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The Personality Trait of Hardiness As It Relates to Bereavement

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**THE PERSONALITY TRAIT OF HARDINESS AS IT RELATES TO
BEREAVEMENT**

Janice Dianne Davis

An Abstract Presented to the Faculty of the Graduate School of
Lindenwood University in Partial Fulfillment of the Requirements for the
Degree of Master of Art

2000

Abstract

The purpose of this study was to determine the relationship between one personality factor concerning the beliefs about one's world to the resolution of grief. The question to be studied was whether unresolved grief was related to levels of hardiness. Thirty individuals served as subjects for this study. They completed the Resolution of Grief Instrument and the Hardiness Scale. Results of the Pearson product-moment correlation showed that a negative relationship exists between hardiness levels and the resolution of grief.

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BEREAVEMENT**

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Lindenwood University in Partial Fulfillment of the Requirements for the
Degree of Master of Art**

2000

COMMITTEE IN CHARGE OF CANDIDACY

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DEDICATION

To Leigh who brought love and laughter and touched us forever with her uncommon grace. Also to Robin and Chad who believed that I would finish.

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CHAPTER I
INTRODUCTION

The Personality Trait of Hardiness as it Relates to
Bereavement

Bereavement is a multidimensional adaptive process that is intensely demanding. Having lost a loved one to death is known as the state of bereavement; grief is the personal response, and the public expression is mourning (Steen, 1998). "The emotional suffering that follows the death of a loved one is called bereavement" (Newman & Newman, 1991, p. 586). Grief is defined as "deep sorrow resulting from a loss" (Newman & Newman, 1991, p. 655). Various losses cause grief, but especially from the loss from death of a person significant to the bereaved. Grieving is a normal, universal healing response to loss (Deutsch, 1982).

Most clinicians agree that personality has a role in the resolution of grief, even though very few studies exist to support such a claim (Osterweis, Solomon, & Green, 1984). The few studies published have, for the most part, focused on sociodemographic and situational factors, such as age, relationship, mode of death (expected versus unexpected), quality of marriage, social support, and socio-economic status. At the time of bereavement, those who are psychologically healthier prior to the loss can anticipate experiencing the pain but not becoming unduly anxious

or overwhelmed.

The personality traits that individuals possess are what distinguish them from one another. Such traits cause their behavior to remain consistent in similar situations and across time and remain relatively constant throughout their life. Individuals confront the world in terms of their traits consequently their traits organize their experiences. For example, if people tend to be aggressive, this aggression will surface in a wide range of situations. Personality traits guide individual's behavior and individuals can only respond to the world in terms of their personality traits. Therefore, personality traits not only initiate behavior but guide it as well (Hergenhahn, 1994).

It is probable that personality traits relate to coping under stressful circumstances, such as loss of a spouse (Campbell, Swank & Vincent, 1991). Personality traits relate to how well or poorly a person copes with emotional distress. Some individuals withdraw, become overwhelmed, or resort to maladaptive behavior in an attempt to defend themselves against such strong feelings, as they are unable to tolerate the high emotional distress of the loss of a loved one. Consequently, they develop a complicated grief reaction because of this inability to cope with such a stressful life-event (Worden, 1991).

There is a need to understand the enduring high distress experienced at the time of bereavement. The ability to predict high distress is not enough. An understanding is needed for the meaning of high distress and how this distress is reflected in the lives of the bereaved. Perhaps such distress is reflective of personality traits rather than situational factors, deficiencies or difficult circumstances (Vachon, Sheldon, Lancee, Lyall, Rogers & Freeman, 1982).

Furthermore, the life event of bereavement incorporates multiple stressors, some of which may be changeable, but others are not. Grief is the emotion that comes from bereavement and grief is what needs to be resolved above all (Stroebe & Schut, 1999). In most cultures bereavement can be a time of self-criticism, uncertainty, doubt, and stress (Stroebe, Stroebe, Gergen, & Gergen, 1985). Henderson (1994) maintains that bereavement is one of the most severe stresses in life.

Loss is not always resolved as it is in theoretical stages of mourning. The current literature suggests that there is no agreement as to the ordering of the stages of mourning (Stroebe & Schut, 1999). Bowlby (1961) proposed a distinct sequence after the death of a loved one that includes, numbing, distress and anger, yearning and searching, disorganization and despair, and finally reorganization. Zilberfein (1999) suggests that, although the pattern in mourning is helpful, the stages are

often blurred. The factors in an individual's life determine how they mourn. Some of these factors include relationship with the loved one, beliefs about death, perception of loss, available support system, inner strengths, and a person's history of loss.

Loss of a loved one is considered one of the most stressful circumstances in life. Kobasa, Maddi and Kahn (1982) point out that when stressful events mount, hardiness has its greatest health preserving effects. Despite considerable life stressful circumstances some individuals do not become ill. Kobasa (1979) reports findings that indicate personality may have something to do with staying healthy. This personality factor called hardiness, plays an important role in whether a person becomes ill or not under stressful circumstances. In stressful situations, hardiness has shown to be associated with high levels of well being. Van Servellen and Topf (1994) describe personality hardiness as a set of beliefs about one's world and oneself. Hardier persons perceive daily stressors as challenges, take control of their lives, and believe that commitment to goals will result in positive outcomes. Gramzow and Sedikies (2000) identify hardiness as a variable that is an important predictor of emotional distress.

Statement of Purpose

The purpose of this study is to determine the relationship between hardiness, a personality factor and the resolution of grief. The following question was posed: Does unresolved grief relate to the level of hardiness?

Hypothesis

1. There is a relationship between resolution of grief and the degree of hardiness reported by an individual.

CHAPTER 11

LITERATURE REVIEW

A review of the literature includes three major areas which bear relevance to bereavement: grief, the relationship between loss and stress, and the personality trait of hardiness.

Grief

Loss is considered as inevitable and most individuals resolve their grief with the aid of supportive community rituals and experience the pain and emotional upheaval of bereavement as normal (Romanoff & Terenzio, 1998). However, bereavement is potentially dangerous to one's health. It is associated with a high mortality and a third of bereaved people develop a depressive illness (Shelton, 1998). Therefore, bereavement presents the possibility of mental and physical disease and at the same time an opportunity for personal growth (Steen, 1998).

The growth potential of grief is presented in the transformative model of grief and focuses on the capacity of the individual to grow and change in a positive way as a result of loss. In this model, the process of growth from bereavement is examined in a wholistic perspective. Schneider maintains that suffering is part of the human condition and that people can grow and find meaning in suffering (Schneider, 1994). Many of the bereaved show major positive changes in adjusting to spousal loss.

These changes include an enhanced sense of social autonomy and control, renewed personal meaning leading sometimes to a kind of self-transcendence and an enhanced sense of resilience (Fry, 1998). Yet such approaches should be viewed with some scepticism and be kept in perspective. Many of the bereaved have no need for the knowledge that such experience leads to creativity but are instead struggling desperately just to get through miserable days (Stroebe, 1997). Benefit concepts may best be introduced with phrases such as, becoming stronger and changed view of self and others, rather than growth or character building. The client may, at the extreme, view the possibility of any benefit as a lack of sensitivity to their pain, especially to survivors of events that involved loss of life (McMillen, 1999).

The process of grief and mourning is a uniquely individual process. There is no correct timetable for the completion of the process of healing. It may take a year for the process of healing or it may take a lifetime (Freeman & Ward, 1998). Even years after the death of a loved one, loss causes many individuals to have several depressive feelings or behaviors associated with their loss (Zisook, Devaul & Click, 1982).

Loss of a Child

One of the most painful losses a parent can endure is the death of a child. "Losing a child of whatever age can be one of life's most

devastating losses and its impact lingers for years” (Worden, 1991, p. 122). The most difficult concept for any parent to accept is the reality of the child’s death. Consequently, inner attachment to the deceased child is not relinquished but continues along the lifespan unaffected by other developmental process of life events. This may suggest reevaluation of parental grief resolution (Malkinson & Bar-Tur, 1999). For example, research by Lehman et al. (1987) indicated that no difference in symptoms or functions were observed between those who lost a spouse or child 6 or 7 years ago and those whose loss occurred 4 to 5 years ago.

Compounding the painful loss of a child, a sudden death experience may be particularly overwhelming and stressful. The grief experience and the impending loss are profound (Henderson, 1994; Lehman, Wortman; & Williams; 1987; Littlefield & Rushton, 1986; Nesbit, Hill, & Peterson, 1997). When a child dies before a parent it is contrary to the biological order of the natural world. It makes no sense and it is simply not right. The world is no longer a safe place. If a child can die, then anything can happen. Nothing seems to make sense anymore and parents struggle to find meaning for the loss. Sometimes there are no answers and only the parents can find the answers that make sense to them (McLaren, 1998).

There is a theme among bereaved parents of grief as a private, isolating inner process. This isolation is often between two parents grieving for their child as well as isolation from the nonbereaved and other bereaved parents (Malkinson & Bar-Tur, 1999). A review of the literature did not substantiate the view that an uncomplicated grief reaction could be settled in 4 to 6 weeks. Since the death of a child or spouse is one of the most stressful events that a person can experience a question of major significance concerns the issue of recovery from such a loss (Lehman, Wortman & Williams, 1987).

In the process of recovery from loss, differential attachments could explain why mothers and their relatives grieve more intensely than others do. Presumably, the greater the attachment the greater the loss. In a study of the grief intensity of bereaved parents and their immediate families the findings indicated that mothers tend to grieve more than fathers do. Maternal grandmothers grieve more than maternal grandfathers or paternal grandparents. Mother's siblings grieve more than father's siblings do (Littlefield & Rushton, 1986).

A qualitative investigation of the experiences of bereaved mothers indicated that after the child's death the mothers grew and changed in ways they could not have imagined. They continued to process their understanding of a child's death in socially acceptable ways. These

mothers became early intervention practitioners, started bereavement groups, and became patient advocates, others helped mothers through the labor and delivery of stillborn children. These mothers tended to process their grief in positive ways (Farnsworth & Allen, 1996).

Gender Differences in Bereavement

Perhaps men grieve as much as women but have different or fewer outlets through which to process their grief. Men are compared to a female standard of grief and its expression. Consequently, this kind of comparison may lead to the questionable assumption that men are better off than women following a loss, or that they do not grieve at all (Stinson & Lasker, 1992). Although masculine ways of grieving has recently received some attention in research, in the past studies have favored female grief. The preferred masculine ways of grieving is less confrontive with respect to the emotion of grief and less expressive of depression and distress than the female ways of grieving (Stroebe & Schut, 1999). Consequently, immediately following a loss, women's grief responses are more intense than men's but continue to decrease over time. However, men's grief scores tend to increase over time which suggest that men are more likely to deny the loss than women. Men may attempt to deal with the loss by denying their pain due to the gender stereotype, casting men as strong and unemotional. Although, women are more expressive of grief

than men does not necessarily mean that men feel less grief (Stinson & Lasker, 1992). Since men's personality dimension of self-concept defines themselves as one of being the strong one in the family, they often do not allow themselves to experience the feelings required for adequate resolution of grief. For example, women who have experienced a miscarriage may focus some of their blame on their husbands. This happens because the woman perceives that the husband does not have the same feelings that she has about the loss. Therefore, the husband's need to act strong and be supportive may be misinterpreted by the woman as not caring (Worden, 1991).

Grieving Across the Lifespan

Children are often excluded from events during bereavement and death by well meaning adults. Yet 2 or 3-year-old children begin to develop an understanding of some aspects of loss. Eight year olds usually have a full understanding of death and attending events are very important to the healing process of loss (Shelton, 1998). For example, even though children of this age reflect more of the adult feeling states following a loss, the risk is that they may perceive the loss as due to their own sense of badness (Worden, 1991).

The grieving adolescent population has been neglected in research. They are often classified incorrectly with adult or children groups.

Because adolescents have their own unique considerations, counselors need to understand the characteristics teenagers bring to the grieving process as well as adolescent development (Kandt, 1994).

The death of a sibling during a teenager's life stage causes changes in cognitive capacity making it possible for the adolescent to challenge his or her beliefs and search for new meaning. Adolescent perspectives change in many areas of their lives. Their views concerning their sibling, themselves, others, life, death, or a higher power are often altered (Batten & Oltjenbruns, 1999).

The elderly grief reactions to spousal loss, during the transition period, indicates that individuals experience major guilt, regrets and doubts. However, a 12-month follow-up reveals gradual successful adaptation (Fry, 1998). Yet Sable (1991) indicates that elderly persons do not accept and adjust to bereavement more successfully than younger persons as reported in some studies. Older women experience more intense grief than younger women do. It appears there is a more and lasting sadness than generally assumed. The elderly reported more feelings of anxiety and depression than the younger group. Supporting this study Henderson (1994) points out that when one partner in a marriage dies, among the elderly, the surviving partner is likely to die soon afterwards.

Loss and Stress

Loss is a particular type of stress event. A stress event will remain a source of stress until the loss aspect is recognized and the individual receives the necessary support while grieving the loss (Schnieder, 1984).

Significant unresolved stressors disturb the body equilibrium level initiating the General Adaptation Syndrome of alarm, resistance and exhaustion, which are responses to the quantity of change experienced by an individual. The stage of resistance follows the alarm reaction if the organism can survive the first stage in responding to stress. The three stages of response are not automatically damaging provided that the stage of exhaustion is reversible (Lazarus & Folkman, 1984, Selye, 1985).

Although Selye focused on the individual response to a stressor, other researchers focused on the stressors and the effect the stressors may have on the health of the individual. Antonovsky (1979) maintains that stressors are present at all times in human existence. The response to a stressor is a state of tension. If tension is managed poorly, this leads to the stress syndrome and toward disease. However, good management of tension moves one towards health. Wagenaar and La Forge (1994) propose that in modern society stresses are characteristically psychological

in nature instead of physical as they were initially and the response system may lead to organism breakdown over the long term. Schnieder (1984) reports that it is possible to see realistic options to stress and learn effective ways to cope with them, however vulnerability is decreased not only by directly working on sources of stress but by cultivating a supportive environment and personal behaviors that decrease vulnerability.

Hardiness

The concept of hardiness focuses on persons that remain relatively healthy after experiencing high amounts of stressful life events. Loss of an attachment is one such stressful event. Stroebe and Schut (1999) maintain that bereavement includes several specific stressors with the major one being the primary loss of the attachment figure. Schnieder (1984) points out that any attachment can be lost. The autonomic nervous system interprets any change as a threat. When people are aware of the threat of loss, stress has the potential to be alleviated. Loss is the primary threat to the organism because loss is involved in any change.

If personal behaviors play a part in decreasing vulnerability to stress, perhaps a preexisting personality is a crucial variable in the resolution of loss. In a study on women in conjugal bereavement, Vachon et al. (1982) report findings that indicate some personality traits as

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important predictors of resolution of grief. Women with personality traits that were in harmony with the expected role of a widow had low distress while widows with health and financial problems, lacking in social support correlated with high distress. Osterweis et al. (1984) point out that the personality variables of a bereaved person may influence grief resolution probably due to the quantity and quality of their social support network. Combining various empirical and theoretical leads, Kobasa (1979) developed the concept of hardiness as a personality characteristic that determines how people cope with stress, anxiety, and disease. Kobasa proposes that hardier people tend to cope more effectively with stress. Hardy people are described as committed to their activities, feeling they have a sense of control over their lives, and seeing life as a series of challenges.

In support of the buffering effects of personality, Gramzow and Sedikides (2000) discuss findings concerning the self-regulatory variables of elasticity and permeability. The elasticity factor indicates the degree to which a person adapts and perseveres through traumatic or demanding situations, adversity, and is sensitive to contextual constraints. The control and commitment components of hardiness loaded heavily on the elasticity factor. The permeability factor represents the degree to which

the self controls, versus express impulse. The challenge component of hardiness loaded on this second factor.

In an attempt to distinguish hardiness from optimism, Maddie and Hightower (1999) report results from three studies comparing hardiness and optimism that suggest that hardiness involves less complacency than does optimism. Hardiness is more clearly related than optimism to the pattern of avoidance of regressive coping (e.g., disengagement, stoicism) and simultaneous use of transformative coping (e.g., problem solving, planning). Hardiness relates to more coping efforts. Although, at times, both hardiness and optimism related positively to transformative coping, only hardiness related negatively to signs of regressive coping.

Global hardiness constructs represents an individual's degree of resourcefulness or elasticity (Gramzow & Sedikides, 2000). Since a person's ability to cope with stressful life events is related to one's elasticity and resourcefulness, perhaps the hardy personality tolerates extremes of emotional distress. Kobasa and Associates conducted several research studies on hardiness as a buffering effect against illness. The results support the theoretical framework of hardiness serving as a resistance source to illness development in the presence of stressful life events (e.g., Kobasa, 1979, Kobasa, Maddi & Courington, 1981, Kobasa, Maddi, & Kahn, 1982).

Corroborating these findings were studies indicating that under war-related and survivor assistance stress, hardiness could partly explain why some soldiers remain healthy. Under high and multiple-stress conditions particularly, those high in hardiness and social support remained healthy, while those low in these resources were more at risk for illness (Bartone, 1999, Bartone, Ursano, Wright & Ingraham, 1989).

Several studies have produced mixed support for the dimension of hardiness. Roth, Wiebe, Fillingim & Shay (1989) presented a study that failed to confirm the hypotheses that hardiness moderates the negative effects of stressful life events. The researchers found that neither fitness nor hardiness produced a stress-moderating effect on health. The researchers suggest that perhaps hardy individuals experience fewer negative life events or render troubling life events less harmful due to a particular cognitive style.

In opposition to other studies, Lawler and Schmied (1986) reported findings indicating that hardiness was significantly related to age, marital status, and educational level. In addition, there was no buffering effect between stress and illness by individuals possessing a hardy personality. Stress correlated with illness and type A behavior and hardiness correlated with stress, but neither type A behavior nor hardiness correlated with illness.

Two studies measured work-related stress and health in nurses. Van Servellen and Topf (1994) found that health problems in nurses were linked to greater job-related stress and greater emotional exhaustion. Hardier nurses reported less emotional exhaustion, fewer health problems, and less work-related stress. Conversely, Sortet and Banks (1996) measured 126 nurses for the interrelationships among job stress, health and hardiness. Hardiness as a mediating variable in the relationship between job stress and health was not supported.

Family Hardiness

Research extending the hardiness concept beyond the individual level to families has recently begun. Several studies suggest a significant link between psychological health, family interaction patterns, and illness.

Cohesion enhanced interaction appears to be an important dimension of family interaction. Two studies by Amerikaner and Monks (1994) examined relationships between young adult's individual psychological health (PH) status and perceptions of interaction patterns in their families of origin. The high PH group was required to score high on social interest and hardiness measures. Two primary dimensions of family interactions, adaptability and cohesion, were tested. The high PH group participants perceived their families to be more cohesive however; they were not more adaptable. The high PH group was more satisfied with

their families and perceived better communication with their mothers. Clearly, cohesion is an essential characteristic distinguishing between the two groups. In families where intense expression of emotion and conflict is normative and is balanced by cohesion enhancing interactions, children are unlikely to interpret specific episodes as threatening to family cohesion.

Corroborating these findings, Olsen (1999) conducted a study that examined how support and communication are related to hardiness in families who have young children with disabilities. Having a child with disabilities may impose multiple challenges to families. Results showed that perceptions of the helpfulness of family support were positively related to family hardiness for both fathers and mothers. Negative communication was negatively related to family hardiness for mothers. Father's assessment of hardiness was associated with income. Facilitating family support and helping to diminish negative family communication may enhance hardiness in families.

The hardiness concept of control, the belief that one can influence ongoing life events, is important in family coping. The primary purpose of this study was to learn more about how strain, family coping, and family hardiness were related to depressive affect among mothers of

children who were held hostage by two gunmen in a school. Perceived control (as a dimension of family hardiness) along with the use of social and spiritual support were particularly important for positive outcomes (Ladewig & Jesse, 1996).

Supporting these findings are results that suggest the possibility of intergenerational transmission of some sense of helplessness. Children of Holocaust survivors (COS) and children of Holocaust escapees (COE) were studied for stress resilience differences by the short, 15 item form of the Hardiness scale. The COS scored significantly lower than the COE on the total scale, as well as on the control and commitment variable. There was no significant difference on the challenge variable. The control subscale for the COS indicates some belief that there is little they can do in the face of environmental stress and the commitment subscale shows an increased reluctance to face life's struggles and opportunities. One explanation for the results is that the COS has adopted a sense of vulnerability from their parents that the COE has not (Baron and Eisman, 1996).

Family hardiness appears to be related to family life events and illness occurrence in families. Fifty-eight families were assessed in relation to family life events, adult hardiness, and illness occurrence. The results indicate that family life events and illness occurrence are positively

correlated. In relation to negative life events, the stress-moderating effect of hardiness is supported (Bigbee, 1992).

Hardiness Grief Resolution

Several studies have attempted to study the personality and learn how it moderates the negative effects of high stressful life events. However, only two major studies have attempted to identify which personality characteristics might be important in predicting normal resolution to the high stressful life event of bereavement.

The first major personality study by Vachon et al. (1982) described the personality characteristics of emotional stability, regard for social reputation, conscientiousness, and tolerance of traditional difficulties as important predictors of resolution of grief. These core personality factors played a protective role for the individuals in this study. The researchers maintain that there is a difference between Kobasa's hardy individual and the widows in this study. The personality characteristics that are required to survive the stress of everyday living are different than those needed in mediating the effects of the stress of a spouse's death. The researchers propose that individuals with enduring low distress can best be understood as having the presence of personality characteristics which promote adaptation into new roles rather than the absence of mourning.

However, it appears that the somewhat different qualities of a hardy personality, of commitment, control, and challenge, may be those needed to resolve grief. Campbell et al. (1991) report findings from a study of seventy widows indicating that hardiness was a significant predictor of grief resolution in addition to general mental health.

The RLI was used as the criterion measure of grief resolution in this study. The mean RLI for this sample was 47.19. The Personal Views Survey was used to measure hardiness. The correlation of Response to Loss with hardiness was significant at $-.51$.

The researchers maintain that recovery from grief involves finding new meaning in one's life and activities and the restructuring of identity. Individuals are challenged to restructure themselves in new ways. Hardiness predicts resolution over and above what could be described as general mental health and lends support to the hypothesis that the hardy personality serves as a buffer between stress and illness. The importance of time in the recovery from loss is validated as resolution of grief is felt to occur over time.

The researchers recommend that in the future, in addition to examining situational or socio-demographic factors in trying to determine who will be most at risk for a poor outcome after the loss of a spouse, it

may be just as important to examine personality characteristics, particularly hardiness.

A review of the literature indicates agreement that personality plays a role in positive outcomes, particularly in the resolution of grief. This was evidenced by the personality of Kobasa's hardy individual, who reflects a belief in their own competence. Studies show that hardiness is related to psychological health, illness and family interaction patterns. Additionally, the personality traits of hardiness appears to allow the individual to recover from grief by finding new meaning in life and restructuring their identity.

CHAPTER III

METHOD

Subjects

The sample consisted of 33 individuals. Because of incomplete questionnaires, the data from 3 subjects were dropped, resulting in a final data set composed of 30 subjects. The mean age of the subjects was 45 years, with a range of 25 to 67. There were 77% female (n = 23), 90% white (n = 27), and 57% married (n = 17) subjects. Seventy-three percent (n = 22) had at least an undergraduate degree, while 57% (n = 17) had completed their master's degree.

Instruments

Data was obtained by two standardized, paper and pencil, self report scales: the Response to Loss Instrument (RLI) devised by Deutsch(1982) to measure resolution of grief and the Hardiness Scale (HS) devised by Bartone, Ursano Wright & Ingrahm (1989) to measure dispositional resilience, the hardiness of one's personality.

The RLI is a revised thirty seven item scale, devised to measure grief resolution following bereavement. The response options of the RLI are self-rating and require the subject to rate each item using the following system: 0 = does not describe me; 1 = sometimes describes me; 2 = most of the time describes me; and 3 = accurately describes me. The RLI was

scored by positively scoring items 3-39. The range of the scale is 0-111. The instrument is also a valid measure of the amount and duration of grief. The larger the score the more negative the impact of the loss and the more intense the grief response (Deustch, 1982).

The final revised instrument's reliability studies produced an internal consistency alpha coefficient of .95. The Beck Depression Inventory was compared to RLI and the validity was upheld as it distinguished grief from depression (Deutsch 1982).

The HS consists of 45-items rated on a 4-point likert type scale designed to measure the hardiness of one's personality. Subjects were required to read the items carefully and indicate how much each one is true in general using the following system: 0 = not at all true; 1 = a little true; 2 = quite true; and 3 = completely true. Total hardiness scores are the sum of scores for the separate items. The range of the scale is 0-45. Personality hardiness has been defined as consisting of three factors. In particular, hardiness consists of (1) commitment—the belief that persistence in one's goals will result in something meaningful; (2) control—the belief that one can influence ongoing life events; and (3) challenge—the belief that negative life events can be turned around to result in positive outcomes (Kobasa 1979). The scale was devised from factor analysis from an original pool of seventy-six items using samples of bus

drivers and army officers. The overall measure of reliability shown by Cronbach's alpha = .85. The three subscales of commitment, control, and challenge show good reliability as indexed by internal consistency coefficients ranging from .62 to .82 (Bartone, Ursano, Wright, & Ingraham, 1989).

The HS was scored by positively scoring items 1, 2, 8, 13, 15, 17, 19, 21, 22, 25, 30, 33, 36, 39, and 42 while negatively scoring all others. Each subscale is then scored by summing the subscale items as follows: Commitment = 1 + 7 + 8 + 9 + 17 + 18 + 23 + 24 + 25 + 31 + 37 + 39 + 41 + 44 + 45. Control = 2 + 3 + 4 + 10 + 11 + 13 + 14 + 19 + 22 + 26 + 28 + 29 + 34 + 42 + 43. Challenge = 5 + 6 + 12 + 15 + 16 + 20 + 21 + 27 + 30 + 32 + 33 + 35 + 36 + 38 + 40.

Participants also completed a demographic questionnaire that included information about their age, gender, ethnicity, and education level.

Procedures

A convenient sampling method was used. The instruments were sent to friends in town and out who had lost a loved one because of death. Additionally, graduate students in a graduate course in counseling at a Midwestern University and therapists working at a social work agency also participated in the study. All participation was voluntary and

anonymous. Participants received a packet that included a cover letter explaining the research project, a demographic background data sheet and the two instruments.

Data Analysis

The two variables in this study were coping and hardiness, which are ordinal levels of measurement. The purpose of this study was to investigate the relationship between resolution of grief and a hardy personality. The null hypothesis that there is no relationship between the resolution of grief and the degree of hardiness reported by an individual, was tested by using a Pearson product-moment correlation.

CHAPTER IV

RESULTS

Variables considered in this study included coping as measured by the Response to Loss scores and a Hardy personality score as assessed by the Hardiness Scale. The level for both variables was the ordinal level.

The descriptive statistics for these results are displayed in Tables 1 and 2.

Table 1

Descriptive Statistics for Variables of Study

Variable	Mean	SD	Max	Min	Median
Response to Loss	34	17	85	14	31
Hardiness					
Total	8	11	27	-31	9
Commitment	7	5	13	-12	7.5
Control	5	4	13	-4	5
Challenge	-3	4	3	-15	3

According to Deutsch (1982) the larger the score the more negative the impact of the loss and the more intense the grief response. A score of 53 or above is considered a high level of grieving. Only 13% percent of the participants in this sample scored 53 or higher.

The mean coping score for this sample of 34 (see Table 1) was

very close to the mean reported by Deutsch (mean 31.83). The mean as a general rule is larger than the median in a positively skewed distribution and it holds true in this case as well. The distribution is asymmetrical with a skew of 1.2.

The overall mean score for hardiness was 8 and is less than the median in this sample, which points to a negatively skewed distribution of -1.50 . Published norms are not yet available and currently being developed on the short Hardiness Scale, containing 15 items (P. Bartone, personal communication, August, 21, 2000).

The Pearson product moment correlation was analyzed to determine if a relationship exists between the individual's personality (independent variable) and coping (dependent variable). The results are displayed in Table 2. The r statistic describes the magnitude or the direction of the relationship between the two variables. An alpha value of $.05$ was used for this analysis.

Table 2

Pearson's Correlation of Variables

Hardiness	Commitment	Control	Challenge	Total
Response to Loss	$r = -.47^*$	$r = -.31$	$r = -.37^*$	$r = -.47^*$

* $p < .05$.

The null hypothesis pertaining to hardiness and the coping response of grief is that there is no association between these two variables. The correlation between hardiness and coping was $r = -.47$ (see Table 2), indicating a moderate negative correlation, demonstrating that as the level of hardiness increased, the level of grief decreased and vice versa. When calculated, 22% of the variation of coping is attributable to the variation of hardiness. Next, separate Pearson product-moment correlations were computed for grief with each of the hardiness components of commitment, challenge, and control. Statistically significant correlations with coping were found for the hardiness subscales of commitment ($r = -.47$, $p = .0094$) and challenge ($r = -.37$, $p = .05$). However, the subscale of control and coping was not statistically significant ($r = -.31$, $p = .10$). The variation in hardiness attributable to coping for the subscales of commitment, challenge and control was, 22%, 14%, and 9%, respectively. Therefore, the variation in commitment explained 22% of the variation in coping and the variation in challenge explained 14 % of the variation in coping. However, since the correlation of control and coping was not significant ($p = .10$) the same conclusions were not as obvious.

CHAPTER V

DISCUSSION

The results of this study provide support for the buffering effect of hardiness to coping with grief. The inverse relationship of hardiness to grief was evidenced by both the total score and subscale (commitment and challenge) hardiness scores, respectively. Analyses of the individual hardiness components suggested that the commitment component was probably the most important in terms of an independent association with grief resolution. However, the correlation of the control subscale hardiness score to grief coping was not significant. Perhaps the subjects in this study did not believe they have control over ongoing life events due to religious beliefs.

The shape of the distribution is skewed which may indicate outliers. Outliers are extreme cases on one variable, or a combination of variables, which have a strong influence on the calculation of statistics (Howell, 1997). However, extremes may be expected on instruments such as the RLI that measures the mental distress of grief and the HS which measures the beliefs about one's world and oneself. Consequently, the actual distribution of this population naturally has more extremes than a normal distribution.

Limitations of the study

Although the present findings of this study offers beginning support of previous research, limitations should be addressed. An obvious limitation to this study is that a convenience sample of volunteer subjects was used rather than a random sample. In addition, this sample was relatively homogeneous in ethnicity and social status and moderate in size.

Another limitation was the inaccessibility of the bereaved. The majority of subjects that were open to and willing to take the surveys may not have been the more severely bereaved. Only thirteen percent of the scores on the RLI showed a high level of grief. Seven percent of this group was those who lost a parent or spouse. However, seventy-three percent of the subjects, in this study, had lost a friend with only 27% having lost a parent or spouse. None had lost a child. Sheldon (1998) reports that western societies regard the death of a child as one of the most painful bereavements perhaps because it is now so rare. Since the loss of a child is such a severe stressful loss this researcher did not approach bereaved parents to participate in this study.

Recommendations for Further Studies

A suggestion for future study would be to include a larger sample of racially mixed subjects from varying socioeconomic backgrounds with a

a larger ratio of male subjects. Access to a larger group of individuals in bereavement and still processing their loss may be more beneficial.

Several support groups would be ideal.

Future studies may also pay closer attention to the nature of the relationship with the loved one at the time of death by concentrating on studies that involve the loss of a spouse, parent, or child. It may be that the loss of a loved one is influenced by culture in the patterns of grieving when the loss of attachment is a friend. Yet when the loss is a child, spouse, or parent perhaps the culture has little influence and the attachment of the relationship and ones personality factors may be more predictive of the grief response.

Fifty three percent of this group were either therapists or graduate level counseling students. Future research with therapists as the entire population might also be interesting. Barton et al. (1989) reported findings indicating that hardiness is a regulator of disaster helper stress. Individuals with these tendencies adjust more easily to chaos and confusion and are more likely to perceive challenges and opportunities for growth. Perhaps these findings can be generalized to other kinds of helpers that deal with high stress situations.

Finally it would be beneficial for future research to determine whether less hardy individuals can learn strategies to become hardier and

whether this teaching would promote temporary or permanent changes in adaptive coping, especially with those in bereavement.

Possible future implications for grief counseling include routine assessment of hardiness levels of individuals and families in clinical practice settings. This would serve to help identify possible high-risk individuals and families who are in bereavement. Additionally, hardiness development for those high risk families and individuals in bereavement could help promote wellness.

APPENDIX A

Introductory Letter

My deepest sympathy to you in the death of your loved one. As a candidate for Professional Counseling at Lindenwood University, I am studying information that may be useful to the helping profession in providing for individuals and families in bereavement. I am including three questionnaires for you to complete which will take only a few minutes of your time.

I can assure you that all information is anonymous and confidential. The results of this study will be displayed in group format only. Results will be made available to you at your request, however individual information will not be disclosed. A stamped envelope is enclosed for your convenience.

Sincerely,

Dianne Davis

Candidate for Professional Counseling

Lindenwood University

APPENDIX B

Demographic Information

Please answer all items

1. Age-----

1. Sex-----

2. Occupation-----

3. Race-----

4. Years of education completed-----

5. Marital status

1. single

2. married

3. separated from spouse

4. divorced

5. engaged

6. widow or widower

7. living with a lover

8. living alone

APPENDIX C

Hardiness Scale

Below are statements about life that people often feel differently about. Circle a number to show how you feel about each one. Read the items carefully, and indicate how much you think each one is true in general. There are no right or wrong answers: just give your own honest opinions.

- | | <u>Not at all true</u> | <u>A little true</u> | <u>Quite true</u> | <u>Completely true</u> |
|--|------------------------|----------------------|-------------------|------------------------|
| | 0 | 1 | 2 | 3 |
| 6. Most of my life gets spent doing things that are worthwhile. | 0 | 1 | 2 | 3 |
| 2. Planning ahead can help avoid most future problems. | 0 | 1 | 2 | 3 |
| 3. Trying hard doesn't pay, since things still don't turn out right. | 0 | 1 | 2 | 3 |
| 4. No matter how hard I try, my efforts usually accomplish nothing. | 0 | 1 | 2 | 3 |
| 5. I don't like to make changes in my everyday schedule. | 0 | 1 | 2 | 3 |
| 6. The "tried and true" ways are always best. | 0 | 1 | 2 | 3 |
| 7. Working hard doesn't matter, since only the bosses profit by it. | 0 | 1 | 2 | 3 |
| 8. Working hard you can always achieve your goals. | 0 | 1 | 2 | 3 |

<u>Not at all true</u>	<u>A little true</u>	<u>Quite true</u>	<u>Completely true</u>	
0	1	2	3	
9. Most working people are simply manipulated by their bosses.	0	1	2	3
10. Most of what happens in life is just meant to be.	0	1	2	3
11. It's usually impossible for me to change things at work.	0	1	2	3
12. New laws should never hurt a person's paycheck.	0	1	2	3
13. When I make plans, I'm certain I can make them work.	0	1	2	3
14. It's very hard for me to change a friend's mind about something.	0	1	2	3
15. It's exciting to learn something about myself.	0	1	2	3
16. People who never change their mind usually have good judgment.	0	1	2	3
17. I really look forward to my work.	0	1	2	3
18. Politicians run our lives.	0	1	2	3
19. If I'm working on a difficult task, I know when to seek help.	0	1	2	3
20. I won't answer a question until I'm really sure I understand it.	0	1	2	3
21. I like a lot of variety in my work.	0	1	2	3

<u>Not at all true</u>	<u>A little true</u>	<u>Quite true</u>	<u>Completely true</u>	
0	1	2	3	
22. Most of the time, people listen carefully to what I say.	0	1	2	3.
23. Daydreams are more exciting than reality for me.	0	1	2	3
24. Thinking of yourself as a free person just leads to frustration.	0	1	2	3
25. Trying your best at work really pays off in the end.	0	1	2	3
26. My mistakes are usually very difficult to correct.	0	1	2	3
27. It bothers me when my daily routine gets interrupted.	0	1	2	3
28. It's best to handle most problems by just not thinking of them.	0	1	2	3
29. Most good athletes and leaders are born, not made.	0	1	2	3
30. I often wake up eager to take up my life wherever it left off.	0	1	2	3
31. Lots of times, I don't really know my own mind.	0	1	2	3
32. I respect rules because they guide me.	0	1	2	3
33. I like it when things are uncertain or unpredictable.	0	1	2	3
34. I can't do much to prevent it if someone wants to harm me.	0	1	2	3

<u>Not at all true</u>	<u>A little true</u>	<u>Quite true</u>	<u>Completely true</u>	
0	1	2	3	
35. People who do their best should get full support from society.	0	1	2	3
36. Changes in routine are interesting to me.	0	1	2	3
37. People who believe in individuality are only kidding themselves.	0	1	2	3
38. I have no use for theories that are not closely tied to facts.	0	1	2	3
39. Most days, life is really interesting and exciting for me.	0	1	2	3
40. I want to be sure someone will take care of me when I'm old.	0	1	2	3
41. It's hard to imagine anyone getting excited about working.	0	1	2	3
42. What happens to me tomorrow depends on what I do today.	0	1	2	3
43. If someone gets angry at me, it's usually no fault of mine.	0	1	2	3
44. It's hard to believe people who say their work helps society.	0	1	2	3
45. Ordinary work is just too boring to be worth doing.	0	1	2	3

APPENDIX D

Response To Loss Instrument

The items below consist of possible responses to loss through death.

Choose a loss that you have had within the last two years. Answer the items below in terms of your response to this loss during the last month, including today. You can indicate the degree to which you are having these responses according to the following scheme:

- 0 – does not describe me
- 1 – sometimes describes me
- 2 – most of the time describes me
- 3 – accurately describes me

1. The loss I am thinking about is :

- 0 – death of a spouse
- 1 – death of child
- 2 – death of parent
- 3 – death of a friend

2. The loss in my life occurred:
- 0- within the last 3 months
 - 1- 4 months to 6 months ago
 - 2- 7 months to 1 year ago
 - 3- 13 months to 2 years ago
 - 4- no loss within the last two years
- 0 – does not describe me
- 1 – sometimes describes me
- 2 – most of the time describes me
- 3 – accurately describes me
3. When I think about my loss, I feel that I have nothing to look forward to.
4. I have many feelings in my life about the loss.
5. When I think about the loss, I feel pain all through my body.
6. I daydream about scenes from my life before this loss.
7. I am not as frightened of dying as I was before the loss.
8. I think about what I have lost and I think about how my life is being affected.
9. I often weep or sob about the loss.

0 – does not describe me

1 – sometimes describes me

2 – most of the time describes me

3 – accurately describes me

- 10. My eating habits have changed since the loss; I am eating less.
- 11. I have conversations with the person I have lost.
- 12. This loss is a reminder of the limitations of my human power.
- 13. I am aware of what will never again be a part of my life because of the loss.
- 14. I feel angry about some of the consequences of the loss.
- 15. I do not sleep as well as I did before the loss.
- 16. I sense the presence of the person I have lost.
- 17. My beliefs no longer give me the comfort they did before the loss.
- 18. I think about the loss a lot.
- 19. I feel sadness whenever I am reminded of my loss.
- 20. I find myself sighing frequently.
- 21. I am easily exhausted by my efforts.
- 22. My dreams about the loss seem to help me accept and understand it.
- 23. This loss has challenged some of my most cherished beliefs.

0 – does not describe me

1 – sometimes describes me

2 – most of the time describes me

3 – accurately describes me

- 24. I know that what I have lost will never return.
- 25. I am angry with some people associated with my loss.
- 26. My whole body feels heavy.
- 27. I imagine I am talking to the person I have lost.
- 28. My faith has been shaken by this loss.
- 29. When I admit it to myself, I feel sad most of the time about the loss.
- 30. I spend time sifting through past experiences related to what I have lost.
- 31. The tears have been hard to stop this week.
- 32. My level of energy has decreased since the loss.
- 33. I have vivid dreams about people and places that are connected to my loss.
- 34. Before my loss, I believed that I was special and nothing bad would happen to me; I no longer believe this.

0 – does not describe me

1 – sometimes describes me

2 – most of the time describes me

3 – accurately describes me

35. I know I am helpless to change the situation and bring back what is lost.
36. I feel guilty about some things I did or did not do just before the loss.
37. I find myself longing for what or who I have lost.
38. I communicate to people who are no longer a part of my life through fantasy, prayer or imagination.
39. Many more people irritate me now than did before the loss

REFERENCES

- Antonovsky, A. (1979). Health, stress and coping. San Francisco: Jossey Bass.
- Amerikaner, M., & Monks, G. (1994). Family interaction and individual psychological health. Journal of Counseling and Development, 72, 6, 614-621.
- Bartone, P.T. (1999). Hardiness protects against war-related stress in army reserve forces. Consulting Psychology Journal, 51, 2, 72-82.
- Bartone, P., Ursano, R. J., Wright, K. M., & Ingraham, L. H. (1989). The impact of a military disaster on the health of assistance workers: A prospective study. Journal of Nervous & Mental Disease, 177, 317-328.
- Baron, L., & Eisman, H. (1996). Stress resilience, locus of control, and religion in children of holocaust victims. Journal of Psychology Interdisciplinary & Applied, 130, 5, 513-526.
- Batten, M., & Oltjenbruns, K. A. (1999). Adolescent sibling bereavement as a catalyst for spiritual development: A model for understanding. Death Studies, 23, 6, 529-547.
- Bigbee, J.L. (1992). Family stress, hardiness, and illness: A pilot study. Family Relations, 41, 2, 212-218.
- Bowlby, J. (1961). Process of Mourning. International Journal of

Psycho-Analysis, 42, 317-40.

Campbell, J., Swank, P., & Vincent, K. (1991). The role of hardiness in the resolution of grief. Omega, 23, 1, 54-65.

Deutsch, D. K. (1982). The development, reliability, and validity of an instrument designed to measure grief. Unpublished doctoral dissertation, Michigan State University, Ann Arbor.

Farnsworth, E. B., & Allen, K. R. (1996) Mothers bereavement. Family Relations, 45, 4, 360-369.

Freeman, S. J. & Ward, S. (1998). Death and bereavement. what counselors should know. Journal of Mental Health Counseling, 20, 3, 216-227.

Fry, P. S. (1998). Spousal loss in late life. A 1- year follow up on perceived changes in life meaning. Journal of Personal and Interpersonal Loss, 3, 4, 369-392.

Gramzow, R. H., & Sedikides, C. (2000). Aspects of self-regulation and self-structure as predictors of perceived emotional distress. Personality and Social Psychology Bulletin, 26, 2, 188-206.

Henderson, S.A. (1994). Coping with bereavement. World Health, 47, 25-28.

Hergenhahn, B. R. (1994). An introduction to theories of personality. Englewood Cliffs, New Jersey: Simon & Schuster Company.

- Howell, D. C. (1997). Statistical methods for psychology. Belmont, CA: Wadsworth Publishing Company.
- Kandt, V. E. (1994). Adolescent bereavement: Turning a fragile time into acceptance and peace. School Counselor, 41,3, 203-302.
- Kobasa, S. C. (1979). Stressful life events, personality, and health: An inquiry into hardiness. Journal of Personality and Social Psychology, 37,1, 1-11.
- Kobasa S. C., Maddie, S. R. & Courington, S. (1981). Personality and constitution as mediators in the stress-illness relationship, Journal of Health and Social Behavior, 22, 368-378.
- Kobasa, S. C., Maddie, S. R., & Kahn, S. (1982). Hardiness and health: A prospective study. Journal of Personality and Social Psychology, 42, 1, 168-177.
- Ladewig, B.H., & Jessee, P.O. (1992). Children held hostage: Mothers' depressive affect and perceptions of family psychosocial. Journal of Family Issues, 13, 1, 65-82
- Lawler, K.A., & Schmied L.A. (1986). Hardiness, type A behavior, and the stress-illness relation in working women, Journal of Personality and Social Psychology, 51, 6 1218-1223.
- Lazarus R.S., & Folkman, S. (1984) Stress appraisal and coping. New York: Springer.

Lehman, D. R., Wortman, C. B., & Williams, A. F. (1987). Long term effects of losing a spouse or child in a motor vehicle crash, Journal of Personality and Social Psychology, 52, 1, 218-231.

Littlefield, C. H., Rushton, J. P. (1986). When a child dies: the Sociobiology of bereavement. Journal of Personality and Social Psychology, 51, 4, 797-802.

Maddi S. R. & Hightower, M. (1999). Hardiness and optimism as expressed in coping patterns. Consulting Psychology Journal, 2, 95-105.

Malkinson, R., & Bar-Tur, L. (1999). The aging of grief in Israel. A perspective of bereaved parents. Death Studies, 5, 413-419.

Mclaren, J. (1998). A new understanding of grief. A counselors perspective. Mortality, 3, 3, 275-291.

McMillen, J. C. (1999). Better for it. How people benefit from adversity. Social Work, 44, 45, 255-469.

Newman, B. M., & Newman, P. R. (1991). Development through life: A psychosocial approach. Pacific Grove, California: Brooks/Cole Publishing Company.

Olsen, S.F. (1999). Communication, and hardiness in families with disabilities. Journal of Family Nursing, 5,3, 275-292.

Osterwrtweis, M., Solomon, F. & Green, M. (1984). Bereavement: Reactions, consequences and care. Washington, D. C.: National Academy Press.

- Romanoff, B. D., Terenzio, M. (1998). Rituals and the grieving process. Death Studies, 22, 8, 697-712.
- Roth, D.L., Wiebe, D.J., Fillingim, R.B., Shay, K.A. (1989). Life events, fitness, hardiness, and health: A simultaneous analysis of proposed stress-resistance effects. Journal of Personality and Social Psychology, 57,1, 136-142.
- Sable, P. (1991). Attachment, loss of a spouse, and grief in elderly adults. Omega, 23,2, 129-142.
- Schneider, J. M. (1984). Stress loss and grief. Baltimore: University Park Press.
- Schneider, J. M. (1994). Finding my way. Healing and transformation through loss and grief. Coifax, WI: Seasons.
- Selye, H. (1985). History and status of stress concept. In A. Monat & S. Lazarus (Eds.) Stress and coping an anthology. (pp. 20). New York, NY: Columbia University Press.
- Sheldon, F. (1998). Bereavement . British Medical Journal, 316, 7129, 456-559.
- Sortet J. P., Banks S. R. (1996). Hardiness, job stress, and health in nurses. Hospital Topics, 74, 2, 28-38.
- Steen, K. F. (1998). A comprehensive approach to bereavement. The Nurse Practitioner, 23, 54-59

Stinson, K.M., Lasker, J.N. (1992). Parent's grief following pregnancy loss: A comparison of mothers and fathers. Family Relations, 41,2, 218-224.

Stroebe, M. S. (1997). Review of bereavement: Studies of grief in adult life by collin murray parks. Mortality, 22, 163-164.

Stroebe, M., Schut, H. (1999). The dual process model of coping with bereavement: Rationale and description. Death Studies, 23, 197-224.

Stroebe, W, Stroebe, M. S., Gergen, K. J., Gergen, M. (1985). The effects of bereavement on mortality: A social psychological analysis. In A. Monat & R. S. Lazarus (Eds.), Stress and coping an anthology (pp. 294).New York, NY: Columbia University Press.

Vachon, M. L. S., Sheldon, A., Lancee, W., Lyall, W., Rogers, J., Freeman, S. J. (1982). Correlates of enduring distress patterns following bereavement: Social network, life situation and personality, Psychological Medicine, 783-788.

Van Servellen, G., Topf, M. (1994). Personality hardiness, work related stress, and health in hospital nurses. Hospital Topics, 72, 2, 34-40.

Wagenaar, J., La Forge, J. (1994). Stress counseling theory and practice: A cautionary review. Journal of Counseling and Development, 73, 1, 23-32.

Worden, J. W. (1991). Grief counseling and grief therapy: A handbook for the mental health practitioner. New York: Springer Publishing Co.

Zilberfein, F. (1999). Coping with death: Anticipatory grief and bereavement. Generations, 23,1,69-74.

Zisook, M. D., Devaul, R. A., & Click, Jr. M. P. H. (1982). Measuring systems of grief and bereavement. American Journal of Psychiatry, 139:12, 1590-1592.