

**The Influence of Personality Type and Sense of Coherence on Coping
with Bereavement**

Gavin A. Waddington



Thesis presented in fulfilment of the requirement for the degree of Master of Science
(Psychology) at the University of Stellenbosch.

Supervisor: Prof A.V. Naidoo

December 2004

DECLARATION

I, the undersigned hereby declare that the work contained in this thesis is my own, and that it has not previously in its entirety or in part been submitted at any other university for a degree.

G.A. Waddington

Date



Abstract

Due to the far-reaching effects of bereavement on the psychological, physical and emotional levels, this study was designed to identify the personality types that are conducive with coping and non-coping characteristics of the bereavement experience.

This study examines Jung's attitudes of Introversion and Extraversion and his functions of Sensing, Intuition, Thinking and Feeling to determine which are more conducive with coping and non-coping bereavement behaviour. The role that Sense of Coherence plays in the coping and non-coping characteristics in the bereavement process was also examined.

Personality type is a construct developed by Carl Jung to explain some of the apparently random differences in human behaviour. Recognising the existence of these types, Jung's theory provides an explanation of how these types develop. The different types are the result of the different ways in which individuals prefer to use their mind.

The Salutogenic approach and Generalised Resistance Resource, developed by Antonovsky, is the building block from which the eventual development of the Sense of Coherence concept is based. Sense of Coherence is comprised of three components namely: comprehensibility, manageability and meaningfulness. The degree to which these components are presented in one's life determines an individual's global orientation to life.

The Texas Revised Inventory of Grief (Faschingbauer, Zisook, & De Vaul, 1987), Singer-Loomis Type Deployment Inventory (Singer, Loomis, Kirkhart & Kirkhart, 1996) and the Sense of Coherence scale (Antonovsky, 1987) were completed by twenty-seven individuals (n=27) who recently lost a loved one due to terminal illness or anticipated death. The results of the study were processed and analysed by means of ANOVAS. Because of the small sample size, use was made of the bootstrap method to optimise results.

Analysis of the data showed that coping individuals displayed a significant preference for feeling, judging and a high level of sense of coherence, whilst non-coping individuals showed preferences for intuition, perceiving and low level of sense of coherence. No significant difference was found for introversion, extroversion, sensing and thinking.



Opsomming

Weens die verrykende gevolge van die rouproses op die sielkundige, fisiese en emosionele vlakke, is die doel van hierdie studie om die verskillende persoonlikheidstipes te identifiseer wat bevorderlik is vir die hantering van die rouproses.

Hierdie studie bestudeer Jung se houding van Introversie en Ekstroversie, asook sy funksies van Waarneming, Intuisie, Denke and Gevoel om vas te stel watter van hierdie houdings en funksies 'n rol speel in die hantering van die rouproses, al dan nie.

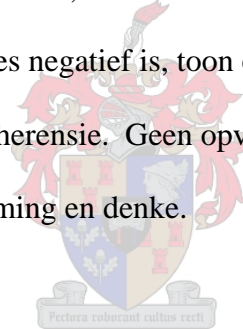


Persoonlikheidstipe is 'n konstruksie wat deur Carl Jung ontwikkel is om van die waarskynlike toevallige verskille in menslike gedrag te verduidelik. Deur erkenning te gee aan die bestaan van hierdie persoonlikheidstipes, verskaf Jung se teorie 'n verduideliking van hoe hierdie tipes ontwikkel. Die verskillende tipes is die gevolg van verskillende wyse waarop individue verkies om hul verstand te gebruik.

Die Salutogeniese benadering en Veralgemeende Weerstandsbron, deur Antonovsky ontwikkel, vorm die bousteen waarop die uiteindelijke ontwikkeling van die konsep van Sin vir Koherensie gebaseer is. Sin vir Koherensie bestaan uit drie komponente: verstaanbaarheid, hanteerbaarheid en betekenisvolheid. Die graad waartoe hierdie komponente in 'n mens se lewe voorkom is die graad waartoe die individu globale oriëntasie vir die lewe openbaar.

Die Texas Revised Inventory of Grief (Faschingbauer, Zisook, & De Vaul, 1987), Singer-Loomis Type Deployment Inventory (Singer, Loomis, Kirkhart & Kirkhart, 1996) en die Sense of Coherence Scale (Antonovsky, 1987) is deur sewe-en-twintig individue voltooi (n=27). Slegs individue wie 'n familielid aan 'n terminale siekte of verwagte dood verloor het, is ingesluit vir die studie. Die resultate van die studie is geprosesseer en geanaliseer deur middel van ANOVAS. Omdat die monster klein was, is die bootstrap metode gebruik vir optimaal resultate.

Analises van data het getoon dat individue wat die rouproses goed hanteer, 'n betekenisvolle voorkeur het vir gevoel, oordeel en hoë Sin vir Koherensie. Diegene wie se hantering van die rouproses negatief is, toon egter voorkeur vir intuisie, waarneming en 'n lae Sin vir Koherensie. Geen opvallende verskil is gevind vir introversie, ekstraversie, waarneming en denke.



DEDICATION

In loving memory of

My beloved Grandparents

Marion Herholdt

1915 – 1994

Bunty Waddington

1912 – 2001

Alf Waddington

1915 – 2002

ACKNOWLEDGEMENTS

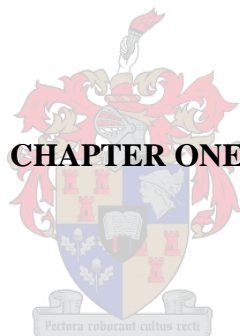
I wish to thank the following persons.

- Professor A.V. Naidoo for his time and help in this endeavour.
- Professor Nel for his statistical consultancy and readiness to help.
- My parents Rob and Betty Waddington for their enthusiasm and encouragement.
- To the participants who allowed me into their lives, at a difficult time and shared their personal thoughts and feelings.



Table of contents

	Page
Declaration	ii
Abstract	iii
Opsomming	v
Dedication	vii
Acknowledgement	viii
List of Tables	xv
List of Figures	xvi
List of Appendices	xvii



1.1	Introduction	1
1.2	Aim of the study	8
1.3	Relevance of the study to counsellors	8
1.4	Overview	8

CHAPTER TWO: DEFINITION OF CONCEPTS

2.1	Bereavement	11
2.2	Grief	12
2.2.1	The manifestation of grief	12
2.3	Mourning	13

2.3.1	The Tasks of Mourning	14
2.4	Coping with loss	15
2.5	Psychological type	15
2.5.1	Attitude	17
2.5.2	Functions	18
2.5.2.1	Sensation and intuition	21
2.5.2.2	Thinking and feeling	22
2.5.3	The eight personality types	24
2.5.3.1	Extroverted thinking type	25
2.5.3.2	Extroverted feeling type	26
2.5.3.3	Introverted thinking type	27
2.5.3.4	Introverted feeling type	28
2.5.3.5	Extroverted sensation type	30
2.5.3.6	Extroverted intuitive type	30
2.5.3.7	Introverted sensation type	32
2.5.3.8	Introverted intuitive type	33
2.5.4	Development of psychological type	34
2.5.5	Psychological type and stress	36
2.6	Sense of coherence (SOC)	37
2.6.1	Salutogenesis	38
2.6.2	Stress and generalized resistance resources (GRR)	39
2.6.3	Definition	42
2.6.4	Comprehensibility, Manageability and Meaningfulness:	
	Three components of SOC	42
2.6.4.1	Comprehensibility	43

2.6.4.2	Manageability	43
2.6.4.3	Meaningfulness	43
2.6.5	Sense of Coherence: Components and development	44
2.6.6	The Source of SOC	45
2.6.6.1	Psychological source	46
2.6.6.2	Social-structure source	46
2.6.6.3	Cultural-Historical source	48
2.6.6.4	Situational Source	48
2.7	Overview	49

CHAPTER THREE: THEORY AND LITERATURE

3.1	Theories Related to Bereavement	51
3.1.1	Attachment Theory	51
3.1.2	Cognitive Theory of Stress and Coping	53
3.1.2.1	Cognitive appraisal	54
3.1.2.2	Coping	55
3.1.3	Social Support Theories	57
3.1.4	Phases of grief	58
3.2	Literature Review	61
3.2.1	Mode of death	61
3.2.2	Age	65
3.2.3	Relationship	66
3.2.3.1	Death of an adult child	67
3.2.3.2	Death of a parent	68

3.2.3.3	Death of a spouse	69
3.2.4	Period of Grieving	70
3.4.2.1	Length of normal bereavement	71
3.2.5	Social Support	72
3.2.6	Personality	73
3.2.7	Personality type	75
3.2.8	Sense of coherence	76
3.3	Summary	78

CHAPTER FOUR: HYPOTHESES AND METHOD

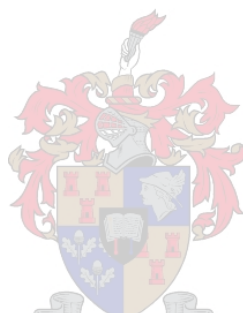
4.1	Introduction	80
4.2	Statement of hypotheses	80
4.3	Method	81
4.3.1	Participants	81
4.3.1.1	Criteria for Inclusion	83
4.3.2	Procedure	85
4.4	Measuring Instruments	86
4.4.1	The Texas Revised Inventory of Grief	86
4.4.1.1	Reliability and Validity	89
4.4.2	Singer-Loomis Type Deployment Inventory	89
4.4.2.1	Reliability	91
4.4.2.2	Validity	91
4.4.3	Sense of Coherence scale	93



4.5	Statistical Analysis	94
4.6	Conclusion	94

CHAPTER FIVE: RESULTS

5.1	Introduction	96
5.2	Descriptive Statistics	96
5.3	Testing the Hypotheses	98
5.3.1	Hypothesis 1	99
5.3.2	Hypothesis 2	103
5.3.3	Hypothesis 3	107
5.3.4	Hypothesis 4	112
5.3.5	Hypothesis 5	116



CHAPTER SIX: DISCUSSION OF RESULTS

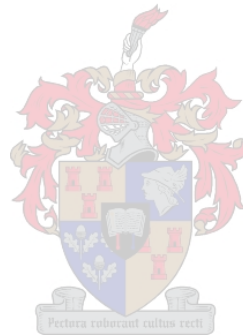
6.1	Introduction	119
6.2	Hypotheses	119
6.2.1	Extraversion / Introversion	119
6.2.2	Sensing / Intuition	121
6.2.3	Thinking / Feeling	123
6.2.4	Judgment / Perception	125
6.2.5	Sense of Coherence	126
6.3	Counselling and Bereavement	128
6.4	Limitations that may have affected this study	129

6.5	Suggestions for further research	130
-----	----------------------------------	-----

6.6	Conclusion	131
-----	------------	-----

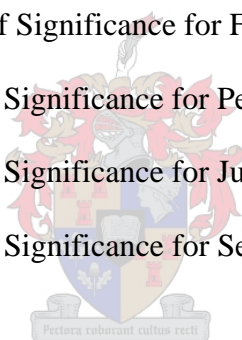
	REFERENCE	133
--	------------------	-----

APPENDICES



LIST OF TABLES

		Page
Table 1	Scoring: Hypothesised relationship between scales of the Texas Revised Inventory of Grief.	88
Table 2	Univariate test of the significance of Extraversion.	99
Table 3	Univariate Test of significance for Introversion	102
Table 4	Univariate Test of Significance for Sensing	104
Table 5	Univariate Test of Significance for Intuition	106
Table 6	Univariate Test of Significance for Thinking	108
Table 7	Univariate Tests of Significance for Feeling	111
Table 8	Univariate Test of Significance for Perception	113
Table 9	Univariate Test of Significance for Judging	115
Table 10	Univariate Test of Significance for Sense of Coherence	117



LIST OF FIGURES

	Page	
Figure 1	Distribution of participants' ages	97
Figure 2	Distribution of deceased individuals' ages	97
Figure 3	Time period in months after the loss of a loved one	98
Figure 4	Mean difference between coping and non-coping group with respect to Extraversion	100
Figure 5	Graphic representation of the bootstrap between coping and non-coping group with respect to Extraversion	101
Figure 6	Mean scores for coping and non-coping groups with respect to Introversion	102
Figure 7	Graphic representation of the bootstrap between coping and non-coping group with respect to Introversion	103
Figure 8	Means difference in the coping and non-coping groups with respect to Sensing	104
Figure 9	Graphic representation of the bootstrap between coping and non-coping group with respect to Sensing	105
Figure 10	Mean difference between coping and non-coping with respect to Intuition	106
Figure 11	Graphic representation of the bootstrap between coping and non-coping group with respect to Intuition	107
Figure 12	Mean difference between coping and non-coping with respect to Thinking	109

	Page	
Figure 13	Graphic representation of the bootstrap between coping and non-coping group with respect to Thinking	110
Figure 14	Mean difference between coping and non-coping group with respect to Feeling	111
Figure 15	Graphic representation of the bootstrap between coping and non-coping group with respect to Feeling	112
Figure 16	Mean difference of coping and non-coping group with respect to Perception	113
Figure 17	Graphic representation of the bootstrap between coping and non-coping group with respect to Perceiving	114
Figure 18	Mean difference between the coping and non-coping with respect to Judging	115
Figure 19	Graphic representation of the bootstrap between coping and non-coping group with respect to Judging	116
Figure 20	Graphic representation of the mean difference between coping and non-coping groups with respect to Sense of Coherence	117

LIST OF APPENDICES

- Appendix 1. Consent form for respondents
- Appendix 2. Texas Revised Inventory of Grief

CHAPTER ONE

Introduction

Death is the one event in human existence that everyone can anticipate with certainty. It is likely that every individual will experience the death of a significant other at sometime in his or her life. Grieving the death of a loved one, is one of the universal experiences of the human race, with every person being touched by the death of a family member, close friend or colleague at least once in his or her life. The longer the person lives, the more often the individual will be likely to experience the death of others in his or her social proximity. In spite of this commonality, death and bereavement still remain one of the most stressful life events for the individual, with implications on physical, emotional and psychological levels. Because bereavement tends to be kept under wraps and not engaged with, many individuals are unable to cope when death occurs in their immediate context.

The experience of bereavement is associated with grief and mourning. Grief is a subjective experience that occurs after the realisation that someone significant in the individual's life has died. A range of emotions that include sorrow, anger, guilt, confusion and sadness accompany grief. These feelings of grief are worked through by means of the process of mourning. More specifically, mourning is the

process through which the grief response is diminished, as the person comes to terms with the impact the loss has brought on his or her life.

Bereavement often leaves the bereaved feeling that life has lost its meaning and purpose; activities and thoughts no longer make sense. The bereaved has experienced a physical end to a relationship that previously gave them meaning. The primary task of mourning is to come to terms with this loss and re-define the meaning of life in the absence of the deceased. Mourning involves reconstructing meaning in life for the bereaved.

Approximately 700,000 individuals passed away in South Africa in the year 2000 (“Competition Boom,” 2001). In each of these deaths, bereaved individuals were left behind, - spouse, parents, children, siblings, extended family members and friends. Thus a large proportion of the South African population of approximately forty-three and a half million, people would have been affected by these deaths.

While bereavement is a relatively common experience, there are many responses to bereavement and each person reacts to loss in his or her own unique way. Some individuals are better able to cope than others. However, there seem to be a number of common experiences or stages in the grieving process. Kubler-Ross (1969) was one of the first individuals to study the grieving process in the form of stages. Her description of grief grew from her work with dying patients.

Although Kubler-Ross (1969) wrote extensively about these different stages as part of death and dying, the stages can be applied to other forms of grief and other grieving processes such as the loss of a loved one. According to Kubler-Ross, when a person experiences a loss or trauma, he or she proceeds through five stages: denial, anger, bargaining, depression and acceptance. She proposed that these stages are defence mechanisms that occur for different periods of time or occur side by side. Hope is the one element that persists throughout these stages. What follows is a short description of Kubler-Ross's five stages:

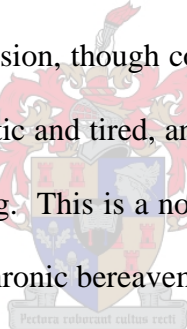
Denial: Even if the death has been anticipated, there is still a significant degree of shock. This is because death is so hard to comprehend and accept, that most individuals need some time to adjust and for the reality of the situation to sink in. At first, the realisation is only cognitive, but as time moves on the reality becomes emotional as well. During this stage, it is not uncommon for the bereaved to search for any sign that may indicate the deceased person is still alive. A prolonged period of searching may result in complicated bereavement.

Anger: For the bereaved, the pain resulting from the inability to maintain hold of the deceased and the realisation that the deceased is not coming back, can manifest itself in the form of anger. This anger is directed at a number of sources, including God, the deceased, oneself, the doctor or medical personnel and others. In the case of a suicide or homicide, the anger can be directed at the police, the

legal system, the undertaker because it is through these individuals that the death is brought into reality.

Bargaining: Although the loss may be acknowledged, there is still a strong desire to have the deceased back. It may result in bargaining with God, in an attempt to meet this desire. Promises to live a better life and more productive life in exchange for the return of the deceased are common during this stage.

Depression: During this stage, emotional pain and sadness are manifested. Although the term depression is used to describe this stage, it must not be confused with clinical depression, though complicated grief can lead to this. The bereaved person feels apathetic and tired, and may become withdrawn and unable to take an interest in anything. This is a normal reaction to loss, but if it extends for too long, it may lead to chronic bereavement.



Acceptance: Eventually, in most cases, the person will come to terms with his or her loss. At this stage of the grieving process, the bereaved has managed to reorganise the loss in an acceptable way. The bereaved is now able to reinvest their emotional energy previously invested in the deceased, in others and new activities.

These stages are not necessarily all experienced, or in this or any particular order. These stages may be felt more or less intensely, depending on the nature and

circumstances of the loss. Some people may pass through one or all of these stages faster than others, while other people may not experience every one. Others may become stuck at a particular phase for a while, some times for years.

According to Gray (1989), the shock of the loss and the ensuing pain of mourning can test the coping skills of even the most well adjusted person. How people cope with grief can be affected by a number of factors. These may include the following:

- *How well prepared the individual was for the news.* It is easier to adjust to loss, even if it is serious, if the individual has had some time to prepare. This allows for anticipatory grieving.
- *The relationship with the deceased.* If there was trouble in the relationship, the bereaved person may experience more difficulties sorting out his or her feelings and resolving the grieving process than someone with a happy or less complicated relationship.
- *Accompanying changes.* The more accompanying changes, such as a change in income, having to move or having to re-enter the work force, can have a profound effect on the coping process.
- *The individual's health and state of mind.* A person with a positive mind in a state of good mental health is likely to cope better than an ill or unhappy person.

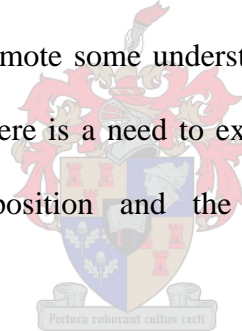
- *Access to social support.* The presence of social support, especially those individuals to whom the bereaved can express their feelings, is crucial in resolving grief.

One of the reasons why the bereavement process is so painful is that it forces the bereaved to confront their own mortality. It forces the bereaved to accept the fact that life does not go on forever and just as their loved one has passed away, so in turn will they. This is a frightening aspect of life to face in any situation. How individuals to a degree react to loss, depends on their belief about what happens after death. Faith and the belief in God are one of the frequently used and effective means of coping and dealing with loss. The belief in God provides the survivors with the reassurance that there is someone to help, support and watch over them in the time of need. Faith also provides the bereaved with the assurance that their loved one is in heaven, and when they themselves die, they will be reunited with them in heaven. Thus the person's belief in God offers them hope that is comforting to the bereaved, but it also offers the bereaved access to a religious community offering a social support network.

Although the majority of bereaved persons manage to adjust to the loss without professional help, a significant minority experience difficulty in coping with the impact and pain that the loss has brought into their lives. Because the inability to cope has such a far-reaching effect on one's emotional, physical and psychological well being (Stroebe, Stroebe, & Hansson, 1993), it is important to

identify the characteristics of these people who are likely to suffer these long-term effects due to bereavement.

There is little question that personality attributes contribute to the manner in which an individual reacts to stress, with the loss of a loved one having been reported to be one of the most stressful of life's experiences. Thus, it is surprising that the role of personality characteristics in personal adjustment to bereavement has not been studied more frequently. A small number of researchers have attempted to study the connection between personality attributes and bereavement (Parkes, 1985; Sanders, 1993,1988; Stroebe & Stroebe, 1993). While these studies have helped to promote some understanding why as to some individuals cope better than others, there is a need to examine more closely the connection between personality disposition and the coping and non-coping in the bereavement process.



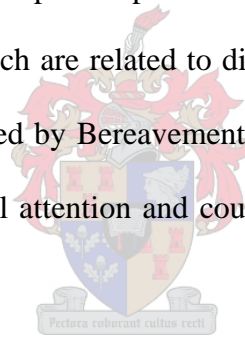
Individuals defined as being high at risk for complicated grief, have been described as being insecure, anxious, fearful, displaying excessive grief and depression, intense clinging behaviour, or inordinate pinning (Parkes, 1985; Parkes & Weiss, 1983). On the other hand, individuals described as having positive personality variables that might aid the bereavement process, are emotionally stable, mature, conscientious, conservative and socially precise (Vachon et al, 1982).

1.2 Aim of the study

The present study seeks to examine the relationship between the bereaved individuals' personality (psychological) types, their ability to cope and their level of sense of coherence.

1.3 Relevance of study to Counsellors

By obtaining knowledge of specific personality (psychological) types and levels of sense of coherence, which are related to difficulties in coping, it is hoped that this knowledge may be used by Bereavement Counsellors to identify individuals more likely to need special attention and counselling in order to cope with their loss.



1.4 Overview

Due to the large numbers of individuals affected by bereavement each year and the far-reaching psychological, physical and emotional effects on individuals who find it difficult to cope, this study has been designed to identify the personality types, based on Carl Jung's Theory of Psychological Types (1933), that are conducive with the coping and non-coping characteristics of the bereavement experience. The aim of this study is to examine which of Jung's attitudes,

Introvert versus Extrovert, and which of his functions: Sensation, Intuition, Thinking and Feeling, are indicative of the coping and non-coping characteristics.

Further, the study aims to determine the role that sense of coherence plays in the coping and non-coping characteristics in the bereavement process.

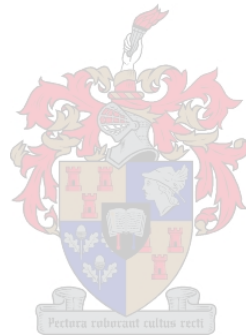
In Chapter 2, different concepts of bereavement, grief, mourning, personality types and sense of coherence will be discussed in more detail, thus providing the backdrop on which this research is base.

Chapter 3 highlights what other researchers have found regarding these concepts. In doing so, bereavement theory and literature that is pertinent to the study is reviewed. Attachment theory, cognitive theory of stress and coping, and social support theory are presented to better understand the bereavement process, followed by a review of bereavement literature, based primarily on the variables that affect this study.

In Chapter 4 the hypotheses are highlighted along with the methodology used to test these hypotheses.

In Chapter 5 the research findings are presented. The results of the hypotheses are presented in both table and graphical form.

In Chapter 6, the results of the study will be discussed in an attempt to bring together the primary constructs of bereavement, personality type and sense of coherence.

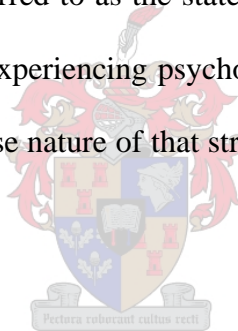


CHAPTER TWO

Definition of Concepts

2.1 Bereavement

Bereavement is the objective situation of having suffered the loss of someone significant or being deprived of something significant. In fact, to be bereaved means to take away from, to deprive, to remove from, to dispossess. Bereavement has been referred to as the state of the individual who has suffered the loss and who may be experiencing psychological stress. The term, however, does not spell out the precise nature of that stress (Kasternbaum as cited in Webb, 1993).



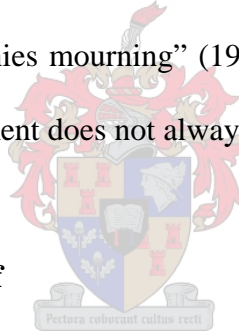
While most people refer to bereavement in terms of the loss of a loved one due to death, it needs to be noted that the term bereavement also refers to other forms of loss. Loss, such as the loss of a marriage partner (divorce), loss of wealth, loss of a valuable possession, loss of a job or loss of a part of one's body (amputation), may also be conceived as bereavement (Averill, 1968). For the sake of this investigation the term bereavement will refer primarily to the loss of a loved one, due to death.

Averill (1968), used the term bereavement to refer to the total behavioural response pattern, both psychological and physiological, displayed by a person following the loss of a significant person. Bereavement consists of two components: grief and mourning.

2.2 Grief

Grief is an emotional response, both internal and external, to the loss of a loved one. Grief refers to feelings of sorrow, anger, guilt, and confusion that may arise after such loss. Bowlby describes grief as the “sequence of subjective states that follows loss and accompanies mourning” (1960, p.11). Grieving is the result of bereavement, but bereavement does not always lead to grieving (Kalish, 1985).

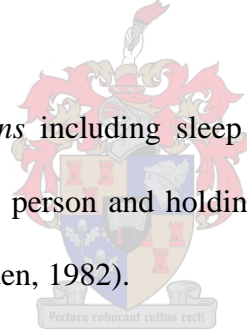
2.2.1 The manifestation of grief



Grieving is necessary for effective functioning: coming to terms with the loss and moving on with one's life, but as previously stated, not all bereavement results in a grief response.

Worden (1982) stated that grief could manifest itself in a number of ways. These are physical, cognitive, affective and behavioural. What follows is a short description of the ways in which grief can manifest itself.

1. *Physical sensation* ranges from a lack of energy, to more serious illness. Symptoms such as tightness in the throat and chest, shortness of breath, muscle weakness and loss of coordination are just some of the physical ways in which grief can manifest itself.
2. *Cognitive expression* includes disbelief, confusion and preoccupation with thoughts of the deceased and even of the dying process.
3. *Affective* (feelings) emotional expressions include depression, sadness, relief, sorrow, anger, helplessness, shock, numbness and denial.
4. *Behavioural patterns* including sleep and appetite disturbances, crying, dreaming about the person and holding objects close, that remind one of the deceased (Worden, 1982).



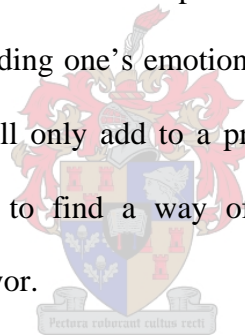
2.3 Mourning

Mourning is the term used to indicate the process of coping with loss and grief, and thus the attempt to manage these experiences by incorporating them into ongoing living (Siggins, 1966). Mourning is very often defined by customs of society and cultural practices in terms of the way the death of a loved one is dealt with, and the process towards coping is defined (Averill, 1968).

2.3.1 The Tasks of Mourning

Worden (1982) saw mourning in terms of tasks. He suggested that there are four tasks that need to be accomplished in the mourning process. Firstly, the grieving person must accept the reality of the loss – in other words, accept that the death has occurred. Failing to accept this or denying that the death has taken place may lead to prolonged, unhealthy or even pathological grief.

Secondly, the grieving person must accept that grief is painful and work through this painful process. Avoiding one's emotion by means of alcohol, drugs or any other avoidance device will only add to a prolonged bereavement period. The challenge of this task is to find a way of expressing the grief that is not overwhelming to the survivor.



Thirdly, the grieving person needs to adjust to an environment that no longer includes the person who has died. This means taking on new tasks and taking over the tasks that were once dealt by the now deceased person.

Fourthly, the grieving person needs, over a period of time, to withdraw much of the emotional energy once invested in the now deceased person and begin to reinvest it in other relationships, thus, relocating the deceased person on an emotional level and moving on with one's life. Withdrawing emotional energy

from the deceased person must not be seen as a betrayal of or forgetting the deceased person's memory, but as a way of developing new and healthy relationships. Even if a new relationship never takes place, holding open the possibility for such a relationship is necessary to fulfill the requirement of this task.

For grief to become pathological, not only must a person fail to accomplish the four tasks, but the grieving must be either of such a lengthy duration or so disruptive to other aspects of life, that the death cannot be suitably accepted or explained.

2.4 **Coping with loss**



For the purposes of this investigation, coping will be defined as the adjustment of the bereaved person's life, in such a way, that no lasting negative effect exists in everyday normal functioning. In other words, the person is deemed to be coping if he or she reaches a state where the bereavement no longer disables his or her daily life.

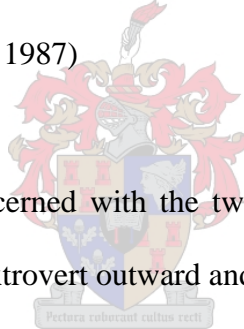
2.5 **Psychological Type**

Psychological type, also referred to as personality type, is a construct developed by Carl Jung to explain some of the apparently random differences in human

behaviour. From Jung's work with his clients, he found predictable and differing patterns of normal behaviour, which he called psychological type. Recognising the existence of these patterns or types, Jung's theory provides an explanation of how these types develop (Myers, 1993). The different types are the result of the different ways in which individuals prefer to use their mind.

Jung's typology is concerned with the movement of energy and how preferences orientate in an individual, within the world. In his typology, Jung distinguishes among eight types, that are differentiated into two attitudes (extraversion and introversion) and four functions (thinking, feeling, sensation and intuition) (Jung, 1933; Möller, 1995; Sharp, 1987)

The two attitudes are concerned with the two different directions in which the energy can flow, namely extrovert outward and introvert inward.



The four functions are concerned with how a person perceives the world and deals with information and experiences. If one of these four functions dominate, a corresponding type results, so that there is a thinking type, a feeling type, a sensation type or an intuition type, each of which can be either extroverted or introverted (Jung, 1933).

One of the great strengths of Jung's typology is that a person is not judged based on his or her type. There is no 'right' or 'wrong' type. Jung posits that every individual is different and unique.

2.5.1 Attitudes

Jung (1933) described two basic attitudes in his typology, namely: extroversion and introversion. Individuals showing introversion are primarily orientated towards his or her inner world, while those individuals showing extroversion are primarily orientated towards the outer world.

Jung (listed in Storr 1983) describes an introverted person as a "hesitant, reflective, retiring nature that keeps itself to itself, shrinks from objects, is always slightly on the defensive and prefers to hide behind mistrustful scrutiny" (p.149).

A person with an introverted attitude does everything (think, feel, act) in such a way that demonstrates the subject as being the main motivational factor (Jung, 1933). Introverts place a subjective view between the perception of the object and his or her own action, thus preventing the characteristic of the action corresponding with the objective situation (Jung, 1933).

Extroverts are described as "an outgoing candid and accommodating nature that adapts easily to a given situation, quickly forms attachments and sets aside any possible misgiving, often ventures forth with careless confidence into unknown

situations” (Jung listed in Storr 1983, 149). Extroverts act in a way relating to the object, placing no doubt about the dependence upon the object (Jung, 1933). Thus extraverted types make it clear that it is the objective rather than the subjective value which plays the greatest role in the determining factor in such a person’s consciousness.

A person is, however, not solely extroverted or introverted. The two attitudes do not constitute a dichotomy (Jung, 1933; Möller, 1995), but in every personality both the introvert and extrovert characteristics exist. Within each individual, one of the attitudes is dominant and conscious, while the other is inferior and unconscious (Möller, 1995).

Jung’s attitudes are also connected with the flow of energy (or libido). In the extroverted attitude, energy seems to flow out towards objects or people, while in the introverted attitude, energy is drawn from the environment. Both attitudes have negative and positive consequences (Möller, 1995).

2.5.2 Functions

Besides the two attitudes, already mentioned, Jung also describes four functions according to the way the world is perceived and add meaning to the individual’s own experiences (Jung, 1933; Möller, 1995). According to Jung (1933) the four basic functions are Thinking, Feeling, Sensation, and Intuition; two of the

functions are rational and two irrational. Thinking and feeling are deemed rational or judging types based on distinguishably high reasoning and judging function. Simply put, these two functions are based on organising information and making decisions – used in judging. Sensation and intuition are deemed irrational based upon their absolute intensity of perception of the occurrence or, simply put, gathering information – used in perceiving.

It needs to be noted that these functions are grouped in pairs (sensation – intuition; feeling - thinking) and are treated as bipolar entities (Jung, 1933). Further, all of the functions are available to every individual, but everyone has a favourite or dominant function, which is the most used and the most developed. This function is known as the dominant function. By definition, extroverts are concerned with the outer world, thus the dominant function is used in this outer world. Similarly, introverts are concerned with the inner world, use their dominant function in the inner world. If the dominant function is typically extraverted then the other three functions will be typically introverted and vice versa.

Besides the dominant function, each individual has a second favourite or auxiliary function; this function gives balance to the dominant function. The auxiliary function provides balance to the dominant function in two ways:

1. It provides the individual with the needed judgment (thinking or feeling) for a dominant perceiving type (sensation or intuition dominant) and needed perception for the dominant judging type.
2. It provides needed introversion for extroverts and needed extroversion for introverts (Myers & McCualley, 1992).

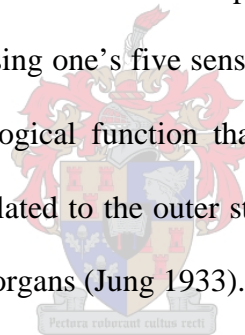
For extroverts, the auxiliary function is introverted and for the introvert it is extraverted.

The other two functions are known as the tertiary and inferior functions (third and fourth preference functions respectively) and these functions tend to be of less interest to the individual, have fewer skills associated with them and tend to be used unconsciously (Myers & McCualley, 1992). The inferior function is the opposite of the dominant function of the same pair; for example, if thinking was the dominant function, then feeling would be the inferior function. The inferior function plays an important role in that it provides an indication about which areas in a person's life he or she tends to avoid. The dominant function is the most differentiated function followed by the remaining pair, with the least differentiated function being the inferior function. Thus, all of the functions are available to everyone, but the order of preference used or developed varies from person to person.

2.5.2.1 Sensation and Intuition

These two functions can be described as the perceiving function, because it is through these functions that individuals become aware of things, people, events or ideas in the environment. Thus sensation and intuition are two ways of dealing with the world of perception, characterised by a way of collecting and generating information.

Sensation or sensing function describes a preference to focusing on concrete aspects of a situation by using one's five senses or, as put by Jung (1933, p.585), "sensation is that psychological function that transmits a physical stimulus to perception". Sensing is related to the outer stimuli, but also to the inner stimuli, i.e., change in the internal organs (Jung 1933).



Individuals who prefer sensing are described as:

- focusing on reality and actual events
- value practical applications
- take notice of what are concrete facts
- want clear step for step instructions
- like to concentrate on what is going on in the immediate moment - not worrying about what will happen next
- take things literally

- trust experience (Kroeger & Thuesen,1988; Myers, 1993)

The intuitive function seeks to find meaning, possibilities and relationships in the information that is being gathered or received from one's sixth sense. Jung (1933) claims that intuition transmits perception in an unconscious way.

Individuals who prefer intuition are described as:

- focused on the 'big picture'
- more excited about the future than what is happening in the present
- value fantasies
- trust inspiration
- think about several things at once
- see patterns and meaning in facts (Kroeger & Thuesen,1988; Myers, 1993)



2.5.2.2 Thinking and Feeling

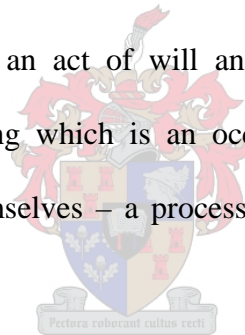
These two functions can be described as the judgement functions, in that they describe ways in which conclusions are reached about that which has been perceived and includes decision making, evaluation and selection of an appropriate response to a stimulus. Thus thinking and feeling functions are two different ways individuals make decisions in the world.

The thinking function reflects a person's ability to make logical decisions. Thinking is the psychological function which brings given presentation into conceptual connection (Jung, 1933). The thinking function is generally fed from two sources:

1. from the subjective and, as a last resort, from unconscious roots.
2. from objective data transmitted through sense perceptions.

Extroverted thinking is conditioned in a larger measure by the latter factor, while introverted thinking is primarily orientated by the former.

Jung distinguishes between two forms of thinking. Firstly, he makes mention of active thinking, which is an act of will and deliberate act of judgment and, secondary, passive thinking which is an occurrence, during which conceptual connections establish themselves – a process which Jung refers to as “intuitive thinking” (Jung, 1933).



Individuals who prefer thinking are described as:

- Analytical in remembering numbers and figures more easily than faces and names
- Believe it is better to be liked than being right
- Reasonable
- Tough-minded, more firm-minded than gentle-hearted
- Are cool and calm under pressure (Kroeger & Thuesen, 1988; Myers, 1993)

The feeling function is an evaluative process in making decisions, thus the rational act of evaluating the issue at hand. Jung (1933) describes feeling as a “process that takes place between the ego and a given content, a process, moreover, that imparts to the content a definite value in the sense of acceptance or rejection (like or dislike); but it can also appear isolated in the form of mood...” (p.543).

Individuals who prefer feeling are described as:

- Sympathetic, taking others feelings and needs into account.
- Accepting
- Compassionate
- Often takes things too personally
- Prefer harmony and individual validation, over clarity
- Assessing impact on others, not hesitating to take back something that has offended others.
- Guided by personal values (Kroeger & Thuesen,1988; Myers, 1993).

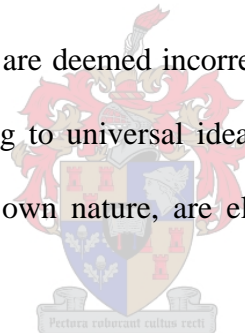
2.5.3 The Eight Personality Types

Combining the two attitudes with the four functions, Jung described eight different types of people. It needs to be noted that these eight types never appear in their pure form, in any individual, because both attitudes and the four functions are present in all individuals. Individual personality depends on how these types

merge in the conscious and unconscious, due to personal development, that differentiates from person to person.

2.5.3.1 Extroverted Thinking Type

Persons manifesting this type – tending to be mostly men - orientate life activities with that of intellectual conclusion, based primarily on objective data. Thus they tend to live according to an intellectual formula. This intellectual formula is a system of rules, principles and ideals that forms part of a moral code. All elements that agree with this formula are deemed correct, while all elements that disagree with this formula are deemed incorrect. This type strives for perfection and lives his life according to universal ideals or laws. Imperfections that are found in such a person's own nature, are eliminated at the very first possible moment.



If the formula is wide enough, such a person can play an important role in social life, but if the formula is rigid, such a person is crafty, grumbler and self-righteous, enjoying to force himself or herself and others into a mould (Jung, 1933). While such a person seems concerned about others, his or her interest is primarily in achieving his or her own objectives.

This type enjoys making decisions and are comfortable in leadership positions. They expect goals to be reached in a competent way and prefer to be respected

and recognised for their accomplishments, rather than to being liked (Quenk, 1993).

All aspects that are in opposition to this thinking type are repressed to the unconscious. These include such things as religious expression and the art of friendship. The feeling function is the most repressed function because of its opposition to the intellectual formula. As no function can be eliminated in its entirety, feelings are shaped in such a way that they support the intellectual formula, to a certain degree (Jung, 1933).

2.5.3.2 Extroverted Feeling Type

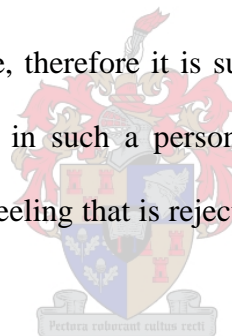
This type is orientated by objective data. Such individuals – mostly women – are controlled largely by social norms, therefore by others (Möller, 1995). The love feeling of this type completely corresponds with their choice of husband. Their life partner is chosen according to the person's age, social position, income and family status rather than by the subjective feelings about the person (Sharp, 1987). They are good comrades to their husbands and good mothers to their children as long as they conform to the rules of society (Jung, 1933).

These people generally make friends easily and are willing to sacrifice their well-being for others. They are well adjusted to external conditions and social values (Sharp, 1987). Such individuals are described as warm, friendly, sensitive,

tactful, seeking the approval of others, valuing the friendship of others, harmonious and empathetic. Individuals with this type can become so wrapped up in their objective feelings that they pay no attention to their own subjective feelings.

This type looks at the positive side of others. The main aim of this type is to create and maintain good feelings and harmony among others. They try not to hurt others feeling, by softening any unavoidable harsh criticisms. Thus, others can mistakenly view them as overly caring and co-dependent (Quenk, 1993).

Thinking disturbs this type, therefore it is suppressed. It needs to be noted that thinking still plays a part in such a person's life; it is only the thinking that disturbs the all-important feeling that is rejected. Hysteria is the primary neurosis of this type (Jung, 1933).

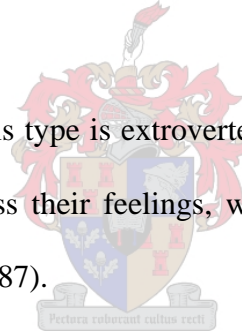


2.5.3.3 Introverted Thinking Type

Subjective factors or data primarily orientates this type. Such a person is driven by the ideas that have their origin in subjective foundation. Such a person's judgment appears cold, obstinate, arbitrary and inconsiderate because of his or her relationship with the subjective and less with the objective (Jung, 1933; Sharp, 1987).

Individuals belonging to this type are so preoccupied with their own thoughts, inner convictions and abstract ideas that they can easily get lost in a fantasy world. In the pursuit of an idea, such a person is generally stubborn, head strong and not easily swayed by others. They value their own opinion and not that of others. The more one knows such a person the more favourable one's judgment becomes. Close friends are known to value their intimacy (Jung, 1933). Inverted thinkers enjoy intellectual activities and subjects like philosophy, maths, and crossword puzzles. In the work situation they often work independently and may be shy around other people. Such individuals don't take criticisms personally and are thus surprised that other are hurt by their unfeeling criticisms (Quenk, 1993).

The inferior function to this type is extroverted feeling, thus such individuals are at a loss in how to express their feelings, which, when they are expressed are often whimsical (Sharp, 1987).



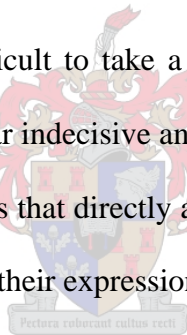
2.5.3.4 Introverted Feeling Type

Introverted feeling is determined principally by the subjective factor, where the subject is the chief role player in their life. Such individuals are difficult to understand, because so little appears on the surface (Sharp, 1987). They are mostly quiet, inaccessible individuals who have no desire to affect others by means of impressions, or changing them in any way, thus remaining harmonious

and inconspicuous in their outward appearance. This type is found mostly in women.

The relationship to the object is kept at a secure and tranquil middle state of feeling, therefore, the expressions of feeling to the outside world are kept to a minimum. Such a person's feelings are intense, running to quite a passionate depth because it is closed to every means of expressing it (Jung, 1933). Poetry and religious activity are ways in which these feelings are expressed (Moller, 1995).

Such individuals find it difficult to take a stance on issues that do not directly affect them. They thus appear indecisive and as lacking conviction. The complete opposite is found in situations that directly affect them. In such cases, they appear firm and uncompromising in their expression or their conviction (Quenk, 1993).



Such individuals are described as loyal, devoted, not overly affectionate, easily forgiving of minor hurtful behaviour and not submitting to peer-pressure. They don't stand out in a crowd, but are usually found in the background. They usually avoid large gatherings and parties because their evaluative feeling function is numbed when too much comes in at one time (Sharp, 1987). The basic motives of such individuals are inaccessible to others because they are kept well-hidden and thus others view them as cold and indifferent.

2.5.3.5 Extroverted Sensation Type

Dependent on the object, such individuals have an extraordinarily developed sense for objective facts. Thus the subjective component is hidden or repressed. They are reality-orientated and avoid deep thinking. Their life is an accumulation of actual experience, which is used less and less the more pronounced the experience becomes. Thus their sensations are used as a guide to new, fresh sensations. They tend not to dwell on problems and situations that are outside their control. They tend to be optimistic, rarely focusing on negative aspects (Quenk, 1993).



The aim of such a type is enjoyment or pleasure and their morals are adjusted according to this. Such individuals will seek out people and situations that have the strongest sensations. Most individuals of this type are men who are outgoing, happy and look for pleasant sensations (Jung 1933; Möller, 1995). Such individuals are usually engineers, editors, athletes and people in business (Sharp, 1987).

2.5.3.6 Extroverted Intuitive Type

Driven by the object such individuals have a dependence on the external situation and are found where new possibilities exist. Due to the search for new

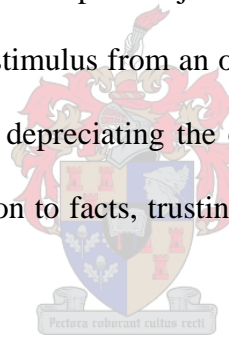
possibilities, this type is unable to stay in a long- established condition. They are entrepreneurs, tackling new possibilities with enthusiasm only to drop it as their taste changes (Jung, 1933). Intuitive types are able to find new possibilities, but to make these new possibilities a reality, require the skill of focusing on abilities of sensation and thinking (Sharp, 1987). The problem with this type is that once the new situation has been executed, the person soon loses the excitement and starts to feel imprisoned by the new situation. Thus it is hard for such individuals to stick to something for any length of time. They have a vision of what could be but lack the talent to implement it. They have an extraordinary ability to sense what is going on behind the scenes.

Their enthusiasm for a new possibility or project can become so compelling that they ignore energy and time constraints. At the extreme, such individuals can become physically run down due to their enthusiasm (Quenk, 1993).

The inferior function of thinking and feeling, which provides judgment, lack the power to offer any resistance to such a person. The repressed thinking and feeling produces infantile and archaic thoughts and feelings in the unconscious. This type has their own form of morality, governed by their intuitive view. They often fail to complete what they have started.

2.5.3.7 Introverted Sensation Type

This introverted type is orientated by the intense subjective sensation. Such individuals are irrational, in that their focus is on what has happened. They adhere to their own sense of reality, which may be at odds with others. Such individuals are aware of their bodily sensation, both physical and emotional, which can lead to overreaction to external stimuli (Jung 1933; Möller, 1995). This type stands out due to their calmness and passive appearance or by their rational self-control due to their poor objective understanding, not understanding themselves any better. A stimulus from an object is replaced in such a person by a subjective reaction, thus depreciating the object. Such individuals are careful and orderly in their attention to facts, trusting evidence received from their sense (Quenk, 1993).

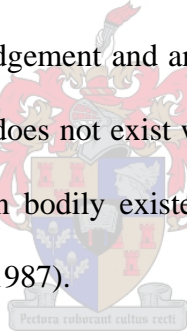


The prominent subjective perception forces the individual to consciously view a primitive reality where the reality of the object plays no role. Their unconsciousness is characterised by repressed intuition, which acquires an extroverted characteristic that is very primitive.

2.5.3.8 Introverted Intuitive Type

Such individuals are confined to the perceptive character of intuition, which leads to alienation of external reality causing it to be difficult to understand such individuals, even by their friends. Their suppressed thoughts and feelings and poor communication create this aspect (Jung 1933). Introverted intuition is directed towards the unconscious.

They tend to be daydreamers, who are unable to communicate well, are often misunderstood, lack good judgement and are unable to accomplish much (Sharp, 1987). It seems that reality does not exist with such individuals; they often have little realisation of their own bodily existence; often misplace possessions and forget appointments (Sharp, 1987).

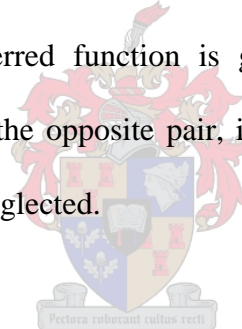


Such individuals have a good insight into complex situations, using metaphors to explore new possibilities. Their unconsciousness is marked by a primitive extroverted sensation.

2.5.4 Development of Psychological Type

In general people tend to develop the four functions throughout their lives, in the order in which they prefer them. The development of the four functions depends on the way the individual grows and proceeds through life.

Children are born with a preference for some of the functions over others. The preferred function is the one that is of interest to the child and is exercised to become more skillful, and differentiated in its use over time. While the development of the preferred function is going on, the other functions are relatively neglected, with the opposite pair, i.e., the other judging or perceiving function, being the most neglected.



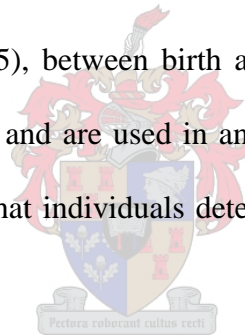
In development, the environment plays an extremely important role in that it can foster or discourage the use of one's preferred function (Myers & McCullally, 1992).

Environmental interference with type development can result in a 'falsification' of type, whereby a person would take on a less preferred function which may result in the person becoming less content, feeling less competent or becoming out of touch with his or her own feelings (Myers & McCullally, 1992).

An individual's preferred type comes from the development of one's own preferred functions. In youth, a person's dominant and auxiliary function are developed. In midlife, one can gain a command over the tertiary and inferior function. Thus youth is the time for specialisation and midlife the time for becoming generalised (Myers & McCually, 1992).

Optimal use of all four functions is obtained through selective development of each function, in proportion to its relative importance to the individual and its relationship to the other process.

According to Martin (1995), between birth and age six all of the functions are available to the individual and are used in an undifferentiated way. It is during this developmental stage that individuals determine which function will serve as the dominant function.



Between the ages of six and twelve, the dominant function appears and asserts itself as the favourite function.

Between the ages of twelve and twenty the auxiliary function appears to balance the dominant function and provide support.

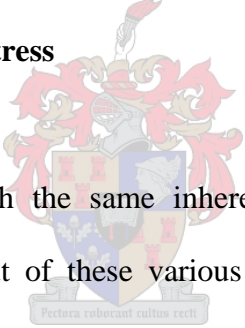
Between the ages of twenty and thirty-five the tertiary function develops, appearing in areas such as hobbies.

Between the ages of thirty-five and fifty, the other functions are developed and the inferior function demands attention.

Above the age of fifty, the individual has access to all four functions in different situations. The dominant and auxiliary functions still play the most important role but the other two functions do make an appearance (Martin, 1995).

Research conducted by Gray (1947) found that as individuals grow older they become less extraverted, less intuitive and less feeling or conversely, they tend to use their thinking more than before, introversion develops more clearly and they use their sensation more than in their youth. It was also found that the most remarkable decrease was in intuition, followed by extroversion and then feeling.

2.5.5 Psychological Type and Stress



Every person is born with the same inherent mechanism for receiving and processing information, but of these various methods, individuals tend to use some more than others. Thus, during a stressful life event, such as that of bereavement, individuals tend to rely more on their dominant function with eruptions of the inferior functions (Fraser-Beekman, 1999) during the coping process.

The less developed types or inferior types tend to come into play in times of stress, when the usual means of coping are unavailable or seem not to be of use to overcome the current stress. Such eruptions of the inferior functions are generally the result of a lowering of our general level of consciousness. Thus, there is a

transfer of energy from the more conscious and developed functions, to that of the relatively unconscious inferior functions (Quenk, 1993). There are a number of situations that result in the inferior types emerging. These include: accidents, physical pain, emotional shock, illness, sudden emergencies and the experience of loss and grief (Singer & Loomis, 1984). Other situations such as alcohol and drug use (Quenk, 1993), sexual excitement, trance state or under hypnosis can also result in the inferior types emerging (Singer & Loomis, 1984).

During such situations the inferior types erupt and the individual may start to function in an unfamiliar way, because the old ways of responding do not seem to work. In such situations, the person's personality may seem to change. On the positive side, these individuals who have eruptions often discover that they can do things that they once did not think was possible and new challenges present themselves. If it were not for these eruptions of inferior types, a person would continue to function in the same way as in the past and may be unable to deal with the stress at hand.

2.6 Sense of Coherence (SOC)

To understand SOC one needs to understand Antonovsky's theoretical framework. Antonovsky developed the constructs of Salutogenesis and Generalised Resistance Resource (GRR) as the building blocks from which the eventual development of the SOC concept emerged. Following the development

of this foundation, the focus then turns to the SOC concept, its components and its sources.

2.6.1 Salutogenesis

Aaron Antonovsky's view on the psychology of health and well-being was introduced to the world in his well-known work, *Health, Stress, and Coping* (1979). In this book he posed the question of 'salutogenesis' ('salus'- health; 'genesis' – origin) or the origin of health. Salutogenesis is a counter term to pathogenesis or the origin of disease, unlike the pathogenic paradigm in which individuals are either seen as being at one of the two extremes - ill or healthy. Antonovsky's salutogenic approach proposes a health/disease continuum, along which individuals are found, and move to either end of the poles at any given time. Thus as Antonovsky (1979) has stated, as long as we are alive we are in part healthy and in part sick, that is we are somewhere on a continuum.

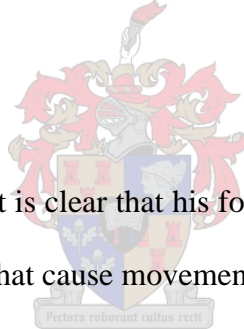
Contained in Antonovsky's works are three reasons for moving away from the pathogenic approach to that of the salutogenic approach. They are stated as follows:

1. The pathogenic approach forces those using it to form a narrow focus, only focusing on the disease or illness, thus blinding the user from making a subjective interpretation of the state surrounding the person who is ill. In contrast the salutogenic approach allows those using it, to view everything that is of

importance concerning the person who is ill, thus embracing the unique human individual that is involved.

2. The pathogenic approach has made itself comfortable with the “magic bullet” approach (one disease, one cure), thus resisting the possibility of there being more than one cause.

3. The pathogenic approach views everyone as being either in a state of illness or a state of health, while the salutogenic approach views everyone as being at a point on a continuum of health and illness. Thus the salutogenic approach states that at any given point in time a person will be found on the continuum closer to the health or disease end depending on the person’s particular situation. (Antonovsky, 1979)



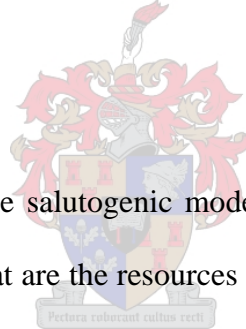
From Antonovsky’s work it is clear that his focus is not with the cause of disease, but rather with the factors that cause movement on the health/disease continuum.

2.6.2. Stress and Generalised Resistance Resources (GRR)

Stress is an ever-present factor in human existence, with almost ever encounter in daily life running the risk of turning out to be stressful. It is the individual’s reaction to such a stress that determines the severity of the stress. According to Antonovsky (1979), an individual responds to stress, by means of a state of tension, which can have three types of consequences: pathological, neutral or salutary consequences. The result depends on quality of tension management.

Inadequate tension management leads to stress and disease on the continuum, while good management will result in movement to the healthy end of the continuum.

A given stimulus is stressful or not, depending on the meaning of the stimulus to the person and on the repertoire of readily available automatic homeostasis restoring mechanisms available. Antonovsky (1979) highlights that humans are constantly trying to maintain a level of homeostasis, despite the ever-changing world. If a demand made by the internal or external environment on an organism upsets the homeostasis or if the restoration of the homeostasis is not automatic, a stress will result.



The questions asked by the salutogenic model is, why are some able to handle stress and others not? What are the resources at our disposal that enables some of us, rather than all of us, to resolve stress? Some of the answers to this salutogenic approach come in the form of Generalised Resistance Resource (GRR) which serves to protect individuals against the potential impact of stresses. GRR's are any characteristic of a person, group or environment that can manage or resolve tension (stress) (Antonovsky, 1979). Thus a GRR is something which is in the possession of a group or individuals making it possible either to avoid the stress, resolve it or both.

Whatever one's location on the continuum is, at any given point in time, the extent to which GRR's are available, plays a decisive role in determining movement towards the healthy end of the continuum or at least keeping the person at the same location, preventing a further slip to the disease end of the continuum.

Antonovsky (1979) defined three kinds of General Resistance Resources:

1. Adaptability on the psychological, biochemical, psychological, cultural and social level.
2. Ties to concrete, immediate others, and
3. Commitment of an institutionalised ties between the individual and the total community.



Antonovsky (1979) identified two of the major sources of GRR's namely childrearing pattern and social-role. Other GRRs mentioned by Antonovsky are a clear ego identity, a flexible coping style, social support, wealth and a strong constitution.

The extent to which our lives provide us with GRR's is a major determinant of the extent to which we come to have a generalised, pervasive orientation or a strong sense of coherence.

2.6.3 Definition

Antonovsky (1987) offers the following definition to describe sense of coherence:

The sense of coherence is a global orientation that expresses the extent to which one has a pervasive, enduring thought dynamic, feeling of confidence that (1) the stimuli from one's internal and external environment in the course of living are structured, predictable, and explicable; (2) the resource are available to one to meet the demands posed by these stimuli; and (3) these demands are challenges worth of investment and engagement. (p. 725)

Thus, according to the sense of coherence concept, those individuals who can comprehend what has happened, give meaning to the traumatic event and have a sense of manageability or a sense that the necessary resources are available, and are therefore able to cope better with the traumatic event itself.

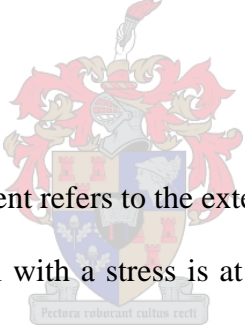
2.6.4. Comprehensibility, Manageability and Meaningfulness: Three Components of SOC

Antonovsky's (1987) definition highlights three component of SOC, these being comprehensibility, manageability and meaningfulness. It is to these three components that our focus now turns.

2.6.4.1 Comprehensibility

Comprehensibility refers to the extent to which individuals perceive the stimuli that confront them as making cognitive sense. Thus, when a person views the world as comprehensible an element of understanding arises. It does not mean that nothing unexpected ever happens to such a person, but from chaotic situations cognitive understanding does arrive. Thus in the case of death, such a person can make sense of what has happened.

2.6.4.2 Manageability



The manageability component refers to the extent to which a person perceives that the resource needed to deal with a stress is at their disposal. People that have a high level of manageability are at ease when faced with stress because they have a sense that they will cope, aided by their own resource or social support. It is important to note that a resource is any person or institution that the person can rely on, for example God, friends, colleagues and so on.

2.6.4.3 Meaningfulness

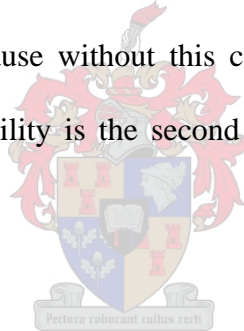
Meaningfulness is similar to that of comprehensibility in that meaningfulness refers to the making emotional sense of one's situation. People who are high on

meaningfulness feel that life makes sense emotionally, that at least some of the problems and demands posed by living are worth investing energy in. To such a person stresses will be dealt with at a level that makes emotional sense.

2.6.5 Sense of Coherence: components and development

Viewed as a separate entirety, it is difficult to think that these three components form part of the same construct.

According to Antonovsky (1990), the meaningfulness component is the most important component because without this component the other two would be temporary. Comprehensibility is the second important component followed by manageability.



Whether one of the components is more important than the other, is of no consequence based on the work of Frenz, Carey and Jorgensen (1993) who found that SOC is best understood as unidimensional. Seen as a unidimensional, the total score of SOC will give a clinician an idea of the client's approach to and view of life.

It is important to note that sense of coherence is shaped, reinforced and modified not only in childhood but also throughout one's life, with this global orientation generally considered to be formed by the age of thirty (Antonovsky & Sagy,

1986). Within this life long developmental process, individuals are confronted with challenges, stresses and tension, all of which have an impact on the development of a strong or weak SOC.

Due to human nature, it is difficult to comprehend that one person will have an extremely high score on the continuum. For such an event to occur there needs to be a stable world, free of the stress and strain of everyday life, unimaginably in this day and age. Thus it can be viewed that a person scoring an extremely high SOC is faking his SOC. SOC scores usually range from extremely low to moderately high (Antonovsky, 1979).

2.6.6 The Source of SOC



Some individuals and social groups have a stronger sense of coherence because of particular social-structures and cultural-historical situations, which provide the development or reinforcement of experience that results in a strong sense of coherence. Having money or belonging to the upper class, having a clear religious stance, having social support and so on, all add to the forming of a SOC (Antonovsky, 1984). Antonovsky (1979) identified four primary sources of sense of coherence, namely: psychological sources, social-structural sources, cultural-historical sources and situational sources.

2.6.6.1 Psychological Source

In explaining this concept, Antonovsky (1979) draws on the works of a number of individuals whom he deems to have identified potential psychological sources of SOC. Among these are the works of Engel's give-up syndrome (as cited in Antonovsky, 1979) and its later reformulation by Engel and Schmale (in Antonovsky, 1979) to the concept of conservation-withdrawal and the work of Wertheim emphasising the integration and contextualising autonomy and control and the influence of early child rearing practices.

In Antonovsky's discussion, he outlines that if withdrawal from a challenging or unfavourable environment is the dominate mode of behaviour, the result will be a weak SOC due to the inability to access or utilise necessary GRR's to deal with the environment. Antonovsky's further mentions, that good child-rearing practices, an appropriately balanced withdrawal-conservation response and the opposite of the give-up syndrome are important sources of a strong SOC.

2.6.6.2 Social-Structure Source

Social class, self-direction, child-rearing patterns and structural conditions of occupation are among the social structural sources of SOC. Antonovsky highlights that the orientation system described by Kohn (in Antonovsky, 1979)

of low social class is almost the essence of a weak sense of coherence. He writes that the constriction of life experiences found in people of lower social class is conducive with this orientation system. Similarly, he shows that the alternative to this orientation system is found in individual of higher social standings.

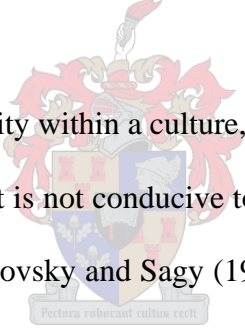
Drawing a conclusion from these statements, one can deduce that the higher one's social class, the greater the chance of obtaining a stronger SOC. One can also deduce that this has a lot to do with the great difference of GRR's found in low and high social class.

Self-direction is integral to Sense of Coherence, it is found more commonly in higher social standing and is consistent with a strong SOC. Self-direction is, acting on the basis of one's own judgment, attending to internal dynamics as well as to external consequences, being open minded, being truthful of others, holding personally responsible moral standards. (Antonovsky, 1979).

One's own orientation system does not stop with oneself, but has a direct effect on child-rearing practice and is passed on to the next generation, which in turn is involved in the forming of the generation own orientation system.

2.6.6.3 Cultural-Historical Source

Among the cultural sources are aspects such as prototypical family structure, child-rearing patterns and basic personality structure. The basic personality type for any society is that personality configuration which is shared by the bulk of the society's members as a result of the early experiences which they have in common (Antonovsky, 1979). This basic personality structure does not represent the total personality, but rather the value-attitude system. Antonovsky suggests that SOC forms a major component of the basic personality structure.



Radical change and instability within a culture, as in the case of forced removal, is mentioned as a variable that is not conducive to a strong SOC. Research supports these notions, in that Antonovsky and Sagy (1986) found evidence supporting the hypothesis that stability of a community in which one lives may also be seen as a condition contributing to the development of perception of the world as predictable and manageable.

2.6.6.4 Situational Source

Underlining situational sources are life changing events and stressful situations.

Highlighting the effect of life changing and stressful situation on people with a strong or weak SOC, Antonovsky (1979) states that a person with a strong sense

of coherence can mobilise resources to cope with the life changing problems, whether it is positive or negative. When a person with a weak sense of coherence tackles a life changing event with helplessness and the event is not making sense, they are incapable of successful adaptation.

2.7 Overview

This chapter attempts to define the different components that affect this research and give a clearer understanding of the nature and the different entities that form part of the defining components. Bereavement is the total behavioural response pattern, physiological and psychological, displayed by a person following the loss of a loved one and consists of two components, grief and mourning. Grief, which is the emotional response to bereavement, is manifested in a physical, cognitive, affect and behavioural ways. While mourning, is the process of coping with the loss - the process in which the bereaved deals with their grief.

Jung's typology of psychological type, distinguishes among eight types and is made up of two attitudes, (extraversion and introversion), and four functions, (thinking, feeling, sensation and intuition), which develop throughout life in the order in which the four functions are preferred in the individual.

Sense of coherence is developed from the salutogenic paradigm and consists of three components - comprehensibility, manageability and meaningfulness.

According to the sense of coherence concept, those individuals who can comprehend what has happened, give meaning to the event and have a sense of manageability or a sense that the necessary resources are available, are better able to cope with the stressful life events.

It can therefore be contended that coping with bereavement is a function of an individual's personality function and sense of coherence.

Turning from defining the main concepts, the next chapter highlights what other researchers have found regarding these concepts. What follows is a review of bereavement theory and literature based primarily on the variables pertinent to this study.



CHAPTER THREE

Theory and Literature Review

3.1. Theories Related to Bereavement

In an attempt to better understand the impact of bereavement on the surviving spouses, family and friends, researchers have proposed a number of theories elucidating the bereavement process. In the ensuing section, attachment theory, cognitive theory of stress and coping, and social support theory are presented in a framework to understanding the bereavement process.

3.1.1 Attachment Theory

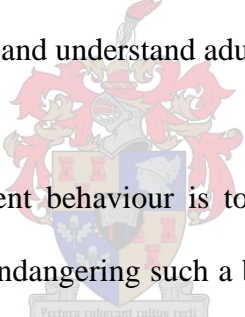


Noticing similarities between the attachment of infants and their mothers and that of adults going through loss, Bowlby (1980) integrated the two concepts in his attachment theory.

Attachment behaviour begins at infancy, with young children extremely dependent on their caregiver for survival. Attachment behaviour is defined as “any form of behaviour that results in a person attaining or retaining proximity to some other differentiated and preferred individual” (Bowlby, 1980, p.39). During the course of normal development, attachment behaviour is responsible for the

development of affectionate bonds or attachments, between the children and their parents and later in life between two adults.

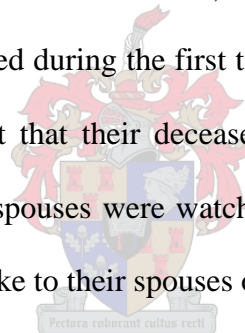
When infants are separated from their caregiver (mother), even for an instant, they begin to show distress and discomfort that can lead to a protest response. This adaptive behaviour is designed to increase the child's search for and return of the caregiver. Thus, attachment behaviour is an instinctive behaviour where the goal is to maintain contact with significant individuals and is activated only when required. Based on the assumption that attachment is part of human evolution, Bowlby (1980) and others have extended the mother–infant attachment model, in an attempt to better explain and understand adult loss and bereavement.

The image is a watermark of a university crest, likely from the University of Cambridge, featuring a shield with a cross and four lions, topped with a crown and surrounded by a red and white border. Below the shield is a motto scroll.

Since the goal of attachment behaviour is to maintain affectionate bonds, any situation that seems to be endangering such a bond, produces a reaction designed to preserve this. The greater the danger of loss, the more intense and varied are the actions produced to prevent it. When such a threat occurs, all forms of attachment behaviour come into play – clinging, crying and perhaps even anger. This is a phase of protest, acute physiological stress and emotional distress. It is thought that grief and bereavement are the result of this protest function, resulting from the pain and despair of the realisation that the deceased loved one is not going to return. Thus, according to Bowlby (1980), grief is likened to separation anxiety found in children. Bowlby views bereavement as an unwanted separation from attachment behaviour, similar to those observed in animals and children.

Following the loss of a close loved one, a brief period of protest is followed by a longer period of searching behaviour. After some time these behaviours cease, as they prove to be ineffective in bringing back the attachment figure, the bereaved enters a phase of despair and depression sets in. After this the individual enters into a final stage, the reorganisation phase, in which the cognitive restructuring of one's situation takes an important place.

The attempt to maintain a bond with the deceased is not uncommon, as Shuchter and Zisook (cited in Bonanno & Kaltman, 1999) found. Their results showed that, in interviews conducted during the first two months of bereavement, 71% of widows and widowers felt that their deceased spouses were still with them at times, 61% felt that their spouses were watching over them, while an additional 39% reported that they spoke to their spouses on a regular basis.



3.1.2 Cognitive Theory of Stress and Coping

The cognitive theory of stress and coping provides a theoretical framework from which difficult life events and their relationship to psychological and physical health can be studied. The theory moves away from the grieving process and focuses on the bereaved individuals and how they view the difficulties surrounding the loss. The theory identifies two processes: cognitive appraisal and coping.

3.1.2.1 Cognitive Appraisal

Within this theoretical framework, cognitive appraisal is a process whereby a person evaluates events or situations that are deemed stressful. An event is only stressful to the extent that it is “appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being” (Lazarus & Folkman, 1984, p.19). In the case of the loss of a loved one, this process would involve the evaluation of the extent to which the loss affects the person’s daily functioning and well-being. This stress is not the property of the person, nor is it a stimulus or response, but stress is the relationship between the person and the environment.

There are two major forms of appraisal: primary and secondary appraisal. Firstly, primary appraisal is the process through which the person evaluates whether there is anything at stake and the degree to which the person may come to any harm or benefit. There are three kinds of primary appraisal: irrelevant, benign-positive and stressful (Lazarus & Folkman, 1984). When an encounter is deemed irrelevant, it carries no implication for the person’s well-being. A benign-positive appraisal indicates that the encounter does not exceed the person's resources and is therefore deemed positive to the well being of the individual. The stressful appraisal is sub-divided into harm/loss, threat, and challenge. Harm/loss refers to injury or damage that has already taken place as in the loss of a limb or loss of a loved one. A threat is a harm or loss that has not yet taken place but is

anticipated, for example, anticipated bereavement. The third kind of stress appraisal (challenge) focuses on the potential for gain or growth.

Secondary appraisal refers to the assessment of what coping resources are available in order to prevent harm or improve the prospect of benefit. In other words, it tries to determine what can be done to overcome or prevent the harm or lessen the impact. In any situation there are various coping opportunities, such as altering the situation, accepting it, seeking more information or holding back from acting on impulse in a counterproductive way.

To summarise, secondary appraisal looks at the coping aspect while primary appraisal looks at what is at stake. Primary and secondary appraisal converge to determine whether the person-environment transition is regarded as significant for well being, and if so, whether it is primarily harm/loss, threatening (containing the possibility of harm or loss), or challenging (holding the possibility of mastery or benefit).

3.1.2.2 Coping

When an event is deemed stressful a number of coping strategies comes into play. Coping is defined as "constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the person's resources" (Lazarus & Folkman, 1984, p.141). There are

three important key features in this definition. Firstly, it is *process orientated*, thus the focus is on what the person actually thinks and does in the stressful situation (the loss of a loved one) and how this changes as the encounter unfolds. Secondly, coping is viewed as *contextual*, that is, influenced by the person's appraisal of the actual demands brought about by the situation or loss and resources for managing them. The emphasis on context means that particular personal and situational variables together shape coping efforts. Thirdly, there is no prior assumption about what is positive or negative coping; coping is simply defined as a person's efforts to manage demands, whether or not the efforts are successful.

Coping has two widely recognised functions: firstly to regulate stressful emotions (emotion-focused coping), and secondly, it alters the person-environment relation that is causing the problem (problem-focused coping).

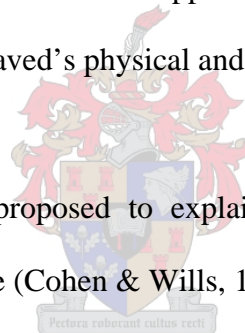
The immediate outcome of an encounter refers to the person's judgement of the extent to which the encounter was resolved successfully. The overall judgement is based on the person's values and goals, and the person's expectations regarding the stressful outcome. For example, even though there is no resolution regarding losing a loved, which is causing the distress, an outcome can be evaluated as favourable, if the person feels that the demands brought on by the loss were managed as well as could be expected. An outcome can be judged to be

unfavourable if the person has come to terms with the loss, but in doing so experience conflicts with other values and goals.

3.1.3 Social Support Theories

According to the social support theories, bereavement is conceptualised as the loss of an important part of a person's network of friends or family members. The loss of a spouse, is often conceptualised as a loss of the emotional, instrumental, and financial aspects of social support. Thus, effects of bereavement on the quantity and quality of one's social support network can have both direct and indirect effects on the bereaved's physical and mental health functioning.

Two models have been proposed to explain the relationship between social support and health outcome (Cohen & Wills, 1985).

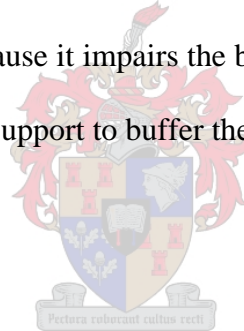


The first model, the Main Effect Model, proposes that people gain health benefits directly from social support, regardless of their stress status. This hypothesis has been used to explain gender differences in the response to bereavement. It has been noted that women have a greater extended social support network. This being the case, women are thought to manage better during bereavement, because the loss of a spouse does not constitute as large a loss in their overall social support network as it would for men (Antonucci & Akiyama, 1987). The Main Effect Model may also explain why one would react differently to a sudden loss,

compared to an anticipated loss, as it has been found that a sudden loss disrupts social networks more than an anticipated loss would.

The second model of social support is the buffering model. According to this model, social support buffers individuals from stress, preventing adverse outcomes. Support for this model comes from studies in which people indicate that social support assisted them in coping with stressful events (Stylianos & Vachon, 1993). This model predicts that men will suffer more adverse effects due to bereavement, because they have fewer emotional resources than women to cope with the stress of bereavement. This model also predicts that an unexpected loss is more damaging because it impairs the bereaved's access to or ability to use instrumental or emotional support to buffer the stress of social support.

3.1.4 Phases of Grief



Over the past few decades many researchers have investigated the process of grief and bereavement and have proposed stages of normal grief. One such proposal has come from Parkes (1970).

Drawing on the work of Bowlby, Parkes (1970) proposed that grief takes place in four phases, the four phases being 1) numbness, 2) yearning, 3) disorganisation and despair, and 4) reorganisation. Corr, Nabe and Corr (2000) state that these

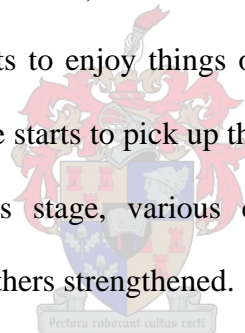
phases are elements of the process of realisation, made real in one's inner psychic world, which is already real in the outside world.

a) Phase of numbness (shock). This is the initial reaction to the loss of a loved one, a state of shock or being stunned at the event that has just taken place. This phase of numbness, shock and denial serves to block partially or totally the awareness of the loss. In this way, the person does not become overwhelmed by the events that have taken place. This is a natural defence to bad news and unwanted pain. It is not a permanent phase but a passing phase and the bereaved soon moves on to the other phases. This phase usually lasts from a few hours to a week and may be interrupted by outbursts of emotions. Although denial is found in this first phase, other forms of denial are found at later phases.

b) Phase of Yearning (searching). During this phase the bereaved is preoccupied with thoughts of the deceased person and experiences an intense longing for the deceased. During this phase it is the permanence of the loss rather than the loss itself that is denied. The searching pattern that takes place during this stage is triggered by such things as seeing a person that looks similar to the deceased, taking part in events that the deceased used to enjoy, among others. Crying, calling to the deceased person and paying attention to stimuli that might suggest the deceased is still a live are common in this phase.

c) Phase of disorganisation and despair. During this phase both the permanence and fact of loss is accepted. This stage starts slowly as the yearning and searching starts to diminish and depression, apathy and aimlessness start to increase. This phase is the result of the failed attempts to bring back or hold on to the connection with the deceased person or simply put, due to the failed attempts of the yearning phase. Individuals in this phase find it hard to concentrate and suffer from low levels of energy.

d) Phase of reorganisation. During this phase, depression, apathy and aimlessness are greatly decreased, as the bereaved slowly reinvests interest in the future. The bereaved starts to enjoy things once more and a sense of direction starts to evolve as he or she starts to pick up the pieces of his or her life and shape a new one. During this stage, various changes take place such as new relationships formed and others strengthened.

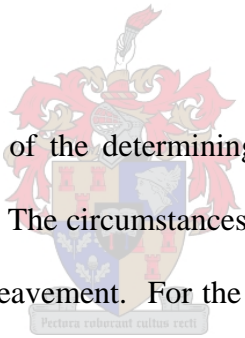


There are limitations to these phases of grief and they should not be taken too literally, for grief is not a linear process that is contained within concrete boundaries, but is fluid and overlapping varying from person to person. Therefore it needs to be noted that these phases are meant to be a guide and not an expectant sequence.

3.2 Literature Review

In attempts to understand the ability to cope with bereavement, a considerable body of evidence has been generated to describe the phenomenon of bereavement and the methods by which individuals might cope. What follows is a review of bereavement literature, based primarily on the variables that affect this study and how these variables affect the bereavement outcome.

3.2.1 Mode of death

The image is a watermark of a university crest, likely from the University of Cambridge, featuring a shield with various symbols, a crown on top, and a motto scroll at the bottom. The crest is centered behind the text.

The mode of death is one of the determining factors of bereavement outcome (Stroebe & Stroebe, 1993). The circumstances surrounding the death are likely to affect the course of the bereavement. For the sake of clarity, we can distinguish between three main categories or modes of death. Firstly there is natural or anticipated death; these deaths are mainly due to the aging process or terminal illness. Secondly, there are accidental and unexpected deaths; these deaths are due to man-made or natural disasters. Thirdly, there are deliberate deaths; these are deaths such as suicide and homicide. Collectively, deliberate, accidental and unexpected deaths are also referred to as sudden death, and deaths due to an illness, are referred to as anticipated death.

After a natural or anticipated death, an individual usually adjusts to a level that is conducive for normal functioning within one to two years (Parkes & Brown, 1972) because the bereaved has had time to prepare. Having time to prepare allows the bereaved time to make sense of the upcoming loss and to direct their energy towards coping, whereas research has shown that sudden bereavement as a result of suicide or accident leads to more immediate and long-term coping problems than deaths that are anticipated (Barrett & Scott, 1990). The grief in this case is especially intense because there is no time to prepare or say goodbye to the deceased.

It has also been found that sudden deaths lead to a more intense overall reaction and poorer mental health status than death associated with prolonged illness (Ball, 1977; Lundin 1984a). Sudden bereavement has also been shown to produce greater levels of depression (Farberow, Gallagher-Thompson, Gilewski, & Thompson, 1992). Depression was also found to be higher with regard to suicide compared to natural death (Gilewski, Farberow, Gallagher, & Thompson; 1991).

Lundin (1984b) found that individuals bereaved as a result of accidental and unexpected death showed more somatic and psychiatric illnesses, than those individuals bereaved as a result of anticipating death during the first two years of bereavement. The investigation also showed that while individuals bereaved as a result of anticipated loss showed poorer health before the bereavement there was no increase in health consequences after the loss.

Martikainen and Valkonen (1996) studied the excess mortality among Finnish persons after the death of a spouse and found that excess mortality was the highest for loss due to accidental, violent and alcohol-related causes, moderate for chronic ischemic heart disease and lung cancer and low for other causes.

It would seem that the consensus in literature is that bereavement as a result of sudden death results in poorer bereavement outcome than anticipated death, but not all researchers have found this. Parkes (1964) studied the medical records of 44 elderly widows who had lost their spouse due to expected or unexpected causes. He found no significant effect on the widows' overall disturbance or their adjustment one year after the death as measured by their medical consultation rates. Similarly, Maddison and Walker (1967) found no significant relationship between outcome and the bereaved's knowledge of anticipated death.

Kitson (2000) found that widows of men who had died from long-term natural illnesses exhibited more distress than widows of men who had died from violent and sudden natural deaths combined. Similarly, it was found that individuals who survive the death of a spouse after an illness lasting longer than six months seem to be at greater risk during the bereavement period (Gerber, Rusalem, Hannon, Battin, & Arkin, 1975). This factor may be due to the death having been anticipated for such a long time, that by the time the actual death takes place, the

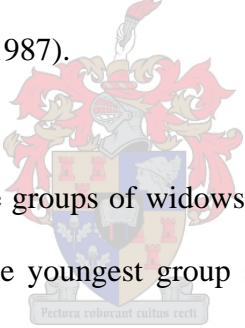
individuals are emotionally and physically drained causing a greater risk for poor bereavement outcome.

Sanders (1988, 1993) found a number of factors related to the mode of death that are linked to poor bereavement outcome. These are: a) cases in which the bereavement is sudden, unexpected and untimely; b) deaths that are horrifying in nature; c) cases where the death is violent or stigmatic (as in the case of death due to homicide, suicide or AIDS); d) cases in which the person has endured multiple losses, and e) instances in which there is the loss of a child.

The bereavement outcome is not only affected by nature of death, expected or unexpected, but is also affected by where the death took place. Examining the difference between home and hospital deaths due to cancer, Ferrell (1984) compared these two modes of death based on the Grief Experience Inventory. The subjects who had lost their loved one eight to eleven months prior to the commencement of the investigation were compared on the nine clinical scales of the Grief Experience Inventory. Ferrell's findings showed that the home death scored lower than the hospital group in eight of the nine scales and there was a significant difference on the scales of guilt, depersonalisation and rumination. There was no significant difference on the scales of despair, anger, social isolation, death anxiety, somatisation, and loss of control.

3.2.2 Age

Due to the negative health impact of bereavement one would think that older rather than younger bereaved individuals would be more vulnerable after the death of a loved one. This does not seem to be the case, as younger bereaved individuals exhibit greater psychological distress, depression, anxiety (Zisook & Shuchter 1991) and higher illness scores (Maddison & Walker, 1967) following the death of the spouse. This may be due to the fact that older persons report more purpose in life than younger persons and are more accepting of death (Reker, Peacock & Wong, 1987).



Ball (1977) compared three groups of widows: young, middle aged and old aged widows. He found that the youngest group showed greater overall reaction to death than the other two groups. Parkes (1992) also reported that the elderly tend to suffer less extreme anguish due to the death of their spouse than younger individuals. While research indicates that younger widows suffered more psychological problems, it has also been noted that older widows experienced more physical problems (Parkes & Weiss, 1983).

Further, it has been suggested that one reason for the poor bereavement outcome in the young is due to the fact that many younger widows with children have to

return to their parental home for financial or emotional support (Parry & Thornwell, 1992)

3.2.3 Relationship

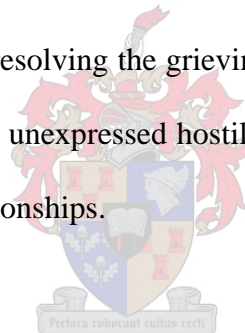
There is widespread belief that the relationship between the survivor and the deceased is crucial to understanding grief (Fulton, 1987; Parkes, 1985), but there have been mixed results with regard to which relationship is the most affected by death.

Some studies have indicated that the loss of a spouse is the most stressful life event and is directly related to a decline in physical and psychological health (Stroebe & Stroebe, 1983; Stroebe, Stroebe, & Hansson, 1988). However, studies on family bereavement have found that the death of a parent, a child or a sibling is equally as stressful for men as the death of a spouse (De Vries et al; Perkin & Harris; as cited in Fitzpatrick, 1998). It can be said that the death of such significant individuals in one's life is a cogent reminder of one's own mortality.

Sanders (1980) and Fulton (1987) indicated that adult children experience less grief than parents and spouses. Sanders (1980) also reported that parents who have lost a child, suffer more somatic reactions, greater depression, more anger and guilt than those who have lost a spouse.

Despite these different research findings, it has been stated that the consensus in research is that the death of a child is the most distressing, the death of a parent (for an adult) is the least distressing and the death of siblings and spouse is intermediate (Cleiren, Diekstr, Kerkolf, & van der Wal; Ostwerweis, Solomon, & Green as cited in Callahan; 2000). This was also found by Leahy (1993) who reported that bereaved mothers had significantly higher levels of depression than both widows and bereaved adult daughters. He also reported that widows showed significantly higher levels of depression than adult daughters.

According to Worden (cited in Freeman & Ward, 1998), a relationship that hinders people from fully resolving the grieving process is one involving extreme ambivalence, coupled with unexpressed hostility, highly narcissistic relationships and highly dependent relationships.

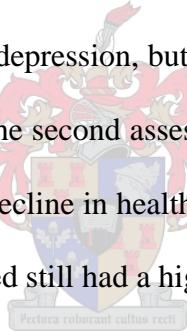


3.2.3.1 Death of an Adult Child

To a parent, one's offspring is always one's child whether they are a child or adult and it is for this reason that the loss of an adult child has a great impact on a parent's life. The death of an adult child is an untimely event in the course of natural human events, which has a devastating and lasting impact on the physical and emotional health of an aging parent (Arbuckle & de Vreis, 1995).

Despite such a death being an untimely event, it has been reported that ten percent of elderly parents with children, have experienced the death of a child when the person was 60 years old or older (Moss, Leshner, & Moss, 1989). Moss et al. also reported that this might have complications with regards to adult development. One of these changes is the additional caretaker position many parents have to enter into in order to care for surviving grandchildren.

Examining the long-term psychological and somatic effects of the death of an adult child, de Vries, Davis, Wortman and Lehman (1997) compared bereaved and non-bereaved of the same age group, and found that the bereaved group experienced higher levels of depression, but also reported slightly higher levels of marital satisfaction. During the second assessment, it was found that the bereaved group showed a more rapid decline in health status than that compared to the non-bereaved and that the bereaved still had a higher level of depression.



3.2.3.2 Death of a Parent

In life, death is associated with the elderly. Thus, adults expect their parents to die before them. Despite this, the death of a parent is still a severe blow to physical and mental health as well as stability (Moss & Moss, 1983).

In a survey conducted with 220 bereaved adult children who had lost a parent, it was found that one out of four still suffered social and emotional problems one to five years after the loss (Scharlach, 1991).

Silverman (1987) studied college-aged women who had lost a parent the previous year, and found that most of the college women felt that their lives had changed due to the death, but felt it was not necessarily filled with problems.

Not only is the death of a parent the loss of one's oldest relationship, but it is also the removal of the buffer between oneself and death. This brings home the reality of one's own eventual death.

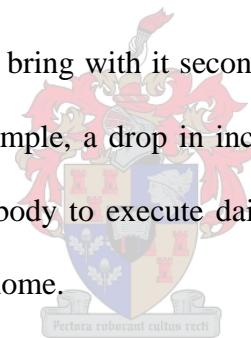
3.2.3.3 Death of a Spouse



It has been stated that in general, those spouses who report that they have a happy marital relationship, tend to cope better than those who reported ambivalence in their marriages (Parkes & Weiss, 1983). Shanfield's (1983) research supports this contention, in that he found that individuals who are part of dysfunctional marriages characterised by an imbalance of power, authoritarianism, skewed decision-making, constricted affect, lack of resolution of conflict and insensitivity to feelings, are at greater risk.

Not all researchers agree with these findings; some researchers have suggested that unhappy or conflicting marriages may result in better bereavement outcome (Dillenburg & Keenan, 1994; Gallagher, Thompson, & Peterson, 1981). Gallagher et al. (1981) suggested that the death of a spouse in an unsatisfactory marriage is a way in which the conflict and problems in the marriage may be solved. Further, it is thought that women who are able to cope with difficult and problematic marriages have obtained sufficient coping strategies, to better cope with the loss of their husband due to the fact that they did not have the support of their husband when facing problems.

The death of a spouse can bring with it secondary losses. The loss of a husband may bring with it, for example, a drop in income, while the loss of a wife may result in the loss of somebody to execute daily tasks such as taking care of the children and cleaning the home.



3.2.4 Period of Grieving

It has been stated that the life of a grieving individual can be altered for as long as three years and commonly is disturbed for at least one year (Osterweis, Solomon, & Green, 1987), with the highest level of grief in the first four months of the bereavement (Jacobs, Kasl, Ostfeld, Berkman, & Charpentier, 1986).

Available evidence cited by Bonanno and Field (2001) suggests that interpersonal losses tend to disrupt psychological and physical functioning in most bereaved individuals for a time period of between 1 and 2 years. Some studies report that the grieving process peaks between 1 and 2 years after bereavement and gradually declines thereafter (Zisook, Devaul, & Click, 1982).

Although there is a difference in the time it takes to adjust to the loss of a loved one, one thing seems clear, the longer the interval after the death, the less the intensity of the grief (Faschingbauer, DeVaul, & Zisook, 1977). In addition, it needs to be noted that not all bereaved individuals recover at the same rate.

3.2.4.1 Length of Normal Bereavement

There is a common assumption that it takes up to three months for the more severe aspects of acute symptomatology following bereavement to subside (Hart, 1998). But there are many factors that can contribute to the lengthening or shortening of this period:

- The number of remaining relationships (the more there are, the easier it is to adjust).
- The strength of these relationships (the stronger, the better)
- The intensity and the duration of association with the deceased person (the more intense, the longer it will take).

- The number and severity of unresolved conflicts (many unresolved conflicts will lengthen the grieving period).
- The degree of dependence on the deceased person (great amount of dependence will lengthen the grieving period).
- The circumstances of the deceased's death (sudden or traumatic deaths are harder to accept, and grieving is thus prolonged).
- The mental health status of the survivor (severe neurotic tendencies will prolong grieving).

(Hart, 1998).

3.2.5 Social Support

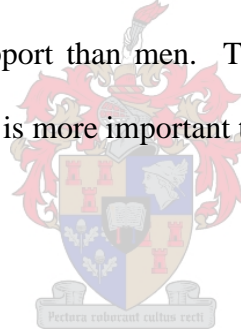


Research indicates that social support from family and close friends is critical at the time of bereavement, in order to facilitate grief work and to rebuild social relationships (Dimond, Lund, & Caserta, 1987; Sherkat & Reed, 1992). Social support has been positively associated with psychological well-being and physical health (Krause, 1986). Krause's major finding revealed that specific types of social support such as informational support, tangible assistance and emotional support, buffer the impact of specific types of major stressful life events such as that of bereavement.

The bereaved spouse who confides in others has fewer health problems after one year (Pennebaker & O'Heeron, 1984). Similarly, Sanders (1988) stated that the

lack of perceived support was associated with a high health risk. It has also been stated that the greater the number of supportive relationships, the lower the result of depressive symptoms and somatic complaints than those with fewer support relationships (Stroebe & Stroebe, 1993a). Thus, social support buffers the effect of stress (Flannery, 1990), helping the bereaved towards positive adjustment.

Farberow, Gallagher-Thompson, Gilewski and Thompson (1992) studying spousal bereavement due to suicide and natural death, found that those left behind after spousal death related to suicide received less support than those left behind after natural death, particularly six months after the death. They also reported that women received more support than men. The authors also mentioned that the quality and type of support is more important than the quantity of the support.



3.2.6 Personality

Despite the wealth of knowledge, the role of personality characteristics in the adjustment to bereavement has hardly been considered in these studies (Sanders, 1993,1988). Persons who are identified as dependent, exhibiting excessive grief, depression or inordinate pining after the loss of a loved one are described by Parkes (1985) as having a “grief-prone personality”.

Stroebe and Stroebe (1993) stated that there are two personality variables that are related to health outcome, being locus of control and emotional stability. Thus, emotionally stable individuals would cope better with the stress of bereavement

and individuals displaying low levels of control would react to loss with depression.

Further, research conducted by Sanders (1988) with regard to personality and bereavement outcome, distinguished between four types of reactions to bereavement. The study was conducted longitudinally and measurement was taken soon after the death, and again between eighteen months and two years after the bereavement. The four types as described by Sanders are firstly a disturbed group, who reported inadequacy, inferiority and insecurity of a chronic nature. Faced with the reality of bereavement such, individuals reacted with long lasting desolation. Secondly, she described the depression-high grief group whom she found almost always are faced with multiple family loss. Thus they are faced with their current loss as well as past losses. Such individuals complained of depression and are subject to intense emotionality. At the follow-up measurement such individual's grief symptoms had reduced although they still remained sad and withdrawn. Thirdly, Sanders described the denial group who show signs of compulsive optimism. They also employ strong defense mechanisms to prevent themselves from facing reality. At the follow-up session, Sanders found that these individuals still suppressed their emotions, but that psychosomatic symptoms were evident. The fourth group was the normal grief contained group.

A close correlation has been found between personality, view of life, and response to crisis (Kallenberg & Soederfeldt, 1992), hinting at a link between personality and sense of coherence. It has also been found that a combination of low neuroticism with high conscientiousness is featured as the most favourable profile

for coping with stress, while the type combining high neuroticism and low conscientiousness showed high vulnerability to stress and poor coping ability (Vollrath & Torgersen, 2000). This, in a sense, was also found by Stroebe and Stroebe (1993), who discovered that widows and widowers who were low in neuroticism, had lower levels of illness and depression following bereavement, than did those high in neuroticism. This study essentially found no link between internal/external locus of control beliefs and response to widowhood.

3.2.7 Personality type

Personality type is a lifelong developmental process and the different components of a person's psychological type work in an interrelated way to establish balance and effectiveness. Fraser-Beekman (1999) explored the role of personality type dynamics in the bereavement and recovery process. Her findings found support for the hypothesis that a person relies on his or her Dominant Functioning during the coping process, and that out of character (Inferior Function) episodes erupt during the coping process.

A greater correlation was found between introverts, thinking and sensing types and the relationship between life stress and physical illness than their, extrovert, feeling intuitive type counterparts (Cooley & Keeseey, 1981).

Investigating the relationship between personality type, coping resources and burnout in female elementary school teachers, Reid (1999) reported that the level of burnout was average and that their coping resource was above average. It was found that teachers reported MBTI preference for introversion, sensing and feeling, which was significantly more often than a normal group of teachers. Thus in a stressful life event such as bereavement, preference for introversion, sensing and feeling can be more significant.

The prevalence of the thinking function has been found to have a significant influence on the overall sense of coherence and the subject's assessment of comprehensibility and manageability in coping with stressful life events (Ruiselova & Ruisel, 1994).

Ware, Rytting and Jenkins (1994) investigated the relationship between stress and psychological type, while under stressful and normal mindset. It was found that while under stress, a significant movement towards introversion, sensation and thinking occurred.

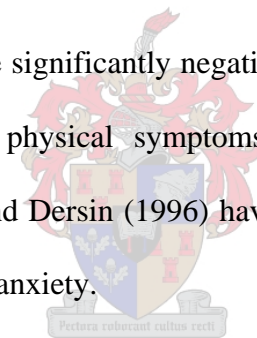
3.2.8 Sense of coherence

It has been stated that the people who cope best with life changing events, have been described as people with a strong sense of coherence (Antonovsky, 1987). This statement has been proven true in many of the research studies thus far. For

example, Flannery and Flannery (1990) found that sense of coherence correlated negatively with life stress and symptoms, and appeared to mitigate the impact of life stress. This has also been concluded in a study conducted by Wolf and Ratner (1999).

Sense of coherence (SOC) correlated negatively with the development of i) post traumatic psychopathology, ii) psychological disorders, and iii) anxious cognition in traffic accident victims (Frommberger, Stieglitz, Straub, Nyberg, Schlickewel, Kuner, & Berger, 1999).

SOC has been found to be significantly negatively correlated with the measure of depression, anxiety and physical symptoms (Bowman, 1996; Frenz, 1990). Kaiser, Sattler, Bellack and Dersin (1996) have also confirmed this finding, with regards to depression and anxiety.



Sense of coherence was found to be positively correlated with coping in primary caregivers of chronically ill family members (Gallagher, Wagenfield, Baro, & Haepers, 1994). Those family members with a strong sense of coherence were found to cope in ways appropriate to the situation, displaying a range of realistic coping mechanisms.

McSherry and Holm (1994) found that those individuals with a low SOC reported significantly more stress, anxiety and anger than those who reported middle or

high sense of coherence. They further stated that low SOC individuals are less likely to believe that they possess the personal resources to cope with a situation. Finally, they also found that an individual's SOC is associated with the manner in which he or she responds to stressful encounters.

Sense of coherence (SOC) has been found to be significantly related to disability adjustment, for both the individuals with the disability and their spouses. As stated in the study, this indicates that SOC is a personality factor which explains individual differences in coping with a disability, regardless of the level of severity (Rena, Moshe, & Abraham, 1996).

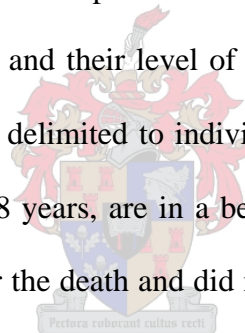
According to Antonovsky (1992), the stress buffering effect of SOC may be due to its influence on the choice of coping strategies. While SOC is not a coping strategy in itself, individuals with high sense of coherence are likely to flexibly adopt adaptive strategies, appropriate to the needs of the situation.

3.3 Summary

Based on the research presented in this chapter, there are many factors that contribute to the way in which a person deals with his or her bereavement. Among these factors are a person's personality, his or her ability to comprehend what has happened, their ability to give meaning to the traumatic event and their sense of manageability of the event. The bereaved's attachment to the deceased,

cognitive appraisal of their loss and available social support also impact on how they cope with their bereavement. Research indicates that the mode of death, age of the deceased, relationship to the deceased, and unresolved issues with the deceased affect not only the bereaved's degree of coping with the loss, but also the period of bereavement.

Hence, personality factors and sense of coherence (as internal factors) interact with external factors (mode of death, age of the deceased, relationship to the deceased, etc.) to influence bereavement outcomes. The current study therefore seeks to examine the relationship between bereaved individuals' personality types, their ability to cope and their level of sense of coherence. In the present study bereavement will be delimited to individuals who have lost a close family member over the age of 18 years, are in a bereavement period of between three months and two years after the death and did not experience any other significant death in this time.



CHAPTER FOUR

Hypotheses and Method

4.1 Introduction

This chapter, firstly, highlights the hypotheses that have been generated from the research question; the relationship between the bereaved individuals' personality types, their ability to cope and their level of sense of coherence. This is followed by a description of the methodology used to conduct the study and assess the hypotheses.

4.2 Statement of hypotheses



4.2.1. Individuals coping with the loss of a loved one will display more extraversion compared with those non-coping individuals, who will display more introversion.

4.2.2. Individuals coping with the loss of a close loved one will display more sensing compared with those non-coping individuals, who will display more intuition.

4.2.3. Individuals coping with the loss of a close loved one will display more thinking compared with those non-coping individuals, who will display more feeling.

4.2.4. Individuals coping with the loss of a close loved one will display more judgement compared with those non-coping individuals, who will display more perception.

4.2.5. Individuals coping with the loss of a loved one will display a higher level of Sense of Coherence (SOC) compared with those non-coping individuals.

4.3 Method



4.3.1 Participants

Given the sensitivity regarding bereavement, purposive sampling was utilised in the study. Sixty-nine individuals were initially contacted to take part in the study. The names were obtained from church death registers and individuals known to the researcher, who met the criteria for inclusion.

A bereavement organisation was originally contacted to assist in obtaining names of individuals that meet the criteria for inclusion. Due to the confidentiality issue and privacy, the organisation felt that this would not be an appropriate option.

A further difficulty encountered by the researcher, was the reluctance of individuals to take part. Bereavement and grief is a sensitive subject to approach from any angle, and one needs to be sensitive to the bereaved's feelings and situation, as not to make the bereaved feel that they are intruded upon or exacerbate their grieving. Hence, it was felt that the bereaved should be allowed to withdraw at any point in the study. This in its own right had a major effect on the sample size and the reason why of the sixty-nine individuals approached, only thirty-four were willing to participate. Of the thirty-four who initially agreed to participate, three individuals withdrew on receiving the questionnaires. Of the remaining thirty-one responses, several could not be used as data on their questionnaires was incomplete.

Allowing individuals to withdraw or decline to take part at any point caused a further problem in that it cannot be said that the sample obtained is a true reflection of the bereaved population in South Africa. In a complicated grieving state, bereaved individuals would be less willing to take part in the investigation than those individuals that had achieved some form of closure.

It was also found that bereaved individuals that were known to the researcher, irrespective of the bereaved's status, were more willing to participate than individuals who were not. This highlights another problem in obtaining individuals willing to discuss their feelings with a total stranger.

Twenty-seven individuals who had experienced the loss of a close loved one due to death took part in the investigation. The group of participants was comprised of adults over the age of 18, of both genders and from Coloured and White racial groups. These individuals have lost a close relative due to terminal illness (such as cancer, renal failure, motor-neuron disease) and natural causes, where the death has been expected, within the previous three months to two years at the time of data collection. Natural cause includes those who have passed away due to old age, and where the death was expected due to circumstances of prolonged ill health. In summary, bereavement in this study is related to the expected or anticipated death of a love one.

In the sample of twenty-seven, ten of the individuals had lost a parent, eleven had lost a spouse, two had lost an adult child and four a close relative.

4.3.1.1 Criteria for Inclusion

In selecting the participants, the following criteria were used for inclusion:

- *NATURE OF THE DEATH*

Participants of the study must have experienced bereavement as a result of the loss of a loved one, due to terminal illness or expected death.

- *RELATIONSHIP TO THE DECEASED*

Only members of a close deceased family member were to be selected for the investigation, for example, the death of a spouse, parent, or adult child (person older than 18 years of age).

- *AGE OF THE SURVIVORS*

Participants of the study were to be older than 18 years of age.



- *AGE OF THE DECEASED*

The age of the deceased was to be older than 18 years of age. The death of a child was therefore ruled out.

- *PREVIOUS DEATHS*


The participants must not have experienced another significant death of another close loved one within the last two years.

- *TIME FRAME*

The time frame for bereavement after the death was set between three months and two years.

These criteria were chosen because the mode of death, relationship to the deceased, ages of the bereaved and deceased, previous deaths and time frame after death all have significant impact on bereavement outcome, as indicated in the literature review. It is believed that by comparing participants who have gone through similar bereavements, a clearer picture of the bereavement coping process for these individuals can be understood.

4.3.2 Procedure

A faint watermark of a university crest is centered on the page. The crest features a shield with various symbols, topped with a crown and flanked by two figures. Below the shield is a motto scroll.

Potential participants were first introduced to the study by means of a telephonic call or in the case where the participant were known to the researcher the participant was asked in person. The potential participants were given the opportunity to indicate their willingness to participate in the research. Prospective participants were also informed of their right to withdraw from the study at any stage. The questionnaires were only sent to participants who were willing to participate. Participants received a research questionnaire consisting of three measures pertinent to the study. These questionnaires, in most cases, were handed directly to the participants and at the same time arrangement was made to collect the questionnaires at a later date.

The nature of the study was first explained to the participants, so that they were fully informed about the nature of the investigation. Further more, a document highlighting the nature of the study, also asking for written consent to use the information obtained as part of the study (see Appendix 1), was given to each participant, together with the set of questionnaires.

4.4 Measuring Instruments

The investigation made use of three measuring instruments to determine the role of personality type and sense of coherence in coping with bereavement. The following three questionnaires were selected to provide this information:

- The Texas Revised Inventory of Grief (TRIG) (Faschingbauer, Zisook, & DeVaul, 1987) (Appendix 2)
- Singer-Loomis Type Deployment Inventory (SL-TDI) (Singer, Loomis, Kirkhart, & Kirhart, 1996)
- Sense of Coherence scale (SOC-29) (Antonovsky, 1987)

4.4.1 The Texas Revised Inventory of Grief

The Texas Revised Inventory of Grief (TRIG) (Faschingbauer et al., 1987) is a paper and pencil test designed to quantify and measure the intensity of the grief reaction. It was developed using factor analysis and is a two scale likert-type

measure of grief reaction (Faschingbauer et al., 1987). The TRIG contains a set of clinical, demographic and psychographic questions and a space to communicate in an open ended or unstructured way any additional feelings, circumstances and problems surrounding the bereavement.

The TRIG begins with demographic information about the bereaved, for example, name, age, sex, race. This is followed by questions about the deceased and death, for example, the nature of the relationship to the deceased, and the time elapsed since the death.

The questionnaire consists of two subscales. The first subscale is concerned with past behaviour. In answering this subscale, the bereaved is asked to think back to the time of the bereavement. This first subscale consisted of 8 items. The second subscale concerns present feelings and consists of 13 items. Scale items are rated on a 5-point likert scale (from completely true to completely false) or as dichotomous true/false statements.

Besides measuring past behaviour and present feelings, the TRIG also provides information regarding the bereaved progress through grief by combining subscales one and two. Thus producing the following relationship expressing the individual's bereavement status:

Table 1

Scoring: Hypothesised relationship between Scales of the Texas RevisedInventory of Grief

Part I	Part II	Group Name
Past	Present	
Low	Low	Group 1: absence of grief
Low	High	Group 2: delayed grief
High	High	Group 3: prolonged grief
High	Low	Group 4: acute resolved grief

Note: Source: Faschingbauer et al. (1987)

High and low scores are split at the 50-percentile position.

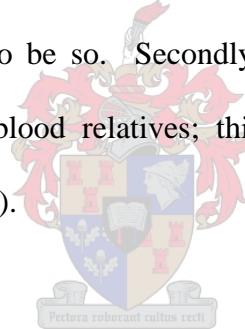
It is proposed for the purpose of the investigation to class group 1 and 4 as those individuals that are coping, based on the notion that present grief levels are low, and groups 2 and 3 as those who are not coping, based on the indication that present levels of grief are high.

It may therefore be possible to use the instrument to assess coping to date, to measure change over time, and to develop clinical norms against which to compare individual cases.

4.4.1.1 Reliability and Validity

The reliability of the first subscale using the alpha co-efficient was reported to be .77 and the split half reliability .74. The alpha co-efficient for the second subscale is .86 and the split half reliability is .88. This suggests a moderate level of reliability (Faschingbauer et al., 1987).

Construct validity of subscale two was assessed based on two hypotheses. Firstly that bereaved females would score higher than bereaved males. A student's *t*-statistic confirmed this to be so. Secondly that spouses would show greater levels of grief than non-blood relatives; this was also significantly indicated (Faschingbauer et al., 1987).



4.4.2 Singer-Loomis Type Deployment Inventory

The Singer-Loomis Type Deployment Inventory (SL-TDI) (Singer, Loomis, Kirkhart, & Kirkhart, 1996) is the revised version of the original Singer-Loomis Inventory of Personality (SLIP) (Singer & Loomis 1984). The SLIP was initially developed as an alternative to the popular Jungian personality type measure, the Myers-Briggs Type Indicator (MBTI).

The structure of the SL-TDI is based on a number of assumptions. Firstly, the SL-DTI abandons the bipolar assumption, as found in the MBTI, in favour of scores that are independent and continuous. Thus the instrument is structured on a continuous scale that goes beyond forced-choice option. Secondly, unlike the structure of the MBTI, the SD-TDI is structured in a way that involves the two basic Jungian attitudes of Extraversion and Introversion. Jung's personality theory states that people differ in the degree to which they are orientated to the outer world, people and events (Extraversion) or more toward the inner self (Introversion). The theory further proposes the existence of four functions, two modes of perception (Sensing and Intuition) and two modes of judgment (Thinking and Feeling). Together the two attitudes and four functions form eight personality types, and it is these eight unique individual personality types that the SL-DTI primarily measures. Thus while the MBTI yields scores, for example, for both Introversion and Thinking, the SL-DTI yields scores for Introverted Thinking and Extraverted Thinking.

The SL-TDI consists of 20 hypothetical situations, each followed by a list of eight possible responses to the situation. Each of these responses corresponds to the eight personality types: introverted thinking, extraverted thinking, introverted feeling, extraverted feeling, introverted sensing, extraverted sensing, introverted intuition and extraverted intuition. The responses to these situations are indicated on a 5-point Likert-type scale, that corresponds with how often the respondent would make that response (1=never, 5=always).

4.4.2.1 Reliability

The internal consistency of the SL-TDI scale of the eight personality types has been reported to range from .64 to .75. The internal consistency of the four functions ranged from .79 to .85 and the two attitudes were both .90 (Arnau, Thompson, & Rosen, 1999). These findings are similar to those reported in the SL-TDI technical manual (Kirkhart & Kirkhart, 1998) that reports an internal consistency of between .67 to .90. In a recent study the alpha score of the internal consistence of the SL-TDI was shown to range between .65 and .91 on the first occasion and .66 and .91 on the second occasion, two weeks later (Arnau, Rosen, & Thompson, 2000).

When the test-retest reliability for the raw scores and ipsatised percentages were calculated, the raw scale score demonstrated acceptable temporal stability across a two week period, while the ipsatised scale score was not very stable over a two week period (Arnau, et al, 2000).

4.4.2.2 Validity

The divergent validity of the SL-TDI was assessed by Arnau et al. (2000) by determining the relationship with the socially desirable responding, which is unrelated to the Jung Typology. The SL-TDI showed little to no correlation with

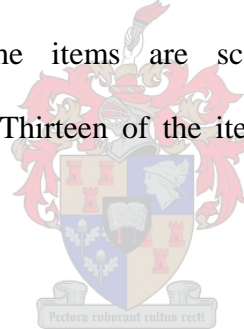
scores of the socially desirable responding, with all of the score below .18, with most scores below .10.

The convergent validity of the SL-TDI and another alternative Jungian measure, the Personal Preference Self-Description Questionnaire (PPSDQ), was determined, through examination of both the bivariate and multivariate relationships between equivalent scales of the instruments. This analysis produced mixed results. Most of the bivariate correlation between like scales was small, with the exception of extraversion and feeling scales, which had a moderate correlation. Their multivariate relation showed only a moderate correlation between the two instruments as a whole (Arnau et al., 1999).

The construct validity of the SL-TDI was evaluated by examination of the bivariate relationship with related factors from the “Big Five” five-factor model of personality (NEO five factor inventory (NEO-FFI)) (Arnau, et al, 1999). Significant relationships were found for the SL-TDI Extraversion and NEO-FFI Extraversion $r=.36$; SL-TDI Introversion and NEO-FFI Neuroticism $r = .31$; SL-TDI Intuition and NEO-FFI Neuroticism $r = .31$; SL-TDI Thinking and NEO-FFI Conscientiousness $r = .31$ and SL-TDI Feeling and NEO-FFI Agreeableness $r = .14$ (Arnau et al.,1999).

4.4.3 Sense of Coherence scale

The Sense of Coherence scale is a 29 item paper and pencil test designed to measure the three components of sense of coherence: comprehensibility, meaningfulness and manageability (Antonovsky, 1987). The Sense of Coherence questionnaire first appeared in Hebrew in 1983. The English version of the SOC scale (Antonovsky, 1987) yields a total score ranging from 29 to 203, where the higher the score, the stronger the sense of coherence. Eleven items contribute to the “comprehensibility,” ten to “manageability,” and eight contribute to “meaningfulness.” The items are scaled along a 7-point scale of agreement/disagreement. Thirteen of the items are reversed-scored to avoid a response set bias.



The internal consistency of the SOC scale has been calculated from the scores of 370 subjects and yields a Cronbach's alpha coefficient of .93 (Frenz, et al, 1993), thus reflecting a high level of internal consistency. This supports the findings of Antonovsky (1987), who reported that the questionnaire has a consistently high level of internal consistency, ranging from .84 to .94.

The test-retest reliability has also been indicated as being satisfactory ($r = .93$), ranging from 7 to 30 days (Frenz et al., 1993).

4.5 Statistical Analysis

Due to the small sample size and on the advice of a statistician, the processing and analysis of the research data was done by means of the bootstrap method (Efron & Tibshirani, 1993). The bootstrap is a computer-based method, simulated for statistical inference. The bootstrap is a procedure that involves choosing random samples with replacement from a data set and analyzing each sample in the same way. Sampling with replacement means that every sample is returned to the data set after sampling. Thus a particular data point can appear multiple times in a given bootstrap sample. The number of elements in each bootstrap sample equals the number of elements in the original data set. The range of sample estimates obtained enables one to establish the uncertainty of the quantity the researcher is estimating. The term bootstrap was derived from the phrase “to pull oneself up by one’s bootstraps” and was utilised in the present study to optimise the small data set obtained in the study. Descriptive statistics were obtained for the demographics variables and analysis of variance tests were used to test the respective hypotheses.

4.6 Conclusion

This chapter outlined the method and statistical procedures followed in this exploratory investigation to determine the influence of personality type and sense

of coherence on coping with bereavement. The hypotheses stated at the beginning of the chapter are derived from the literature review presented in the previous chapter. The proceeding chapter will present the results of the study based on the assessment of the stated hypotheses.



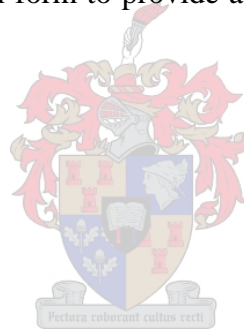
CHAPTER FIVE

Results

5.1 Introduction

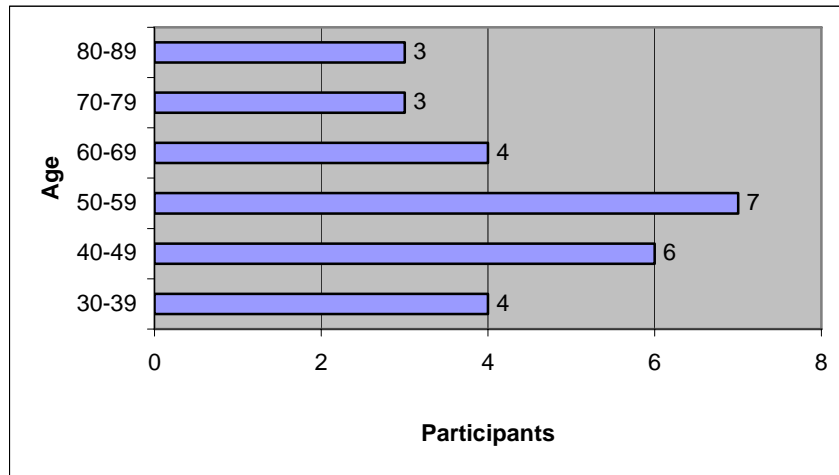
The research findings are presented in the following sections: firstly the relevant descriptive statistics will be presented, followed by the results of each hypothesis as laid out in the previous chapter. The results of the hypotheses are presented in tabular as well as graphical form to provide a more comprehensive picture of the results.

5.2 Descriptive statistics



Of the twenty-seven individuals who completed the questionnaire ($n=27$), twenty-one were females and six males, of whom eight were coloured and nineteen white. Ten of these participants had lost a parent; eleven had lost a spouse; two lost an adult child and four a very close relative. The ages of the participants ranged from thirty-one to eighty-seven, with 56.74 being the mean age and 55 the median. In Figure 1 the distribution of ages of the participants are presented.

Figure 1

Distribution of participants' ages

The ages of the deceased can be seen in Figure 2. The distribution of deceased ages' range from 22 to 94, with 71.26 being the mean and 75 the median.

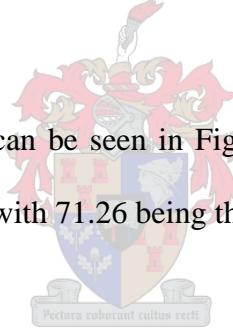
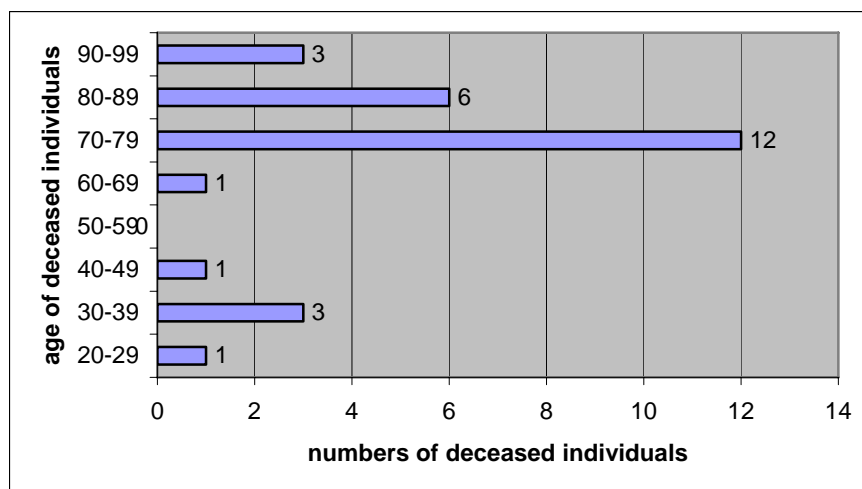


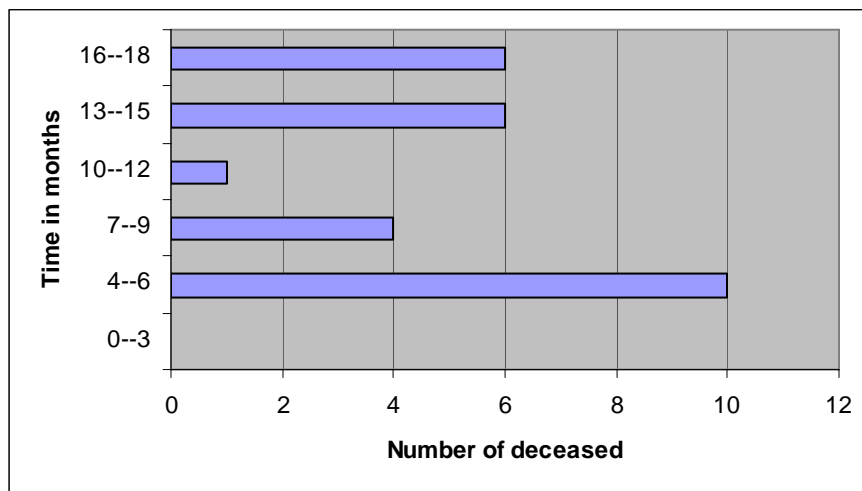
Figure 2

Distribution of deceased individuals' ages

The time period after which the individuals had lost their loved one can be seen in Figure 3. The period ranges from 4 to 18 months, with 10.33 months being the mean period and 8 being the median period.

Figure 3

Time period in months after the loss of a loved one



5.3 Testing the Hypotheses

Participants were assigned to coping or non-coping groups based on their scores on the TRIG as described in the previous chapter. The coping and non-coping groups were subsequently assessed in terms of their personality types and their sense of coherence.

5.3.1 Hypothesis 1

Individuals coping with the loss of a loved one will display more extraversion compared with those non-coping individuals, who will display more introversion.

To test the hypothesis, the analysis of variance was calculated, to determine if there is a significant difference between the means of the coping and non-coping group with respect to their level of extraversion. The results appear in Table 2 and Figure 4. Further, a bootstrap was conducted on the results; the results appear in Figure 5.

Table 2

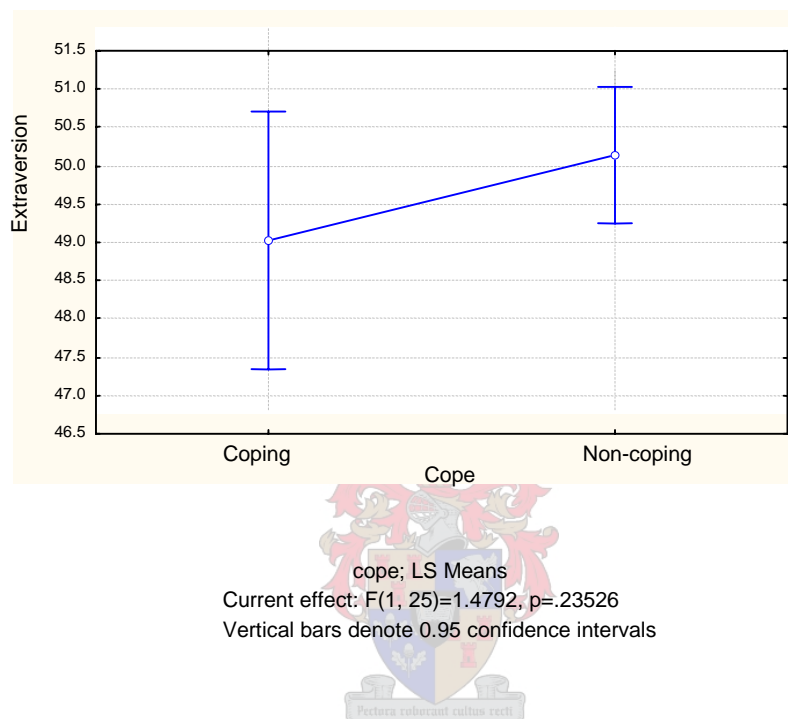
Univariate test of the significance of Extraversion

Effect	SS	Degrees of Freedom	MS	F	P
Intercept	45884.34	1	45884.34	11450.37	0.000000
Cope	5.93	1	5.93	1.48	0.235261
Error	100.18	25	4.01		

From Table 2 it can be seen that there is no significant difference between the mean scores for the coping and non-coping groups with regards to extraversion.

Figure 4

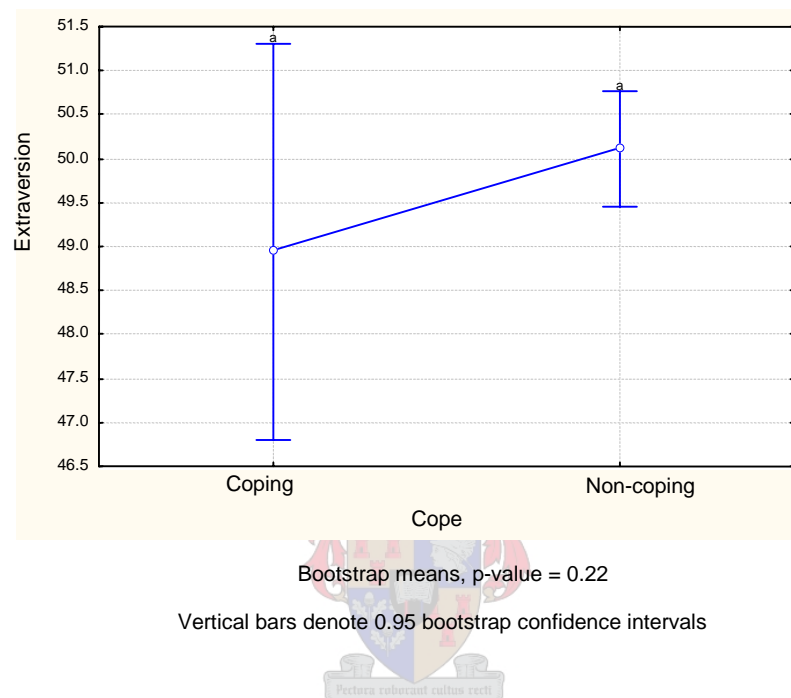
Means difference between coping and non-coping group with respect to extraversion



From Figure 4 it can be seen that the mean values for extraversion of the non-coping group is slightly larger than the coping group.

Figure 5

Graphic representation of the bootstrap between coping and non-coping group with respect to extraversion



From Figure 5 it can be deduced that there is no significant difference between the means of the coping and the non-coping groups with respect to extraversion.

To further test the hypothesis, the analysis of variance was conducted, to determine if there is a significant difference between the means of the coping and non-coping group with respect to their level of introversion. The results appear in Table 3 and Figure 6. A bootstrap was conducted on the results; the results appear in Figure 7.

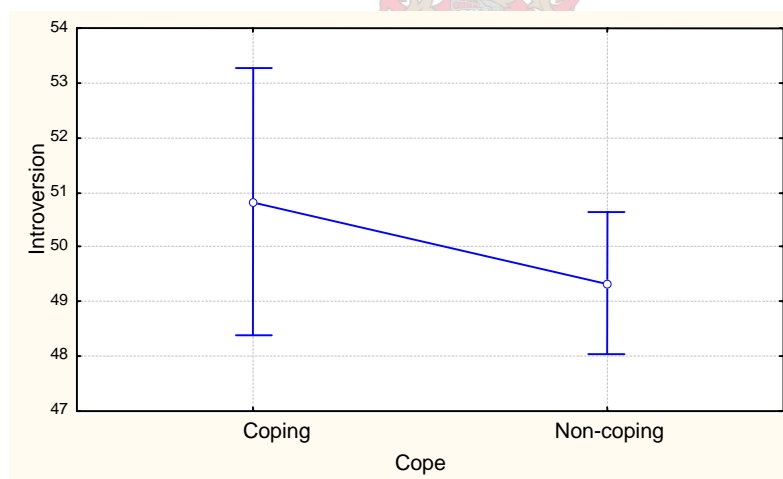
Table 3:

Univariate Test of significance for Introversion

Effect	SS	Degrees of Freedom	MS	F	P
Intercept	46820.62	1	46820.62	5557.916	0.00000
Cope	10.40	1	10.40	1.235	0.276997
Error	210.60	25	8.42		

From Table 3 it can be seen that there is no significant difference between the means of the coping and non-coping groups.

Figure 6

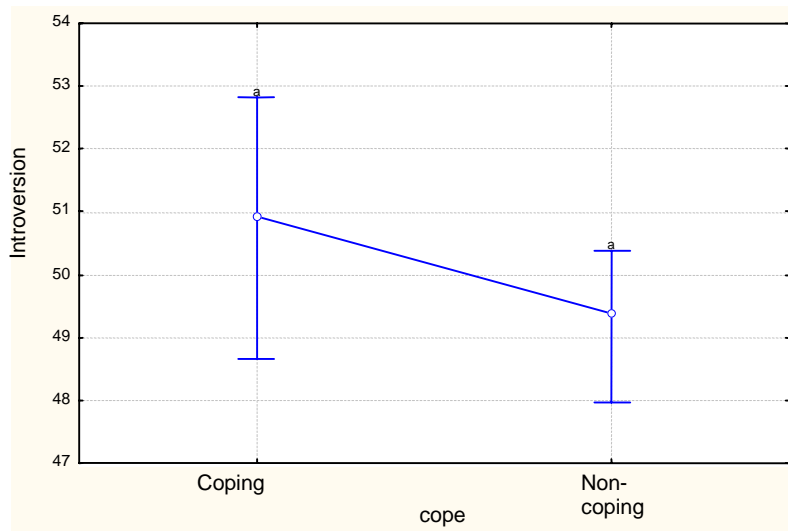
Mean scores for coping and non-coping groups with respect to Introversion

Cope; LS Means
 Current effect: $F(1, 25)=1.2351$, $p=.27700$
 Vertical bars denote 0.95 confidence intervals

From Figure 6 it can be seen that the mean of the coping group is slightly larger than that of the non-coping group.

Figure 7

Graphic representation of the bootstrap between coping and non-coping group with respect to Introversion



Bootstrap means, p-value 0.247

Vertical bars denote 0.95 bootstrap confidence intervals

From Figure 7 it can be seen that there is no significant difference between the means of the coping and the non-coping groups with respect to introversion.

5.3.2 Hypothesis 2

Individuals coping with the loss of a close loved one will display more sensing compared with those non-coping individuals, who will display more intuition.

To test the hypothesis, the analysis of variance was calculated to determine if there is a significant difference between the means of the coping and non-coping groups with respect to their level of sensing. The results appear in Table 4 and

Figure 8. Further, a bootstrap was conducted on the results, the results appear in Figure 9.

Table 4

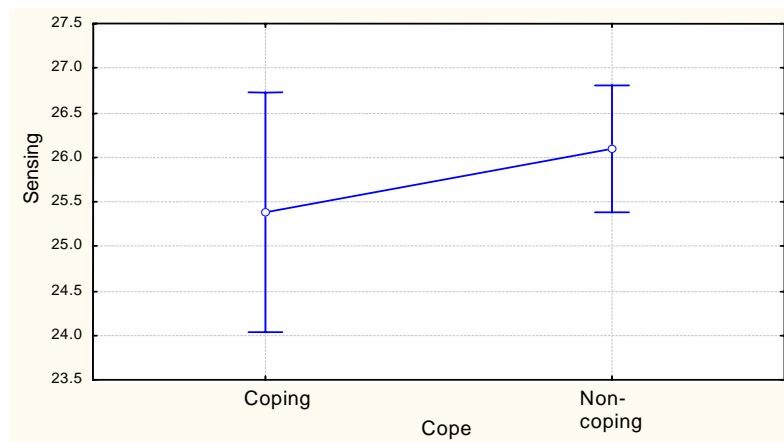
Univariate Test of Significance for Sensing

Effect	SS	Degrees of Freedom	MS	F	P
Intercept	12363.77	1	12363.77	40802.439	0.000000
Cope	2.39	1	2.39	0.927	0.344917
Error	64.36	25	2.57		

From Table 4 it can be seen that there is no significant difference between the coping and the non-coping group with respect to sensing.

Figure 8

Mean Difference in the coping and non-coping groups with respect to Sensing

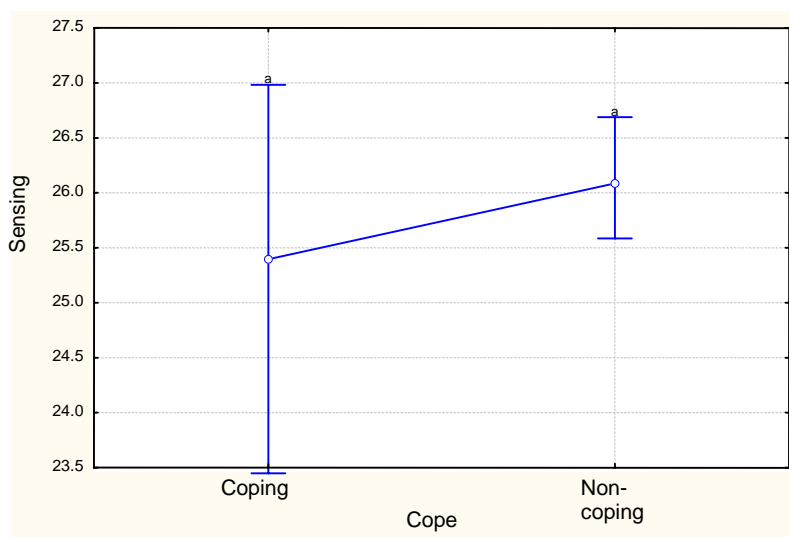


Cope; LS Means
 Current effect: $F(1, 25) = .92680, p = .34492$
 Vertical bars denote 0.95 confidence intervals

From Figure 8 it can be seen that the mean value for sensing of the non-coping group is slightly larger than the coping group.

Figure 9

Graphic representation of the bootstrap between coping and non-coping group with respect to Sensing



Bootstrap means, p-value = 0.327
Vertical bars denote 0.95 bootstrap confidence intervals

From the bootstrap it can be seen that there is no significant difference between the coping and the non-coping group with respect to sensing.

To further test the hypothesis, the analysis of variance was calculated to determine if there is a significant difference between the means of the coping and non-coping group with respect to their level of intuition. The results appear in

Table 5 and Figure 10. A bootstrap was also conducted on the results, which appear in Figure 11.

Table 5

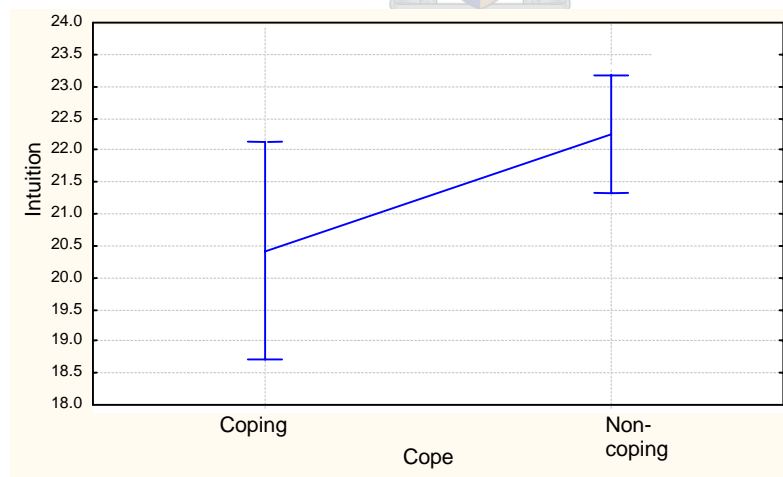
Univariate Test of Significance for Intuition

Effect	SS	Degrees of Freedom	MS	F	P
Intercept	8492.343	1	8492.343	2057.268	0.000000
Cope	15.567	1	15.567	3.771	.63494
Error	103.199	25	4.128		

From Table 5 it can be seen that there is no significant difference between the coping and the non-coping groups with respect to Intuition.

Figure 10

Mean difference between coping and non-coping with respect to Intuition



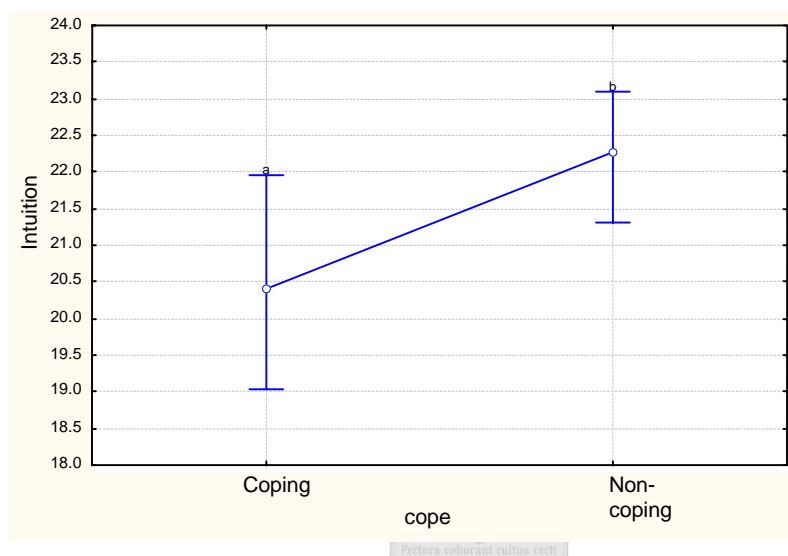
Cope; LS Means

Current effect: $F(1, 25)=3.7711$, $p=.06349$
Vertical bars denote 0.95 confidence intervals

From Figure 10 it can be seen that the non-coping group mean for intuition is slightly higher than the coping mean.

Figure 11

Graphic representation of the bootstrap between coping and non-coping group with respect to Intuition



Bootstrap means, p-value = 0.047
Vertical bars denote 0.95 bootstrap confidence intervals

From Figure 11 it can be seen that there is a significant difference between the means of the coping and the non-coping groups with respect to intuition.

5.3.3 Hypothesis 3

Individuals coping with the loss of a close loved one will display more thinking compared with those non-coping individuals, who will display more feeling.

To test the hypothesis, the analysis of variance was calculated to determine if there is a significant difference between the means of the coping and the non-coping group with respect to their thinking. The results appear in Table 6 and Figure 12. A bootstrap was conducted on the results, which appears in Figure 13.

Table 6

Univariate Test of Significance For Thinking

Effect	SS	Degrees of Freedom	MS	F	P
Intercept	12189.59	1	1289.59	4755.23	0.000000
Cope	0.02	1	0.02	0.008	0.930433
Error	64.09	25	2.56		

From Table 6 it can be seen that there is no significant difference between the means of the coping and non-coping groups.

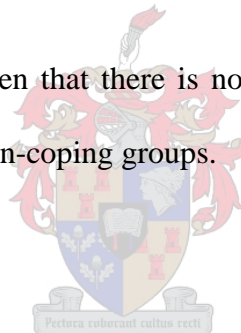
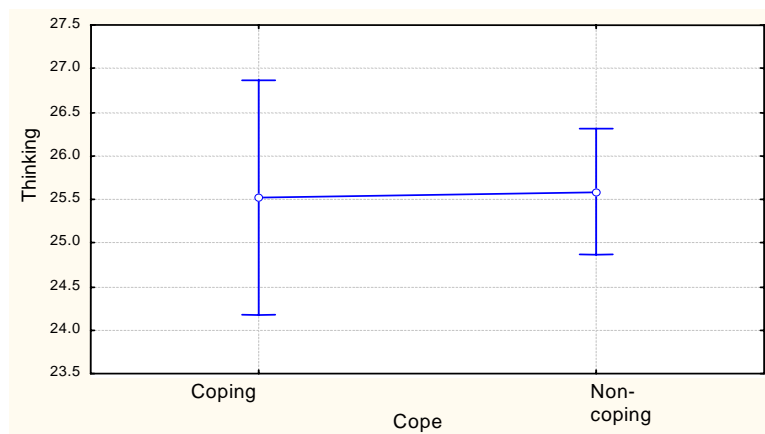


Figure 12

Mean difference between coping and non-coping with respect to Thinking

cope; LS Means

Current effect: $F(1, 25) = .00778, p = .93043$

Vertical bars denote 0.95 confidence intervals

From Figure 12 it can be seen that there is almost no difference between the means of the coping and the non-coping groups for thinking.

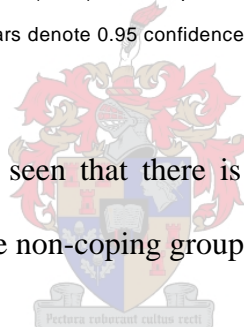
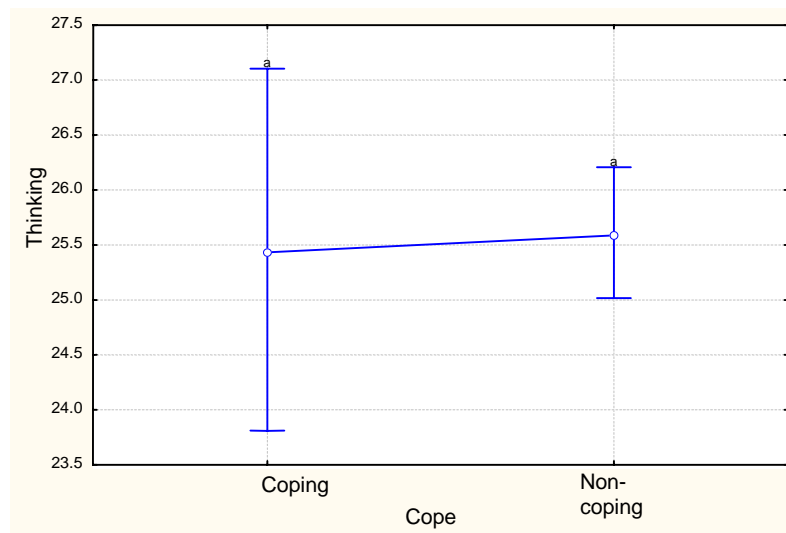


Figure 13

Graphic representation of the bootstrap between coping and non-coping group with respect to Thinking



Bootstrap means, p-value = 0.922
Vertical bars denote 0.95 bootstrap confidence intervals

From Figure 13 it can be seen that there is no significant difference between the means of coping and non-coping.

To further test the hypothesis the analysis of variance was calculated, to determine if there is a significant difference between the means of the coping and non-coping group with respect to their level of feeling. The results appear in Table 7 and Figure 14. The result of the bootstrap appears in Figure 15.

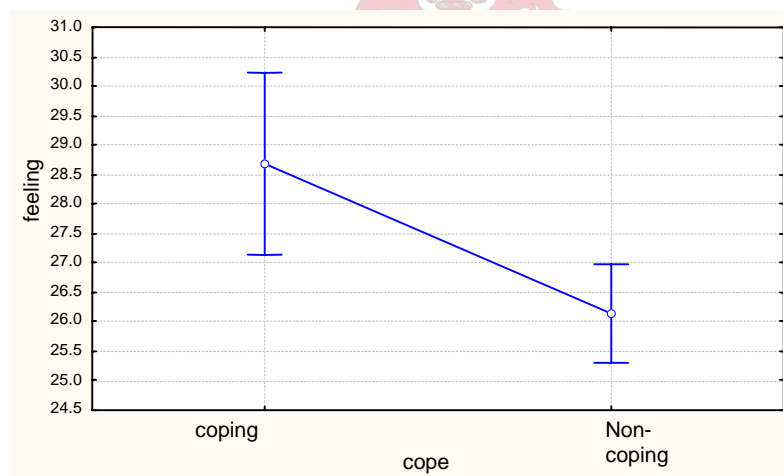
Table 7

Univariate Tests of Significance for Feeling

Effect	SS	Degrees of Freedom	MS	F	P
Intercept	14023.76	1	14023.76	4119.794	0.000000
Cope	30.32	1	30.32	8.906	0.006271
Error	85.10	25	3.40		

From Table 7 it can be seen that there is a significant difference between the coping and non-coping group with respect to feeling.

Figure 14

Mean difference between coping and non-coping group with respect to Feeling

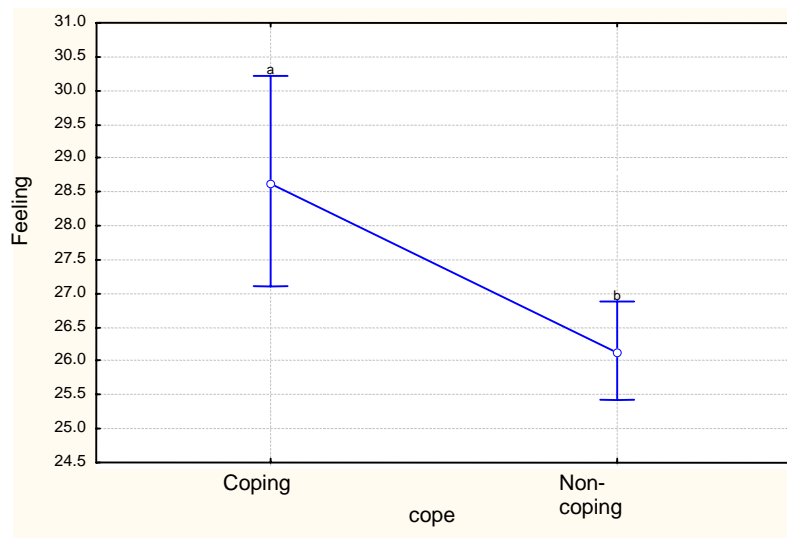
Cope; LS Means
Current effect: $F(1, 25)=8.9057, p=.00627$

Vertical bars denote 0.95 confidence intervals

From Figure 14 it can be seen that mean of the coping group is much larger than the mean of the non-coping group for feeling.

Figure 15

Graphic representation of the bootstrap between coping and non-coping group with respect to Feeling



Bootstrap means, p-value = 0.006
Vertical bars denote 0.95 bootstrap confidence intervals

From the results of the bootstrap it can be seen that there is a significant difference between the coping and non-coping groups with respect to feeling, contrary to the hypothesis.

5.3.4 Hypothesis 4

Individuals coping with the loss of a close loved one will display more judgement compared with those non-coping individuals, who will display more perception.

To test the hypothesis, the analysis of variance was calculated to determine if there is a significant difference between the means of the coping and non-coping

group with respect to their level of perception. The results appear in Table 8 and Figure 16. The results of the bootstrap can be seen in Figure 17.

Table 8

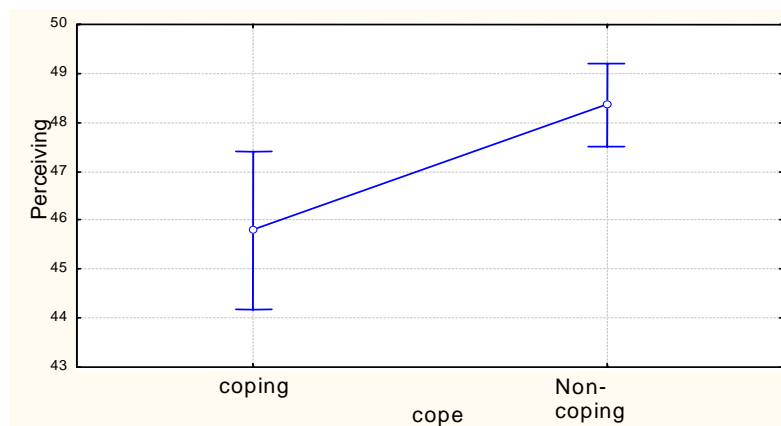
Univariate Test of Significance for Perception

Effect	SS	Degrees of Freedom	MS	F	P
Intercept	41371.9	1	41371.9	11281.76	0.000000
Cope	30.74	1	30.74	8.38	0.007751
Error	91.68	25	3.67		

From Table 8 it can be seen that there is a significant difference between the coping and non-coping group with respect to perception, with the non-coping participants indicating higher levels of perception. The research hypothesis was confirmed.

Figure 16

Mean difference of coping and non-coping group with respect to Perception



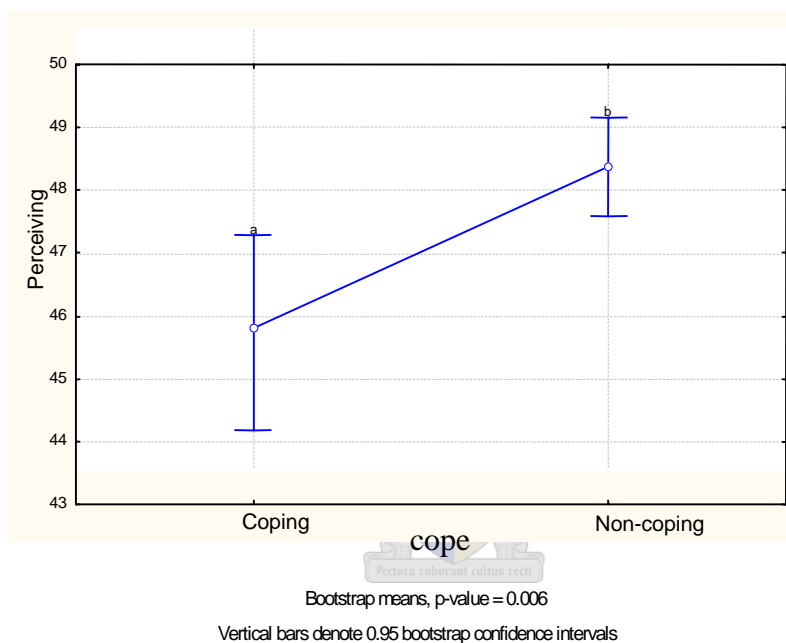
cope; LS Means
Current effect: $F(1, 25)=8.3838$, $p=.00775$

Vertical bars denote 0.95 confidence

From Figure 16 it can be seen that there is a distinct difference between the means of the coping and non-coping groups for perception.

Figure 17

Graphic representation of the bootstrap between coping and non-coping group with respect to Perceiving



To further test the hypothesis, the analysis of variance was calculated to determine whether there is a significant difference between the means of the coping and non-coping group with respect to their level of judging. The results appear in Table 9 and Figure 18. Further a bootstrap was conducted on the results; the results appear in Figure 19.

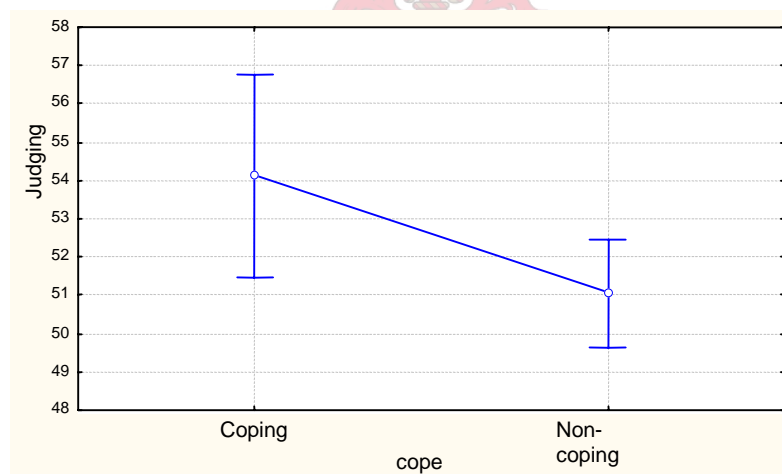
Table 9

Univariate Test of Significance for Judging

Effect	SS	Degrees of Freedom	S	F	P
Intercept	51634.45	1	51634.45	5241.975	0.000000
Cope	43.88	1	43.88	4.455	0.044969
Error	246.25	25	9.85		

From Table 9 it can be seen that there is a significant difference between the coping and non-coping groups with respect to judging.

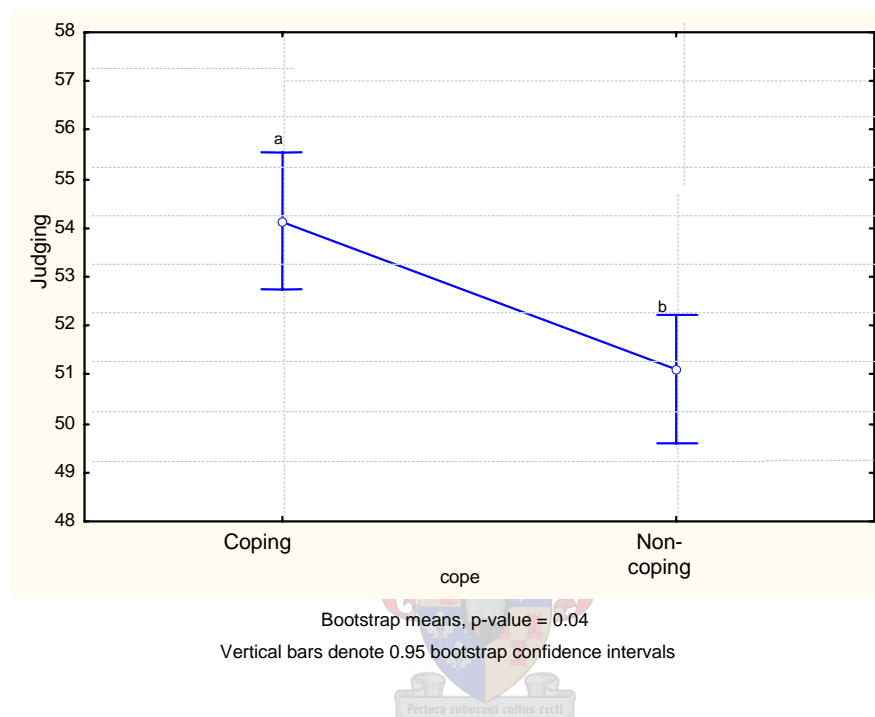
Figure 18:

Mean difference between the coping and non-coping with respect to Judging

cope; LS Means
 Current effect: $F(1, 25)=4.4552$, $p=.04497$
 Vertical bars denote 0.95 confidence intervals

Figure 19

Graphic representation of the bootstrap between coping and non-coping group with respect to Judging



From the results of the bootstrap it can be clearly seen that there is a significant difference between the coping and non-coping groups. The coping group scored higher on Judging confirming the research hypothesis.

5.3.5 Hypothesis 5

Individuals coping with the loss of a loved one will display a higher level of Sense of Coherence (SOC) compared with those non-coping individuals, who will display a lower level of Sense of Coherence.

To test the hypothesis, the analysis of variance was calculated to determine if there is a significant difference between the means of the coping and non-coping group with respect to sense of coherence. The results appear in Table 10 and Figure 20.

Table 10

Univariate Test of Significance for Sense of Coherence

Effect	SS	Degrees of Freedom	MS	F	P
Intercept	427903.5	1	427903.5	1259.048	0.000000
Cope	1488.1	1	1488.1	4.379	0.046707
Error	8496.6	25	339.9		

From the Table 10 it can be seen that there is a significant difference between the means of the coping and the non-coping with respect to Sense of Coherence.

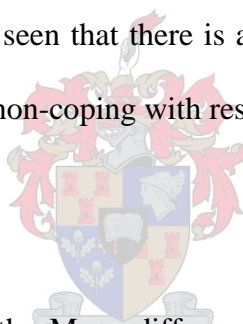
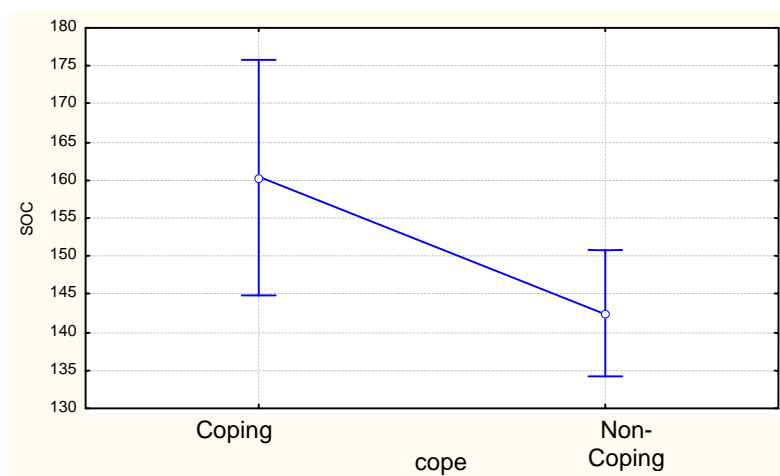


Figure 20

Graphic representation of the Mean difference between coping and non-coping group with respect to Sense of Coherence



cope; LS Means

Current effect: $F(1, 25)=4.3785$, $p=.04671$
Vertical bars denote 0.95 confidence intervals

As seen in Figure 20 the coping group scored a higher level in Sense of Coherence than the non-coping group.

Of the five hypotheses, the results of the analyses obtained indicate confirmation for three of the research hypotheses. This study shows that coping individuals display a significant preference for judging, perceiving, feeling and a high level of sense of coherence. On the other hand non-coping individuals show a preference for intuition, perceiving and a low level of sense of coherence. No significant difference was found for introversion extraversion, sensing and thinking. These results will be discussed in the following chapter.



CHAPTER SIX

Discussion of results

6.1 Introduction

In this chapter the results of the previous chapter will be discussed in an attempt to bring together the primary constructs of bereavement, personality type and sense of coherence. This chapter is structured in the following way: each hypothesis will be discussed separately followed by a short section highlighting additional information that may have had an influence on this research.

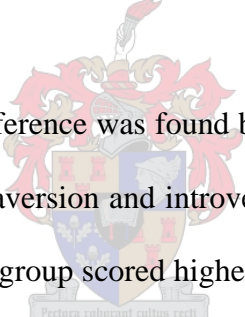
6.2 Hypotheses

6.2.1 Extraversion / Introversion



The purpose of this hypothesis was to determine whether, within the sample group, coping individuals would display more extraversion compared with those non-coping individuals, who were hypothesised to display more introversion. The results of this study found no significant difference between the coping and non-coping with respect to extraversion or introversion. Thus the hypothesis was not confirmed.

One would expect the extraverted person would be more likely to create a more active social life than an introvert and experience the bereavement with less stress due to his or her greater social support. According to the Main Effect Model of the social support theory (Cohen & Wills, 1985) the loss of a close family member is not as devastating if the bereaved still has a large support base to fall back on, at the time of the loss. Social support provides the bereaved not only with physical but emotional support. Thus it can be stated that a person's social situation may play a major role in defining probabilities of bereavement outcome. It also needs to be stated that one's social network may also be characterised by a number of people who are a source of negative social interaction (Rook, 1984).

A faint watermark of a university crest is centered on the page. The crest features a shield with various symbols, topped with a crown and a figure holding a staff. Below the shield is a banner with the Latin motto "Pectora robustant cultus recti".

Although no significant difference was found between the coping and non-coping groups with respect to extraversion and introversion, it is nevertheless interesting to note that the non-coping group scored higher for extraversion, while the coping group scored higher for introversion. Thus one might argue that by definition of introversion, the coping individuals tend to pay more attention to what is taking place inside them, than with what is happening around them. They are energised by withdrawing for a time from the crowd to an introspective space where they can be alone to reflect and process internally their loss that has taken place thus enabling them to deal with their loss. Likewise it could be said that individuals who are not coping with their loss are preoccupied with what is going on around them, that they do not allow enough time to deal with their loss and what is happening in their life.

6.2.2 Sensing / Intuition

The purpose of this hypothesis was to determine whether within the sample group, coping individuals would display more sensing compared with those non-coping and whether non-coping individuals would display more intuition.

In this study no significant difference was found between the coping and non-coping groups with respect to sensing. Although this finding is not significant, its distribution, nevertheless, supports the findings of Ware et al. (1994), who stated that while under stress there is a shift towards sensing focusing on receiving information from one's five senses. This can be seen in Figures 8 and 9 in that the non-coping group scored higher for this function.

The over activity that is often observed in sensing types may be a reflection of the almost allergic reaction to stress (Staudenmayer & Camazine, 1989). There is evidence that individuals with stress-related conditions, such as hypertension, (Mitche, 1991) are more likely to be sensing than intuiting. Viewed in the light that bereavement is also stressful this finding supports this research

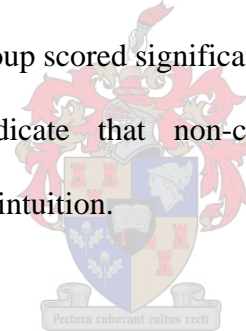
Thus in their attempts to cope with their loss, the non-coping individuals may start to rely on the senses to receive information other than to focus on the intuition and emotions. During bereavement the information received from one's five senses are important. The hurt and pain caused by the loss, together with such

event as viewing the body and attending the funeral, can all be taken in by the sensor, that makes the bereaved person aware of their own reality and helps them accept the death and steers them on the path of recovery.

All though there is no significant difference between the coping and non-coping groups for sensing, never the less the findings are of some importance. One of the reasons for this non-significant difference may be due to the small sample size.

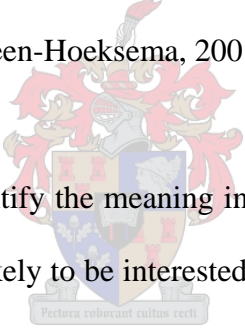
A significant difference was, however found in the bootstrap conducted between the coping and non-coping groups, with respect to intuition. In Figure 11 one can see that the non-coping group scored significantly higher than the coping group.

This finding would indicate that non-coping bereaved individuals will significantly display more intuition.



Intuition is what is used when we focus on meaning, possibilities and relationships (Brownsworth, 1994). Intuition wants to know what the facts mean. Determining the meaning of the death is an important part of the coping process, not only what it means to the bereaved, but future life as a whole. Thus it should not be surprising that the non-coping individual would significantly score higher for this type. Weiss (1988) has noted that the need to find a satisfactory explanation for the loss of a loved one (cognitive acceptance) is one of the fundamental processes involved in grief recovery. One of the first coping functions in bereavement is to find or reconstruct a personal meaning for the

death that has taken place. This helps to re-establish predictability and one's sense of security. To arrive at such a meaning requires more than just a casual explanation for the death; instead it may demand a more philosophical or spiritual explanation (Davis & Noleen-Hoeksema, 2001). Not all bereaved individuals feel the need to search for meaning in death and not all those who do want a satisfactory explanation or to find one fairly early on in their bereavement (Davis & Noleen-Hoeksema, 2001). Another coping function of the meaning-making process is to help the bereaved to understand, that in successful dealing with a death, there is the possibility for personal growth, for a broadening of personal perspectives and an increased appreciation of other important personal relationships (Davis & Noleen-Hoeksema, 2001).



Intuitive types want to identify the meaning in things they are drawn to - what is possible. They are more likely to be interested in sensing details when it supports an intuitive insight. Ultimately, the personal meaning that death has for an individual is likely to influence how he or she responds to death.

6.1.3 Thinking / Feeling

The purpose of this hypothesis was to determine whether within the sample, coping individuals would display more thinking compared with those non-coping and whether non-coping individuals would display more feeling.

No significant difference was found between the coping and non-coping groups with respect to thinking but a significant difference was found between the groups with respect to feelings. The coping group scored significantly higher for the feeling function. This finding is contrary to the hypothesis. Thus according to this research, individuals coping with the loss of a loved one will display significantly more feeling than their non-coping counterparts.

This in a sense supports the work of Ware, Rytting and Jenkins (1994) in that they found a preference for the thinking type under a stressful mind-set. Coping individuals not under a stressful mind-set displays a significant for feeling.

Thinking and feeling are two sharply contrasting ways of making decisions and arriving at a conclusion. Feelings in this case do not denote emotion but is based on the bereaved values. Feeling individuals look at things subjectively and personally. As Jung saw it: “arranging things according with one’s values”. This suggests that individuals who are coping, process the information about their loss according to their values. It is important to them to deal with their loss by engaging their feelings.

Thinking, on the other hand, makes an attempt to look at things objectively and impersonally. Such an approach does not allow the bereaved to truly focus on their needs or know what they are truly feeling about their loss.

6.2.4 Judgement / Perception

The purpose of this hypothesis was to determine whether within the sample group, coping individuals would display more judging compared with those non-coping individuals and whether non-coping individuals would display more perceiving.

A significant difference was found between the coping and non-coping groups with respect to perception with the non-coping group scoring significantly higher than the coping group. This finding supports the hypothesis.

The hypothesis is further supported by the significant difference found, with respect to judgment.



Thus, according to the findings of this research, individuals coping with the loss of a loved one will display significantly more judgment compared to non-coping individuals while non-coping individuals will display significantly more perception.

Judging and perceiving deals with how we relate to the world around us. The judging type wants the external world organised and orderly. Thus coping with one's loss requires an organised approach, the ability to organise one's emotions

and needs. Perceiving individuals on the other hand want to understand the world they are in. They are in the process of understanding their loss and until they fully understand what they are going through they are unable to deal and organise themselves to cope with this stressful event in their lives.

6.2.5 Sense of Coherence

The purpose of this hypothesis was to determine whether within the sample, coping individuals would display a higher level of Sense of Coherence compared with those non-coping and whether non-coping.

A significant difference was found between the coping and non-coping groups with respect to SOC, with the coping group scoring higher than the non-coping group. This finding supports the hypothesis. Thus, according to the findings, coping individuals will display a higher level of SOC than their non-coping counterparts. This prospective finding is consistent with research already conducted with regards to sense of coherence and life stress (Antonovsky, 1987; Antonovsky & Sagy, 1986; Flannery & Flannery, 1990; Wolff & Rathner, 1999).

The fact that individuals coping with the loss of a loved one have a significantly higher level of sense of coherence, makes a lot of sense when one revisits the constructs that make up sense of coherence as a whole, namely comprehensibility, manageability and meaning.

Comprehensibility implies that the individual views the stimuli confronting him or her as understandable and can make sense of death (Antonovsky, 1987). Thus when unexpected events do happen, such a person is able to cognitively place in order the events that have taken place, thus making sense of their ordeal. The need to find a satisfactory explanation for the loss of a loved one is one of the fundamental processes involved in grief recovery (Weiss, 1988). In the case of bereavement, such individuals can deal with their loss because they have made sense of what has happened. Thus making the event manageable.

Antonovsky (1987) defined manageability as the extent to which a person perceived that the resource needed to deal with stress, (in this case the loss of a loved one) is available to one. Essentially such a person is confident when facing life events because he or she knows their resources will be adequate. Thus it is perceivable that individuals who have lost a loved one, and are aware of the resource available to them, would cope better than those who are not aware of their resources.

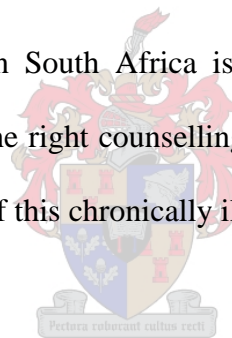
Meaningfulness is defined as making emotional sense out of one's situation (Antonovsky, 1987). It makes a lot of sense that individuals who are able to become emotional in terms of their loss, are able to cope better. According to Antonovsky (1987), it is the component that functions as a catalyst which moves

the individual to a healthy end and an increased meaningfulness and comprehensibility will increase the manageability.

Thus in the light of this research, individuals who are coping with their loss are individuals who have comprehended what has happened, (cognitively made sense of their ordeal); attached meaning to their loss (emotionally dealt with their loss) and are therefore able to manage because they are aware of their resources.

6.3 **Counselling and Bereavement**

The health care system in South Africa is burdened with a large number of chronically ill patients. The right counselling given at the right time by the right person can prevent much of this chronically ill state of mind.



Sooner or later all members in society will be faced by the loss of a loved one in their life. While many will cope with this loss on their own and others with the help of their families, however there will always be a minority who will need help from professionals. If this help is not available or the individuals are not identified, their health and ability to cope in the future may be in jeopardy and their family life may become disrupted. If individuals are identified in time and help is provided the bereaved will emerge stronger and wiser.

The first step is to identify those individuals who are at risk of complicated bereavement. Thus by identifying individuals with intuition and perceiving psychological types with a low sense of coherence, which is displayed by the non-coping group, extra attention needs to be paid to such individuals.

6.4 **Limitations that may have influenced this study**

A number of additional variable's may have influenced the findings of this study. These will be presented in an attempt to better understand the results.

- Sixty-nine individuals were initially telephonically approached to take part in the investigation. Of these, thirty-four agreed to take part.
- Of the thirty-four who took part three individuals, on receiving the questionnaires decided not to participate.
- Of the thirty-one remaining questionnaires four were discarded for being incomplete or not meeting the requirements as laid out in this study.
- One reason for the 39% response can be attributed to individuals not willing to share their personal feelings with a stranger; bereavement was found to be a sensitive, private affair for individuals.
- The sampling and small sample size placed constraints on the generalisability of the results obtained.
- A further limitation is added to this research based on the quantitative nature of the study. The bereaved individuals feeling and thoughts are reduced to a

number. This could have contributed to the resistance to the study with some participants.

The sample was specifically defined, thus limiting the study to a small portion of the bereaved population.

6.5 Suggestions for further research

The following areas should be addressed by further research in terms of bereavement, personality type and sense of coherence:

- Further research on the role personality type plays in coping with bereavement.
- Whether the personality type, sense of coherence is influenced by the mode of death.
- An investigation into the reasons why, in time of bereavement some individuals manage to mobilise resources and others cannot and what effect personality type plays in this mobilisation.
- A longitudinal study that follows individual's personality type before, during and after the bereavement period, in the case of anticipated death.
- A look at the role the inferior type plays in the bereavement process.
- Qualitative research needs to examine how the bereaved sense of coherence changes over period of bereavement and which resources are harnessed to assist with coping.

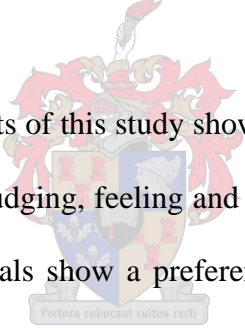
- Comparison between sudden and expected death and the differences in their personality type and coping abilities.

6.6 Conclusion

There is no question that bereavement affects individuals physically, emotionally and psychologically and, due to its nature, bereavement is one of those experiences that is not openly talked about. This reticence is one of the possible reasons why many individuals find it so difficult to cope. Due to the impact bereavement has on our lives it is important to identify and plan interventions for individuals who are susceptible to complicated, long term bereavement. Thus the first aim in research should be to determine ways of identifying complicated individuals experiencing complicated bereavement. The pain caused by loss can tax the coping skills of the most well adjusted person and appropriate interventions can be developed to assist individuals cope with the bereavement process.

The reaction to bereavement is determined by the severity the person perceives the loss to be. The inability to manage the stress results in movement towards the disease or pathology end of the health-disease continuum. By providing the individuals with the necessary support and tools to deal with bereavement it is believed that the impact can be moderated.

There is little question that personality and the orientation to life contribute to the way we handle stress, with death being one of the most stressful life experiences. During these times of stress, our inferior personality type comes into play (Quenk, 1993). This can be caused by the inability of our dominant type to deal with the current stress and provide adequate coping skills. The inferior type is brought into play by the lowering of the unconscious bringing the inferior type into the forefront. If it were not for the inferior type, individuals would continue to function in an unchanging way. This would result in the inability to cope in certain areas. Thus bereavement may present the individuals with unique opportunities for personal growth.

The image is a watermark of a university crest, likely from the University of Cambridge, featuring a shield with various symbols, a crown on top, and a motto scroll at the bottom. The crest is semi-transparent and centered behind the text.

With this in mind, the results of this study shows that coping individuals display a significant preference for judging, feeling and a high level of sense of coherence, whilst non-coping individuals show a preference for intuition, perceiving and a low level of sense of coherence. No significant difference was found for introversion, extraversion, sensing and thinking.

According to the sense of coherence concept, individuals who can comprehend what has happened, give meaning to the loss and have a sense of manageability of the loss in their life, are better equipped to deal with bereavement of the loss in their life.

References

Antonovsky, A. (1979). *Health, stress and coping*. San Francisco:

Jossey-Bass.

Antonovsky, A. (1984). A call for a new question – Salutogenesis – and a proposed answer – the sense of coherence. *Journal of Preventive Psychiatry*, 2, 1-13.

Antonovsky, A. (1987). *Unraveling the mystery of health*. San Francisco:

Jossey-Bass.

Antonovsky, A. (1990). A somewhat personal odyssey in studying the stress process.

Stress Medicine, 6, 71-80.



Antonovsky, A. (1992). *Can attitudes contribute to health advances?* *The Journal of Mind-Body Health*, 8, 33-49.

Antonovsky, H., & Sagy, S. (1986). The development of a sense of coherence and its impact on responses to stress situations. *Journal of Social Psychology*, 126(2), 213-225.

- Antonucci, T. C., & Akiyama, H. (1987). An examination of sex differences in social support in mid and late life. *Sex Roles, 17*(11-12), 737-749.
- Arbuckle, N. W., & de Vries, B. (1995). The long-term effects of later life spousal and parental bereavement on personal functioning. *The Gerontologist, 35*(5), 637-647.
- Arnau, R.C., Rosen, D. H., & Thompson, B. (2000). Reliability and validity of scores of the Singer-Loomis Type Deployment Inventory. *Journal of Analytical Psychology, 45*(3), 409-426.
- Arnau, R.C., Thompson, B., & Rosen, D. H. (1999). Alternative measure of the Jungian personality constructs. *Measurement and Evaluation in Counseling and Development, 32*(2), 90-104.
- Averill, J.R. (1968). Grief - its nature and significance. *Psychological Bulletin, 70*(2), 721-748.
- Ball, J. F. (1977). Widow's grief: The impact of age and mode of death. *Omega, 7*(4), 307-333.
- Barrett, T. W., & Scott, T. B., (1990). Suicide bereavement and recovery patterns compared with non-suicide bereavement patterns. *Suicide and Life Threatening Behavior 20*(1), 1-5.

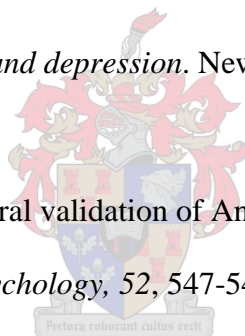
Bonanno, G. A., & Field, N. P. (2001). Examining the delayed hypothesis across 5 years of bereavement. *The American Behavioral Scientist*, 44(5), 798-816.

Bonanno, G. A., & Kaltman, S. (1999). Toward an integrative perspective on bereavement. *Psychological Bulletin*, 125(6), 760-776.

Bowlby, J. (1960). Grief and mourning in infancy and childhood. *Psychoanalytic Study of the Child*, 15, 9-52.

Bowlby, J. (1980). *Loss: Sadness and depression*. New York: Basic Books.

Bowman, B. J. (1996). Cross-cultural validation of Antonovsky's Sense of Coherence scale. *Journal of Clinical Psychology*, 52, 547-549.



Brownsword, A. W. (1994). *It takes all types*. Nicosia: Baytree Publication Company.

Callahan, J. (2000). Predictors and correlates of bereavement in suicide support group participants. *Suicide and Life-Threatening Behavior*, 30(2), 104-124.

Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, 98(2), 310-357.

Competition boom in the business of death. (2001, June 10) *Sunday Times Business Times*, p. 13

Cooley, E. J., & Keesey, J. C. (1981). Moderator variables in life stress and illness relationship. *Journal of Human Stress*, 7(3), 35-40.

Corr, C. A., Nabe, C. M., & Corr, D. M. (2000). *Death and dying life and living* (3rd Ed.). Belmont: Wadworth.

Davis, C. G., & Noleen-Hoeksema, S. (2001). Loss and meaning; How do people make sense of loss? *American Behavioral Scientist Issues*, 44, 726-741.

De Vries, B., Davis, C.G., Wortman, C.B., & Lehman, D.R. (1997). Long term psychological and somatic consequences of later life parental bereavement. *Omega; Journal of Death and Dying*, 35(1), 97-117.

Dillenburger, K., & Keenan, M. (1994). Bereavement: A behavioural process. *The Irish Journal of Psychology*, 15(4), 524-539.

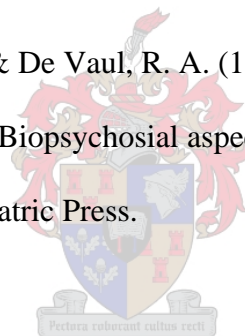
Dimond, M. F., Lund, D. A., & Caserta, M. S. (1987). The role of social support in the first two years of bereavement in an elderly sample. *Gerontologist*, 27(5), 599-604.

Efron, B., & Tibshirani, R.J. (1993) *An introduction to the bootstrap*. London: Chapman & Hall.

Farberow, N. L., Gallagher-Thompson, D. E., Gilewski, M., & Thompson, L. W. (1992). Changes in grief and mental health of bereaved spouses of older suicides. *Journal of Gerontology*, 47(6), 357-366.

Faschingbauer, T. R., De Vault, R. A., & Zisook, S. (1977). Development of the Texas Inventory of Grief. *American Journal of Psychiatry*, 134(6), 696-698.

Faschingbauer, T. R., Zisook, S., & De Vault, R. A. (1987). *The Texas Revised Inventory of Grief*. In S. Zisook, (Ed), *Biopsychosocial aspects of bereavement* (pp 109-124). San Diego; American Psychiatric Press.



Ferrell, B. R. (1984). Bereavement outcome in a comparison of home and hospital cancer deaths. *Dissertation Abstract International*, 46 (3-B), 793.

Fitzpatrick, T. R. (1998). Bereavement events among elderly men: The effect of stress and health. *Journal of Applied Gerontology*, 17(2), 204-228.

Flannery, R. B. (1990). Social support and psychological trauma: A methodological review. *Journal of Traumatic Stress*, 3(4), 593-611.

- Flannery, R. B., & Flannery, G. J. (1990). Sense of Coherence, life stress, and psychological distress: A prospective methodological inquiry. *Journal of Clinical Psychology, 46*(4), 415-420.
- Fraser-Beekman, S. M. (1999). The recovery journey: A study of the role of personality type dynamics in the recovery from the loss of a spouse. *Dissertation Abstracts International: Section B: Science and Engineering, 60*(4-B), 1901.
- Freeman, S. J., & Ward, S. (1998). Death and bereavement: What counselors should know. *Journal of Mental Health Counseling, 20*(3), 216-226.
- Frenz, A. W. (1990). Measuring Antonovsky's sense of coherence construct: A psychometric study. *Dissertation Abstract International, 51*(12-B, Pt1), 6141.
- Frenz, A. W., Carey, M. P., & Jorgensen, R.S. (1993). Psychometric evaluation of Antonovsky's sense of coherence scale. *Psychological Assessment, 5*(2), 145-153.
- Frommberger, U., Stieglitz, R., Straub, S., Nyberg, E., Schlickewel, W., Kuner, E., & Berger, M. (1999). The concept of sense of coherence and the development of posttraumatic stress disorder in traffic accident victims, *Journal of Psychosomatic Research, 46*(4), 343-348.
- Fulton, R. (1987). The many faces of grief. *Death Studies, 11*(4), 243-256.

- Gallagher, D., Thompson, L. W., & Peterson, J. A. (1981). Psycho-social factors affecting adaptation to bereavement in the elderly. *International Journal of Aging and Human Development*, 14(2), 79-95.
- Gallagher, T. J., Wagenfield, M. O., Baro, F., & Haepers, K. (1994). Sense of Coherence coping and caregiver role overload. *Social Science and Medicine*, 39(2), 1615-1622.
- Gerber, I., Rusalem, R., Hannon, H., Battin, D., & Arkin, A. (1975). Anticipatory grief and aged widows and widowers. *Journal of Gerontology*, 30(2), 225-229.
- Gilewski, M. J., Farberow, N. L., Gallagher, D. E., & Thompson, L. W. (1991). Interaction of depression and bereavement on mental health in the elderly. *Psychology and Aging*, 6(1), 67-75.
- Gray, H. (1947). Jung's Psychological types: Meaning and consistency of the questionnaire. *Journal of General Psychology*, 37, 177-186.
- Gray, R. E. (1989). Adolescents perception of social support after the death of a parent. *Journal of Psychosocial Oncology*, 7(3), 127-143.
- Hart, A. (1998). *Counselling the Depressed*. Notes provided at the Hospice Bereavement course.

Jacobs, S., Kasl, S., Ostfeld, A., Berkman, L., & Charpentier, P. (1986). The measure of grief: age and sex variation. *British Journal of Medicine and Psychology*, *59*(4), 305-310.

Jung, C. G. (1933). *Psychological types or the psychology of individuation*. London: Kegan Paul, Trench, Trubner & Co., LTD.

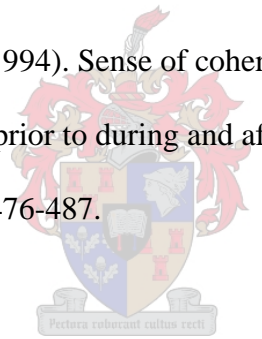
Kalish, R.A. (1985). The social context of death and dying. In R.H. Binstock & E. Shanas (Eds.), *Handbook of aging and social science* (pp 149-170). New York: Van Nostrand Reinhold.

Kaiser, C. F., Sattler, D. N., Bellack, D. R., & Dersin, J. (1996). A conservation of resources approach to a natural disaster: Sense of coherence and psychological distress. *Journal of Social Behavior and Personality*, *11*(3), 459-476.

Kallenberg, K., & Soederfeldt, B. (1992). Three years later: Grief, view of life, and personal crisis after death of a family member. *Journal of Palliative Care*, *8*(4), 13-19.

Kitson, G. C. (2000). Adjustment to violent and natural deaths in later and earlier life for Black and White widows. *Journals of Gerontology*, *55*(6), 341-351

- Kirkhart, E., & Kirkhart, L. (1998). *Statistical performance of the Singer-Loomis Type Deployment Inventory: An interim report*. Gresham: Moving Boundaries.
- Krause, N. (1986). Social support, stress and well-being among older adults. *Journal of Gerontology, 41*(4), 512-519.
- Kroeger, O., & Thuesen, J. M. (1988). *Type Talk: or how to determine your personality type and change your life*. New York: Delacourt Press.
- Kubler-Ross, E. (1969). *On death and dying*. London: Tavistock Publication.
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal and the coping process*. New York: Springer.
- Leahy, J. M. (1993). A comparison of depression in women bereaved of a spouse child or a parent. *Omega: Journal of Death and Dying, 26*(3), 207-217.
- Lundin, T. (1984a). Long-term outcome of bereavement. *British Journal of Psychiatry, 145*, 424-428.
- Lundin, T. (1984b). Morbidity following sudden and unexpected bereavement. *British Journal of Psychiatry, 144*, 84-88.

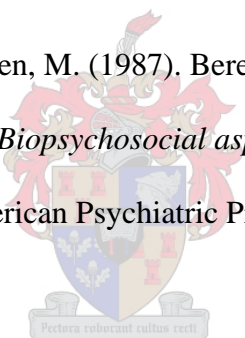
- Maddison, D., & Walker, W. L. (1967). Factors affecting the outcome of conjugal bereavement. *British Journal of Psychiatry*, *113*(503), 1057-1064.
- Martikainen, P., & Valkonen, T. (1996) Mortality after the death of a spouse: Rates and cause of death in a large Finnish cohort. *American Journal of Public Health*, *86*(8 Pt1), 1087-1093.
- Martin, C. R. (1995). *Looking at type and careers*. Gainesville: Center for Application of Psychological Type.
- McSherry, W. C., & Holm, J. E. (1994). Sense of coherence: Its effects on psychological and physiological processes prior to during and after a stressful situation. *Journal of Clinical Psychology*, *50*(4), 476-487.
- 
- A faint watermark of a university crest is centered on the page. It features a shield with various symbols, topped with a crown and a crest. Below the shield is a banner with the Latin motto "Pectora roburant cultus recti".
- Mitchell, W. D. (1991). Type similarity of hypertensives and patients with heart disease. *Journal of Psychological Type*, *21*(1), 54-58.
- Möller, A. T. (1995). *Perspectives on personality*. Durban: Butterworths.
- Moss, M. S., & Moss, S. Z. (1983). The impact of parental death on middle aged children. *Omega: Journal of Death and Dying*, *14*(1), 65-75.

Moss, M. S., Leshner, E. L., & Moss, S. Z. (1986). Impact of the death of an adult child on elderly parents: some observations. *Omega: Journal of Death and Dying*, 17(2), 209-218.

Myers, I. B. (1993). *Gifts differing: Understanding personality type*. Palo Alto: Consulting Psychologist Press.

Myers, I. B., & McCualley, M. H. (1992). *A guide to the development and use of the Myers-Briggs Type Indicator*. Palo Alto: Consulting Psychologist Press.

Osterweis, M., Solomon, F., & Green, M. (1987). Bereavement reactions, consequences and care. In S. Zisook, (Ed.), *Biopsychosocial aspects of bereavement* (pp. 111-124). Washington, D.C.: American Psychiatric Press, Inc




Parkes C. M. (1964). Effects of bereavement on physical and mental health – A study of the medical records of widows. *British Medical Journal*, 2, 274-279.

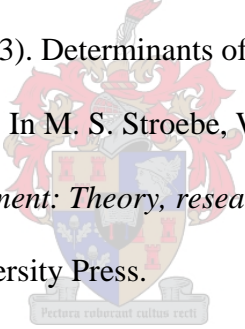
Parkes C. M. (1970) Seeking and finding a lost objected. *Social Science and Medicine*, 4(2), 187-201.

Parkes, C. M. (1985). Bereavement. *British Journal of Psychiatry*, 146, 11-17.

- Parkes, C. M. (1992). Bereavement and mental health in the elderly. *Review in Clinical Gerontology, 2*(1), 45-51.
- Parkes, C. M., & Brown, R. (1972). Health after bereavement: A control study of young Boston widows and widowers. *Psychosomatic Medicine, 34*(5), 449-461.
- Parkes, C. M., & Weiss, R. S. (1983). *Recovery from bereavement*. New York: Basic Books.
- Parry, J. K., & Thornwall, J. (1992). Death of a Father. *Death Studies, 16*(2), 173-181.
- Pennebaker, J. W., & O'Heeron, A. (1984). Confiding in others and illness rate among spouses of suicide and accidental death victims. *Journal of Abnormal Psychology, 93*(4), 473-476.
- Quenk, N.L. (1993). *Beside ourselves: Our hidden personality in everyday life*. Palo Alto: Consulting Psychologists Press.
- Reid, J. (1999). The relationship among personality type, coping strategies, and burnout in elementary teachers. *Journal of Psychological Type, 51*, 22-33.

- Reker, G. T., Peacock, E. J., & Wong, T. P. (1987). Meaning and purpose in life: A life-span investigation. *Journal of Gerontology*, *42*, 44-49.
- Rena, F., Moshe, S., & Abraham, O. (1996). Couples' adjustment to one partner's disability: The relationship between sense of coherence and adjustment. *Social Science and Medicine*, *43*(2), 163-171.
- Rook, K. S. (1984). The negative side of social interaction: Impact on psychological well-being. *Journal of Personality and Social Psychology*, *46*, 1097-1108.
- Ruiselova, Z., & Ruisel, I. (1994). Coping and Jung's personality type. *Studia Psychologica*, *36*, 259-264.
- Sanders, C. M. (1980). A comparison of adult bereavement in the death of a spouse, child and parent. *Omega: Journal of Death and Dying*, *10*(4), 303-322
- Sanders, C. M. (1988). Risk factors in bereavement outcome. *Journal of Social Issues*, *44*(3), 97-111.
- Sanders, C. M. (1993). Risk factors in bereavement outcome. In M. S. Stroebe, W. Stroebe, & R. O. Hansson (Eds.), *Handbook of bereavement: Theory, research and intervention* (pp. 255-267). Cambridge: Cambridge University Press.

- Schalach, A. E. (1991). Factors associated with filial grief following the death of an elderly parent. *American Journal of Orthopsychiatry*, *61*, 307-313.
- Shanfield, S. B. (1983). Predicting bereavement outcome: marital factors. *Family Systems Medicine*, *1*, 40-46.
- Sharp, D. (1987). *Personality type: Jung's model of typology*. Toronto: Jungian analyst.
- Sherkat, D. E., & Reed, M. D. (1992). The effects of religion and social support on self-esteem and depression among the suddenly bereaved. *Social Indicators Research*, *26*(3), 259-275.
- Siggins, L. D. (1966). Mourning: A critical survey of literature. *International Journal of Psycho Analysis*, *47*(1), 14-25.
- 
- The image is a watermark of a university crest, likely from the University of Toronto, positioned centrally behind the text. It features a shield with various symbols, topped with a crown and a figure holding a staff. Below the shield is a motto scroll with the Latin text "Pectora cubant culus recti".
- Singer, J., & Loomis, M. (1984). *Manual: The Singer-Loomis Inventory of Personality*. Palo Alto: Consulting Psychologists Press.
- Singer, J., Loomis, M., Kirkhart, E., & Kirhart, L. (1996). *The Singer-Loomis Type Deployment Inventory*. Gresham: Moving Boundaries.
- Silverman, P. R. (1987). The impact of parental death on college-age women. *Psychiatric Clinics of North America*, *10*(3), 387-404.

- Staudenmayer, H., & Camazine, M. (1989). Sensing type personality: Projection and universal “allergic” reaction. *Journal of Psychological Type, 18*, 59-62.
- Storr, A. (1983). Individual and the creative process. *Journal of Analytical Psychology, 28*, 329-343.
- Stroebe, M. S., & Stroebe, W. (1983). Who suffers more? Sex differences in health risks of the widowed. *Psychological Bulletin, 93*(2), 279-301.
- Stroebe, W., & Stroebe, M. S. (1993). Determinants of adjustment to bereavement in young widows and widowers. In M. S. Stroebe, W. Stroebe, & R. O. Hansson (Eds.), *Handbook of bereavement: Theory, research and intervention* (pp. 208-226). Cambridge: Cambridge University Press.
- 
- A faint watermark of a university crest is visible in the background of the text. The crest features a shield with various symbols, topped with a crown and a figure holding a staff. Below the shield is a motto scroll with the Latin text "Pectora cubant cultus recti".
- Stroebe, M. S., Stroebe, W., & Hansson. R. O. (1988). Bereavement research: An historical introduction. *Journal of Social Issues, 44*(3), 1-18.
- Stroebe, M. S., Stroebe, W., & Hansson. R. O. (1993). *Handbook of bereavement: Theory, research and intervention*. Cambridge: Cambridge University Press.

Stylianou, S. K., & Vachon, M. L. S. (1993). The role of social support in bereavement.

In M. S. Stroebe, W. Stroebe, & R. O. Hansson (Eds.), *Handbook of bereavement: Theory, research and intervention* (pp. 387-410). Cambridge: Cambridge University Press.

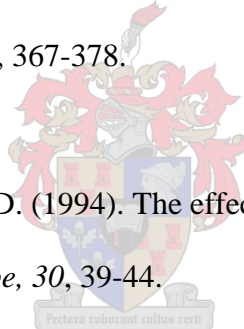
Vachon, M. L. S., Rogers, J., Lyall, W. A. L., Lancee, W.J., Sheldon, A. R., & Freeman,

S. J. J. (1982). Predictors and correlates of adaptation to conjugal bereavement. *American Journal of Psychiatry*, *139*(8), 998-1002.

Vollrath, M., & Torgersen, S. (2000). Personality types and coping. *Personality and Individual Differences*, *29*(2), 367-378.

Ware, R., Rytting, M., & Jenkins, D. (1994). The effect of stress on MBTI scores.

Journal of Psychological Type, *30*, 39-44.



Webb, N.B. (1993). *Helping bereaved children: A handbook for practitioners*. New York: Guilford Press.

Weiss, R. S. (1988). Loss and Recovery. *Journal of Social Issues*, *44*(3), 37-52.

Worden, J. W. (1982). *Grief counselling and grief therapy: A handbook for the mental health practitioner*. New York: Springer.

Wolf, A. C., & Ratner, P. A. (1999). Stress, social support, and sense of coherence.

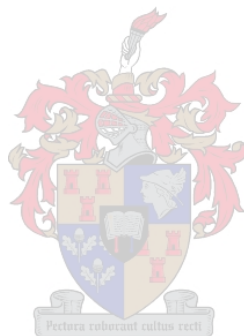
Western Journal of Nursing Research, 21(2), 182-197.

Zisook, S., DeVaul, R. A., & Click, M. A. (1982). Measuring symptoms of grief and

bereavement. *American Journal of Psychiatry, 139*(12), 1590-1593.

Zisook, S., & Shuchter, S. R. (1991). Early psychological reaction to the stress of

widowhood. *Psychiatry, 54*(4), 320-333.



Appendix 1**Consent form for respondents**

I am a Psychology Master's student at the University of Stellenbosch. My interest lies in understanding how different personality styles deal with life changing events. I understand that losing a loved one, whether it is a Husband, Wife, Mother, Father, Child, Close Relative or Friend, is very difficult time, both emotionally and physically in anyone's life that may last for many years.

I would like to ask you to be part of study, where it is hope that the final results will help Bereavement Counsellors to identify those individuals who may find it difficult in coping with the challengers that losing a loved one presents. If you are willing to take part in this study, I ask you to fill in the three questionnaires. The questionnaires are designed to measure your personality style and what stage you are in your own bereavement process. I understand that talking about your loss is not an easy subject to talk about, especially to someone whom you do not know. Therefore you have the right to refuse to take part in this study, but if you do take part I assure you that all the information that is received will be treated with the utmost confidentiality and will only be used by myself for the purpose of this research.

If in answering these questionnaires you become aware of an aspect that is bothering you please feel free to contact me at 082 427 2285. If I cannot help you I will refer you to someone who can.

If you are willing to participate in this study I ask you to sign the consent form at the bottom of this page. This will allow me to use the information for my research. If you would like to be informed about the findings of this study, please check the box on the consent form.

Gavin Waddington

I am willing to participate in the study and that the information obtained from the questionnaires I fill in to be used in this study only

Name _____ Signature _____

Date _____

I would like a summary of the findings of this study

YES	NO
-----	----

Appendix 2

Texas Revised Inventory of Grief

Name or # _____ Age: _____ Sex: _____

Race: White Coloured Black Other (specify) _____

The person who died was my (Check only one):

Father	<input type="checkbox"/>	Wife	<input type="checkbox"/>
Mother	<input type="checkbox"/>	Son	<input type="checkbox"/>
Brother	<input type="checkbox"/>	Daughter	<input type="checkbox"/>
Sister	<input type="checkbox"/>	Friend	<input type="checkbox"/>
Husband	<input type="checkbox"/>	Other (Specify) _____	

LOOKING BACK, I WOULD GUESS THAT MY RELATIONSHIP WITH THIS PERSON WAS (check only one):

- Closer than any relationship I've had before or since.
- Closer than most relationships I've had with people.
- About as close as most of my relationships with others.
- Not as close as most of my relationships.
- Not very close at all.

How old was this person when they died? _____

THIS PERSON DIED (check only one)

- within the past 3 months 4 - 6 months ago 7 - 9 months ago
- 10 - 12 months ago 13 - 15 months ago 16 - 18 months ago
- 19 - 21 months ago 22 - 24 months ago more than 2 years ago

THIS PERSON'S DEATH WAS

- Expected Unexpected Slow Sudden

PART 1; PAST BEHAVIOR

Think back to the time this person died and answer all these items about your feelings and actions at that time by indicating whether each item is Completely True, Mostly True, Both True and False, Mostly False or Completely False as it applied to you after this person died. Check the best answer.

	Completely True	Mostly True	True & False	Mostly False	Completely False
1. After this persons died I found it hard to get along with certain people					
2. I found it hard to work well after this person died					
3. After this person's death I lost interest in my family, friends, and outside activities					
4. I felt a need to do things that the deceased had wanted to do					
5. I was unusually irritable after this person died					
6. I couldn't keep up with my normal activities for the first 3 months after this person died ...					
7. I was angry that the person who died left me					
8. I found it hard to sleep after this person died					

PART II: PRESENT FEELINGS

Now answer all of the following items by checking how you feel about this person's death. **Do not look back at Part I.**

	Completely True	Mostly True	True & False	Mostly False	Completely False
1. I still cry when I think of the person who died					
2. I still get upset when I think about the person who died ..					
3. I cannot accept this person's death					
4. Sometimes I very much miss the person who died					
5. Even now it's painful to recall memories of the person who died					
6. I am preoccupied with thoughts (often think) about the person who died					
7. I hide my tears when I think about the person who died ..					
8. No one will ever take the place in my life of the person who died					
9. I can't avoid thinking about the person who died					
10. I feel its unfair that this person died					
11. Things and people around me still remind me of the person who died					
12. I am unable to accept the death of the person who died					
13. At times I still feel the need to cry for the person who died					

