A STUDY OF PERSONAL RESOLUTION
FOLLOWING BEREAVEMENT-RELATED
LOSS AND GRIEF

by

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A DISSERTATION

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ABSTRACT

The importance of the achievement of personal resolution following bereavement-related loss and grief is well documented in the professional bereavement literature. Personal resolution refers to the achievement of an improved state of adjustment following a death that is acceptable for each bereaved person. The variables of interest in this study were participation in individual counseling, participation in grief-support groups, perceived helpfulness of social support, and overall level of hope. This research also addressed whether personal resolution following bereavement-related loss and grief differed based on race and differed based on the relationship to the deceased.

Data were collected from individuals who were bereaved between six and 18 months (n = 114). The results of this study did not fully support individual counseling as significant to personal resolution following bereavement-related loss and grief. Nevertheless, this study added support for participation in grief support groups and revealed a high correlation between perceived level of social support and personal grief-resolution. Further, this study provided support for the bereft’s overall level of hope as significant to personal resolution of bereavement-related grief. Lastly, this study showed personal resolution following bereavement-related loss and grief does not differ based on racial/ethnic background or relationship to the deceased.
DEDICATION

This research dissertation is dedicated to my children Tiffany, CJ, and Lea. I hope the three of you look at me and know that you too can accomplish your dreams. It is my heart’s desire that you will pursue life, embrace life, and take some risks to create the life you want to live.

This research is also dedicated to the memories of my father, Rev. Calvin Chambers; my brother, Calvin Chambers Jr.; and my precious little grandbaby, Ja’Colby Keon Vaughans. Everything I am and everything I will be I owe to God and my beloved daddy. Calvin Jr. was a wonderful big brother, poet, songwriter, and the family’s mechanic. He was a great source of fun in our family. Jacolby, through his eight months battle with cancer, taught me to be brave, to be strong, to continue to smile regardless, and to make the most of my life.
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CHAPTER I:

INTRODUCTION

Loss. Great, sudden, inexplicable, unfair loss. It’s everywhere and unavoidable… And so much worse, loved-ones – sons, daughters, moms, dads, friends, and family—are yanked away without ceremony or a chance to say goodbye… What’s left after loss? How long does loss last? (Anonymous, 2013)

Loss-related grief during bereavement is considered a universal and normal phenomenon (Altmaier, 2011; Granek, 2010; Neimeyer, 2006, 2012; Worden, 2009); yet, the pain of separation from those who are loved can be difficult to endure. According to Park and Halifax (2011), “the resolution of grief is important” (p. 356) and the ramifications of unresolved grief can be multi-faceted and experienced far into the future. The importance of personal resolution of grief, as well as predicting personal-resolution of loss-related grief, is not a new quest for bereavement researchers. Parkes (1985) previously acknowledged the need to identify appropriate measures that will contribute to personal resolution of bereavement-related grief and that have been shown to decrease grief-related future problems. This study sought to add to the dearth of existing quantitative bereavement literature by examining personal resolution of grief following the death of loved-ones. Personal resolution is the individualized recovery from the effects of loss resulting from a major life event such as death (Burnett, Middleton, Raphael, & Martinek, 1997).

There is a reciprocity process between love and loss-related grief represented systemically throughout the bereavement literature (Parkes, 2006, 2011; Neimeyer, 2006, 2012; Worden, 2009). Though losses incur through death and non-death related occurrences; the loss most thought of by society is the loss that occurs through the death of people we love
In the Centers for Disease Control and Prevention’s National Vital Statistics Report (NVSR; Centers for Disease Control [CDC], 2012), it was indicated the number of deaths in the United States for 2010 and 2011 was more than two and a half million. That is, millions of deaths that translate into billions, perhaps trillions, of bereaved people from varying cultures and demographics who on some level are experiencing death-related loss and grief at any given time. Maya Angelou (1994), author and poet, stated, “What is true anywhere is true everywhere” (p. 11). In other words, all people grieve in some way. Furthermore, Worden (2009) put forth that evidence suggests that all humans experience grief related to loss in varying degrees, including every society and culture in every part of the world.

Though a person may experience a period of bereavement at any given time, most bereft people advance through bereavement without any residual problems (Bonnano, Wortman, & Nesse, 2004; Cutcliffe, 2004; Parkes, 2011). However, despite the normal conception of the bereavement experience in the professional literature, many persons seek assistance to manage the associated grief reactions that can have physical, emotional, cognitive, behavioral, sexual, and spiritual components, varying in length and disruptiveness (Dent, 2005; Neimeyer, 2006; Silverberg, 2007; Worden, 2009). Whether the experience of grief following bereavement is met with resilience, is uncomplicated, or is complicated; time spent grieving is a reality in people’s lives. Angelou (1994) offered the perspective that life is a gift and time passed cannot be recaptured. In other words, life spent engaged in distressful loss-related grief is time living potentially devoid of the possible richness and fullness offered in the brevity of life (Brooke, 2001; Granek, 2010; Rando, 1991). In support of the widely held view endorsing timely personal resolution of grief (Granek, 2010), evidence in the bereavement literature has suggested and bereavement-researchers have suggested that there is a gap in quantitative, bereavement
research literature (Bonanno & Kaltman, 1999; Currier, Neimeyer, & Berman, 2008; Jordan & Neimeyer, 2003; Parkes, 2011). Similarly, Cutcliffe (1998, 2004), a qualitative researcher of hope during bereavement, encouraged quantitative researchers to conduct studies addressing hope and personal resolution in the bereft client.

A quantitative research study of personal resolution of grief can provide a scientific knowledge base for professionals and lay-helpers involved in helping the bereaved, who seek assistance with issues during bereavement, from which to practice. Furthermore, a study of personal resolution of grief can contribute to the achievement of more timely personal resolution of grief following the death of loved-ones.

**Problem Statement**

The literature of bereavement research substantiates that bereavement can be detrimental to mental and physical health, as well as overall well being (Bonanno & Kaltman, 2001; Granek, 2010; Neimeyer, 2006; Prigerson et al., 1997). Bonanno and Kaltman (2001) performed comparisons across bereavement studies and identified elevated depression, cognitive disorientation, and health problems that may last from several months to one to two years. In addition to the many possible negative psychological and medical symptoms resulting from bereavement, death of the bereaved is also a risk (Bonanno & Kaltman, 2001; Prigerson et al., 1997); thus reinforcing the need for research of personal resolution among those who have experienced a loss through death.

Personal resolution in the bereavement literature is referred to as grief outcome variables. Many studies in the area of bereavement describe grief outcome variables (i.e., personal resolution); however, no published studies were found that address the prediction of personal resolution following a loss through death. There is an abundance of evidence in the literature...
that supports an eclectic approach to the achievement of personal resolution of grief during bereavement. Many bereavement authors and researchers concur that interventions that address grief during bereavement must match the problems each individual encounter during bereavement, as well as provide consideration for personal and cultural factors (Neimeyer, 2006; Neimeyer & Sands, 2011; Parkes, 2011; Zech & Arnold, 2011).

There are three purposes of this study: a) to examine whether participation in individual counseling, participation in grief support groups, perceived level of social support, and overall level of hope influences personal resolution among people who have experienced a loss through death; b) to compare personal resolution by race/ethnicity; and c) to compare personal resolution by relationship to deceased.

**Research Questions**

This research sought to answer the following questions:

1. Is there a difference between those participating in individual counseling and those participating in grief support groups, and personal grief resolution;
2. Is there a relationship between perceived helpfulness of social support and perception of personal resolution following loss through death;
3. Is there a relationship between overall level of hope and perception of personal resolution following loss through death;
4. Will personal resolution following loss through death differ based on race/ethnicity (African American, Caucasian, and Hispanic); and
5. Will personal resolution following loss through death differ based on the relationship to deceased (spouse/partner, child, parent, and other)?
Hypotheses

1. There are differences in participation in individual counseling, participation in grief support groups and perceptions of personal grief resolution.
2. There is a relationship between perceived helpfulness of social support received and perception of personal resolution following loss through death.
3. There is a relationship between overall level of hope and perception of personal resolution following loss through death.
4. There is a difference in personal resolution following loss through death based on race/ethnicity (African American, Caucasian, and Hispanic).
5. There is a difference in personal resolution following loss through death based on the relationship to deceased (spouse/partner, child, parent, and other).

Definitions

For the purposes of this study, the following terms are defined.

*Individual counseling* refers to guidance provided by any authorized helper in any official capacity for the purpose of assistance with bereavement issues (Humphrey, 2009; Worden, 2009). Grief counseling and grief therapy are used interchangeably.

*Grief support groups* consist of more than one person assembled together to share grief related experiences for the purposes of mutual support, normalizing, freedom of sharing, and encouragement (Corey & Corey, 2006; Gladding, 2009; Hoy, 2007).

*Social support* includes a wide array of helpful assistance from many sources including family, friends, religious affiliations, community members, media, internet, reading materials, colleagues, and others (Dyregrov & Dyregrov, 2008).
Hope is a positive, highly personalized future tense expectation for improvement in present tense circumstances (Cutcliffe, 2004; Snyder, 2002).

Personal resolution is individualized recovery from the effects of loss resulting from the major life event of death (Burnett et al., 1997).

Race/Ethnicity is descriptions of groups to which individuals belong, identify with, or belong in the eyes of the community.

Loss refers to the absence of a human person due to death (Bowlby, 1980; Humphrey, 2009).

Bereavement is the objective situation of having lost someone significant to death (Granek, 2010; Horwarth, 2011; Stroebe & Schut, 2001).

Uncomplicated (normal) grief is a general term representing many affective states that are consistent with cultural norms including responses that are distressful, agonizing, upsetting, and painful. Also included are stressors well beyond the realm of emotions including cognitive, physical, behavioral, social and spiritual manifestations (Horwarth, 2011; Weiss, 2008; Worden, 2009).

Complicated (prolonged, chronic) grief is a heightened degree of disequilibrium following loss that is pathological or traumatic (Lobb et al., 2010; Granek, 2010; Ogrodniczuk, Piper, Joyce, McCallum, & Rosie, 2002).

Assumption

The participants provided honest and accurate answers.
CHAPTER II:
LITERATURE REVIEW

The Evolution of Grief Theory

The literature addressing the constructs of grief, personal resolution, and hope reflect very distinct and highly individualized concepts; however, all three are interwoven in varying dimensions during bereavement. That is, grief, personal resolution, and hope are all universal to the human experience and relevant following losses through death. Granek (2010) examined the evolution of grief theory in part to illuminate how grief transformed from a normal condition of the human spirit or soul in the early 19th century to current day pathology requiring psychological intervention. A paradigm shift occurred between 17th century conception of grief as a universal normal transitory melancholy (Granek, 2010; Healy, 2012) and early 20th century universal normal conception of grief necessitating grief work to achieve personal resolution following loss through death (Archer, 2008; Freud, 1957; Worden, 2009).

Offering insight, Rando (1991), bereavement specialist, researcher, and author, credited diminished connectedness on family and community levels in today’s society for the difficulties experienced by many bereaved people. For example, in contrast to a century ago, today’s families live in a more mobile society as opposed to the deep, community roots where families cared for their own and death was seen as natural. In the past, religious beliefs, rituals, and ceremonies created strong social and emotional ties that served as support and guidance during grieving the loss of loved-ones through death (Park & Halifax, 2011; Rando, 1991). Many of the foundational principles of living in the past have given way to a modern way of life that
reinforces a state of disconnectedness with subsequent lack of support for difficulties experienced following the deaths of loved-ones. Schuurman (2000) concurred with Rando (1991) in the perspective that current culture has been impactful on grieving. According to Schuurman (2000), “Our culture does not provide many examples for young people to cope in a healthy ways after deaths occur” (p. 170).

The early 20th century marked the beginning of historical and theoretical ideas about grief, as well as systematic efforts to understand normal grief due to the loss of a human loved one through death (Freud, 1957) [original work published in 1917]; Lindemann, 1944). Freud (1957) presented a psychoanalytic rationalization of the bereaved, and Lindemann (1944) presented the first empirical study of the bereaved. Bowlby (1980) also made theoretical contributions to early grief literature with attachment theory and grief. From the mid-20th century onward, grief researchers have given attention to acute symptoms and time trajectory of the grief experience (Bonanno & Kaltman, 2001; Neimeyer, 2006, 2012; Stroebe, Hansson, Schut, & Stroebe, 2008). According to Worden (2009), the bereaved seen in counseling today exhibit behaviors similar to those described by Lindemann (1944) 60 years ago in the early 20th century.

Continuing the historical antecedents’ interest in grief and bereavement yet from a different perspective, a shift in focus began to emerge in the late 20th century changing from symptoms of grieving and changing to concern for providing proper care when addressing the mental and physical vulnerabilities of grieving persons (Stroebe et al., 2008). Stroebe et al. (2008) performed a comprehensive review of theoretical and empirical advances in the field at the turn of the 21st century and isolated three themes consisting of consequences, coping, and care. This trend has led to an abundance of bereavement literature relating to the normal and
complicated consequences of loss due to death (Bonanno & Kaltman, 2001; Granek, 2010; Neimeyer, 2012; Worden, 2009).

**Possible Consequences of Loss Due to Death**

The health and medical consequences, as well as mental psychosocial morbidity, physical morbidity, and mortality, are ever growing concerns for bereavement and medical practitioners, researchers, and others who provide services to the bereaved population (Bonanno & Kaltman, 2001; Buglass, 2010; Kissane et al., 1996; Prigerson et al., 1997; Shear, 2009). For example, Prigerson et al. (1997) studied 150 widows and widowers and found that complicated grieving patients, six months post loss and longer, were at higher risk for a first diagnosis of cancer, heart disease, high blood pressure, suicide ideation, and changes in eating habits within 13 - 25 months of their loss. Additionally, Mostofsky et al. (2012) studied 1,985 heart attack survivors including 270 individuals who were bereaved due to the death of a significant person within the previous six months. Nineteen suffered a heart attack within one day of the death. The Mostofsky et al. study showed the risk for heart attack following a loss through death is 21 times higher within the first day and six times higher within the first week.

Kissane et al. (1996) offered further support for the possible disparaging effects of unresolved grief by conducting a longitudinal study. These researchers examined psychosocial morbidity in families with a sample of 115 families over a 13-month period (Kissane et al., 1996). Bonanno and Kaltman (2001) conducted an extensive review of a large number of cross-sectional and longitudinal bereavement studies and concluded there is an increased risk of mortality among the bereaved population, especially in the early months following the loss. The findings of the Bonanno and Kaltman study were consistent with the findings of Kissane et al. (1996) affirming the association between bereavement and post-loss health and medical
psychosocial morbidity as well as increased mortality.

The literature distinguished bereavement and grief, though at times the two terms are used interchangeably. Bereavement is the term for the objective situation of the loss of a loved one through death (Horworth, 2011; Stroebe et al., 2008; Stroebe & Schut, 2001). Bereavement, therefore, is a life stressor that brings about grief, an emotion (Stroebe et al., 2008). “Definitions of grief in the bereavement literature uniformly adopt the inclusive view in which grief is a general term embracing many affective states” (Weiss, 2008, p. 30). Loss-related grief is also normalized throughout the bereavement and grief literature (Boelen, Keijer, van den Hout, & van den Bout, 2007; Granek, 2010; Weiss, 2008; Worden, 2009). Weiss (2008) further clarified that it is not important to know the specifics of grief. It is only necessary to know it [the grief] was caused by a loss (Weiss, 2008), such as bereavement.

The picture of normal grief symptomology is unique to each individual person and is based on many fluid variables including individual, cultural, and societal factors; yet commonalities are readily identified in the bereavement literature. For example, included in normal grief symptom manifestations are responses that are distressful, agonizing, upsetting, and painful. The terms uncomplicated grief and normal grief are often used interchangeably in the bereavement literature and encompass a vast range of feelings and behaviors that are common after a loss (Drenth, Herbst, & Strydom, 2010; Humphrey, 2009; Stroebe et al., 2008; Worden, 2009). For example, feelings of sadness, anger, anxiety, loneliness, fatigue, and helplessness are often reported by bereaved clients (Drenth et al., 2010; Humphrey, 2009; Stroebe et al., 2008; Worden, 2009).

Uncomplicated (normal) grief, therefore, is the objective reactions and subjective experiences following bereavement that are consistent with expected cultural norms and with
consideration of variables related to the death, the trajectory of time, and the intensity of symptoms (Horwarth, 2011; Servaty-Seib, 2004; Stroebe et al., 2008). Objective reactions and subjective experiences of uncomplicated grief and its impact following the loss of a loved-one to death, according to bereavement literature and grief research, are extensive (Drenth et al., 2010; Granek, 2010; Humphrey, 2009; Currier, Neimeyer & Berman, 2008; Stroebe et al., 2008; Worden, 2009).

**Descriptive Manifestations Related to Loss Due to Death**

The present body of research offers many descriptive manifestations of grief and personal resolutions related to loss due to death. An example of descriptive grief manifestations is noted by Bonanno and Kaltman (2001). Bonanno and Kaltman performed a review of descriptive studies of the grieving process and identified the following four types of disruptive functioning: cognitive disorganization, dysphoria, health deficits, and disruptions in social and occupational functioning. Buglass (2010), Dunne (2004), and Worden (2009) identified descriptive manifestations of the grieving process such as sadness, loneliness, decreased appetite, increased fatigue, and inability to sleep; all of which were identified by Bonanno and Kaltman in previous works. Parkes (2011) highlighted that the frequency of the occurrence of depression and despair during bereavement is so prevalent that the diagnosis of major depression in the *Diagnostic and Statistical Manual of Mental Health Disorders IV-TR* (DSM-IV-TR; APA, 2000) is disallowed before a period of at least two months has transpired. This two-month grace period can potentially allow time for personal resolution of grief and can allow time to make a distinction between similar symptoms of normal grief and depression. The DSM – 5 has removed the bereavement exclusion for depression permitting its diagnosis weeks following the death (APA, 2013).
Despite the normal conception of the bereavement experience, many persons seek assistance to manage the associated grief reactions that can have physical, emotional, cognitive, behavioral, sexual, and spiritual components, varying in length and disruptiveness (Dent, 2005; Silverberg, 2007; Worden, 2009). Additionally, a small subset (10-15%) of bereaved persons’ experiences are beyond what is considered normal or uncomplicated (Boelen et al., 2007; Lobb et al., 2010; Shear, Boelen, & Neimeyer, 2011; Worden, 2009). This type of grief experience is referred to as prolonged, chronic, or complicated grief (Shear et al., 2011; Worden, 2009). A distinguishing factor of uncomplicated and complicated grief is the degree of disequilibrium in human functioning following the death (Bonnano & Kaltman, 2001; Drenth, 2010; Worden, 2009).

Though many people are experiencing a period of bereavement at any given time, most bereft people advance through bereavement without any residual problems (Bonnano et al., 2004; Cutcliffe, 2004; Parkes, 2011). That is, many people are able to achieve personal resolution of loss-related issues and challenges and resume a meaningful fulfilling life without outside intervention. Personal resolution is individualized recovery from the effects of loss resulting from the major life event of death (Burnett et al., 1997). For some, personal resolution of bereavement issues is achieved by sources outside of personal resilience, such as the predictor variables under scrutiny in this study (i.e. individual counseling, participation in grief support groups, perceived level of social support received, and overall level of hope).

Brooke (2001) and Rando (1991) concurred with Angelou’s (1994) view that there is value in being cognizant of the timeliness of life and the value in achieving personal resolution of losses. That is, the option is available to spend time investing in measures that will produce personal resolution of grief (e.g., the variables of this study) versus spending extended time in
the throes of grief that are counter-productive to personal resolution of the loss. Brooke (2001) underscored that the length of time spent grieving losses can subtract from time spent enjoying living in her book titled *Don’t Let Death Ruin Your Life*. Likewise, Rando (1991) accentuated getting back to living following the death of a loved one in her book titled *How to Go On Living When Someone You Love Dies*, thus lending support for the relevance of personal resolution of grief. This leaning toward timely grieving is also acknowledged by Granek (2010). Granek suggested that the view endorsing timely personal resolution of grief, including a return to being a fully functioning contributing member of society in the most cost efficient manner possible, is widely held.

**The Significance of Grief and Bereavement Research**

The study of grief and bereavement has become a field in its own right. The International Work Group on Death, Dying, and Bereavement (IWG; Jordan, 2013), the Association for Death Education and Counseling (ADEC, 2013), and the International Conference on Grief and Bereavement in Contemporary Society (ICGB)(ADEC, 2013) are examples of professional grief and bereavement organizations. Two independent scholarly journals offered as a benefit to members of ADEC (2010) is titled *Death Studies* and *Omega*. There are also many avenues of consideration and research within the area of grief and bereavement across professional disciplines, theoretical orientations, and inclusive of both qualitative and quantitative studies. The bereavement literature is also robust with examination of various dimensions of grief such as the phenomology and measurement of grief perspective (Prigerson et al., 1995; Stroebe, Stroebe, & Schut, 2003); the grief as trauma perspective (Jacobs, 1999; Cohen, Mannarino, & Deblinger, 2006; Prigerson & Jacob, 2001); the grief and adaptation perspective (Bonanno & Kaltman, 2001; Dutton & Zisook, 2005; Stroebe and Schut, 1999); and the development of interventions
and strategies to address loss and grief issues (Cohen et al., 2006; Currier et al., 2008; Humphrey, 2009; Neimeyer, 2012). Despite the many changes in perspectives and advances in the field of grief and bereavement, the one constant is the desired outcome of personal resolution of grief following loss due to death.

Evidence is present in the bereavement literature that suggests there is a gap in quantitative bereavement research. For example, Parkes (2011) encouraged quantitative bereavement research, as well as, warned of dangers of clinical studies comparing the efficacy of counseling in the area of bereavement have been misleading (Currier et al., 2008; Jordan & Neimeyer, 2003; Parkes, 2011). According to Neimeyer (2012), some random allocation bereavement studies showed subjects who received counseling were no better off than subjects who did not receive counseling and the lack of difference between the two groups was assumed to be that the therapy was ineffective.

Parkes (2011) used the example of counselors’ literal interpretation of Lindemann’s work to demonstrate misleading bereavement research. According to Parkes (2011), Lindemann’s findings that encouraged having clients express grief as the avenue to personal resolution can be misleading and ineffective when the clients express grief but do not address specific problems of their individual grief experience. Neimeyer and Currier (2009) suggested there existed a need for additional research that would establish and extend the efficacy of grief-specific therapies to help complicated grieverers achieve personal resolution of their losses through death.

Similarly, Cutcliffe (1998, 2004), a qualitative researcher of hope during bereavement, encouraged quantitative researchers to conduct studies addressing hope and personal resolution in the bereft client. Cutcliffe (2004) asserted that though both counseling and healthcare literatures are expanding in references to hope, there remain gaps in the substantive knowledge base.
Additionally, Bonanno and Kaltman (1999), bereavement researchers, likewise, suggested avenues for further empirical investigation to include factors believed to inform grief-related health and well being (i.e. personal resolution) during bereavement. Hence, the possibility exists that time spent grieving is counter-productive to joyful living; the bereavement literature lacks and encourages studies that will inform health, wellness, and hope for bereft persons; and the bereavement literature encourages researchers to conduct quantitative studies that will help to fill gaps in the hope and bereavement knowledge-bases; a study of personal resolution among people who have experienced a loss through death, is thus timely.

Perhaps, time and life potentially spent in the throes of complicated or unresolved grief can be shortened when personal resolution of bereavement-related loss and grief is achieved in a timely manner. A quantitative-research of personal resolution of grief will provide a scientific knowledge base for professionals and lay-helpers involved in helping the bereaved, who seek assistance with issues during bereavement, from which to practice. Furthermore, a study of personal resolution of grief can contribute to the achievement of more timely personal resolution of grief following the death of loved-ones.

**Variables to Consider**

**Personal Resolution**

The initiators of grief research, Freud (1957), Lindemann (1944), and Bowlby (1980) shared a belief that through grief work a resolution of grief could be achieved. Grief work refers to the bereaved absorbing and confronting the raw emotions of grief and relinquishing the bond with the deceased loved one (Bowlby, 1980; Freud, 1957; Lindemann, 1944). The grief work hypothesis was not embraced until the late 1990s during which most interventions for the bereaved were compatible with theories that endorsed confrontation strategies and severing ties
with the deceased (Stroebe & Stroebe, 1991). For example, Ramsay’s (1997) *flooding technique* represents a bereavement intervention of *grief work* used in the treatment of the bereaved to achieve personal resolution of grief.

Stroebe and Schut (1999), in response to research that regarded the sole necessity of grief work to achieve personal resolution of grief during bereavement, developed the dual-process model (DPM) of bereavement. Though not completely in support of *grief work* as defined by the initial grief researchers, the theoretical underpinning of the dual process model of coping with bereavement does include the theory of the grief work hypothesis (Humphrey, 2009; Stroebe & Schut, 1999). According to Stroebe and Schut (1999), the DPM addressed the limitations in scientific representation of bereavement phenomena, that is, the lack of empirical testing and lack of universal application. The DPM includes the necessity of confronting the grief of loss, yet adds a component for confronting the realities of dealing with life without the deceased. This model was originally developed to understand coping from the perspective of widowhood but has been determined to be effective for other types of losses as well (Stroebe & Schut, 1999; Stroebe & Schut, 2010).

The basis of the DPM model, for the achievement of personal resolution of grief during bereavement, is an alternating process of investing time, energy, and concentrated focus between some aspect of the loss experience (life before the death) and what remains (life now and in the future). The process, which culminates into the personal resolution of bereavement-related grief, proposed by the DPM is composed of confronting and avoiding the stressors related to loss and restoration (Bennett, Gibbons, McKenzie-Smith, 2010; Drenth et al., 2010; Doughty, Wissel, & Glorfield, 2011; Dunne, 2004; Humphrey, 2009; Stroebe & Schut, 1999).
Loss-oriented, grief-related stressors and behaviors can include focusing on the relationship with the deceased person, rumination about the deceased, and circumstances surrounding the death. Looking at pictures, crying, anger at the deceased or God, and many other emotions and behaviors, with respect to the deceased person, also fall under the category of loss-oriented coping (Stroebe & Schut, 1999). Restoration-oriented grief-related stressors and behaviors include adjustments to changes that are secondary losses consequences, such as adapting family roles including things such as finances, laundry, and cooking; learning new skills such as dealing with arrangements for perpetual issues such as maintenance of home and automobiles; and a change in identity such as from a spouse to a widow (Bennett et al., 2010; Doughty et al., 2011; Drenth et al., 2010; Humphrey, 2009; Stroebe & Schut 1999). Likewise, Bonanno et al. (2004), Dunne (2004), Servaty-Seib (2004), and Carnelley, Wortman, Bolger, and Burke (2006) similarly viewed personal resolution of grief as including some form of acceptance and adaptation.

Though lacking the specificity detailing how the acceptance and adaptation process is accomplished such as offered by Stroebe and Schut in their dual process model (DPM), Bonanno and Kaltman (2001) referenced a return to baseline levels of functioning by the end of the first year as indication that personal resolution of bereavement-related grief has been achieved. Akin to the theme of an acceptance and adaptation process to achieve personal-resolution of bereavement-related grief, Carey (1977) developed a scale, using a qualitative approach, to measure the adjustment of widowed persons after one year describing the outcomes as superior adjustments. Carey (1977) conducted this study in an effort to develop a single self-report measure of adjustment to help physicians and counselors predict which spouses would have the
hardest time during bereavement. The interview was conducted 13 - 16 months after the subjects were widowed and consisted of 78 widows and 41 widowers, ages 28 - 70.

Personal resolution is operationalized in the literature as the achievement of clinically significant improvement on grief outcome variables in areas of grief symptoms, interpersonal distress, social functioning, self-esteem, and quality of life (Joyce, Ogrodniczuk, Piper, & Weidman, 2009). Joyce et al.’s (2009) study showed that nearly half of the 110 bereaved persons in the sample achieved clinically significant personal resolution of grief. Sands and Tennett (2010) operationalized personal resolution as the accomplishment of reengagement in daily life and refocusing on the positive aspects of their relationship with the deceased. Personal resolution is described by Worden (2009) as Task IV of mourning in the task model of bereavement, “To find an enduring connection with the deceased in the midst of embarking on a new life” (p. 50). Worden’s (2009) task model is based on adaptation to loss. That is, a reconciliation process through the accomplishments of specific tasks during bereavement which lead to the achievement of a meaningful and fulfilling life without the physical presence of the deceased (Altimer, 2011; Horwarth, 2011; Worden, 2009).

Neimeyer (2000, 2006, 2009, 2012), having conducted extensive research on the topics of grief and loss, offered a contrasting view to literature that support the amelioration of grief symptoms as the precursor to successfully moving forward in life. Furthermore, Neimeyer (2009) added depth and quality to the personal resolution of grief through the development of the constructivist theory and meaning making. The constructivist theory is undergirded by the human capacity to interpret life using past experiences, present experiences, and expectations for future experiences. Granek (2010), similarly to Neimeyer, linked the capabilities of humans to experience life as a defining feature of the grief experience. Granek (2010) referred to grief as
natural kind and human kind. Natural kind is found in nature and transformed into human kind (Granek, 2010; Hacking, 1995).

The capability to live in a world that can be represented with words in terms of a personal story, with simultaneous consideration of these three realms, according to Neimeyer (2009) and Neimeyer and Sands (2011), is a person’s assumptive world. The assumptive world represents how each person experiences, interprets, and communicates meaning of events in his or her life. When the assumed order and meanings of life events are interrupted by an unwelcome change in a person’s story, such as the sudden death of a loved one, some persons experience dissonance and distressing grief. The search for meaning as it relates to the change in the assumptive-world story during bereavement is a common reaction (Neimeyer, 2009; Neimeyer & Sands, 2011).

Personal resolution of grief and loss, according to the constructivist view, is achieved once the loss can be integrated into the reconstructed story with reestablished order. Thereby, momentum is restored for reengagement in a renewed meaningful assumptive-world life with a revised self-narrative (Neimeyer, 2009; Neimeyer & Sands, 2011).

According to Neimeyer (2000, 2006, 2009, 2012) and Neimeyer and Sands (2011), often there is a search for meaning to unwelcomed changes thrust into our lives such as the death of a loved-one. Meanings include a back story in attempts to review shared history to determine how this happened (Neimeyer & Sands, 2011). Also included in meanings is an event story detailing what happened and an unknown future story in-the-making involving accommodation of the death and defining who the bereaved becomes after personal-resolution of the loss (Neimeyer & Sands, 2011). The absence of searching for meaning is an indicator of a positive bereavement outcome (i.e. personal resolution of the loss; Neimeyer & Sands, 2011).
The hope literature addresses personal resolution differently than the bereavement literature and the constructivist theory perspective. The period of bereavement and the subsequent experience of grief can present challenges and obstacles that must be overcome; thus making hope theory applicable to the personal resolution of grief. Snyder (2002), a hope researcher, put forth that psychological adjustment outcomes are higher when consistent hope is present. Furthermore, Snyder deemed confidence in one’s ability and hopeful thinking are valuable tools for achieving goals when people are dealing with challenges and obstacles encountered, such as those that prohibit personal resolution during bereavement.

The challenges and obstacles encountered during bereavement can present significant barriers to achieving personal resolution for the experience of grief. As a person experiences problems associated to bereavement that appear to be unyielding to current coping strategies, the difference in hope levels can influence whether the person achieves personal resolution of the loss. High-hope persons will devise alternative ways to achieve goals (pathway thinking) and maintain momentum and confidence (agency thinking) toward goal achievements (Snyder, 2002). Conversely, low-hope persons are not as likely to engage in alternative ways to solve problems (pathways thinking) and often succumb to discouragement with resulting negative and discouraging emotions, not confident goal can be achieved (agency thinking). The end result is the low-hope person is less likely to achieve goals for personal resolution of grief. High-hope persons are more likely to achieve goals than low hope persons (Snyder, 2002). Therefore, high-hope persons have a higher chance of achieving personal resolution among people who have experienced a loss through death than those who are low-hope persons.

In conclusion, personal resolution includes increased self-esteem, confidence, control over life, and appreciation of coping abilities (Clark & Goldney, 1995); learning to deal with
problems and a return to normal level of functioning (Bonanno & Kaltman, 2001); acceptance, balance, and flexibility (Servaty & Seib, 2004); reaching a state of acceptance (Carnelley et al., 2006); and “a resigned acceptance of the reality of death” (Neimeyer, 2006, p. 9). Therefore, the underlying theme of personal resolution in the bereavement literature is an improved state of adjustment to the loss that is acceptable for each bereaved person.

**Individual Counseling**

The literature is mixed in regard to support for the benefit of individual counseling for the bereaved population. Some researchers, such as Cutcliffe (2004), maintain that individual counseling is a precursor to accomplishing a completed bereavement reaction. To the contrary, Bonanno et al. (2004) conducted a study that revealed large numbers of bereaved individuals are capable of genuine resilience in the face of loss without any form of counseling. The findings of Bonanno et al. (2004) concurred with those of Stroebe and Stroebe (1991), which, in a study of 60 widowed individuals, did not fully support individual counseling for the bereaved.

Larson and Hoyt (2007) conducted a literature review and meta-analysis to further examine negative claims regarding the efficacy of bereavement counseling. Their results showed no statistical or empirical foundation for claims that dismissed grief counseling as a viable and beneficial means to address bereavement-related grief (Larson & Hoyt, 2007). Likewise, researchers Currier et al. (2008) conducted a meta-analysis summarizing results from all current available ($n = 61$) controlled outcome research on grief therapies. The results, of the most comprehensive summary of the literature that was available, showed of the four overall analyses, bereavement interventions out performed no-intervention control groups (Currier et al., 2008).
Jordan and Neimeyer (2003) summarized the findings of four recent reviews in the bereavement literature that indicated a lack of efficacy for grief counseling. The first summation included perhaps counseling was not needed since only a very small percentage of the bereaved need formal intervention (Jordan & Neimeyer, 2003). Secondly, the timing of grief counseling may be the reason for the inefficacy of results (Jordan & Neimeyer, 2003). For example, most intervention-studies of grief counseling, individual or group, occurred over a period of eight to ten sessions in eight to ten weeks (Jordan & Neimeyer, 2003). Jordan and Neimeyer proposed that perhaps the therapy was inadequate in sessions and time to “produce measurable effects” (p. 774).

Ober, Granello, and Wheaton (2012) stated that the ability of a counselor to help clients adjust to grief is a critical skill that will be in higher-demand in future decades. These researchers surveyed 369 counselors to investigate training, experience, and competency (Ober et al., 2012). The results revealed slightly more than half lacked any formal training to deal with loss, and the remaining 45% had at minimum one course (Ober et al., 2012). Though mixed views of the efficacy of individual counseling for the bereaved population exists in the literature, the Council for the Accreditation of Counseling and Related Educational Programs (CACREP) is silent on this issue, and it does not mandate specific training for counseling programs in the area of grief and loss (Doughty et al., 2011).

“Whatever one’s philosophy of grief counseling and whatever the setting, there are certain principles and procedures that help make grief counseling effective” (Worden, 2009, p. 89). Some interventions help clients actualize the loss using counseling skills such as active listening, demonstrating empathy, asking open ended questions surrounding the loss events, and consistent with cultural beliefs. Interventions also help clients identify and experience feelings
such as feelings of negativity, anger, guilt, anxiety, and helplessness. These are achieved employing counseling skills such as of exploration of thoughts and feelings about the loss, and validating and normalizing. Problem solving skills can facilitate the griever’s efforts to live without the deceased. The counselor can strategize with the griever to come up with ways to deal with meaningful events and holidays consistent with and respectful of client’s cultural and other beliefs. Individualizing therapy, as grieving is highly individualized, and being cognizant of time since loss and timeliness of interventions are also very important when counseling the bereaved (Neimeyer, 2000; Worden, 2009). Additionally, examining defenses and coping styles and assisting clients to evaluate their effectiveness and exploration of other possible avenues for managing the stressors of grief (Worden, 2009). Lastly, identify pathology and refer is also very important (Worden, 2009).

Grief counseling should be based on a solid theoretical-foundation; however, there are techniques that have been determined to be effective and particularly useful in grief counseling (Humphrey 2009; Worden, 2009). Using words that evoke feelings such as died versus lost and speaking in past tense when referencing the deceased helps with symptoms of yearning and helps to reinforce the permanency and reality of the death. The use of symbols in therapy such as photographs and letters, belongings of the deceased person, and home movies can create a sense of immediacy of the deceased and focus the session (Humphrey, 2009; Worden, 2009). Additionally, letter writing, drawings, role-playing, cognitive restructuring, memory books, directed imagery, homework assignments, and metaphors are tools for use in grief counseling (Humphrey, 2009; Worden, 2009). Grief rituals can also be very therapeutic (Stroebe et al., 2008).
The bereavement and grief research and literature support the following four models as the most widely used bereavement models by counselors and professionals who practice counseling in the area of bereavement: 1) the dual process model; 2) task-oriented models; 3) phases models; and 4) stages models (Doughty et al., 2011; Drenth et al., 2010; Humphrey, 2009; Neimeyer & Currier, 2009; Maciejewski, Zhang, Block, & Prigerson, 2007). Drenth et al. (2010) research study’s aim of giving a condensed literature review on the most significant bereavement models/approaches listed the preceding models as “most important” (p. 2). Stroebe et al. (2008) also listed the preceding four models of bereavement in their book, *Handbook of Bereavement Research and Practice: Advances in Theory and Intervention*, which includes the examination and application of bereavement research in the 21st century, reflective of “up-to-date and state-of-the-art” information (p. 3).

Humphrey (2009) provided support for inclusion of the dual process model as one of the most widely used grief models declaring it is “highly recommended to counseling professionals” (p. 37). Neimeyer and Currier (2009) conducted a recent comprehensive analysis of over 60 controlled studies and identified the dual process model as being associated with more effective bereavement interventions. “The stage theory of grief remains a widely accepted model of bereavement adjustment still taught in medical schools, espoused by physicians, and applied in diverse contexts” (Maciejewski et al., 2007, p. 716). Currently, the Council for Accreditation and Related Educational Programs (CACREP) does not require specific training in the area of grief and loss and many practicing counselors continue to utilize stage models in grief counseling such as Kubler-Ross’s 1969 five stages of grief (Doughty et al., 2011). In summary, regardless of the theoretical-approach to therapy, individual counseling is among the choices the bereaved can make to work towards achieving personal resolution of loss-related grief.
Grief Support Groups

Support groups were officially recognized in the counseling profession as a viable means to help people cope with problems in life in 1905 (Gladding, 2009). According to Corey and Corey (2006), Markus and King (2003), and Piper and Ogrodnicuk (2004), group psychotherapy and individual therapy produce parallel positive outcomes for a variety of psychological problems (e.g., psychological problems related to complicated grief). Corey and Corey further deemed that many referrals for counseling and psychotherapy are grief related.

A grief support group is where people who are bereaved meet to garner and lend support to fellow grievers. Thus, grief support groups are settings where the receipt of psychological support is available as a viable contribution to personal resolution of grief due to the loss of loved-ones. Grief support groups come in many forms and sizes. Some are for specific types of losses, such as parents or widows, and others are open to anyone regardless of type of loss. Wolfelt (2003) described grief supports groups as “invaluable” (p. 98) in terms of the contribution to personal resolution of bereavement-related grief. Wolfelt further delineated that support groups led by skilled leaders generally exceeded the expectations of benefit for many people.

Grief support groups are a safe place for emotional expression where one finds understanding as well as feel understood. Participation in grief support groups also addresses social isolation (Hoy, 2007; Humphrey, 2009; Worden, 2009), a common issue during bereavement. That is, they provide a sense of belonging and provide a venue to make new connections and build new relationships. A further function of grief support groups is provision of a place to remember (Hoy, 2007). Quite to the contrary of what one may think, a lot of sharing happy memories, stories, and photographs in grief support groups occur in grief support
groups (Worden, 2009). A grief support group is a place where those who have lost a loved-one are presented with options that lead to choices, control, empowerment, and personal resolution of grief.

In addition to psychological support, there are many advantages to grief support group participation that prove valuable to personal resolution of grief. One advantage is grief support group participation validates normal grief (Hoy, 2007; Rando, 1991; Worden, 2009). Many persons who are grieving report feelings of going crazy (Hoy, 2007; Humphrey, 2009; Worden, 2009). Another advantage of grief support group participation is that it allows for the telling and retelling of personal stories that override social expectations and covert messages that others are tired of hearing it (Hoy, 2007; Neimeyer, 2009). A vital advantage and purpose of grief support group participation is the opportunity to problem solve (Hoy, 2007; Worden, 2009). For example, sharing difficulties of living in a changed world after the death of a loved one opens discussion to think through and share possible solutions to common problems such as writing lists to deal with the very common issue of lack of concentration.

The professional bereavement literature suggested that grief support groups should provide education, provide emotional support, and provide and encourage social interaction (Corey & Corey, 2006; Hoy, 2007; Humphrey, 2009). Corey and Corey (2006) stated, “The group can serve as a catalyst for meeting the members’ emotional needs, for dispelling myths and misconceptions of loss responses, and for enhancing the ability to develop new relationships outside the group” (p. 428). Various types of groups include tasks groups, psycho-educational groups, counseling groups, psychotherapy groups, and brief groups (Corey & Corey, 2006; Gladding, 2009). Community Grief Support Services (CGSS; 2013) offers curriculum-based
grief support groups that are ten weeks in duration. The grief support group sessions are offered during the Spring, Summer, and Fall seasons (CGSS, 2013).

Grief support groups are very diverse in many ways, yet participants all share a common problem such as the loss of a loved-one through death. That is, diversity in demographics, size, duration, and frequency of meetings reflect variables common to grief support groups (Hoy, 2007; Jacobs, Masson, & Harvill, 2002; Gladding, 2009). Additional variables of grief support groups are the focus on specific kinds of losses based on the relationship to the deceased or the cause of death. For example, grieving parents support group is open only to members who have lost children such as Compassionate Friends (2013). Another example of a specific type of grief support group is GRASP (2013), the acronym for *Grief Recovery After a Substance Passing*.

There are also agencies that offer a variety of grief support groups that address many types of losses. For example, Community Grief Support Services (CGSS, 2013) offers grief support groups for the following types of losses: a) loss of an adult child, b) loss of parent, grandparent, or sibling, c) loss of spouse (retired), d) loss of spouse (working age), and e) general loss. In contrast to support group attendance, many bereaved are participating in internet grief support groups (Pector, 2012). However, Pector suggested that online grief support is used to supplement professional support. According to Pector, “Limits of [online] groups include misinterpretation, anger, fraud, and difficulty managing crises” (p. 19).

There is considerable agreement in the literature regarding the main purpose and goal of support-groups is sharing (Corey & Corey, 2006; Hoy, 2009; Jacobs et al., 2002). Sharing stories of loss and subsequent experiences within the grief support group environment provides perspective and an opportunity to determine what is really lost. Sharing is instrumental in
relation to therapeutic factors of the grief experience that can lead to personal resolution following the loss (e.g. catharsis; Worden, 2009) and telling of their story (Neimeyer, 2006).

Neimeyer’s meaning reconstruction framework is useful in the grief support group context adding a deeper dimension to sharing. According to Neimeyer (2009), the constructivist approach embedded in the grief support group environment helps clients make sense of the loss and their changed lives. This trend to provide different options to use in grief support groups in order to achieve personal resolution to grief following the death of a loved-one is evidenced in the numerous variations of techniques for grief therapy in Neimeyer’s (2012) book, *Techniques of Grief Therapy: Creative Practices for Counseling the Bereaved*. An example of a technique infused into the grief support group setting is Holtslander’s (2012) *Finding Balance Writing Intervention*. The finding balance writing intervention is a self-administered tool that is “… suitable in a support group setting” (Holtslander, 2012, p. 120). This intervention was developed based on a grounded theory study of the experience of bereaved caregivers conducted by Holtslander, Bally, & Steeves (2011).

The bereavement literature consistently reflected positively on grief support groups as a vehicle toward personal resolution of grief (Corey & Corey, 2006; Hoy, 2007; Wolfelt, 2003). To the contrary, a minority number of researchers were of the opinion that grief support group participation may hinder personal resolution of grief represent the minority (Hoy, 2007). Hoy (2007) attributed this negative view as a judgmental perspective on the premise that constantly being reminded of one’s loss can be counterproductive. Hoy also pointed out that there is no research to support the counterproductive claim based on lack of knowledge regarding how individuals would have coped if they had not participated in a grief support group. Though grief
support groups are beneficial, it is noteworthy that grief support groups are not for everyone (Corey, 2000; Jacobs et al., 2002).

Wolfelt (2003) described grief support groups as one of the best helping resources for many bereaved people. Wolfelt further referenced grief support groups as an integral part of the griever’s support system that aid in healing of grief (i.e., the achievement of personal resolution of grief due to loss following death). Joyce et al. (2009) investigated outcomes over a six-month follow-up period after a 12-week short-term grief support group therapy of 110 participants with complicated grief. Nearly half of the patients achieved clinically significant improvement on grief outcome variables by the end of therapy and maintained this improvement at the time of follow-up (Joyce et al., 2009). Holmberg (2007), a researcher and bereaved parent, conducted a case study detailing her bereavement symptoms and analyzing the lay and professional support she received.

Joyce et al. (2009), like Holmberg (2007), concluded that grief support groups are beneficial and are a viable resource toward personal resolution of grief. Clark and Goldney (1995) obtained similar findings in a study of grief recovery over a two-year period in a support group for people bereaved by suicide with a sample of 97 individuals. The findings suggested that hope is a central tenet provided between group members, and that participation in the grief support group aided personal resolution of grief (Clark & Goldney, 1995).

In addition to endorsing grief support groups for uncomplicated or normal grief, research also supported grief support group therapy for complicated grief. In a study of short-term group therapy for complicated grief, Piper, Ogrodniczuk, Joyce, and Weideman (2009) investigated four types of outcomes over a six-month follow-up period for 84 psychiatric outpatients. The
results showed clinically significant improvement in three quarters of the patients at the six-month follow-up (Piper et al., 2009).

The bereavement literature also widely endorses grief support groups for children and adolescents (Doka, 2000; Schuurman, 2000; Worden, 2006). The Dougy Center held the first peer support group in 1983 for children and teens impacted by death and has since served over 12,000 (Schuurman, 2000). Schuurman (2000) offered five ways groups help grieving children and teens, and ten practical considerations for starting and running successful groups for grieving children and teens. Today there are many children’s hospitals and affiliated children counseling centers that offer support groups for children and teens. For example, the Amelia Center located in Birmingham, Alabama (Children’s of Alabama, 2013). The plethora of support for grief support groups present in the bereavement literature lends support for the inclusion of grief support groups as a variable of interest for personal resolution of grief in this study.

Social Support

The bereavement literature consistently appraises the role of social support as a positive element during bereavement (Dyregrov and Dyregrov, 2008; Norris & Murrell, 1990; Ogrodniczuk et al., 2002). According to Norris & Murrell (1990), Bodnar and Kiecolt-Glaser (1994), and Goldsmith, Morrison, Vanderwerker, and Prigerson (2008), social support has a significantly positive effect on the degree of depressive and somatic symptoms experienced by some bereaved persons. To the contrary, the lack of social support can have negative effects during bereavement. Shear et al. (2011), in a book chapter dedicated to the treatment of complicated grief, identified the lack of social support as a precursor to the development of complicated or prolonged grief. In addition to the presence or absence of social support and their roles in achieving personal resolution of grief, the size of social networks, according to Wrzus,
Hanel, Wagner, and Neyer (2013), was also deemed as important during bereavement. Social networks were viewed as an indicator of “social resources” that have a positive impact for health and well-being when provided to the bereaved (Wrzus et al., 2013).

Likewise, Norris and Murrell (1990) conducted a study that identified social support as a factor that played a significant role in achieving personal resolution of bereavement. Further, Norris and Murrell research results showed a positive correlation between higher post-bereavement depression and lower social support. Additionally, Bodnar and Kiecolt-Glaser’s (1994) longitudinal study of depression following bereavement concluded that a bereaved person’s perceived level of social support and the size of the social support network were significant predictors for depression during bereavement. The study results indicated that a positive perception of sufficient social-support produced less depressive and somatic symptomology (Bodnar & Kiecolt-Glaser, 1994). Therefore, social support cannot only predict personal resolution; social support can preclude personal resolution of grief during bereavement. Bodnar and Kiecolt-Glaser used the Social Support Interview by Fiore, Becker, and Coppel the first year of data collection. These researchers used the Social Network Index Interview by S. Cohen for the second-year data collection. The results of both instruments equally reflected social support as vital during bereavement. Therefore, the role of social support has significance in varying degrees and is demonstrated in the literature to be an effective means to the achievement of personal resolution of grief following the death of loved-ones.

This trend of an effective and positive view of social support for the bereaved is further reflected in the life-span psychology literature encompassing the different types of social networks (Wrzus et al., 2013). This literature base defined social networks as close relationships with people who are directly involved in the lives of others (Wrzus et al., 2013). Examples of
social network dyads are family members, friends, coworkers, church members, and other acquaintances through club and organizational memberships. Social relationships can be very diverse based on things such as religion, socio-economic status, race, and others factors.

Wrzus et al. (2013) conducted a meta-analysis of social network changes and life across the life span. The analysis included 277 studies with 177,635 participants (Wrzus et al., 2013). A normal life event that can change social networks as identified in the study was widowhood, as at a certain age this is expected (Wrzus et al., 2013). However, the example in the study of a non-normative life event included the death of a relative such as a child or sibling, as these events can occur without warning (Wrzus et al., 2013). For example, some accidents and some sudden illnesses can be fatal. The results of the study showed the personal network diminished in number following the death of a spouse (Wrzus et al., 2013). This finding is consistent with findings in the bereavement literature. And, the results of the two studies reviewed involving the non-normative death of a relative; there was an increase in the size of the personal networks (Wrzus et al., 2013).

Social support is also reflected positively in the bereavement literature for group therapy. A study by Ogrodnicuzuk et al. (2002) assessing social support as a predictor of response to group therapy for complicated grief in a sample of 107 participants included personal resolution for those who have experienced a loss through death. According to Ogrodnicuzuk et al., the support of family and friends was associated with personal resolution of grief. Dyregrov and Dyregrov (2008) designated the roles of family, friends, colleagues, schools, and the support of professionals as a necessary and important component of personal resolution of loss-related grief resulting from death. These researchers identified three main criteria for good network support: (a) effective support to the bereaved includes reciprocity between the bereaved and the network,
(b) the support must be viewed as beneficial, and (c) the support must be sensitive to the experiences of the bereaved (Dyregrov & Dyregrov, 2008).

Social support can be accessed via the internet for those griever who are disinterested in grief support groups or do not have a large social network (Gilbert, Hieftje, & Murray, 2009; Gilbert & Horsley, 2011; Swartwood, Veach, Kuhne, Lee & Ji, 2011). Falconer, Sachsenweger, Gibson, and Norman (2011) deemed the use of the internet for bereavement support as a shift in the way people grieve. Gilbert and Horsley (2011) examined technology and grief support in the twenty-first century including the use of the internet as a tool to garner social support from others during bereavement. In addition to online chat rooms that function as grief support groups, there are a host of websites designed to influence the achievement of personal resolution of grief by providing hope (Gilbert & Horsley, 2011). Examples of websites include www.opentohope.com and www.youngwidows.org. According to Gilbert and Horsley, Open to Hope is an open platform that provides sources of grief-related information, as well as, the opportunity for the bereaved to write and share their stories and connect to others with similar losses.

Van der Houwen, Stroebe, Schut, Stroebe, and van den Bout (2010) conducted an empirical study examining online mutual support in bereavement. According to van der Howen et al., Yahoo is actively involved in the online bereavement support trend with ten percent of all electronic support groups being mourning and loss related. The researchers conducted a randomized controlled trial that scrutinized the efficacy of an email based writing intervention for bereaved people using the four-item scale of perceived social support to assess social support (van der Howen et al., 2010). The study results showed that online support is not a substitute for social support for many, rather an addition to other types of social support such as professional and lay grief support groups (van der Howen et al., 2010). Furthermore, the results revealed that
people who stopped using online bereavement support reported higher levels of social support and coping (i.e., increased grief symptomology and decreased emotional loneliness; van der Houwen et al., 2010).

The anonymity afforded by the internet is a key factor for many who choose this source of social support following the death of loved-ones. Anonymity is particularly enticing to disenfranchised grievers. That is, those who feel their grief is minimized or unrecognized by society (Doka, 2000; 2008; Marshall & Davis, 2011). Examples of disenfranchised grievers are chaplains (Spidell et al., 2011); parental grievers of perinatal loss (Lang et al., 2011); and the extended network of unrecognized survivors by the military following the death of a soldier (e.g., ex-spouses, fiancés, same-sex partners, friends, and extended kin; Harrington-LaMorie & McDevitt-Murphy, 2011).

The benefit of social support to the achievement of personal resolution of grief resulting from bereavement is evidenced throughout the bereavement literature. To the contrary, Stroebe, Stroebe, Abakumkin, and Schut (1996) stated that under closer scrutiny of social support, the bereavement literature is “theoretically controversial and empirically not well supported” (p. 1241). Stroebe et al. sought to provide clarification of the role of social support and conducted a study of a sample of 120 widows and widowers that examined the role of loneliness and social support in adjustment to loss. The stress theory and the attachment theory were compared in the study (Stroebe et al., 1996).

In the literature, according to Cohen and Hoberman (1983), the stress theory embraced social support as a buffer against the brunt of stressful events (e.g., the stress of grief during bereavement). The opposing view embraced by the attachment theory endorsed that a severed-connection with an attachment figure cannot be buffered with mere social support (Bowlby,
1969). The outcome of the study by Stroebe et al. (1996) comparing the stress and attachment theories determined both theories acknowledged there are benefits to having social support during stressful times such as bereavement. However, the researchers’ study findings were consistent with the attachment theory perspective. That is, social support was ineffective to attend to the emotional loneliness that resulted from a longing for the lost attachment figure, which also accounts for the main distress during bereavement, as espoused by the attachment theory (Stroebe et al., 1996).

In summary, social support is an asset during bereavement for many bereaved persons. And, the absence of social support during bereavement can have negative effects on grieving such as prolonging grief or contributing to complicated grief manifestations. Social support is available in many forms such as family and friends, support groups, and technology including internet email, websites, and support groups. This seemingly systemic filtration of availability of sources of social support for the multi-faceted circumstances of the bereaved gives explanation for the inclusion of its role in achieving personal resolution of grief.

**Hope**

Hope is uniformly defined in the literature as an expectation for future good (Cutcliffe, 1998; Dufault & Martocchio, 1985; Groot-Albers, 2012; Holtslander, 2007; Snyder, 2002). There are four current theories of hope in the literature (Farran, Herth, & Popovich 1995; Cutcliffe, 1998, 2004; Snyder, 2002; Dufault & Martocchio, 1985). The literature is sparse in research of hope and bereavement together (Holtslander & Duggleby, 2009); however, agreement is noted that hope has an important role in achieving personal resolution of grief (Cutcliffe, 1998, 2004; Holtslander, 2007; Holtslander & Duggleby, 2009).

Groot-Alberts (2012) provided clarification that the expectation of hope in relation to mourning and grieving is multicultural; as well as, the expectation of hope must be a realistic and
personally significant. Groot-Alberts further clarified the role of hope as the ignition that affords people to endure pain and achieve personal resolution. Cutcliffe (2004) and Cutcliffe and Grant (2001) identified the following as key elements that are fundamental to hope: 1) multi-faceted; 2) fluid; 3) empowering; 4) essential to life; 5) externally influenced; 6) caring in nature; 7) future oriented; and 7) markedly unique to each individual person.

Holtslander (2007), in her qualitative, constructivist grounded theory study, determined that hope is an important feature of the grief process for widows. Holtslander conducted 30 in-depth-interviews with 13 women, ages 60 - 79, within their first year of bereavement. The study results revealed that older bereaved widows who were caregivers for spouses with cancer had complex processes of bereavement and were at risk for losing hope (Holtslander, 2007). Holtslander’s study results suggested that the widows could benefit from support in searching for new hope during the grieving process in bereavement.

Other than Holtslander’s (2007) and Cutcliffe’s (2004) grounded theory studies, the only other studies found that researched hope and grief together is Hearth’s (1990) correlational study and Romond (2010) dissertation study. Hearth’s study examined hope, caring, coping styles, concurrent losses, and settings in comparison to grief resolution in 75 elderly widows (Herth, 1990). The result of the study was a positive correlation of hope to grief resolution (Herth, 1990). Romon (2010) conducted a qualitative study of post-traumatic hope with the following research question: “What is the lived experience of hope in bereaved parents four to ten years after the accidental death of their teen aged child” (p. 6). Findings of the study revealed that post-traumatic hope consists of living in a state of flux by simultaneously living with the realities of the loss, yet living with expectations for positive future.

Holtslander (2007), like Cutcliffe (1998, 2004) and Herth (1990), asserted that hope is a
vital component of grief resolution following bereavement. Cutcliffe (1998) examined the relationship between hope and complicated bereavement. Cutcliffe asserted that the re-emergence of hope is an indicator of healing from the grief of loss due to death. To the contrary, Cutcliffe asserted that continued hopelessness during bereavement is indicative of a complicated grief process. Cutcliffe distinguished complicated grief as debilitating to the point of failure to return to one’s pre-bereavement level of emotional well-being, performance, or level of hope (i.e., the failure to achieve personal resolution of the loss).

Snyder (2002), a clinical psychologist and researcher, measured hope quantitatively that resulted in a theory of hope. Hope, according to Snyder, is defined as the ability to find definitive ways to achieve personal goals, and using thoughts as motivation to accomplish said goals. Also according to Snyder (2002), hope is possible for humans because of the unique ability to sense time that allows the capability for present thoughts to be influenced by past, present, and future experiences. Snyder’s (2002) hope theory posited that by generating possible and realistic pathways towards a goal (pathways thinking) coupled with self motivating talk and confidence to achieve goals (agency thinking) people can achieve personal goals (resolution).

Snyder’s (2002) explanation and chart depicting agency and pathway goal-directed thoughts in the hope theory used examples inclusive of grief manifestations. For example, a high-hope person when presented with a problem engages in positive internal self-talk (agency) using statements such as I can learn from this and I can do this. The low-hope person, to the contrary, engages in negative self-talk and may experience negative emotions sometimes with “ruminations,” a common experience of grief. Outcomes of many correlational studies based on Snyder’s theory have supported that higher hope is related to better overall adjustment when examining the relationship of hope to psychological adjustment in general. Like hope, overall
level of hope is related to a better overall adjustment to the death of a loved-one (Bonanno & Kaltman, 2001; Bolger et al., 2006; Clark & Goldney, 1995; Neimeyer, 2006; Servaty & Seib, 2004).

**Race/Ethnicity**

This section of the study entails an examination of grief for African American, Caucasian, and Hispanic regarding race/ethnicity. The bereavement literature base is rich with studies that demonstrate the multifaceted dimensions of the experiences of grief. The experience of bereavement-related grief is viewed today as a complex and highly individualized intrapersonal process (Doughty, Wissel, & Glorfield, 2011; Hardy-Bougere, 2008; Laurie & Neimeyer, 2008). Clements et al. (2003), Doughty et al. (2001), Bolger, Burke, Carnelley, and Wortman (2006), Hardy-Bougere (2008), and Laurel and Neimeyer (2008) underscored the cultural, ethnic, and intrapersonal natures of grief.

Clements et al. (2003) conducted a cultural study of grief and bereavement that included a sample comprised of Latino, African American, Navajo, Jewish, and Hindu groups. Clements et al. wrote, “Cultural groups are not homogenous, and individual variation must always be considered in situations of death, grief, and bereavement” (p. 19). Clements et al. further emphasized the importance of being cognizant of the role of customs, rituals, and beliefs to an individual’s experience of loss due to the death of loved-ones. In other words, race/ethnicity and cultural practices are relevant to the achievement of personal resolution following loss through death.

The bereavement literature research topics are very diverse today including different races/ethnicities with the exception of research specific to Caucasians, as opposed to the past when there was an urging for more cultural diversity in the bereavement literature base. Though
many bereavement studies in the literature consist of Caucasian samples, there were no studies found that specifically researched the Caucasian experience of grief. Nevertheless, current professional bereavement literature provides ample evidence for Caucasians and grief following loss through death. That is, the vast majority of the samples of many bereavement studies that are not devoted to a specific race or culture are Caucasian samples. For example, Carnelly et al. (2006) study of spousal loss included a sample of 768 and nearly 65% of the sample was Caucasians. In light of the overwhelming percentage of the sample being Caucasian, it is noteworthy that the researchers described the sample as “ethnically diverse” (Carnelly et al., 2006, p. 490).

This trend of a majority Caucasian sample in bereavement studies not devoted to a specific race is further reflected in parental grief studies. For example, Caucasians comprised 86% of the final sample \((n = 173)\) of the Parent Bereavement Project study (Murphy, 2008). Additionally, of the 280 sample of complicated grief and caregivers of cancer patients’ study, 97% of the sample was Caucasian (Holtslander & McMillan, 2011). Furthermore, the use of a majority Caucasian sample is frequently noted as a limitation in many bereavement studies, as is the case of the above-mentioned Holtslander and McMillan (2011) bereavement study. Another example is Carey (1977) conduction of a bereavement study using a sample of 78 widows and 41 widowers to predict capabilities of the bereaved to achieve personal resolution following the death of a spouse. Though the results showed widowers achieved personal resolution of grief significantly better than widows, the study sample was comprised of all Caucasians and therefore generalizability was a limitation (Carey, 1977).

To the contrary, bereavement studies of races other than Caucasian are prevalent in the professional literature. Furthermore, the books *Handbook of Bereavement Research and*
Practice (Stroebe et al., 2008) and Grief and Bereavement in Contemporary Society: Bridging Research and Practice (Neimeyer et al., 2011) have chapters dedicated to diverse racial backgrounds other than Caucasian. For example, African Americans and grieving are given considerable attention in both books (Neimeyer et al., 2011; Stroebe et al., 2008). No empirical research was found that specifically detailed the Caucasian experience of grief; nevertheless, the Caucasian experience of grief is well represented in the grief and bereavement literature by extraction of sample make-up from the participants’ section of studies.

The intensity of grief for African Americans in the bereavement literature consistently reflected higher levels of mourning more often than Caucasians, demonstrated as an outward expression of grief; (Laurie & Neimeyer, 2008; Rosenblatt & Wallace, 2005; Rosenblatt, 2008). For example, the emotional display at funerals of African Americans is generally more pronounced than with Caucasians (Rosenblatt, 2008). This intense grief experience common to the culture of African Americans is further evidenced in the prevalence of complicated grief or prolonged grief disorder in the African American race (Goldsmith et al., 2008; Laurie & Neimeyer, 2008; McDevitt-Murphy, Neimeyer, Burke, Williams, & Lawson, 2011). Goldsmith et al., (2008) researched elevated rates of prolonged grief disorder in African Americans. The study included a total sample of 538 and showed that African Americans were two and a half times more likely to have higher levels of complicated grief or prolonged grief disorder than non-African Americans (Goldsmith et al., 2008). The study did not reveal a rationale for the higher occurrence. Likewise, Laurie and Neimeyer’s (2008) study examining the African American experience of grief concluded similar findings as Goldsmith et al. with African Americans reporting higher levels of complicated grief.

Laurel and Neimeyer’s (2008) study sample of 1,581 bereaved college students included
641 who were African American. In additional to higher levels of complicated grief, Laurel and Neimeyer’s study results showed African American students experienced greater grief when compared to Caucasian students for the loss of extended kin beyond the immediate family. Examples of extended-kin included aunts, cousins, uncles, or grandparents. Laurel and Neimeyer linked this finding to the effects of slavery, racism, and poverty that facilitated the expansion of kin-networks that produced strong and supportive ties. Additionally, high levels of distressful grief were noted in African American participants for non-blood related members of the African American community (Laurie & Neimeyer, 2008).

Laurie and Neimeyer’s (2008) study, unlike Goldsmith’s et al. (2008) study, concluded the rationale for African Americans’ increased likelihood to experience complicated grief was cultural. That is, the practice within the African American culture discourages talking about their loss experiences with others outside of the family unit (Laurie & Neimeyer, 2008; Rosenblatt & Wallace, 2005). In other words, core support is provided by the nuclear and extended families (Hardy-Bougere, 2008). Other variables significant to African Americans and grief are religion and spirituality, resolve or strength, and intergenerational support (Hardy-Bougere, 2008; Laurie & Neimeyer, 2008; Rosenblatt & Wallace, 2005).

According to Hardy-Bougere (2008),

Hispanics are one of the largest minority groups in the United States… is used synonymously with Mexican or Spanish, however it does not reflect a race of people… It is a general term used by the United States Bureau of the Census to group all Spanish-speaking people into one category. (p. 68)

Hispanics and African Americans share similarities of practices during bereavement that subsequently contribute to achieving personal resolution following loss through death. Like African Americans, religious beliefs impact the experience of grief during bereavement for Hispanics (Clements et al., 2003; Hardy-Bougere, 2008; Whitaker, Kavanaugh, & Klima, 2010);
and thus affect personal resolution of grief. Also like African Americans, the bulk of support for Hispanic grievers following the death of a loved-one is provided by their immediate nucleus family (Clements et al., 2003). Further similarity between African Americans and Hispanics is noted in the outward display of mourning following a loss through death. Whitaker et al. (2010) concur with Clements et al. (2003) that Hispanic women experience higher rates of perinatal deaths [loss of pregnancy up to 20 weeks and neonatal death up to one month of age]; and exhibit unrestrained expressions of grief (Hardy-Bougere, 2008). Whitaker et al. purposely pointed out that this overt display of grief following loss through death is different than grief behaviors of Caucasians.

In summary, the universality of the presence of grief following a loss through death (Altmaier, 2011; Granek, 2010; Neimeyer, 2006, 2012; Worden, 2009) includes cultural norms for races/ethnicities that influence personal resolution following loss through death. Cowles (1996) conducted a qualitative study on “Cultural perspectives on grief: An expanded concept analysis” (p. 287). The study sample consisted of African, Asian, Anglo, Native American, and Hispanic heritages. Interestingly, the findings of the study reflected that mourning practices rather than grief differ among races/ethnicities (Cowles, 1996). Nevertheless, mourning practices are a part of the grieving experience following a death. Therefore, differences in race/ethnicity are inextricably an integral part of achieving personal resolution following loss through death.

**Relationship to Deceased**

In addition to ethnicity and culture, a number of other factors are presented in the literature that influence an individual’s experience of loss related to bereavement. For example, the type, length, and quality of the relationship between the surviving person and the deceased
are determining factors in the time span of the grieving process. This section of the study entails an examination of grief experienced from a spouse/partner perspective, a child perspective, a parent perspective, and other relationships perspective.

**Spouse/Partner**

Bonanno et al. (2004) portrayed the death of a spouse as an event significant enough to produce intense emotional pain that can also be very debilitating. On the other hand, Bonanno and other colleagues also made research contributions to the bereavement literature that supported the opposing position of resilience during bereavement (Bonanno & Kaltman, 1999; Bonanno, Papa, & O’Neill, 2001; Bonanno, et al., 2002; Bonanno et al., 2004). The many variations in the grief responses to the death of a spouse are empirically supported in the professional literature. Parkes and Prigerson (2010) expressed the multiplicity of grief responses as “Grief may be strong or weak, brief or prolonged, immediate or delayed; particular aspects of it may be distorted and symptoms that usually cause little trouble may become major sources of distress” (p. 137). According to Parkes and Prigerson, spousal death is the number one type of relationship loss that seeks assistance from professionals to manage grief experiences.

Bonanno et al. (2002) conducted a study that also reflected variations in spousal grief experiences. The researchers gathered prospective data on 205 individuals several years prior to the deaths of spouses, and at six months and 18 months post-loss. The study results revealed five core bereavement patterns of common grief, chronic grief, chronic depression and improvement during bereavement, and resilience (Bonanno et al., 2002). According to these researchers, the findings regarding pre-loss differences among the resilient and the depressed-improved groups have implications for interventions (Bonanno et al., 2002). The Bonanno et al. study provided support for the benefit of a study identifying variables related to personal resolution of loss.
following death that will guide those who assist the bereaved with grief issues with choices for effective interventions.

Interventions, however, can be effective only after the bereaved has accepted the realities of the loss (Worden, 2009). Not everyone can readily identify secondary losses. That is, not everyone understands the losses, other than the physical death of the person, that are the direct result of the death. For example, Parkes and Prigerson (2010) cited a case of a widow who verbalized she had few reasons to grieve the death of her husband. Nevertheless, Parkes and Prigerson (2010) estimated that the widow “grieved intensely” (p. 185) for the standard of living she no longer could afford as a widow. Overall, there is an abundance of support in the professional bereavement literature that supports the wide variations of distress during bereavement following the death of a spouse (Bonanno et al., 2004; Carr, 2008; Neimeyer, Hogan, & Laurie, 2008; Rando, 1988; Worden, 2009).

Carnelly et al. (2006) investigated whether widowhood had more enduring effects using an ethnically diverse, nationally representative United States sample of 786 adults consisting of 155 men and 631 women. A component of the overall goal of the study was to assess how quickly and completely widows and widowers adjusted to the loss. The results suggested that the grieving process following the loss of a long-term spouse can continue for many years (Bolger et al., 2006). This opinion is further reflected in Carey’s (1977) study of greater than 100 widows that yielded results showing 25% of widows were still depressed after one year. Kowalski and Bondmass (2008) concurred with Bolger et al. (2006) and Carey (1997) that grieving the death of a spouse can be a long-term experience. The researchers conducted a cross-sectional descriptive survey study of 173 widows and concluded that the experience of distressful grief can last up to at least five years (Kowalski & Bondmass, 2008).
Partner [homosexual relationships] grief following the death of a gay lover is considered a smaller subculture and societal norms dictate the level of support received by the bereaved. According to Doka (2008), some cultures highly proscribe partner relationships as evidenced by legal marriages such as the Netherlands, Canada, and some states in the United States. On the other hand, some cultures do not embrace partner relationships and the loss may be disenfranchised (Doka, 2008). The experience of distressful grief following the death of a partner is the equivalent to the grief of spousal loss experienced by heterosexual conjugal relationships (Bonanno et al., 2008; Doka, 2008). Similarly, according to Bonanno, Moskowitz, Papa, and Folkman (2005) in their resilience study that was inclusive of gay men who were in committed long-term relationships; results showed that partner grief is also capable of being experienced with resilience.

**Child**

Change, loss, and death are a part of reality; yet many children’s worlds are constructed ignoring death as a possibility and children are generally not provided the tools necessary to deal with death and subsequent grief (Doka, 2000, 2008; Worden, 1996). There is overwhelming support within the child bereavement literature that children grieve (Doka, 2000, 2008; Rando, 1988; Silverman, 2000; Worden, 1996). The responsibilities of adults include the protection of children from stress and harm; however, shielding children from death and grief can produce unintended stress and harm in the lives of children (Luecken, 2008; Rando, 1988).

Rando’s (1988) viewpoint is that if children do not resolve their grief, unresolved grief can interfere with normal development. Worden’s (1996) findings from the Harvard Child Bereavement Study, that was conducted to address serious methodological limitations in previously conducted studies on childhood grief; concurred with Rando’s viewpoint. Findings
from the Harvard Child Bereavement Study (Worden, 1996) showed that parentally bereaved children were at risk for high levels of emotional and behavioral problems. According to Haine, Ayers, Sandler, and Wolchik (2008), “Parental death is one of the most traumatic events that can occur in childhood” (p. 113).

Sandler et al. (2003) conducted a study of parentally bereaved children ages eight to 16 and evaluated a two component group intervention. The study consisted of 244 children and adolescents (Sandler et al., 2003). The first stated purpose of the Sandler et al. (2003) study included assessment for proximal and distal mental health outcomes. In essence, Sandler et al. study sought to examine the trajectory of short-term and long-term personal resolution of grief due to the loss of a loved-one through death. The study results showed, despite the potential traumatic nature of parental death, indicators of personal resolution of the loss, (e.g., improved coping and decreased grief-related stressful events were achieved) (Sandler et al., 2003). Sandler et al. (2010) used the above study-data of 244 parentally bereaved youth and conducted a second study using a randomized experimental method to extract the effects of the Family Bereavement Program on multiple measures of grief over a six year period. The family bereavement program promotes and provides resilience resources with the goal of healthy adaptation following parental death (Sander et al., 2010). The results showed that problematic grief occurred in bereaved youths; nevertheless, problematic grief was reduced over the six years (Sander et al., 2010). That is, personal resolution of problematic grief was affected positively as a result of the interventions employed by the Family Bereavement Program.

The effects of grief and the need for personal resolution also apply to bereaved-adult children whose elderly parents die. The experience of the loss of an elderly parent in adult life is not as distressful as the death of a parent by a child (Parkes & Prigerson, 2010). According to
Parkes and Prigerson (2010), this type of loss is rarely pathological. Nevertheless, grief experiences among adult daughters who lose their elderly mothers can produce significant distress where achieving personal resolution of the loss will take concerted effort. A study by Pratt, Walker, and Wood (1992) examined the process of bereavement among adult daughters who had loss their elderly mothers.

Though the death of a parent is highly researched in the literature, other losses to death are relevant to children of all ages. For example, the death of a sibling can be a significant source of grief for any age person, devastating for some (Marshall & Davies, 2011). A sibling relationship can be one of the longest relationships in a person’s life, even longer than marriage relationships. Many sibling relationships are close during childhood and maintain continued closeness into adulthood. Sibling loss can be disenfranchised (Doka, 2000). In conclusion, the death of significant persons in the life of a child of any age causes expected grief reactions (Parkes and Prigerson, 2010), thereby necessitating personal resolution of the loss.

Parent

The intensity of parental grief is recognized in the literature as being greater than all other forms of grief (Holmberg, 2007; Littlefield & Rushton, 1986; Rando, 1991; Ungureanu & Sandberg, 2010). Rando (1991) put forth that the experience of normal parental grief resembles complicated grief when compared to the experiences of other losses. The age of the child at the time of death is not a mitigating factor for the degree of grief experienced by bereaved parents (Parkes & Prigerson, 2010; Stevenson, 1988). Similarly, Floyd, Seltzer, Greenburg, and Song (2013) postulated, as a result of their study of parental bereavement during mid-to-later life, that “The death of a child is a traumatic experience for parents at any stage of the life course…” (p. 409).
Parental bereavement for older adults can produce life-threatening circumstances. According to results of a 20-year longitudinal study of parental bereavement in older persons, conducted by Cohen-Mansfield, Shmotkin, Malkinson, Bartur, and Hazan (2013), parental bereavement was a significant predictor of mortality. The participants of the Cohen-Mansfield et al. study (2013) were obtained from a random sample of the older Jewish population in Israel with ages ranging 75-94. The results of the Cohen-Mansfield et al. study provided further support that mourning practices are cultural but the intrapersonal experience of grief is universally unique to each individual person.

Murphy (2008), in the *Handbook of Bereavement Research and Practice*, compared parental grief from the perspectives of sudden death of child versus death due to extended illness. The cause of death and timeliness of the death does not predict the subsequent grief experiences of parental grief. That is, the mental distress related to the cause of death and the time spent dying is highly interrelated and highly distressful for bereaved parents (Murphy, 2008). Whether a child dies suddenly or after an extended illness, the way the child dies becomes a part of the parents’ intense narratives in an effort to make sense of the loss (Rosenblatt, 2000).

**Other Relationships**

Grief is not kinship specific; though much of the professional grief and bereavement literature considers the grief experiences of spouses, parents, and children (Gilrane-McGarry & O’Grady, 2011). Personal resolution following loss through death is also not kinship specific and; though much less, grief of varying kinship relationships is examined using both quantitative and qualitative research. Other relationships to the deceased that are examined in the professional bereavement literature are many; however this section will include the relationship of grandparents (Hayslip & White, 2008) and the relationship of siblings (Berman, 2009).
The roles of grandparents can be significant in the lives of their grandchildren and the subsequent grief experience following the death of a grandchild can be difficult, yet disenfranchised (Berman, 2009; Gilrane-McGarry & O’Grady, 2011; Rando, 1991; Stevenson, 1988; Stroebe et al., 2008). That is, grandparent grief may not be acknowledged by the general public for the extent of the grief that can be produced by the loss. Additionally, sources of published empirical research specific to grandparent grief are scarce (Gilrane-McGarry & O’Grady, 2011; Hayslip & White, 2008). According to findings of a study by Littlefield and Rushton (1986) that investigated the grief intensity of more than 250 bereaved parents and their immediate families, the grief experienced by grandparents largely depended on the relationship of the grandparent to the bereaved parent(s).

Gilrane-McGarry and O’Grady’s (2011) study of grandparents’ grief experiences also suggested that the relationship of the grandparent to the bereaved parents is significant to grandparents’ personal resolution of grief following the death of a grandchild. The results of the small qualitative study with a sample of 17 showed that grandparents’ experience of grief was on multiple levels. The following three themes emerged: (a) cumulative pain, (b) factors that facilitate the resolution of cumulative pain, and (c) factors that inhibit this resolution (Gilrane-McGarry & O’Grady, 2011). The pain of witnessing the bereaved son or daughter was a key factor in the grief experiences of grandparents (Gilrane-McGarry & O’Grady, 2011). Hayslip and White (2008) referred to this relationship dynamic as an “intergenerational tie” (p. 454). Noteworthy, the results of the Littlefield and Rushton (1986) study concluded that maternal grandmothers grieved more than either maternal grandfathers or paternal grandmothers.

Like the grandparent grief experience, sibling grief following death can also be unique and less recognized by the general public for its magnitude of experiences for the bereaved
sibling left behind (Berman, 2009; Parkes & Prigerson, 2010). A sibling, however, can be the longest relationship a person has and often can last the entirety of one’s life (Berman, 2009). Likewise, the impact of losing a sibling can also last a lifetime (Doka, 2000). According to Berman (2009) and Doka (2000), the death of a sibling is potentially traumatic and can produce a painful grieving experience for both men and women. Nevertheless, according to Parkes and Prigerson (2010), most studies do not support the loss of a sibling in old age as major.

Summary

Overall, the review of literature presented in this dissertation proposal reveals support indicating that not everyone mourns, but everyone grieves. Mourning is the outward demonstration that indicates a death has occurred. Mourning aligns with cultural norms. Grief on the other hand is highly personal. Unlike mourning, the experience of grief related to a loss due to death is an intrapersonal experience and is unique to each individual person. The universality of the grief experience is that fact that grief exists. How grief is experienced is not mandated to a specific time frame, symptoms, or treatment. The spectrum of the grief experience ranges from complicated grief to resilience. Likewise, personal resolution of grief does not automatically occur sequentially in the order of death, bereavement, grief, and personal resolution. Death is the cessation of vital signs of life. Bereavement is the objective situation of the loss of a loved-one through death. Grief is the normal or abnormal reactions to loss that can have physical, emotional, cognitive, behavioral, sexual, and spiritual components. And, personal resolution is an improved state of adjustment to the loss that is acceptable for each bereaved person.

Neimeyer and Harris (2011) in the final chapter titled Building Bridges in Bereavement Research and Practice in their book titled, Grief and Bereavement in Contemporary Society:
Bridging Research and Practice, suggested that additional empirical research is needed that includes particular populations, topics, and types of losses. This study of personal resolution following loss through death is a step towards addressing the stated need for further empirical assessments in the bereavement literature. Furthermore, and perhaps more importantly, this quantitative-research of personal resolution of grief will provide a scientific knowledge base for professionals and lay-helpers involved in helping the bereaved, who seek assistance with issues during bereavement, from which to practice. Finally, a study of personal resolution of grief can contribute to the achievement of more timely personal resolution of grief following the death of loved ones.
CHAPTER III:

METHODOLOGY

Participants

The researcher recruited participants from Community Grief Support Services (CGSS) and Hospice of Montgomery who have experienced a loss through death. Community Grief Support Services is a non-profit community grief support agency serving Birmingham, Alabama, and the surrounding counties. Hospice of Montgomery is a non-profit community hospice agency serving families in Montgomery, Alabama, and the surrounding counties that are within a fifty-mile radius. Participants were also recruited from Van Hoose and Steele Funeral Home and Tuscaloosa Memorial Chapel, Inc. in Tuscaloosa, Alabama. A sample consisting of participants who have experienced the death of a loved one within the previous six to 18 months were recruited for participation in the study. Sample size was calculated using G*Power and based on power of .95 with four variables and a large effect size; thus, 74 participants were needed. With a conservative response rate of 35%, it was anticipated that at least 105 of those recruited would participate in the study. This number is sufficient to support planned data analyses (Cohen, 1992). A number exceeding 700 surveys were mailed to prospective study participants. The actual number of returned completed surveys used in the study was 114. More than a dozen of surveys were not used as a result of incomplete information. For example, the number of months since death, the relationship to the deceased, and race and gender were not indicated. The participants’ indicated relationships to the deceased as spouse/partner, child, parent, or other.
The time frame for data collection was six to 18 months post death. The time frame for personal resolution of grief in the bereavement research literature ranges from two months to many years. The DSM-IV (APA, 2000) allowed a two-month time frame for the personal resolution of normal grief. The bereavement exclusion for depression has been removed in the latest edition of the DSM-5 (APA, 2013), permitting its diagnosis weeks following the death. Complex Persistent Grief Disorder is relegated to a later section listing conditions deserving further study (APA, 2013). Sandler et al. (2003) conducted a study of parentally bereaved children and chose a time frame of 11 months post death for follow up. Bonanno et al. (2004) used six months and 18 months post death to conduct a study on patterns of resilience during widowhood. A study by Carey (1977) used the time frame of 13 - 16 months post death in a study of 119 widows and widowers. The study yielded an eight item, self-report measure of adjustment. Bonanno et al. (2008) put forth that 85% of the bereaved achieve personal resolution of grief over a period of one to two years. The longest time frame found in the literature was in a study by Carnelley et al. (2006) that examined 768 bereaved widows and widowers who had been widowed from a few months to 64 years at the time of data collection. The time frames indicated in the literature for personal resolution of grief underscores the individuality of grief.

Procedures

The researcher mailed a packet of information to prospective participants including the following documents: (a) a letter of invitation to participate in the study (see Appendix B), (b) a self-developed survey instrument requesting demographic information of race/ethnicity, time since death of a loved-one, and whether or not the person received individual counseling, participated in grief support group services, and/or received social support (see Appendix C), (c)
a five-item measure of personal resolution from the Bereavement Phenomenology Questionnaire (BQ) (Burnett et al., 1997) (see Appendix D); and (d) a six-item hope survey, the State Hope Scale (Snyder, 2004) (see Appendix E). A stamped return envelope was included.

Instrumentation

The Bereavement Phenomenology Questionnaire (BQ; Burnett, 1997) is a 76-item instrument derived from reviews of bereavement literature and clinical experience that measures core bereavement phenomena (Burnett et al., 1997). Using factor analysis, seven subscales were identified, with one measuring personal resolution. This subscale was used in this study. The five items of the subscale have an underlying construct of perceiving oneself somehow strengthened, being aware and able to organize one’s own life, and being able to assist others. The Chronbach Alpha reliability coefficient for the personal resolution subscale is .72. The instrument uses a Likert-type scale ranging from 1 (never) to 4 (always). Scores can range from 4 to 16. Higher scores represent higher levels of personal resolution.

The State Hope Scale, a six-item survey, quantifies hope using present tense descriptions of perceived capabilities based on an individual’s thoughts (Snyder, 2002). Numerous studies support its internal reliability, with Chronbach Alpha reliability coefficients ranging between .90-.95. The scale consists of three items for pathways thinking and three items for agency thinking. Pathway thinking is thoughts of possible routes to reach goals (Snyder, 2002). Agency thinking is thoughts of one’s perceived capabilities to use possible routes to attain goals (Snyder, 2002). The instrument uses a Likert-type scale ranging from 1 (definitely false) to 8 (definitely true). Scores can range from 6 to 48. Higher scores represent higher levels of hope. The agency subscale score will be derived by summing the three even-numbered items. The pathways
subscale score is derived by adding the three odd numbered items. The total State Hope Scale Score is derived by summing the three agency and the three pathways items.

**Statistical Analyses**

The statistical procedure used for the first, fourth, and fifth hypotheses was analysis of variance (ANOVA). The statistical procedure used for the second and third null hypotheses was correlational.

The first null hypothesis: There are differences in participation in individual counseling, participation in grief support groups, and perception of personal grief resolution.

The second null hypothesis: There is a relationship between perceived helpfulness of social support received and perception of personal resolution following loss through death.

The third null hypothesis: There is a relationship between overall level of hope and perception of personal resolution following loss through death.

The fourth hypothesis: There is a difference in personal resolution following loss through death based on race/ethnicity (African American, Caucasian, and Hispanic).

The fifth null hypothesis: There is a difference in personal resolution following loss through death based on relationship to deceased (their spouse/partner, their child, their parent, and other).
CHAPTER IV:  
RESULTS

Descriptive statistics were used to describe the gender of the participants in this study. This sample in this study was comprised of 41 males and 73 females ($n = 114$) (see Table 1).

Table 1

*Gender of Participants*

<table>
<thead>
<tr>
<th>Gender</th>
<th>$n$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>41</td>
</tr>
<tr>
<td>Females</td>
<td>73</td>
</tr>
</tbody>
</table>

Question One: Is there a difference between those participating in individual counseling, those participating in grief support groups, and perceptions of personal resolution following loss through death? Thirty-two percent of the study sample participated in individual counseling ($n = 9$ males; $n = 28$ females). Thirty-five percent of the study sample participated in a grief support group ($n = 13$ males; $n = 27$ females) (see Table 2).

Table 2

*Participant in Individual and Group Counseling by Gender*

<table>
<thead>
<tr>
<th></th>
<th>$n$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Counseling</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>9</td>
</tr>
<tr>
<td>Female</td>
<td>28</td>
</tr>
<tr>
<td>Grief Support Group</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>13</td>
</tr>
<tr>
<td>Female</td>
<td>27</td>
</tr>
</tbody>
</table>
For the purpose of this research study, individual counseling was defined as guidance provided any authorized helper in any official capacity for the purpose of assistance with bereavement issues. Also for this research study, grief support group was defined as more than one person assembled together to share grief related experiences for the purposes of mutual support, normalizing, freedom of sharing, and encouragement.

The statistical procedure used to answer the first hypothesis was an analysis of variance (ANOVA). Hypothesis One: There are differences in participation in individual counseling, participation in grief support group, and perceptions of personal grief resolution. The results for participation in counseling found $F(1,110) = 1.354$ $p = .247$ with no significant differences. A significant difference for participation in grief support groups was found $F(1,110) = 5.060$ $p = .026$. There was no interaction effect for individual counseling and grief support groups together $F(1,110) = .024$ $p = .876$ (see Table 3).

Table 3

*Tests of Between-Subjects Effects*

<table>
<thead>
<tr>
<th>Source</th>
<th>Type III Sum of Squares</th>
<th>Df</th>
<th>Mean Square</th>
<th>$F$</th>
<th>Sig.</th>
<th>Observed Power $^b$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intercept</td>
<td>14084.386</td>
<td>1</td>
<td>14084.386</td>
<td>1387.484</td>
<td>.000</td>
<td>1.000</td>
</tr>
<tr>
<td>Individual Counseling</td>
<td>13.747</td>
<td>1</td>
<td>13.747</td>
<td>1.354</td>
<td>.247</td>
<td>.211</td>
</tr>
<tr>
<td>Grief Support Group</td>
<td>51.360</td>
<td>1</td>
<td>51.360</td>
<td>5.060</td>
<td>.026</td>
<td>.606</td>
</tr>
<tr>
<td>Counseling* Support Group</td>
<td>.248</td>
<td>1</td>
<td>.248</td>
<td>.024</td>
<td>.876</td>
<td>.053</td>
</tr>
<tr>
<td>Error</td>
<td>1116.613</td>
<td>110</td>
<td>10.151</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>26516.313</td>
<td>114</td>
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<tr>
<td>Corrected Total</td>
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<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
**Individual Counseling**

Dependent Variable: Personal Resolution

<table>
<thead>
<tr>
<th>Counseling</th>
<th>Mean</th>
<th>Std. Error</th>
<th>95% Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>14.063</td>
<td>.610</td>
<td>12.853 / 15.272</td>
</tr>
<tr>
<td>Female</td>
<td>14.970</td>
<td>.485</td>
<td>14.009 / 15.930</td>
</tr>
</tbody>
</table>

**Grief Support Group**

Dependent Variable: Personal Resolution

<table>
<thead>
<tr>
<th>Support group</th>
<th>Mean</th>
<th>Std. Error</th>
<th>95% Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>15.393</td>
<td>.567</td>
<td>14.269 / 16.516</td>
</tr>
</tbody>
</table>

Next, descriptive statistics were used to describe the responses of the participants in this study related to perceived helpfulness of social support. Question Two: Is there a relationship between perceived helpfulness of social support and perception of personal resolution following loss through death? Eighty percent of the sample chose family and friends ($n = 91$) as their main source of social support. The percentage of the sample that chose religious affiliations (e.g., church members and groups within the church such as Sunday school members and choir members) ($n = 7$) as their main source of social support was ten. Colleague was chosen by 3% of the sample ($n = 3$) as the main source of social support. Five percent of the sample chose spirituality (e.g., God and Bible; $n = 6$) as their main source of social support. Lastly, reading materials was chosen by three percent of the sample ($n = 3$) as a main source of social support (see Table 4 and Figure 1).
Table 4

Main Source of Social Support

<table>
<thead>
<tr>
<th>Source of Social Support</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family and Friends</td>
<td>91</td>
</tr>
<tr>
<td>Religious Affiliations</td>
<td>11</td>
</tr>
<tr>
<td>Colleagues</td>
<td>3</td>
</tr>
<tr>
<td>Spirituality</td>
<td>6</td>
</tr>
<tr>
<td>Reading Materials</td>
<td>3</td>
</tr>
</tbody>
</table>

Figure 1. Main Sources of Social Support

Social support was defined on this research survey instrument as a wide array of helpful assistance from many sources including family, friends, religious affiliations, community members, media, internet, reading materials, colleagues, and others. Forty-nine percent of the study sample perceived social support to be very helpful ($n = 56$) following loss through death. Thirty-two percent of the study sample perceived social support as helpful ($n = 37$). Somewhat helpful was chosen by thirteen percent ($n = 15$) of the study sample. Five percent of the study
sample perceived social support as neutral (n=6). And lastly, zero of the sample perceived that social support as not at all helpful (see Table 5 and Figure 2).

Table 5

Helpfulness of Social Support

<table>
<thead>
<tr>
<th></th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all helpful</td>
<td>0</td>
</tr>
<tr>
<td>Somewhat helpful</td>
<td>15</td>
</tr>
<tr>
<td>Neutral</td>
<td>6</td>
</tr>
<tr>
<td>Helpful</td>
<td>37</td>
</tr>
<tr>
<td>Very helpful</td>
<td>56</td>
</tr>
</tbody>
</table>

Figure 2. Perceived Helpfulness of Social Support

The statistical procedure used to answer the second hypothesis was correlational. Hypothesis Two: There is a relationship between perceived helpfulness of social support received and perception of personal resolution following loss through death.

The Pearson product-moment correlation between perceived helpfulness of social support and personal resolution following loss through death revealed significant relationships (see Table
6). Perceived helpfulness of social support and personal resolution following loss through death were positively correlated $r = .306$ and significant $p = .001$ or nine percent of explained variance. Despite a significant correlation there was only 9% of explained variance which means that 91% was unexplained with other variables contributing to any relationship between perceived helpfulness of social support and personal resolution.

Table 6

Correlations

<table>
<thead>
<tr>
<th></th>
<th>Social Support</th>
<th>Personal Resolution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social support</td>
<td>Pearson Correlation .306**</td>
<td>.306**</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed) .001</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>N 114</td>
<td>115</td>
</tr>
<tr>
<td>Personal resolution</td>
<td>Pearson Correlation .306**</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed) .001</td>
<td></td>
</tr>
<tr>
<td></td>
<td>N 114</td>
<td>115</td>
</tr>
</tbody>
</table>

Note. Correlation is significant at the 0.01 level (2-tailed). Note. $r = .306$ $p = .001$

Research Question Three: Is there a relationship between overall level of hope and perception of personal resolution following loss through death? The statistical procedure used to answer the third hypothesis was correlational. Hypothesis Three: There is a relationship between overall level of hope and perception of personal resolution following loss through death.

The Pearson product-moment correlation between overall level of hope and perception of personal resolution following loss through death revealed significant relationships (see Table 7). Overall level of hope and personal resolution of loss following loss through death were positively correlated $r = .673$ and significant $p = .000$. The explained variance was 45% with 55% unexplained. Consequently, level of hope is both significantly correlated with perception of personal resolution but practically explains the relationship.
Table 7

Correlations

<table>
<thead>
<tr>
<th></th>
<th>Social Support</th>
<th>Total Hope</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Level of Hope</td>
<td>Pearson Correlation .673**</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed) .000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>N 115</td>
<td>115</td>
</tr>
<tr>
<td>Personal Resolution</td>
<td>Pearson Correlation 1</td>
<td>.673**</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed) .000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>N 115</td>
<td>115</td>
</tr>
</tbody>
</table>

Note. Correlation is significant at the 0.01 level (2 tailed).
Note. \( r = .673 \) \( p = .000 \)

Next, descriptive statistics were used to describe the race/ethnicity of the sample.

Question Four: Will personal resolution following loss through death differ based on race/ethnicity (African American, Caucasian, and Hispanic)? The study sample was comprised of 70% Caucasian participants \( (n = 80) \) and 29% African American participants \( (n = 33) \). It was not possible to analyze Hispanics due to minimal participation \( (n = 1) \) of this segment of the population (See Table 8 and Figure 3).

Table 8

Race

<table>
<thead>
<tr>
<th></th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasians</td>
<td>80</td>
</tr>
<tr>
<td>African American</td>
<td>33</td>
</tr>
<tr>
<td>Hispanic</td>
<td>1</td>
</tr>
</tbody>
</table>
Dependent Variable: Personal Resolution

<table>
<thead>
<tr>
<th>Race</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian</td>
<td>14.9469</td>
<td>3.53390</td>
<td>80</td>
</tr>
<tr>
<td>African American</td>
<td>14.6061</td>
<td>2.82776</td>
<td>33</td>
</tr>
<tr>
<td>Hispanic</td>
<td>13.0000</td>
<td>.</td>
<td>1</td>
</tr>
<tr>
<td>21.00</td>
<td>19.0000</td>
<td>.</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>14.8674</td>
<td>3.33218</td>
<td>115</td>
</tr>
</tbody>
</table>

*Figure 3. Race*

The statistical procedure used to answer the fourth hypothesis was analyses of variance (ANOVA). Hypothesis Four: There is a difference in personal resolution following loss through death based on race/ethnicity (African American, Caucasian, and Hispanic). No significant differences were found based upon race: $F(1,111), p = .695$ and personal resolution, $F(3,111).695, \ p = .557$ (see Table 9).
Table 9

*Dependent Variable: Personal Resolution*

<table>
<thead>
<tr>
<th>Source</th>
<th>Type III Sum of squared</th>
<th>Df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
<th>Observed Power</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intercept</td>
<td>1854.689</td>
<td>1</td>
<td>1854.689</td>
<td>165.695</td>
<td>.000</td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td>23.325</td>
<td>3</td>
<td>7.775</td>
<td>.695</td>
<td>.557</td>
<td>.193</td>
</tr>
<tr>
<td>Error</td>
<td>1242.466</td>
<td>111</td>
<td>11.193</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>26685.313</td>
<td>115</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corrected Total</td>
<td>1265.790</td>
<td>114</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Descriptive statistics were used to describe the sample based on relationship to the deceased. Question Five: Will personal resolution following loss through death differ based on the relationship to deceased (spouse/partner, child, parent, and other)? Forty-five percent of the study sample loss a spouse (n = 51). Seven percent of the study sample loss a child (n=8). Twenty-six percent of the study sample loss a parent (n = 30). Lastly, twenty-three percent of the study sample loss other (i.e., grandparent, sibling, aunt, grandchild, or best friend; n = 26) (See Table 10 and Figure 4).

Table 10

*Relationship of Deceased*

<table>
<thead>
<tr>
<th></th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>51</td>
</tr>
<tr>
<td>Child</td>
<td>8</td>
</tr>
<tr>
<td>Parent</td>
<td>30</td>
</tr>
<tr>
<td>Other</td>
<td>26</td>
</tr>
</tbody>
</table>
The statistical procedure used to answer the fifth hypothesis was analyses of variance (ANOVA). Hypothesis Five: There is a difference in personal resolution following loss through death based on the relationship to deceased (Spouse/partner, child, parent, and other). No differences were found between relationship to the deceased and personal resolution of loss following death, $F(3,111) = 2.212$, $p = .091$ (see Table 11).

Table 11

*Relationship to the Deceased and Personal Resolution of Loss Following Death*

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>$n$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>14.2255</td>
<td>3.58513</td>
<td>51</td>
</tr>
<tr>
<td>Child</td>
<td>13.8750</td>
<td>4.22366</td>
<td>8</td>
</tr>
<tr>
<td>Parent</td>
<td>16.0417</td>
<td>2.81014</td>
<td>30</td>
</tr>
<tr>
<td>Other</td>
<td>15.0769</td>
<td>2.81316</td>
<td>26</td>
</tr>
<tr>
<td>Total</td>
<td>14.8674</td>
<td>3.33218</td>
<td>115</td>
</tr>
</tbody>
</table>
Dependent Variable: Personal Resolution

<table>
<thead>
<tr>
<th>Source</th>
<th>Type III Sum of Squared</th>
<th>Df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
<th>Observed Power&lt;sup&gt;b&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
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<td>16205.432</td>
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<tr>
<td>Relationship</td>
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<td>2.212</td>
<td>.091</td>
<td>1.000</td>
</tr>
<tr>
<td>Error</td>
<td>1194.388</td>
<td>111</td>
<td>10.760</td>
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<td></td>
<td>.548</td>
</tr>
<tr>
<td>Total</td>
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<td>115</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corrected Total</td>
<td>1265.790</td>
<td>114</td>
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</tbody>
</table>
CHAPTER V:
DISCUSSION AND RECOMMENDATIONS

Introduction

Three objectives formed the basis for this quantitative dissertation research. First, this research was conducted to fill a gap in quantitative bereavement research of personal resolution in the bereft individual. Many studies in the bereavement literature describe experiences (i.e., normal grief, complicated grief) following loss through death. Additionally, the bereavement literature is robust with descriptions of grief outcome variables (i.e., manifestations of personal resolution); however, no published studies were found that conducted research on the prediction of personal resolution following loss through death.

Second, this research was conducted to contribute to the scientific knowledge base, from which to practice, to assist the bereaved to achieve timely personal resolution of loss following death. The need for interventions oriented towards timely personal resolution of loss following death is also present in the professional literature (Granek, 2010; Neimeyer, 2006; Neimeyer & Sands, 2011; Parkes, 2011; Zech & Arnold, 2011). Having a scientific knowledge base from which to practice can diminish the time the bereaved spends engaged in distressful loss-related grief; therefore, diminishing time spent potentially devoid of the possible richness and fullness offered in the brevity of life (Angelou, 1994; Brooke, 2001; Granek, 2010; Rando, 1991).

A third objective of this quantitative research was to fill a gap in the hope professional literature as suggested by Cutcliffe (1998, 2004, 2001), a qualitative researcher of hope during bereavement. Cutcliffe encouraged quantitative researchers to conduct studies addressing hope and the bereft client. Personal resolution of bereavement-related losses have been established as
important across disciplines including the fields of bereavement, hope, medicine, and research (Bonanno & Altman, 2001; Buglass, 2010; Cutcliffe, 2004; Holtslander, 2007; Kissane et al., 1996; Prigerson et al., 1997; Shear, 2009). Personal resolution is the individualized recovery from the effects of loss due to a major life event (Burnett et al., 1997). That is, personal resolution is a state of adjustment following loss through death that is acceptable to each bereaved person.

The variables of interest in this study were participation in individual counseling, participation in grief-support groups, perceived helpfulness of social support, and overall level of hope. The dependent variable was personal resolution [following loss through death]. Additionally, this research sought to address whether personal-resolution following loss through death differed based on race and differed based on relationship to the deceased.

**Individual Counseling**

The bereavement literature is mixed in regard to support for the benefit of individual counseling for the bereaved population. Consistent with research results by Stroebe and Stroebe (1991); this research also *did not fully support* participation in individual counseling as significant to the personal resolution of bereavement related loss and grief. Despite the absence of support for individual counseling by this research study; the professional bereavement literature is dense with research studies and articles further examining, rejecting, and explaining negative claims regarding the efficacy of individual counseling for the bereft client (Larson & Hoyt, 2007; Jordan & Neimeyer, 2003).

There is also a trend in the bereavement literature that provided ample evidence for individual counseling for the bereaved. For example, there exists in the professional bereavement literature an abundance of support examining competencies for professional
counselors who counsel the bereaved (Ober et al., 2012). There is also an abundance of support providing guiding principles, procedures, techniques, and interventions for use when counseling the bereaved (Humphrey, 2009; Neimeyer, 2000; Worden, 2009). This trend is further reflected in an abundance of support for bereavement models that guide therapy and counseling of the bereaved (Doughty et al., 2009; Drenth et al., 2009, Humphrey, 2009; Neimeyer & Currier, 2009; Maciejewski et al., 2007). Lastly, this trend has led to books that are devoted to counseling the bereaved client such as *Techniques of Grief Therapy* (Neimeyer, 2012) and *Counseling Strategies for Grief and Loss* (Humphrey, 2009).

A possible contributor to the mixed support for individual counseling in the bereavement literature may be that the actual need for bereavement counseling is indicated only for a relatively small percentage of the total bereaved population. Other possible contributors of mixed support for individual counseling for the bereaved are the effects of timing of counseling and the competency of individuals providing the counseling. Consistent with research that indicated that the overall number of the bereaved that needed grief counseling was relatively low (Bonanno et al., 2004; Jordan & Neimeyer, 2003); only one third of the participants in this study indicated participation in individual counseling. Additionally, timing of counseling for participants in this research study was less than the ineffectual time-frames of eight to ten sessions over an eight to ten week period that was cited by Jordan and Neimeyer (2003) as “possibly inadequate to produce measurable results” (p. 774).

A final factor of this study possibly contributing an explanation for the mixed support given individual counseling in the bereavement literature is the grief counseling was provided by some persons who lacked formal training to help bereft clients. In the bereavement literature,
study results showed professional counselors also lack training specific and competence for counseling the bereaved population (Ober et al., 2012).

Though this dissertation research did not fully support individual counseling as a predictor for the achievement of personal resolution following loss through death; the results are consistent with research that indicated only a small percentage of bereaved participate in counseling. That is, according to (Bonanno et al., 2004) large numbers of bereaved individuals are capable of genuine resilience in the face of loss without any counseling. Additionally, Jordan and Neimeyer (2003) concluded that only a small number of the bereaved need formal intervention for the achievement of personal resolution following bereavement related loss and grief. In this study, only one-third of the participants reported participating in individual counseling.

Grief Support Groups

The bereavement literature consistently reflected positively on grief support groups as a vehicle toward personal resolution following loss through death (Corey & Corey, 2006; Hoy, 2007; Wolfelt, 2003). This dissertation research-study results added support for participation in grief support groups and the positive relationship with personal resolution following loss through death. That is, the results of this study indicated a significant difference for participation in grief support groups and perception of personal resolution; although, the results showed no interaction effect for grief support groups and individual counseling together.

It is also mentionable that this research study recruited participants from a community-grief counseling center that offers grief support groups that are facilitated by trained leaders. According to the bereavement literature, grief support groups that are led by skilled leaders generally produced more positive outcomes than support groups led by lay leaders (Wolfelt,
Sample participants’ reported experiences in this study included participation in a variety of groups based on relationship to the deceased. The professional bereavement literature supports relationship-specific grief support groups as positive for personal grief-resolution (Children’s of Alabama, 2013; Compassionate Friends, 2013; GRASP, 2013).

**Individual Counseling and Grief Support Groups**

The combination of participation in individual counseling and grief support groups surprisingly yielded results that were not statistically significant as a predictor of personal resolution following bereavement related loss and grief. To the contrary, the professional literature indicated that group psychotherapy and individual therapy produced parallel positive outcomes for a variety of psychological problems, including psychological problems related to complicated grief (Corey & Corey, 2006; Markus & King, 2003; Piper & Ogrodniczuk (2004). The professional literature, though conflicted in support of individual counseling for personal resolution following loss through death, also provided support for individual grief counseling. That is, Larson and Hoyt (2007) conducted a literature review and meta-analysis to further examine negative claims regarding the efficacy of bereavement counseling. The study results showed no statistical or empirical foundation for claims that dismissed grief counseling as a viable and beneficial means to the achievement of personal-resolution following loss through death (Larson & Hoyt, 2007).

It is necessary to interpret this result with caution when advising the bereaved regarding available services to manage bereavement-related issues in their efforts to achieve personal resolution following bereavement related loss and grief. It is important to keep in mind that this study defined individual counseling as guidance provided by *any authorized helper* rather than being restricted to a professional provider practicing in the area of bereavement. It is also
important to keep in mind that though this study resulted in individual counseling and grief support groups as insignificant in combination; individual counseling and grief support group participation are interventions worth offering to the bereaved who seek help with grief issues.

In support of individual grief counseling, the most comprehensive summary of literature that was available suggested that bereavement intervention as better than no intervention to achieve personal resolution following loss through death (Currier et al., 2008). According to the Currier et al., (2008) study: (a) there was little evidence of difference between treated and untreated mourners when treatment was administered to all bereaved people regardless of demonstrated need, (b) modest differences were detected when mourners were at high risk for poor outcome, in which case therapy was more commonly helpful, and (c) substantial effectiveness of therapy was observed for studies screening for clinically significant distress as a criterion for treatment delivery.

Perceived Helpfulness of Social Support

The high correlation between social support and personal resolution resulting from this dissertation research findings is consistent with findings in the literature that indicate the role of social support is a positive contributor to the achievement of personal-resolution following loss through death (Dyregrov & Dyregrov, 2008; Norris & Murrell, 1990; Ogrodniczuk et al., 2002). That is, nearly the entire sample in this study indicated that social support was either very helpful or helpful. There were zero participants who indicated that social support was not at all helpful.

Those who aid the bereaved can have a measure of confidence in their necessity to assess for a social support network based on the findings of this study. The bereavement literature juxtaposes overall wellbeing and bereavement (Bonanno & Kaltman, 2010; Granek, 2010; Neimeyer, 2006; Prigerson et al., 1997); while, the life-span psychology literature juxtaposes
overall well-being during bereavement and social support (Wrzus et al., 2013). That is, according to Bonanno & Kaltman (2010), Granek (2010), Neimeyer (2006), and Prigerson et al., (1997) bereavement can be detrimental to mental and physical health, as well as overall well-being. On the other hand, the life-span psychology literature puts forth that social support has a positive impact for the health and well-being of the bereaved (Wrzus et al., 2013).

Furthermore, the bereavement literature is dense with potential problems indicative of some degree of symptoms of complicated grief when the bereaved perceive social support as inadequate. For example, the findings of a study conducted by Norris and Murrell (1990) suggested that there was a positive correlation between higher post-bereavement depression and lower social support. This perspective is further reflected by Shear et al., (2011) who put forth that the lack of social support was a precursor to the development of complicated grief. The findings of this study can counter damaging effects of perceived lack of social support, that hinder achieving personal resolution following loss through death, when considered by the bereaved themselves and those who aid them. The knowledge of the results of this study has the potential to decrease the number of bereaved who experience complicated grief as a result of a lack of social support.

**Overall Level of Hope**

This study added to the sparse professional literature that addressed the role of hope during bereavement; as well as, this research study fulfilled the request by Cutcliffe (2004) for quantitative researchers to conduct research on hope and the bereft client. The results of this study provided support to the existing research that indicated that the bereft’s overall level of hope is a predictor of personal resolution following loss through death (Cutcliffe, 2004; Hearth, 1990; Holtslander; 2007; Romond, 2010). According to the professional bereavement literature,
Groots-Albert (2012) suggested that the role of hope is the ignition that propels people’s expectations forward from their present dire circumstances to improved circumstances.

Race

The results from this study showed personal resolution following bereavement related loss and grief does not differ based on racial background. The mostly Caucasian study sample in this study was consistent with the majority Caucasian race in the samples in the professional bereavement literature. According to the professional bereavement literature, cultural practices, rather than race/ethnicity, are inextricably an integral ingredient to consider when assisting the bereaved with personal resolution following loss through death (Cowles, 1996; Goldsmith et al., 2008; Hardy-Bougere, 2008; McDevitt-Murphy et al., 2011).

Relationship to Deceased

The results from this study showed personal resolution following bereavement related loss and grief does not differ based on the relationship to the deceased. Spousal loss comprised the majority of this study’s sample. According to Parkes and Prigerson (2010), spousal loss is the number one type of relationship-loss that seeks assistance from professionals to manage grief experiences. The results of the research study is consistent with literature that reflected kinship alone is not an indicator of the grief that follows loss through death; rather, individual, cultural, and societal factors influence personal resolution of loss following death (Horwarth, 2011; Servaty-Seib, 2004; Stroebe et al., 2008).

Limitations

There were several limitations to this study. First, the return rate of the surveys was approximately 20%; those who did not respond may have had different responses than those who returned their surveys. That is, potential participants who may have had lower personal
resolution of their grief may have chosen not to participate in this study. To the contrary, the bereaved that experienced greater personal resolution may also have chosen not to participate in this study.

Second, the survey instruments and the results of this research are based on self-report data, which may be questionable. That is, responses may have been on what was perceived as socially desirable responses. Additionally, cognitive disorientation is prevalent during the early months following loss through death (Bonanno & Kaltman, 2001; Buglass, 2010; Dunne, 2004; Worden, 2009); therefore, the respondents may not have had accurate recall of experiential information that led to personal resolution of their loss which would have affected their responses.

Third, the participants are from a mostly urban area in the southeastern part of the United States and the results may not be generalizable to other regions. Fourth, the sample of this study was only comprised of African Americans and Caucasians. The results of this study may not be generalizable to other racial and ethnic backgrounds. The majority Caucasian sample of this research study was consistent with many studies in the bereavement literature that have a majority Caucasian sample. Therefore, the lack of diversity in bereavement research indicates a need for research with more minorities.

Fifth, the time period under scrutiny was limited to six-18 months following the loss. Therefore, the results of this study may not be generalizable for times preceding six months and exceeding 18 months of loss. Also in consideration of the time variable, the majority of the sample for this study indicated time of loss occurred closer to 18 months. Hence, the results also may not be generalizable for the bereaved whose losses were closer six months following the death.
Sixth, the training/preparation of qualified helpers who counsel the bereaved was not taken assessed. The competence of the helper can affect the achievement of personal resolution positively or negatively. Individual counseling in this study was defined as guidance provided by any authorized helper in any official capacity for the purpose of assistance with bereavement issues (Humphrey, 2009; Worden, 2009). This study did not require the individual counseling to be rendered by someone trained/competent in professional grief counseling.

Furthermore, this study did not specifically address the number of sessions and length of time counseling was received. According to Jordan and Neimeyer (2003), number of sessions and length of time must be adequate to “produce measurable effects” (p. 774). Additionally, the literature indicated the timing of grief counseling may have contributed to the lack of efficacy of grief-counseling studies results in the literature (Jordan & Neimeyer, 2003).

**Future Directions**

The professional literature substantiates bereavement-related loss as universal, normal, and difficult to endure; and in the absence of personal-resolution future problems are multifaceted (e.g., mental and physical morbidities, and mortality). The professional literature deems personal resolution following bereavement-related loss and grief as important. This study has the potential to become the beginning of an entire body of professional research in fields of study that include achieving personal resolution following losses. That is, this researcher developed the S.E.A.R.C.H. Personal Resolution of Loss model that is applicable to any type of loss that causes an individual to grieve. For example, losses can include health status, financial status, marital status (e.g., divorce or separation), possessions or material belongings such losses caused by inclement weather, death of loved-ones, and many other things. The letters of the S.E.A.R.C.H. model represent sympathy, empathy, assistance, reality, choices, and hope and
healing. In this study, the acronym S.E.A.R.C.H. describes a bereavement-related-grief trajectory experience from point of loss to personal resolution and includes five of the variables of interest in this study.

In essence, initially when someone dies, the bereft person receives sympathy condolences acknowledging the loss. There are even individuals who respond with empathy. Initially some degree of assistance (study variable / social support) is provided by sources such as family, friends, church, and community. After a period of time, the support and assistance readily accessible to the bereaved decreases and the reality of the loss begin to emerge. That is, the difficulties and change in lifestyle as a result of the death can be painful to endure. This decreased assistance is the result of a return to a normal way of life for everyone except the bereft, who remains acutely aware of his or her loss.

At this point in the bereavement-related-grief trajectory experience, the bereaved person is faced with needing to make choices that will address his or her grief symptoms, such as the variables in this study (i.e., participation in grief counseling and participation in grief support groups). The resilient bereft person can re-engage in life without issue and achieve hope and healing. To the contrary, the uncomplicated (normal) griever and the complicated griever may require assistance to manage the associated grief reactions that can have physical, emotional, cognitive, behavioral, sexual, and spiritual components, varying in length and disruptiveness (Dent, 2005; Neimeyer, 2006; Silverberg, 2007; Worden, 2009). Theoretically, as the griever engages in interventions that addresses his or her unique circumstances of his or her grief experience, he or she achieves hope (study variable) and healing (study variable / personal resolution) of bereavement-related-loss and grief.

More research needs to be conducted that further examines the efficacy of individual counseling and its impact on the achievement of personal resolution following bereavement related loss and grief. For example, a study with control groups who receive counseling from
authorized helpers versus professionals who practice in the area of bereavement will contribute to a solid theoretical foundation from which to practice (Humphrey, 2009; Worden, 2009) and will help to distinguish the differences in outcomes of therapy based on the credentials of the providers. Authorized helpers may include ministers, funeral home personnel, social workers, and school counselors; versus, professionals who specialize in the practice of bereavement counseling / therapy may include grief counselors and psychologists. Also, research is indicated focusing on the type of counseling (e.g., generic grief counseling or intervention-driven counseling that addresses specific grief-related issues), number of sessions, and timing of counseling to further delineate factors that can contribute to personal-resolution following bereavement related loss and grief.

Grief support groups and social support were clearly related to the achievement of personal resolution following loss through death in the results of this study and in the existing professional literature (Hoy, 2007; Humphrey, 2009; Worden, 2009). Further research is needed to delineate the various types of grief support groups (e.g., task groups, psycho-educational groups, counseling groups, psychotherapy groups, and brief groups) and the role of each for personal resolution following loss through death. Likewise, further research is needed on the role of social support for personal resolution following loss through death. Perhaps, researchers can conduct studies to identify the various ways that family and friends [overwhelmingly the main source of support in this study] offer social support that contributes to personal resolution following bereavement related loss and grief.

**Summary and Recommendations**

In summary, this study results added support to existing bereavement and hope literature findings. That is, participation in grief support groups, perceived helpfulness of social support,
and overall levels of hope influences personal resolution following bereavement related loss and
grief. This research offers options for helpers to the bereaved that can possibly contribute to
personal resolution of bereavement-related loss and grief including: a) suggesting to the
bereaved that they participate in grief support groups; b) providing assistance to the bereaved to
identify sources of social support, and c) assessing the bereaved overall level of hope and
inspiring the bereaved to gain new hope. Offering the suggestion of participation in grief support
groups can be the catalyst that places the bereft client in an environment that addresses many
facets of grief that can impede personal resolution of loss following death. For example, grief
support groups are a safe place for emotional expression; as well as, grief support groups address
social isolation that is experienced by many bereaved persons (Hoy, 2007; Humphrey, 2009:
Worden, 2009). Additionally, grief support groups validate normalcy for the bereaved (Hoy,
2007; Rando, 1991; Worden, 2009); and grief support groups provide the bereaved with
opportunities to share problem solving (Hoy, 2007; Worden, 2009). According to Neimeyer
(2009), grief support group participation allows for the telling and retelling of personal stories
that override social expectations and covert messages that others are tired of hearing it.

Also, when counselors and helpers of the bereaved assist them to identify sources of
social support; the bereaved may feel less alone and empowered that he or she has needed
support and can actually achieve personal grief-resolution. Though hope and bereavement
together are not well represented in the professional literature; a purpose of bereavement
counseling is to instill hope in clients so they may achieve personal grief-resolution (Cutcliffe,
counseling the bereft client can be considered a critical measure towards identifying bereaved
clients who may be at risk for complicated grief. According to findings by Holtslander (2007),
some bereft clients can benefit from support in searching for new hope during the grieving process in bereavement.

Also, based on this study’s results regarding race and relationship to the deceased, helpers of the bereaved can have a degree of confidence that all losses through death have the potential to be problematic. That is, as indicated in the literature, there are no predictable differences among people based on racial backgrounds (Cowles, 1996) or the relationship to the deceased (Cohen-Mansfield et al., 2013).

This researcher believes further research and discussion on preparing those who assist the bereaved and personal resolution of bereavement related grief is needed. The disparaging consequences of prolonged grief are well documented in the literature (Bonano & Kaltman, 2001; Kissane et al., 1996; Mostosky et al., 2010); as well as, the literature identifies the ability of a counselor to help clients adjust to grief is a critical skill that will be in higher demand in future decades (Ober et al., 2012). The literature also documents the lack of formal training, experience, and competency by helpers of the bereaved (Ober et al., 2012). Further examination of training requirements and preparation of future counselors are needed by institutions of higher learning and accrediting agencies for counselor education programs (e.g., the Council for the Accreditation of Counseling and Related Educational Programs [CACREP]). Further quantitative research on personal resolution following loss through death will also provide, as indicated as a need in the literature, counselors and those who aid the bereaved a denser scientific knowledge base from which to practice.

Personal-resolution following bereavement related loss and grief can benefit society as a whole by making a contribution to the overall health and well-being of the bereaved and a timely return to the possible richness and fullness life has to offer.
REFERENCES


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and bereavement in contemporary society: Bridging research and practice (pp. 107-116). New York, NY: Taylor and Francis Group, LLC.


Great, sudden, inexplicable, unfair loss.
It's everywhere and unavoidable.
Caused by hurricanes and earthquakes, fires and floods, train and plane crashes, war and terrorism, criminal violence, disease, betrayal, even the thunderous crash of monumental financial institutions, thousands of people's lives are maimed and mutilated, forever diminished by loss.
Homes, prized possessions, pensions, jobs, and health and are damaged or destroyed.
And so much worse, loved ones -- sons, daughters, moms, dads, friends, and family -- are yanked away without ceremony or a chance to say good-bye.
Victims of loss weep, "Why me?"
Survivors silently rejoice and then feel guilty for thinking, "Thank God it wasn't me."
And the great mass of casual onlookers feel both compassion and fear knowing, "Next time that could be me."
What's left after loss?
Choice.
One choice: dwell in loss, close the curtains, confine oneself to the small dark room of inconsolable despondency.
Another is to grieve and move on.
One choice is easier; the other is better.
How long does loss last?
It's up to you.
APPENDIX B

LETTERS OF SUPPORT

October 18, 2013

To Whom It May Concern

This is a letter of support for Doris Vaughan and her research entitled “Predictors of Personal Resolution following Loss through Death”. We have agreed to help Mrs. Vaughans with her research.

Sincerely,

[Signature]

[Name]

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Associate Medical Director

Jenifil Bell, RN
Executive Director

www.hospiceofmontgomery.org
1111 Hollowway Park • Montgomery, AL 36117 • 334-279-6677 • 334-277-2223 fax

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October 18, 2013

To Whom It May Concern

This is a letter of support for Doris Vaughans and her research entitled “Predictors of Personal Resolution following Loss through Death”. We have agreed to help Mrs. Vaughans with her research.

Best regards,

Danny R. Steele
Danny R. Steele, Owner
October 18, 2013

To whom it may concern:

This is a letter of support for Doris Vaughans and her research titled “The Predictors of Personal Resolution Following Loss through Death”. We have agreed to help Mrs. Vaughan with her research.

Sincerely,

Jason R. Wyatt
Tuscaloosa Memorial Chapel, Inc.
APPENDIX C

LETTER OF INVITATION FOR COMMUNITY GRIEF SUPPORT SERVICE

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Rabbi Jonathan Miller
Jim Moebes, Ph.D.
Barbara Moore
Dr. T. Michael Morgan
Tom Nelson
Rt. Rev. Henry Parsley
Dr. Tom Rains

October 29, 2013

Dear

Community Grief Support Service (CGSS) has agreed to support a research study entitled “Predictors of Personal Resolution Following Loss Through Death”. You are invited to participate in this study. The purpose of this study is to determine predictors of personal resolution following loss through death. The principal researcher is Doris C. Vaughans, Ph.D. student in the Counselor Education program at The University of Alabama, Tuscaloosa, AL

We are mailing this questionnaire to CGSS counselees and support group participants who suffered the death of a loved one between May 1, 2012 and April 30, 2013. You are under no obligation to participate. If you choose to take part, please know that your answers will contribute to the knowledge base of bereavement and personal resolution information, assessing the ability of grief support to engender hope and healing and making better care and support available to folks who are grieving.

CGSS is mailing this questionnaire directly to you to in order to maintain your confidentiality. We have not provided names or identifying information to the researcher. Likewise, we ask that you also not provide any identifying information on the survey. The completed forms are to be returned without personal identification directly to the researcher in the envelope provided. Doris Vaughans will compile the results and provide CGSS with a copy. If you receive this questionnaire you will also receive the results, regardless of whether or not you participate.
Your participation is completely voluntary. It may take approximately 5-10 minutes to complete the survey. You may find that some questions trigger a strong emotional response. Should you become upset, please take a break and continue when you are more composed. You may also choose not to participate in this study and simply do nothing.

If you should experience grief issues related to the completion of this survey, you may contact CGSS at (205) 870-8667 to receive grief counseling/support. CGSS is located at 1119 Oxmoor Rd., Homewood, AL, 35209.

Consent to participate in this study as described will be indicated only by your return of a completed survey. Your participation in this survey will have no bearing on your relationship with CGSS. For questions related to this research you may contact Doris Vaughans, Principal Investigator 1, at (334)201-9146 or Dr. Rick Houser, Principal Investigator 2, at (205) 348-0283.

If you have questions about your rights as a person taking part in a research study, or if you would like to make suggestions or file complaints and concerns, you may call Ms. Tanta Myles, the Research Compliance Officer of the University of Alabama at (205)-348-8461 or toll-free at 1-877-820-3066. You may also ask questions, make suggestions or file complaints and concerns through the IRB Outreach Website at http://osp.ua.edu/site/PRCO_Welcome.html. You may email us at participantoutreach@bama.ua.edu.

We hope you will want to take part in this important research. The results will provide CGSS with helpful information on the effectiveness of our grief support programs.

If you wish to participate, simply complete the enclosed anonymous questionnaire and return it within two weeks from the date of this letter in the stamped addressed envelope that is provided.

Sincerely,

Steve Sweatt, LPC/LMFT
Clinical Director

Enclosures - 2

Letter of Invitation for Hospice of Montgomery

Hospice of Montgomery has agreed to support a research study entitled “Predictors of Personal Resolution following Loss through Death”. You are invited to participate in this study.

The purpose of this study is to determine predictors of personal resolution following loss through
death. The principal researcher is Doris C. Vaughs, Ph.D. student in the Counselor Education program at The University of Alabama, Tuscaloosa, AL.

We are mailing this questionnaire to families who have been bereaved for six to eighteen months. You are under no obligation to participate. If you choose to take part, please know that your answers will contribute to the knowledge base of bereavement and personal resolution information, assessing the ability of grief support to engender hope and healing and making better care and support available to folks who are grieving.

Hospice of Montgomery is mailing this questionnaire directly to our clients to maintain their confidentiality. We have not provided names or identifying information to the researcher. Likewise, we ask that you also not provide any identifying information on the survey. The completed forms are to be returned without personal identification directly to the researcher, Doris Vaughans, in the return stamped envelope that is provided. Doris Vaughans will compile the results and provide Hospice of Montgomery with a copy. You may contact Hospice of Montgomery for a copy of the results if desired.

Your participation is completely voluntary. It may take approximately 5-10 minutes to complete the survey. In the event some questions trigger a strong emotional response and you become upset, please take a break and continue when you are more composed. You may also choose not to participate in this study and simply do nothing. You may contact Hospice of Montgomery at (334) 279-6677 to receive grief counseling/support for issues related to the completion of this survey. Hospice of Montgomery is located at 1111 Holloway Park, Montgomery, AL 36117. Consent to participate in this study as described will be indicated only by your return of a completed survey. Your participation in this survey will have no bearing on your relationship with Hospice of Montgomery. For questions related to this research you may
contact Doris Vaughans, Principal Investigator 1 at (334)201-9146 or Dr. Rick Houser, Principal Investigator 2 at (205) 348-0283.

If you have questions about your rights as a person taking part in a research study, or if you would like to make suggestions or file complaints and concerns, you may call Ms. Tanta Myles, the Research Compliance Officer of the University at (205)-348-8461 or toll-free at 1-877-820-3066. You may also ask questions, make suggestions, or file complaints and concerns through the IRB Outreach Website at http://osp.ua.edu/site/PRCO_Welcome.html. You may email us at participantoutreach@bama.ua.edu.

We hope you will want to take part in this important research. If you wish to participate, simply complete the enclosed anonymous questionnaire and return it within two weeks in the stamped addressed envelope that is provided.

**Letter of Invitation for VanHoose and Steele Funeral Home**

**VanHoose and Steele Funeral Home** has agreed to support a research study entitled “Predictors of Personal Resolution following Loss through Death”. You are invited to participate in this study. The purpose of this study is to determine predictors of personal resolution following loss through death. The principal researcher is Doris C. Vaughans, Ph.D. student in the Counselor Education program at The University of Alabama, Tuscaloosa, AL

We are mailing this questionnaire to families who have been bereaved for six to eighteen months. You are under no obligation to participate. If you choose to take part, please know that your answers will contribute to the knowledge base of bereavement and personal resolution information, assessing the ability of grief support to engender hope and healing and making better care and support available to folks who are grieving.
VanHoose and Steele Funeral Home is mailing this questionnaire directly to our clients to maintain their confidentiality. We have not provided names or identifying information to the researcher. Likewise, we ask that you also not provide any identifying information on the survey. The completed forms are to be returned without personal identification directly to the researcher, Doris Vaughans, in the return stamped envelope that is provided. Doris Vaughans will compile the results and provide VanHoose and Steele Funeral Home with a copy. You may contact VanHoose and Steele Funeral Home for a copy is desired.

Your participation is completely voluntary. It may take approximately 15-30 minutes to complete the survey. In the event some questions trigger a strong emotional response and you become upset, please take a break and continue when you are more composed. You may also choose not to participate in this study and simply do nothing. You may contact Hospice of West Alabama at (205) 523-0101 to receive support for issues related to the completion of this survey. Hospice of West Alabama is located at 3851 Loop Rd. Tuscaloosa, AL 35404. Consent to participate in this study as described will be indicated only by your return of a completed survey. Your participation in this survey will have no bearing on your relationship with VanHoose and Steele Funeral Home. For questions related to this research you may contact Doris Vaughans, Principal Investigator 1 at (334)201-9146 or Dr. Rick Houser, Principal Investigator 2 at (205) 348-0283.

If you have questions about your rights as a person taking part in a research study, or if you would like to make suggestions or file complaints and concerns, you may call Ms. Tanta Myles, the Research Compliance Officer of the University at (205)-348-8461 or toll-free at 1-877-820-3066. You may also ask questions, make suggestions, or file complaints and concerns
through the IRB Outreach Website at http://osp.ua.edu/site/PRCO_Welcome.html. You may email us at participantoutreach@bama.ua.edu.

We hope you will want to take part in this important research. If you wish to participate, simply complete the enclosed anonymous questionnaire and return it within two weeks in the stamped addressed envelope that is provided.

Letter of Invitation for Tuscaloosa Memorial Funeral Home

Tuscaloosa Memorial Chapel, Inc. has agreed to support a research study entitled “Predictors of Personal Resolution following Loss through Death”. You are invited to participate in this study. The purpose of this study is to determine predictors of personal resolution following loss through death. The principal researcher is Doris C. Vaughans, Ph.D. student in the Counselor Education program at The University of Alabama, Tuscaloosa, AL

We are mailing this questionnaire to families who have been bereaved for six to eighteen months. You are under no obligation to participate. If you choose to take part, please know that your answers will contribute to the knowledge base of bereavement and personal resolution information, assessing the ability of grief support to engender hope and healing and making better care and support available to folks who are grieving.

Tuscaloosa Memorial Chapel is mailing this questionnaire directly to our clients to maintain confidentiality. We have not provided names or identifying information to the researcher. Likewise, we ask that you also not provide any identifying information on the survey. The completed forms are to be returned without personal identification directly to the researcher, Doris Vaughans, in the return stamped envelope that is provided. Doris Vaughans will compile the results and provide Tuscaloosa Memorial Chapel with a copy. You may contact Tuscaloosa Memorial Chapel for a copy if desired.
Your participation is completely voluntary. It may take approximately 5-10 minutes to complete the survey. In the event some questions trigger a strong emotional response and you become upset, please take a break and continue when you are more composed. You may also choose not to participate in this study and simply do nothing. You may contact Hospice of West Alabama at (205) 523-0101 to receive support for issues related to the completion of this survey. Hospice of West Alabama is located at 3851 Loop Rd. Tuscaloosa, AL 35404. Consent to participate in this study as described will be indicated only by your return of a completed survey. Your participation in this survey will have no bearing on your relationship with Tuscaloosa Memorial Chapel. For questions related to this research you may contact Doris Vaughans, Principal Investigator 1 at (334)201-9146 or Dr. Rick Houser, Principal Investigator 2 at (205) 348-0283.

If you have questions about your rights as a person taking part in a research study, or if you would like to make suggestions or file complaints and concerns, you may call Ms. Tanta Myles, the Research Compliance Officer of the University at (205)-348-8461 or toll-free at 1-877-820-3066. You may also ask questions, make suggestions, or file complaints and concerns through the IRB Outreach Website at http://osp.ua.edu/site/PRCO_Welcome.html. You may email us at participantoutreach@bama.ua.edu.

We hope you will want to take part in this important research. If you wish to participate, simply complete the enclosed anonymous questionnaire and return it within two weeks in the stamped addressed envelope that is provided.
APPENDIX D

DEMOGRAPHICS

Race/ethnicity:  African American _____  Caucasian _____  Hispanic _____

Gender:  Male _____  Female _____  Your age:  ___________ (years)

Relationship to deceased:  Your Spouse/partner _____  Your child _____  Your parent _____  Other _____

Please circle the number of months that have passed since the death of your loved one.
6  7  8  9  10  11  12  13  14  15  16  17  18

Please circle the correct answer of yes or no to the following three questions.

1.  Individual counseling refers to guidance provided by any authorized helper in any official capacity for the purpose of assistance with bereavement issues.

   Did you receive individual counseling following the death of your loved-one?  Yes  No

   If yes, number of months after death when you received the counseling ___________; number of sessions? ___________

2.  Grief support groups consist of more than one person assembled together to share grief related experiences for the purposes of mutual support, normalizing, freedom of sharing, and encouragement.

   Did you participate in a grief support group?  Yes  No

   If yes, number of months after death when you participated in a grief support group ___________; number of sessions? __________

3.  Social support includes a wide array of helpful assistance from many sources including family, friends, religious affiliations, community members, media, internet, reading materials, colleagues, and others.

   How helpful was the social support you received from family and other sources?

0  Not at all helpful  2  Somewhat Helpful  3  Neutral  4  Helpful  5  Very Helpful

Please write your main source of social support: ________________________________
APPENDIX E

BEREAVEMENT PHENOMENOLOGY: PERSONAL RESOLUTION

Directions: Read each item carefully. Using the scale shown below, please select the number that best describes your present state of being and write that number in the blank beside each question.

1  Never   2  A little bit of the time   3  Quite a bit of the time   4  Always

_____ Do you have the ability to assist others?

_____ Do you have current feelings of strength, having experienced loss?

_____ Do you have the ability to organize life since loss?

_____ Do you have the ability to organize to your satisfaction?

_____ Do you have a current understanding of self, having experienced loss?
APPENDIX F

THE STATE HOPE SCALE

Directions: Read each item carefully. Using the scale shown below, please select the number that best describes how you think about yourself right now and put that number in the blank before each sentence. Please take a few moments to focus on yourself and what is going on in your life at this moment. Once you have this "here and now" mind set, go ahead and answer each item according to the following scale:

1 = Definitely False      2 = Mostly False      3 = Somewhat False      4 = Slightly False
5 = Slightly True        6 = Somewhat True      7 = Mostly True        8 = Definitely True

_____ 1. If I should find myself in a jam, I could think of ways to get out of it.

_____ 2. At the present time, I am energetically pursuing my goals.

_____ 3. There are lots of ways around any problem that I am facing now.

_____ 4. Right now, I see myself as pretty successful.

_____ 5. I can think of many ways to reach my current goals.

_____ 6. At this time, I am meeting the goals that I have set for myself.
APPENDIX G

PERMISSION TO ISOLATE SUBSCALE NUMBER 7
FROM THE BEREAVEMENT PHENOMENOLOGY INSTRUMENT

From: Doris Vaughans
[mailto:dcvaughans@crimson.ua.edu]<mailto:dcvaughans@crimson.ua.edu>
Sent: Tuesday, 31 July 2012 8:12 AM
To: Paul Burnett
Subject: Urgent Research Inquiry

Dear Dr. Burnett,
My name is Doris Vaughans. I am a Ph.D. student in Counselor Education at the University of Alabama in the United States. My research includes predicting personal resolution of grief resulting from loss due to death.
I have read your article in Psychological Medicine, 1997, 27, 49-57, "Measuring core bereavement phenomena". I am interested in using Subscale 7 (Personal Resolution) in my research. Can this scale be isolated for use in research?
If yes, what is the procedure to request permission?
Please advise.
Thank you for your assistance. My phone contact information is cellular phone number (334) 201-9146; work phone number (205) 523-0101.
Sincerely,
Doris C. Vaughans

From: Paul Burnett
<pburnett@qut.edu.au><mailto:p.burnett@qut.edu.au>
Sent: Monday, July 30, 2012 8:15 PM
To: Doris Vaughans
<dcvaughans@crimson.ua.edu><mailto:dcvaughans@crimson.ua.edu>
Sent: Monday, July 30, 2012 8:15 PM
Subject: RE: Urgent Research Inquiry

Hi Doris,

Please use the scale. You have my permission.

Yes it can be used separately.

Kind regards,

Paul
Professor Paul C Burnett, Dean of Research and Research Training
On 23/10/2012, at 7:29, "Doris Vaughans" wrote:
Dear Dr. Burnett,
Thank you again for permission to use of the Bereavement Phenomenology questionnaire, subscale number 7. Will you please inform me of the wording for each of the five items and what scale to use to measure the items?
Please advise.
Thank you very much.
Sincerely,
Doris Vaughans

From: Paul Burnett <p.burnett@qut.edu.au>
To: Doris Vaughans <dorisvaughans@yahoo.com>
Sent: Monday, October 22, 2012 6:35 PM
Subject: Re: Urgent Research Inquiry

Hi Doris.

The wording is in the journal article and you will have to construct the scale from the info in the article.

Cheers

Professor Paul Burnett
Dean of Research and Research Training
QUT 0418248134

From: Doris Vaughans <dorisvaughans@yahoo.com>
To: Paul Burnett <p.burnett@qut.edu.au>
Sent: Tuesday, October 23, 2012 8:32 AM
Subject: Re: Urgent Research Inquiry

Thank you very much. I am looking forward to using it in my research!
Sincerely,
Doris Vaughans