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The Study of a Grief Support Programme and Its Effects on the Coping Abilities of Grieving Clients

by

Whitney Walker

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The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies for acceptance, a thesis entitled "The Study of a Grief Support Programme and Its Effects on the Coping Abilities of Grieving Clients" submitted by Whitney Walker in partial fulfillment of the requirements for the degree of Master of Science.

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ABSTRACT

The purpose of this study was to examine the possible effects of a grief support programme upon the coping abilities of grieving clients. The participants were male and female adult individuals who had lost a significant person in their lives due to death, and were experiencing difficulties coping with their grieving process. They completed the standardized California Psychological Inventory (Gough, 1987) as well as the researcher-constructed Grief Response Questionnaire, which was designed to qualitatively probe clients' perspectives of the ways in which they believed the group counselling to have influenced their coping abilities.

The quantitative results showed that the California Psychological Inventory measured enduring traits that the state of grief did not influence. Therefore, no change was detected by this method of measurement from the pre-tests to the post-test for grievers as the result of receiving group counselling. The qualitative method used proved to be effective for detecting changes in the relatively short-term states of individuals experiencing grief. In addition, it was able to take into account the high level of affect present within this specific population. These qualitative results showed that the specific grief support programme being evaluated was influential in promoting the coping abilities of grievers.

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and finally,

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CHAPTER ONE

STATEMENT OF THE PROBLEM

The experience of the death of someone significant in people's lives is often accompanied by an involuntary grief reaction, which can throw an individual into intense emotional turmoil. This turmoil, known as grieving, is a natural reaction to loss, yet it encompasses many involuntary responses which may seem to be unnatural to a grieving person. During this emotional time, there is a strong need for the griever to have the full support of his or her family and friends. However, the opportunities for receiving this help from traditional sources have decreased in present-day society, to the extent that those experiencing emotional difficulties due to the loss of a loved one may be prompted to seek support from mental health professionals. Consequently, individual and group counselling is increasingly being sought by grievers in order to gain the support needed to more fully cope with, and move through, their grief.

Even though the subject of grief may touch us all at one time or another, and one may require professional intervention in realizing one's coping abilities while progressing through the grief, it seems that the literature is scarce regarding the promotion of these coping abilities. Much of what has been explored regards the nature of grief itself; from its theoretical bases (Bowlby, 1980; Freud, 1961; Lindemann, 1944; Mogenson, 1990), to its symptomatology (Averill, 1968; Haig, 1990; Parkes & Weiss, 1983), to the process that unfolds as one experiences grief (Bowlby, 1980; Kubler-Ross, 1969; Parkes, 1988; Rando, 1984; Worden, 1982).

While knowledge of these factors remains crucial to a full understanding of the area of loss, studies illuminating the interventions which can promote grievers' coping abilities also merit attention. A clearer comprehension of how individual and group counselling play a therapeutic role in the total grief experience may prove beneficial for mental health professionals striving to help grievers cope with the pain of their loss.

The benefits of individual counselling are evident with clients who have experienced the death of a loved one (Jansen, 1985; Leon, 1987; Williams, 1989). It is clear that since the accompanying emotional pain can be so overwhelming, a griever may need professional intervention to provide otherwise absent support, or supplement existing support, in order to allow themself to experience this pain rather than to deny its presence. Experiencing and working through the pain is what Lindemann (1944) describes as "grief work," which requires an intense expenditure of both physical and emotional energy. A counselling relationship established between a griever and a caregiver within an accepting and non-judgemental atmosphere can promote the healthy expression of emotions and the necessary review of the relationship with the person who has died (Rando, 1984). Further, the counselling relationship can promote a progression towards the goal of facilitating the stages of grief, so that the full grieving process unfolds and moves towards successful completion (Worden, 1982).

Individual counselling strategies which explain therapeutic methods to be used by caregivers on a one-to-one basis comprise much of what has been

researched in the area of grief intervention. However, Yalom (1985) outlines some important primary factors of group psychotherapy that contribute to the therapeutic experience of a counselling client. These factors may be salient in the treatment of grievers; nevertheless, further investigation of group counselling as an alternate therapeutic intervention is needed.

Studies, though scarce, show the effectiveness of group counselling with various grieving populations, such as battered women (Varvaro, 1991), those adjusting to divorce (Byrne, 1990), and caregivers of Alzheimer's patients (Hinkle, 1991). As well, a bereaved population was studied from the viewpoint of types of participants, structural and therapeutic characteristics, and the participants' perceptions of their group (de Boer & Van der Wal, 1991). However, as Osterweis (1988) stated, the inadequacy of the literature on grief follow-up largely emphasizes that very little is actually known about group counselling effectiveness at this time. Osterweis further stated that in this area, there is a present need for properly designed evaluation and comparative studies which use uniform measures and methods.

The purpose of this study is to evaluate the possible effects that group intervention may have on the grief process of clients. This is achieved through exploring how participation with a group in which its members are experiencing a similar grief reaction helps grievers deal with the particular perceptions, feelings, and behaviours related to grief. Specifically, it assesses the role of group counselling as provided by the Rockyview Hospital Grief Support Programme in

facilitating coping strategies and support to grievers. The question asked is: "What impact does the Rockyview Hospital Grief Support Programme have on the coping abilities of clients experiencing the grief process?" This study emphasizes the evaluation of the emotional well-being of grievers before and after group counselling, as well as their own sense of how the group counselling influenced their coping abilities.

Definition of Terms

Many of the terms prominent in the study of grief are used in an ambiguous manner, for at times they are labelled with specific meanings, while at others, they are used interchangeably. However, for the purpose of this study, these terms will be defined as follows:

Grief: A natural process of psychological, social, and physical reactions that evolve progressively as the result of an individual's perception that a loss has occurred (Rando, 1984).

Grieving: The state of experiencing the grief process (Worden, 1982).

Mourning: There exists both a psychological and sociological component to this term.

a) Psychological: A variety of conscious and unconscious psychological processes resulting from a loss (Bowlby, 1980).

b) Sociological: The expression of grief that is socially acceptable following a loss, that often occurs in a specifically prescribed manner, with formalized rituals (Haig, 1990).

Bereavement: The state of having experienced a loss due to death (Rando, 1984).

Normal Grief: The broad range of thoughts, feelings and behaviours characteristic of the grief process which follow a progression leading towards grief resolution (completing the tasks of grieving) (Rando, 1984).

Unresolved Grief: The intensification of grief to the point at which the person becomes overwhelmed, exhibits maladaptive behavior, or remains suspended in the grief process without progression towards resolution (completing the tasks of grieving) (Horowitz et al., 1980). Worden (1982) categorized unresolved grief into chronic, delayed, exaggerated, and masked reactions.

Coping Abilities: The abilities possessed by grievers which enable them to experience and cope with the pain of their grief, and move through the grief process towards resolution.

Grief Therapy: The intervention required for grievers when normal grief becomes unresolved grief (Worden, 1982).

Rockyview Hospital Grief Support Programme: A psychoeducational counselling programme run out of Calgary's Rockyview Hospital. It was designed by the hospital's Chaplain and Director of the programme, the Reverend Bob Glasgow, to support grievers as they move through the grief process towards the healthy completion of the tasks of grieving.

This chapter has provided a brief context for those that follow. A review of the literature regarding grief as a response to loss, as well as the coping strategies for grievers and the interventions that promote them, is outlined in Chapter Two, as are the three main research questions that provide the framework for this study, and a description of the Rockyview Hospital Grief Support Programme. Chapter Three describes the methodology employed, including a description of the sample taken from this Programme, the instruments selected for measurement, the procedure used to conduct the data collection, the research questions and hypotheses investigated, and finally, an explanation of the Fidelity and Qualitative Analysis components. The results of this study are presented in Chapter Four. In Chapter Five, the conclusions generated and the implications for future research that arose from this study are explored.

CHAPTER TWO

LITERATURE REVIEW

The purpose of this chapter is to present a review of the literature pertinent to the different areas of grieving and to the effects that group counselling interventions have upon individuals experiencing grief. An initial discussion of grief as a response to loss is provided, and includes an overview of the theories of grief and its process, the manifestations of normal grief, and the differentiation between normal and unresolved grief. This is followed by an account of the coping strategies offered as helpful during the grieving process, and the interventions that have been found to promote these strategies. This chapter will then offer current perspectives on group counselling and the implications of counselling in fostering support for grievers. Also included is a description of various support group formats. Finally, the Rockyview Hospital Grief Support Programme will be described.

The Response to Loss: A Theoretical Overview

Although the grief response has always been a factor in human experience, there have been relatively few studies aimed at understanding the process involved. A classic paper published by Sigmund Freud in 1917 entitled "Mourning and Melancholia" offered one of the first major attempts at theory development, and continues to provide a theoretical basis for current grief literature (Haig, 1990; Rando, 1984; Worden, 1982). Freud described the grieving process as a slow acceptance of the reality of a loss, to the point at which the griever was able

to achieve the difficult emotional detachment from the lost object (Klass, 1987; May, 1986). He believed that through this process, a grieving individual may have sporadically denied his or her loss, but movement through the process then led that person toward the ability to choose a new object. Freud's assumptions were libidinal in nature, as the core of his theory allowed for his distinction between narcissistic libido and object-directed libido. He found that the grieving process reflected the question of whether the griever's energy was directed in towards the self, or outwards as an object relationship. As well, Freud's original theory emphasized catharsis. He claimed that the expression of sadness and anger was a necessary experience for grievers as they moved towards emotional detachment (May, 1986).

Freud (1961) then elaborated on this theory by making a distinction between normal and pathological components of grief. He believed that while mourning was a normal and necessary process (Carter, 1989), melancholia harboured the pathological aspects. Freud described two factors in the promotion of this pathology. First, he suggested that the presence of ambivalence in the original relationship predisposes individuals to internalize their grief pathologically. Second, Freud believed that melancholia involved taking the lost object into the ego, thereby fostering this internalization (May, 1986). Both actions lead the griever away from the necessary catharsis which enables healthy emotional detachment. This early work had a great influence upon the studies of

subsequent bereavement researchers, and in fact, laid the groundwork for much of the prominent grief research that was to follow.

A second major force in the grief literature was Melanie Klein. Klein's contributions of the 1940s, which were substantially built upon Freud's theories, concerned the analysis of children and psychotic adults for the purpose of developing hypotheses regarding an infant's mental capabilities during the premier months of life (Burch, 1989; Haig, 1990). Klein suggested that the first occurrences of grieving were experienced in these early days as a result of losses connected with feeding and weaning. She hypothesized that the loss of the mother's breast during weaning triggered phases of depression, wherein the infant experienced anxiety resulting from unconscious and destructive fantasies towards the mother (Haig, 1990). These fantasies occurred as a result of the mother not being present, leaving the infant's side, or presumably dying, and the response elicited by this loss was then thought to be characteristic of the way in which loss in adulthood would later be responded to (Haig, 1990). Klein stated that adults who experience loss and mourning often revisit early developmental reactions, revealing deficits that arose during infancy (Burch, 1989).

Around the same time that Klein's beliefs were being formulated, important contributions to the theories of bereavement were also being made by Erich Lindemann (1944). His paper entitled "The Symptomatology and Management of Acute Grief" explored grieving patterns and led to a greater understanding of the characteristics of normal grief. Lindemann was the first to

describe the physical and mental symptomatology of acute grief, and his paper demonstrated the similar patterns resulting among grievers experiencing a variety of bereavement situations. This work was a milestone in the grieving research, as it provided the framework for the ability to distinguish between normal and pathological grief (Leick & Davidsen-Nielsen, 1987).

Much of Lindemann's work was based on his belief that the grief process evolved as a series of tasks he called "grief work" (Rando, 1984). He believed that grievers experienced their grief work by: 1) Releasing themselves from the emotional attachment between themselves and the deceased; 2) Readjusting to their environment without the presence of the deceased; and 3) Developing the ability to form new relationships. It is apparent that parallels can be seen between the work of Freud (1961) and Lindemann (1944), and that their work has contributed greatly towards the research on grief.

The impact of these theories are seen in the work of John Bowlby (1961), whose attachment theory incorporated psychoanalytic ideas with the importance of interpersonal processes (Haig, 1990). The central focus of Bowlby's theory examined the reactions to separation or loss in childhood, how this influenced personality development, and then the further consequences that occurred as a reaction to loss in adulthood. Parallels with Freudian philosophy could therefore be seen in Bowlby's emphasis on relationship with others (i.e., attachment), which was not unlike Freud's belief in libidinal ties (May, 1986). Furthermore, both supported the stand that the grieving process evolved as a series of emotionally

painful episodes, which when faced, brought about the eventual ability to form new attachments (May, 1986).

John Bowlby (1980) suggested that attachments occurred early in life with a strength that endures for much of the life cycle. He believed that attachments were formed by both children and adults, and that this behavior carried with it strong survival value, as it fulfilled the need for security and safety (Rando, 1984; Worden, 1982). Bowlby saw these attachments as being progressively tested, for the attachment figures were left for longer and longer periods of time, especially in the case of the young (Bowlby, 1980). However, key attachment figures were returned to for support and safety. Knowing that this support was reliable built trust, and provided the healthy basis upon which relational bonds would be formed by the individual later in life (Bowlby, 1980). Therefore, if attachment behavior lead to maintaining these bonds, any loss which promoted their disruption triggered an intense anxiety and strong emotional protest (Bowlby, 1980). This protest is the grief response.

Colin Murray Parkes (1972) came to the forefront of the field of bereavement with an elaboration of Bowlby's (1961) theory of grief, which Bowlby himself later endorsed (1980). Parkes outlined the evolution of the grief process, and thus greatly contributed to the further understanding of the specific steps seen to reflect the reaction to loss (Rando, 1984). Among Parkes' (1980) further suggestions was the idea that grief was the result of a specific psychosocial transition (PST), which was defined as a dangerous life event that: 1) Forced

people to revise their assumptions they had once had about the world; 2) Created lasting change rather than short-lived change; and 3) Occurred over a short period of time, so there was little time for preparation (Parkes, 1988). Parkes also emphasized that while the passage of time brought individuals further through their grief caused by a PST, he believed grief counselling to be a worthy and often crucial intervention to promote healing in grievers (Parkes, 1972). He maintained that the possible pathology that could arise as the result of a PST could be proactively avoided, if those at risk received appropriate counselling and support. If counsellors prompted grievers to explore their world after the loss, Parkes believed that grievers would begin the process of taking stock, reviewing, and relearning their assumptive world. This, he saw as a crucial step towards healing (Parkes, 1988).

Lindemann's belief that the grief process evolved as a series of tasks (Rando, 1984) was an influential factor in the work of not only Bowlby and Parkes, but that of later researchers as well. The grief response was believed to evolve as a process, rather than as an event (Attig, 1991; Bowlby, 1980; Kubler-Ross, 1969; Parkes, 1988; Rando, 1984; Worden, 1982). As Rando (1984) stated, "Grief is the process that allows us to let go of that which was and be ready for that which is to come" (p. 17). This understanding helped to clarify the kind of movement Lindemann (1944) suggested that one might experience in response to the loss of a significant attachment.

Bowlby (1961) presented a theory of grief that was later updated as a result of a collaboration with Parkes (1972). Like Lindemann, they both saw grief as a process which followed four "phases" (Bowlby, 1980): Numbness; Yearning and Searching; Disorganization and Despair; and Reorganization (Rando, 1984).

- **Phase of numbness.** This phase may occur directly following the news of a loss, and often allows the griever to attend to the many details needing consideration after a death. At this time, there may well be varying degrees of denial of the loss having taken place.
- **Phase of yearning and searching.** When a loss has occurred, the bereaved may show behavior reflecting the need to reunite with the lost person. Frustration and anger ensues as a result of being unable to satisfy this need. As well, restlessness, irritability, and disbelief accompany the strong desire to keep alive a clear mental image of the person who has died.
- **Phase of disorganization and despair.** This phase may be distinguished by the griever's eventual acceptance that the yearning and searching will not recover the loved one. At this time, there is a great feeling of disorganization and disorientation brought about by a loss of stability. Despair becomes the prominent feeling and may lead to depression.

- **Phase of reorganization.** Gradually, as a griever experiences the first three phases, he or she may begin to move towards a more complete acceptance that the loss has occurred and that adjustments to this new life must be made. During this phase, he or she may begin to rekindle interest in life, and develop some sense of hope for the future. New ties to others may also begin to be established (Rando, 1984, p. 25).

Both Bowlby and Parkes emphasized that the phases of grief did not necessarily occur in a linear fashion, for grievers found themselves revisiting certain aspects of each of these phases throughout the course of the complete grieving process (Rando, 1984). They believed that the main goal for grievers was not to forget the deceased, but to progress to the point where they were able to establish new and realistic relationships with them, while acknowledging the fact that they were no longer physically present (Rando, 1984).

Elizabeth Kubler-Ross (1969), one of the premier researchers in the area of death and dying, believed the process that grievers experienced (either those grieving the impending loss of their own life, or the loss of the life of someone close to them) to be comprised of five "stages" which reflected an external process, rather than an intrapsychic one. She saw the stages as defensive strategies occurring as a response to the knowledge of loss or imminent loss (Burch, 1989). The five stages are: Denial and isolation; Anger; Bargaining; Depression; and Acceptance (Kubler-Ross, 1969).

- **Denial and isolation.** This is the period of time during which shock serves to allow the griever to slowly begin adjusting to the reality of the tragedy. The denial acts as a buffer, for the griever cannot constantly face the loss without some time away from its intensity. Eventually, denial is replaced by less extreme defenses, and partial acceptance will begin to evolve.
- **Anger.** When denial is no longer maintained and the actuality of the loss begins to be accepted, grievers may experience the overwhelming feelings of anger, rage, envy, and/or resentment.
- **Bargaining.** During this stage, a griever may believe that he or she will be rewarded for "good behavior" and will therefore bargain (e.g., with God or the doctors) in hopes of reversing the outcome.
- **Depression.** When the griever can no longer avoid acceptance of the circumstances, a sense of great loss establishes itself in the form of depression.
- **Acceptance.** After working through the previous stages, the griever comes to accept the reality that the loss has occurred (Kubler-Ross, 1969).

Kubler-Ross believed the process represented by these stages to be a linear one, beginning with denial and isolation and then systematically progressing through the other four stages to the point at which acceptance was finally realized. Her model has been criticized because of its definitive nature, for

Kubler-Ross' stages have not been found to necessarily follow in her proposed order, nor are they all universally experienced (Burch, 1989; Martin & Elder, 1991). However, this model is an important one, for it reinforces the philosophy that grief is a process rather than a static state, and further recognizes the paramount stages in this process that one might be prepared to encounter as a response to loss. As well, it seems evident that much of the work done by present researchers has been based on Kubler-Ross' significant findings. Such is the case with the later notable work of James and Cherry (1988) and Worden (1982).

James and Cherry (1988) found the research of Kubler-Ross influential towards their own work as grief recovery educators and counsellors. While they believed that an understanding of Kubler-Ross' stages promoted a more caring perspective in the treatment of the dying, their experience in applying these stages to bereaved individuals was often found to be an insufficient guide. They found that grievers did not necessarily move through Kubler-Ross' stages uniformly, nor did they always experience each of the five stages. This led them toward developing their own stages of the grieving process, which they believed needed to be experienced in order for recovery to occur for bereaved individuals. These stages represented a very proactive philosophy in which James and Cherry saw grievers as needing to make the choice to "recover" from their grief by choosing to make their way through each of five stages: Gaining Awareness; Accepting Responsibility; Identifying Recovery Communications; Taking Action; and Moving Beyond Loss (James & Cherry, 1988).

- **Gaining awareness.** At this stage, the griever makes the choice to begin facing the pain of their loss by becoming more fully aware of what the nature of the lost relationship was. Coming to a clearer understanding of the previous losses that may still be emotionally incomplete is also characteristic of this first stage.
- **Accepting responsibility.** When a clearer understanding of the important losses has been gained, the griever may move on to accept his or her share of the responsibility for any incompleteness in these lost relationships.
- **Identifying recovery communications.** At this stage, the griever discovers what actions need to be taken in order to make amends, offer forgiveness, or say what needed to be said, within the relationships that were lost.
- **Moving beyond loss.** This last stage involves the griever's choice of sustaining his or her new perspective, without the presence of the loved one. The choice is made to create and maintain a new environment that reflects the completion of the loss (James & Cherry, 1988).

The stages proposed by James and Cherry (1988), while seemingly helpful for grievers who feel capable and supported as they grieve, may actually be too stringent for many facing bereavement. The philosophy that the grief process cannot be anticipated, hurried or controlled, makes these stages (which appear to

control the griever, rather than allowing the griever to navigate the stages at their own pace) seem quite unrealistic. Worden (1982) however, while adhering to the idea that grievers must take responsibility for their own grieving, suggests a more gentle approach which allows grievers to move at a rate that is dictated by their emotional capabilities.

Worden (1982) believed that as the bereaved experienced the grief process, they moved through four distinct "tasks of mourning," which were essential in order for the process of mourning to be completed. He also believed that uncompleted grief tasks could impair the individual's further growth and development. Worden's use of the word "tasks" reflected his idea that since mourning was a process and not a state, it took a great deal of effort to move through all four of these tasks. The four tasks are: Accepting the Reality of the Loss; Experiencing the Pain of Grief; Adjusting to the Environment in Which the Deceased is Missing; and Withdrawing Emotional Energy and Reinvesting it in Another Relationship. He also emphasized that these tasks were to be encountered slowly, with as much time taken as needed, and with the understanding that previous tasks could and would be revisited throughout the process.

- **Accepting the reality of the loss.** This first task for grievers is to move towards the point at which they realize that the person is dead; that they are gone and are not coming back.

- **Experiencing the pain of grief.** The second task for grievers is to make a conscious decision to allow the tremendous pain of loss to be felt, whether physically, emotionally, behaviorally, or some combination of all three.
- **Adjusting to an environment in which the deceased is missing.** Depending on the nature of the relationship with the deceased, this task entails different aspects for every griever. However, it involves grievers moving toward a new existence without the presence of the person who has died. This can be a physical adjustment where grievers must find ways to fill the role and the tasks left unattended since the loss, and thereby develop new skills to make this happen. As well, it can be an emotional adjustment for grievers, since they must adjust to the knowledge that someone significant is no longer living.
- **Withdrawing emotional energy and reinvesting it in another relationship.** This final task involves withdrawing one's emotional energy from the deceased person so that it can then be applied to another relationship (Worden, 1982).

Worden's (1982) tasks appear to balance the need for grievers to take back some control with the reality that they will often be led by the involuntary nature of their emotions during grief. Worden constantly restated that each griever experiences the tasks in different ways and at different rates, and emphasized that

some tasks may be experienced simultaneously or re-experienced at later times. These beliefs are steeped in a humanistic, client-centred philosophy which is now seen by researchers to be a necessity when dealing with clients who have suffered a loss. Therefore, while the review of the literature emphasizes the strong influence that Freud's work had upon many of the bereavement researchers who followed him, and the degree to which the evolution of intervention techniques were based upon psychoanalytic constructs, it is apparent that present theories of dealing with grief are clearly more humanistic in nature. Worden's (1982) work provides a strong example of this. It is supported by his belief that the emotional turmoil experienced at the time of loss demands a client-centred approach to intervention in order to more effectively guide grievers toward a hopeful future - even in the absence of their loved one. It is for this reason that Worden's (1982) work provides much of the basis upon which this study was conducted.

Normal Grief Manifestations

During a normal grief reaction, there are many involuntary occurrences for a griever that include specific feelings, physical factors, thoughts and behaviors, which may account for great emotional suffering, an alteration in social functioning, and sometimes a deterioration in health (Haig, 1990). While they are all a natural part of the grief process, they can seem extremely unnatural to an individual experiencing them (Worden, 1982).

Feelings. The prominent feelings characteristic of the grief response can occur numerous times throughout the normal grieving process in a cyclical rather

than sequential nature (Haig, 1990; Martin & Elder, 1991). These feelings include anxiety, sadness, guilt, loneliness, anger, numbness, relief, fatigue, emancipation, helplessness, shock, and yearning (Worden, 1982). Because these unpredictable and uncontrollable feelings may be a drastic departure from what is normally experienced by an individual, they may be thought of as abnormal or pathological. Therefore, it is important for the griever to reach the understanding that these reactions to loss are indeed "normal," and must be experienced.

Physical factors. In addition to the emotional aspects of grief, there are physical factors to be dealt with (Haig, 1990; Rando, 1984; Raphael, 1983; Worden, 1982). Because grief is often thought of as a purely emotional malady, the absence of an awareness of these factors as being part of a healthy grieving process can often be a cause for concern. They can include: a tightness in the throat, heaviness in the chest, or hollow feeling in the stomach (Lindemann, 1944; Worden, 1982). Grievers may also report a decrease in their amount of energy, a weakness in their muscles, a shortness of breath, an oversensitivity to noise, and an inability to concentrate or remember simple details (Rando, 1984). It is therefore not hard to understand why these symptoms will often lead a grieving person to seek the help of his or her family physician (Worden, 1982).

Thoughts. A varied range of thoughts can occur as one experiences a reaction to loss; some thoughts are so foreign and uncontrollable that the griever may question his or her emotional stability. An understanding of the necessity of allowing these thoughts to surface can be beneficial in lowering a grieving

person's anxiety level. This then contributes to his or her ability to work through these cognitions with greater peace of mind.

Disbelief is often one of the first thoughts one has after being told of a loss, and it occurs most frequently with losses that are unanticipated (Bowlby, 1980; Parkes, 1980; Worden, 1982). It may well be that while strong evidence supports the loss, early on in the process, grievers are often unable to accept this evidence.

Preoccupation with thoughts of the deceased may also seem impossible to control. Thoughts of how he or she died, and how the death could have been prevented, often cause difficulties with concentration or the disruption of usual sleeping patterns (Rando, 1984; Worden, 1982).

Confusion may predominate at a time of loss (Worden, 1982). Individuals experiencing grief find it very difficult to maintain their usually clear thought processes, and describe a "fogginess" or "chaos" taking place emotionally.

Another frequent experience of the bereaved which is often hard for them to accept as "normal" is that of hallucinations (Parkes, 1980). They may take on an auditory or visual quality, and often occur within weeks of the loss itself. Hallucinations may be thought of as incidents having been triggered by the bereaved's state of yearning to have the deceased back again, or, depending on one's spiritual beliefs, may be seen as possible metaphysical phenomena (Worden, 1982).

Behaviors. An accompanying range of behaviors also manifest themselves as the body's response to loss. Sleep and appetite disturbances are both experienced, with normal patterns interrupted to the extent that medical attention may be necessary for a time (Haig, 1990). Acting in an absent-minded fashion during this period is common, as well as withdrawing socially from others. While grievers may demonstrate avoidance behaviors that keep them from any reminders of the deceased, they may find themselves experiencing the deceased in their dreams - through either normal dreams or nightmares (Worden, 1982).

Other characteristic behaviors that occur include seemingly uncontrollable crying, sighing, or restless overactivity (Haig, 1990; Rando, 1984; Worden, 1982). Since grieving the loss of someone close and the resulting life-altering circumstances can result in incredible levels of stress, these three behaviors may function as stress-reducers. Grievers who feel the need to remain close to the deceased rather than to avoid reminders of them, may behave accordingly by visiting places that remind them of the person they have lost, or carry with them objects that had once belonged to that person (Worden, 1982).

While these feelings, physical factors, thoughts and behaviors may appear to others (and feel to the griever) to be unnatural occurrences, it is necessary for the grieving individual to see them as a normal response to loss, and therefore allow them to occur. They are part of the cyclical process of grief that when allowed to unfold, lead the griever toward greater emotional health and the ability to continue living in the absence of the loved one. The goal of grief counselling

is to facilitate the griever's tasks of uncomplicated (normal) mourning in order for this grieving process to come to a successful completion. However, as Worden (1982) suggested, the normal manifestations of grief may become unresolved grief when complications arise and impede the client's grieving process. The goal then becomes one of identifying and resolving these complications which serve to "block" the completion of the phases of grieving (Worden, 1982), thereby causing the grief to become absent, inhibited, delayed, conflicted, chronic, or unanticipated (Rando, 1984).

Unresolved Grief

Rando (1984) suggested six forms of unresolved grief which evolved from the research of Averill (1968), Parkes and Weiss (1983), and Raphael (1983). Each form reflects elements of denial or repression of the situation and the subsequent feelings produced. Also characteristic is the griever's inability to relinquish the relationship that was.

Absent grief. Difficulties arise for a griever when there is a total absence of any feelings of grief or mourning - as if the loss had not even taken place. At this time, the griever is either in complete denial of the death, or he or she is remaining in a prolonged state of shock.

Inhibited grief. In this instance, the usual symptoms characteristic of the grieving process are inhibited, yet replaced by other, often physical, complaints. The griever may also exhibit the ability to mourn only certain aspects of the loss and not others, such as the positive rather than the negative aspects.

Conflicted grief. In this situation, one or more of the manifestations of normal grief (such as extreme guilt or anger) are distorted or exaggerated, while other aspects are denied. The grief process itself is then increasingly prolonged.

Delayed grief. Either normal or conflicted grief may be delayed for an indefinite period of time - anywhere from months to years - depending upon the factors responsible for the cessation of the grief process. A full grief reaction may eventually be triggered by a new loss or some other aspect related to the original loss.

Chronic grief. Intense grief reactions that are characteristic of the early stages of grief, are still held onto and fully experienced by the griever. Movement through the process of grief does not occur, and it may seem that the griever is seeking to keep the deceased alive with the intensity of the yearning.

Unanticipated grief. This occurs after a sudden, unanticipated loss, and can contribute to a very complicated recovery. Unanticipated grief often leaves grievers incapable of grasping the reality of their loss, thus severely hampering coping abilities. Extreme feelings of depression, guilt, anxiety, and bewilderment may persist much longer than usual (Averill, 1968; Parkes & Weiss, 1983; Raphael, 1983).

Aiding in Resolution

The above forms of unresolved grief may overlap in occurrence, and therefore may magnify in complication. However, a procedure for successful therapy is offered by Worden (1984) in his book "Grief Counselling and Grief

Therapy" which has proven to be helpful to many. As well, much of the literature in the field of grieving purports further therapeutic strategies such as specific Gestalt (Smith, 1985) and hypnotic techniques (Manthorpe, 1990) designed to further aid in grief resolution. However, continuing with daily living as grievers move toward this resolution requires them to adopt specific coping strategies.

Coping Strategies

Various studies done with bereaved individuals focused on the coping strategies that were found to have helped them as they experienced their grief. A correlate of adjustment to the death of a loved one is the type of strategy used to cope with death (Stevens, Pfost, & Wessels, 1987). Gass and Chang (1989) emphasized that the way bereavement was viewed by the griever depended upon how they appraised their situation and then what coping strategies and resources they believed were available to them. These researchers defined coping as an individual's efforts to constantly make cognitive or behavioral changes for the purpose of managing difficult internal or external needs which exceeded their present resources. It was found that when grievers successfully made these changes and thus increased their supportive resources, their appraisal of the situation and coping abilities were positively affected through the strengthening of their position against the stressor, thereby reducing the degree of threat and the negative health changes caused by the stress. Gass and Chang (1989) described two distinct types of coping. Problem-focused coping entailed managing or altering the specific problem that was causing the distress, and emotion-focused

coping involved regulating one's emotional response to the distress. In an earlier publication, Stevens, Pfost, and Wessels (1987) also mentioned these two types of coping, and suggested that bereaved persons who adopt emotion-focused coping strategies as opposed to those that are problem-focused, are more likely to experience depression. They were found to display a greater state of helplessness and hopelessness while perceiving themselves as unable to manage their stressful situations - thus sustaining a more debilitating process of mourning. Their study therefore supported the promotion of problem-focused coping strategies and suggested that counsellors who work with grieving individuals would do well to assist them in adopting these strategies (Stevens, Pfost, & Wessels, 1987).

Few studies done in the area of coping strategies focused specifically on those adopted by grieving individuals. Schwab (1990) emphasized this fact in his study regarding the coping patterns of parents dealing with the death of a child. In conjunction with some of the few related studies done (Clark, Siviski, & Weiner, 1986; Videka-Sherman, 1982), Schwab developed a list of coping strategies used by the bereaved individuals in his own study. These ten categories were a) seeking the release of tension; b) avoiding painful thoughts and feelings; c) using a cognitive framework to understand and deal with the experience of loss; d) relying on religious beliefs; e) seeking support through groups; f) seeking relief from pain; g) helping others; h) seeking professional help; i) investing oneself in a new object of love; and j) other (Schwab, 1990). Schwab found each one of these strategical categories to be of help to study participants, and that

they could be accessed by grievers using a problem-focused (managing or altering a problem causing distress) rather than an emotion-focused (regulating one's emotional response to the problem) approach, which was suggested as the most effective by Gass and Chang (1989).

Interventions Promoting Coping Strategies

Two coping strategies, seeking professional help (individual counselling) and seeking support through groups (including both group support as well as more specific group counselling) could also be seen as important interventions which specifically promote the further coping strategies mentioned by Schwab (1990) for individuals experiencing the grief reaction. At a time of loss, this grief reaction can become increasingly overwhelming to experience, to the point at which grievers may feel the need for support gained through the intervention of individual counselling in order that they may more fully cope with their loss. They may seek this intervention believing that they are not progressing through the process, that their mourning is not coming to an end, and that they need a professional's help to move through it and finally get back to living (Worden, 1982).

Rando (1984) presented seven important aspects crucial to the success of the individual counselling of a griever. These were a) making contact with the griever and assessing him or her; b) maintaining a therapeutic and realistic perspective as the counsellor; c) encouraging the verbalization of feelings and the recollection of the deceased; d) helping the griever to identify and resolve

secondary losses and unfinished business; e) supporting the griever in coping with the grief process; f) helping the griever to accommodate to the loss; and g) working with the griever to reinvest in a new life (Rando, 1984). Therefore, in the case of individual counselling, much therapeutic value is derived from the nature of the one-to-one relationship and the time that it allows the bereaved person to work with a professional in order to access critical coping strategies that will enable him or her to function through, and deal with, the grief process.

In addition to individual counselling, a further beneficial intervention found to promote coping in grievers was group counselling. As was stated by Schwab (1990), support received within a group of individuals experiencing similar situations and feelings helped grievers to realize that they were not alone in their grief, and this knowledge served to diminish their profound sense of isolation. Further studies that have been done regarding the nature of groups have revealed additional therapeutic aspects characteristic to the group experience that proved valuable in promoting coping abilities for individuals facing crisis (Flatt, 1988; Freeman, 1991; Hatton & Valente, 1981).

Group Counselling

Yalom (1985) found the nature of group support to be particularly helpful for individuals facing difficult life situations. Through his extensive work with groups, he identified eleven primary factors that he saw occurring during group process that he believed to be instrumental in the therapeutic success of the groups. He therefore referred to them as "therapeutic factors." While some of

these factors were observed to be present within individual counselling relationships, Yalom (1985) saw their existence as part of the group counselling experience, when coupled with the specific benefits of group support, to enhance their therapeutic potential to an even greater degree (Yalom, 1985). Yalom's factors were a) instillation of hope; b) universality; c) imparting of information; d) altruism; e) corrective recapitulation of the primary family group; f) development of socializing techniques; g) imitative behavior; h) interpersonal learning; i) group cohesiveness; j) catharsis; and k) existential factors.

More recent studies done by Yalom and his colleagues (Lieberman & Yalom, 1992; Yalom & Vinogradov, 1988), emphasized how influential these factors proved to be during group counselling for grieving individuals. Freeman (1991) supported these findings in his study, and believed that by using these factors identified by Yalom (1985), counsellors providing group counselling for this specific population could focus on promoting healthy movement for their clients through the grieving process.

Yalom's Therapeutic Factors

Instillation of hope. Life without the person who has died can often seem impossible to imagine for grievers. Contact with a group of people who are experiencing similar feelings and issues in overcoming their pain can often provide grieving clients with a new sense of hope for the future - even without their loved ones.

Universality. It may be difficult for grievers to find the support of others who have experienced loss, within their families and communities. Consequently, they can feel completely alone and unable to cope with a situation they see as uniquely devastating. Therefore, support provided within a group counselling setting allows for the knowledge that they are not alone in their pain - that there are other individuals experiencing the same grief response. This factor alone greatly contributes to grievers' abilities to begin accepting that grief is a natural and healthy process and then to allow it to unfold.

Imparting of information. While we will all experience loss and grief at some time in our lives, researchers suggest that society generally has an inadequate understanding of the grief process (Rando, 1984; Worden, 1982). Group counselling sessions provide an effective way for counsellors to impart critical information to grievers regarding the process they are experiencing, and to emphasize to them that they are "normal" individuals. As well, it allows group members to share practical information between themselves regarding ways to tap into their coping skills. This greatly supplements the information offered by the counsellors and may even be more easily accepted, when shared by fellow grievers.

Altruism. People experiencing the death of someone they have loved, often must deal with the further burden of their loss of identity and self-esteem. Being involved in group counselling gives grievers the opportunity to reach out to others in the group and provide them with support through choosing to share

their own experiences. This allows individuals who may have come to feel very isolated because of their loss to re-establish the understanding that they are important and contributing members of society; that they can help others, even while experiencing their own pain.

The corrective recapitulation of the primary family group. With grievers specifically, this therapeutic factor is not as influential as others in promoting coping skills. However, for individuals who are overly focused on their own tragic situation, functioning appropriately among a group of fellow mourners may promote a more realistic perspective of their own loss.

Development of socializing techniques. Developing these techniques may not be as necessary for grieving people as actually providing a venue for grievers to use them. Many grievers have difficulties re-entering social situations because of feeling vulnerable and "different" than others. Receiving counselling in a group setting is a supportive way for those suffering loss to begin taking risks again, and to foster socializing techniques with others who are understanding.

Imitative behavior. Individuals with a counselling group will each be progressing through their grieving process at their own speed, and developing particular behaviors that are more conducive to coping than others. For group members, there will be opportunities to hear about and see these coping behaviors at work so that they may then choose whether or not it would be helpful to adopt them as part of their own coping behavior.

Interpersonal learning. Dialogue that occurs between group members and facilitators can be an invaluable factor in the promotion of coping skills. Hearing the viewpoints of other group members regarding what they are experiencing allows for grievers to broaden their own knowledge base. They are then better equipped to choose the most appropriate and personal strategies to help their grieving to progress.

Group cohesiveness. The success of groups is often due to the degree of cohesiveness that is reached between group members. For a group of grievers who come together feeling alienated from others because of their loss, this can certainly be the case. Perhaps this therapeutic factor may prove to be the most necessary to achieve before the other ten are able to take place. In order for the benefits of factors such as universality, altruism, and interpersonal learning to be experienced, cohesion between group members must be established to allow for feelings of comfort and safety. The more cohesive the grief group, the more likely that members will feel the freedom to take risks necessary to promote learning and healing.

Catharsis. While catharsis may often take place within an individual counselling relationship, when achieved among the presence of fellow grievers, its benefits are greatly enhanced. Therapeutic value occurs during a cathartic moment when the griever receives acceptance amid extreme vulnerability. Therefore, not only do grievers sustain the benefits of the catharsis itself, but they experience the unconditional acceptance that may not have been available to

them from their usual support systems. This teaches grievers that although they feel and demonstrate the pain that sets them apart from society, they are still deemed worthy individuals by others and will not be abandoned.

Existential factors. When learning to cope with the death of loved ones, existential issues play a prominent role in the minds of grievers. Intense questioning regarding life, death, and the acceptance of our own ultimate powerlessness is a common need for grievers struggling to make sense of their loss. When these issues receive full attention within the safe and accepting surroundings of a cohesive group of grievers, the therapeutic value can be of great significance towards their healing.

Therefore, using Yalom's (1985) eleven therapeutic factors as a guideline, it would seem that group counselling could provide grieving individuals with many resources that would prove helpful in promoting coping skills and behavior. Exploration of the efficacy research regarding the value of this type of intervention for grievers revealed inconsistent findings. Some studies supporting the positive influences found that group counselling for the bereaved showed significant reductions in the main symptoms of the grief reaction including the grievers' anxiety and depression (Marmar, Horowitz, Weiss, Wilner, & Kaltreider, 1988). In a study of five hundred widows and widowers done by Flatt (1988), it was found that while the passage of time was influential in the grieving process, the treatment received in groups promoted grief recovery to a far greater extent. Research done with support groups of bereaved parents found that group

members sought the support of individuals who had experienced similar tragedy rather than as a means of promoting change in their current condition. However, it was discovered that the group support ultimately did help them to experience meaning in their lives again, and therefore helped to lift them out of their sadness (Nahmani, Neeman, & Nir, 1989). A study done to determine the effects of support groups whose members had suffered the loss of a child through suicide revealed that the feelings of guilt, shame, confusion, isolation, and self-doubt were alleviated through group counselling (Hatton & Valente, 1981). Group members were found to favorably respond to the support of other grievers who had suffered like losses, as they finally felt accepted and understood. Freeman's (1991) study with a similar population echoed these positive findings, for a structured counselling group was observed by Freeman to facilitate the movement of grieving clients through their grief process.

Studies challenging these supportive findings included that of Lieberman and Yalom (1992). Their research sought to clarify two hypotheses regarding whether brief group counselling during the early stages of grief would facilitate adjustment in grievers, and whether these positive effects would be greater for grievers who were experiencing the most intense pain. Findings revealed that while modest improvements occurred, the study was not able to substantially support these two hypotheses. As Lieberman and Yalom (1992) stated, "Our findings indicate that group therapy is, at best, modestly effective as a preventive intervention....group therapy did not show a powerful effect" (p. 128). In addition

to these findings, the evaluative research done by Piper and McCallum (1991) on various group interventions, found that their effects on grieving populations was "not impressive." The researchers stated that while their findings should not lead to the overall conclusion that group counselling is an ineffective intervention, nor should it be concluded that they are effective. These findings then lend support toward the goal of evaluating the Rockyview Hospital Grief Support Programme specifically.

The Rockyview Hospital Grief Support Programme

Programme participants. The Rockyview Hospital Grief Support Programme, under the direction of the Reverend Bob Glasgow, aims to provide both psychoeducational insight and emotional support to grieving clients, so that they may become increasingly able to more fully work through their grief, rather than to avoid or deny it. The referral agents are quite varied and include: doctors in private practice; doctors, nurses, and social workers within the palliative teams of Calgary hospitals; psychiatrists, psychologists, social workers, and clergy working within the mental health community; and clients themselves who have read about the Programme or are prompted by friends who have previously experienced it. Any individual who has suffered a loss due to the death of someone close to them is accepted to the Programme, regardless of the specific circumstances of each situation. The only criteria for this acceptance is that the grievers be experiencing difficulties in coping with their grieving process.

Individual assessment. Once a referral has been made to the Programme, an assessment interview is scheduled between the referred client and one of the Programme's counsellors in order to assess the client's particular counselling requirements. Depending on this assessment, the client may receive the available individual counselling, the five-week group counselling programme, or a combination of the two. In this way, the Programme strives to individually tailor the counselling scenario to the specific needs and circumstances of each client.

Group counselling. The group counselling functions on a closed-group basis; once it has begun, new members are not accepted. Members meet for a predetermined schedule of five, two-hour sessions, held weekly. Each group of approximately twelve members is led by three facilitators. Sessions are a balance between structured teaching about the grief experience, and the spontaneous discussions that arise as a result. Members are encouraged to contribute to the discussions to the degree that is most comfortable for them without the fear of being judged, and any questions that they pose are deemed as acceptable and important. The presentation of a video, various homework exercises, and small 4-member group discussions are added components. This programme allows for boundaries within which to facilitate the needed understanding about grief, while at the same time allowing members the opportunity to take responsibility for their own specific needs (See Appendix A).

The overall philosophy of the Rockyview Hospital Grief Support Programme maintains that grieving clients, though consistently supported, are

responsible for their own counselling experience. Facilitators of the groups therefore believe and model that clients themselves make the ultimate decisions of whether or not they are ready to attempt particular suggested components. Should a group member feel unable to participate in assignments or discussions at any time, his or her decision is treated in a respectful and non-judgemental manner.

As well, group facilitators emphasize that the end of the group counselling does not signal the end of the grieving process, as five weeks is only a small segment of the time that is needed to heal. Members are therefore encouraged to utilize what has been presented in the group, in order to continue the process of facing the pain rather than avoiding it.

Individual counselling. In some circumstances, the counsellor's recommendation may include further individual counselling for the griever, either before or after the group counselling component. This most often occurs when clients need further support until they are able to acquire a place in the next available group, or when they need more time to discuss their loss with a counsellor than the time within a group situation will allow. Individual counselling is advised in most cases when the loss has been recent and clients therefore need more individual attention to prepare themselves for participating in the group, or after the group counselling has come to an end and it is discovered that issues resulting from the group experience need further individual

discussion. In either scenario, the decision regarding the course of action to be taken is made between counsellor and client.

Summary

Efficacy research regarding the effects of group counselling interventions remains scarce. What is available provides inconsistent information regarding the extent to which this type of intervention is helpful. In an effort to clarify some of the issues that were raised as a result of the process of examining this relevant research, it was deemed useful by this researcher to attempt a study that may lead to a clearer understanding of the impact of group counselling, by examining one specific group counselling programme. The Rockyview Hospital Grief Support Programme was therefore chosen to be evaluated for this purpose. In response to the above review of the literature, the following three main research questions arose: 1) How does the grieving population differ from the normal population? 2) How much change does a group from the grieving population experience over time, with and/or without group counselling? 3) How does waiting to receive group counselling effect a group from the grieving population? It is hoped that through the evaluation of one distinct programme of group intervention for grievers, specifically the Rockyview Hospital Grief Support Programme, these research questions will be addressed.

In the following chapter, an in-depth discussion of the methodology used to evaluate this programme, will be presented.

CHAPTER THREE

METHODOLOGY

The methodology chosen for this study is presented in this chapter. Included is a description of the sample taken from the Rockyview Hospital Grief Support Programme, the instruments selected for measurement, the research questions guiding the study, and finally, the procedures used in conducting the data collection and analysis.

The purpose of this study was to evaluate the therapeutic influence that the group counselling component of the Rockyview Hospital Grief Support Programme has upon participating grieving clients. This was done through studying the effects on their emotional well-being from a quantitative perspective, as well as through a qualitative assessment of how the grievers themselves believed the group counselling component of the Programme had come to effect their coping abilities.

Sample

The individuals who participated were 24 grieving adult males and females who were referred by a variety of health care professionals to the Rockyview Hospital Grief Support Programme. Each of the participants were referred for counselling due to coping difficulties they were experiencing as they grieved the death of someone significant in their lives. Grievers were invited to participate in the study in the order that they arrived for the Programme's assessment interview. During this interview, if grievers expressed an interest in becoming participants in

the study, the study's procedure was outlined for them in a step-by-step fashion. In this way, they were able to make a fully informed decision regarding whether or not to participate, based on an understanding of what their role would be, and the implications of this role. As they accepted a part in the study, grievers were assigned to one of two groups: the first 13 consenting participants were assigned to Group 1, and the following 11 participants were assigned to Group 2. Random assignment procedures were not used, as the ethics of this Programme dictate that clients receive counselling on a first-come, first-served basis. Therefore, the assignment of subjects to Group 1 and then Group 2 was done chronologically, rather than randomly (See Table 1).

Group 1. The first 13 participants were assigned to Group 1. They received group counselling from October 26th to November 25th. The group included 10 females and 3 males between the ages of 20 and 70 years. They had each experienced the death of either a mother, father, wife, husband, brother, grandparent, or boyfriend. These deaths had occurred from 2 to 104 months prior to the beginning of the group counselling, and while some were anticipated deaths, others were sudden. These individuals had each undergone an assessment interview to ensure that group counselling would be the most appropriate intervention to help them deal with their grief. After the assessment interview, none of them attended any further individual counselling sessions either before or during the group counselling.

Table 1

Specific Research Design

	Group 1 (n=13)	Group 2 (n=11)
Time 1 (Oct. 19/20)	Pre-Group Counselling Testing	Pre-Group Counselling Testing #1
	Group Counselling	Waiting List
Time 2 (Nov. 30/Dec. 1)	Post-Group Counselling Testing	Pre-Group Counselling Testing #2
	End	Waiting List
Time 3 (Jan. 11/12)	--	Group Counselling
Time 4 (Feb. 15/16)	--	Post-Group Counselling Testing

Time 1 and 2 = 6 weeks
Time 3 and 4 = 6 weeks

Group 2-Pre-programme. A sample of similarly-referred grieving clients comprised Group 2-Pre-Programme where group counselling was again the recommended intervention, yet was not immediately available. The Grief Support Programme operated on a first-come, first-served basis, with referred clients being placed on a waiting list when the group's capacity had been filled. Therefore Group 2-Pre-Programme arose from the waiting list members, since the Programme's space limitations dictated the necessity of these clients awaiting counselling. Ten females and one male between the ages of 18 and 73 years agreed to participate in this group. The deaths involved either a mother, husband, or brother, and had occurred from 2 to 37 months prior to the

beginning of the group counselling. Again, some of these deaths were anticipated while others were sudden. It was the researcher's intent that by the time of the next available Programme, the data from Group 2-Pre-Programme would have been collected, and its participants would then go on to receive the needed group counselling, as Group 2-Post-Programme. As with Group 1, after the assessment interview, none of these participants attended any further individual counselling sessions, either before or during the group counselling.

Group 2-Post-programme. Group 2-Post-Programme contained the same members as Group 2-Pre-Programme, where group counselling was the recommended intervention. However, after having been placed on the waiting list, these grieving individuals received group counselling from January 13th to February 10th. In this way, not only was it possible to study the group counselling effects, but also the effects of having to await group counselling.

In both groups, participants were assigned to group membership in the order that they were referred for counselling, with no attempt to control for gender, age, circumstance of death, ethnicity, or religious background.

Instruments Selected

The instruments used in this study were the California Psychological Inventory (CPI) (Gough, 1987), the Grief Response Questionnaire (GRQ) - Forms A, B, and C, a Participant Fidelity Checklist, and a Programme Fidelity Checklist.

The California Psychological Inventory. In order to gain a clearer understanding of the effects of group counselling upon a grieving client's emotional well-being, the California Psychological Inventory (CPI) (Gough, 1987) was used. The CPI is a 462 item inventory designed to "measure normal personality characteristics important in the prediction and understanding of individual behavior in social settings" (Wegner, 1988, p. 66). It was chosen for this particular study because of this factor, as some of the specific characteristics highlighted by the CPI which occur in the daily living and social interaction of normal persons (e.g., non-clinical populations), are thought to be seriously altered by the grief process (Parkes, 1980; Rando, 1984; Worden, 1982). Therefore, by measuring these daily living characteristics effected by the tragedy of a severe loss - both before and after grievers experience the Grief Support Programme - the effects of the Programme could be quantitatively evaluated. This instrument has been used before with studies of a similar design, where it was administered pre, post, and one year following group treatment (Melson, 1982; White & Boskind-White, 1981).

Also significant in the choosing of this specific inventory was the CPI's impressive 30-year record as a valid and reliable research tool. Throughout much of the bereavement literature, researchers consistently emphasize the continuing need for further studies to be done with valid and reliable quantitative methods (Freeman, 1991; Osterweis, 1988). The CPI was indisputably found to meet these high standards (Baucom, 1985; Eysenck, 1985; Wegner, 1988) as opposed to the

relatively few specific assessment tools that are now available for use with grieving populations. Recently designed inventories such as the Grief Experiences Inventory (Sanders, Manger, & Strong, 1979) and the Texas Inventory of Grief (Faschingbauer, DeVaul, & Zisook, 1977), have not yet been soundly proven to possess strong reliability and validity estimates. A review of the testing methods used in further efficacy studies revealed that researcher-written tests (Yalom & Vinogradov, 1988) and observation notes taken during group process (Spiegel & Glafkides, 1983) were also used. Again, the question of reliability and validity arises. Therefore the CPI was chosen for this study in response to previous research recommendations.

The CPI is designed as a 45-minute inventory of true-false questions, whose responses are measured by twenty of Gough's (1987) "folk-concept" scales. Three supplementary structural scales are also provided, based upon the clustering of the scores derived from the twenty folk-concept scales. Scores on these V.1, V.2, and V.3 structural scales measure respectively, internality (introversion-internality versus extroversion-internality), norm favouring (norm-favouring versus norm-doubting), and realization (capability and fulfillment versus vulnerability and discontentment). Finally, the combination of the V.1, V.2, and V.3 scores give rise to a measure of Psychological Type, and Level of the Type.

While scores were derived from each of the 20 folk-concept scales, as well as the structural scales, types, and levels, only 5 scales selected a priori as representing the personality characteristics most likely to be effected during the

grief process, were used. The scales chosen included those measuring Sociability, Self-Acceptance, Empathy, Well-Being, and Intellectual Efficiency. Each of these areas are highlighted in the literature as being strongly effected by the grieving process (Parkes, 1980; Rando, 1984; Worden, 1982), so for this specific reason were chosen above the other scales of the CPI by the researcher. The scales chosen were then cross-checked by a second individual who was knowledgeable in the area of grief. Scale by scale discussion occurred between the ones that represented the areas most greatly effected by the grief process. The use of selective scales is addressed by Gough (1987) in the CPI Administrator's Guide: "In many instances, a single scale, or a brief combination of scales in either linear or interactional composites, will be enough to provide useful forecasts of specific criteria..." (p. 2).

In critiquing the validity and reliability of the CPI, Wegner (1988) explored the discriminant, convergent, and predictive validity of this measure. He stated that one criticism of the CPI which resulted from factor analytic research findings suggested that because six or fewer subscales would be enough to deal with most of the reliable variance due to the high intercorrelations between scales, the discriminant validity of the CPI was not very high. Wegner saw that Gough responded to this criticism in his development of the V.1, V.2, and V.3 vector scales which partially satisfied these criticisms.

A higher level of convergent validity was seen by Wegner (1988) to have been obtained at the expense of this lower discriminant validity which resulted in

redundancy and high correlations with measures of response bias and response set. However, he saw Gough as having chosen not to reduce this redundancy for the purpose of maintaining a higher level of convergent validity. As well, Wegner (1988) found Gough to emphasize the predictive validity of the CPI more than its construct or trait validity, which demonstrated the inventory's capability of making long-term predictions. Wegner (1988) concluded that the validity data showed the testing goals as having been met. In addition, his comments regarding test reliability in which he focused on stability, internal consistency, and equivalence, supported the CPI as "a reliable test instrument which may be used with confidence."

The reliability of the CPI is also supported by measures of subscale internal consistency for each of the five specific folk-concept scales chosen to be examined by the researcher. These scales include those for sociability, self-acceptance, empathy, well-being, and intellectual efficiency, and their Alpha Coefficients range from 0.46 to 0.82 for males, and 0.55 to 0.76 for females. The test-retest reliability of the CPI is supported by these scales' correlations ranging from 0.56 to 0.76 (Pearson's r) for males and 0.58 to 0.79 for females, when administered to 230 high school students at a one year interval.

The Grief Response Questionnaire - Forms A, B, and C. An integral part of this study involved obtaining the participants' own sense of how their abilities to cope with their grief were effected by the Grief Support Programme. This data was collected via the researcher-developed Grief Response Questionnaire (GRQ)

(See Appendix B), which was composed of a series of open questions. In order to answer the research questions posed by this study to the fullest extent possible, the areas that the researcher believed would be the most important to examine with the GRQ were those of the grievers' present emotional states and coping abilities. These areas were included in each of Forms A (pre-test #1), B (pre-test #2), and C (post-test), for the purpose of gaining a clearer understanding of how the emotional states and coping abilities of grieving participants may or may not change over time when exposed to the group counselling. Supplementary information that was deemed necessary by the researcher and included in the appropriate segments of the GRQ concerned why grievers had sought out group counselling and whether they thought it would be helpful (pre-test #1); what grievers believed were the influential factors of the group counselling that promoted any change they experienced (post-test); and whether grievers believed that they had been helped by the group counselling and would therefore refer other grievers to it (post-test). Forms A, B, and C were all designed similarly, and in their development, each of the forms were piloted with a group of grieving individuals who had received group counselling prior to the beginning of the study, and therefore were not study participants. Each member of the pilot group was given either a pre-test #1, pre-test #2, or post-test to complete at home and then return to the researcher the following week, complete with any questions, comments, or concerns. This provided the researcher with a greater understanding of how grieving individuals might respond to the GRQ. It also

allowed the researcher the opportunity to make revisions based on suggestions of the pilot group, which would afford the greatest clarity to the actual study participants who would ultimately write it. Form A was administered to both Group 1 and Group 2-Pre-Programme prior to the group counselling, Form B was administered to Group 2-Pre-Programme six weeks later yet still prior to the group counselling, and Form C was administered to both Group 1 and Group 2-Post-Programme directly after they completed the group counselling. Therefore while similar, each Form's questions varied somewhat in order to supply data specific to whether or not the griever had yet attended the group counselling.

The Participant and Programme Fidelity Checklists. An added facet of this study was an evaluation of the group counselling component's effectiveness, done by both the counselling group's participants and facilitators at the end of each of the two-hour sessions. The Participant Fidelity Checklist (See Appendix C), to be completed by group participants, was introduced for the purpose of obtaining the participants' views on the extent of their participation in components of the group counselling, and how valuable they found these components to be. The Programme Fidelity Checklist (See Appendix C), to be completed by each of the group facilitators was developed for the purpose of collecting pertinent data telling which of these same components of the group counselling had been presented during each of the five evenings, and how valuable the facilitators had found each component to be (See Appendix C).

Procedure

Session One: Assessment interview. All individuals referred to the Grief Support Programme are required to attend an assessment interview. During this initial contact with potential participants, the researcher explained the purpose of the study to them and they then determined whether or not they were interested in participating. If preliminary interest was expressed, the nature of the study and their role in it was described. The researcher explained that they would be asked to complete two questionnaires: the California Psychological Inventory (CPI), as well as a questionnaire regarding how they were coping with their grief - the Grief Response Questionnaire (GRQ). It was also explained to them at what time throughout the course of this study these questionnaires were to be administered, depending on whether they would be part of Group 1 or Group 2. Provisions were then made for a possible final session if they so chose, in order for the researcher to discuss all test and questionnaire results with them, to let them know how to acquire final outcomes of this study, and to properly terminate the relationship. During the assessment interview, the ethical considerations were also discussed, including confidentiality, participant consent, right to refuse participation, and referral mechanisms should the possibility of psychological trauma occur at any time during the study.

Session Two: Pre-testing - Group 1 and 2. The second session with participants began with the signing of the consent form which permitted their involvement in the study (See Appendix D). They were then asked to complete

the CPI as well as the GRQ - Form A. Following the pre-testing, Group 1 participants went on to receive the group counselling component of the Programme, and Group 2 participants were placed on the waiting list for group counselling.

Group counselling - Group 1. Within one week of the second session, Group 1 participants attended the five-week Grief Support Programme. The group consisted of thirteen members and was led by three facilitators. At the end of each of the five evenings, group members each completed a Participant Fidelity Checklist, while the facilitators each completed a Programme Fidelity Checklist. There was no contact between the researcher and the participants during this time.

Session Three: Post-testing - Group 1 and 2. Upon completion of the group counselling, the Group 1 members who received the counselling and the Group 2 members who were placed on the waiting list met with the researcher for a third session. They were again asked to complete the CPI and the GRQ - Form B. At this point in the study, six weeks had passed for members of both groups since they had last written both questionnaires. Group 1, having completed the post-testing, was then finished with their contribution to the study. Group 2, having completed the pre-programme post-testing, were then able to go on to receive the next available group counselling.

Group counselling: Group 2. Group 2 participants ultimately attended the five-week Grief Support Programme. Their group consisted of eleven members

and were led by the same three facilitators as were present with Group 1. At the end of each of the five evenings, each group member completed a Participant Fidelity Checklist, while each of the facilitators again completed a Programme Fidelity Checklist. As with Group 1, there was no contact between the researcher and the participants during this time.

Session 4: Post-testing - Group 2. Upon completion of the group counselling, Group 2 met with the researcher the following week for a fourth session. They were again asked to complete the CPI and GRQ - Form C. When this post-programme post-testing was completed, Group 2 was finished with their contribution to the study.

Final session (optional). This session was used to give closure to the participants' experience with this study. If they chose to attend, the researcher provided them with an interpretation of all CPI results. As well, an examination of all GRQs and their resulting interpretations were done. Finally, the participants were informed as to how to acquire the results of the completed study in which they played such an important part. Any counselling needs that still remained were addressed, and the necessary referrals were made. While several participants expressed an interest in receiving their test results (at the time of the testing), no further attempts were made by the participants to acquire these results once their participation had been completed.

Research Questions

Three main research questions provided the framework for this study:

Q1. How does the grieving population differ from the normal population?

In order to address Q1, the following three hypotheses were generated:

Ho_1: There are no significant differences between the pre-test CPI scores of Group 1 and the standardized CPI scores of the national sample provided.

Ho_2: There are no significant differences between the pre-test CPI scores of Group 2-Pre-Programme and the standardized CPI scores of the national sample provided.

Ho_3: There are no significant differences between the pre-test CPI scores of Group 1 and the pre-test #1 CPI scores of Group 2-Pre-Programme.

To test Ho_1, Ho_2 and Ho_3, student t-tests, a univariate t-test, and a MANOVA were used at a significance level of 0.05.

Q2. How much change does a group from the grieving population experience over time, with and/or without group counselling?

In order to address Q2, the following hypotheses were generated:

Ho_4: There are no significant differences between the pre-test and post-test CPI scores for Group 1, obtained before and after group counselling.

Ho_5: There are no significant differences between the pre-test #1 and pre-test #2 CPI scores for Group 2-Pre-Programme, obtained before and after the passage of 6 weeks, but with no group or individual counselling.

Ho_6: There are no significant differences between the post-test CPI scores of Group 1 obtained after receiving group counselling, and the pre-test #2 CPI scores of Group 2-Pre-Programme, obtained before and after the passage of 6 weeks, but with no group or individual counselling.

To test Ho_4, Ho_5 and Ho_6, univariate ANOVAs and Repeated Measures MANOVAs were used at a significance level of 0.05.

Q3. How does waiting to receive group counselling effect a group from the grieving population?

In order to address Q3, the following hypotheses were generated:

Ho_7: There are no significant differences between the pre-test #2 CPI scores of Group 2-Pre-Programme and the post-test CPI scores of Group 2-Post-Programme, after it finally receives group counselling.

Ho_8: There are no significant differences between the post-test CPI scores of Group 1 after group counselling, and the post-test CPI scores of Group 2-Post-Programme, after it finally receives group counselling.

Ho_9: There are no significant differences between the pre-test #1 CPI scores of Group 2-Pre-Programme and the post-test CPI scores of Group 2-Post-Programme, after it finally receives group counselling.

To test Ho_7, Ho_8 and Ho_9, Repeated Measures MANOVAs and a univariate t-test were used at a significance level of 0.05.

Fidelity Analysis

The data collected via the Participant Fidelity Checklists and the Programme Fidelity Checklists was found to be valuable supplementary information. It served to clarify which specific aspects of the group counselling were deemed effective, and to what degree they were perceived as such - both from the perspectives of participants and facilitators. In addition, this data provided the corresponding levels of self-assigned subject participation for each of the nightly components, as well as the facilitators' sense as to whether or not they had been able to present these components effectively and completely. Analysis of this data obtained through converting scores to mean values as well as obtaining ANOVA results of significant differences, proved to allow the researcher a more detailed account of specifically how the group counselling was influential to grievers' coping abilities, and to what extent the group members' participation played a role in this influence.

Qualitative Analysis

In this study, the data collected via the GRQs - Forms A, B, & C allowed for a clear picture of how the participants sensed personal changes in their abilities to cope with the grieving process. The constant comparison method of data analysis was used whereby the data was first collected through the GRQs and then sorted, question by question, into categories and subcategories through the researcher's analysis of subject comments (Stainback & Stainback, 1988). This was done for the purpose of uncovering emerging patterns, consistencies, and

inconsistencies which would lead the researcher to a clearer understanding of the developing themes related to the subjects' changing abilities to cope.

In the same way that the quantitative component of this study strove to address reliability and validity, the qualitative element endeavoured to emphasize the "trustworthiness" of its findings (Lincoln & Guba, 1985). In most such qualitative studies, the themes generated by the researcher are presented to participants in order to gain added feedback as to the perceived accuracy of these themes. However, for this particular study, it was deemed by the researcher that the ethical nature of such a study precluded such corroborative interviews from taking place. It was believed that in the best interests of the grieving participants, to meet with them further after having exposed them to two and three sessions of testing, may have been detrimental, given their emotional states. However, respect for the data's accuracy and comprehensiveness was observed by the researcher through having GRQ categories and interpretations cross-checked by a second individual who was also knowledgeable in the area of grieving. Question by question discussion occurred between both parties relating to the identification of major category and subcategory themes, as well as the determination of relationships and patterns between these themes. This was done until a consensus could be achieved. In addition, ongoing communication between the researcher and the study supervisor served to further enhance the element of theme accuracy. Through this collaboration, more precise "trustworthy" results regarding

evolving themes emerged. These qualitative results, as well as those derived in a quantitative manner, are presented in the following chapter.

CHAPTER FOUR

RESULTS

This chapter presents the results obtained in this study. Summaries of descriptive statistics for the dependent variables and demographic data are presented first. The results of the specific research questions and corresponding hypotheses being examined appear next. The Fidelity Analysis results gathered via the Participant and Programme Fidelity Checklists then follow. Finally, the Grief Response Questionnaire (GRQ) results, which represent the qualitative component of this study, are presented.

All statistical analyses were accepted as significant if the probability of making a Type I error was less than or equal to 0.05.

Descriptive Statistics

Table 2 provides a summary of the means and standard deviations of the California Psychological Inventory scores for Group 1 and Group 2 for each of the folk concepts measured in this study: sociability, self-acceptance, empathy, well-being, and intellectual efficiency. Group 1 was required to write a pre-test and a post-test. Group 2 was required to write a pre-test #1, a pre-test #2, and a post-test.

A summary of the means and standard deviations of the relevant demographic descriptive statistics of Group 1, Group 2, and the total population of both combined is provided in Table 3. These statistics include the ages of the subjects when they began group counselling, the number of months between the subjects'

Table 2

Summary of Descriptive Statistics for Dependent Variables (Folk Concepts)

Variable	Group 1			Group 2			Total		
	n	$\overline{X}$	S.D.	n	$\overline{X}$	S.D.	n	$\overline{X}$	S.D.
Sociability Pre-Test #1	12	19.67	5.03	11	19.45	4.78	23	19.56	4.80
Pre-Test #2	--	--	--	10	19.80	5.28	10	19.80	5.28
Post-Test	13	20.23	4.96	11	20.90	5.59	24	20.54	5.15
Self-Acceptance Pre-Test #1	12	16.08	4.48	11	17.72	2.68	23	16.86	3.74
Pre-Test #2	--	--	--	10	16.80	3.11	10	16.80	3.11
Post-Test	13	16.76	3.78	11	17.18	2.63	24	16.95	3.25
Empathy Pre-Test #1	12	19.41	3.05	11	18.90	4.22	23	19.17	3.58
Pre-Test #2	--	--	--	10	18.70	5.63	10	18.70	5.63
Post-Test	13	20.00	3.29	11	18.90	5.00	24	19.50	4.10

Table 2 (continued)

Summary of Descriptive Statistics for Dependent Variables (Folk Concepts)

Variable	Group 1			Group 2			Total		
	n	$\overline{X}$	S.D.	n	$\overline{X}$	S.D.	n	$\overline{X}$	S.D.
Well-Being Pre-Test #1	12	25.25	7.11	11	25.27	7.36	23	25.26	7.06
Pre-Test #2	--	--	--	10	26.40	8.89	10	26.40	8.89
Post-Test	13	26.23	8.18	11	26.72	7.18	24	26.45	7.58
Intellectual Efficiency Pre-Test #1	12	26.16	4.50	11	26.45	5.52	23	26.30	4.90
Pre-Test #2	--	--	--	10	27.60	7.15	10	27.60	7.15
Post-Test	13	25.61	5.04	11	26.81	6.30	24	26.16	5.56

Table 3

Summary of Demographic Descriptive Statistics

Variable	Group 1			Group 2			Total			Group 1 vs Group 2 t-scores		
	n	$\overline{X}$	S.D.	n	$\overline{X}$	S.D.	n	$\overline{X}$	S.D.	t	p	Significance *
Age of Subjects At Start of Group Counselling	13	40.38	15.98	11	48.64	16.04	24	44.66	16.25	1.34	>0.05	No Significant Difference
Number of Months Between Death and Start of Counselling	13	11.00	26.48	11	10.92	10.34	24	10.96	19.42	.01	>0.05	No Significant Difference
Number of Weeks (out of five) Subjects Attended Group Counselling	13	4.76	.43	11	3.00	2.07	24	3.85	1.74	3.11	<0.05	Significant Difference

* Significant when $p \leq 0.05$

losses and when they began group counselling, and the number of weeks out of five that the subjects attended the group counselling.

A t-test was then performed on each of these three variables to determine whether there were significant differences in these areas between Group 1 and Group 2. The data showed that Group 2 participants were an average of 8.3 years older than those of Group 1 at the beginning of the group counselling, yet this factor was not found to be significant. Group 2 participants were seen to have begun their group counselling an average of .08 months sooner than Group 1 participants, yet again, this factor was not found to be significant. However, the data regarding the number of weeks out of five that participants attended the group counselling, showed that Group 1 attended an average of 1.76 weeks more than Group 2. This factor was found to be significant.

Testing of Hypothesis #1

Ho_1: There are no significant differences between the pre-test CPI scores of Group 1 and the standardized CPI scores of the national sample provided.

A students t-test was performed to test for differences between the CPI scores of the grieving population prior to group counselling and the CPI scores of the normal population. The null hypothesis states that the groups will score similarly. However, if the results prove this to be incorrect, then the grieving population will show evidence that the grief process influenced their levels of sociability, self-

acceptance, empathy, well-being, and intellectual efficiency prior to group counselling.

There were no significant differences found between the pre-test CPI scores of Group 1 and the standardized CPI scores of the national sample provided, for measures of sociability, self-acceptance, and empathy (see Table 4). From this data, it would therefore seem that the grief process does not influence a bereaved individual in these three areas, prior to group counselling. However, significant differences were found between the pre-test CPI scores of Group 1 and the standardized CPI scores of the national sample provided for measures of well-being and intellectual efficiency (see Table 4). This data suggests that the grief process does influence a bereaved individual in these two areas prior to group counselling.

Testing of Hypothesis #2

Ho_2: There are no significant differences between the pre-test CPI scores of Group 2-Pre-Programme and the standardized CPI scores of the national sample provided.

A students t-test was performed to test for differences between the CPI scores of a second sample (Group 2-Pre-Programme) of grievers prior to receiving group counselling, and the CPI scores of the normal population. The null hypothesis states that the groups will score similarly. However, if the results prove this to be incorrect, then the second sample of grievers will show evidence that the grief process influenced their levels of sociability, self-acceptance, empathy, well-being,

Table 4

Group 1 Pre-Test t-scores vs. Normal Population t-scores (Female Samples)

CPI Folk Concept	t	p	Significance *
Sociability	.23	= .83	No Significant Difference
Self-Acceptance	1.38	= .51	No Significant Difference
Empathy	.94	= .37	No Significant Difference
Well-Being	3.42	<.005	Significant Difference
Intellectual Efficiency	2.11	= .028	Significant Difference

* Significant when $p \leq 0.05$

and intellectual efficiency prior to group counselling.

There were no significant differences found between the pre-test CPI scores of Group 2-Pre-Programme and the standardized CPI scores of the national sample provided for measures of sociability, self-acceptance, and empathy (see Table 5). This data suggests that the grief process does not influence a bereaved individual in these three areas prior to group counselling. However, significant differences were found between pre-test CPI scores of Group 2-Pre-Programme and the standardized CPI scores of the national sample provided for measures of well-being and intellectual efficiency (See Table 5). This data suggests that the grief process does influence a bereaved individual in these two areas prior to group counselling.

Table 5

Group 2 Pre-Programme t-scores vs. Normal Population t-scores (Female Samples)

CPI Folk Concept	t	p	Significance *
Sociability	.29	= .81	No Significant Difference
Self-Acceptance	.18	= .90	No Significant Difference
Empathy	1.23	= .18	No Significant Difference
Well-Being	3.41	<.005	Significant Difference
Intellectual Efficiency	2.06	<.027	Significant Difference

* Significant when $p \leq 0.05$

It is important to note that the number of male members of both Group 1 and Group 2-Pre-Programme were too few to warrant a comparison with the male national sample (Group 1 n=3; Group 2-Pre-Programme n=1). Therefore, standardized scores used for Hypotheses 1 and 2 reflected the CPI female national sample provided.

Testing of Hypothesis #3

Ho_3: There are no significant differences between the pre-test CPI scores of Group 1 and the pre-test #1 CPI scores of Group 2-Pre-Programme.

Because of the high correlation between Folk Concept Scales as well as the reduced degree of freedom, a MANOVA was run (Hotellings t) in addition to a univariate t-test. This was done in order to determine any differences between

the CPI scores of two independent samples of grievers prior to group counselling. The null hypothesis states that the groups will score similarly. However, if the results prove this to be incorrect, then there will be evidence that not all grievers are consistently influenced by the grief process in the areas of sociability, self-acceptance, empathy, well-being, and intellectual efficiency prior to group counselling.

There were no significant differences found between the pre-test CPI scores of Group 1 and the pre-test CPI scores of Group 2-Pre-Programme, for measures of sociability, self-acceptance, empathy, well-being, and intellectual efficiency (see Table 6). From this data, it would therefore seem that the grieving individuals who made up Group 1 and those who made up Group 2-Pre-Programme did not experience any significant differences in these five areas due to their grieving process, prior to group counselling.

Table 6

Group 1 Pre-Test t-scores vs. Group 2 Pre-Programme t-scores

CPI Folk Concept	t	p	Significance *
Sociability	.10	= .91	No Significant Difference
Self-Acceptance	1.08	= .296	No Significant Difference
Empathy	.33	= .747	No Significant Difference
Well-Being	.01	= .994	No Significant Difference
Intellectual Efficiency	.14	= .893	No Significant Difference

* Significant when $p \leq 0.05$
** Hotellings t=.244 with 5,17 D.F. p=.544 therefore No Significant Difference

Testing of Hypothesis #4

Ho_4: There are no significant differences between the pre-test and post-test CPI scores for Group 1 obtained before and after group counselling.

Because of the high correlation between Folk Concept Scales as well as the reduced degree of freedom, a repeated measures MANOVA was run (Hotellings t) in addition to univariate ANOVAs. This was done in order to determine any differences between the CPI scores of a sample of grievers both before and after group counselling. The null hypothesis states that this sample will score the same on the CPI, both before and after attending the group counselling. However, if the results prove this to be incorrect, then this sample of grievers will show evidence that the group counselling influenced their levels of sociability, self-acceptance, empathy, well-being, and intellectual efficiency.

There were no significant differences found between the pre-test and post-test CPI scores of Group 1, for measures of sociability, self-acceptance, empathy, well-being, and intellectual efficiency (see Table 7). From this data, it would seem that for the Group 1 sample of grievers, the group counselling did not influence their levels of sociability, self-acceptance, empathy, well-being, and intellectual efficiency.

Testing of Hypothesis #5

Ho_5: There are no significant differences between the pre-test #1 and pre-test #2 CPI scores for Group 2-Pre-Programme, obtained

before and after the passage of 6 weeks, but with no group or individual counselling.

Because of the high correlation between Folk Concept Scales as well as the reduced degrees of freedom, a Repeated Measures MANOVA was run in addition to univariate ANOVAs. This was done in order to determine any differences between the CPI scores of the second sample of grievers who were given a pre-test #1 and pre-test #2, where the only intervention was the passage of time. The null hypothesis states that this second sample will score the same on both CPI pre-tests when grief counselling has not been received. However, if the results prove this to be incorrect, then this second sample of grievers will show evidence that the passage of time influenced their levels of sociability, self-acceptance, empathy, well-being, and intellectual efficiency.

There were no significant differences found between the pre-test #1 and pre-test #2 CPI scores for Group 2-Pre-Programme (passage of time only), for measures of sociability, self-acceptance, empathy, well-being, and intellectual efficiency (see Table 7). From this data, it would seem that for the Group 2 sample of grievers, the passage of time did not influence their levels of sociability, self-acceptance, empathy, well-being, and intellectual efficiency.

Testing of Hypothesis #6

Ho_6: There are no significant differences between the post-test CPI scores of Group 1 obtained after receiving group counselling, and the pre-test #2 CPI scores of Group 2-Pre-Programme, obtained

Table 7

Repeated Measures MANOVA Results for Change Over Time, With and/or Without Group Counselling

CPI Folk Concept		F	D.F.	p	Significance *
Sociability	Group	.02	1,21	= .9	No Significant Difference
	Time	3.16	1,21	= .09	
	Group x Time	.75	1,21	= .395	
Self-Acceptance	Group	.41	1,21	= .527	No Significant Difference
	Time	.2	1,21	= .66	
	Group x Time	3.08	1,21	= .094	
Empathy	Group	.33	1,21	= .57	No Significant Difference
	Time	.36	1,21	= .555	
	Group x Time	.36	1,21	= .555	
Well-Being	Group	.05	1,21	= .827	No Significant Difference
	Time	.43	1,21	= .518	
	Group x Time	.22	1,21	= .647	
Intellectual Efficiency	Group	.12	1,21	= .731	No Significant Difference
	Time	.04	1,21	= .847	
	Group x Time	.71	1,21	= .408	

* Significant when $p \leq 0.05$

** Group - Hotellings t=.093 with 5,17 D.F. p=.897 therefore No Significant Difference

Time - Hotellings t=.187 with 5,17 D.F. p=.674 therefore No Significant Difference

Group x Time - Hotellings t=.456 with 5,17 D.F. p=.227 therefore No Significant Difference

before and after the passage of 6 weeks, but with no group or individual counselling.

Because of the high correlation between Folk Concept Scales as well as the reduced degrees of freedom, a repeated measures MANOVA was run (Hotellings t) in addition to univariate ANOVAs. This was done in order to determine any differences between the CPI scores of the first sample of grievers obtained after group counselling. The null hypothesis states that both samples of grievers will score the same, even though the first sample has received group counselling, and the second sample has only experienced the passage of time. However, if the results prove this to be incorrect, then one of the samples of grievers will show evidence that either group counselling or the passage of time influenced their levels of sociability, self-acceptance, empathy, well-being, and intellectual efficiency.

There were no significant differences found between the post-test CPI scores of Group 1 (obtained after receiving group counselling), and the pre-test #2 CPI scores of Group 2-Pre-Programme, (obtained after the passage of time only) for measures of sociability, self-acceptance, empathy, well-being, and intellectual efficiency (see Table 7). From this data, it would seem that even after receiving group counselling, the first sample of grievers were not influenced any differently than the second sample of grievers who experienced the passage of time only, in the areas of sociability, self-acceptance, empathy, well-being, and intellectual efficiency.

Testing of Hypothesis #7

Ho_7: There are no significant differences between the pre-test #2 CPI scores of Group 2-Pre-Programme and the post-test CPI scores of Group 2-Post-Programme after it finally receives group counselling.

A Repeated Measures MANOVA was performed to test for differences between the CPI scores of the second sample of grievers, both immediately before and after they finally received group counselling. The null hypothesis states that this sample will score the same on both administrations even after they have finally received group counselling. However, if the results prove this to be incorrect, then the evidence will show that the group counselling has influenced their levels of sociability, self-acceptance, empathy, well-being, and intellectual efficiency.

There were no significant differences found between the pre-test #2 CPI scores of Group 2-Pre-Programme and the post-test CPI scores of Group 2-Post-Programme, for measures of sociability, self-acceptance, empathy, well-being, and intellectual efficiency (see Table 8). From this data, it would seem that even after finally receiving group counselling, the second sample of grievers did not experience any significant differences in the areas of sociability, self-acceptance, empathy, well-being, and intellectual efficiency.

Table 8

Repeated Measures MANOVA Results for Differences Measured for Group 2 Before and After Group Counselling

CPI Folk Concept	F	D.F.	p	Significance *
Sociability	2.88	2,8	= .114	No Significant Difference
Self-Acceptance	.973	2,8	= .418	No Significant Difference
Empathy	.013	2,8	= .986	No Significant Difference
Well-Being	.616	2,8	= .564	No Significant Difference
Intellectual Efficiency	.916	2,8	= .438	No Significant Difference

* Significant when $p \leq 0.05$
** Hotellings t=.326 with 5,17 D.F. p=.473 therefore No Significant Difference

Test of Hypothesis #8

Ho_8: There are no significant differences between the post-test CPI scores of Group 1 after group counselling, and the post-test CPI scores of Group 2, after it finally receives group counselling.

Because of the high correlation between Folk Concept Scales, as well as the reduced degrees of freedom, a repeated measures MANOVA was run (Hotellings t) in addition to a univariate t-test. This was done to determine any differences between the post-test CPI scores of the first sample of grievers obtained after group counselling, and the post-test CPI scores of the second sample of grievers,

after they also received group counselling. The null hypothesis states that both samples of grievers will score the same directly after receiving counselling, even though the second sample of grievers experienced a greater passage of time than the first sample, before finally receiving group counselling. (Group 2 was placed on the waiting list until the next available group counselling). However, if the results prove this to be incorrect, then one of the samples of grievers will show evidence that the amount of time since they presented with grieving difficulties and then actually received group counselling, influenced their levels of sociability, self-acceptance, empathy, well-being, and intellectual efficiency.

There were no significant differences found between the post-test CPI scores of Group 1 (after group counselling), and the post-test CPI scores of Group 2 (after finally receiving group counselling) for measures of sociability, self-acceptance, empathy, well-being, and intellectual efficiency (see Table 9). From this data, it would seem that the amount of time that passed between when the grievers presented with grieving difficulties and when they finally received treatment, did not serve to influence their levels of sociability, self-acceptance, empathy, well-being, and intellectual efficiency.

Testing of Hypothesis #9

Ho_9: There are no significant differences between the pre-test #1 CPI scores of Group 2-Pre-Programme and the post-test CPI scores of Group 2-Post-Programme, after it finally receives group counselling.

Table 9

T-Test Results Between Groups 1 and 2 Immediately After Group Counselling

CPI Folk Concept	t	D.F.	p	Significance *
Sociability	.04	21	>0.05	No Significant Difference
Self-Acceptance	.01	21	>0.05	No Significant Difference
Empathy	.14	21	>0.05	No Significant Difference
Well-Being	.01	21	>0.05	No Significant Difference
Intellectual Efficiency	.23	21	>0.05	No Significant Difference

* Significant when $p \leq 0.05$
** Hotellings t=.074 with 5,18 D.F. p=.925 therefore No Significant Difference

A repeated measures MANOVA was performed to test for differences between the initial CPI scores of the second sample of grievers and their last CPI scores, obtained after finally receiving group counselling. Although similar to differences tested for in Hypothesis #7, this test took into account the greater amount of time that had elapsed since the writing of the initial CPI pre-test. The null hypothesis states that this second sample of grievers will score the same on both tests even after they have finally received group counselling. However, if the results prove this to be incorrect, then the evidence will show that even taking into account the longer time span before group counselling is received, this counselling has influenced their levels of sociability, self-acceptance, empathy, well-being, and intellectual efficiency.

There were no significant differences found between the initial CPI scores of the second sample of grievers, and their last CPI scores obtained after finally receiving group counselling for measures of sociability, self-acceptance, empathy, well-being, and intellectual efficiency (see Table 8). From this data, it would seem that even with the extra time experienced by these grievers before finally receiving group counselling, the counselling did not influence the areas of sociability, self-acceptance, empathy, well-being, and intellectual efficiency.

Summary of Hypotheses Testing

All nine null hypotheses were supported by the collected data which suggested that no significant differences were found. Therefore, the group counselling showed no effects on individuals experiencing grief, as measured by the scores obtained from the CPI.

Fidelity Analysis Results

The data obtained from the Programme and Participant Fidelity Checklists is presented in Tables 10 through 14. Raw scores obtained using a Likert Scale given by group participants and facilitators present during the weeks of group counselling, were converted to mean values out of 100.00 for Tables 10 and 12. This enabled the analysis of this data to be done on values with a common denominator. In Table 10 for both the Group 1 and Group 2 samples of grievers, value scores were consistently high for both participants and facilitators each evening of the group counselling. However, of the two 5-week sessions studied, mean values showed that Group 2 generally found more benefit in the group than

Group 1. As well, Group 1 found weeks four and five more valuable than weeks one, two and three.

Table 10

Descriptive Statistics for Programme Fidelity (Value)

Group Session Number	Mean Value ($\overline{X}$) Out of 100.00	
	Group 1	Group 2
Session #1 (Week #1)		
Facilitators	91.33	92.67
Participants	76.82	90.33
Session #2 (Week #2)		
Facilitators	92.67	96.67
Participants	73.27	90.33
Session #3 (Week #3)		
Facilitators	90.00	96.67
Participants	75.00	97.00
Session #4 (Week #4)		
Facilitators	61.00	81.00
Participants	91.00	93.67
Session #5 (Week #5)		
Facilitators	83.33	99.00
Participants	90.36	99.00

Table 11 provides the ANOVA results obtained from group members and facilitators combined regarding significant differences in perceived value between groups, from session to session, and an interaction of the two (Group, Time,

Table 11

ANOVA Results of Significant Differences in Perceived Value Between Groups, Time, and Group by Time, for Participants and Facilitators Combined

Group Session Number	F	D.F.	p	Significance *
Session #1				
Group	1.0	1,16	= .332	No Significant Difference
Time	1.24	1,16	= .281	No Significant Difference
Group x Time	.458	1,16	= .508	No Significant Difference
Session #2				
Group	1.12	1,16	= .305	No Significant Difference
Time	1.60	1,16	= .224	No Significant Difference
Group x Time	.32	1,16	= .581	No Significant Difference
Session #3				
Group	1.46	1,16	= .244	No Significant Difference
Time	46	1,16	= .505	No Significant Difference
Group x Time	.318	1,16	= .581	No Significant Difference
Session #4				
Group	4.96	1,16	= .041*	Significant Difference between answers of Groups 1 and 2 **
Time	2.31	1,16	= .147	No Significant Difference
Group x Time	.94	1,16	= .345	No Significant Difference
Session #5				
Group	6.23	1,16	= .024*	Significant Difference between answers of Groups 1 and 2 **
Time	.89	1,16	= .36	No Significant Difference
Group x Time	.57	1,16	= .463	No Significant Difference

* Significant when $p \leq 0.05$ ** After session #3, Group 2 found the group counselling more beneficial than Group 1

Group by Time). There were no significant differences found in value from one session to the next, for each of the five weeks. As well, there were no significant differences in the value of the programme found between Groups 1 and 2 over the course of the five sessions. However, when measuring the value of specific sessions between groups alone, there were significant differences found for both session #4 and session #5. After session #3, Group 2 found the group counselling to be more beneficial than Group 1. This finding suggests that after Week #3, Group 2 (participants and facilitators combined) found the group counselling to be more beneficial than Group 1.

Table 12 shows the mean participation values out of 100.00 that were obtained from group participants only, by converting the raw Likert Scale scores to values with a common denominator (as was done for Table 10). These mean values showed that while Group 1 participated more strongly than Group 2 during session #1, Group 2 participated more strongly than Group 1 for the following four consecutive sessions. Group 1's scores consistently hovered around an average value for each of the five sessions, showing a fairly average level of participation. However, although Group 2's participation began at an average level for sessions #1, sessions #2 through #4 showed an increase to consistent above-average levels of participation, and then culminated in a very high level of participation during the final session.

Table 13 presents the data showing the correlations between the group participants' levels of participation in each of the group counselling sessions, and

Table 12

Descriptive Statistics For Participant Fidelity (Participation)

Group Session Number	Mean Level of Participation ($\overline{X}$) Out of 100.00	
	Group 1	Group 2
Session #1 (Week 1)		
$\overline{X}$	64.31	57.89
S.D.	15.96	20.68
Session #2 (Week 2)		
$\overline{X}$	51.75	76.00
S.D.	18.03	14.78
Session #3 (Week 3)		
$\overline{X}$	44.36	72.10
S.D.	25.16	29.04
Session #4 (Week 4)		
$\overline{X}$	64.42	72.90
S.D.	26.53	27.18
Session #5 (Week 5)		
$\overline{X}$	66.62	93.20
S.D.	19.71	12.97

the corresponding perceived values they saw each session as providing. Significant differences were found throughout each of the five sessions of the programme. More specifically, the data indicated that the greater the levels of participation achieved by group members during particular sessions, the greater was their perceived value of those sessions.

Table 13

Correlations Between Participants' Levels of Participation and Perceived Value of Sessions

	r	p	Significance *
Session #1	.5504	< 0.01	Significant Difference
Session #2	.5167	< 0.05	Significant Difference
Session #3	.4667	< 0.05	Significant Difference
Session #4	.5806	< 0.01	Significant Difference
Session #5	.6343	< 0.01	Significant Difference

* Significant when $p \leq 0.05$

The ANOVA results showing significance between Groups 1 and 2 for levels of participation are outlined in Table 14. There were no significant differences in the amount of participation between Groups 1 and 2 during sessions #1 and 4. However, there were significant differences in the amount of participation during sessions #2, 3, and 5, as Group 2 showed greater levels of participation during each of these three sessions.

Further data run to determine the relationship between the extent to which the facilitators completed each session and their perceived value of these sessions, showed a positive correlation of .831 ($p < 0.01$). This suggests that the relationship was of significance, and that the closer the facilitators believed they came to fully completing the group session each week, the more valuable they rated those sessions to be.

Table 14

ANOVA Results Between Groups for Level of Participation

	F	D.F.	p	Significance *
Session #1 Groups 1 & 2	.6763	1,20	=.4206	No Significant Difference
Session #2 Groups 1 & 2	9.045	1,17	=.008	Significant Difference
Session #3 Groups 1 & 2	5.49	1.19	=.030	Significant Difference
Session #4 Groups 1 & 2	.545	1,20	=.468	No Significant Difference
Session #5 Groups 1 & 2	7.65	1,16	=.013	Significant Difference

* Significant when $p \leq 0.05$

As well, the data showing the relationship between the facilitators' perceived value of various aspects of each session and those of the group participants, was examined. The correlation for Group 1 between the facilitators and the participants revealed a value of -.475. The correlation for Group 2 showed a value of +.813. These two figures suggest that while the Group 1 participants disagreed with their group facilitators as to which components of the weekly sessions were most beneficial, Group 2 participants agreed with their facilitators.

Summary of Fidelity Analysis Results

The data revealed that both groups of grievers experienced the group counselling as valuable in helping them to cope with their grief. It was found that

the greater the level of participation by group members and completion by facilitators, the greater was their perceived value of these sessions. As well, while both participants and facilitators found the group counselling to be valuable, they did not always agree as to which components of each of the weekly sessions were the most valuable.

Coping Abilities and Influential Factors

Specific questions on the GRQ employed a Likert Scale in order to measure the changes in coping abilities as grievers experienced the group counselling, as well as what factors of the counselling were seen by grievers as influential in promoting these changes. Responses to question #12 on Pre-test #1, question #11 on Pre-test #2, and questions #11 and 16 on the Post-test, were analyzed using the Chi Squared method.

There were no significant differences found between the coping abilities of grievers in Group 1 and grievers in Group 2 before receiving group counselling (pre-tests) or after receiving group counselling (post-tests; pre-tests vs. post-tests for both groups) (see Table 16).

As well, there were no significant differences found in the coping abilities of grievers in Group 2 from Pre-test #1 to Pre-test #2 (passage of time only) (see Table 16).

There were no significant differences found between any of the influential factors for either the grievers in Group 1 or Group 2. Further, no significant correlations were found between the coping abilities in Group 1 or Group 2 and

Table 15

Means and Standard Deviations for Coping Abilities

Group	Pre-test #1		Pre-test #2		Post-test	
	$\overline{X}$	S.D.	$\overline{X}$	S.D.	$\overline{X}$	S.D.
1	3.16	1.11	--	--	4.00	.63
2	2.92	1.14	4.00	.86	3.20	.78

the factors these individuals found influential in promoting these coping abilities (see Tables 16 and 18).

Table 16

Significant Differences Between Group 1 and Group 2 for Coping Abilities

Group 1 and 2	χ^2	D.F.	p	Significance *
Pre-tests	1.93	4	>0.05	No Significant Difference
Post-tests	5.44	3	>0.05	No Significant Difference
Pre-test vs. Post-test	5.5	6	>0.05	No Significant Difference
Group 2 Only				
Pre-test #1 to Pre-test #2	18.1	12	>0.05	No Significant Difference

* Significant when $p \leq 0.05$

** Not possible to compare Likert Scale values between Pre-test #1 and Pre-test #2 for each group due to insufficient cell sizes.

Table 17

Means and Standard Deviations for Influential Factors

Factor	Group 1		Group 2	
	$\overline{X}$	S.D.	$\overline{X}$	S.D.
Specific teaching	3.91	1.26	4.00	0.86
Group facilitators	3.76	1.23	4.12	0.83
Support group members	4.46	0.66	4.22	0.66
Assignments	4.00	1.12	3.55	1.33
Small group discussion	3.30	1.31	3.00	1.19
Pictures/mementos	3.92	1.18	3.55	1.13
Helping other members	3.91	1.31	3.88	1.05
Advice from other members	4.00	1.04	4.22	0.97
Discussion - Spiritual	3.91	0.99	3.55	1.42
Discussion - Possible recovery	3.91	1.16	3.33	1.22
Goodbye exercise	3.75	1.28	4.00	1.00

Table 18

Significant Differences Between Group 1 and Group 2 for Influential Factors

Factor	χ^2	D.F.	p	Significance *
Specific teaching	2.44	3	>0.05	No Significant Difference
Group facilitators	.91	2	>0.05	No Significant Difference
Support group members	6.3	4	>0.05	No Significant Difference
Assignments	2.07	4	>0.05	No Significant Difference
Small group discussion	1.72	3	>0.05	No Significant Difference
Pictures/momentos	1.57	4	>0.05	No Significant Difference
Helping other members	2.88	3	>0.05	No Significant Difference
Advice from other members	1.61	4	>0.05	No Significant Difference
Discussion - Spiritual	3.74	4	>0.05	No Significant Difference
Discussion - Possible recovery	.81	3	>0.05	No Significant Difference
Goodbye exercise	4.93	4	>0.05	No Significant Difference

* Significant when $p \leq 0.05$

GRQ Results

The researcher-developed Grief Response Questionnaire (GRQ) was used in this study as a supplement to the CPI data, in order to obtain the participants' sense of how their abilities to cope with their grief were effected by the Grief

Support Programme (See Appendix B). The GRQ was a series of open questions chosen to elicit responses regarding both the grievers' present emotional states, as well as their present coping abilities. Forms A (Pre-test #1), B (Pre-test #2), and C (Post-test) were all designed similarly. Minor differences were incorporated into each form to accommodate being written by grievers before the group counselling (Form A, Pre-test #1), 6 weeks after having written Pre-test #1 (Form B, Pre-test #2), or after group counselling was completed (Form C, Post-test).

Pre-test #1. Grieving individuals from both Group 1 and Group 2 wrote Pre-test #1 before experiencing the group counselling. Questions 1 through 4 (Section A) collected demographic information concerning the circumstances of the loss. Questions 5 through 11 (Section B) were designed to gain an understanding of the present emotional state of the griever. Questions 12 through 15 (Section C) explored the present coping abilities that the griever was able to access. Questions 16 through 18 (Section D) emphasized information regarding the group counselling specifically. Finally, space was provided for any additional comments that needed to be made (Section E).

An important component of the Pre-test #1 was the second section designed to determine the present emotional state of the griever. When both Group 1 and Group 2 completed this GRQ Pre-test #1, the answers between groups showed few differences (See Table 19). In response to Question 5 which asked "What has this loss meant to you?," some definite themes emerged: 1) losing their main

Table 19

GRQ Thematic Results of Pre-test #1 for Group 1 and Group 2 (Themes)

GRQ Questions	Group 1 and Group 2 Themes
B. Emotional State Q.5 - What has this loss meant to you?	1) Loss of their one main relationship 2) Loss of identity 3) Fear of future
Q.6 - Please describe how this loss has effected you.	1) Loss of identity 2) Fear of future 3) Specific symptoms of grief 4) Fear of losing other relationships
Q.7 - How would you describe your emotional state at this time?	1) Existing amongst pain 2) Controlled by emotions
Q.8 - If your emotional state has changed since your loss, please discuss the changes you have gone through.	1) Shock 2) Devastating sadness 3) Controlled by emotions
Q.9 - What thoughts do you presently experience regarding your loss?	1) Yearning to have person back 2) Reviewing their relationship 3) Regrets 4) Fear of forgetting them
Q.10 - Has this loss caused you to think of yourself differently? If so, in what ways?	1) Unsure identity now 2) Dissatisfied with self 3) Totally alone
Q.11 - Has this loss caused you to think of your future differently? If so, in what ways?	1) No future without them 2) Life must go on 3) Life fragile/live to the fullest 4) Life is up to me
C. Presenting Coping Abilities Q.13 - What strategies are you using to help you cope at this time?	1) Keeping busy 2) Support of family and/or friends 3) Counselling
Q.14 - What support do you have from other people around you?	1) Friends 2) Family 3) No support from others 4) Spouse doesn't understand
Q.15 - What aspects relating to your loss are the most difficult and/or painful for you to deal with right now?	1) Finality of death 2) Adjusting to life without them 3) Circumstances of the death

Table 19 (continued)

GRQ Thematic Results of Pre-test #1 for Group 1 and Group 2 (Themes)

GRQ Questions	Group 1 and Group 2 Themes
D. Group Counselling Q.17 - Have you sought counselling because of your own wishes or the wishes of others?	1) Own wishes 2) Both own and others
Q.18 - Do you believe group counselling will be helpful in increasing your coping abilities? If so, what do you hope to achieve by attending group counselling?	1) Support from others in same situation 2) Learn how to cope 3) Acceptance of the death 4) Regain belief that life is worthwhile 5) Helping others will help me
E. Any additional comments? Please add any related to your present grief process.	1) Need this help in order to go on with life

relationship, 2) losing their identity, and 3) fear of the future. Firstly, participants in both groups spoke of the fact that their loss had meant losing the main relationship in their lives; the one person who they felt had loved them unconditionally. Examples of these responses included "The one person I could count on to help me through anything or to share the special things in my life is no longer there," "Loss of a very close and dear friend whom I was able to share much with without fear of criticism or judgement," and "I lost the person who knew me best in the world." Each of these comments emphasized the devastation being experienced as a result of losing this key person. Secondly, members of both groups also spoke of losing their identity as a result of the death of their loved one. In many cases, the person who had died had played such a significant role in their life that to the griever, losing them had meant losing a part of themselves. Comments such as "This is like losing a part of me, like I am no

longer a whole person," and "Part of me has gone. I don't know who I am anymore," accentuated the feelings of confusion about who they now were. This confusion also led to a third major theme regarding their profound fear of the future. In losing the person of greatest significance in their life, as well as a sense of their own identity, members of each group spoke of the uncertainty of a future without the person who had died. Comments such as "...I don't know how to cope with anything. Nothing is important any more," "My whole life has come to a standstill," and "...Having to make a great many changes in my life now - financial - residence, etc. - possibly having to move back to the U.S. to be near my family and giving up my life here" reflected their fear at having to continue life on their own.

Question 6 asked grievers to describe how their loss had effected them. As in Question 5, both Group 1 and Group 2 emphasized similar themes - the loss of identity and the intense fear they had of the future. Examples of these comments include "...I feel very much like a small lost child searching for my parents," "Very upset, lonely, scared. I feel awful about everything and don't seem to be able to move ahead," and "My life feels like its been turned upside down, and shaken up, that I can never be the same again..." In addition, a third theme was evident as group members spoke of experiencing the specific symptoms brought about by the grieving process. Comments regarding the loss of appetite, a disruption of normal sleeping patterns, a decreased tolerance or patience, a lack of interest in or motivation for everyday activities, and an inability to control one's emotions, were

mentioned repeatedly: "...I wake up after 4 hours sleep...," "Loss of weight, not eating, not sleeping," "I have become more emotional and less stable mentally..," and "I sometimes feel depressed and listless. Unable to get motivated into action." Each comment emphasized the involuntary nature of the symptoms of grief, and how they contributed to the griever's feeling of loss of control.

One further theme that arose out of Question 6 was a new reluctance to maintain close relationships with others for fear that they, too, would end in tragedy. Comments such as "...I have built a wall around myself so no one will ever be close to me again," "...I don't really confide in anyone or get close to anyone fearing that I might lose them," and "Great deal of difficulty getting close to another again. Fear of experiencing same pain again," spoke of their chosen isolation.

Question 7, "How would you describe your emotional state at this time?", and Question 8, "If your emotional state has changed since your loss, please discuss the changes" drew common responses between groups. The two themes that arose for both questions were 1) grievers were only existing amongst their pain, and 2) they were being controlled by their emotions. Both questions elicited comments telling of individuals experiencing guilt, anger, sadness, loneliness, and fear which, they believed, were impeding their abilities to cope. Many spoke of being controlled by these intense emotions to the extent that their everyday lives had ceased and that they were merely "existing" amongst the pain of their grief: "I'm in complete shock and denial...," "After the numbness I get very angry and

sad. This has progressed through to feelings of abandonment and betrayal," and "My character has changed. I've lost any signs of rationality, no patience, very hard to reason with. "I've built a wall and it's nearly impossible for anyone to get in. I'm scared." Comments such as these emphasized the feelings of devastation brought about by such marked emotional changes.

Prominent thoughts of the grievers were explored by Question 9 which asked, "What thoughts do you presently experience regarding your loss?" Three themes common to both groups emerged: 1) Yearning to have the person back, 2) Reviewing their relationship with them, and 3) Regrets. At this point in their grieving, group members most often spoke of the unbearable pain that accompanied the seemingly obsessive thoughts of wanting the dead person back with them. Respondents said, "I often wonder what my life would be like today if dad were still alive," and "I think about things and ideas I'd like to share with mom, questions I'd like to ask her and needing her advice. How I miss her!" Reviewing the relationships they had with their loved ones was also in the forefront of their thoughts: "I think of what she looked like, the sound of her voice, the touch of her hand," and "I've just been reviewing the series of events in our time together and trying to think of the good times instead of being sad." Grievers felt they had little peace from these thoughts. In addition, regrets concerning the relationship, either prior to or during the death, as well as regrets concerning the circumstances of the death itself, were also mentioned as unceasing: "I should have had more and better communication with her, trying to

help her with her problems," "Why did she go that way, what if I had...," and "Great sadness, grief at not being with him and saying goodbye." Finally, a fourth theme that resulted from Question 9, but that was mentioned by participants from Group 1 only, was the fear that grievers had of eventually forgetting the person who had died. Thoughts "That I might forget her..." were mentioned by participants and contributed to the sense of panic and loss of control being experienced at this point in their grieving processes. In examining these 4 themes that arose from Question 9, it seemed evident that grievers received little peace from the overwhelming sense of responsibility they were carrying with them at this time.

Questions 10 and 11, the last two in the section dealing with Emotional State, asked "Has this loss caused you to think of yourself differently?" and "Has this loss caused you to think of your future differently?" Both were overwhelming to some respondents, and previous themes regarding the loss of identity and self esteem, as well as the fear of the future were reflected in their answers. Responses to Question 10 suggested that grievers from both Groups 1 and 2 most often felt ambivalent about their identity since their loss, although they knew they were dissatisfied with the person they now believed themselves to be: "I now feel very vulnerable about life, very uncertain about myself - insecure in many ways that I thought I had overcome...." "I'm not liking myself a great deal as I'm using food as a comfort...," and "I have become dissatisfied with what I am doing (have done). I feel very unfulfilled at not being a mother." It was apparent from the

grievers' comments that life was now very different for them. As well, a third theme, the new realization that they were "completely alone" was emphasized: "I think that now I must rely on me, and me only," and "For myself now I have to think positive and get out of this unhappy feeling, unhappy life. I think I need help." All three themes stressed the uncertainty and fear brought about by the death of someone close.

Question 11 which asked, "Has this loss caused you to think of your future differently?" prompted more responses that supported this. One main supporting theme could be seen: "There is no future for me now." To many grievers, it was unthinkable to imagine a future without their loved one, for how could life continue in their absence? Grievers spoke of: "What kind of future, who will be my safety net to help me through rough times, who can I rely on and build my future with?" "I can't see any future," "I've put my future on hold as I really can't seem to picture it without mom," and "My future seems very blurred now, nothing seems definite anymore...death can be very sudden." All of these responses again reflected great uncertainty and fear.

Some interesting findings that also resulted from Question 11 could be seen in a smaller subset of grievers present in both Group 1 and Group 2. While still dealing with the severe tragedy of loss, these particular respondents were able to see themselves and their future with a stronger sense of hope. Three themes arose from their comments: 1) Life must go on, 2) Life is uncertain - live it to the fullest, and 3) My life is up to me. Although these grievers were in pain and

could see that they were facing an ultimate "aloneness," they also saw possibilities for their own growth resulting from great tragedy. Comments such as "My future is up to me - it isn't dependent on anyone but on me," "I feel that life is really too short so enjoy your family, worry less about work," "I have more of a drive to be independent. Not to rely on others - I always counted on my dad," and "Just take one day at a time and enjoy life to the best of my ability" really accentuated their belief that they had the responsibility as well as the power to make a choice to go on living - even without the person they loved.

The third section of Pre-Test #1, questions 12 through 15, was designed to determine the present coping abilities of the grievers at the time of writing. As with the previous section of this GRQ, responses between Group 1 and Group 2 were similar for each of the questions (See Table 19). The responses to question 12 which asked, "How do you believe you are presently doing in coping with your loss?," were presented earlier. Question 13 which asked, "What strategies are you using to help you cope at this time?" drew three significant themes: 1) Keeping busy, 2) Support of family and/or friends, and 3) Counselling. Responses from both groups strongly showed that at the time that grievers wrote the Pre-test #1, many of them were keeping themselves as busy as possible in order to avoid any quiet moments when they would be confronted with the pain of their loss. This theme suggested that many were not ready to fully deal with the implications of losing someone so important to them. Comments such as "Just think about going on with my day, making sure I keep myself busy," "I try to keep busy doing

physical work," and "Not dealing with it, keeping busy and pushing it to the back of my mind" showed that at this particular time, grievers were largely coping by avoiding the painful thoughts whenever possible. Theme 2, support of family and/or friends, was not a coping strategy used as often, however some grievers mentioned it. "Talking as much as possible to friends," "The love of my girlfriend and family," and "I talk to my family quite often. It doesn't have to be about mom, but just to know the family is there," were all comments which pointed to a strategy that some grievers had used to cope with grief, without conscious attempts to avoid their pain. The third theme, counselling, was also mentioned. While none of the grievers had received any counselling following their assessment interview, responses suggested that their anticipation of the group counselling was sufficient in the short term to maintain themselves until counselling began. Although Group 1 would be participating in the group immediately, while Group 2 would be waiting 12 weeks, responses regarding the counselling as a coping strategy were similar. Grievers said, "I am coming to the Grief Support Group also and I see that I have someone who I can talk to now," and "This grief seminar." The knowledge that they would soon be receiving group support was instrumental in helping them to cope with their grief - it was helping them to hang on.

Participant responses to Question 14, "What support do you have from other people around you?" resulted in three main themes: 1) Friends, 2) Family, and 3) No support from others. Study participants from both Group 1 and Group 2

believed that if they had support, their friends were their main source: "I have a couple of close friends with whom I have spoken," "There are always friends around that I can talk to about her and they will listen to me as well as support me," and "No family support, but wonderful friends." Fewer people mentioned family as their main support: "My family is very close. My husband and sons are supportive even with their loss as well," and "Both my sons and family are there for me to do anything they can but are waiting for me to make my own decisions and they will help me carry them out." Therefore, comments from grievers suggested that family support was not always available during a time of loss. The third theme that was evident was that of no support from others at all. Grievers stated: "None really. My mom and sister won't discuss it. My boyfriend will listen however says he can't relate," and "Nobody talks about my sister." These comments spoke of individuals who believed that they had no choice but to learn to cope with their loss completely on their own.

A fourth theme could be seen within the responses provided by Group 1. These comments regarded the absence of support from the griever's spouse. In cases where participants were not grieving the loss of their spouse but someone else significant in their lives, they often mentioned their spouse's inability to provide them with support. Comments such as "My husband backs off as he wants to fix it," and "My husband really needs to learn how to be supportive" suggested that spouses were not always able to be supportive to grievers.

Question 15 asked group participants "What aspects relating to your loss are

the most difficult and/or painful for you to deal with right now?" Three major themes emerged: 1) The finality of death, 2) Adjusting to life without them, and 3) Circumstances of the death. Many grievers spoke of how unbelievable the death still was to them, yet how they were forced to deal with the brutal finality of it all: "The fact that the loss of my mother is so final. There is nothing I can do about it," "Accepting that she's no longer a part of my life and not wanting to go on without her in my life," and "Fully accepting dad's gone. Sometimes I just want one more moment with him." These statements spoke of the helplessness felt by people who were constantly encountering aspects of life influenced by the finality of a loved one's death. Each encounter faced them with their pain and brought them closer to the acceptance of their loss.

The second theme, "adjusting to life without them," became evident through responses such as: "Living alone," and "The loneliness and making decisions alone." The realization that continuing daily life without their loved one's presence was still very difficult for grievers to deal with.

The final theme that arose from Question 15 regarded dealing with the circumstances of the death. Participants in this study lost important people in their lives due to many different circumstances, each of which brought with it its own degree of trauma. This was outlined in the ways with which grievers answered: "The pain and struggle for her life that she endured," "Not believing that she really killed herself," and "I have nightmares sometimes about how hard and painful it was to see my husband dying." Statements such as these

emphasized how grievers were finding it difficult dealing with not just great loss, but also with the way in which the loss occurred.

The fourth section of Pre-test #1 was designed for the purpose of determining each griever's attitude towards the group counselling they would be experiencing. Questions 16 through 18 were included in this component. Responses were again very similar between Group 1 and Group 2 (See Table 19). Question 16, which asked, "How were you referred to the Grief Support Programme?" provided demographic information only. Question 17, "Have you sought counselling because of your own wishes or the wishes of others?" helped to promote greater insight into the level of motivation that each griever had as they came for group counselling. Answers to this question showed that for both Group 1 and Group 2, all participants had sought counselling because of their own wishes, and some had sought counselling because of both their own and others' wishes. No one in either group had sought counselling only because of the wishes of others. Therefore, it was assumed that grievers were sufficiently motivated to participate in the group counselling.

Question 18 asked, "Do you believe group counselling will be helpful in increasing your coping abilities? If so, what do you hope to achieve by attending group counselling?" Five themes emerged: 1) Support from others in the same situation, 2) Learn how to cope, 3) Acceptance of the death, 4) Regain belief that life is worthwhile, and 5) Helping others will help me. The first theme, to receive support from others in the same situation, was mentioned often. Some of the

responses included: "By knowing that I'm not the only one going through it I may not be so afraid to talk about her," and "The feeling of being alone in this battle will go away." Even before experiencing the full impact of group support, grievers were able to see possible benefits that might occur for them.

The second theme, learning how to cope, was also a strong need for study participants. Responses reflected their fear of how life presently was for them and how the inability to cope with the death was prompting them to seek counselling. "I want to see how other people cope - perhaps they have the answer for me to get through the bad times," and "I hope to achieve an ability to cope during the hard times and to also help my family and friends who are also coping with the loss," were representative comments. These comments suggested that they believed the group counselling would offer them specific answers about how to carry on without their loved one.

The third theme pertained to the acceptance of the death. This was seen as a significant goal that group members wished to achieve while attending the group. From the responses offered, it seemed that grievers were concerned about an inability to fully accept the death: "I hope, by listening to others, that I will be able to tell if I have really realized that he has died or if I have not accepted his death yet," and "To look at the issues in an objective way and to learn to 'let go' without fear of losing one's memories....". These concerns reflected a common fear of grievers that perhaps they were not moving on in a "correct" or "healthy" way, and they therefore hoped that group counselling would remedy this.

Theme number four, regain the belief that life is worthwhile, was an important aim of grievers as they sought counselling. To many of them, their own lives appeared to have come to an end with the death of their loved ones; their own reason for living had died as well. Responses such as "I hope to become a happy person again and realize that life is worth it to be lived," and "...to somehow feel that life is worthwhile again" spoke of their present hopelessness as they anticipated the group counselling experience. At the time of writing Pre-test #1, many grievers therefore found their motivation in the hope that somehow the counselling would help to provide them with the ability to experience happiness again - even without the presence of their loved one.

Finally, a fifth theme was found amongst the responses given by both groups' members. This theme regarded their hope that the nature of the group counselling situation would allow them to help others as well as themselves. Comments such as "I believe there will be consolation in learning about others and a good feeling we will have helping others" and "If I can help someone else, that will help me" suggested that even though these people were in the midst of great personal pain, they could still see beyond themselves to the needs of other people. They believed that contact with others in the same situation would allow the opportunity for them to help someone else, and thus help themselves.

The last section of Pre-test #1 allowed grievers to add any additional comments related to their present grief process. The one main theme that arose was "I need this counselling in order to go on with life." From the various

responses offered by grievers, it seemed as though the courage that it took for them to allow their vulnerability and to choose to receive help from others was fuelled by the intensity of their hopelessness. Many expressed that group counselling was their last hope of returning to a life with some purpose and meaning.

To summarize the findings of Pre-test #1, it seemed evident that throughout sections B through E, members of Group 1 and Group 2 consistently responded similarly. This would suggest that grievers from both groups were effected by their losses in many of the same ways. Section B, which concerned the emotional state of grievers at the time of writing Pre-test #1, showed individuals in the early stages of the grieving process. They were able to see how their loss had effected them - that losing their main relationship had caused an incredible loss of the feelings of stability as well as the loss of an understanding of their own identity. This led to a pervasive anxiety regarding what the future could possibly hold for them now. They spoke of merely existing amid the pain of their loss at this time, fully controlled by their own emotions. Grievers spent much of their time feeling obsessed by thoughts of yearning to have the person back with them, thoughts of the relationship itself, and an intense fear of forgetting the person who had died. Many grievers were unable to envision who they now were and how they could possibly exist in the world without their loved one.

Section C, which dealt with the grievers' present coping abilities, showed individuals who were largely working to avoid their pain, in order to survive day

to day. The comments received were written by individuals who seemed to be running from the pain, yet who knew that this present mode of coping could not continue forever. They were therefore choosing to seek out counselling for the purpose of promoting the most desirable behavior which would tap into the strength necessary to face such devastation. Sections D and E also supported this, as they examined grievers' attitudes towards the group counselling they had chosen to undergo. All individuals were attending of their own volition, and seemed hopeful that the group counselling would be instrumental in helping them to move on to live a fulfilling life without the presence of the person who had died.

Pre-test #2. Only grieving individuals from Group 2 wrote Pre-test #2. This pre-test was written six weeks after having written Pre-test #1, and prior to beginning the group counselling. Questions 1 through 3 (Section A) collected demographic information concerning the timing of their attending the group counselling. Questions 4 through 10 (Section B) dealt with the present emotional state of the griever at the time of writing. Questions 11 through 15 (Section C) were asked for the purpose of exploring the present coping abilities that the griever was able to access. Finally, space was provided for any additional comments that were needed (Section D). Questions in each of the sections were kept as similar as possible from Pre-test #1 to Pre-test #2 (See Appendix B). This was done specifically for the purpose of determining what, if any, changes grievers from Group 2 had experienced in these areas since writing the Pre-test

#1 six weeks earlier. In this way, it could be more clearly determined how the passage of time only had been influential in affecting the grieving processes of study participants in Group 2.

The first section following the demographic information was designed to determine the emotional state of the griever six weeks after having written Pre-test #1, and just prior to beginning the group counselling. As with Pre-test #1, themes arose from the new responses given by grievers in Group 2. These themes from Questions 4 through 10 spoke very similarly of the emotional state experienced by Group 2 six weeks before (See Table 20). Many of the specific symptoms of grief were continuing to be exhibited, with the most prominent one being how strongly controlled grievers still felt by their emotions. They most often described their emotional state as both depressed and erratic, so although the shock wasn't as pervasive, grievers continued to be intensely emotional. Comments such as "My emotional state is like being on a roller coaster, if I can block out feeling and thought I'm high; if I let feelings enter I drop way down" described the continuing struggle individuals were having with their grief.

Question 7 specifically asked, "If your emotional state has changed since completing Questionnaire A (Pre-test #1), please discuss the changes you have gone through." The answers given by study participants suggested that for many, there had been no change in their painful emotional state over the past six weeks. However, when there was change detected, grievers spoke of experiencing a much more acute sense of pain since writing Pre-test #1. As well, their answers

Table 20

GRQ Thematic Results of Pre-test #2 for Group 2 Only

GRQ Questions	Group 2 Themes
B. Emotional State Q.4 - What does your loss mean to you now?	1) No hope for the future without them
Q.5 - Please describe how this loss is effecting you now.	1) No hope for the future without them 2) Controlled by emotions 3) Fear of losing other relationships 4) Great loneliness
Q.6 - How would you describe your emotional state at this time?	1) Depressed 2) Erratic
Q.7 - If your emotional state has changed since completing Questionnaire A, please discuss the changes you have gone through.	1) There has been no change 2) Pain more acute 3) More skilful at avoiding pain
Q.8 - What thoughts do you presently experience regarding your loss?	1) Anger at losing the person 2) Thoughts emphasizing loss has occurred 3) We could all die tomorrow
Q.9 - Has this loss caused you to think of yourself differently? If so, in what ways do you presently think of yourself?	1) I have no control over life (vulnerability) 2) Ultimately alone 3) I am insignificant
Q.10 - Has this loss caused you to think of your future differently? If so, in what ways do you presently think of your future?	1) Avoiding thoughts of future 2) Why? We could all be dead
C. Present Coping Abilities Q.12 - What strategies are you now using to help yourself cope?	1) Avoiding the pain
Q.13 - What support do you presently have from other people around you?	1) Friends 2) Family support weakening 3) I don't seek support any more.
Q.14 - What aspects relating to your loss are the most difficult and/or painful for you to deal with right now?	1) Finality of death 2) Adjusting to life without them 3) Circumstances of the death
Q.15 - How has the passage of time since your loss effected your coping abilities in dealing with your grief? Please explain.	1) More skilful at avoiding pain 2) Situation has worsened 3) Future more frightening
D. Any additional comments?	1) Reality of the death more apparent 2) Less hope, more fear of future

emphasized that they had now become more greatly skilled at avoiding their pain rather than allowing it to occur and be dealt with: "I seem to be having a harder time now, crying a lot more, things disturb me easier now," "I still feel very angry, bitter, resentful and sad - very sad. I still try to pretend that it hasn't really happened, but then reality sets in and it leaves tremendous sadness and pain," and "I find I'm not continually down, that I can stuff and forget my feelings for short periods of time, block out what has happened." These words emphasized the major theme that grievers still could see little hope for the future without the presence of their loved one.

When asked about their present thoughts regarding their loss, themselves, and their future, again grievers' comments emphasized the continued deep hopelessness. However, while they seemed to have moved from the unceasing thoughts of the loss and the relationship that once was, a stronger feeling of despair was now at the core of the themes. Grievers were becoming more fully enveloped by the continuing pain brought about by their grieving. They now appeared to believe that the grief was completely out of their control and would therefore continue indefinitely. Responses included: "I feel like I've lost a part of my body and I'm never going to be whole again. I feel like a jigsaw puzzle with the last piece missing - the puzzle can never be complete...," "Sometimes I think 'What future?' - like there is no tomorrow," and "I don't look toward the future, I just take one day at a time and try not to plan anything because who knows what's around the corner - we could all be dead tomorrow." These words

emphasized how vulnerable and hopeless they were now feeling. The passage of the six weeks seemed only to have deepened the despair for the individuals in Group 2.

The third section of Pre-test #2, questions 11 through 15, was presented for the purpose of determining the present coping abilities of the griever, again, six weeks after having written Pre-test #1, and prior to experiencing group counselling. The themes that became evident in this particular section suggested that grievers were now more adept at avoiding the pain of their circumstances, since the writing of Pre-test #1. Perhaps because of their increased hopelessness, coping strategies mentioned by grievers were now chosen in order to help them to survive each day with as little pain as possible: "Knowing that I will be attending the group soon gives me something to hang on to and look to. Most of the time, I try to hide it and not think about it. I work lots and am always trying to keep busy - less time to think," and "I find myself drinking more and working out." The words of these individuals showed that since the time of writing Pre-test #1, they had gone from actively trying to find new ways of coping with facing their loss, to the point at which they were coping in order to escape it.

One factor that contributes to grievers' abilities to cope as they confront their grief is that of support. Support often provides the griever with the strength it takes to allow the pain of loss to be experienced. In examining the responses of Pre-test #2, it became evident that grievers believed their support to be weakening since the writing of Pre-test #1 six weeks earlier. The themes that

arose showed that while some friends were still continuing to be supportive, family members were not as able as they once had been: "I have support from my fiancee but I feel like I have no support from my family," and "Very great support from friends. Very little from family." Grievers mentioned their frustration over the expectations of others that they "should be better by now." Those who were previously supportive to grieving individuals directly following the death, began showing their impatience as the grieving process wore on. This often resulted in the grievers new-found hesitance in seeking the support they needed to face their circumstances "I have now shut off from people as they really don't want to hear about it. My husband listens, but doesn't really understand and I don't want to burden him with all my problems as I don't want to lose him." Comments such as this may suggest why, at this time, grievers began choosing to avoid their grief.

No change was found in the aspects relating to the loss which were the most difficult and/or painful for grievers to deal with, from the writing of Pre-test #1 to Pre-test #2 (i.e., the three themes remained the same). However, when specifically asked "How has the passage of time since your loss effected your coping abilities in dealing with your grief?," grievers spoke of being more skillful at avoiding their pain, the belief that their situation has worsened, and that to them the future seemed even more frightening than before: "As time passes, it is more difficult to talk about it. I feel now it is harder for me - I cry a lot more...," "I purposely don't think about Mom so seem to be able to make myself do things

more often instead of just sitting..." and "It's worse if anything (apart from the day I found out she had died) because somehow I managed to suppress it and hide it. Now it's all surfacing which is a good thing, but I don't know how to deal with all the different emotions, etc. and it scares me." Responses such as these seemed to reflect a deeper level of despair.

The final section of Pre-test #2 allowed Group 2 participants to add any additional comments related to their present grief process. The two main themes that emerged were: 1) the reality of the death was becoming more apparent to them and yet at the same time, 2) individuals had less hope and more fear of the future. These themes were therefore consistent with those of the previous two sections of Pre-test #2. One griever's comment summed these themes up: "I just want to be the same person I was before she died. I've finally come to terms with the fact that I can't bring her back and I can't take her place for her. I want to be able to put her in a place in my heart where it doesn't hurt to think about her, where I don't think only of the pain and suffering she endured, but to remember the laughter, the love, the warmth, and the serenity she gave to me."

To summarize the findings of Pre-test #2, sections B through D suggested that grievers were now experiencing difficulties in continuing to allow their pain to be thoroughly felt as their grieving process continued. If they had expressed in Pre-test #1 a desire to somehow deal fully with their pain, many grievers were finding six weeks later that they were now more greatly inclined to avoid dealing with it. In addition, as the deaths were becoming more of a reality to grievers,

and the despair that comes from this new understanding was increasing, grievers found their support from others to be decreasing. At the time when support was most needed to strengthen the intense thoughts of aloneness and vulnerability that grievers were increasingly overwhelmed with, they were finding themselves much more on their own. It would then seem to follow that these factors could certainly lead grievers towards a deeper level of pain, greater efforts to avoid this pain, and finally, a more fearful outlook for the future as they continue to struggle with the grieving that they could see no end to. At the time of writing Pre-test #2, Group 2 grievers had therefore moved toward a deeper level of hopelessness.

Post-test. Grieving individuals from both Group 1 and Group 2 wrote the Post-test directly after having completed the group counselling. Questions 1 through 3 (Section A) collected demographic information concerning the timing of grievers attending the group, and how often they were in attendance during the five weeks. Questions 4 through 10 (Section B) dealt with the present emotional state of the grievers at the time of writing. Questions 11 through 15 (Section C) were designed in order to more clearly determine the present coping abilities that the griever was able to access. Questions 16 and 17 (Section D) sought to clarify the griever's beliefs regarding the extent to which attending the group had affected their coping abilities. Those who responded positively were asked to describe the factors they saw as being influential. Questions 18 and 19 (Section E) explored grievers' feelings after having concluded the group, and finally,

Section F allowed for any additional comments grievers felt the need to express regarding their present grief process. Questions in each of the sections were kept as similar as possible to those explored in Pre-test #1 and Pre-test #2 (See Appendix B). This was done specifically for the purpose of determining what, if any, changes grievers from both Group 1 and Group 2 had experienced in these areas since concluding their group counselling. As well, it was important to evaluate what, if any, differences could be seen in the coping abilities of Group 1 (participants received group counselling immediately following Pre-test #1) versus those of Group 2 (participants did not receive group counselling until 12 weeks following Pre-test #1). In this way, it could be more clearly determined how the group counselling had been influential in effecting the grieving processes of study participants in both Group 1 and Group 2. In addition, it allowed for the possibility of examining how this process differed from Group 1 and Group 2 because of the factor of the passage of time that was introduced for Group 2 only.

Section B, which followed the demographic information, contained questions written to determine the emotional state of the griever after having completed the five weeks of group counselling. As with Pre-tests #1 and #2, themes arose from these most recent responses provided by grievers in Group 1 and Group 2. At this time, these themes showed few differences between groups, even though Group 2 had been required to wait longer than Group 1 before receiving the group counselling (See Table 21). Similarities among themes in both the groups

suggested that even though the passage of time served to deepen the despair of Group 2 participants, after the group counselling, they responded

Table 21

GRQ Thematic Results of Post-test for Group 1 and Group 2

GRQ Questions	Group 1 and Group 2 Themes
B. Emotional State Q. 4 - What does your loss mean to you now?	1) Still pain, but hope for future 2) Acceptance
Q.5 - Please describe how loss is effecting you now.	1) Loss is reality now 2) Easier to cope 3) Emotions more controllable 4) Capacity for seeing positive now *
Q.6 - How would you describe your emotional state at this time?	1) Hopeful
Q.7 - If your emotional state has changed since completing Questionnaire A, please discuss the changes you have gone through.	1) Peaceful 2) Still tough, but easier 3) Learning to accept
Q.8 - What thoughts do you presently experience regarding your loss?	1) Desire for their return, but accepting 2) Calm recollection of memories *
Q.9 - Has this loss caused you to think of yourself differently? If so, in what ways do you presently think of yourself?	1) Regained self-esteem 2) Personal growth beyond
Q.10 - Has this loss caused you to think of your future	1) Hopeful - Can now think of future 2) Healthier outlook - personal growth
C. Present Coping Abilities Q.12 - What strategies are you now using to help yourself cope?	1) Promoting memories of loved one 2) Helping others 3) Accepting new opportunities 4) Caring for self **
Q.13 - What support do you presently have from other people around you?	1) New friends 2) Family 3) Spouse can now accept
Q.14 - What aspects relating to your loss are the most difficult and/or painful for you to deal with right now?	1) Missing them 2) Learning to live without them

Table 21 (continued)

GRQ Thematic Results of Post-test for Group 1 and Group 2

GRQ Questions	Group 1 and Group 2 Themes
Q.15 - How has attending the group effected your coping abilities in dealing with your grief? Please explain	1) Realized grief normal/healthy 2) Realized not alone 3) Learned coping from others 4) Felt able to help others 5) Helped regain hope
D. Influential Factors Q.17 - Please elaborate on any of the above that require special mention.	1) Facilitators 2) Talking in large/small groups 3) Group taught how to keep spirit alive
E. Concluding The Group Q.18 - Do you believe that you achieved what you had hoped to by attending group counselling?	1) Yes 2) One person only - No **
Q.19 - Would you recommend this particular Grief Support Programme to a friend who is experiencing grief?	1) All - Yes
F. Please add any additional comments you wish to mention related to your present grief process.	1) Terrific facilitators 2) Gained confidence, understanding 3) Learned to allow rather than avoid pain 4) Wish group was longer 5) I am not alone 6) Helped out of depression 7) Can help others now

* Theme from Group 1 only
** Theme from Group 2 only

equally as favorable as Group 1. In response to Questions 4 and 5 which asked, "What does your loss mean to you now?" and "Please describe how this loss is effecting you now," similar themes emerged: 1) Hope for the future, 2) Acceptance, and 3) Easier to cope. These themes implied that even though participants in Group 1 and Group 2 had been clearly devastated by their loss and had previously seen little hope, after group counselling, they were able to see the

possibility of living a fulfilling life - even without the person who had died. Responses included: "I'm not as tired, and I'm able to talk about it easier. I'm also finding that the loss is becoming more of a reality to me," "It's not as paralyzing as it used to be," and "My loss has helped me to learn about myself - I miss dad and still love dad - I must move forward." These comments seemed to speak of how the pain was beginning to alleviate for grievers and with this beginning of peace, acceptance and the strengthened will to live was starting to take its place.

For both Group 1 and 2, when asked in Question 6 how they would describe their present emotional state, participants again responded with hope. The answers offered by group members included: "One day good, one day bad, but more good than bad at long last! I now feel that I'm taking a few steps forward instead of seemingly always backward," and "Sad, angry, overwhelmed, then hopeful, loving, and compassionate." When asked in Question 7 if their emotional state had changed since writing Pre-test #1, both groups spoke of experiencing a new sense of peace. Comments emphasized how tough the grieving process still was for them, but that it was now becoming easier to cope. As well, both Groups 1 and 2 expressed the belief that they were now coming closer to the acceptance of the death of their loved one. Remarks such as: "Much more peaceful, still hard to accept father's death, but can acknowledge it," "It has changed a great deal. I am learning to accept my loss and am getting on with my life," and "I feel that my loss is becoming more real for me or somehow

clearer. This hurts but I somehow feel better for it" emphasized a new maturity that grievers were experiencing as they were now better able to look more realistically at their loss.

Question 8 through 10 continued to draw responses from grievers which supported this more peaceful and accepting emotional state. When questioned about their present thoughts regarding the loss, themselves, and their future, grievers again spoke of gaining in acceptance. As well, they emphasized the movement towards stronger self-esteem brought about by experiencing great personal growth which they believed had allowed an insight into human nature that they had never before possessed: "...No longer am I 'Daddy's little girl.' I am now free to be me," "I'm a completely different person - far more understanding and compassionate," and "I want to show more consideration and love to other human beings and to accept myself as I am." Responses such as these accentuated the degree of change in their level of hopefulness and how this hope was beginning to more strongly motivate them towards a positive future.

The third section of the Post-test, questions 11 through 15, was designed for the purpose of gaining a clearer understanding of the present coping abilities of the griever after having experienced the group counselling. The themes that arose here seemed to suggest that favorable movement had indeed occurred in this area for grievers since they had written Pre-test #1 (Groups 1 and 2) and Pre-test #2 (Group 2 only). Answers to Question 12 which asked, "What strategies are you now using to help yourself cope?" proposed that grievers were

now choosing coping behaviors that helped them to actively grieve and therefore face their loss, rather than the previous avoidance behavior. Comments which told of how they were now promoting memories of their loved one spoke greatly of the transition that had occurred for some. As well, study participants were developing a stronger desire to help fellow grievers and were also becoming more willing to accept new opportunities that were being presented to them. Some of the representative comments included: "I take each day as it comes. I'm more able to talk about my loss and deal with the feelings, rather than bury them because of the pain, which up until now I have been doing," "Improving my health through diet, exercise and rest. Visiting friends and supporting others in need," and "Writing in a journal every night. Letting my mind flow in the journal. Starting to take more risks, slowly opening my circle of family and friends." Each of these comments emphasized growth, for grievers were now choosing much healthier ways of coping with their losses than were previously spoken of during the prior questionnaires.

Question 13 which asked, "What support do you presently have from other people around you?" was also answered with a much more positive outlook by both Group 1 and Group 2. While grievers spoke most consistently of their lack of support during Pre-tests #1 and #2, they were now experiencing support from a variety of areas. The most prominent finding emphasized that grievers were accessing new avenues of support to supplement what they had previously seen as waning interest from friends and family. They were able to tap into a new-found

strength that allowed them to take risks in opening themselves to new people and situations. As well, some grievers mentioned that their spouses had gained a greater acceptance of the loss and were therefore more able than before to provide them with support. Comments such as: "I have some friends both male and female. I talk to anybody who will listen! I do not like secrets, so I am not shy in letting out my story," "My husband has been especially supportive while I have come to the group," and "Now I have been through the grief support group I have a lot of surrounding support, whereas before I had very little, if not none. I know that I can phone any of my group members up and talk and they'll listen," emphasized the element of risk that grievers were now willing to take in order to find the support necessary to help themselves during the remaining painful episodes.

Another segment of the Post-test which provided an opportunity to observe growth was in answer to Question 14 which asked, "What aspects relating to your loss are the most difficult and/or painful for you to deal with right now?" Participants in both Groups 1 and 2 spoke with an increasing acceptance of their losses, for the themes that emerged here regarded how grievers were missing their loved ones, but were moving towards learning now to live without their physical presence. Grievers wrote: "...The fact that my mother is no longer present. What is it going to be like when I get married, and when I have kids, etc.?" "Not having her around for her sharing ways," and "Missing dad at times of special occasions." While these responses echoed the pain that was still a prominent part

of grievers' lives even after completing the group counselling, they also provided one with a sense that grievers were beginning to fully accept the deaths of their loved ones.

The final question in Section C asked specifically, "How has attending the group effected your coping abilities in dealing with your grief?" The themes that emerged here were again of an increasingly positive nature. Grievers emphasized some new attitudes acquired as a result of group counselling that allowed them to realistically face their grief and cope with it. They mentioned that they now understood grief to be a normal and healthy response to loss that they were not alone in experiencing. Grievers also believed that group counselling had not only allowed them to learn coping strategies from other grievers, but had also given them an opportunity to reciprocate with likewise support. This in turn promoted great feelings of self-worth and hope for individuals in the group. Some of the comments included: "I feel the group made me aware that what was going on was 'normal'." It gave me hope that I would come through this and could continue my life," "The group gave me a lot of affirmation that what I feel and think is quite 'normal.' I am not crazy or bad," and "...I have been able to help others which in turn has helped me... ." Responses such as these emphasized the therapeutic value inherent in a group experience, which the grievers in these two particular groups (Groups 1 and 2) had found valuable.

Section D of the Post-test sought to clarify the particular factors of group counselling that study participants had found influential in affecting their coping

abilities. Question 16, which asked, "If you believe that attending the group affected your coping abilities, which of the following factors were influential?" analyzed the influential factors quantitatively, using a Likert Scale (see Appendix B). Question 17 then followed by referring to the previous specific factors by asking, "Please elaborate on any of the above that require special mention." While the above Likert Scale showed that grievers found value in all of the influential factors of the group counselling, comments provided by both Groups 1 and 2 clearly supported three main themes: 1) The facilitators of the group, 2) Talking in large and small groups, and 3) Group taught how to keep spirit alive. Firstly, group members found the facilitators to be instrumental in affecting their coping abilities, as their demeanour allowed grievers to feel comfortable, cared for, and understood. This prompted grievers to keep attending the group and to continue the work of facing the pain of their loss through the weekly discussions and activities. The facilitators' knowledge of the subject area gave grievers peace of mind as they experienced their grief process, and the way in which it was imparted by facilitators allowed grievers to use what was most helpful for them, in an atmosphere of acceptance. Some of the remarks included: "The facilitators made me take a look at myself to see where I was going. Without them I would not be as positive thinking as I am today. God bless them!" "The devotion and love with which each of the facilitators presented material, interacted with the group, and shared their own experiences...really helped me focus on the reality of what has happened," and "The group facilitators were wonderful, compassionate,

and very honest... If they had not been, I would not have been able to go and express myself and feel comfortable about doing so." From these responses it appears clear that the skills of the facilitators laid the groundwork for much of the progress experienced by grievers as they attended the group sessions.

The second theme regarded the value grievers in both Groups 1 and 2 found in the large and small group discussions. Many found that being able to talk about their loss with others who had similar experiences enabled them to come to a more peaceful acceptance of their situation. Grievers said: "Talking about it more may bring out the pain. But the more it comes out the faster it goes away. Group discussions were therefore very helpful," and "The small group discussions were very helpful... I could express myself and unbottle some of my feelings - a great sense of relief!" These comments suggested that as grievers were able to process the tragedy they had experienced by discussing it with others who were understanding and non-judgemental, they were able to cope more effectively with their grief.

Finally, the third theme encompassed the factors which showed an acceptance of the grievers' need to keep their loved ones' spirit alive. Factors such as showing pictures and mementos of the person who had died modelled that such behavior is both acceptable and necessary. One griever explained, "The session where we showed pictures and mementos was extremely emotional for everyone. Yet it was wonderful to put a face with the person - a face with the tears." For some, it emphasized that the grief process is not one whose purpose is to lead the

griever towards forgetting their loved one, but one where the griever is able to keep the loved one alive spiritually rather than physically. This is achieved by discussing memories, looking at pictures, and much less painful, more joyful discussion.

Section E of the Post-test regarded the conclusion of the group counselling and how helpful grievers had perceived the counselling to be. Question 18, which asked, "Do you believe that you achieved what you had hoped to by attending group counselling?" received positive responses from every member of Group 1. Every member of Group 2 answered likewise, with the exception of one individual. However, when asked in Question 19, "Would you recommend this particular Grief Support Programme to a friend who is experiencing grief?" every member of both Groups 1 and 2 responded positively with answers such as, "Most definitely," "Absolutely," and "I already have."

The final section of the Post-test allowed grievers to add any additional comments related to their present grief process after completion of the group counselling. Seven main themes became evident from the comments provided by both Groups 1 and 2: 1) Terrific facilitators, 2) Gained confidence and understanding, 3) Learned to allow rather than avoid pain, 4) Wish group was longer than 5 sessions, 5) I am not alone, 6) Helped out of depression, and 7) Can help others now. These themes suggest that grievers had indeed experienced some positive movement in their grieving, over the time that they had attended the group counselling. Comments appeared to reflect a more hopeful outlook on

both grievers' present circumstances as well as on that of their future ones. As one individual reflected: "I know I'll never be the same person again - maybe now in a different way I'll be a better one. I've learned compassion and will always help anyone who goes through a loss. I really do feel that one day, hopefully soon, I'll be able to put my Mum in a place in my heart where it doesn't hurt to think about her....I never thought this would be possible, but with the help of the group, I know that one day I will be able to."

To summarize the findings of the Post-test, it was clear that throughout all sections B through F, members of Group 1 and Group 2 responded similarly. This would suggest that grievers from both groups found the group counselling to affect their coping abilities in much the same way - even though Group 2 had waited longer than Group 1 to begin their group counselling and had become increasingly hopeless throughout that time. Section B, which concerned the emotional state of grievers at the time of writing the Post-test, showed that while individuals were still very much in the midst of the grief process, they were experiencing more acceptance and hope than they had been at the time of writing either Pre-test #1 or #2. Individuals still had the strong desire for their loved one to return, however, they now knew this would not occur so could therefore choose to focus their energy on aspects of their grieving that they did have some control over. The Post-test also revealed that grievers were now able to detect signs of regained self-esteem and were proud of the fact that much personal

growth had occurred since the writing of the Pre-tests -- the future finally looked hopeful to them.

Section C, which dealt with the grievers' present coping abilities, showed individuals who were now facing their loss and finding that the confrontation of their pain was actually helping them to heal. This was as opposed to the coping strategies used at the time of Pre-tests #1 and #2, where grievers stated that they were mainly coping by choosing to avoid the devastating feelings brought about by their loss. New realizations discovered while attending the group gave individuals peace of mind that what they were experiencing was indeed normal and necessary. This provided grievers with the extra strength needed to "hold on" when the waves of grief proved to be overwhelming. Again, hope had finally been introduced into their grieving process since the time that study participants had attended the group counselling.

Section D, which explored the grievers' perception of what factors of the group counselling were influential in effecting their coping abilities, showed that the group facilitators were key in the success of the group. While many factors were found to have value for grievers, it appeared that without skilled facilitators to promote the level of comfort and acceptance within the group, the remaining factors had a lesser chance of being influential. In addition to effective facilitators, grievers mentioned both the large and small group discussions as having positively affected their coping abilities, as well as some of the group activities which promoted the memory of the deceased. However, again, for any

of these factors to be influential, facilitators were required to be highly skilled in promoting a safe, accepting atmosphere within which grievers would feel free to take risks.

Section E of the Post-test strongly supported that both Group 1 and Group 2 grievers believed in the effectiveness of the group counselling. They very clearly stated that their initial goals in coming for group counselling had been met, and then went further to unanimously report that they would feel comfortable in recommending this particular Grief Support Programme to others. Finally, when asked to make any additional comments in Section F, grievers from both Group 1 and Group 2 responded in a very hopeful manner. The positive movement that had occurred from the time of writing Pre-tests #1 and 2 to the time of writing the Post-test was strongly reflected in these comments. Grievers had progressed from a state of hopelessness to the point at which they knew their pain would continue, yet they would be able to cope and move on to a future without their loved one. A summary of all GRQ results is presented in Table 22.

The following chapter presents a brief summary of the results of this study, followed by a discussion of the implications of these results. As well, specific strengths and weaknesses inherent in the study will be explored, and finally, recommendations for future research are made.

Table 22

Summary of GRQ Results - Pre-test #1, Pre-test #2, and Post-test

	Pre-test #1 (Group 1 and Group 2)	Pre-test #2 (Group 2 only)	Post-test (Group 1 and Group 2)
Emotional State	•Early stages of grieving process •Knew how loss had affected them - main relationship in life lost •Who am I now? •How will I go on?	•Later stages of grieving •Pain more acute •More typical symptoms of grief appearing •Controlled by emotions •Much more hopeless than before. DESPAIR	•Still painful, but more able to cope •Hopeful for future, even without loved one •Learning acceptance •Regained self-esteem •Personal growth
Present Coping Abilities	•Coping strategies to avoid the pain, to survive day to day •Realize they need support and are actively seeking it out	•Continued avoidance •Weakening support; afraid to continue burdening others •With time, situation seems much worse	•Confronting pain rather than avoiding it •Moving through the grief process, rather than staying stuck in avoidance
Group Counselling	•Came for counselling because of own wishes or own and others •Hope to gain support from others who understand, learn coping, and regain hope for happy life	_____	_____
Influential Factors	_____	_____	•Facilitators very influential •Large and small group discussion very influential

Table 22 (continued)

Summary of GRQ Results - Pre-test #1, Pre-test #2, and Post-test

	Pre-test #1 (Group 1 and Group 2)	Pre-test #2 (Group 2 only)	Post-test (Group 1 and Group 2)
Concluding The Group	———	———	• Strongly agreed that they achieved what they had hoped they would • Strongly agreed they would recommend this programme to others
Any Additional Comments	• Need this help to somehow get on with life	• Reality of the death now more apparent • Less hope, more fear of the future	• Terrific facilitators • Gained confidence, understanding • Learned to allow rather than avoid pain • Wish group was longer • I am not alone • Helped out of depression • Can help others now

CHAPTER FIVE

DISCUSSION

The general purpose of this study was to examine the possible effects that a grief support programme may have upon the coping abilities of grieving individuals. Quantitative and qualitative methods were used in order to more thoroughly gain answers to the research questions. Previous work done in this area (Gass & Chang, 1989; Lieberman & Yalom, 1992; Piper & McCallum, 1991) recommended further use of standardized methods of measurement. Furthermore, it was believed by the researcher that the supplementary information to be gained by qualitative methods may provide further important insights especially when dealing with the high level of affect present with a grieving population. It was for this reason that the researcher chose to employ both. A discussion of the results obtained using the quantitative and qualitative methodologies and their respective implications will appear first. This will be followed by a discussion of the strengths and weaknesses of the study, and then specific recommendations for future research are presented.

Quantitative Results and Implications

This study strove to answer three main questions: 1) How does the grieving population differ from the normal population? 2) How much change does a group from the grieving population experience over time, with and/or without group counselling? and 3) How does waiting to receive group counselling effect a group from the grieving population? These questions were first evaluated

quantitatively using the California Psychological Inventory, with the emphasis on the five folk-concept scales which measured areas deemed by the researcher to be the most greatly effected by the grieving process. Nine null hypotheses were tested; each of the nine hypotheses were supported by the CPI data collected. The results indicate that the group counselling had no significant effects on the areas of sociability, self-acceptance, empathy, well-being, and intellectual efficiency of the participants, as measured by the standardized California Psychological Inventory. Thus, the answers to the questions posed in this study were the following: 1) The grieving population does not differ from the normal population; 2) A group from the grieving population does not experience any change over time with and/or without group counselling; and 3) Waiting to receive group counselling does not effect a group from the grieving population.

In order to more fully understand these results, it is necessary to speculate as to why they occurred. Firstly, they may have occurred because the particular grief support programme under evaluation had no effects on the coping abilities of the grieving clients who attended it. This would indicate that the Rockyview Hospital Grief Support Programme was not effective in helping grieving clients to cope with the death of a loved one.

The second speculation as to why the CPI results occurred may be that in this study, the CPI was not able to measure the enduring traits for which it was designed. As was found in the bereavement literature (Gass & Chang, 1989; Lieberman & Yalom, 1992; Piper & McCallum, 1991), researchers continued to

emphasize the need for studies in this area to be conducted with more valid and reliable quantitative methods. Thus, it was one of the main factors attended to in the choosing of this study's test, and the CPI easily met these requirements (see Chapter 3). The literature supported the ways in which grievers are strongly effected by the grief process in the areas of sociability, self-acceptance, empathy, well-being, and intellectual efficiency, and five of the CPI folk concept scales measured these areas. However, the question of "state versus trait" ultimately arose. It appeared that when changes in these areas were brought about by the grief process, they were changes in the state of the individual and therefore relatively short-lived. Since the CPI was designed to measure enduring traits in individuals, the test appeared unable to show changes in these shorter-term states that were caused by the tragic loss of a loved one. It therefore seems that in order to quantitatively measure changes in state, a more fitting test for this study would be one which not only possesses a reputation for strong validity and reliability (e.g., similar to the CPI), but also provides measures indicative of shorter-term psychological states that may be expected to change as the individuals being tested progress through their grieving process.

However, while the CPI may have been unable to detect changes in grievers due to the effects of the group counselling, these results in themselves provided pertinent information. Because the CPI measured enduring traits and therefore could not detect a change in state, this would suggest that the extreme changes experienced by grievers were not those indicative of severe personality changes.

Rather, they were shorter-term changes resulting from the tragic loss of someone significant that with support, were able to be coped with and ultimately reversed. For grievers who fear that their personalities have been forever altered by their loss, these results could provide hope by suggesting to them that what they are bearing is a change in state that has the capability of being reversed.

Finally, the third speculation as to why the CPI results occurred as they did, may be that the grieving process had no influence on grievers' levels of sociability, self-acceptance, empathy, well-being, and intellectual efficiency. These results therefore suggest that since the literature supports that these areas are likely effected by the grief process, this call in the literature may actually be somewhat misrepresented.

Qualitative Results and Implications

The study's three main questions were also explored using a qualitative method of evaluation. By completing the questions posed in each of the Pre-test #1, Pre-test #2, and Post-test questionnaires, grievers helped to provide data which showed that changes in coping abilities has occurred for grievers. This suggested that the group counselling had an effect on the coping abilities of grievers in both Group 1 and Group 2, as measured by the researcher - written GRQ. The answers to the questions of this study as provided by the GRQ results were therefore the following: 1) The grieving population does differ from the normal population; 2) A group from the grieving population does experience change over time with and/or without group counselling; and 3) Waiting to

receive group counselling does effect a group from the grieving population. Results suggested that the grieving population differed from the normal population, in that the grief process they experienced since their loss very clearly influenced their perceptions, feelings, and behaviors. Grievers experienced change over time as they waited to receive group counselling, for the data showed their levels of despair and hopelessness becoming more acute. Results also suggested that they experienced change over time as they received the group counselling, for grievers became better able to cope with their grieving process and developed a greater sense of hope for the future, once they had attended the group counselling.

Again, to more clearly understand these results it is necessary to speculate as to why they occurred, for they contradicted the CPI data. Firstly, they may have occurred because the grief support programme under evaluation was influential in affecting the coping abilities of the grieving clients who attended it. This would indicate that the Rockyview Hospital Grief Support Programme was an effective way to provide grieving clients with the help they need to cope with the death of a loved one.

Secondly, perhaps the GRQ results contradicted those of the CPI because the open-ended-question format of the GRQ elicited responses that reflected a more accurate picture of the actual shorter-term state of grievers. It may well be that in such an emotion-laden area as grieving, questions which allow for an individual's affect to be considered provide a clearer measure of where that

griever is, in his or her process. Perhaps in studying this particular population, researchers may need to sacrifice the more assured levels of validity and reliability of standardized methods, in order to achieve a truer picture of the state of the griever. By taking into consideration the influence of the griever's affect, researchers may very well be attending more closely to validity than if more standardized methods were used.

In order to use the qualitative data to answer this study's three questions as stated above, an analysis of this data was needed. It was necessary to evaluate if any changes had occurred in the coping abilities of grievers, from the time they presented with grieving difficulties to the time that they finished the group counselling. By examining the themes that arose, a clearer understanding of how these themes could be applied to theory, practice, and research was arrived at. The first main finding was that grievers from Group 1 and Group 2 responded similarly from the beginning to the ending of this study. Themes were consistent throughout for participants of both groups as the comments provided by the Pre-test #1 and Post-test were analyzed. Group 2, after having waited six weeks, was the only group to write Pre-test #2. However, they went on to show the same kind of movement through the grief process as Group #1, by the time they experienced group counselling and could discuss its effects through the writing of the Post-test. This finding thus supported the idea that while individuals experience many different degrees of loss when they lose a significant relationship, many of the same thoughts, feelings, and behaviors are consistent

from griever to griever (Worden, 1982). As well, these thoughts, feelings, and behaviors are characteristic of those experiencing loss and not of the general population (Rando, 1984). Grievers therefore need to be understood as unique individuals, with the philosophy that while the grief can cause severe changes in their functioning, they can benefit from interventions that provide support to allow them to cope with and move through the grieving process.

In addition, the Fidelity Analysis data provided some interesting insights. It was found that the more grievers participated in the weekly group counselling, the more valuable they perceived these sessions to be. This seemed to suggest that by participating in the group counselling, grievers validated their evolution into and through the grieving process. The act of participation in and of itself became a part of the grief process and as such, facilitated a more enriched evolution. Participation in the group sessions was then seen as a critical factor in the individuals' progress through the grief process.

Another major finding regarded changes in the emotional states of grievers. Grievers from both groups first sought counselling while in the early stages of grief, and this was supported by descriptions of the early grief process available in the current literature (e.g., Parkes, 1980; Worden, 1982). Feelings of being overwhelmed by emotions predominated, with an inability to accept the loss or see hope for the future contributing to the greatest difficulties. As the grievers went on to experience group counselling, they became better able to allow but control these emotions, and thus cope with the pain of their loss. Both

acceptance and hope were the two key themes that grievers emphasized as having been strengthened in them as a result of the group support. As well, participants spoke of starting to regain their self-esteem while acknowledging the personal growth that they had experienced in the wake of such tragic circumstances. Movement such as this has been discussed in the literature, and is seen by researchers as indicative of the later stages of grieving (Parkes, 1988; Rando, 1984; Worden, 1982).

Supplementary information gained regarding grievers' emotional states concerned the Group 2 participants who were required to wait for the group counselling. While their responses to the Pre-test #1 and the Post-test were very similar to those of Group 1, their responses to Pre-test #2 revealed further information. The waiting seemed to allow them the time to sink deeper into their grief, to the extent that while many of the typical symptoms of grief were present, their pain was more acute and fuelled by a deeper sense of despair and hopelessness. As they waited for group counselling, Group 2 participants appeared to lose much of their support from outside sources, and became more inclined to avoid the reality of their loss rather than face it head on. This data proved interesting, for although Group 2 grievers seemed to have been suffering more acutely from their grief just prior to the group counselling, they were subsequently able to make the same substantial movement through their grieving as the grievers in Group 1. This would therefore suggest that while waiting for counselling had an effect on the intensity of the grief for grievers, it did not

influence whether or not the group counselling itself would ultimately be helpful for them. Thus, for caregivers, while it is obviously most desirable for grievers to receive support immediately, this data seems to suggest that when they must wait for the availability of support - which is often an economic reality - the support they finally receive still has the potential to be effective.

The area regarding the present coping abilities of grievers also showed that they experienced significant changes in these abilities as they received the group support. In the writing of Pre-test #1, both Groups 1 and 2 spoke of using very basic coping abilities in order to survive day to day, a finding which supports Rando's (1984) contention. Their main way of coping at this time was by seeking support from others, and this included the group counselling. As the group counselling progressed, grievers were both affirmed in the ways with which they were presently coping, as well as taught further ways which allowed grievers to not only exist with their pain, but to confront it as well. This behavior as described by Worden (1982), more than almost any other, promoted movement through the grieving process. Grievers in Group 2, as they waited for the group support, were not exposed to this. As a result, their coping abilities at that time focused to a greater extent on avoidance, and they spoke of their grieving situation as becoming much worse. This seems to suggest that the group counselling was indeed influential in promoting the coping abilities that allowed for movement through the grieving process. As well, while those without support may choose to avoid their pain in order to cope with their grief, when they do

finally receive the group support they are more apt to choose coping abilities that allow them to face their experience and then make some movement through the process. Many researchers in this area (e.g., Parkes, 1988; Raphael, 1983; Rando, 1984; Worden, 1982) support the belief that by facing the tragedy of loss, grievers can go on to a life of hope. This particular group counselling appeared to have promoted this idea as well, as the positive results with grievers from both Group 1 and Group 2 seem to suggest.

The final main finding provided by the GRQ results regarded the factors of the group counselling that grievers found to be most influential in affecting their coping abilities. Many of Yalom's (1985) therapeutic factors were in place in this particular group, and were thought to have been very powerful in helping grievers to cope. The factors that were seen as most influential as mentioned by Post-test responses included the instillation of hope, universality, imparting of information, group cohesiveness, and the discussion of existential factors (Yalom, 1985). However, in addition to these, grievers most often cited the group facilitators as having been influential in promoting the success of the group counselling. Facilitators were mentioned as having been especially skilled in providing the milieu for both trust and comfort to occur, so that the other beneficial aspects of the group experience could then follow. This finding, in keeping with the belief that Rogers had in the importance of the "therapeutic conditions" of warmth, empathy, and genuineness (Bohart & Todd, 1988) is an important one, for it points to the necessity of having facilitators who are skilled in both the aspects of

group process as well as the fundamentals of grief. The results suggest that without this in place, the further therapeutic factors mentioned by Yalom (1985) that are the very basis of a group experience may not be as likely to occur. Therefore, the presence of skilled facilitators with a group whose purpose is to promote coping abilities in grievers, seems to be imperative in the group's success. In a group such as the one evaluated in this study, it seems especially crucial, as the duration of the group is only five weeks. For any positive change to occur for grievers, facilitators must have the ability to promote the most healing atmosphere possible, in as little time as possible. In this way, further therapeutic aspects can be accessed by group members to the fullest extent.

It appears that while this study strove to include a strong quantitative component, results suggest that by using the highly regarded CPI, it may not have been possible to measure the changes in the states of grievers. The standardized CPI seemed to show that the Rockyview Hospital Grief Support Programme had no effects on the coping abilities of grievers. Yet, these findings directly contradicted the qualitative findings of the GRQ which gathered the actual comments of grievers before and after they had experienced the programme. These findings, based on grievers' own words, strongly supported the efficacy of the programme. Therefore, the following questions arise: 1) Is it possible to replicate this study using a standardized test designed to accurately measure how grievers move through the grieving process? 2) Does such a test exist? 3) Is it possible to create such a standardized test, where the high level of affect present

in this population is capable of being fully considered? 4) Is it possible that a study such as this need only use thorough qualitative methods to be sufficiently trustworthy? Further research could be very helpful in answering these methodological questions and shedding light in an area that continues to have little supporting data.

Strengths and Weaknesses of this Study

This study had both strengths and weaknesses which contributed to the results. First, the strengths that were apparent are as follows:

1. Care was taken in the design of this study to control many of the outside factors which if ignored, may have served to skew the data. Some examples of this included using the same facilitators, assuring the same number of weeks between test administrations, and maintaining the consistency of the five weeks of group counselling from Group 1 to Group 2.
2. An effort was made to use facilitators who had a strong understanding of and experience with this specific programme. This was done so that lack of facilitator experience in these areas would not prove to be a factor in the results of the study.
3. Both quantitative and qualitative methods of data collection were used to more accurately answer the questions of this study. In an area as highly charged with affect as grief, it was assumed by the researcher that the quantitative data could be supplemented by qualitative analysis as well.

This qualitative method provided an extremely rich source of information that greatly added to this study.

4. The interests of the grieving participants were at all times the main consideration of the researcher, over and above those of the study itself. Additional support for grievers was available for them both during and after data collection, so that their care was commensurate with that of any other grieving client not involved in this study.

Despite the above strengths, the study also had several limitations which suggest caution in the interpretation of its results. These limitations include:

1. The use of the California Psychological Inventory as the standardized quantitative instrument for this study may not have been the most effective choice for measuring changes experienced by grievers. This test measured long-term traits in individuals as opposed to shorter-term states, which results showed grieving individuals as having experienced as the result of a loss. Consequently, any changes in the sociability, self-acceptance, empathy, well-being, and intellectual efficiency that would have been effected by their state of grieving or the group counselling may not have been detected by the CPI.

2. The individuals who participated in this study were grieving adults who had come to the Rockyview Hospital Grief Support Programme in search of support. They were invited to participate in the study in the order that they arrived for the Programme's assessment interview. For this reason it was

not possible for participants to be randomly chosen for this study, and therefore the generalizability of these findings may be limited.

3. Due to the nature of the programme that was being evaluated, as well as that of grieving participants, the sample used for this study was necessarily small. Therefore, again, the generalizability of these findings may be limited.

4. The very nature of grief itself has been seen by researchers to severely hamper a griever's ability to make daily as well as long-term plans, and then follow them through to completion. This factor must be taken into account in any study where grievers are needed to make commitments over time. Grievers in this study were, at times, absent from test administration sessions or the group counselling itself. This must be considered, for an important component of this study relied on grievers' participation.

5. Since the Grief Response Questionnaire was a researcher-constructed instrument, the applicability of the results of such a measure on its own must be questioned. Without supporting results from a standardized instrument that can provide surer validity and reliability, the GRQ results must be interpreted with caution.

Implications for Further Research

In discussing the results of this study, opportunities for future research emerged. First, it appeared necessary for the creation of a standardized instrument specifically designed to measure changes in affect for individuals who

are grieving. In the search for the most effective standardized test to use with a grieving population, it became clear that a test with consistent validity and reliability was not readily available. Therefore, further research leading to the development of a standardized measure would be highly advised. Any such research done using this instrument would contribute significantly to the body of knowledge on grieving and its interventions.

As well, further research that might occur as an offshoot from the limitations of this study could prove valuable to the area of grief. Studies which can be designed to more closely control for, or investigate, the inconsistent nature of individuals who are actively grieving, would be very beneficial to this subject area. Similar difficulties with attrition when working with grieving individuals reported by Levy, Derby, and Martinkowsky (1992), and McCallum and Piper (1990), supported this as an area for further study. In addition, further research using a larger and/or randomly selected sample of grievers would also lend much to the existing research regarding the most effective interventions for grievers. This observation is supported by the recommendations of Lieberman and Yalom (1992), who describe many of the problems of sampling associated with a bereaved population.

An area for further study arising specifically from this work could be a follow-up on the grievers who participated, yet later in their grieving process. Perhaps at two and five year intervals following their loss, grievers could again be

evaluated in order to determine how they presently believed the group counselling to have effected their coping abilities.

Other areas of interest that arose throughout the course of this study which seemed to merit further research in their own right included:

1) Is there a difference in the way males and females cope with their grief?
2) Does the type of loss experienced have any influence on the way an individual copes with their grief? (i.e. loss of child, parent, spouse, etc.).
3) Is there a difference in the grief process for the griever who experiences sudden loss as opposed to one who experiences anticipated loss?

Finally, an area for further research that arose from the results of this study was the concept of Hope. Why do some grieving individuals possess hope and others do not? How were some able to finally attain hope from the exposure to other grievers and the group counselling itself? Is there a way that caregivers can hasten the time it takes for an individual to gain the hope needed to move toward a future without their loved one? What is it that predisposes an individual toward the tendency to be immediately hopeful rather than hopeless, when a tragic life event occurs? These questions may provide a basis for further research, both in the area of grief, as well as in other areas that would benefit from a greater understanding of hope versus hopelessness.

Conclusion

To summarize the results of this study, the data provided by the GRQ suggests that the Rockyview Hospital Grief Support Programme was influential in

helping grievers to cope with the death of someone significant in their lives. Grievers were better able to cope with their grief after having experienced the group counselling whether they had been required to wait for the counselling or not, and the more grievers participated in each of the evening sessions, the more valuable they perceived these sessions to be. The most important aspect derived from the GRQ results seemed to be that, while grievers continued to feel the extreme pain of their loss even after the group counselling was complete, the group counselling helped them to understand this to be normal and necessary. They had gained the key element which required them to choose to go on living without their loved one and to confront the devastation of their loss - this element was Hope. The group counselling appeared to have enabled them to finally believe in this hope, which then gave grievers the strength and abilities necessary to continue moving through their grief process long after they had completed the five weeks of group counselling.

The data provided by the CPI contradicts that of the GRQ, as it suggests that the Rockyview Hospital Grief Support Programme was not influential in helping grievers to cope with the death of someone significant in their lives. However, as was stated above, these CPI results could have been due to the fact that the test was measuring trait instead of state, and therefore could not detect the changes that may have occurred as the result of the group counselling. This suggests that grief need not be regarded as a long-term change in personality, but

rather a shorter-term change in one's state, from which an individual with support such as group counselling has the potential for recovery.

This study points to various implications for both counselling practitioners as well as health care administrators. Firstly, the data suggests that grieving individuals who are experiencing difficulties coping can receive considerable help by attending the Rockyview Hospital Grief Support Programme. While it has often been said that time alone will heal the pain of grief, this study showed that time mainly served to allow its grievers to become more hopeless and despairing as well as more adept at using avoidance as a coping mechanism. However, once grievers finally received group counselling, they were able to benefit from the support of others as they faced the necessary grief work. Therefore, caregivers working with grieving clients may wish to consider the support and teaching offered by this programme.

A second implication for counselling that arose from the CPI data was that grief is a relatively short-term state that one experiences as the result of a severe loss. Any changes in the area of sociability, self-acceptance, empathy, well-being, and intellectual efficiency - areas that are reported by both the literature and grievers themselves to be greatly effected by grief - are not enduring changes in personality. This is an important implication for counsellors working with grievers, for it is often difficult for them to believe that the emotional changes they are experiencing are capable of being worked through and reversed. This data therefore gives counsellors of the bereaved solid information which may

provide hope that the "chaos" clients are presently undergoing can be dealt with and alleviated.

It is important to note from the results of this study that the particular nature of the group counselling had much to offer the grieving population. The individuals who participated in the study mentioned many of the most influential aspects as having been part of the nature of group counselling specifically. This data implies that counsellors who have supported grievers on an individual basis, could further provide the added benefits inherent in group support by referring them to this programme.

Two implications for group facilitators arose from this study. The first one regarded the importance of providing a safe, non-judgemental atmosphere within which grievers may feel able to discuss some deeply personal issues. As the data proposed, without this first critical step, the other influential factors provided by group counselling may not evolve. Thus, for facilitators of this programme it is essential for them to provide ready access to support programmes in order for as many individuals as possible to fully benefit from what this group counselling programme has to offer.

The second implication upheld by this research concerns the level of participation of group members. It was found that there was a positive correlation between the grievers' amount of participation in each of the group sessions and how valuable they perceived these sessions to be - for the more they participated, the more they felt they were receiving from the counselling. For

facilitators, the data therefore suggests that attendance and purposefully engaging group members in each session helps them to achieve the greatest results. This element supports increased attention to the scheduling and therefore access to group counselling sessions.

Finally, the data suggests that this programme would be economically feasible. This is an important implication for health care administrators. In these times of severe fiscal restraint, benefits may arise as the result of providing individuals who are grieving with specific counselling that 1) quickly restores a sense of hope as well as an ability to cope with the pain, 2) is of direct financial benefit due to its ability to provide grief support to groups of people rather than individually, 3) allows for complete grief support which may reduce costly visits to other mental health professionals, and 4) serves to proactively avoid the physical complications which can occur as the direct result of unresolved grief, thus preventing the need for costly medical care. In addition, this study proposed that the grievers who received group counselling were then able to return to the workplace in a more productive state. This factor in itself reflects a significant economic advantage to society.

In conclusion, this study underlines the importance of ensuring the presence of skilled group facilitators. By providing for the training of skilled counsellors, the greatest number of individuals may receive the most effective support possible.

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APPENDIX A

The Group Counselling Component

The five-week group counselling component is conducted as follows:

Week 1

1. **Introductions:** Facilitators introduce themselves, and then each group member does the same. They include some information about their loss and also what they hope to gain from participating in such a group.
2. **Experiences During Grief (Yeagley, 1985):** A facilitator presents this information within a teaching format, and large-group discussion is prompted throughout.
3. **Difficulty of Grieving in our Society (Yeagley, 1985):** A facilitator presents this information within a teaching format, and large-group discussion is prompted throughout.
4. **Emotions of Loss (Glasgow, 1985):** A facilitator presents this information within a teaching format, and large-group discussion is prompted throughout.
5. **Loss History Graph Assignment (James & Cherry, 1988):** This assignment entails each member constructing their own graph, which outlines the losses they have had throughout their life, and the ways with which they coped with them. It is to be discussed during the next session.
6. **Unfinished Business:** Group members are given the opportunity for any final large-group discussion.
7. **Telephone Call:** Before group members return for Week 2, facilitators make contact with them by phone for support and encouragement.

Week 2

1. **Week 1 Unfinished Business:** Group members are given the opportunity to discuss within the large-group format, any issues that have arisen as a result of Week 1, or over the course of the past seven days.
2. **Video:** The Pitch of Grief (Canadian Learning Company, 1986) - This video is presented and then a large-group discussion is facilitated.
3. **Small-Group Discussion:** The large group divides into three small groups of 3-4 members. Each small group is led by a facilitator in a discussion of the Loss History Graph (James & Cherry, 1988), which was assigned the previous week. This encourages further related discussion based on the group members' agendas.
4. **Relationship History Graph Assignment (James & Cherry, 1988):** After reconvening as a large group, this assignment is presented, requiring group members to construct their own graph, outlining the positive and negative milestones throughout their relationship with the person who has died. It is to be discussed during the next session.
5. **Unfinished Business:** Group members are given the opportunity for any final large-group discussion.

Week 3

1. **Week 2 Unfinished Business:** Group members are given the opportunity to discuss within the large-group format, any issues that have arisen as a result of Week 2, or over the course of the past seven days.

2. **Worden-Tasks of Grievers (Worden, 1982):** Worden and his work on the tasks of grieving is presented by a facilitator within a teaching format. Large-group discussion is prompted throughout.

3. **Parkes-Phases of Grief (Parkes, 1972):** Parkes and his work on the phases of grief is presented by a facilitator within a teaching format. Large-group discussion is prompted throughout.

4. **Rando-Phases/Reactions (Rando, 1984):** Rando and her work on the phases/reactions one experiences during the grief process is presented by a facilitator within a teaching format. Large-group discussion is prompted throughout.

5. **Small-Group Discussion:** The large group divides into three small groups of 3-4 members. Each small group is led by a facilitator in a discussion of the Relationship History Graph (James & Cherry, 1988), which was assigned the previous week. This encourages further related discussion based on the group members' agendas.

6. **Explanation of Mementos/Pictures:** After reconvening as a large group, this exercise for the following week is presented. Each member is asked to bring and share any mementos and/or pictures which celebrate the life of the person who has died.

7. **Unfinished Business:** Group members are given the opportunity for any final large-group discussion.

Week 4

1. **Week 3 Unfinished Business:** Group members are given the opportunity to discuss within the large group format, any issues that have arisen as a result of Week 3, or over the course of the past seven days.
2. **Presentation of Mementos/Pictures:** Each group member shares the mementos/pictures of their loved one with the large group.
3. **Explanation of Goodbye Exercise:** The goodbye exercise for the following week is explained. Members are asked to bring a short reading that they have found helpful to them during the grieving process, as well as their closing wish for the other group members.
4. **Unfinished Business:** Group members are given the opportunity for any final large-group discussion.

Week 5

1. **Week 4 Unfinished Business:** Group members are given the opportunity to discuss within the large-group format, any issues that have arisen as a result of Week 4, or over the course of the past seven days.
2. **Implications of Recovery - Self, Relationships, Outer World (Rando, 1984):** A facilitator presents this information within a teaching format, and large-group discussion is prompted throughout.
3. **Recovery Does Not Mean . . . (Rando, 1984):** A facilitator presents this information within a teaching format, and large-group discussion is prompted throughout.

4. **Possible Benefits of Recovery (Rando, 1984):** A facilitator presents this information within a teaching format, and large-group discussion is prompted throughout.

5. **Goodbye Exercise:** Facilitators begin with their own reflections on the group, addressing it either as a whole, or member by member. Group participants are then encouraged to read the passages they have brought and have found helpful to them as they have moved through their grief. As well, individuals may also choose to add their wish for the group members, as each continues on through their grief process.

6. **Unfinished Business:** Group members are given the opportunity for any final large-group discussion. Facilitators also emphasize at this time that ongoing individual counselling is available for any group members needing further counselling.

APPENDIX B

The Grief Response Questionnaire - Forms A, B, and C

Grief Response Questionnaire - Form A
Pre-Test #1

Name (or code) _____ Date_____ Sex ____ Age _____

In completing this form, please be as specific as possible.

A. Circumstances of the Loss

1. Who was it in your life whom you lost? _____

2. What was the date of the loss? _____

3. How did the death occur? _____

4. What was the nature of your relationship at the time of the death? (e.g., close, ambivalent, etc.)
_____

B. Emotional State

5. What has this loss meant to you?
_____
_____
_____

6. Please describe how this loss has effected you.
_____
_____
_____

7. How would you describe your emotional state at this time?
_____
_____
_____

8. If your emotional state has changed since your loss, please discuss the changes you have gone through.
_____
_____
_____

9. What thoughts do you presently experience regarding your loss?

10. Has the loss caused you to think of yourself differently? If so, in what ways?

11. Has this loss caused you to think of your future differently? If so, in what ways?

C. Presenting Coping Abilities

12. How do you believe you are presently doing, in coping with your loss? Please mark where you are on the scale.

coping extremely poorly	coping poorly	just coping	coping well	coping extremely well

13. What strategies are you using to help you cope at this time?

14. What support do you have from other people around you?

15. What aspects relating to your loss are the most difficult and/or painful for you to deal with right now?

D. Group Counselling

16. How were you referred to the Grief Support Programme?

17. Have you sought counselling because of your own wishes, or the wishes of others?

18. Do you believe group counselling will be helpful in increasing your coping abilities? If so, what do you hope to achieve by attending group counselling?

E. Any additional comments? Please add any additional comments you wish to mention related to your present process.

Grief Response Questionnaire - Form B
Pre-Test #2

Name (or code) _____ Date _____

In completing this form, please be as specific as possible.

A. Attending the Group

1. How long has it been since your loss? _____

2. How long has it been since completing Grief Response Questionnaire - Form A?

_____

3. How do you believe the timing of your attending the group will influence your grieving process?

_____

_____

B. Emotional State

4. What does your loss mean to you now?

_____

_____

_____

5. Please describe how this loss is effecting you now.

_____

_____

_____

6. How would you describe your emotional state at this time?

_____

_____

_____

7. If your emotional state has changed since completing Form A, please discuss the changes you have gone through.

_____

_____

_____

8. What thoughts do you presently experience regarding your loss?

_____

_____

_____

9. Has this loss caused you to think of yourself differently? If so, in what ways do you presently think of yourself?

_____

_____

_____

10. Has this loss caused you to think of your future differently? If so, in what ways do you presently think of your future?

_____

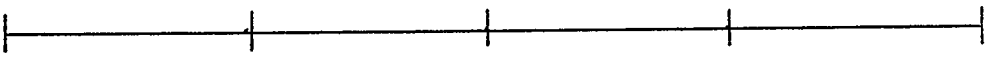
_____

_____

C. Presenting Coping Abilities

11. How do you believe you are presently doing, in coping with your loss? Please mark where you are on the scale.

coping extremely poorly	coping poorly	just coping	coping well	coping extremely well



12. What strategies are you now using to help yourself cope?

_____

_____

_____

13. What support do you have from other people around you?

_____

_____

_____

14. What aspects relating to your loss are the most difficult and/or painful for you to deal with right now?

15. How has the passage of time since your loss effected your coping abilities in dealing with your grief? Please explain.

D. Any additional comments? Please add any additional comments you wish to mention related to your present grief process.

Grief Response Questionnaire - Form C
Post-Test

Name (or code) _____ Date _____

In completing this form, please be as specific as possible.

A. Attending the Group

1. How long after your loss did you attend the group? _____

2. Which of the five weeks were you in attendance? _____

3. How did timing of your attending the group influence your grieving process?

_____
_____

B. Emotional State

4. What does your loss mean to you now?

_____
_____
_____

5. Please describe how this loss is effecting you now.

_____
_____
_____

6. How would you describe your emotional state at this time?

_____
_____
_____

7. If your emotional state has changed since completing the last Grief Response Questionaire, please discuss the changes you have gone through.

_____
_____
_____

8. What thoughts do you presently experience regarding your loss?

_____
_____
_____

9. Has this loss caused you to think of yourself differently? If so, in what ways do you <u>presently</u> think of yourself?

_____
_____
_____

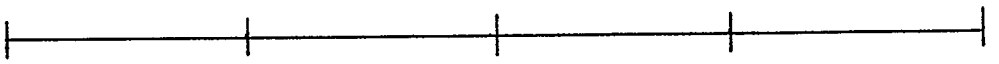
10. Has this loss caused you to think of your future differently? If so, in what ways do you <u>presently</u> think of your future?

_____
_____
_____

C. <u>Presenting Coping Abilities</u>

11. How do you believe you are presently doing, in coping with your loss? Please mark where you are on the scale.

coping extremely poorly	coping poorly	just coping	coping well	coping extremely well



12. What strategies are you now using to help yourself cope?

_____
_____
_____

13. What support do you have from other people around you?

_____
_____
_____
_____

14. What aspects relating to your loss are the most difficult and/or painful for you to deal with right now?

_____

_____

_____

15. How has attending the group effected your coping abilities in dealing with your grief? Please explain.

_____

_____

_____

_____

_____

D. Influential Factors

16. If you believe that attending the group effected your coping abilities, which of the following factors were influential? Please give a value to each of these factors.

	of no value	of limited value	valuable	very valuable	extremely valuable
o specific teaching about grief	____	____	____	____	____
o group facilitators	____	____	____	____	____
o support from group members	____	____	____	____	____
o assignments given	____	____	____	____	____
o small group discussions	____	____	____	____	____
o presenting pictures/momentos	____	____	____	____	____
o helping other group members	____	____	____	____	____
o advice from other group members	____	____	____	____	____
o discussing spiritual implications	____	____	____	____	____
o discussing possible recovery	____	____	____	____	____
o goodbye exercise	____	____	____	____	____
o other (please explain)	____	____	____	____	____

_____

17. Please elaborate on any of the above factors that require special mention.

E. Concluding the Group

18. Do you believe that you achieved what you had hoped to by attending group counselling?

19. Would you recommend this particular Grief Support Programme to a friend who is experiencing grief?

F. Any additional comments? Please add any additional comments you wish to mention related to your present grief process.

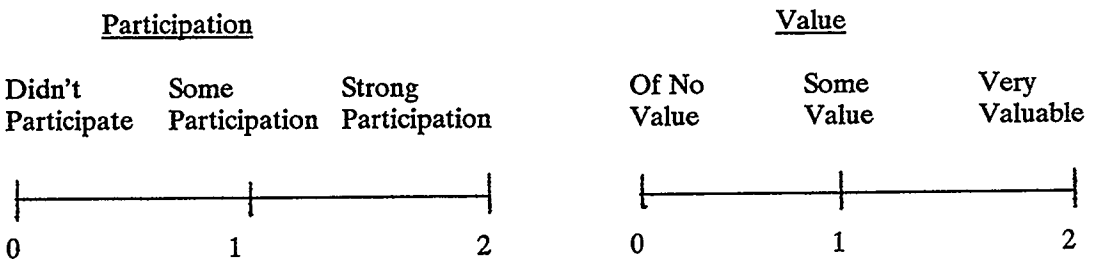
APPENDIX C

Participant and Programme Fidelity Checklists

Name: _____

PARTICIPANT FIDELITY CHECKLIST

Each of the following items represent one task of the Grief Support Programme. Upon completion of each evening, reflect upon these tasks and provide an indication of the extent to which you believe you participated in the evening's tasks, and how valuable you personally found each task in helping you cope with your grief. For each of these ratings, please use the following scales:



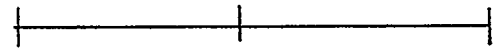
TASK	PARTICIPATION	VALUE
FIRST EVENING 1) Introductions (loss; what you hope to gain)		
2) Experiences During Grief		
3) Difficulties of Grieving in our Society		
4) Emotions of Loss		
5) Introduction of Assignment (Loss History Graph)		
6) Large-group discussion/ Interaction among group members		
7) Please list/rate any other tasks		
8) Comments (if any)		

Name: _____

PARTICIPANT FIDELITY CHECKLIST (continued)

Participation

Didn't Participate — Some Participation — Strong Participation



Value

Of No Value — Some Value — Very Valuable

TASK	PARTICIPATION	VALUE
SECOND EVENING 1) Complete unfinished business from first evening		
2) Film and Discussion		
3) Small-group discussion: Loss History Graph		
4) Introduction of Assignment: Relationship History Graph		
5) Large group discussion/interaction		
6) Please list/rate any other tasks		
7) Comments (if any)		

Name: _____

PARTICIPANT FIDELITY CHECKLIST (continued)

Participation

Didn't Participate | Some Participation | Strong Participation

0 1 2

Value

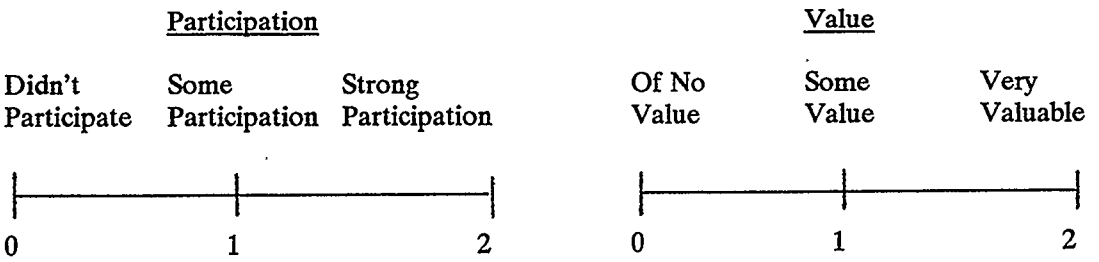
Of No Value | Some Value | Very Valuable

0 1 2

TASK	PARTICIPATION	VALUE
THIRD EVENING 1) Complete unfinished business		
2) Worden: Tasks of Grievers		
3) Parkes: Phases of Grief		
4) James/Cherry: Recovery Steps		
5) Small-group discussion: Relationship History Graph		
6) Introduction of memories/pictures for next week		
7) Large group discussion/interaction		
8) Please list/rate any other tasks		
9) Comments (if any)		

Name:_____

PARTICIPANT FIDELITY CHECKLIST (continued)



TASK	PARTICIPATION	VALUE
FOURTH EVENING 1) Complete unfinished business		
2) Share memories/pictures		
3) Introduction of goodbye exercise for next week		
4) Large-group discussion/interaction		
5) Please list/rate any other tasks		
6) Comments (if any)		

Name: _____

PARTICIPANT FIDELITY CHECKLIST (continued)

Participation

Didn't Participate — Some Participation — Strong Participation

0 — 1 — 2

Value

Of No Value — Some Value — Very Valuable

0 — 1 — 2

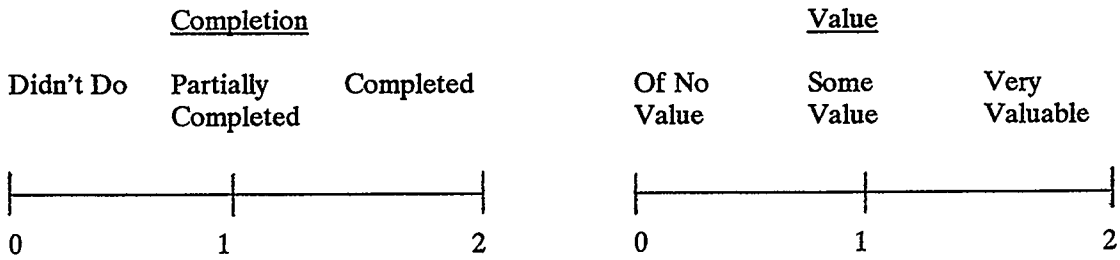
TASK	PARTICIPATION	VALUE
FIFTH EVENING 1) Complete unfinished business		
2) Implications of Recovery (self, relationships, outer world)		
3) Recovery Does Not Mean....		
4) Possible Benefits of Recovery		
5) Goodbye exercise		
6) Large-group discussion/interaction		
7) Please list/rate any other tasks		
8) Comments (if any)		

TOTAL: _____ _____

Facilitator: _____

PROGRAMME FIDELITY CHECKLIST

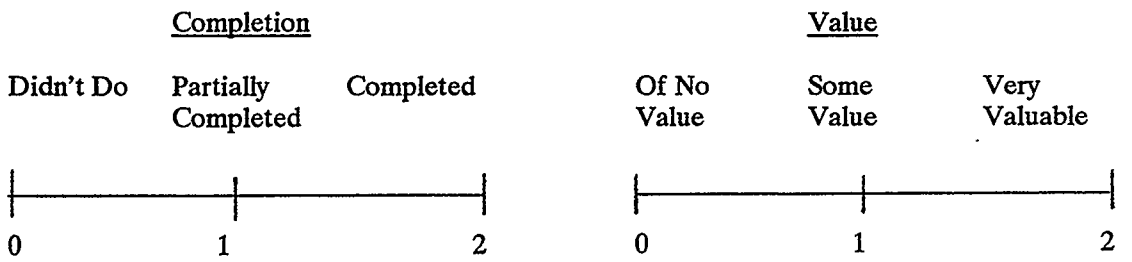
Each one of the following items represents one task of the Grief Support Programme. Upon completion of each evening, reflect upon these tasks and provide an indication of the extent to which you believe the evening's tasks were achieved, and how valuable you found each task for the group participants. For each of these ratings, please use the following scales:



TASK	COMPLETION	VALUE
FIRST EVENING 1) Introductions (loss; what they hope to gain)		
2) Experiences During Grief		
3) Difficulty of Grieving in our Society		
4) Emotions of Loss		
5) Introduce Assignment: Loss History Graph		
6) Large-group discussion/ interaction among group members		
7) Please list/rate any other tasks		
8) Comments (if any)		

Facilitator: _____

PROGRAMME FIDELITY CHECKLIST (continued)



TASK	COMPLETION	VALUE
SECOND EVENING 1) Complete unfinished business from first evening		
2) Film and discussion		
3) Small-group discussion: Loss History Graph		
4) Introduction Assignment: Relationship History Graph		
5) Large-group discussion/interaction		
6) Please list/rate any other tasks		
7) Comments (if any)		

Facilitator: _____

PROGRAMME FIDELITY CHECKLIST (continued)

Completion

Didn't Do — Partially Completed — Completed

0 — 1 — 2

Value

Of No Value — Some Value — Very Valuable

0 — 1 — 2

TASK	COMPLETION	VALUE
THIRD EVENING 1) Complete unfinished business		
2) Present Worden: Tasks of Grievers		
3) Present Parkes: Phases of Grief		
4) Present James/Cherry: Recovery Steps		
5) Small-group Discussion Relationship History Graph		
6) Introduce memories/pictures for next week		
7) Large-group discussion/interaction		
8) Please list/rate any other tasks		
9) Comments (if any)		

Facilitator: _____

PROGRAMME FIDELITY CHECKLIST (continued)

Completion

Didn't Do | Partially Completed | Completed

0 1 2

Value

Of No Value | Some Value | Very Valuable

0 1 2

TASK	COMPLETION	VALUE
FOURTH EVENING 1) Complete unfinished business		
2) Share memories/pictures		
3) Introduce goodbye exercise for next week		
4) Large-group discussion/interaction		
5) Please list/rate any other tasks		
6) Comments (if any)		

Facilitator: _____

PROGRAMME FIDELITY CHECKLIST (continued)

	Completion			Value	
Didn't Do	Partially Completed	Completed	Of No Value	Some Value	Very Valuable
0	1	2	0	1	2

TASK	COMPLETION	VALUE
FIFTH EVENING 1) Complete unfinished business		
2) Implications of Recovery (self, relationships, outer world)		
3) Recovery Does Not Mean.....		
4) Possible Benefits of Recovery		
5) Goodbye exercise		
6) Large-group discussion/interaction		
7) Please list/rate any other tasks		
8) Comments (if any)		

TOTAL: _____ _____

APPENDIX D

Participant Consent Form

CONSENT FOR RESEARCH PARTICIPATION

I hereby consent to participate as a subject in the research project entitled "A Study of a Grief Support Programme and Its Effects on the Coping Abilities of Grieving Clients" conducted by Whitney Walker under the supervision of Professor Kris Magnusson, of the Department of Educational Psychology at the University of Calgary. I understand that the study will involve my cooperation in completing an inventory, and a questionnaire. The research project is expected to help identify to what extent the Rockyview Hospital Grief Support Programme affects the coping abilities of grieving clients.

- I understand that my participation is completely voluntary, and I am free to withdraw from the study at any time I choose, without penalty.

- The general plan of this study has been outlined to me, including any possible known risks. I understand that this project is not expected to involve risks of harm any greater than those ordinarily encountered in daily life. I also understand that it is not possible to identify all potential risks in any procedure, but that all reasonable safeguards have been taken to minimize the potential risks.

- I understand that the results of this project will be coded in such a way that my identity will not be physically attached to the final data that I produce. The key listing my identity and the group-subject code number will be kept separate from the data in a locked file accessible only to the project director, and it will be physically destroyed at the conclusion of the project.

- I understand that the results of this research may be published or reported to government agencies, funding agencies, or scientific groups, but my name will not be associated in any way with any published results.

- I understand that the final results of this study will be made available to participants upon request.

- I understand that if at any time I have questions, I can contact Whitney Walker, at 252-4588, or the project director, Dr. K. Magnusson, at 220-7573.

_____	_____	_____
Date	(Participant's Signature)	(Investigator's Signature)
	_____	_____
	(Participant's Name, printed)	(Investigator's Name, printed)