DISENFRANCHISED GRIEF IN RESPONSE TO NON-DEATH LOSS EVENTS

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ABSTRACT

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Most people recognize grief in death loss situations, however grief can encompass a broad range of loss experiences and vary in intensity and meaning. Unrecognized grief can impede the grief resolution process and affect people's lives in ways they may not be aware of. The purpose of this study was to examine people's perceptions of grief in death loss events vs. non- death loss events to see if people's perceptions of death loss events vs. non- death loss events differentiate. Replicating and extending on Cohen's (1996) methodology, the study recruited a convenient online sample of 99 participants residing in the United States, ages 18-35, who completed a Life Events Survey. Paired t-tests compared participants' perceptions of grief in response to death loss events vs. non-death loss events, on each variable a) intensity, b) loss, c) grief, d) expectation of others, and e) seeking formal counseling) to see if they differentiate. Participants indicated that their grief would be more intense in response to death events compared to non-death events., that they would consider non death loss events to be more of a loss then death loss events, that they would expect their family and friends to acknowledge their grief more in response to non-death loss events then death loss events, and that they would seek more support from others in response to non-death loss events compared to death loss events.

ACKNOWLEDGEMENTS

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INTRODUCTION

Grief is a ubiquitous experience and most people encounter loss at some point in their lives. Grief can encompass a broad range of loss experiences and vary in intensity and meaning. While most people recognize grief in death situations, there are many non-death loss situations where people may experience grief: such as the loss of a relationship, divorce, incarceration of self or loved one, being or having a loved one diagnosed with a terminal or chronic physical illness, being or having a loved one diagnosed with a severe mental illness, having a loved one serving overseas, adoptive families, having been a victim of sexual abuse, suffering a traumatic head injury, loss of career, loss of a dream, loss of self (Identity crisis). Grief in response to non-death loss events is often socially unrecognized, socially unsanctioned, and many times, unrecognized by the individual experiencing symptoms of grief. Grief that is unrecognized is often referred to as disenfranchised grief. Disenfranchised grief is defined as, "The grief that people experience when they incur a loss that is not or openly acknowledged, publicly mourned, or socially sanctioned" (Doka, 1989, p.4). It is often in response to nonfinite loss, where a person is repeatedly asked to adjust and accommodate to the loss, which can lead to chronic sorrow (Harris, 2011, p.3). Disenfranchised grief can interfere with people's emotional/psychological functioning and affect people's lives in ways they may not even be aware of.

Disenfranchised grief can produce the same intense emotional, cognitive, behavioral, physiological and psychological distress as seen in people experiencing loss

from death events and can have a detrimental effect on people (Adams, Overholser, & Spirito, 1994; Ladley & Puskar, 1994). Psychological autopsies performed on adolescents and young adults who committed suicide found that precipitating events that led to their suicide related to non-death loss events and poor interpersonal relationships (Brent et al, 1993). Lack of social support (Thorton, Robertson, & Mlecko, 1991), personal acknowledgement, and/or recognition by mental health professionals (Cohen, 1996), may impede the grief resolution process, which may lead to devastating consequences if the bereavement process remains neglected. While society often recognizes grief in response to death loss, non-death loss events are not commonly recognized by society as producing intense grief responses. Disenfranchised grief may be embedded in a larger psychopathological context, being misdiagnosed as anxiety, mood or personality disorders (Marwit, 1996). According to Cohen (1996), often times, neither the individual experiencing grief recognizes they are grieving, nor the mental health professionals treating them.

Recognizing the implications of disenfranchised grief, few studies have examined grief in response to non-death loss compared to death loss. There was, however, one study conducted by Cohen in 1996 that chose to look at how people differentiate their grief experiences in death related loss vs. non-death loss. Results suggested that non-death related loss could evoke intense emotions, similarly experienced in response to death related loss (Cohen, 1996). Even so, findings from Cohen's study also indicated that people would be less likely to seek formal counseling for non-death related loss, despite distressing symptoms (Cohen, 1996). Since grief in response to non-death loss

events is under-researched and since grief is a ubiquitous experience, the proposed study intends to extend upon Cohen's prior study, to further explore people's perceptions and experiences of grief in response to non –death loss. Anticipated benefits of the proposed study are aimed at deepening society's concept of grief producing events and possible implications for mental health professionals.

LITERATURE REVIEW

The nature of disenfranchised grief differs from 'Normal grief' in ways that can exacerbate, impede, and/or complicate typical bereavement patterns and reactions. Three reasons grief may become disenfranchised is if a person experiences grief in response to a loss, however 1) The relationship is not recognized, or 2) The loss is not recognized, or 3) The griever is not recognized (Doka, 1989). For the first reason listed, *the relationship is not recognized,* society often recognizes grief in response to divorce, but may not recognize grief in response to a break up between unmarried people. Other relationships that may not be recognized may be relationships that exist outside of heterosexual norms or conventional norms. Relationships that are ambiguous in nature, or perhaps, even hidden, like an affair, often go unrecognized as they are often invalidated by society. For the second reason, *the loss may not be recognized* because it involves losses that are not due to death, but are continuous and non-finite, like chronic terminal illness, severe mental illness, or traumatic brain injury. Other examples could encompass loved ones who are incarcerated, children of adoption, or people who have been victimized by sexual abuse. These losses are often unrecognized because they are ambiguous, ongoing, and unpredictable. In addition they often involve a lot of hidden multiple losses. Other losses that may go unseen may be losses that are considered to be "Symbolic losses," like loss of a dream, loss of self, or loss of identity. For the third reason, *the griever is not recognized,* often occurs because the loss or the relationship is not recognized, so subsequently, neither is the griever. Other cases where the griever is not recognized, may

include people who are mentally challenged as their grief reactions may not be perceived

by others (Doka, 1989). And while these are some reasons and situations where grief may

become disenfranchised, these are not all encompassing, but rather a fraction of its'

complexity. For purposes of this paper, the researcher is going to focus on

disenfranchised grief in response to non-death loss events that include: Mental illness,

chronic/terminal illness, traumatic head injury, incarcerated loved ones, victims of sexual

abuse, divorce, and end of a romantic relationship, as they are considered to be most

relevant to the present study.

<div align="center">End of Romantic Relationship and Loss</div>

While many studies have examined grief in response to divorce, few studies have

examined grief in response to the ending of a romantic relationship between two

unmarried people, even though similar grief responses may be present. A cross-sectional

study exploring the dynamics of ending a romantic relationship, administered the Texas

Revised Inventory of Grief to 337 college students and found that college students

experience grief in response to break ups (Kaczmarek & Backlund, 1991). Sudden break

ups versus anticipated break ups were shown to produce higher grief related depression in

participants (Kaczmarek & Buckland, 1991). Higher levels of closeness and longer

duration of the relationship were found to correlate positively with higher grief responses

in participants. Kaczmarek and Buckland's study also suggests that younger people may

be more vulnerable to loss because their egos are not fully developed yet (Kaczmarek &

Backlund, 1991). Grief in response to break ups was shown to be similar to divorce from

marriage (Kaczmarek & Buckland, 1991). In addition, grief in response to the ending of a romantic relationship is poorly understood or validated by society (Kaczmare & Backlund, 1991). Grief in response to the end of a romantic relationship may be similar to grief in response to divorce, however the level of intensity may vary depending on how long the couple was together and how close they were to one another.

<div align="center">Victims of Sexual Abuse and Loss</div>

Grief in response to childhood sexual abuse has been compared to grief in response to death of a loved one; many similar cognitive, affective, behavioral and physiological symptoms of grief have been noted (Fleming & Belanger, 2001). Some of the common grief reactions exhibited in both situations, include sadness, guilt, loneliness, helplessness, anger, preoccupation/obsessive thoughts relating to the event, disbelief, disassociation, isolation, fears of intimacy, fatigue or restlessness (Fleming & Belanger, 2001). And both events are often "shunned" by society (Butler, 1985; Kluft, 1990). In the experience of childhood sexual abuse, victims have been shown to grieve their loss of innocence and inability to trust (Blume, 1990; Hunter, 1990). Victims of sexual abuse may also lose their "Sense of safety" that is not limited to the physical safety, but encompasses emotional and psychological safety (Harris, 2011). From the literature about PTSD, severe and chronic trauma from childhood sexual abuse can effect and interfere with the adult survivor's internal integration, cognitive organization and ability to make sense of the world (Davies & Frawley, 1994). Studies about sexual victimization associates unresolved trauma with depression, substance abuse, poor self-esteem, self-

destructive behaviors and interpersonal difficulties (Briere, 1989). Many survivors of childhood sexual abuse experience PTSD, depression, fear of intimacy, cognitive disorganization, and disruption in emotional regulation. Many adult survivors often mourn hidden losses, like the loss of innocence, ability to trust, and feelings of safety.

Mental Illness and Loss

Family members of a child, sibling, or relative with mental illness and the person suffering from mental illness are likely to endure feelings of grief in response to the different types of loss surrounding this experience. While research in this area is remains sparse, an empirical study examining family perspectives on severe mental illness found that family members experience complex loss in response to a family member who suffers from a severe mental illness (Lukens, Thorning, Helle, & Lohrer, 2004). Family members mourn for who the person was and could be as well as the loss of the normal relationship with family member (Lukens et al., 2004). Siblings also report a loss of innocence and fantasy of an ordinary childhood (Lukens, et al., 2004). Parents experience similar grief for a child diagnosed with a serious mental illness as parents who grieve for death of a child, but that the healthy expression of grief over a child with mental illness is often inhibited because of society's lack of recognition (MacGregor, 1994). A study of 71 participants (62 mothers and 9 fathers) whom had a child diagnosed with a mental illness reported that parents had intrusive thoughts, feelings of avoidance, difficulties adapting, and extended grief in response to their child's illness (Godress, Ozgul, Oweb, & Foley-Evans, 2005). Family members are likely to experience

continuous grief and loss in response to their family member's illness and how it's impacts on that family member (Marsh & Johnson, 1997). In addition, family members may experience "Symbolic loss," that pertains to the hopes, dreams and expectations of the family had about their family member and their own myths and identity as a family as a whole (Marsh & Johnson, 1997). Symbolic loss, perceived loss, and secondary loss is linked to the concept ambiguous loss (Harris, 2011 p. 7), which, in this context relates to the loss that can be experienced when a loved one is physically present but psychologically absent (Boss, 2010, p. 105). Disenfranchised grief in response to a loved one with severe mental illness may fluctuate in response to the impact the illness has on the loved one. And while the focus in this paper is on family members of a person with mental illness, it is important not to fail to consider that the individual surviving mental illness may also endure grief that is disenfranchised for hidden losses they, themselves face, in relation to their own self-concept, relationships with others, and dreams they have for themselves, etc. Further studies are needed to enhance the understanding of the complexities associated with the types losses the individual struggling to cope with their own mental illness face as well as the secondary losses that their family members may also struggle to reconcile and resolve for themselves.

<center>Chronic/terminal Illness and Loss</center>

People dealing with chronic illness as well as their loved ones may experience loss on many levels that can result in grief. Chronic/terminal illness is perpetual, incurable, irrevocable, with the potential to be highly, physically debilitating (Garret

&Wiesman, 2001). Some illnesses can cause loss of physical and mental capacities and may be slow, yet insidious (Garret & Wiesman, 2001). People dealing with chronic/terminal illness may experience heighten feelings of despair, disillusionment, emptiness, depression and isolation as a result of the illness's threat to their sense of self, abilities and well being (Garret & Weisman, 2001). Chronic/terminal Illnesses are highly unpredictable, as they tend to follow non-linear patterns, fluctuating between remission and relapse (Garret &Weisman, 2001). A person's physical condition not only affects their physical condition but also their mood, self-concept, relationship with others (Garret &Weisman, 2001). Family members are also affected by the impact the chronic/terminal illness has on their loved ones. An empirical study reports that family members experience ambiguous loss and anticipatory grief in response to a parent diagnosed with a terminal illness (Saldinger, Cain, Kalter, Lohnes, 1999). This grief can vary in intensity and mental health outcomes (Saldinger et al., 1999). "Lack of clarity about prognosis, daily physical condition, and fluctuating capabilities can create relationship confusion, preoccupation with illness, or avoidance of the individual" (Boss & Couden, 2002). Losses for both the loved one surviving the mental illness and family members can occur on many levels in response to fluctuating physical condition that is likely to be debilitating for the survivor and affect their own self-concept and relationship with their family members. The loved one may grieve the loss of certain capabilities, in addition to their own identity and understanding of themselves. Family members may struggle to adjust to these changes, experiencing ambivalent feelings, hidden sorrow and anticipatory grief.

Traumatic Head Injury and Loss

The theme of loss and how it affects identity can be greatly impacted when our emotional or physical being is altered. People who have suffered traumatic head injuries a may experience a "loss of themselves," as a result of cognitive deficits or personality changes caused by trauma to the brain (Hisset & Landau, 2008). Traumatic brain injury is considered to be all encompassing, impacting all areas of a person's functioning, extending to their relationships with others as well as their perception of themselves, and obstacles they face as a result of the injury (Harris, 2011. p.209). A recent study, consistent with previous research, reported perceived identity change or self-concept to be positively associated with depression and grief and negatively associated with self-esteem and awareness (Carrol & Coetzer, 2011). After a traumatic head injury, loss can be experienced at many levels. Many people who have survived traumatic head injuries may have to cope with loss of memory, diminished cognitive processing abilities, communication barriers, and personality changes (Harris, 2011, p.209) Depending on the nature and severity of the head injury, a person may be continuously reminded of all they have lost (Harris, 2011). Not only the person suffering the head injury faces loss, but people close to them as well. Mothers of adolescent and young adults with head injuries have been shown to report more intense grief in comparison with parents who have experienced grief from other non-death loss events (Zinner, Ball, Stutts, & Philpult, 1997). In response to these types of non-death loss, family members also experience a sense of loss as they are required to adjust to how their family is now, compared to how

the used to be (Hisset & Landau, 2008). Individuals who survive traumatic brain injuries are faced to confront and cope with aspects of themselves that have been compromised, altered or changed as a result of the head injury. These aspects can encompass all areas of functioning, and affect their relationships with others as well as their feelings about themselves. Both the individual who suffered the head injury and their loved ones are often reminded of all that is lost or different as a result.

Incarceration and Loss

Scholars and clinicians have also neglected researching grief in family members of loved ones who have been incarcerated. People incarcerated often mourn the significant loss of being away from their family and loved ones, their previous life or identity, their hopes, and the significant loss of time (Harner & Riley, 2013), and their family members may also mourn these things as they are impacted by these losses as well. One small, qualitative study (26 participants) interviewed family members of inmates on death row. The information gathered from the study supports that family members of inmates on death row experience disenfranchised grief as the loss of their loved one is interminable and invalidated by society (Beck & Jones, 2007). Family members report feelings of shame, chronic guilt, and low self-esteem in response to society's judgment of their family member (Beck & Jones, 2007). Family members of loved ones incarcerated often experience grief in response to the interminable loss and many may also experience shame about their loved one, which may further complicate the bereavement process. While there is limited research to make generalizations, these

initial findings highlight the need to obtain further information regarding the prevalence and impact of grief on family members of prisoners.

<div align="center">Divorce and Loss</div>

The prevalence and impact of grief in response to divorce is a non-death loss event that has been an area that has been further researched. A recent study compares the dissolution of marriage with death of a spouse (Yarnoz & Yaben, 2009). Interpretations of this study suggests that adjustment to divorce can be more difficult then adjustment to widowhood because divorce often brings forth ambivalent feelings related to long-standing conflict, hurt, and shame that can continue after the relationship ends, whereas death is part of life and death of spouse is often followed by an idealized view of the deceased. (Harris, 2011). Emery and Dillon (1994) also describe divorce as layers of loss that extend over time. In response to divorce, boundaries have to be renegotiated to adjust to uncertain expectations, incompatible desires, communication issues, and intense emotions (Harris, 2011). The result of divorce is often marked with interpersonal conflict and inner distress (Emery & Dillon, 1994). While both divorce and death of a spouse are likely to be followed by intense painful feelings of grief, grief in response to the dissolution of marriage may become intensified as a result of ambivalence and interpersonal conflict.

Children of parental divorce are often impacted by inner distress in response to their parents' separation. For children, divorce can pose life upheaval, emotional distress, confusion, and feelings of grief in response to dramatic changes and parents' separation

(Emery & Forehand, 1996, p. 64). A recent study compared 30 adults who experienced parental death in adolescence with 30 adults who experienced parental divorce in adolescence and found that there were few differences between death survivor groups and divorce survivor groups (Samuel, Marwit & Carusa, 2010). Differences that were found were not attributed to the events themselves but different situational demands surrounding the event (Samuel, Marwit & Carusa, 2010). According to these studies, grief in response to divorce loss is shown to be similar to grief in response to death loss and this grief can impact the family system in ways that could become disenfranchised if it is not fully recognized by the people experiencing the grief and the people close to them.

<div align="center">Disenfranchised Grief and Non-Death Loss</div>

Disenfranchised grief in response to major losses that do not involve death is often poorly acknowledged by society, and often inhibited in its healthy expression. In addition, "Ambiguous loss, symbolic loss, and chronic sorrow may also be accompanied by shame and self-loathing that further complicates individual authenticity and truthfulness in other relationships, thereby adding to the struggle with coping" (Harris, 2011, pg.7). Ambiguous loss can block coping if it remains traumatic, immobilizing, and incomprehensible (Boss, 2009). Key aspects of ambiguous loss include 1) Confusion about the loss that is ongoing, 2) Wanting to take action followed by debilitation 3) persistent uncertainty 4) No validation about the loss 5) Hope that things will return to how they used to be 6) Isolation from others 7) lack of resolution because the loss may be

temporary (Boss, 2009). Physical symptoms may include, fatigue, disrupted sleep or sleep disturbances, and/or other somatic problems (Harris, 2011). Cognitive symptoms may include, forgetfulness, trouble concentrating, rumination of event, and preoccupation with (Harris, 2011). Behavioral manifestations may express as withdrawal, avoidance, restlessness, excessive need to talk, or dependence (Harris, 2011). Emotionally, people may experience anxiety, depression, anger/irritability, or feel numb (Harris, 2011). The impact of ambiguous loss and grief may manifest and express itself in a myriad of ways.

Grief work and its integral role towards recovery can be beneficial for people who are having trouble with grief in response to death loss and non-death types of loss. Acknowledgement, acceptance, and integration of the past are considered to be important for coping with grief, and search for meaning and reconstituting one's world are core challenges of adapting to loss (Fleming & Belanger, 2001). Psychotherapy and support groups can help people express their emotions, gain social support, create meaning, and enhances more positive feelings and appreciation for one's coping abilities (Lamb 1988; Clark & Goldney, 1995). Tolstikova's (2011) study on emotional functioning in grief adjustment suggests that emotional awareness, expression and adjustment leads to meaning making, which can be an effective coping strategy in working through grief. Cohen's (1996) study found that people's perceptions of grief differ in non-death loss events compared to death loss events. The study found that people are less likely to recognize grief in response to non-death loss events, and less likely to seek treatment despite distressing symptoms. For individuals suffering from disenfranchised grief, the bereavement process may often neglected because the grief itself is not recognized.

While there is growing research on the impact of non-death related loss, few studies have examined non-death related loss in comparison to death related loss. However, in 1996, Cohen, conducted an empirical study of grief that compares a variety of non-death loss events with death loss events and found that non-death loss events are thought to be similarly distressing as death loss experiences. Drawing from a sample of 242 college students, participants completed a Life Events Survey, a questionnaire Cohen adapted from prior researchers, (Thorton, Robertson, & Mlecko, 1991). For the purposes of Cohen's study, participants were asked to read and respond to eight hypothetical loss scenarios, which include: four death loss events and four non-death loss. The four non-death loss scenarios included: divorce of parents, break up of relationship, cut from an athletic team, and loss of job. The four death loss scenarios included: death of a parent, death of a friend, death of a pet, and death of a coach. Death of a parent, death of a friend, and divorced parents were shown to produce highest means measuring intensity, loss, and grief (Cohen, 1996). Death of a coach and being cut from an athletic team were not high in evoking a grief response (Cohen, 1996). For most of the scenarios, no interaction or difference was found between participants who had experienced these events in real life with participants who had not, however, a difference was found between participants who had experienced a break-up of a romantic relationship compared with those who had not as well as participants who had experienced being terminated from a job compared to those who had not (Cohen, 1996). Cohen's study found that perceptions of grief differ in non-death loss events compared to death loss events as people grieving from death loss were more likely to feel entitled to and seek formal counseling, despite experiencing

similarly distressing symptoms. The study also supports that, "Students appear to feel almost as strongly in non-death loss events as death loss events, but are less apt to label non-death loss events as losses and recognize them as grief producing" (Cohen, 1996, p.67).

STATEMENT OF THE PURPOSE AND RESEARCH QUESTIONS

Most people only recognize grief in situations where a death occurred, but grief can occur in response to confronting loss of any kind. The focus of this study is to extend on Cohen's (1996) study and further investigate whether people's perceptions of grief in death loss events vs. non-death loss events differ and whether anticipated responses in non-death losses are believed to be similar to peoples' grief responses in death losses. Since the results from Cohen's study support that death of parent, death of a friend, and divorced parents are high in evoking high levels of grief responses in participants, these hypothetical scenarios will be included in this study. Since death of a coach and being cut from an athletic team were shown to produce the lowest levels of grief, these hypothetical scenarios will not be included in the study. Death of a sibling will be included instead of death of a coach. In addition, having a loved one diagnosed with a chronic/terminal illness and having a loved one with a mental illness will be included in the four non-death loss hypothetical scenarios as these events, and how they relate to grief, have been under-researched, have been found to cause grief, and are of particular interest to the researcher. The present study intends to investigate the following research questions:

1) Do the perceptions of grief in young adults differ in death loss vs. non-death loss events? 2) Do young adults feel that grief associated with death loss events is more likely to be acknowledged by friends, relatives, and others in their social network?

3) Would young adults be more likely to seek support from others for grief in death loss events vs. non-death loss events?

METHODS

Participants

While Cohen's study sampled traditional college aged students (18-22), this study extended the age range of participants to include 18-35, as people ages 18- 35 are often understudied in the context of grief. It was predicted that the participants of this study, ages 18 to 35, would represent a broad range of loss experiences and loss responses.

This study aimed to recruit 100 participants and got 99, as power analysis indicated this number of participants would provide us with 80% power to detect a small to medium effect size of d=. 4.

Procedure

This study administered surveys online and participants were recruited through a link on Facebook. On Facebook, I posted the link to my Facebook home page for all friends to see and friends will be encouraged to re-post the link on their page. The link that will be posted on my Facebook page and read, "Please help me with my thesis! If you live in the United States, are between the ages of 18 and 35, and would like a chance to help with grief research, please participate." Participants were informed that the duration of time would be 15 to 20 minutes, so participants knew how much time to allot for. The post provided the link to the survey questionnaire, administered through Survey Monkey®, which protects their confidentiality. After participants clicked on the link, the first page they came across was the recruitment statement that informed participants

about the nature and purpose of the study (see Appendix A). The second page they came across was the consent form that informs the participant about the testing procedures and possible emotional content of the survey (see Appendix B). Due to emotional content participants were also given a list of mental health resources in case they needed emotional support (see appendix C). After completing the informed consent form, participants were asked to fill out the measures described below.

Measures

In order to examine participants' experience and response of grief in death and non-death losses, participants were given The Life Events Survey (Appendix D) that was adapted for the purpose of this study. Similar to Cohen's (1996) study, this survey included four loss scenarios that deal with death events and four loss scenarios that deal with non-death loss events. The death scenarios selected for this study were (1) Death of a parent, (2) Death of a best friend, (3) Death of sibling and (4) Death of a pet. The non-death loss scenarios selected for this study (1) Loss of a significant romantic relationship (2) Parental divorce (3) Having a loved one diagnosed with a chronic terminal illness and (4) Having a loved one challenged by a severe mental illness. The eight loss scenarios were presented with minimal detail in order to prevent context of event, rather than the actual event, influencing how participants respond.

Respondents were asked several questions about each scenario. First they were asked a question relating to intensity. The question was phrased, " Please rate the intensity of feelings this event might evoke for you? Responses were answered on a 5

point Likert- Scale, where 1 = Not at all intense and 5= Most intense, with, mild and high

as answer choices between the extremes of 1 and 5. Following that question, participants

were asked, if so, what feelings might the event evoke for them? In response to this

question, participants were given a list of 15 common grief responses (ex. Shock, anxiety,

sorrow, depression, guilt, preoccupation with event, irritability, disruption in function,

etc.), and asked to check all that apply. Next participants were asked if this event would

evoke feelings of grief for them. Responses were answered on a 4 point Likert- Scale,

with 1= Never, 2- Sometimes, 3 = often and 4=Always. Next participants were asked a

question related to 'loss,' where participants will be required to respond, " Would you

consider this event to be a type of 'loss?" (Cohen, 1996). Responses for loss were

answered in the form of Yes/No, with "Other" as an option in case they need to explain

their answer. To find out the participants' expectation of others, the question was

phrased, " Do you think friends, family and others would acknowledge your grief in

response to this event?" And responses will be answered by a yes or no (Cohen, 1996).

To find out whether or not participants would seek formal counseling in response to the

event, the question was phrased, "Would you seek support from friends, family and/or

mental health professional as a result of this event?" And responses were answered by a

yes or no. Following each scenario, participants were asked if they have ever experienced

that event personally, as there may be differences between people who have experienced

the event vs. people who only experience the hypothetical event (Cohen, 1996). The Life

Events Survey was counterbalanced to control for order effects. Survey Monkey random

ordered the eight scenarios.

Participants were asked to complete a demographics questionnaire (see appendix E) to control for possible extraneous variables.

<div align="center">Reliability</div>

Reliability measures for non-death loss events were adequate, α = measuring above.7. Reliability measures for variables in non-death loss events indicated that measures for intensity were less reliable as α= .55, and measures for loss were slightly less reliable as α= .65 (Cohen, 1996). Reliability measures for expectation of others and seeking formal support were found to be adequately reliable as α= above.7 (Cohen, 1996). Reliability measures for variables in death loss events indicated that measures for intensity s α=. 49, and loss α=. 50, grief measured α=. 60 were less reliable (Cohen, 1996). Reliability for e variables measuring expectation of others and seeking formal support, were found to be adequately reliable as α= above.7 (Cohen, 1996). According to Cohen, Lower reliability for death loss events may reflect a society that traditionally groups death loss events together and treats them the same (Cohen, 1997, p.52). No validity evidence was reported in Cohen's (1996) study.

<div align="center">Data Analysis</div>

Inferential statistical procedures were used to test the research questions. Paired t-tests were used to compare participants' perceptions of grief in response to death vs. non-death losses on each variable a) intensity, b) loss, c) grief, d) expectation of others, and e) seeking support from others. To calculate responses for death and non-death loss events,

an average was taken for responses to each question for the four death and non-death loss events. Independent t-Tests were also used to assess for differences between participants who have had prior experience with each hypothetical scenarios and participants who have not. Internal consistency of each scale will be calculated using Cronbach's Alpha. A Ad—Hoc test was also used to examine the frequency of grief symptoms (Fifteen listed) participants were asked to check off which ones they believed they would experience in response to the event.

Benefits, Potential Risks and Management of risk

While benefits of the study aim to deepen society's concept of grief in non-death loss events, the material of the hypothetical scenarios had the potential risk to trigger emotional responses and/or painful memories in individuals who have experienced them. Participants were briefed ahead of time about potential emotional content of the study, given the option of exiting the study at any time, and provided a list of mental health resources they could access if they needed emotional support.

RESULTS

Participants (N=99) completed an online survey, consisting of a Life Events Survey, followed by a demographic questionnaire. Of the 122 participants that started the survey, 99 completed it. 23 participants were eliminated from the study as the majority of items were left incomplete and missing data could not be filled in for partially completed surveys, as many of the scale items were dichotomous in nature. Of the 99 participants where data was collected, appropriate inferential statistics was used to analyze data.

Paired t-tests were used to compare participants' perceptions of grief in response to death vs. non-death losses on each variable a) intensity b) loss, and c) grief, d) expectation of others, and e) seeking support from others. The results of the Paired T-tests are shown on the next page.

Paired Samples T-Test

Mean Scores for Condition Type
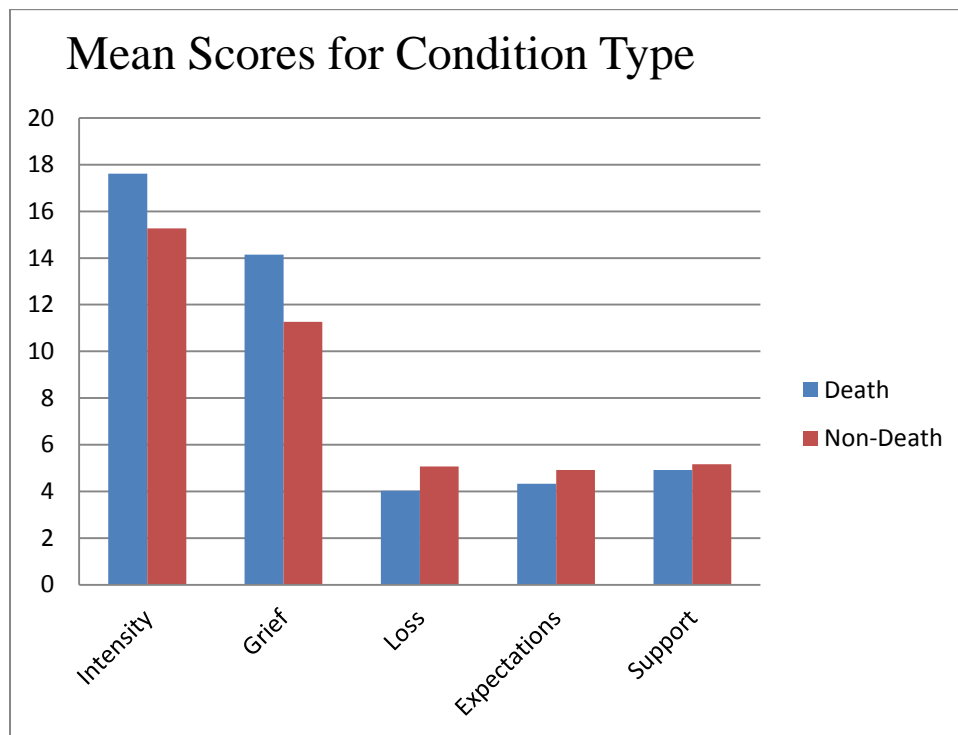
Participants indicated that the death loss events would evoke more intense feelings compared to non-death loss events. Results show that there was a significant difference in the intensity of feelings for death loss events (M=17.61, SD=1.76) and non-death loss events (M=15.27, SD=1.93); t (84), p < .001

Participants indicated that the death loss events would evoke more grief compared to non-death loss events There was a significant difference in the perception/presence of grief for death loss events (M=14.15, SD= 1.83) and non-death loss events (M=11.26, SD=2.11; t (86) =12.16, p< .001).

More participants indicated that they would consider or view non-death loss events as losses more than they indicated death loss events to be a loss. There was a significant difference in the perception of loss for death loss events (M=4.02, SD=.15) and non-death loss events (M=5.07, SD=1.01); t (85) =9.338. p <..001.

Participants indicated that they would expect their friends and family to acknowledge their grief more in response to non-death loss events compared to death loss events.

Participants indicated that they would seek more support from others in response to the non-death loss events compared to the death loss events. There was a significant difference in seeking support from others in response to death loss event (M=4.91, SD =1.15) and the non-death loss events (M=5.17, SD=1.41); t (86) =-2.57, p=.012.

Independent T-Tests were calculated to determine if there were differing responses to the events if participants had real life experience with it or not.

In death loss events, no significant differences were found in intensity of feelings, grief, loss, expectation of others, and seeking support from others in the death of a sibling, death of a parent, and death of a pet between those who had experienced these events and those who have not. It is important to note that death of a sibling (n=8) had a small sample size, which could have influenced results.

Interestingly, however, significant differences were found between participants who had experienced the death of a best friend and those who had not. Participants who had not lost a best friend predicted that their feelings of grief would be more intense ((M=4.35, SD = .65) compared those who had experienced the loss of a best friend. (M=

4.64, SD = .48); t(93) = -2.3, p = .23. Participants who had not experienced the death of a

best friend predicted that they would experience more grief (M=3.48, SD= .59) compared

to participants who had experienced the death of a best friend (M= 3.79, SD= .47); t(93)

= 2.47, p=.015. Participants who had experienced the death of a best friend indicated that

they would expect family and friends to acknowledge their grief (M=1.22, SD= .42) more

than participants who had not experienced death of a best friend (M=1.15, SD = .36); t

(93) = .715, p= .476. Both groups were equally likely to seek support from others in

response to this loss. Results for this Independent T-Test are shown below.
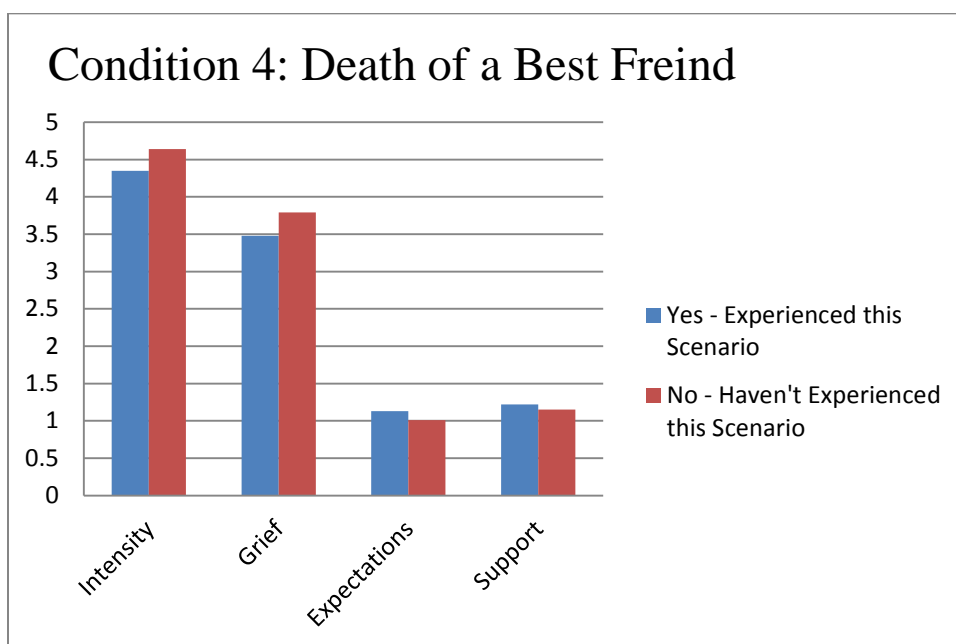
Condition 4: Death of a Best Freind

Legend:
- Yes - Experienced this Scenario
- No - Haven't Experienced this Scenario

Categories: Intensity, Grief, Expectations, Support

For non-death loss events, no significant differences were found in intensity of feelings, grief, loss, expectation of others, and seeking support from others in the non-death loss events that include the end of a romantic relationship and having a loved one with chronic/terminal illness. The results for end of a romantic relationship could have been due to a low samples size (n=10), of participants who had not experienced the end of a romantic relationship.
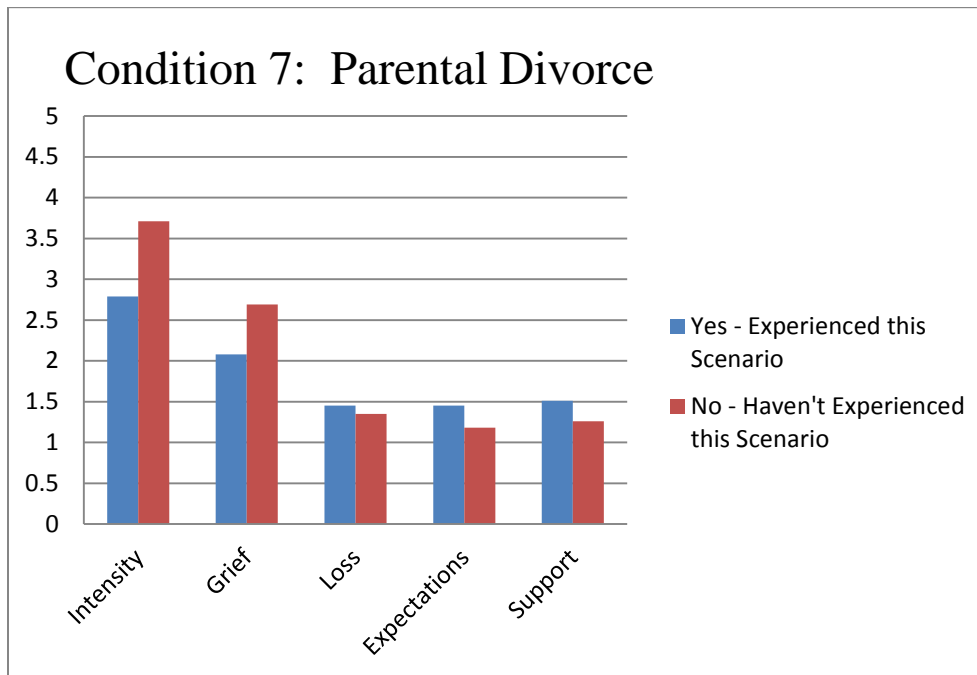
Interestingly, significant differences were found between participants who had experienced parental divorce and those who had not. Participants who have not experienced parental divorce (M=2.79, SD= .93) expected to experience more intense feelings in response to this event than participants who had experienced parental divorce. (M=3.71, SD=1.04); t(94) = -2.3, p< .001. Participants who had not experienced parental divorce expected their grief to be greater (M=2.08, SD= .77) than those who had not (M=2.69, SD=.92); t (94)= -3.5, p =.001. Participants who had experienced parental divorce had higher expectations that friends, family and others would acknowledge their grief (M=1.45, SD= .50) more than participants who had not experienced parental divorce (M=1.18, SD =.39); t(94) =2.87, p =.005\ Participants who had experienced parental divorce reported they would be more likely to seek support from friends, family, or professionals (M=1.51, SD= .55) compared to participants who had not experienced parental divorce (M= 1.26, SD =.45); t(94) = 2.41, p=.018. The results for this Independent-T-Test are shown on the next page.

Condition 7: Parental Divorce

Bar chart showing values on a scale from 0 to 5 across five categories: Intensity, Grief, Loss, Expectations, and Support. Blue bars represent "Yes - Experienced this Scenario" and red bars represent "No - Haven't Experienced this Scenario."

- Intensity: Yes ≈ 2.8, No ≈ 3.7
- Grief: Yes ≈ 2.1, No ≈ 2.7
- Loss: Yes ≈ 1.45, No ≈ 1.35
- Expectations: Yes ≈ 1.45, No ≈ 1.2
- Support: Yes ≈ 1.5, No ≈ 1.25

An Independent T-Test could not be calculated for the non-death loss event of chronic/terminal illness, as there was an unintentional omission in the question that pertains to weather the participant had experienced this event in real life.

An Ad Hoc analysis was conducted to measure frequencies of grief responses. The most common grief responses reported were shock, sorrow, depression, anxiety, and sleep disturbances. The results are shown in the graph

DISCUSSION

The purpose of this study is to extend on Cohen's (1996) study and further investigate whether people's perceptions of grief in death loss events vs. non-death loss events differ and whether anticipated responses in non-death losses are believed to be similar to peoples' grief responses. The study examined the following research questions: 1) Do the perceptions of grief in young adults differ in death loss vs. non-death loss events? 2) Do young adults feel that grief associated with death loss events is more likely to be acknowledged by friends, relatives, and others in their social network? 3) Would young adults be more likely to seek support from others for grief in death loss events vs. non-death loss events?

In response to Research Question 1), results from the study suggest that young adults' perceptions of grief differ in response to death loss vs. non-death loss events when comparing intensity of feeling, grief, and loss. The study found that participants perceived death loss events to evoke more intense feelings and grief compared to non-death loss events. Research supports that people often perceive death loss events to evoke more grief compared to non-death loss events, as grief in response to non-death loss events often goes unrecognized by society and even the individual experiencing grief. Unexpectedly, more participants in this study considered non-death loss events to be a loss more often then they considered death loss events to be a loss. These results contradict previous research and there may not be enough information in the survey to understand and interpret why people came to this conclusion. It is also possible that

participants may have responded differently due to their perception of loss versus those who actually experienced these kinds of losses. It is possible that results are due to characteristics of this sample and how they conceptualize loss.

In response to Research Question 2), results from this study suggest that young adults would expect their friends and family to acknowledge their grief more in response to non-death loss events than death loss events. These results were unexpected and contradict previous research as it has been reported that people often don't recognize loss in non-death loss events, although hidden, secondary, and symbolic loss often accompanies non-death loss (Harris, 2011). There also may not be enough information in the survey to interpret how people came to these conclusions. In addition, it may be hard interpret results where there is no clear distinction between perception and actual experience.

In response to Research Question 3), results suggest that young adults would be more likely to seek support from friends, family, and professionals, in response to non-death loss events compared to death loss events. These results contradict past research as it has been reported that people often don't recognize their grief in response to non-death loss events (Doka, 1989, Cohen, 1996). It is possible that these results may reflect a growing awareness about the situational demands of non-death loss events. These results may also reflect a growing awareness about the potential for grief to go unresolved in response to non-finite loss due to it's ongoing and ambiguous nature. It is also possible that these results are due to the characteristics of the sample used in the study.

For two of the events, divorce and end and death of a best friend, there was an interaction, meaning that participants who had experienced these events in real life responded differently than those who did not. For both of these events, there was a higher sample of participants who had actually experienced these events compared to those who had not. It is possible that more interactions could have occurred for the other events if there was a higher sample size for participants who had actually experienced the event. In both of these events, participants who had not experienced these events anticipated that their own feelings of grief would be more intense. Participants who experienced these events reported higher expectations that family, friends and relatives would acknowledge their grief in response to this event. These discrepancies are likely to reflect the difference between anticipatory reactions in absence of experience.

In summary, participants perceive death events to evoke more intense feelings and grief, however they are more likely to think friends and family would acknowledge their grief in response to non-death loss events and more likely to seek support for grief in response to non-death loss events. Findings from the study are not exhaustive or conclusive as there were many limitations to the study.

<center>Strengths and Limitations</center>

Some strengths of this study are that it can add information about non-death loss. It may show certain shifts in the perception of young adults from previous times, however these differences are hard to interpret at this time and it would be important for

future research to refine. In addition, the number of subjects used in the sample was large enough to yield an effect size.

There are many aspects of the study that make results less generalizable. The analogue design of the study, using hypothetical events, was artificial in nature. And while many participants reported having had real life experiences with some of these events, their responses to this survey are not a direct measure of how they responded or would respond in a natural setting. And in the absence of experience, it is hard to interpret findings since it is hard to separate perception versus experience. It is also difficult to adequately compare one event with the other as people's experiences of grief are complex, can present differently, and vary in intensity and meaning for each individual. And in the absence of having had actual experience, it may be hard to make meaningful interpretations of participants' who are hypothesizing how they think they would respond. In the event that participants had experienced these events, it's possible that participants' responses could be impacted by how recent or distant these events occurred. In addition, since this study does not provide information on all death loss and non-death loss events, and all of these reasons make it impossible to generalize.

The Life Events survey was adapted from Cohen (1996) and it is not a diagnostic screening tool for grief. The survey is also a self-report measure and self –report measures not considered to be highly accurate or valid because they have been shown to produce false positives and false negatives (Meyers & Weisman, 1980). Because the study was looking at perception, participants answered according to their own perceptions of grief, rather than a set construct, which could lead them to respond

differently. Due to the difficulty in placing a value on an emotion, ordinal scales were used, which are less reliable measurements because the numeric value is arbitrary. For some of the questions dichotomous measures (Yes/No), which capture less variance compared to a Likert-Scale.

The demographics of the population used in the study were 86%, women, which makes it difficult to generalize findings to men. In addition, participants were 65% Caucasian, 17% Hispanic, 6% Alaskan/American Native, 4% Asian and 4% who did not choose to disclose their ethnicity. The fact that most participants were Caucasian makes it difficult to generalize findings to other ethnicities. While this study focused on people ages 18-35, it is possible that children, middle aged, or elders could have responded differently to these events.

Clinical Implications

When working with young adults, this study can raise awareness for clinicians about possible hidden grief, which may be present in both death and non-death loss events. Psycho-education about disenfranchised grief and other loss reactions may be a tool clinicians can use for clients to help their client frame and understand what could be happening for them.

Directions for Future Research

Future research may choose to examine people's grief in response to events they actually experienced as opposed to how participants anticipate they would feel in events

they have not yet experienced. It would also be important for researchers to find out each participant's grief history before interpreting responses as each person's response to loss is unique and complex. It would also be important to find out weather responses are impacted by participants who have experienced multiple losses in their lives as well as how recent or distant these events occurred. It would also be important for future research to make a clearer distinction between perception of loss and experience of loss as someone who has actually experienced the loss is likely to respond differently from someone who has not.

Since this study was predominantly women, researchers may want to include more men in their sample and examine weather there are gender differences in how participants respond. It may be worth looking into grief reactions (Emotional, physiological, and psychological) to see if different loss events yield different patterns in grief responses. Also, looking through the literature, there were not many studies' about loved ones enduring severe mental illness and their experiences of grief, loved ones enduring chronic/terminal illness and their grief experiences, the grief experiences of loved ones with traumatic brain injuries, and grief experiences of family members of loved one who had been incarcerated. The grief experiences in response to these events have been greatly under-researched and future studies' have the opportunity to provide further insights.

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APPENDIX A

Internet Recruitment Email

Subject line: Participation opportunity for survey regarding people's emotional responses to hypothetical events.

Dear Potential Research Participant,

You are invited to participate in a study about grief. I am a psychology graduate student at Humboldt State University in Arcata, CA. We are looking for participants between the ages of 18 and 35, who live in the United States.

If you decide to participate, you will be entered into a drawing to win a 50$ Amazon gift card. Any information obtained by this survey will not be linked to your identity in any way. After indicating your consent below, you will be directed to a set of questions in response to 8 hypothetical scenarios. Answering questions should take about 15 to 20 minutes. The results will help researchers and mental health practitioners.

Any information that is obtained in connection with this study will be used for research purposes. All information you, as the participant, provide will remain anonymous. No IP addressed or other identifying information will be associated with your data. Only the researcher, research assistants, and faculty supervisor for this study will access your responses. Your responses will not be made accessible to university administration or personnel.

If you decide to participate, you are free to discontinue participation at any time.
If you have any questions, please ask. If you have additional questions later, you may contact me at the information below, and I will be happy to answer them.

Investigator: Amanda Flynn
Master of Arts in Psychology, Counseling Candidate
Humboldt State University
Akf22@humboldt.edu

Supervisor: Dr. Emily Sommerman
Psychology Faculty
Humboldt State University

APPENDIX B

Informed Consent

HUMBOLDT STATE UNIVERSITY

COMMITTEE FOR THE PROTECTION OF HUMAN SUBJECTS IN RESEARCH

To be eligible for this study, I understand I must be between the ages of 18 and 35, and live in the United States. I hereby agree to participate in the following surveys conducted by Amanda Flynn, a MA candidate in the Counseling Psychology, for research purposes.

These surveys will take approximately 15-20 minutes to complete, and will be conducted anonymously online. The purpose of these surveys is to collect relevant information regarding grief.
I understand that by participating in this study may involve the possible risk of emotional discomfort as a result of exploring hypotetical events that participants may have experienced in their life. Participating in this study has the potential benefit of collecting valuable information that may relevant to mental health professionals and grief counseling.

I understand that Amanda will answer any questions I may have concerning this investigation or procedures at any time. I also understand that participation in this study is entirely voluntary and that I may decline to enter this study or withdraw from participation at any time without consequence. I understand that the investigator may terminate my participation in this study at any time. I understand that Amanda will provide me with a list of counseling resources, should I choose to seek therapy after participating in this research.

I understand that the results from surveys submitted online will be stored electronically in the password-protected filing system, and identifying information (Such as name, phone number, e-mail address, etc.) will not be requested of me. **My response, therefore, will be anonymous to the researcher.**

If I have any questions regarding the survey and/or my participation, or if I would like further references to counseling as a result of the nature of this research, I can contact Amanda Flynn, graduate student in Psychology, at akf22@humboldt.edu or Dr. Emily Sommerman at Emily.sommerman@humboldt.edu. I understand that I will be asked for non-identifiable demographic information and that this information will be stored electronically in a password-protected filing system. If I have questions regarding my

rights as a participant, any concerns regarding this project, or any dissatisfaction with any part of this study, I may report them, confidentially; if I wish, to the Dean for Research & Sponsored Programs, Dr. Rhea Williamson at Rhea.Williamson@humboldt.edu or (707) 826-5169.

I hereby acknowledge that I have read and understand the implications of this research. By continuing on to the following surveys, I give my consent to participate, and therefor declare that I am between the ages of 18 and 35, not pregnant, and live in the United States, and thus eligible for this study.

APPENDIX C

National Resources for Counseling

24 Hour Crisis Hotline……………………………..1-800-309-2131

24-Hour National Hopeline Network………………….1-800-784-2433

National Suicide Prevention Lifeline…………………1-800-273-8255

www.compassionatefriends.org

www.crisissupport.org/programs/5

Local References for Counseling (Humboldt County)

HSU Counseling and Psychological Services……………(707) 826-3236

Open Door Community Health Centers
(*all 4 clinics require referral from their MD or PA in order to be seen by
their therapists*
    Arcata Open Door Clinic………………………….(707) 826-8610
    North County Clinic……………………………….(707) 822-2481
    Eureka Community Health Center………………...(707) 441-1624
    Mckinleyville Community Health Center…………(707) 839-3068

Humboldt Family Services……………………………….(707) 443-7358

Remi-Vista……………………………………………..(707) 268-8722

HSU Community Counseling Clinic……………………...(707) 826-3921

APPENDIX D

LIFE EVENTS SURVEY

Please read the following hypothetical scenario and respond to the questions by circling

the answer that best applies to you. All answers are confidential. Please respond as

accurately and honestly as you can.

Scenario 1

Your parent or guardian has been diagnosed with a severe terminal illness.

1) Please rate the intensity of feelings this event might evoke for you?
   (Please circle one)

Not at all intense   mild   moderate   high   Most intense

           1   2   3   4   5

2) What feelings might this event evoke for you? (Check all that apply)

_____ Shock   _____ anger   _____ appetite

disturbances

_____ anxiety   _____ tension   _____ irritability

_____ sorrow   _____ fear   _____ preoccupation with event

_____ depression   _____ withdrawal from others

_____ guilt   _____ sleep disturbances

_____ disruption in functioning

 _____ physical/medical problems

3) Would you consider this event to be a type of loss? (Please circle one)

   Never   sometimes   often   Always

     1   2   3   4

4) If you were to experience grief from this event, would your friends, relatives and others recognize and acknowledge that you could be grieving?
   YES   NO

5) Would you seek formal counseling in response to this event?
   YES   NO

6) Have you ever experienced this type of situation in your life?
   YES   NO

Please read the following hypothetical scenario and respond to the questions by circling

the answer that best applies to you. All answers are confidential. Please respond as

accurately and honestly as you can.

Scenario 2

A sibling of yours (If you don't have one, pretend) is currently suffering from a severe

mental illness

1) Please rate the intensity of feelings this event might evoke for you?
   (Please circle one)

Not at all intense   mild   moderate   high   Most intense

                 1   2   3   4   5

2) What feelings might this event evoke for you? (Check all that apply)

_____ Shock   _____ anger   _____ appetite

disturbances

_____ anxiety   _____ tension   _____ irritability

_____ sorrow   _____ fear   _____ preoccupation with event

_____ depression   _____ withdrawal from others

_____ guilt   _____ sleep disturbances

_____ disruption in functioning

 _____ physical/medical problems

3) Would you consider this event to be a type of loss? (Please circle one)

    Never   sometimes   often   Always

      1   2   3   4

4) If you were to experience grief from this event, would your friends, relatives and others recognize and acknowledge that you could be grieving?
YES   NO

5) Would you seek formal counseling in response to this event?
YES   NO

6) Have you ever experienced this type of situation in your life?
YES   NO

Please read the following hypothetical scenario and respond to the questions by circling the answer that best applies to you. All answers are confidential. Please respond as accurately and honestly as you can.

Scenario 3

Death of your pet

1) Please rate the intensity of feelings this event might evoke for you?

(Please circle one)

Not at all intense   mild   moderate   high   Most intense

1   2   3   4   5

2) What feelings might this event evoke for you? (Check all that apply)

_____ Shock   _____ anger   _____ appetite disturbances

_____ anxiety   _____ tension   _____ irritability

_____ sorrow   _____ fear   _____ preoccupation with event

_____ depression   _____ withdrawal from others

_____ guilt   _____ sleep disturbances

_____ disruption in functioning

_____ physical/medical problems

3) Would you consider this event to be a type of loss? (Please circle one)

Never   sometimes   often   Always

1   2   3   4

4) If you were to experience grief from this event, would your friends, relatives and others recognize and acknowledge that you could be grieving?

YES   NO

5) Would you seek formal counseling in response to this event?
YES   NO

6) Have you ever experienced this type of situation in your life?
YES   NO

Please read the following hypothetical scenario and respond to the questions by circling

the answer that best applies to you. All answers are confidential. Please respond as

accurately and honestly as you can.

Scenario 4

Death of your best friend

1) Please rate the intensity of feelings this event might evoke for you?

(Please circle one)

Not at all intense   mild   moderate   high   Most intense

                1   2   3   4   5

2) What feelings might this event evoke for you? (Check all that apply)

_____ Shock   _____ anger   _____ appetite

disturbances

_____ anxiety   _____ tension   _____ irritability

_____ sorrow   _____ fear   _____ preoccupation with event

_____ depression   _____ withdrawal from others

_____ guilt   _____ sleep disturbances

_____ disruption in functioning

_____ physical/medical problems

3) Would you consider this event to be a type of loss? (Please circle one)

Never   sometimes   often   Always

1   2   3   4

4) If you were to experience grief from this event, would your friends, relatives and others recognize and acknowledge that you could be grieving?

YES   NO

5) Would you seek formal counseling in response to this event?

YES   NO

6) Have you ever experienced this type of situation in your life?

YES   NO

Please read the following hypothetical scenario and respond to the questions by circling the answer that best applies to you. All answers are confidential. Please respond as accurately and honestly as you can.

Scenario 5

Death of your parent

1) Please rate the intensity of feelings this event might evoke for you?

(Please circle one)

Not at all intense   mild   moderate   high   Most intense

                1   2   3   4   5

2) What feelings might this event evoke for you? (Check all that apply)

_____ Shock   _____ anger   _____ appetite disturbances

_____ anxiety   _____ tension   _____ irritability

_____ sorrow   _____ fear   _____ preoccupation with event

_____ depression   _____ withdrawal from others

_____ guilt   _____ sleep disturbances

_____ disruption in functioning

_____ physical/medical problems

3) Would you consider this event to be a type of loss? (Please circle one)

Never   sometimes   often   Always

1   2   3   4

4) If you were to experience grief from this event, would your friends, relatives and others recognize and acknowledge that you could be grieving?

YES   NO

5) Would you seek formal counseling in response to this event?

YES   NO

6) Have you ever experienced this type of situation in your life?

YES   NO

Please read the following hypothetical scenario and respond to the questions by circling

the answer that best applies to you. All answers are confidential. Please respond as

accurately and honestly as you can.

Scenario 6

The ending of a significant romantic relationship you were in

1) Please rate the intensity of feelings this event might evoke for you?

(Please circle one)

Not at all intense　　　mild　　　　moderate　　high　　Most intense

1　　　　2　　　　3　　　　4　　　　5

2) What feelings might this event evoke for you? (Check all that apply)

_____ Shock　　　_____ anger　　　　　_____ appetite

disturbances

_____ anxiety　　_____ tension　　_____ irritability

_____ sorrow　　_____ fear　　_____ preoccupation with event

_____ depression　_____ withdrawal from others

_____ guilt　　　　_____ sleep disturbances

_____ disruption in functioning

_____ physical/medical problems

3) Would you consider this event to be a type of loss? (Please circle one)

   Never   sometimes   often   Always

     1   2   3   4

 4) If you were to experience grief from this event, would your friends, relatives and

others recognize and acknowledge that you could be grieving?

   YES   NO

5) Would you seek formal counseling in response to this event?

   YES   NO

 6) Have you ever experienced this type of situation in your life?

   YES   NO

Please read the following hypothetical scenario and respond to the questions by circling

the answer that best applies to you. All answers are confidential. Please respond as

accurately and honestly as you can.

Scenario 7

Death of your sibling (Imagine if you don't have one)

1) Please rate the intensity of feelings this event might evoke for you?

(Please circle one)

Not at all intense   mild   moderate   high   Most intense

1   2   3   4   5

2) What feelings might this event evoke for you? (Check all that apply)

_____ Shock   _____ anger   _____ appetite

disturbances

_____ anxiety   _____ tension   _____ irritability

_____ sorrow   _____ fear   _____ preoccupation with event

_____ depression   _____ withdrawal from others

_____ guilt   _____ sleep disturbances

_____ disruption in functioning

_____ physical/medical problems

3) Would you consider this event to be a type of loss? (Please circle one)

Never   sometimes   often   Always

1   2   3   4

4) If you were to experience grief from this event, would your friends, relatives and others recognize and acknowledge that you could be grieving?

YES   NO

5) Would you seek formal counseling in response to this event?

YES   NO

6) Have you ever experienced this type of situation in your life?

YES   NO

Please read the following hypothetical scenario and respond to the questions by circling

the answer that best applies to you. All answers are confidential. Please respond as

accurately and honestly as you can.

Scenario 8

Your parents divorced

1) Please rate the intensity of feelings this event might evoke for you?

(Please circle one)

Not at all intense   mild   moderate   high   Most intense

                        1   2   3   4   5

2) What feelings might this event evoke for you? (Check all that apply)

_____ Shock   _____ anger   _____ appetite

disturbances

_____ anxiety   _____ tension   _____ irritability

_____ sorrow   _____ fear   _____ preoccupation with event

_____ depression   _____ withdrawal from others

_____ guilt   _____ sleep disturbances

_____ disruption in functioning

_____ physical/medical problems

3) Would you consider this event to be a type of loss? (Please circle one)

Never   sometimes   often   Always

1   2   3   4

4) If you were to experience grief from this event, would your friends, relatives and others recognize and acknowledge that you could be grieving?

YES   NO

5) Would you seek formal counseling in response to this event?

YES   NO

6) Have you ever experienced this type of situation in your life?

YES   NO