 age group, 60 percent for the 65-69 age group, 50 percent for the 70-74 age group, and 66.7 percent for the 75-79 age group. This is an increase of 22.3 percentage points between these age categories. The responses in the "once in awhile" category varied showing a general increase with age. Eighty percent of those individuals in the 80-84 age range said they were depressed "once in awhile", and 100 percent in the 85-above range indicated they were also depressed "once in awhile". However, 11.1 percent in the 60-64 age range, and 20 percent of those in the 65-69 age range stated they were depressed "often". The researcher feels that these responses were due to the fact that these individuals felt "cheated" because they lost their spouse at a relatively young age. Only one individual refused to answer, and he was in the 80-84 age range. This data seems somewhat inconsistent with the ANOVA done between age levels and Time-Competence. However, other variables along with age might have more of an influence on self-perceived depression

Table 15

A Cross Tabulation Analysis
Between Age and Self-Perceived Depression

Age Levels In Years		Self-Perceived Depression					
		Never	Seldom	Once in Awhile	Often	No Answer	TOTALS
60-64	F	0	4	4	1	0	9
	P	0.0	44.4	44.4	11.1	0.0	28.1
65-69	F	2	1	1	1	0	5
	P	40.0	20.0	20.0	20.0	0.0	15.6
70-74	F	2	2	4	0	0	8
	P	25.0	25.0	50.0	0.0	0.0	25.0
75-79	F	2	0	1	0	0	3
	P	66.7	0.0	33.3	0.0	0.0	9.4
80-84	F	0	0	4	0	1	5
	P	0.0	0.0	80.0	0.0	20.0	15.6
85-above	F	0	0	2	0	0	2
	P	0.0	0.0	100.0	0.0	0.0	6.3
TOTALS	F	6	7	16	2	1	32
	P	18.8	21.9	50.0	6.3	3.1	100.0

**F-Frequency
P-Percent

than the actual loss of spouse.

Table 16 presents the cross-tabulations between income level and self-perceived depression. There were no direct relationships indicated in the data. No matter what the income level, most of the individuals answered they were depressed "once in awhile". Looking down the table, the percentages in this "once in awhile" column are 50 percent for the $200-399 category, 87.5 percent for the $400-599 category, 22.2 percent for the $600-799 category, 100 percent for the $800-999 category, and 50 percent for the over $1000 category. Of those who refused to reveal their income level, 50 percent said they were "never" depressed, and 50 percent said they were "seldom" depressed. These two percentages may have been due to the fact that these individuals were "closed" people who were unwilling to discuss either income or feelings with the interviewer.

A cross-tabulation analysis between the importance of religion and self-perceived depression revealed that the highest percentage in the "never" depressed category was for those individuals who felt that religion was very important. Table 17 indicates that most of the individuals stated that they were depressed "once in awhile" regardless of importance of religion, Very Important at 47.6 percent, Somewhat Important at 50 percent, and Not Important at 100.00 percent. Two individuals stated they were "often" depressed, and they also felt that religion was Very Important. In this study, the importance of religion did not seem to affect depression level. However, this group of individuals was fairly uniform in their feelings about religion. All but one felt that it was at least "somewhat" if not "very" important.

Table 16

A Cross Tabulation Analysis
Between Income Level and Self-Perceived Depression

Income Levels		Self-Perceived Depression					
		Never	Seldom	Once in Awhile	Often	No Answer	TOTALS
Less than $200	F	0	0	0	0	0	0
	P	0.0	0.0	0.0	0.00	0.0	0.0
$200-399	F	3	2	5	0	0	10
	P	30.0	20.0	50.0	0.0	0.0	31.3
$400-599	F	0	1	7	0	0	8
	P	0.0	12.5	87.5	0.0	0.0	25.0
$600-799	F	2	2	2	2	1	9
	P	22.2	22.2	22.2	22.2	11.1	28.1
$800-999	F	0	0	1	0	0	1
	P	0.0	0.0	100.0	0.0	0.0	3.1
Over $1000	F	0	1	1	0	0	2
	P	0.0	50.0	50.0	0.0	0.0	6.3
No Answer	F	1	1	0	0	0	2
	P	50.0	50.0	0.0	0.0	0.0	6.3
TOTALS	F	6	7	16	2	1	32
	P	18.8	21.9	50.0	6.3	3.1	100.0

**F-Frequency
P-Percent

Table 17

A Cross Tabulation Analysis
Between Importance of Religion and Depression

Importance of Religion		Self-Perceived Depression					
		Never	Seldom	Once in Awhile	Often	No Answer	TOTALS
Very Important	F	5	3	10	2	1	21
	P	23.8	14.3	47.6	9.5	4.8	65.6
Somewhat Important	F	1	4	5	0	0	10
	P	10.0	40.0	50.0	0.0	0.0	31.3
Not Important	F	0	0	1	0	0	1
	P	0.0	0.0	100.0	0.0	0.0	3.1
TOTALS	F	6	7	16	2	1	32
	P	18.8	21.9	50.0	6.3	3.1	100.0

**F-Frequency
P-Percent

Because the psychological and physiological variables are complexly interwoven, the researcher cross-tabulated the responses on self-perceived psychological and physiological health. Looking at the data presented in Table 18, it can be seen that as "individually perceived health" decreased, self-perceived depression increased. Thirty percent of all those individuals who responded "good" to their physical health said they were "never" depressed. No percent of all those who responded "average" or "poor" said they were "never" depressed. Of all those individuals who responded "average" to their physical health, no persons stated they were "never" depressed with almost one-third, 27.3 percent, stating "seldom". In the last column, the response of "poor" to physical health showed that no persons responded "never" or "seldom", with 100.00 in the "once in awhile" category. There is a trend towards a relationship which indicates that the more physically healthy a person sees himself/herself, the less depressed he/she feels (See Appendix C, page 204 for ANOVA on Self-Perceived Health and TC.

In summary of these cross-tabulations, it can be stated that they are all fairly consistent with the ANOVA. There was a higher percentage of males depressed than females. As education level increased, depression level decreased. Although the relationship between education and depression was not strong in this study, there seemed to be a trend. In regards to age and depression level, a slight relationship was found. As age level increased, depression level decreased. No relationship was found between income level and depression, only that most individuals said they were depressed "once in awhile" regardless of income level. Importance of religion seemed to have little effect on depression

Table 18

A Cross Tabulation Analysis Between Individually Perceived Health and Self-Perceived Depression

Individually Perceived Health		Self-Perceived Depression					
		Never	Seldom	Once in Awhile	Often	No Answer	TOTALS
Good	F	6	4	7	2	1	20
	P	30.0	20.0	35.0	10.0	5.0	62.5
Average	F	0	3	8	0	0	11
	P	0.0	27.3	72.7	0.00	0.0	34.4
Poor	F	0	0	1	0	0	1
	P	0.0	0.0	100.0	0.0	0.0	3.1
TOTALS	F	6	7	16	2	1	32
	P	18.8	21.9	50.0	6.3	3.1	100.0

**F-Frequency
P-Percent

level. However, more individuals, who felt religion was Very Important, answered "never" to depression than in any other group. Finally, as an individual's impression of his physical health increased, depression level decreased.

In summary, because significant results were obtained with some of the data, Hypothesis II which states:

H_o2: There will be no significant relationship between selected physiological, psychological, sociological, and demographic variables and postbereavement adjustment when measured in a time period of three to eleven months after loss of spouse is rejected.

SECTION III: HYPOTHESIS III

The null hypothesis states that:

H_o3: There will be no significant relationship between selected bereavement and funeral variables and postbereavement adjustment when measured in a time period of three to eleven months after loss of spouse.

Before analyzing the relationships between these variables and postbereavement adjustment, the researcher will present a summary of the bereavement and funeral data in Table 19. The frequencies and percentages will be given for each variable in this table.

When the bereaved individuals were asked what aspect of their lives underwent the most change after loss of their spouse, 68.8 percent said "emotional". When asked which aspect of their lives underwent the second greatest change, 28 percent indicated "physical" with both "financial" and "emotional" having 21.9 percent each. Looking at this another way, 90.7 percent of the individuals responded "emotional" for the greatest or second greatest change since loss of spouse. In determining which aspect of the bereaved individuals' lives had changed the least, 53.1 percent responded "financial". Approximately one-fourth of the individuals stated "social", 21.9 percent, and a little less than one-third, 28.1 percent, indicated "physical". No one answered "emotional" as their least changed aspect since loss of spouse.

Because this sample was above 60 years of age, the majority of them had been married for a long time. About 90 percent stated that their marriage was over 16 years in length, with 15.6 percent answering more than 50 years. Only 9.3 percent responded less than 16 years of

Table 19

Summary of the Bereavement and Funeral Data

	Frequency	Percent
Since the Loss of Your Spouse, What Aspect of Your Life has Changed the Most		
Emotional	22	68.8
Financial	3	9.4
Social	2	6.3
Physical	1	3.1
None of the Above	4	12.5
What Aspect of Your Life has Changed the Second Most		
Emotional	7	21.9
Financial	7	21.9
Social	9	28.1
Physical	3	9.4
None of the Above	6	18.7
What Aspect of Your Life has Changed the Least		
Emotional	0	0.0
Financial	17	53.1
Social	7	21.9
Physical	9	28.1
Combination of Two or More	2	6.3
None of the Above	3	9.4

Table 19 (cont.)

	Frequency	Percent
Length of Marriage to Spouse		
1-5 years	1	3.1
6-10 years	1	3.1
11-15 years	1	3.1
16-30 years	4	12.5
31-40 years	8	25.0
41-50 years	12	37.5
51 years and over	5	15.6
Describe Your Relationship with Spouse		
Extremely Close and Warm	17	53.1
Close and Warm	10	31.3
Somewhat Close and Warm	5	15.6
Not Close and Warm	0	0.0
Openly Hostile	0	0.0
How Often do you Think About Your Spouse		
More than Three Times per Day	14	43.8
Once or Twice a Day	12	37.5
Several Times per Week	4	12.5
Several Times per Month	2	6.3
Never	0	0.0
How Long Since Your Spouse Died		
3-5 Months	13	40.6
6-8 Months	7	21.9
9-11 Months	12	37.5

Table 19 (cont.)

	Frequency	Percent
Was Your Spouse's Death		
An Accident	1	3.1
A Sudden Illness	8	25.0
An Illness of Less than One Month	2	6.3
Illness of Less than Three Months	1	3.1
Illness of More than Three Months	20	62.5
Describe Your Emotional Preparation		
Because of the suddeness of death, I was emotionally unprepared	12	37.5
The length of illness gave me time to adjust to the coming death	12	37.5
There is no relationship between length of illness and emotional adjustment to death	8	25.0
Since the Death of Your Spouse, Have you Changed Your Place of Residence		
Yes	6	18.8
No	26	81.3
Since the Death of Your Spouse, Have you Increased or Taken new Medicine		
Yes	6	18.8
No	26	81.3
The Funeral Rites for Your Spouse were Basically		
Religious	29	90.6
Non-religious	0	0.0
Both Religious and Non-religious	1	3.1
No Rites or Services were held	2	6.3

Table 19 (cont.)

	Frequency	Percent
What Final Arrangements were Chosen For Your Spouse?		
Earth Burial of body	26	81.3
Entombment of body	0	0.0
Earth Burial of Cremated Remains	1	3.1
Scattering of Cremated Remains	3	9.4
Cremated Remains in Columbarium	1	3.1
Donation to Medical Science	1	3.1
How Long did your Wake or Visitation Last?		
Two or more days or Evenings	12	37.5
One day or Evening	13	40.6
Only on the day of the Funeral	3	9.4
No Visitation was Held	4	12.5
During the Wake, Visitation, or Funeral was the Body Viewed?		
Yes	25	78.1
No	7	21.9
After the Death of Your Spouse but Before the Funeral, Did You		
Have no opportunity to view the body, but wanted to	1	3.1
Have no desire to view the body, but did so anyway	9	28.1
Have no desire to view the body, and did not do so	9	28.1
Have a desire to view the body, and did so	10	31.2
(No Answer)	3	9.4

Table 19 (cont.)

	Frequency	Percent
For You Emotionally, Viewing the Body was		
Extremely Important	15	46.9
Important	9	28.1
Somewhat Important	1	3.1
Not Important	4	12.6
Extremely Not Important	3	9.3
With Reference to Your Grief, the Wake or Visitation was		
Very Comforting	14	43.8
Comforting	9	28.1
Somewhat Comforting	3	9.4
Not Comforting	2	6.3
Very Discomforting	0	0.0
(No answer)	4	12.6
As You Look Back on the Funeral, Would You Have the Same Type of Funeral Service for Your Spouse?		
Yes	30	93.8
No	2	6.2
During the Funeral, Who was the Most Helpful?		
Family	28	87.5
Friends	10	31.2
Funeral Director	6	18.9
Clergy	6	18.9
Combinations of the Above	11	34.4

Table 19 (cont.)

	Frequency	Percent
During the First Month After Your Spouse Died, Who was the Most Helpful?		
Family	25	78.1
Friends	10	31.3
Funeral Director	0	0.0
Clergy	1	3.1
Combinations of the Above	6	18.9
During the First Month After Your Spouse Died, What was Your Most Overall Feeling?		
Extremely Unhappy	9	28.1
Unhappy	12	37.5
Somewhat Unhappy	2	6.3
Happy	0	0.0
Relieved	5	15.6
Other	4	12.5
How Many Persons that were Important and Close to You Have Died Within the Last Two Years (Excluding Your Spouse)?		
One	4	12.5
Two	6	18.8
Three	4	12.5
Four or more	3	9.4
None	15	46.9

marriage. Of all the bereaved individuals interviewed, over one-half stated that their relationship was "extremely close and warm", and the entire sample answered within the range of "somewhat" to "extremely close and warm". Of the sample, 81.3 percent said that they think about their spouse "daily", with only 12.5 percent stating "weekly" and two individuals, 6.3 percent, "monthly".

The sample selected to be interviewed had all lost their spouse between a period of three to eleven months. The researcher chose this time period to avoid the extremely sensitive period of less than three months and also to avoid the "anniversary reaction" period, which marks the one year since loss of spouse. This can also be an extremely sensitive time in the bereaved's lives. Of those interviewed, 40.6 percent had lost their spouse between 3-5 months, 21.9 percent between 6-8 months, and 37.5 percent between 9-11 months. Many of the bereaved said their spouse had been ill for more than three months, 62.5 percent, and many of these individuals indicated years of illness before actual death. Only one-fourth of the population said that their spouse died from a sudden illness: heart attack, stroke, etcetera. One individual's husband suicided, which was presented as accidental in the table. In terms of anticipatory grief, the sample was divided in their responses. Thirty-seven and one-half percent felt that the suddeness of death left them emotionally unprepared, while the same number, 37.5 percent, said that the length of illness gave them time to adjust, which is "anticipatory grief". One-fourth of the bereaved stated that they felt their was no relationship between length of illness and emotional adjustment to death.

A summary statement of the preceding bereavement information is that most of the individuals said that emotional was the most changed aspect in their lives, with financial being the least. Social and physical factors fell somewhere between these two factors for most individuals. The majority of the sample had been married for 30 or more years and expressed a close and warm relationship with their spouse. All of the bereaved had lost their spouse within a 3-11 month period. Many of the deaths were from long term illnesses. However, the bereaved individuals were split in their feelings about anticipatory grief and adjustment. Finally, most, 81.3 percent, stated that they had not changed place of residence since loss of spouse, and the same number, 81.3 percent, said they had not increased or taken new medication since loss of spouse.

Further questions concerning the funeral were also asked in the Bereavement and Funeral Questionnaire. Of the elderly bereaved, 90.6 percent indicated that the funeral for their spouse was basically religious with the majority of them having the traditional earth burial, 81.3 percent. The others were cremated, 15.6 percent, with only one body being donated to medicine. Eighty seven and one-half percent stated that they had some form of wake or visitation, and of this 87.5 percent, 78.1 percent stated that the body was viewed during this wake or visitation. Of the bereaved individuals interviewed, 31.2 percent said that they "wanted to view the body and did so", while almost the same amount, 28.1 percent, said they had "no desire to view the body but did so anyway". Twenty-eight and one-tenth percent stated that they had "no desire to view the body and did not do so". Only one

person had no opportunity to view the body but wanted to. This was due to his wife's request. Of the sample, 78.1 percent stated that viewing the body was "somewhat important" to "extremely important". The remainder, 21.9 percent, responded that viewing the body was "not important". When asked if they felt the wake or visitation was comforting, most subjects, 81.3 percent, said "yes". Only two individuals said that it was "not comforting", and four individuals, 12.6 percent, did not answer this question.

All but two of the individuals interviewed stated that they would have the same funeral for their spouse if they were to do it over, 93.8 percent, indicating satisfaction with the funeral arrangements. When they were asked who was the most helpful to them during the funeral, many said both "friends" and "family". However, most subjects, 87.5 percent, stated their "family" was the most helpful. "Funeral director" and "clergy" were also indicated as helpful to the bereaved with each having 18.9 percent. However, these responses were always in combination with either family or friends. One-third of the individuals answered two or more categories in the area of who was most helpful. During the first month after the funeral, the bereaved indicated that they began turning to their friends for support without their family. "Family" at 78.1 percent and "friends" at 31.3 percent indicated a slight decrease in family as their support system and an increase of friends for their support system. During the first month after the death of their spouse, the majority of the sample, 84.4 percent, stated that they were "very unhappy", "depressed", or "sad". A few, 15.6 percent, said they were "relieved". However, this was always in conjunction

with their spouses having had a long and painful illness, e.g., cancer. Finally, when asked if other people important and close to them, had died in the last two years, a little over one-half, 53.1 percent, stated "yes" and the remainder said "no". This question was asked in order to find out how many of these individuals were experiencing "multiple losses" in regards to other deaths.

A summary statement of this funeral data is that most individuals had a religious funeral for their spouse with an earth burial. Most subjects had a wake or visitation period where the body was viewed. Of those who viewed the body about one-half did not want to do so. However, most felt that viewing the body was in some way important. The majority also felt that the wake or visitation was comforting to them, and almost all subjects were satisfied with the overall funeral arrangements. Family and then friends were the most important support networks for the bereaved, with an increase in friends for support with time. During the first month after the loss of spouse, most individuals stated that they were unhappy with a few, whose spouses had been painfully ill, stating that they were relieved. About one-half of the sample was experiencing "multiple losses", in regards to other deaths.

To understand more about these bereavement and funeral variables and postbereavement adjustment, the researcher cross-tabulated the data. Tables 20, 21, and 22 present the different aspects of the bereaved's lives that changed the most, second most, and the least in terms of sex. Both the males and females indicated that their lives changed the most "emotionally". However, the male's percentage was slightly higher at 76.9 percent in comparison with the female's at 63.2 percent.

Table 20

A Cross Tabulation Analysis Between Males and Females and the Aspect in Their Lives That Underwent the Greatest Amount of Change Since Loss of Spouse

Sex		Emotional	Financial	Social	Physical	None	TOTALS
MALES	Frequency	10	1	0	0	2	13
	Percent	76.9	7.7	0.0	0.0	15.4	40.6
FEMALES	Frequency	12	2	2	1	2	19
	Percent	63.2	10.5	10.5	5.3	10.5	59.4
Total	Frequency	22	3	2	1	4	32
Total	Percent	68.8	9.4	6.3	3.1	12.5	100.0

Table 21

A Cross Tabulation Analysis Between Males and Females and the Aspect in Their Lives that Underwent the Second Greatest Change Since Loss of Spouse

Sex		Emotional	Financial	Social	Physical	None	TOTALS
MALES	Frequency	2	2	5	3	1	13
	Percent	15.4	15.4	38.5	23.1	7.7	40.6
FEMALES	Frequency	5	5	4	0	5	19
	Percent	26.3	26.3	21.1	0.0	26.3	59.4
Total	Frequency	7	7	9	3	6	32
Total	Percent	21.9	21.9	28.1	9.4	18.8	100.0

Table 22

A Cross Tabulation Analysis Between Males and Females and the Aspect in Their Lives that Underwent the Least Amount of Change Since Loss of Spouse

Sex		Emotional	Financial	Social	Physical	None	Combination or Two or More	TOTALS
MALES	Frequency	0	9	2	0	1	2	13
	Percent	0.0	69.2	15.4	0.0	7.7	6.3	40.6
FEMALES	Frequency	0	8	5	9	1	1	19
	Percent	0.0	42.1	26.3	47.4	5.3	5.3	59.4
Total	Frequency	0	17	7	9	2	3	32
Total	Percent	0.0	53.1	21.9	28.1	6.3	9.4	100.00

The females seemed to have other concerns including "financial" and "social" at 10.5 percent each, and one female indicated "physical". Two females, 10.5 percent, refused to admit to any changes in their lives since loss of spouse. In contrast, only one male, 7.7 percent, stated "financial" as the greatest change, with no males indicating either "social" or "physical". Like the females, two of the men, 15.4 percent, said none of these aspects had changed since the death of their wives.

In regards to the difference between males and females in the second greatest change in their lives since loss of spouse, Table 21, the males responded "social" the most at 38.5 percent. Three of the men, 23.1 percent, stated "physical" with both "emotional" and "financial" at 15.4 percent each. Only one male, 7.7 percent, responded "none". In contrast, the females responded "emotional" and "financial" for the second most at 26.3 percent each, followed by social at 21.1 percent. Of all the women, five, 26.3 percent, responded "none" to the second greatest change. The researcher feels this response may have been due to the overwhelming emotional aspect of their lives, and that they could not see beyond it, or were unwilling to think about financial, social, and/or physical aspects due to possible guilt.

Table 22 presents the difference between males and females in their response to which aspect of their lives underwent the least amount of change since the loss of their spouses. Sixty-nine and two-tenths percent of all the men, and 42.1 percent of all the women stated "financial". No males indicated either "emotional" or "physical" as their least changed aspect. Of the men, 15.4 percent stated "social",

7.7 percent stated "none", and two indicated two or more categories, 6.3 percent. Of the women, almost one-half, 47.4 percent, indicated that "physical" was their least changed aspect in their lives. About one-fourth of the women, 26.3 percent, stated that "social" was the least changed, and one woman answered "none", 5.3 percent. One woman answered with a combination of categories that had undergone "the least change" since the loss of her husband.

A summary statement of the data from Tables 20, 21, and 22 is that both the males and females stated that the aspect of their lives that changed the most was "emotional". However, in regards to the second greatest change in their lives, the males and females responded differently. The largest percentage for the males was the "social" category, one-third of all males. For the females, the responses were varied with about one-fourth of all females in each category, excluding "physical". For the least amount of change, both the males and females had large percentages in the "financial" category. However, the females also had a large percentage of their responses in "physical", whereas the males had none in this category.

To understand more about which funeral and bereavement variables affected postbereavement adjustment, the researcher again ran ANOVA's on selected variables and Time Competence (TC) as a measure of postbereavement adjustment. A further analysis was done with cross tabulations of the same variables and self-perceived depression. Again, self-perceived depression was used as another measure of postbereavement adjustment. Although there were no significant "F" values in the ANOVA's, the cross-tabulation results indicated some relationships

and trends. (See Appendix D, page 206 for ANOVA's based on different funeral and bereavement variables.)

For the remaining cross tabulations, the researcher used self-perceived depression as a measure of postbereavement adjustment. Table 23 presents the cross tabulation analysis between length of marriage and depression level. The data showed that most of the percentages are in the lower right hand corner, which means that most of the longer marriages were "once in awhile" to "often" depressed. The largest percentage in the "never" depressed category was for 41-50 years of marriage. This "never" response may possibly have been due to denial of feelings. Further analysis of this data using ANOVA showed that there were no significant differences between length of marriage and Time Competency (TC) mean scores on the POI. However, the data presented in Table 24 showed a trend towards an indirect relationship. As length of marriage increased, TC mean scores decreased. This suggests a decrease in postbereavement adjustment with increased length of marriage.

Because previous research has been done on viewing the body, anticipatory grief, and religious beliefs and how each factor effects postbereavement adjustment, the researcher again cross-tabulated these categories with self-perceived depression. In relation to viewing the body and depression, Table 25 shows that there was very little difference between those who viewed the body and those who did not in relation to self-perceived depression. The only percentage that indicated a difference between the two groups was in the "never" category. Here the data indicated that of all those individuals who

Table 23

A Cross Tabulation Analysis
Between Length of Marriage and Depression

Length of Marriage in Years		Individually Perceived Depression					
		Never	Seldom	Once in Awhile	Often	No Answer	TOTALS
1-5	Frequency	0	0	1	0	0	1
	Percent	0.0	0.0	100.0	0.0	0.0	3.1
6-10	Frequency	1	0	0	0	0	1
	Percent	100.0	0.0	0.0	0.0	0.0	3.1
11-15	Frequency	0	0	1	0	0	1
	Percent	0.0	0.0	100.0	0.0	0.0	3.1
16-30	Frequency	0	1	3	0	0	4
	Percent	0.0	25.0	75.0	0.0	0.0	12.5
31-40	Frequency	1	4	1	2	0	8
	Percent	12.5	50.0	12.5	25.0	0.0	25.0
41-50	Frequency	4	2	6	0	0	12
	Percent	33.3	16.7	50.0	0.0	0.0	37.5
51 and Over	Frequency	0	0	4	0	1	5
	Percent	0.0	0.0	80.0	0.0	20.0	15.6
TOTALS	Frequency	6	7	16	2	1	32
	Percent	18.8	21.9	50.0	6.3	3.1	100.0

Table 24

Differences in Mean Scores for
Time Competence and Length of Marriage

Length of Marriage	TC Mean Scores	Std Dev
1-5 years	18.000	0.000
6-10 years	13.000	0.000
11-15 years	13.000	0.000
16-30 years	15.000	0.817
31-40 years	15.375	2.504
41-50 years	13.583	3.118
50 years and over	13.000	3.873

(Trend is for TC to decrease with increased length of marriage.)

Table 25

A Cross Tabulation Analysis
Between Viewing the Body and Self-Perceived Depression

Viewing the Body		Self-Perceived Depression					
		Never	Seldom	Once in Awhile	Often	No Answer	TOTALS
Body Viewed	Frequency	6	4	13	1	1	25
	Percent	24.0	16.0	52.0	4.0	4.0	78.1
Body NOT Viewed	Frequency	0	3	3	1	0	7
	Percent	0.0	42.9	42.9	14.3	0.0	21.9
TOTALS	Frequency	6	7	16	2	1	32
	Percent	18.8	21.9	50.0	6.3	3.1	100.00

viewed the body, 24.0 percent were "never" depressed. In contrast, of all those individuals who did not view the body, no subjects answered "never" to self-perceived depression. This suggests a slightly positive effect of viewing the body in terms of postbereavement adjustment.

Table 26 presents the cross-tabulation between anticipatory grief and self-perceived depression. The data indicated that no matter how long the illness of the spouse was before death, most of the individuals answered "once in awhile" to their depression level. Of all those individuals whose spouses died suddenly, 50.0 percent said they were depressed "once in awhile", with 33.3 percent saying "seldom", and one person each said "never" and "often" to their depression level, 8.3 percent each. Similarly, over one-half, 58.3 percent, of those individuals who had experienced anticipatory grief stated that they were depressed "once in awhile". However, a larger percentage, 16.7 percent, said they were "never" depressed. This could possibly indicate that the length of illness gave them time to begin adjusting to the coming death (anticipatory grief). Finally, of all those individuals who felt that there was no relationship between length of illness and postbereavement adjustment, 37.5 percent said they were depressed "once in awhile" and 25 percent responded "seldom". However, 37.5 percent of this group also stated that they were never depressed. Again the researcher feels that this "never depressed group" may have been denying their feelings.

The cross-tabulation analysis between belief in afterlife and self-perceived depression indicated that there was a trend to be less depressed with a "yes" response to belief in an afterlife. Table 27

Table 26

A Cross Tabulation Analysis
Between Anticipatory Grief and Self-Perceived Depression

Length of Illness and Anticipatory Grief		Self-Perceived Depression					
		Never	Seldom	Once in Awhile	Often	No Answer	TOTALS
Because of the suddeness of the death, I was emotionally unprepared.	(F)	1	4	6	1	0	12
	(P)	8.3	33.3	50.0	8.3	0.0	37.5
The length of illness gave me time to adjust to the coming death.	(F)	2	1	7	1	1	12
	(P)	16.7	8.3	58.3	8.3	8.3	37.5
There is no relationship between length of illness and emotional adjustment to death.	(F)	3	2	3	0	0	8
	(P)	37.5	25.0	37.5	0.0	0.0	25.0
TOTALS	(F)	6	7	16	2	1	32
	(P)	18.8	21.9	50.0	6.3	3.1	100.0

**F-Frequency
P-Percent

Table 27

A Cross Tabulation Analysis
Between Belief in Afterlife and Self-Perceived Depression

Belief in an Afterlife		Self-Perceived Depression: Never	Seldom	Once in Awhile	Often	No Answer	TOTALS
Yes	F	5	5	8	1	1	20
	P	25.0	25.0	40.0	5.0	5.0	62.5
Uncertain	F	0	1	5	0	0	6
	P	0.0	16.7	83.3	0.0	0.0	18.8
No	F	1	1	3	1	0	6
	P	16.7	16.7	50.0	16.7	0.0	18.8
TOTALS	F	6	7	16	2	1	32
	P	18.8	21.9	50.0	6.3	3.1	100.00

presents the data. Of all those individuals who responded "yes" to a belief in an afterlife, 25 percent said they were "never" depressed, 25 percent responded "seldom", and 40 percent responded "once in awhile". Only one person said they were depressed "often" and one person refused to answer, 5 percent each. Of those bereaved who said they were uncertain about an afterlife, almost all, 83.3 percent, indicated they were depressed "once in awhile", with no one saying "never" and only one person, 16.7 percent, saying "seldom" to depression. In the last category, one-half of all those individuals who did not believe in an afterlife stated that they were depressed "once in awhile", with 16.7 percent each responding "never", "seldom", or "often". There seems to be a slight trend towards less depression with a belief in an afterlife, which may indicate better postbereavement adjustment.

In summary, because no significant results were obtained from the data, Hypothesis III which states:

> H_o3: There will be no significant relationships between selected funeral and bereavement variables and postbereavement adjustment when measured in a time period of three to eleven months.

is not rejected.

Interviewer Data

A final analysis of this data is the interviewer's perception of the interviewee. This information is presented first in frequencies and percentages and then correlated with the interviewee's perception of the same data. Table 28 is a summary of the interviewer's

Table 28

Summary of Interviewer Data

	Frequency	Percent
Overall Emotional Stability		
Very Stable	15	46.9
Stable	12	37.5
Somewhat Stable	5	15.6
Not Stable	0	0.0
Extremely Unstable	0	0.0
Adjustment to Loss of Spouse		
Very Well Adjusted	8	25.0
Adjusted	9	28.1
Somewhat Adjusted	11	34.4
Poorly Adjusted	2	6.3
Very Poorly Adjusted	2	6.3
Relationship to Spouse Before Death		
Extremely Close and Warm	15	46.9
Close and Warm	12	37.5
Somewhat Close and Warm	4	12.5
Not Close and Warm	1	3.1
Openly Hostile	0	0.0

Table 28 (cont.)

	Frequency	Percent
Overall Satisfaction with Funeral Arrangements for Spouse		
Extremely Satisfied	17	53.1
Satisfied	11	34.4
Somewhat Satisfied	2	6.3
Not Satisfied	0	0.0
Extremely Not Satisfied	2	6.3
Individual's Overall Honesty		
Very Honest	23	71.9
Honest	8	25.0
Somewhat Honest	0	0.0
Not Honest	0	0.0
Extremely Dishonest	1	3.1

questionnaire data. The interviewers perceived all of the interviewees as stable. They felt that almost one-half of them were "very stable" with over one-third of them "stable". The remainder, 15.6 percent, were classified as "somewhat stable". In relation to adjustment to loss of spouse, the interviewers felt that one-fourth of the interviewees were "very well adjusted". They perceived the rest of the bereaved individuals as "adjusted", 28.1 percent, and "somewhat adjusted", 34.4 percent. They also felt that two individuals were "poorly adjusted" and another two individuals were "very poorly adjusted", 6.3 percent each.

The interviewer's perception of the relationship between the interviewees and their spouses was that almost one-half of the bereaved had a "very close and warm" relationship with their spouses. They felt that the rest of the individuals had a "close and warm" relationship, 37.5 percent, or a "somewhat close and warm" relationship, 12.5 percent. Only one individual was perceived as not having a "close and warm" relationship, 3.1 percent.

With regard to the bereaved elderlies' overall satisfaction with the funeral arrangements, the interviewer felt that more than one-half of their interviewees were "extremely satisfied", 53.1 percent, and about one-third were "satisfied", 34.4 percent. Two individuals were perceived as only "somewhat satisfied", 6.3 percent. Two individuals were also viewed as "extremely not satisfied". Both these individuals stated family problems as their reasons for not being satisfied with the funeral arrangements. In one case the bereaved individual did not feel that the children had been involved

enough, and in the other, the bereaved individual had planned a funeral which was against her spouse's religion. This was done as a vindictive move against the bereaved's family.

As a summary statement of the interviewers' perception of the interviewees, it can be said that most of the individuals were perceived as "stable" and at least "somewhat adjusted" to the loss of their spouse. The majority of this bereaved sample was perceived as having a "close and warm relationship" with their spouse and having been "satisfied" with their choice of funeral arrangements. The interviewers also felt that all but one of the interviewees were "honest" in their responses. The one person perceived as "dishonest" was due to her emotional state.

As a final analysis of the interviewer data, the researcher wanted to find out if there was a correlation between the interviewer and interviewee's perception of the same variables. Pearson Correlation Coefficients ($r = 0.66$, $p < .001$) indicated a direct correlation between the interviewer and interviewee's self-perception of the relationship with their spouse. There was also a very good correlation between how the interviewer perceived the interviewee's satisfaction with the funeral arrangements and how the interviewee perceived them, ($r = .30$, $p < .036$). Finally, there was a trend indicated between how the interviewer perceived the individual's adjustment to loss of spouse and the individual's self-perceived depression level. The better adjusted the interviewer perceived the interviewee, the less depressed the individual perceived himself, ($r = .227$, $p < .069$). In conclusion, the correlations between the interviewer and the

interviewee's perceptions indicate that there was consistency in the responses, which the researcher feels is a measure of the validity for this data.

Summary of the Data Analysis

After testing Hypothesis I, it was found that the bereaved individuals were not very well adjusted in relation to "loss of spouse". In fact, they resembled the non-self-actualized group of individuals as measured by the Personal Orientation Inventory (POI). Looking at both Table 2 and Graph 1, it is apparent that this group of bereaved individuals is not similar to a Normal Adult Population and even less similar to a group of Self-Actualized Individuals. t-Tests indicated significant differences in almost all subscales in the POI. Therefore, the null hypothesis which states:

H_o1: There will be no significant difference between the elderly bereaved sample and the normal adult population in terms of adjustment as measured by the scores on the POI,

is rejected.

Hypothesis II was analyzed next. The first step in the analysis of this data was to classify all of the demographic, sociological, and perceived psychological and physiological variables in frequency and percentage form. Next ANOVA was done on selected variables and how they affected postbereavement adjustment as measured by Time-Competence (TC) in the POI. Significant differences were found in two of the five categories. These were for both sex and educational level. There also was a trend towards a relationship between age and TC mean scores. No relationships were found between income level and TC mean

scores or religion and TC mean scores.

To find out if there was a relationship between Time Competence and Self-Perceived Depression Levels, the researcher did an ANOVA again. Although the relationship was not found to be significant, a trend was found to exist. With increased self-perceived depression level, there was a decrease in TC mean scores. Because both TC mean scores and Self-Perceived Depression Levels were used as measures of postbereavement adjustment in this study, a final analysis was done to find out if there were relationships between the same variables and self-perceived depression.

The cross-tabulations indicated that there was consistency with the ANOVA. Significant relationships, as determined by the percentage analysis, existed between sex and self-perceived depression, and educational level and self-perceived depression. A trend was found between age and self-perceived depression, and self-perceived health and self-perceived depression, and there were no relationships found between income level and self-perceived depression or religion and self-perceived depression. Therefore, the null hypothesis which states:

> H_o2: There will be no significant relationships between selected physiological, psychological, sociological, and demographic variables and postbereavement adjustment when measured in a time period of three to eleven months after loss of spouse,

is rejected.

The last hypothesis in this study, Hypothesis III, dealt with

the funeral and bereavement variables. Again the first step in the analysis of this data was to classify all variables into frequency and percentage form. Next, cross-tabulation analysis were performed on selected variables to determine if relationships existed. The results indicated definite trends even though there were no significant results from the ANOVA. Males and females were found to have both similarities and differences in regards to which aspects of their lives underwent the most, second most, and least change. There was found to be a trend in the relationship between length of marriage and self-perceived depression and also between length of marriage and TC mean scores. Therefore, both the cross-tabulations and the ANOVA were consistent with each other. A cross-tabulation analysis also indicated that there was a trend towards a relationship between viewing the body and self-perceived depression. There was another slight trend towards a relationship between belief in an afterlife and self-perceived depression. No relationship was indicated between anticipatory grief and self-perceived depression level. Because self-perceived depression and TC mean scores were taken as measures of postbereavement adjustment, it can be said that there were trends towards relationships between selected funeral and bereavement variables and postbereavement adjustment. However, because no significant relationships were found to exist, the null hypothesis which states:

H_o3: There will be no significant relationships between selected funeral and bereavement variables and postbereavement adjustment when measured in a time period of three to eleven months,

is not rejected.

CHAPTER V

SUMMARY

Introduction

In the last two decades we have been a part of an increased awareness of unmet human needs and rights. This search for special groups that need and deserve special attention is turning toward our older citizens. Although the elderly belong to a minority group that cuts across every defined element in our society, they have been met with benign neglect in respect to most of their needs and rights. Demographic descriptions of older persons most often relate to the total population with no regard to their unique needs, characteristics, and support systems. Professionals should be cognizant of the universal needs of older adults as well as the unique needs of each aged individual. One must understand that many of the developmental tasks of the aged involves the acceptance of adjustment to loss or decline. Losses that the elderly may have to deal with include financial, social status, physical and mental capabilities, sexual capabilities, and/or loss of health. One of the most difficult adjustments is to "loss of spouse".

The Problem

Although loss of spouse occurs throughout the various age groups in the population, it occurs most often with the elderly population. The effects of bereavement and the grief process in regards to loss of spouse must be understood as a special process for this

population. The impact of bereavement is far-reaching and impinges not only on the older person, but also on the surrounding family members, friends, and support systems. However, the intensity, duration, and ramifications of loss of spouse are little understood, nor are the means of coping with grief and adjustment. Relatively little information appears to be available on adjusting to loss of spouse in the elderly.

The elderly person suffering a bereavement feels grief as does a person of any age, but due to multiple losses and fear for the well-being of other intimate friends and relatives, one may feel an overwhelming sorrow and apprehension. Previous research suggests that the grief process and reactions of aging people differ significantly from those of other age groups. The impact of compound losses at a time in life when psychic and physical energy are lessened can be deep and cause many different grief reactions. Because the later years, unlike the earlier years, bring fewer outer compensations and substitutions for any type of loss, one's grief may be manifested in disorganized behavior, depression, withdrawal, hostility, or other psychological or physiological ways. Grief reactions in older people are often further compounded by subjective anxiety about ailments and death, or the reactivation of other unresolved losses.

Because of these additional feelings, the grief process in the elderly population may differ from other age groups. In light of the findings of previous research, this study attempted to further understand the bereavement process for the aged (sixty years and older) in the areas of stress, morbidity, and mortality. It

attempted to measure the variance due to psychological, physiological, sociological, and demographic variables in relation to their post-bereavement adjustment. It also attempted to measure the effect of funeral rituals and death-related variables on their postbereavement adjustment. Thus, this investigation helped provide a better understanding of the total bereavement process in the aged population.

Purpose

The overall purpose of this investigation was to better understand the bereavement process in regards to loss of spouse in the elderly population. By testing theoretical constructs related to postbereavement adjustment, it intended to provide a more reliable method of identifying individuals who were coping and adjusting to life following loss of spouse, as well as those who were not. The research aimed to assess the predictive value of different demographic, psychological, physiological, and sociological variables and how they related to postbereavement adjustment. It also aimed to assess the relationship between specific funeral and bereavement variables and postbereavement adjustment.

The following hypotheses will be tested in this study:

H_o1: There will be no significant difference between the elderly bereaved individuals and the normal adult population in terms of adjustment as measured by the scores on the Personal Orientation Inventory (POI).

H_o2: There will be no significant relationship between selected physiological, psychological, sociological, and demographic variables and postbereavement adjustment when measured in

a time period of three to eleven months after loss of spouse.

H_o3: There will be no significant relationship between selected funeral and death-related variables and postbereavement adjustment when measured in a time period of three to eleven months after loss of spouse.

This study attempted to supply the data base needed to move beyond folk-lore. Early identification of factors related to post-bereavement adjustment, as well as the relationship of prolonged pathological grief to the health of a person, will be clarified by the results of this study. Comparison of bereaved individuals who survived and thrived with those who deteriorated and failed will provide new insight into the area of postbereavement adjustment. Distinguishing between these individuals will give further information that may serve as a guide and a helpful reference for the counselor of the aged in detecting future negative effects related to loss of spouse. Upon analysis of the data, implications to the counselor will be made along with specific recommendations for counseling and support for use by professionals in the gerontological field, as well as other individuals working with the elderly population.

The Design

This research project was designed to study postbereavement adjustment following recent loss of spouse. It was limited to the aged population, which the researcher defined as sixty years and older, and to loss of spouse within a time period of three to

eleven months. There were two components to this study. The first compared the bereaved individuals to a sample of "normal" adults, and also to a group of self-actualized individuals and to a group of non-self-actualized individuals. The second section determined the influence of selected demographic, physiological, psychological, sociological, and funeral-related variables on postbereavement adjustment.

The Method

The method employed in this study served to demonstrate both the difference between bereaved individuals and a "normal" adult population (normed sample as measured by their mean scores on the Personal Orientation Inventory) in their ability to cope and adjust to their lives, and also the influence of selected variables on postbereavement adjustment.

A sample of thirty-two bereaved individuals was selected from different Diner-site locations and places of worship in the geographical area defined as metropolitan Chicago. The selection of the bereaved individuals was done with the help of the person in charge of the Diner-site, the Clergy or church personnel, or by referral from a friend of the bereaved. The bereaved individuals were all volunteers.

Data was collected in one private, in-depth, and structured interview at a location selected by the participant. Each person was administered three instruments by trained, professional interviewers with counseling backgrounds. The first instrument was the Personal Questionnaire. It supplied the demographic, psychological,

physiological, and sociological variables. The second instrument was the Bereavement and Funeral Questionnaire. It was administered in the middle of the interview because of its sensitivity. It supplied the funeral and death-related variables. The variables from both of these instruments were analyzed in an attempt to understand their influence on postbereavement adjustment. The last instrument administered to each participant was the Personal Orientation Inventory (POI), which is a validated, reliable instrument to assess values, attitudes, and behavior relevant to Maslow's concept of the self-actualized person. The scores on the POI supplied one of the "adjustment" variables for this study. The other "adjustment" variable came from the individual's self-perceived depression level. At the end of each interview, the interviewer filled out the Interviewer Questionnaire including comments on her perception of the interviewee.

Hypothesis I was analyzed by t-tests which compared the bereaved sample to a "normal" adult sample, a self-actualized group and a non-self-actualized group. Frequencies, percentages, and cross-tabulations were the statistics used to analyze most of the data collected for Hypothesis II and Hypothesis III. All of the variables were presented in tables that listed both their percentages and frequencies. Further analysis was done with cross-tabulation analysis to determine if relationships existed between specific variables. One-way analysis of variance (ANOVA) was also used as a measure to test out the relationships between specific variables. In addition, correlations were made between the interviewers' perceptions of specific variables and

the interviewees' responses to the same or similar variables.

The Results and Conclusions

Hypothesis I stated:

H_o1: There will be no significant difference between the Bereaved Sample and the Normal Adult Sample as measured by the scores on the POI.

Looking at both Table 2 and Graph 1, it is apparent that this group of bereaved individuals was not similar to a normal adult population, and even less similar to a group of self-actualized individuals. Their Personal Orientation Inventory (POI) mean scores mostly resembled those scores of the non-self-actualized individuals. Only in four areas were the bereaved scores higher than the non-self-actualized scores. In three out of four of these higher score areas, the differences were only slight, Self-Actualizing Value (SAV), Spontaniety (S), Self-Acceptance (SA). The one area that the bereaved sample excelled in was Self-Regard (SR).

The researcher feels that this high mean score on "liking oneself" could have been due to the age group interviewed. Because these individuals were elderly, most of them knew themselves very well and had established some sort of "inner peace". However, their low score on Self-Acceptance (SA) meant they did not accept their weaknesses. The researcher feels that this may have been due to their "weak" and vulnerable state of bereavement. They were unwilling to accept or feel comfortable with their own feelings. This was consistent with the findings in the interviews. The researcher found that most of the bereaved individuals felt uncomfortable with their

grief or guilty about their feelings or behavior. They stated that they were unwilling to grieve openly in front of family and/or friends because, "this was a sign of not coping or adjusting", and they did not want to be a "burden".

As a final analysis of Hypothesis I, t-tests were done comparing the Bereaved Sample to the Normal Adult Sample, the Self-Actualized Group, and the Non-Self-Actualized Group. Significant differences were found between the Bereaved Sample and the Normal Adult Group in all POI subscales except the subscales, Self-Regard (SR) and Nature of Man (NC). Differences were also found between the Bereaved Sample and the Self-Actualized in the same subscales. No significant differences were found between the Bereaved Sample and the Non-Self-Actualized Sample except again in the subscale, SR, and also in three other subscales, Aggression (A), Capacity for Intimate Contact (C), and Existentiality (E), where the Bereaved Sample was found to be significantly lower than the Non-Self-Actualized Sample.

Because significant differences were found in most of the POI subscales between the Bereaved Sample and the Normal Adult population, the null hypothesis (H_o1) was not accepted.

Hypothesis II stated:

H_o2: There will be no significant relationships between selected physiological, psychological, sociological, and demographic variables and postbereavement adjustment when measured in a time period of three to eleven months after loss of spouse.

The researcher first classified all of the variables in frequencies

and percentages which were presented in table form. Next, one-way analysis of variance (ANOVA) was done on selected variables to determine if they were significantly related to postbereavement adjustment. The subscale, Time-Competence (TC) in the Personal Orientation Inventory (POI), which measures how much a person is living in the present, was used as a measure of postbereavement adjustment. Significant relations were found in two of the five categories analyzed. These were for both sex and postbereavement adjustment and educational level and postbereavement adjustment. There was also a trend towards a relationship between age and TC mean scores. No relationships were found between income level and TC mean scores or religion and TC mean scores.

To find out if there was a relationship between Time-Competence and Self-Perceived Depression Levels, the researcher used ANOVA again. Although the relationship was not found to be significant, a trend was found to exist. With increased depression level, there was a decrease in TC mean scores. Because both TC mean scores and Self-Perceived Depression were used as measures of postbereavement adjustment in this study, a final analysis was done to find out if there were relationships between the same variables, sex, education, income, age, and religion (tested by ANOVA) and self-perceived depression.

Cross-tabulations were done between these demographic variables and self-perceived depression. The analysis indicated that there was a consistency with the ANOVA. Significant relationships, as determined by the percentage analysis, existed between sex and self-perceived depression, and educational level and self-perceived depression. A

trend was found between age and self-perceived depression. There were no relationships found between income level and self-perceived depression, or religion and self-perceived depression.

Because significant relationships and trends were found between some of the demographic, sociological, physiological, and psychological variables and postbereavement adjustment as measured by TC mean scores and self-perceived depression, the null hypothesis (H_o2) was not accepted.

Hypothesis III stated:

H_o3: There will be no significant relationships between selected funeral and bereavement variables and postbereavement adjustment when measured in a time period of three to eleven months after loss of spouse.

Again, the researcher classified all of the variables in both frequency and percentage form and presented them in tables. Next, cross-tabulations were used on selected variables to determine if relationships existed. Self-Perceived Depression Level was used as the postbereavement adjustment variable in the cross-tabulations. The results indicated definite trends even though there were no significant relationships when ANOVA was done on the same variables using TC mean scores as the adjustment variable.

Males and females were found to have both similarities and differences in regards to those aspects of their lives that underwent the most, second most, and least change since loss of spouse. However, both the males and females responded to "emotional" as the aspect of life most changed. There was found to be a trend towards

a relationship between length of marriage and their TC mean scores. Therefore, both the cross-tabulations and the ANOVA were consistent with each other. There was another slight trend indicated towards a relationship between a belief in an afterlife and self-perceived depression. No relationship was found between anticipatory grief and self-perceived depression.

Because self-perceived depression and TC mean scores were taken as measures of postbereavement adjustment, it can be said that there were trends towards relationships between selected funeral and bereavement variables and postbereavement adjustment. However, because no significant relationships were found, only trends, the null hypothesis ($H_0 3$) was accepted.

As a final analysis of the data, the researcher first presents the following general findings, and secondly, how they relate to previous research reviewed in this study.

Statement of the Researcher's Findings

1. The bereaved individuals were very willing to discuss their feelings on their bereavement state, the funeral, death-related topics, as well as their life in general. All had a great need to talk and were relieved that someone would listen. This data was consistent with Botwinick's (1970) findings that suggest that cultural patterns of behavior are rejecting of older persons and thus push dissociation upon them. Arnold and Brown (1972) found that loss of spouse was a major cause of disengagement.

2. The bereaved individuals' "caretakers" were often times threatened by the research project. The researcher feels that this

may have been due to their own lack of processing of death and lack of exposure to death and bereavement. Evans (1975) found that pastors working with the bereaved individuals, who had themselves experienced close family deaths, were more successful in helping the bereaved individuals work through their grief than those who had not experienced close family deaths.

3. There is little understanding of the grief process, including the different stages and feelings associated with the stages, by either the bereaved individuals or their support systems. Many authors have suggested that the grief reactions of aging people differ significantly from those of other age groups (Gramlich, 1968; Stern, 1951; Parkes, 1965). This could be due to the fact that they are grieving over many losses, "multiple losses". Also the feeling that expressing grief means not adjusting narrows communication and the processing of loss of spouse (Kastenbaum, 1969).

4. Most bereaved individuals stated that they felt uncomfortable grieving in front of anyone, including family. Expressions of grief were only shared comfortably with other friends who were also grieving. It is important for the elderly to work through their grief by allowing them to draw upon all family and friendship relationships for support. Marjolis (1975) stated that grief is a complex and mixed emotion and the most important factor is communication and support through friends and family.

5. Support systems and caretakers were found to be threatened by the grief process, and they viewed expressions of grief indicative of not coping well. The support system around a recently bereaved

narrows with one's reluctance to allow communication about death (Kastenbaum, 1969). It seems that the bereaved individuals' reluctance to talk about their recent loss is more a reaction to the messages they are getting from those around them, "expressing grief means not adjusting", than from their own need to not express grief around others. Furthermore, results of several studies showed that it was the middle aged (45-54) who expressed the greatest fear of death, and unfortunately, it is this age group that makes up most of the support system that surrounds the elderly bereaved.

6. Most individuals, who perceived themselves as coping, felt they were "different" from others and actually felt guilty for being able to adjust. A review of the literature on widows and widowers showed that resolution of grief was a highly personal matter, and that no timetable could be placed which would indicate pathology or lack of adjustment for everyone in general (Engel, 1962; Carey, 1977, Kastenbaum, 1969; Blick, Weiss, and Parkes, 1974).

7. Every bereaved individual interviewed found the interview to be a positive, cathartic experience. In a comparative study of a cathartic grief group and a discussion-social group, Michaels (1977) found a significant increase in adjustment in the cathartic group of individuals who were allowed to express their feelings and work through their grief. Most older people are willing to talk freely on the topic of death and the loss of their loved ones, and express no fear about their own death (Kinsey, 1972).

8. Personality patterns affected coping styles. The more independent personality became more socially involved and outgoing

as a method of coping, while the more dependent personality seemed to want to be left alone more, remain isolated, and have a "poor me" attitude. Again the total grief process is a highly personal matter and a product of an individual's past experiences, present living situation, and personality pattern. Several writers, including Kastenbaum (1960) and Kutscher (1969) felt that the shortest and best healer was not related to time but what the bereaved person did and accomplished in this time. This was dependent on their personality along with past experiences and present living situation. Quality not quantity was the determinate of how long resolution of grief would take and the coping patterns utilized in postbereavement adjustment.

9. The increased mortality rate of the survivor could be understood with statements like, "I lost my best friend.", "We were a team.", "I will never get over it.", or "There is nothing for me without him/her." Research indicated that death rates increased during the postbereavement period. Maddison (1972) followed a group of bereaved individuals at the age of seventy-one and found that the death rate in the first month postbereavement was twice the predicted rate, with an overall increase of fifteen percent in the mortality rate during the first year.

10. Most of the individuals interviewed perceived themselves as physically healthy. Therefore, their chance of surviving seemed good. Smith (1975) found that when perception of health was poor, depression increased making the individual more susceptible to disease or death. Daddio (1975) had similar findings in his study of the

aged. He found that feelings of health or perceived health was a better predictor of death than actual health.

11. Over one-half of the individuals in this study perceived themselves as depressed at least once in awhile. This perception can help make an individual more susceptible to disease or death (Smith, 1975). The review of literature revealed that most subjects have in common some depressive feelings or moods related to loss of spouse. Depression is also considered one of the stages in the normal bereavement process (Kubler-Ross, 1969). Stiener, et.al. (1969) defined the total grief process as a self-limited, short-lived depression which is usually spontaneously resolved, but which may become physically pathological, as well as psychologically. Depression by previous researchers was looked upon as a normal state in the grieving process and a precursor to reactive depression (psychiatric illness) only if in excess.

12. Most individuals had some form of sleep disturbances at this point in their lives. This was in agreement with Paula Clayton's study (1979). She found that 78 percent of her bereaved sample exhibited signs of disturbances of sleep after the first month, and 49 percent after thirteen months.

13. Most of the individuals stated their appetite was good. This was not consistent with Clayton's study (1979) where she found weight loss for the majority of her subjects.

14. Most of the individuals stated that they cried at least several times a month since the loss of their spouse. Both Clayton (1969) and Skelskie (1974) had similar results.

15. All of the individuals viewed themselves as socially active and involved in both visiting friends and family and social activities. The aged take great comfort in familiar surroundings, which includes family and close friends (Merriam, 1977). Most older people have highly articulated networks of interaction and frequent encounters with immediate family members and friends. Skelskie (1974) found most of the bereaved in her sample to have ten or more friends, although they felt that they could share their personal lives with only a few close friends.

16. About one-half of the individuals were experiencing "multiple losses", stating that they had lost at least one close friend or relative within the last two years. Multiple losses and fear for the well-being of other intimate friends and relatives may cause the bereaved to feel an overwhelming apprehension and sorrow. Cath (1965) suggested that due to the multiple losses, inevitable in old age, the person may experience depletion anxiety, which may threaten him with "total emotional exile and eventual annihilation" (p. 71).

17. The widows appeared to be better adjusted to their widowhood than the widowers. According to Cummings and Henry (1961), widowhood is a state to which women adapt successfully. They feel that widowerhood is a desolating experience for men.

18. The more education the bereaved individuals had, the better their postbereavement adjustment. This correlated positively with Carey's study (1975). Heyman and Gianturco's results in their 1973 study, indicated that women with college degrees were the only

group of women with adjustment scores in the well-adjusted range.

19. There seemed to be no apparent relationship between income level and depression. However, this study basically involved middle class, lower middle class, and lower class individuals. This finding was not consistent with previous research. Other researchers found positive correlations between increased income or occupational level and postbereavement adjustment (Carey, 1975; Butler, 1967; Rose, 1964). However, their studies had a wider range of income levels to correlate to postbereavement adjustment.

20. There seemed to be a relationship between age and depression level. As an individual's age increased so did one's depression level. No previous research was found for this age range, 60-95 years old. However, the depression level increase could have been due to increased age alone, as well as loss of spouse.

21. Most of the individuals were married thirty years or longer and viewed their marriages as close and warm. The results of this study indicated that there was a trend towards decreased postbereavement adjustment with increased length of marriage. This was consistent with both Engel (1962) and Bugen (1977) who found that the task of resolving loss became more difficult in direct proportion to the dependency and closeness of the relationship.

22. Most of the individuals in this study stated that they were religious and believed in an afterlife, and that their religion helped them through the bereavement period. Carey and Fulten (1977) found that belief in an afterlife did not seem to reduce the initial intensity of the grief but did help sustain morale when the grief

began to subside.

23. No relationship was found between religious orientation (Catholic, Protestant, Jewish, Athiest, Agnostic, or Buddhist) and postbereavement adjustment. This was consistent with the findings in Cosneck's study (1966).

24. Most of the bereaved individuals stated that the aspect of their lives that had undergone the greatest change was emotional and the least change was physical. Women also stated that they had many financial problems that interfered with and/or intensified their emotional state. Holmes and Rahe (1967) stated that the single most stressful event in a person's life is "death of a spouse". Heyman and Gianturco (1973) found no significant differences in health status or in activities before and after spouse loss. Carey found in his 1977 study that while income was not a key factor in predicting adjustment, twice as many widows worried about financial problems than men.

25. About one-fourth of the individuals in the study who had experienced anticipatory grief stated that it had not helped them in their emotional adjustment, but for some (women especially), it was a time for them to take care of financial matters, and this seemed to help them in terms of their overall adjustment. Clayton, Halikas, Maurice, and Robins (1973) reported that survivors with a mean age of sixty-one years, who experienced anticipatory grief, did not significantly differ in depression one year after a death from those who did not experience it. Similar results were found by Gerber, et.al. (1975). Their study indicated that exposure to anticipatory grief had no

appreciable impact on aged survivors' medical adjustment six months after their loss.

26. About one-third of the individuals in this study, who had experienced anticipatory grief stated that it had helped them in their emotional adjustment. It was found in a study of widows by Carey (1977) that anticipatory grief helped the individual to recover from grief more rapidly. Although Glick, Weiss, and Parkes (1974) suggested that anticipatory grief did not reduce the intensity of grief, they found that longer forwarning did correlate with satisfactory adjustment to widowhood. Lindemann (1944) observed that those who anticipated the loss, and therefore grieved before it occurred, were less acutely distressed after loss.

27. Most of the individuals had a traditional funeral, which was religious, and included a wake where the body was viewed. Most of the individuals stated that the funeral was comforting and that they were satisfied with the funeral arrangements chosen. Those who were not, showed signs of unresolved grief, guilt, and/or confusion. Most of the individuals in this study said they viewed the body and that it was important to them. Almost all research indicated that the role of the funeral and viewing the body are important factors in resolution of grief (Kubler-Ross, 1969). One possible outlet for grief may be the funeral rituals (Kastenbaum, 1969). In a study by Robert Fulton (1976), those who had participated in a traditional funeral and had viewed the body and had also involved their relatives and friends in the funeral reported having fewer adjustment problems than those who had not. In another study done by Parkes (1972), it was found that

active participation by the bereaved in the actual funeral arrangements helped in facilitating the grieving process.

28. Most of the bereaved individuals saw their family as the most helpful and comforting during the funeral and turned to their friends as well as their family for support within the first month after the funeral. This is consistent with previous research. With the recently bereaved, family and friends can help a great deal to mitigate the pain of grief, especially when the family is close-knit and communication has been good (Bornstein, et.al., 1973). The aged take great comfort in familiar surroundings, which includes family and close friends (Merriam, 1977). The family linkage to the elderly person is of critical importance (Troll, 1971).

29. Most of the bereaved said that their overall feeling after loss of spouse was extreme unhappiness and/or loneliness. Some, who had experienced anticipatory grief stated they were relieved or that the pressure had subsided. Research indicated that most bereaved say that the present is the least happy time in their lives and that life has little meaning now. Many complain of feeling tired, blue, sad, apathetic, and/or lonely (Lieberman, 1965).

Implications to Counselors

These research findings can be used to help the counselor, who is involved with the elderly in the area of bereavement. The researcher feels that this group of Bereaved individuals, in general, was coping fairly well to their bereaved state. However, most of them stated that they felt uncomfortable grieving in front of family or friends or processing the loss of their spouse in anyway. They felt

that most of their feelings should not be shared except possibly with others in the bereavement state. The counselor needs to help open up this communication system for the elderly, along with the grieving process.

Many of these elderly had experienced long-term illnesses with their spouses, but still felt very shocked and extremely unhappy when their death finally came. Most of this bereaved group had experienced long marriages and no matter how they perceived their marriage, in the area of happiness, they were having a hard time adjusting to the fact that they no longer had a partner. Evenings and Sundays were the toughest in regards to their feelings of loneliness and unhappiness.

The women in this sample seemed a little better adjusted than the men. The men felt uncomfortable in the household without their wives, and viewed themselves as very lonely in their house now and not sure of how to take care of household chores or spend time alone in the house. A few of the men were experiencing hallucinations of their wives also. This is another area that counselors of the elderly must be trained in with special skills and awareness. The women also seemed more social and outgoing with more diversified interests. These factors all helped the women to be better adjusted.

Finally, when the counselor is working with an elderly in the bereaved state, it is important to realize who the "caretakers" of this person are. They must also be counseled in the areas of death and dying. These "caretakers" are in a strategic place in the bereaved's lives. Not only must they be trusted by the bereaved so that the

bereaved can communicate their feelings to them, but the caretaker must be trusting of the counselor so he/she can help both the bereaved and the support network surrounding them.

It is a common assumption that counselors need specific training to insure their effectiveness with special populations. The aged have special needs and problems that must be understood in order to help them. Along with the skills most commonly cited as requisite for all counselors, it is necessary for them to be trained in the area of the aged with special skills and awareness for their unique needs and issues.

A counselor planning to work with the elderly needs to be prepared to deal with the issues of death, dying, and survivorship. The first, and probably the most important, step for the counselor is to understand his/her own attitudes and fears about death. These feelings must be resolved before one can adequately and sensitively help the bereaved. Because death of a spouse is one of the most psychologically stressful situations a person can encounter, the primary need during the initial period of intense grief is availability and support. After this initial period, the counselor needs to continue to be empathic and give strong emotional support to the bereaved to help in the returning to a normal social life. Along with this support, one of the most important roles for the counselor, is to help the individual open up the grieving process.

The results of this study indicate that there is a real lack of understanding by the bereaved and their support systems on the bereavement process, especially grief reactions. The researcher feels that

there needs to be increased emphasis placed on educating our society on all aspects of death. Because the researcher found that the bereaved felt uncomfortable grieving openly in front of friends and family, that their support systems saw grieving as not adjusting, and that the bereaved had tremendous guilt associated with their own personal style of coping, it seems evident that one of the counselor's major roles is the re-education and dissemination of information to society, especially the bereaved and their support networks. Our society, as a whole, does not encourage the exploration or discussion of one's feelings about death. Therefore, the counselor can be an important force in freeing a person to understand and express these feelings. Through re-education grief will be looked at as a normal process during the bereavement period.

Not all counselors can be comfortable or effective in counseling the aged, which includes the area of death and dying. However, of those who choose to, they should understand that they are a part of a "team", both professional and nonprofessional, that is working together to help the elderly. Open communication should be maintained between counselors and other members of the team. Counselors, as part of this gerontological team, should be aware of the developmental crisis that face older people, including multiple losses, physical decline, loss of income and status, lack of affiliation, and most stressful of all, loss of spouse.

There is a need for expanded awareness and knowledge in the professional community to attend to the area of the elderly. In addition, professionals can use obtained information to promote community and

familial understanding of the needs of the elderly. This information can not only enrich an impoverished area of current knowledge, it can also help correct the currently held prejudices, beliefs, and myths.

Recommendations

1. Further research with an expanded population should be done in the area of postbereavement adjustment.

2. Examination of the similarities and differences to other age groups in regards to postbereavement adjustment should be investigated.

3. The possibility of using a section of the Personal Orientation Inventory (POI) (Time Competency only) should be investigated.

4. Future investigations should consider other variables that might be found to have a significant effect on postbereavement adjustment in the elderly.

5. Future investigations should consider having follow-up studies to compare the changes in adjustment as a function of time.

6. If this study were to be repeated, new ways for sample acquisition should be considered.

7. Future investigations should consider using a matched sample of non-bereaved individuals for a comparison study.

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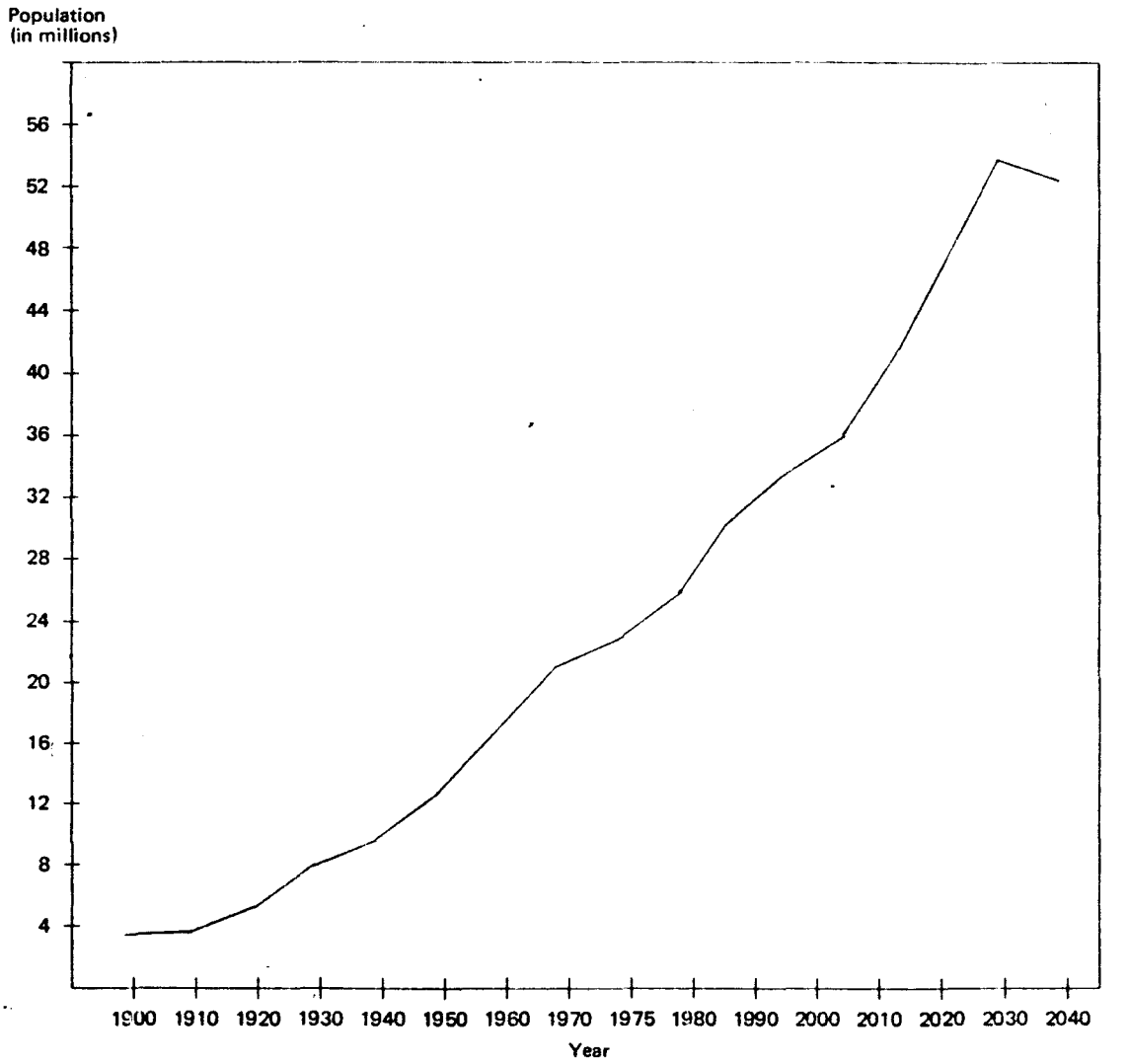
APPENDIX A

GRAPH 2

Size of the Older Population (65+)

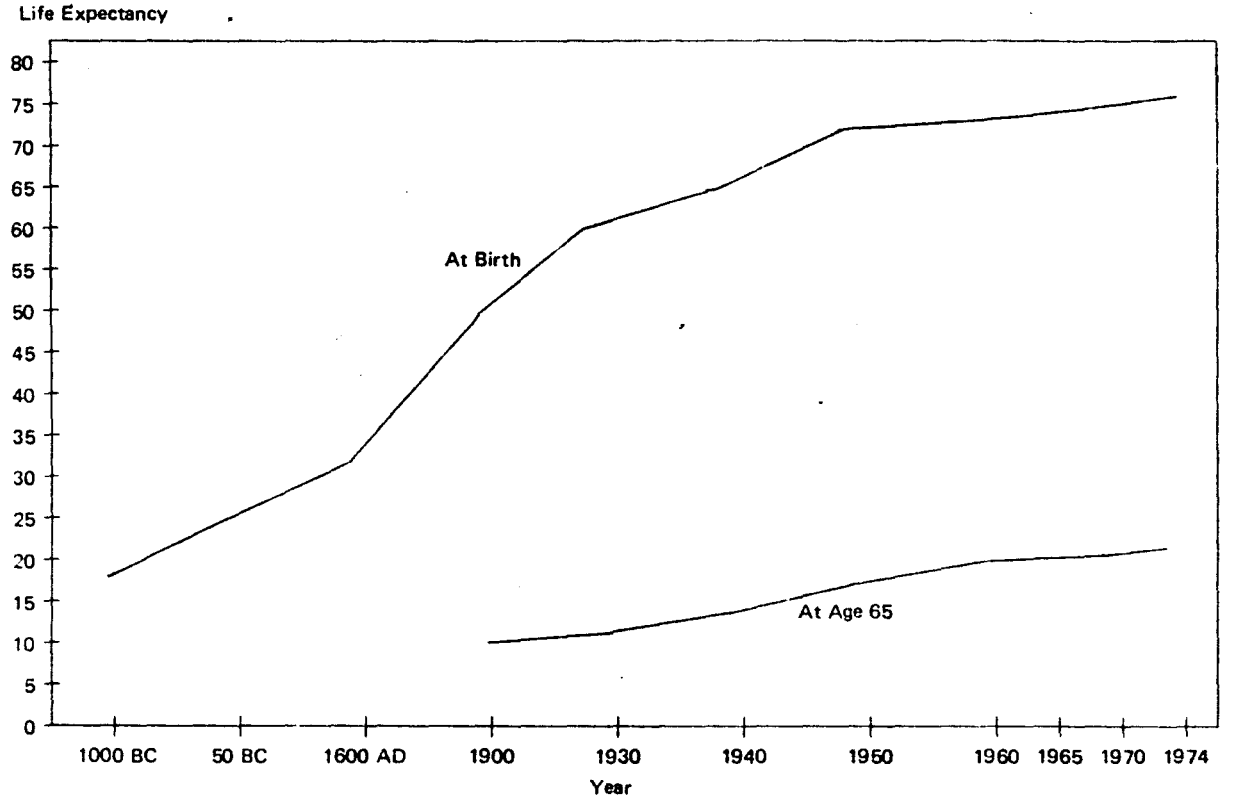


Year	Population	Year	Population
1900	3,099,000	1975	22,400,000
1910	3,986,000	1980	24,523,000
1920	4,929,000	1900	28,933,000
1930	6,705,000	2000	30,600,000
1940	9,031,000	2010	33,239,000
1950	12,397,000	2020	42,791,000
1960	16,675,000	2030	51,590,000
1970	20,085,000	2040	50,266,000

Source: Siegel, Jacob. *Demographic Aspects of Aging and the Older Population in the United States.*

GRAPH 3

Life Expectancy at Birth and at Age 65



	At Birth	At Age 65
1000 BC	18.0	–
50 BC	25.0	–
1600 AD	32.0	–
1900	49.2	11.9
1930	59.3	12.3
1940	63.6	12.8
1950	68.1	13.8
1960	69.9	14.4
1965	70.2	14.6
1970	70.8	15.0
1974	71.9	15.6

Sources: Cutler, Neal E. and Robert A. Harootyan, *Demography of the Aged.* Siegel, Jacob S., *Demographic Aspects of Aging and the Older Population . . .*

APPENDIX B

PERSONAL QUESTIONNAIRE

1. (DO NOT ASK - Circle One)

Male. 1
Female. 2

2. Are you presently:

Married 1
Single. 2
Divorced. 3
Separated 4
Widowed 5

3. Into which of the following categories does your age fall? (Read choices: circle one that applies.)

60-64 1
65-69 2
70-74 3
75-79 4
80-84 5
85 and above. 6

4. How would you describe your ethnic or racial heritage? (Read and circle one that applies.)

American Indian 1
Asian 2
Black 3
White 4
Hispanic. 5
Other 6

5. What is the highest grade you completed in school? (Do not read list. Circle one.)

No school 1
1 - 4 grades. 2
5 - 7 grades. 3
8th grade 4
Some high school. 5
Completed high school 6
Some college. 7
College graduate. 8
Graduate or professional training 9

6. What is your religious preference?

Protestant 1
Catholic 2
Jewish 3
Atheist 4
Agnostic 5
Other 6

7. To you, is religion:

Very important 1
Somewhat important 2
Not important 3

8. Do you believe in an afterlife?

Yes 1
Uncertain 2
No 3

9. Are you presently living alone or with someone?

Alone 1
With someone 2

a. If you are living with someone, are they:

Friends 1
Relatives 2
Members of your immediate family 3

b. With one person or more?

One person 1
Two people 2
Three or more people 3

10. Do you presently have friends, relatives, or associates with whom you can visit (person to person) on a regular basis?

Yes 1
No 2

IF YES

a. Do you visit:

A friend 1
Several friends 2
A relative 3
Several relatives 4
Other 5

11. Do you participate in social activities every week?

Yes 1
No. 2

IF YES

Approximately how many hours a week do you participate in these activities?

1 - 5 hours 1
6 - 10 hours. 2
11 - 20 hours 3

12. What is your employment status?

Fully Retired 1
Fully Retired But Seeking Employment. 2
Employed Part-Time. 3
Employed Full-Time. 4

13. Do you participate in volunteer service?

Yes 1
No. 2

IF YES

Approximately how many hours a week do you participate in these activities?

1 - 5 hours 1
6 - 10 hours. 2
11 - 20 hours 3

14. Into which of the following categories would your monthly income fall?

Less than $200. 1
$200 - 399. 2
$400 - 599. 3
$600 - 799. 4
$800 - 999. 5
$1000 and over. 6

15. How would you describe your general health?

Good. 1
Average 2
Poor. 3

16. Would you say that you are depressed:

Never 1
Seldom. 2
Once in a While 3
Often 4

17. Would you say that you:

Have a hard time falling asleep 1
Wake up during the night. 2
Wake up unusually early in the morning. 3
Have no problem sleeping. 4

18. Would you describe your appetite as:

Good. 1
Average 2
Poor. 3

19. Do you find that you cry:

At least once a day 1
At least once a week. 2
Several times a month 3
Several times a year. 4
Never 5

20. How many persons who are important and close to you have died within the last two years (excluding your spouse)?

One 1
Two 2
Three 3
Four or more. 4
None. 5

EXAMPLES OF ENLARGED PRINT FOR THE PERSONAL QUESTIONNAIRE

1.

MALE. 1

FEMALE. 2

2. ARE YOU PRESENTLY:

MARRIED 1

SINGLE. 2

DIVORCED. 3

SEPARATED 4

WIDOWED 5

3. INTO WHICH OF THE FOLLOWING CATEGORIES DOES YOUR AGE FALL?

60 - 65 1

65 - 69 2

70 - 74 3

75 - 79 4

80 - 84 5

85 AND ABOVE. 6

ANSWER SHEET

PERSONAL QUESTIONNAIRE

1. 1
2

2. 1
2
3
4
5

3. 1
2
3
4
5
6

4. 1
2
3
4
5
6

5. 1
2
3
4
5
6
7
8
9

6. 1
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3
4
5
6

7. 1
2
3

8. 1
2
3

9. 1
2

9a. 1
2
3

9b. 1
2
3

10. 1
2

10a. 1
2
3
4
5

11. 1
2

11a. 1
2
3
4
5

12. 1
2
3
4

13. 1
2

13a. 1
2
3

14. 1
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3
4
5
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15. 1
2
3

16. 1
2
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4

17. 1
2
3
4

18. 1
2
3

19. 1
2
3
4
5

20. 1
2
3
4
5

BEREAVEMENT AND FUNERAL QUESTIONNAIRE

1. Since the loss of your spouse, which aspect of your life has undergone the greatest change?

   Emotional 1
   Financial 2
   Social. 3
   Physical. 4
   None of the above 5

2. Since the loss of your spouse, which aspect of your life has undergone the second greatest change?

   Emotional 1
   Financial 2
   Social. 3
   Physical. 4
   None of the above 5

3. Since the loss of your spouse, which aspect of your life has undergone the least amont of change?

   Emotional 1
   Financial 2
   Social. 3
   Physical. 4
   None of the above 5

4. How long were you married to your spouse before his/her death?

   1 - 5 years 1
   6 - 10 years. 2
   11 - 15 years 3
   16 - 30 years 4
   31 - 40 years 5
   41 - 50 years 6
   51 and over years 7

5. How do you remember your relationship with your spouse?

   Extremely close and warm. 1
   Close and warm. 2
   Somewhat close and warm 3
   Not close and warm. 4
   Openly hostile. 5

6. How often do you think about your spouse?

More than 3 times a day 1
Once or twice a day 2
Several times a week. 3
Several times a month 4
Never 5

7. How long has it been since the death of your spouse?

3 - 5 months. 1
6 - 8 months. 2
9 - 11 months 3

8. Which of the following statements describes your emotional preparation for the death of your spouse:

Because of the suddeness of death, I was emotionally unprepared. 1
The length of illness gave me time to adjust to the coming death 2
There is no relationship between length of illness and the emotional adjustment to death 3

9. Was your spouse's death due to:

An accident 1
A sudden illness. 2
An illness of less than one month 3
An illness of less than three months. 4
An illness of more than three months. 5

10. Since the death of your spouse, have you changed your place of residence?

Yes 1
No. 2

11. Since the loss of your spouse, have you increased medication or taken new medication?

Yes 1
No. 2

12. Were the funeral rites for your spouse basically:

Religious 1
Non-religious 2
Both religious and non-religious. 3
No rites or services were held. 4

13. What final arrangements were chosen for your spouse?

Earth burial of body. 1
Entombment of body (above ground) 2
Earth burial of cremated remains. 3
Scattering of cremated remains. 4
Placing cremated remains in Columbarium 5
Donation to medical science 6
Other (_____) 7

14. How long did your wake or visitation last?

Two or more days or evenings. 1
One day or evening. 2
Only on the day of the funeral service. 3
No visitation was held. 4

15. During the wake, visitation, or funeral was the body viewed?

Yes 1
No. 2

16. During the period after the death of your spouse, but before the funeral itself, did you:

Have no opportunity to view the body, but wanted to 1
Have no desire to view the body, but did so anyway. 2
Have no desire to view the body, and did not do so. 3
Had a desire to view the body, and did go 4

17. For you emotionally, viewing the body was:

Extremely important 1
Important 2
Somewhat important. 3
Not important 4
Extremely not important 5

18. With reference to your grief, was the wake or visitation:

Very comforting 1
Comforting. 2
Somewhat comforting 3
Not comforting. 4
Very discomforting. 5

19. Looking back, would you have the same type of funeral for your spouse?

Yes 1
No. 2

20. During the funeral, who was most helpful to you?

Family. 1
Friends 2
Funeral Director. 3
Minister, Priest, Rabbi, or Chaplin 4
Other (_____) 5

21. During the first month after your spouse died, who was most helpful to you?

Family. 1
Friends 2
Funeral Director. 3
Minister, Priest, Rabbi, or Chaplin 4
Other (_____) 5

22. During the first month after the death of your spouse, what would you say was your most overall feeling:

Extremely unhappy 1
Unhappy 2
Somewhat unhappy. 3
Happy 4
Relieved. 5
Other (_____). 6

EXAMPLE OF ENLARGED PRINT FOR THE BEREAVEMENT AND FUNERAL QUESTIONNAIRE

1. SINCE THE LOSS OF YOUR SPOUSE, WHICH ASPECT OF YOUR LIFE HAS UNDERGONE THE GREATEST CHANGE?

   EMOTIONAL 1

   FINANCIAL 2

   SOCIAL. 3

   PHYSICAL. 4

   NONE OF THE ABOVE 5

2. SINCE THE LOSS OF YOUR SPOUSE, WHICH ASPECT OF YOUR LIFE HAS UNDERGONE THE SECOND GREATEST CHANGE?

   EMOTIONAL 1

   FINANCIAL 2

   SOCIAL. 3

   PHYSICAL. 4

   NONE OF THE ABOVE 5

ANSWER SHEET

BEREAVEMENT AND FUNERAL QUESTIONNAIRE

1. 1
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4
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2. 1
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3. 1
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4. 1
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5. 1
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18. 1
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19. 1
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21. 1
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22. 1
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6

P.O.I.

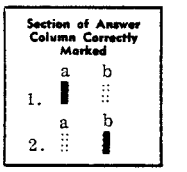
PERSONAL ORIENTATION INVENTORY

EVERETT L. SHOSTROM, Ph.D.

DIRECTIONS

This inventory consists of pairs of numbered statements. Read each statement and decide which of the two paired statements most consistently applies to you.

You are to mark your answers on the answer sheet you have. Look at the example of the answer sheet shown at the right. If the first statement of the pair is TRUE or MOSTLY TRUE as applied to you, blacken between the lines in the column headed "a". (See Example Item 1 at right.) If the second statement of the pair is TRUE or MOSTLY TRUE as applied to you, blacken between the lines in the column headed "b". (See Example Item 2 at right.) If neither statement applies to you, or if they refer to something you don't know about, make no answer on the answer sheet. Remember to give YOUR OWN opinion of yourself and do not leave any blank spaces if you can avoid it.



In marking your answers on the answer sheet, be sure that the number of the statement agrees with the number on the answer sheet. Make your marks heavy and black. Erase completely any answer you wish to change. Do not make any marks in this booklet.

Remember, try to make some answer to every statement.

Before you begin the inventory, be sure you put your name, your sex, your age, and the other information called for in the space provided on the answer sheet.

NOW OPEN THE BOOKLET AND START WITH QUESTION 1.

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1. a. I am bound by the principle of fairness.

   b. I am not absolutely bound by the principle of fairness.

2. a. When a friend does me a favor, I feel that I must return it.

   b. When a friend does me a favor, I do not feel that I must return it.

3. a. I feel I must always tell the truth.

   b. I do not always tell the truth.

4. a. No matter how hard I try, my feelings are often hurt.

   b. If I manage the situation right, I can avoid being hurt.

5. a. I feel that I must strive for perfection in everything that I undertake.

   b. I do not feel that I must strive for perfection in everything that I undertake.

6. a. I often make my decisions spontaneously.

   b. I seldom make my decisions spontaneously.

7. a. I am afraid to be myself.

   b. I am not afraid to be myself.

8. a. I feel obligated when a stranger does me a favor.

   b. I do not feel obligated when a stranger does me a favor.

9. a. I feel that I have a right to expect others to do what I want of them.

   b. I do not feel that I have a right to expect others to do what I want of them.

10. a. I live by values which are in agreement with others.

    b. I live by values which are primarily based on my own feelings.

11. a. I am concerned with self-improvement at all times.

    b. I am not concerned with self-improvement at all times.

12. a. I feel guilty when I am selfish.

    b. I don't feel guilty when I am selfish.

13. a. I have no objection to getting angry.

    b. Anger is something I try to avoid.

14. a. For me, anything is possible if I believe in myself.

    b. I have a lot of natural limitations even though I believe in myself.

15. a. I put others' interests before my own.

    b. I do not put others' interests before my own.

16. a. I sometimes feel embarrassed by compliments.

    b. I am not embarrassed by compliments.

17. a. I believe it is important to accept others as they are.

    b. I believe it is important to understand why others are as they are.

18. a. I can put off until tomorrow what I ought to do today.

    b. I don't put off until tomorrow what I ought to do today.

19. a. I can give without requiring the other person to appreciate what I give.

    b. I have a right to expect the other person to appreciate what I give.

20. a. My moral values are dictated by society.

    b. My moral values are self-determined.

21. a. I do what others expect of me.

    b. I feel free to not do what others expect of me.

22. a. I accept my weaknesses.

    b. I don't accept my weaknesses.

23. a. In order to grow emotionally, it is necessary to know why I act as I do.

    b. In order to grow emotionally, it is not necessary to know why I act as I do.

24. a. Sometimes I am cross when I am not feeling well.

    b. I am hardly ever cross.

GO ON TO THE NEXT PAGE

25. a. It is necessary that others approve of what I do.

    b. It is not always necessary that others approve of what I do.

26. a. I am afraid of making mistakes.

    b. I am not afraid of making mistakes.

27. a. I trust the decisions I make spontaneously.

    b. I do not trust the decisions I make spontaneously.

28. a. My feelings of self-worth depend on how much I accomplish.

    b. My feelings of self-worth do not depend on how much I accomplish.

29. a. I fear failure.

    b. I don't fear failure.

30. a. My moral values are determined, for the most part, by the thoughts, feelings and decisions of others.

    b. My moral values are not determined, for the most part, by the thoughts, feelings and decisions of others.

31. a. It is possible to live life in terms of what I want to do.

    b. It is not possible to live life in terms of what I want to do.

32. a. I can cope with the ups and downs of life.

    b. I cannot cope with the ups and downs of life.

33. a. I believe in saying what I feel in dealing with others.

    b. I do not believe in saying what I feel in dealing with others.

34. a. Children should realize that they do not have the same rights and privileges as adults.

    b. It is not important to make an issue of rights and privileges.

35. a. I can "stick my neck out" in my relations with others.

    b. I avoid "sticking my neck out" in my relations with others.

36. a. I believe the pursuit of self-interest is opposed to interest in others.

    b. I believe the pursuit of self-interest is not opposed to interest in others.

37. a. I find that I have rejected many of the moral values I was taught.

    b. I have not rejected any of the moral values I was taught.

38. a. I live in terms of my wants, likes, dislikes and values.

    b. I do not live in terms of my wants, likes, dislikes and values.

39. a. I trust my ability to size up a situation.

    b. I do not trust my ability to size up a situation.

40. a. I believe I have an innate capacity to cope with life.

    b. I do not believe I have an innate capacity to cope with life.

41. a. I must justify my actions in the pursuit of my own interests.

    b. I need not justify my actions in the pursuit of my own interests.

42. a. I am bothered by fears of being inadequate.

    b. I am not bothered by fears of being inadequate.

43. a. I believe that man is essentially good and can be trusted.

    b. I believe that man is essentially evil and cannot be trusted.

44. a. I live by the rules and standards of society.

    b. I do not always need to live by the rules and standards of society.

45. a. I am bound by my duties and obligations to others.

    b. I am not bound by my duties and obligations to others.

46. a. Reasons are needed to justify my feelings.

    b. Reasons are not needed to justify my feelings.

GO ON TO THE NEXT PAGE

47. a. There are times when just being silent is the best way I can express my feelings.

    b. I find it difficult to express my feelings by just being silent.

48. a. I often feel it necessary to defend my past actions.

    b. I do not feel it necessary to defend my past actions.

49. a. I like everyone I know.

    b. I do not like everyone I know.

50. a. Criticism threatens my self-esteem.

    b. Criticism does not threaten my self-esteem.

51. a. I believe that knowledge of what is right makes people act right.

    b. I do not believe that knowledge of what is right necessarily makes people act right.

52. a. I am afraid to be angry at those I love.

    b. I feel free to be angry at those I love.

53. a. My basic responsibility is to be aware of my own needs.

    b. My basic responsibility is to be aware of others' needs.

54. a. Impressing others is most important.

    b. Expressing myself is most important.

55. a. To feel right, I need always to please others.

    b. I can feel right without always having to please others.

56. a. I will risk a friendship in order to say or do what I believe is right.

    b. I will not risk a friendship just to say or do what is right.

57. a. I feel bound to keep the promises I make.

    b. I do not always feel bound to keep the promises I make.

58. a. I must avoid sorrow at all costs.

    b. It is not necessary for me to avoid sorrow.

59. a. I strive always to predict what will happen in the future.

    b. I do not feel it necessary always to predict what will happen in the future.

60. a. It is important that others accept my point of view.

    b. It is not necessary for others to accept my point of view.

61. a. I only feel free to express warm feelings to my friends.

    b. I feel free to express both warm and hostile feelings to my friends.

62. a. There are many times when it is more important to express feelings than to carefully evaluate the situation.

    b. There are very few times when it is more important to express feelings than to carefully evaluate the situation.

63. a. I welcome criticism as an opportunity for growth.

    b. I do not welcome criticism as an opportunity for growth.

64. a. Appearances are all-important.

    b. Appearances are not terribly important.

65. a. I hardly ever gossip.

    b. I gossip a little at times.

66. a. I feel free to reveal my weaknesses among friends.

    b. I do not feel free to reveal my weaknesses among friends.

67. a. I should always assume responsibility for other people's feelings.

    b. I need not always assume responsibility for other people's feelings.

68. a. I feel free to be myself and bear the consequences.

    b. I do not feel free to be myself and bear the consequences.

GO ON TO THE NEXT PAGE

69. a. I already know all I need to know about my feelings.

    b. As life goes on, I continue to know more and more about my feelings.

70. a. I hesitate to show my weaknesses among strangers.

    b. I do not hesitate to show my weaknesses among strangers.

71. a. I will continue to grow only by setting my sights on a high-level, socially approved goal.

    b. I will continue to grow best by being myself.

72. a. I accept inconsistencies within myself.

    b. I cannot accept inconsistencies within myself.

73. a. Man is naturally cooperative.

    b. Man is naturally antagonistic.

74. a. I don't mind laughing at a dirty joke.

    b. I hardly ever laugh at a dirty joke.

75. a. Happiness is a by-product in human relationships.

    b. Happiness is an end in human relationships.

76. a. I only feel free to show friendly feelings to strangers.

    b. I feel free to show both friendly and unfriendly feelings to strangers.

77. a. I try to be sincere but I sometimes fail.

    b. I try to be sincere and I am sincere.

78. a. Self-interest is natural.

    b. Self-interest is unnatural.

79. a. A neutral party can measure a happy relationship by observation.

    b. A neutral party cannot measure a happy relationship by observation.

80. a. For me, work and play are the same.

    b. For me, work and play are opposites.

81. a. Two people will get along best if each concentrates on pleasing the other.

    b. Two people can get along best if each person feels free to express himself.

82. a. I have feelings of resentment about things that are past.

    b. I do not have feelings of resentment about things that are past.

83. a. I like only masculine men and feminine women.

    b. I like men and women who show masculinity as well as femininity.

84. a. I actively attempt to avoid embarrassment whenever I can.

    b. I do not actively attempt to avoid embarrassment.

85. a. I blame my parents for a lot of my troubles.

    b. I do not blame my parents for my troubles.

86. a. I feel that a person should be silly only at the right time and place.

    b. I can be silly when I feel like it.

87. a. People should always repent their wrongdoings.

    b. People need not always repent their wrongdoings.

88. a. I worry about the future.

    b. I do not worry about the future.

89. a. Kindness and ruthlessness must be opposites.

    b. Kindness and ruthlessness need not be opposites.

90. a. I prefer to save good things for future use.

    b. I prefer to use good things now.

91. a. People should always control their anger.

    b. People should express honestly-felt anger.

GO ON TO THE NEXT PAGE

92. a. The truly spiritual man is sometimes sensual.

b. The truly spiritual man is never sensual.

93. a. I am able to express my feelings even when they sometimes result in undesirable consequences.

b. I am unable to express my feelings if they are likely to result in undesirable consequences.

94. a. I am often ashamed of some of the emotions that I feel bubbling up within me.

b. I do not feel ashamed of my emotions.

95. a. I have had mysterious or ecstatic experiences.

b. I have never had mysterious or ecstatic experiences.

96. a. I am orthodoxly religious.

b. I am not orthodoxly religious.

97. a. I am completely free of guilt.

b. I am not free of guilt.

98. a. I have a problem in fusing sex and love.

b. I have no problem in fusing sex and love.

99. a. I enjoy detachment and privacy.

b. I do not enjoy detachment and privacy.

100. a. I feel dedicated to my work.

b. I do not feel dedicated to my work.

101. a. I can express affection regardless of whether it is returned.

b. I cannot express affection unless I am sure it will be returned.

102. a. Living for the future is as important as living for the moment.

b. Only living for the moment is important.

103. a. It is better to be yourself.

b. It is better to be popular.

104. a. Wishing and imagining can be bad.

b. Wishing and imagining are always good.

105. a. I spend more time preparing to live.

b. I spend more time actually living.

106. a. I am loved because I give love.

b. I am loved because I am lovable.

107. a. When I really love myself, everybody will love me.

b. When I really love myself, there will still be those who won't love me.

108. a. I can let other people control me.

b. I can let other people control me if I am sure they will not continue to control me.

109. a. As they are, people sometimes annoy me.

b. As they are, people do not annoy me.

110. a. Living for the future gives my life its primary meaning.

b. Only when living for the future ties into living for the present does my life have meaning.

111. a. I follow diligently the motto, "Don't waste your time."

b. I do not feel bound by the motto, "Don't waste your time."

112. a. What I have been in the past dictates the kind of person I will be.

b. What I have been in the past does not necessarily dictate the kind of person I will be.

113. a. It is important to me how I live in the here and now.

b. It is of little importance to me how I live in the here and now.

114. a. I have had an experience where life seemed just perfect.

b. I have never had an experience where life seemed just perfect.

115. a. Evil is the result of frustration in trying to be good.

b. Evil is an intrinsic part of human nature which fights good.

GO ON TO THE NEXT PAGE

116. a. A person can completely change his essential nature.

b. A person can never change his essential nature.

117. a. I am afraid to be tender.

b. I am not afraid to be tender.

118. a. I am assertive and affirming.

b. I am not assertive and affirming.

119. a. Women should be trusting and yielding.

b. Women should not be trusting and yielding.

120. a. I see myself as others see me.

b. I do not see myself as others see me.

121. a. It is a good idea to think about your greatest potential.

b. A person who thinks about his greatest potential gets conceited.

122. a. Men should be assertive and affirming.

b. Men should not be assertive and affirming.

123. a. I am able to risk being myself.

b. I am not able to risk being myself.

124. a. I feel the need to be doing something significant all of the time.

b. I do not feel the need to be doing something significant all of the time.

125. a. I suffer from memories.

b. I do not suffer from memories.

126. a. Men and women must be both yielding and assertive.

b. Men and women must not be both yielding and assertive.

127. a. I like to participate actively in intense discussions.

b. I do not like to participate actively in intense discussions.

128. a. I am self-sufficient.

b. I am not self-sufficient.

129. a. I like to withdraw from others for extended periods of time.

b. I do not like to withdraw from others for extended periods of time.

130. a. I always play fair.

b. Sometimes I cheat a little.

131. a. Sometimes I feel so angry I want to destroy or hurt others.

b. I never feel so angry that I want to destroy or hurt others.

132. a. I feel certain and secure in my relationships with others.

b. I feel uncertain and insecure in my relationships with others.

133. a. I like to withdraw temporarily from others.

b. I do not like to withdraw temporarily from others.

134. a. I can accept my mistakes.

b. I cannot accept my mistakes.

135. a. I find some people who are stupid and uninteresting.

b. I never find any people who are stupid and uninteresting.

136. a. I regret my past.

b. I do not regret my past.

137. a. Being myself is helpful to others.

b. Just being myself is not helpful to others.

138. a. I have had moments of intense happiness when I felt like I was experiencing a kind of ecstasy or bliss.

b. I have not had moments of intense happiness when I felt like I was experiencing a kind of bliss.

GO ON TO THE NEXT PAGE

139. a. People have an instinct for evil.

b. People do not have an instinct for evil.

140. a. For me, the future usually seems hopeful.

b. For me, the future often seems hopeless.

141. a. People are both good and evil.

b. People are not both good and evil.

142. a. My past is a stepping stone for the future.

b. My past is a handicap to my future.

143. a. "Killing time" is a problem for me.

b. "Killing time" is not a problem for me.

144. a. For me, past, present and future is in meaningful continuity.

b. For me, the present is an island, unrelated to the past and future.

145. a. My hope for the future depends on having friends.

b. My hope for the future does not depend on having friends.

146. a. I can like people without having to approve of them.

b. I cannot like people unless I also approve of them.

147. a. People are basically good.

b. People are not basically good.

148. a. Honesty is always the best policy.

b. There are times when honesty is not the best policy.

149. a. I can feel comfortable with less than a perfect performance.

b. I feel uncomfortable with anything less than a perfect performance.

150. a. I can overcome any obstacles as long as I believe in myself.

b. I cannot overcome every obstacle even if I believe in myself.

EXAMPLE OF ENLARGED PRINT FOR

THE PERSONAL ORIENTATION INVENTORY (POI)

1. A. I AM BOUND BY THE PRINCIPLE OF FAIRNESS.

   B. I AM NOT ABSOLUTELY BOUND BY THE PRINCIPLE OF FAIRNESS.

2. A. WHEN A FRIEND DOES ME A FAVOR, I FEEL THAT I MUST RETURN IT.

   B. WHEN A FRIEND DOES ME A FAVOR, I DO NOT FEEL THAT I MUST RETURN IT.

3. A. I FEEL I MUST ALWAYS TELL THE TRUTH.

   B. I DO NOT ALWAYS TELL THE TRUTH.

4. A. NO MATTER HOW HARD I TRY, MY FEELINGS ARE OFTEN HURT.

   B. IF I MANAGE THE SITUATION RIGHT, I CAN AVOID BEING HURT.

PERSONAL ORIENTATION INVENTORY

This answer sheet is for recording your answers to the Personal Orientation Inventory. Read each statement in the booklet and decide which of the two paired statements most consistently applies to you. Blacken in the corresponding space A or B on this sheet using a number 2 pencil. If you wish to change your answer, erase your first mark completely. Make no stray marks on the sheet. SEE SAMPLE (00).

NAME _____ OCCUPATION _____

DATE _____ AGE _____ SEX _____ (M or F) MARITAL STATUS _____

SAMPLE (00) A ● B

1 A B	2 A B	3 A B	4 A B	5 A B	6 A B	7 A B	8 A B		S
9 A B	10 A B	11 A B	12 A B	13 A B	14 A B	15 A B	16 A B		Sp
17 A B	18 A B	19 A B	20 A B	21 A B	22 A B	23 A B	24 A B		
25 A B	26 A B	27 A B	28 A B	29 A B	30 A B	31 A B	32 A B		Sa
33 A B	34 A B	35 A B	36 A B	37 A B	38 A B	39 A B	40 A B		
41 A B	42 A B	43 A B	44 A B	45 A B	46 A B	47 A B	48 A B		Nc
49 A B	50 A B	51 A B	52 A B	53 A B	54 A B	55 A B	56 A B		
57 A B	58 A B	59 A B	60 A B	61 A B	62 A B	63 A B	64 A B		Sy
65 A B	66 A B	67 A B	68 A B	69 A B	70 A B	71 A B	72 A B		
73 A B	74 A B	75 A B	76 A B	77 A B	78 A B	79 A B	80 A B		A
81 A B	82 A B	83 A B	84 A B	85 A B	86 A B	87 A B	88 A B		
89 A B	90 A B	91 A B	92 A B	93 A B	94 A B	95 A B	96 A B		C
97 A B	98 A B	99 A B	100 A B	101 A B	102 A B	103 A B	104 A B		
105 A B	106 A B	107 A B	108 A B	109 A B	110 A B	111 A B	112 A B		T
113 A B	114 A B	115 A B	116 A B	117 A B	118 A B	119 A B	120 A B		I
121 A B	122 A B	123 A B	124 A B	125 A B	126 A B	127 A B	128 A B		
129 A B	130 A B	131 A B	132 A B	133 A B	134 A B	135 A B	136 A B		O
137 A B	138 A B	139 A B	140 A B	141 A B	142 A B	143 A B	144 A B		
145 A B	146 A B	147 A B	148 A B	149 A B	150 A B				

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POI 021

PRINT YOUR NAME IN THE BOXES PROVIDED. THEN BLACKEN THE LETTER BOX BELOW WHICH MATCHES EACH LETTER OF YOUR NAME.

YOUR LAST NAME | YOUR FIRST NAME | MI

SEMESTER

FALL

SPRING

MARITAL STATUS

MARRIED

SINGLE

OTHER

SEX

MALE

FEMALE

TEST DATE (MO | DAY | YEAR)

AGE

BIRTH DATE (MO | YEAR)

IDENTIFICATION NUMBER

INTERVIEWER QUESTIONNAIRE

1. Rank this individual in overall emotional stability.

   Very stable 1
   Stable. 2
   Somewhat stable 3
   Not stable. 4
   Extremely unstable. 5

2. Rank this individual in terms of his/her adjustment to loss of spouse.

   Very well adjusted. 1
   Adjusted. 2
   Somewhat adjusted 3
   Poorly adjusted 4
   Very poorly adjusted. 5

3. If you felt this person was adjusted to loss of spouse but not stable, which of the following do you feel was the primary reason?

   Financial problems. 1
   Family and/or friend problems 2
   Physical problems 3
   Psychological problems. 4
   Other (_____). 5

4. Rank this individual's relationship with his/her spouse before death.

   Extremely close and warm. 1
   Close and warm. 2
   Somewhat close and warm 3
   Not close and warm. 4
   Openly hostile. 5

5. Rank this individual's overall satisfaction with the funeral arrangements.

   Extremely satisfied 1
   Satisfied 2
   Somewhat satisfied. 3
   Not satisfied 4
   Extremely not satisfied 5

6. If this individual was not satisfied with his/her spouse's funeral, why not?

Family or friends made the arrangements 1
Spouse pre-arranged funeral arrangements. 2
Other reason (_____). 3

7. Rank this individual in his/her overall honesty in answering the questionnaires.

Very honest 1
Honest. 2
Somewhat honest 3
Not honest. 4
Very dishonest. 5

If you felt this individual was not honest, please comment on which part of the questionnaire you feel may not be valid.

Other comments or feelings?

CONSENT FORM

Project Title: "A Survey Study of the Effect of Bereavement on Adjustment in the Aged Population."

I, _____ (volunteer), state that I am sixty years or older and that I wish to participate in a program of research being conducted by _____ (Staff Member) who has fully explained to me the procedures, risks, benefits and alternatives involved and the need for the research; has informed me that I may withdraw from participation at any time without prejudice; has offered to answer any inquiries which I may make concerning the procedures to be followed; and has informed me that I will be given a copy of this consent form. I freely and voluntarily consent to my participation in the research project. I have also been informed that the results of the study will be published in dissertations at Loyola University, and that I may receive copies of my P.O.I. test scores along with a summary of the project's results.

_____ (Signature of Staff Member)

_____ (Signature of Volunteer)

_____ Date

_____ Signature of Witness to oral explanation and signature of volunteer.

APPENDIX C

Analysis of Variance for the Self-Actualization Value (SAV) Subscale Between Males and Females

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Squares	F	Significance
Between Groups	0.061	1	0.061	0.006	0.9389
Within Groups	307.814	30	10.260		

Analysis of Variance for Inner-Other Directed (I) Subscale Between Males and Females

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Squares	F	Significance
Between Groups	1.702	1	1.702	0.020	0.8893
Within Groups	2593.798	30	86.460		

T-Test for the POI Subscales
Between Males and Females

Variable		Number of Cases	Mean	Standard Deviation	Standard Error	F Value	2-Tail Prob
TC	Males	13	12.4615	3.205	0.889	2.86	0.043
	Females	19	15.4211	1.895	0.435		
I	Males	13	73.8562	8.830	2.449	1.18	0.784
	Females	19	74.3158	9.598	2.202		
SAV	Males	13	18.6154	3.477	0.964	1.34	0.561
	Females	19	18.5263	3.007	0.690		
EX	Males	13	14.3077	3.146	0.873	1.63	0.391
	Females	19	15.6316	4.017	0.922		
FR	Males	13	13.2308	2.833	0.786	1.86	0.228
	Females	19	13.8947	2.079	0.477		
S	Males	13	10.9231	2.060	0.571	1.26	0.637
	Females	19	10.8421	1.834	0.421		
SR	Males	13	12.1538	1.725	0.478	1.30	0.652
	Females	19	12.7368	1.968	0.451		
SA	Males	13	14.3077	2.840	0.788	1.99	0.228
	Females	19	14.3684	4.003	0.918		
NC	Males	13	10.8462	1.725	0.478	2.47	0.115
	Females	19	11.0000	2.708	0.621		
SY	Males	13	5.9231	1.320	0.366	1.43	0.532
	Females	19	6.0526	1.580	0.363		
A	Males	13	12.9231	3.148	0.873	1.22	0.678
	Females	19	12.7368	2.845	0.653		
C	Males	13	15.0000	3.464	0.961	1.43	0.474
	Females	19	13.8421	2.892	0.663		
TI	Males	13	9.5385	2.470	0.685	1.65	0.329
	Females	19	7.4737	1.926	0.442		
O	Males	13	48.0000	6.782	1.881	2.06	0.204
	Females	19	50.4211	9.737	2.234		

ANOVA for Demographic Variables

Analysis of Variance for Time Competence
Between Age Group Levels

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Squares	F	Significance
Between Groups	29.927	5	5.985	0.690	0.6355
Within Groups	225.542	26	8.675		

Analysis of Variance for Time Competence
Between Different Income Levels

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Squares	F	Significance
Between Groups	20.869	5	4.174	0.463	0.8004
Within Groups	234.600	26	9.023		

Analysis of Variance for Time Competence
Between Different Religions

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Squares	F	Significance
Between Groups	24.223	4	6.056	0.707	0.5941
Within Groups	231.246	27	8.565		

ANOVA for Time Competence Based on Different Physiological and Psychological Variables

Analysis of Variance for Time Competence Between Depression Levels

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Squares	F	Significance
Between Groups	21.528	4	5.382	0.621	0.6513
Within Groups	233.940	27	8.664		

Analysis of Variance for Time Competence Between Sleep Pattern Groups

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Squares	F	Significance
Between Groups	18.205	1	18.205	2.302	0.1397
Within Groups	237.264	30	7.909		

Analysis of Variance for Time Competence Based on Appetite Levels

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Squares	F	Significance
Between Groups	9.502	2	4.751	0.560	0.5772
Within Groups	245.967	29	8.482		

Analysis of Variance for Time Competence Based on Amount of Crying

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Squares	F	Significance
Between Groups	20.954	4	5.239	0.603	0.6637
Within Groups	234.514	27	8.686		

ANOVA for Inner-Other Directed Subscale
Based on the Physiological and Psychological Variables

Analysis of Variance for Inner Directed
Between Depression Levels

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Squares	F	Significance
Between Groups	377.560	4	94.390	1.149	0.3550
Within Groups	2217.940	27	82.146		

Analysis of Variance for Inner Directed
Based on Sleep Patterns

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Squares	F	Significance
Between Groups	297.827	1	297.827	3.889	0.0579
Within Groups	2297.673	30	76.589 76.589		

Analysis of Variance for Inner Directed
Based on Appetite

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Square	F	Significance
Between Groups	44.117	2	22.058	0.251	0.7799
Within Groups	2551.383	29	87.979		

Analysis of Variance for Inner Directed
Based on Amount of Crying

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Square	F	Significance
Between Groups	344.700	4	86.175	1.034	0.4080
Within Groups	2250.800	27	83.363		

ANOVA for Self-Actualization Value Based on Different Physiological and Psychological Variables

Analysis of Variance for Self-Actualization Value Between Depression Levels

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Squares	F	Significance
Between Groups	49.268	4	12.317	1.286	0.3001
Within Groups	258.607	27	9.578		

Analysis of Variance for Self-Actualization Value Between Sleep Pattern Groups

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Squares	F	Significance
Between Groups	4.602	1	4.602	0.455	0.505
Within Groups	303.273	30	10.109		

Analysis of Variance for Self-Actualization Value Based on Appetite Levels

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Squares	F	Significance
Between Groups	19.342	2	9.671	0.972	0.3903
Within Groups	288.533	29	9.949		

Analysis of Variance for Self-Actualization Value Based on Amount of Crying

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Squares	F	Significance
Between Groups	36.699	4	9.175	0.913	0.4703
Within Groups	271.176	27	10.044		

ANOVA for Time Competence
Based on Self-Perceived General Health

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Squares	F	Significance
Between Groups	8.737	2	4.368	0.513	0.6038
Within Groups	246.732	29	8.508		

APPENDIX D

ANOVA for Time Competence Based on
Different Funeral and Bereavement Variables

Analysis of Variance for Time Competence
Between Different Lengths of Marriage

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Squares	F	Significance
Between Groups	42.677	6	7.113	0.836	0.5540
Within Groups	212.792	25	8.512		

Analysis of Variance for Time Competence
Based on Body Viewed or Body Not Viewed

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Squares	F	Significance
Between Groups	10.200	1	10.200	1.248	0.2729
Within Groups	245.269	30	8.176		

Analysis of Variance for Time Competence
Based on Anticipatory Grief

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Squares	F	Significance
Between Groups	28.927	2	14.464	1.852	0.1751
Within Groups	226.542	29	7.812		

Analysis of Variance for Time Competence
Based on Belief in an Afterlife

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Squares	F	Significance
Between Groups	9.435	2	4.718	0.556	0.5794
Within Groups	246.033	29	8.484		

APPROVAL SHEET

The dissertation submitted by Marilyn Johnson-Arbor has been read and approved by the following committee:

Dr. Gloria J. Lewis, Director
Associate Professor and Chairperson, Guidance and Counseling, Loyola

Dr. Manuel S. Silverman
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The final copies have been examined by the director of the dissertation and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the dissertation is now given final approval by the Committee with reference to content and form.

The dissertation is therefore accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy.

12-4-80
Date

Gloria J. Lewis
Director's Signature