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An investigation of the response of the family to the death of a grandparent

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An Investigation of the Response of the Family

to

The Death of a Grandparent

by

Bonita Trinclisti

THESIS

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AN INVESTIGATION OF THE RESPONSE OF THE FAMILY TO THE DEATH OF A GRANDPARENT

Bonita Trinclisti

Submitted in partial fulfillment
of the requirements for the degree of
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Abstract

Despite the plethora of research regarding the individual response to death, to date few systematic investigations have been conducted on the family mourning process. The goal of the present study is to explore and describe the response of the family to the death of a grandparent from a chronic illness. Because death in the family is usually perceived as a crisis, the reorganization and resolution after the death of a member engages the entire family in a process whose final goal is reinvestment in life. The intergenerational transmission of methods of mourning is of particular importance. In as much as the death of a grandparent is a common experience and often the first human death to be dealt with by a child, it appears essential in understanding how families cope with loss.

This study involves seven nuclear families each consisting of at least two living parents and one child between the age of 10 and 20 years old, whose parent/grandparent had died in the past six months. Each of the three members individually participated in a semi-structured interview that involved open-ended questions about family functioning before and after the death, the circumstances surrounding the death and burial, and the perceived impact of this death on both the individual and the family. Family functioning is defined as roles, values, communication, decision-making, and need-response. The exploration of the circumstances around the death focused on the variables of the mourning process as defined by Parkes (1972).

Qualitative comparative analysis was used to code the data. Common themes and were identified and clustered according to what Schatzman and Straus called "linkages."

The study shows that the presence of a surviving spouse appears to be a key variable in changing family functioning after the death. The point at which the family is in the family life cycle seems to influence the mourning process. Specific coping behaviors and their modeling between parents and children are noted. Other variables in the grief response that are evidenced include source of support and physical symptoms that develop after the death. All family members rated the perceived impact of the death greater for the adult offspring than the family unit.

Implications for the family nurse-clinician include preventative and primary interventions that would assist families in dealing with death such as taking a history of losses and hospice counseling. This study strongly suggests that a history of losses be included as part of the health assessment. Awareness of the many variables that influence mourning enhances the delivery of family health care.

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These pages are the product of the collective efforts of many people. The families who allowed me to share their loss and explore their feelings have my deepest appreciation. My colleagues who challenged and questioned me have nurtured my growth has a researcher. My friends who coauthored this work with their love, energy, patience and--Hydrox cookies, now share its success.

But most especially I thank my parents, James and Marcella Trinclisti, who were my first family, my first teachers, and my very dearest friends.

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Chapter I

Introduction

Death is a universal experience in life. In the family system, the death of a member is a stressful event which results in disequilibrium and boundary change. When a member dies, the remaining members must alter their patterns communication, roles, and responsibilities. Adaptation and resolution of the loss involve the family in the mourning process and encompass the following: (a) establishing new routines, (b) realigning roles, and (c) relinquishing the memory of the deceased (Goldberg, 1973; Hollingsworth & Pasnau, 1977). The goal of the mourning process is a new equilibrium in the surviving family system. If researchers can identify the factors that comprise the family mourning process, they may better understand why some families resolve the loss successfully while others seem to falter after the loss of a member.

The Research Question

Problem Statement/Purposes

A descriptive and exploratory study was undertaken to investigate the grief response of an adult offspring and the family (spouse and children) to the death of a parent or grandparent. Specifically the study was initiated to explore:

1) How families cope with the death of a grandparent i.e., the grief response.
2) What changes occur in the family functioning.
3) What the perceived impact is of the grandparent's death by each member on him or herself and on the entire family system.

The research involved families who experienced the loss of a grandparent from cancer or heart disease. Data was obtained three to six months after the death.

Definitions

For the purpose of this study the family is defined as a group of individuals with economic, blood, and emotional bonds who function as a unit. This functioning is determined by self reports of values, roles, communication, decision-making, and need-response (Hill, 1965). Grief is described as the response to the loss of a valued object and is comprised of a number of subjective states (Peretz, 1970). Mourning is the psychological process initiated by the loss of a loved object and completed when that object is relinquished (Bowlby, 1961). The family mourning process (grief response) is defined as those psychological, physical, and social coping behaviors that occur in the family after the death of a member. Specifically this study explores the mourning process of families that have experienced the loss of a grandparent.

Significance

According to studies by Holmes and Rahe (1967), the death of a spouse or family member is ranked fifth of 43 life events requiring major adjustment for the individual. Based on the assumption that death of a family member has significant impact for the individuals within a family, this study further proposes that in addition to the individual adjustment required, there is an adjustment required of the family system as a whole. This adjustment involves the family in the mourning process. The goals of this process include an acceptance of the loss and a reinvestment in life. Inadequate resolution of grief can result in delayed and covert grief reactions that may be manifested by a variety of health problems such as somatization and depression (Lindemann, 1944;

Parkes, 1972). Although much of the research in mourning and grief has examined the individual's response, health care providers need also to understand the family's response to death.

The health care provider interacts daily with families who have experienced this common life event. By understanding the relationship that exists between factors that influence mourning, changes that occur in the family, and possible coping behaviors, the practitioner can facilitate the mourning process and assist families with physical and psychosocial problems that might occur. Through family education and counseling there is an opportunity to minimize maladaptive or latent grief reactions. Effective interventions demand research on the family mourning process and an enhanced understanding of bereavement.

Background

While several theorists have identified a sequential pattern in the mourning process of the individual that begins with disbelief or denial and ends with reinvestments in life (Engel, 1969; Hardt, 1978; Kubler-Ross, 1969), Bowlby (1980) was the first to examine the relationship that existed prior to the loss. Bowlby contended that all humans depend on attachment for survival and security. Separation of the baby from the mother results in fear and insecurity and gives rise to an active search, involving crying and despair, for the attachment figure. Bowlby viewed mourning as the continued and persistent search for the lost attachment figure with death being the ultimate separation. Successful resolution is the incorporation of the deceased into the identity of the bereaved. This process of resolution is primarily determined by the relationship that existed between them prior to death. Since it is in the context of the family that one first establishes or fails to

establish attachment bonds, learns trust and mistrust, and methods of reorganization with death, it appears important to consider the family unit's contribution to this bereavement process. Furthermore, in as much as the parents are one's initial source of attachment and security, the death of a parent represents a significant separation and loss.

In 1965 crisis theorists emphasized the importance of investigating death as a crisis event in the family (Parad & Caplan, 1965; Umana, Gross & Turner, 1980). Crisis is defined as a situation in which the family's normal problem solving behavior is not sufficient and demands readjustment and resolution by the family. Family theorists using the crisis model developed the family stress theory (Hill, 1965). Family research then focused on coping responses of the family to specific, normative, and disaster events (Boss, McCubbin & Lester, 1979). By examining coping strategies of families, research has identified important resources that aid in dealing with particular stressors. To date, however, the literature contains only limited information concerning the family mourning process.

The impact of death on the family system has been referred to by several family theorists. Bowen (1976) identifies the "emotional shock wave" that occurs throughout the entire family after a serious emotional event such as death. This "shock wave" can take the form of any psychological or emotional symptom manifest in any family member. He relates the occurrence of the symptom to the emotional fusion within the system. A death in the family requires the reestablishment of an emotional equilibrium. It is felt throughout the system.

Paul (1969 & 1967) emphasizes unresolved mourning and its transmission intergenerationally. He suggests that grief is frequently the source of callous and abrasive behavior that can take place in the

family and is manifested in such activities as scapegoating and child abuse. On the other hand coping with the loss openly enables the family to develop empathy for one another. Resolution of the mourning process strengthens the family's ability to cope with future loss.

Death demands reorganization of both the individual and the family. While individual mourning has been studied extensively, the family response is much more complex and holds many unanswered questions. The present study attempts to explore family mourning after the death of a grandparent. It is unique in that it focuses on the loss from a two-generational perspective--the adult offspring and the children involved. By examining the family changes and functioning as well as the variables involved in this normative event in the family life cycle, areas of potential strength and vulnerability are identified. This initial exploratory study suggests that a clearer understanding of the family mourning process may assist clinicians to counsel, intervene, and educate client families about death and bereavement.

Chapter II

Review of the Current Literature

The Conceptual Framework

Hill (1965) examined three major components of crisis resolution in the family: (A) The stressor event which interacts with (B) the family crisis-meeting resources and with (C) the definition that the family gives the event. This produces (X) the crisis. This framework has been adapted to the family mourning process with interactions between (A) the death of the grandparent interacts with (B) the family functioning defined by values, roles, communication, decision-making, and need-response patterns (Parad & Caplan, 1960) interacts with (C) the definition of the death as determined by the variables that influence the grief response (Parkes, 1972) which in turn produces (X) the family mourning process. (See Figure 1)

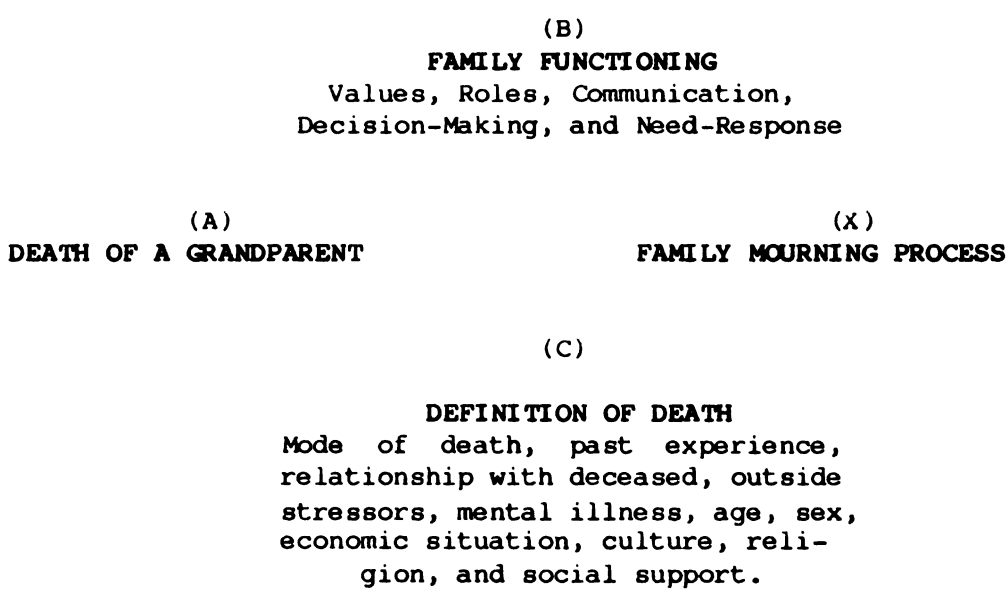


Figure 1. Conceptualization of the family mourning process.

Variables That Influence Grief

The grief responses of both individual members and family are difficult to study because of the number of variables that influence the outcomes. These variables have been the focus of much research. In this study special attention was given to those listed by Parkes' studies of widows (1972). They include mode of death, past experience with death, relationship with the deceased, outside stressors, sex, age, mental illness, economic situation, culture, religion, and social support. All were found to significantly influence the mourning process.

Other studies (Clayton, 1979; Maddison, 1968; Parkes, 1970) conclude that younger widows have more physical illness after the death than their older peers. Peretz (1970) explains this by viewing physical complaints as more acceptable than painful emotional states. This leads to the somatization of the grief response. In looking at the sex of the survivors, widowers have a higher morbidity and mortality rate than widows in the first six months of bereavement with a quicker recovery after that period (Carey, 1979; Clayton, 1979; Parkes, 1972).

The importance of the role of the deceased is related to the grief response. For example Britchnell (1970b, c, d) found that a recent parental death is a significant factor in the psychiatric history of institutionalized, suicidal, and depressed patients. This study also indicates the importance of the role of the survivor in the mourning process and suggests that the impact of the loss is associated with whether or not an individual has lost one or both parents. Furthermore, several studies (Britchnell, 1970a; Sander, 1979) noted that if it were the death of a second parent then the adult offspring would have some previous experience with loss and this would be related to his/her

ability to cope. For example at the death of a parent the adult offspring moves into the role of the eldest descendant and this may cause fear which in turn could influence the mourning process.

While these studies take a retrospective approach by looking at ill people and reviewing their history of past losses, Clayton (1969 & 1979) conducted prospective studies of a widowed sample and followed them through mourning. She concluded that the first year of bereavement evidenced only limited morbidity and mortality and suggested that one reason for the variations in previous findings might be the coping behaviors and the family support networks utilized. It is the intent of this study to further explore these coping behaviors within the family context.

An alternative point of view, offered by Reiss (1969), contends that with the increasing mobility of the American family the support once found in the extended system is declining. However, the importance of social supports is documented by the inverse relationship that appears to exist between the amount of social support that subjects present. People who that they had not been permitted to express their feelings, had no formal mourning ritual, and restrained their emotions, had more complaints of ill health (Maddison, 1968).

The Individual Grief Response

Obviously a great source of variability in grief reactions are individual differences. Research on grief reactions on individuals demonstrated that (a) acute grief is a definite syndrome with psychological symptoms, and (b) the grief reaction may appear immediately after the crisis or may be delayed or absent and labeled morbid. Pathology specific to the grief reaction includes somatic distress, preoccupation with the deceased, guilt, hostile reactions, and disruption of routine.

Delayed reactions must be recognized and managed in order to enable the person to successfully perform the grief work and resolve the loss. These are the results from the first systematic study of the grief reaction (Lindemann, 1944).

Since then a number of family studies have underscored the importance of individual differences in mourning. These studies (Berardo, 1968; Glick, Weiss, & Parkes, 1974; Maddison, 1967; Parkes, 1972) reveal increased morbidity and mortality in the bereaved spouses. Rees and Lutkins (1967) extended their study to include close relatives of the deceased and found that a higher mortality existed not only in the marital pair but also in the extended family network. Parkes (1972) likens the individual grief reaction to a prolonged stress response. He notes that the somatic symptoms which characterize both are panic, loss of appetite, headache, increased muscle tension, and gastrointestinal distress.

Oftentimes the death of the grandparent is the first loss experienced by the child. Deutsch (1937) was the first to hypothesize that children who lose parents have insufficient ego strength to grieve and therefore pathology is inevitable. Klein and Bowlby (Siggins, 1966) believe that there is no difference between the response of a child and that of an adult. This argument was the impetus for consequent investigations. Increased psychiatric illness was noted both by prospective study (Furman, 1974) and retrospective investigation (Britchnell, 1970a). Bowlby (1980) reasons that the inability of the child to deal with loss is directly related to the ambiguous,inconsistent messages given by the parents rather than an innate difficulty. Some say that the child responds to the reaction of the parents (Pincus, 1974). Because of the

uncertainty that exists regarding children dealing with death, further investigation is warranted. Thus, the present study offers examination of the mourning process from the perspective of the child as well as the parents in the family unit. This two-generational approach offers a unique perspective.

Preliminary investigation has thus far focused only on the response of an adult to the loss of a parent. Malinik, Hoyt, and Patterson (1979), found that intensity of the grief response was not inversely related to the physical distance between the deceased parent and the bereaved adult offspring. Such a correlation might be assumed because of the increased distances between nuclear families and families of origin. High levels of ambivalence in the parent-child relationship made adjustment to the loss more difficult. Mourning was facilitated by previous experience with loss. All subjects stated that the feature most valued during mourning was the support of family and friends. More evidence confirming the importance of support systems for the adult whose parent had died comes from Horowitz, Krupnick, Kaltreider, Wilner, Leong and Marmar (1981).

This study matched a sample of patients seeking counseling with a group of controls both of whom had experienced the loss of a parent. The loss had equal levels of what the authors called "intrusiveness" in the lives of the groups. However, the control group reported more use of social supports to buffer their feelings of isolation, hopelessness, and vulnerability than did the patient population. The investigation found that the patient group experienced a more prolonged grief process and, alarmed by their lack of progress in accepting the loss, sought counseling.

The Family Mourning Process

In addition to the individual psychological response to death, one needs to examine the context within which that response occurs, specifically, the family. Klein and Lindemann (1961) were the first to note that removing a person from his/her "social orbit" may percipitate a crisis because the interpersonal demands placed on the remaining individuals causes a marked change in their relationships (p. 290). Death of a specific member is unique because the family has never experienced this death before, will experience it only once, and it is irreversible (Hollingsworth & Pasnau, 1970). It is therefore, a crisis. Malinak et. al. (1979), noted that in 50 percent of his sample of bereaved adults whose parents had died there was an increase in intensity in relationships with family and friends. This lends validity to the implication that loss of a parent does stimulate a shift in the surviving relationships.

Further research on the death of a family member examines the death of a child (Binger, Albin & Feuerstein, 1969: Fischoff & O'Brien, 1976; Kaplan, 1973; Lindamood, Wiley, Schmidt & Rhein, 1979). Data show that after the death of a child the mourning process includes increased family solidarity (McCrae, Cull & Burton, 1973) and the principal support system is between spouses (Kerner, Harvey & Lewiston, 1978).

Thus far, investigations of the family grief response have been limited to families who have experienced the death of a parent. Cohen, Dizenz and Winget (1977) studied 42 families who were dealing with such a loss and report that open communication has a strong positive relationship to the perceived ease of role transition the family members reported. Role of the deceased is a primary variable influencing the

grief response of the family (Cohen et.al., 1977; Vollman, Ganzert, Richer & Williams, 1971). Resolution after the loss is enhanced if the roles and functions are redistributed according to need, ability, and potential. Supportive agencies and individuals enhanced the resolution process. Although the families did have the opportunity to experience some anticipatory grief, 50 percent of the family members reported the times immediately before and after the death and the funeral as the most difficult times. The times that were considered most difficult by individual family members were usually periods they perceived to be the most disruptive to their lives. Varying degrees of change were experienced by different members at different times throughout the disease process. However, the post-death period required change in all members and appears important to investigate.

From this review it is evident that the literature regarding the response of the family as a whole to death of a member is fragmented. There is no literature referring to the death of a grandparent member which focuses on the entire family. Specifically, what is missing is a retrospective study of the family grief response before and after the death of a grandparent from chronic illness that isolates the following variables addressed in the literature: (a) the circumstance around the death/burial (accounting for the variables); (b) the response of the family as defined by the changes that took place after the death, reactions of the individuals, health problems that developed, and coping behaviors; (c) the family functioning and how it changed; (d) the perception of each family member regarding the impact of the loss on his/herself and his/her family.

Chapter III

Methodology

The Sample

This exploratory study investigates the response of seven nuclear families to the death of a grandparent using interviews conducted separately with each family member. The seven families were English speaking, lived in the San Francisco Bay area, and experienced the death of a grandparent from heart disease or cancer. The interviews took place three to seven months after the death of a grandparent. Each family contained three generations including grandparents, adult offspring, and grandchildren. Of the seven deceased grandparents in the first generation, three were men and four were women. Two were under the age of 70, three were between 70 and 75 and two were 82 years old at the time of death. Those participating in the interviews in the study from the second generation included 14 adult offspring of the deceased grandparents, and the spouses of the offspring ranging in age from 34-50 years old. There were eight grandchildren of the deceased in the third generation: one was less than ten years old, three were 10-15 years old, and four were 15-19 years old (Table 1).

Each family was categorized according to the Hollingshead Two Factor Index of Social Economic Status (1973) (see Table 2). This two factor index uses occupational and educational scales to rank families into levels of socioeconomic status. The occupation is given a scaled score which is then used to rank the occupation by categories of size and value according to Hollingshead's scale. The educational component is scaled according to the level of education completed. The

Table 1

The Age and Sex Distribution of Family Members

Family	Grandparent's Age/Sex	Adult Offspring's Age/Sex	Spouse's Age/Sex	Grandchild's Age/Sex
1	72/F	38/F	44/M	13/F
2	39/F	39/F	42/M	8/M
3	66/F	36/F	40/M	16/M
4	70/M	38/F	42/M	19/M
5	82/F	47/F	50/M	17/M
				13/M
6	82/M	41/M	41/F	17/F
7	59/F	34/M	38/F	12/F
Mean Years	71.9	39	42	14.9
S.D.	7.643	3.854	3.539	3.5128

Age in years; M: Male; F: Female.

two partial scores are then added and the index of social position score is obtained. The social position score ranges fall into Classes I-V. This provides a systematic method of classifying families according to socioeconomic status, another variable that influences the grief response. There was one family in Class I and two families each in Class II through IV. The families were ranked according to the occupation and education of the of the principle wage earner.

Table 2

The Socioeconomic Rankings of the Families

Family	Socioeconomic Status Class
1	III (Middle class)
2	II (Upper middle class)
3	I (Upper class)
4	III (Middle class)
5	II (Upper middle class)
6	IV (Lower middle class)
7	IV (Lower middle class)

The Procedure

Access to six of the families was gained through the South Bay Home Health Agency Hospice Program. One additional family volunteered after the research proposal was publicized in a local church. When dealing with the home health agency, the community health nurses involved in the care of the dying grandparent were informed of the subject criteria. Intact nuclear families with children between the ages of ten and twenty, who had experienced a death of a grandparent within six months, were contacted by the nurse. After a preliminary explanation, each family was asked to participate. If consent was given their names and telephone numbers were given to the researcher. Initial contact was made,

and after introductions, the interviews took place in the homes of the families.

The semi-structured interviews lasted 45 minutes with each family member (Appendix A). Each interview began with a brief description of the study and the signing of a consent form (Appendix B). All the participants received a copy of the consent. Each of the interviews was audio-taped in its entirety with occasional note-taking.

Each of the research questions was addressed in the context of the interview. Family functioning and the changes that took place within it were investigated by exploring family values, roles, communication, decision-making, and need-response. Coping behaviors were derived from the report of circumstances around the death and burial (and the reactions of individuals to them), health problems that developed, changes that took place after the death, and what the family found most helpful in dealing with the death. The perceived impact of the death on each family member was obtained by having the member rate the event on a scale from one to ten. A total of 22 subjects were interviewed.

The sampling was voluntary in nature. The tapes of each interview were coded with numbers and the resulting transcripts were correlated. Face sheets with the statistical information and names of the subjects were always kept separately to insure confidentiality.

Description of the Sample: Family Functioning

Family functioning was defined as values, roles, communication, decision-making and need-response (Hill, 1965). Information in each of these areas was obtained with open ended questions in the interview. Initially each member was asked to describe the nuclear family. Roles such as breadwinner, homemaker, and specific occupation were emphasized. If examples were requested the researcher illustrated by using values

such as belief in god, money, education, and health. These were the examples that were used consistently. Each member was questioned about the decision-making process with regards to family issues. They were asked to identify the person who had the final word about decisions concerning family activities and routines.

Communication and need-response were two areas that were investigated indirectly. Questions regarding the ease of expressing feelings in the family and how affection was dealt with were ways that enabled the researcher to assess how open and responsive the family was to the individual needs of each member. Asking a member about the needs and feelings of the others assisted in assessment of the awareness each member had of the other members.

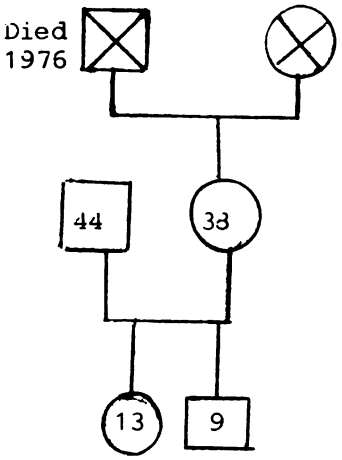
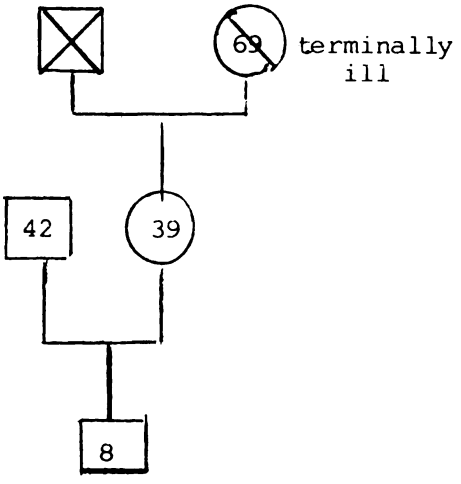
Each of these issues was addressed with regard to the family in general and specifically in relation to the death of the grandparent. The primary interest of the researcher was in the changes that occurred in each of these areas after the death.

Five of the seven families reported that mother was the homemaker, in charge of the children, and managed the home. The father was the principle wage earner . Decision making in three of the families was by consensus. In three of the families father had the final word and in one the mother did. Communication was a difficult area of assessment. Only two of the families reported open and honest communication. The other five ranged in responses from open, with some restrictions on crying, to one family that had little interaction among members. Values reported most frequently were togetherness, solidarity, and "roots". Belief in god or religion was also often reported. The need-responsiveness of the families fell on a continuum from "no awareness" of the

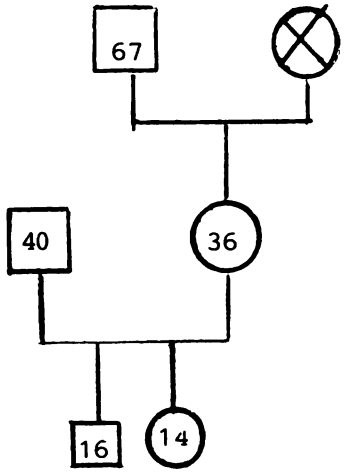
needs of individual family members, to "open expression of needs", and consequent action directed by the family to satisfy them. (See Table 3)

Table 3

Subject Families: Genogram and Baseline Functioning

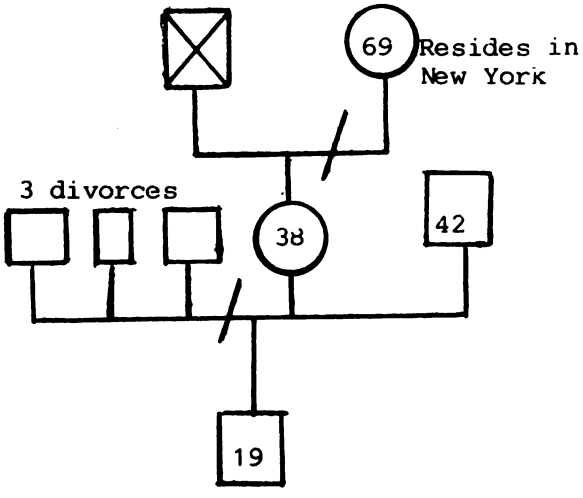
Family	Family Functioning
Family 1 	Values: mutual respect, belief in god, sharing. Roles: all chores divided; man-money maker, woman-homemaker; strong marital coalition. Communication: open but no shouting, very little anger. Decision-making: compromise; concensus between all members. Need-Response: mother's view--cannot cry in front of dad. unaware of other members needs.
Family 2 	Values: family roots, honesty, respect, love. Roles: mother very fragile, ill, homemaker; father responsible for financial well-being of family. Communication: harmony important; mother verbally expressive; father keeps feelings inside. Decision-making: confined to marital pair; father has final word. Need-Response: internally supportive and strong committment to families of origin.

Family 3



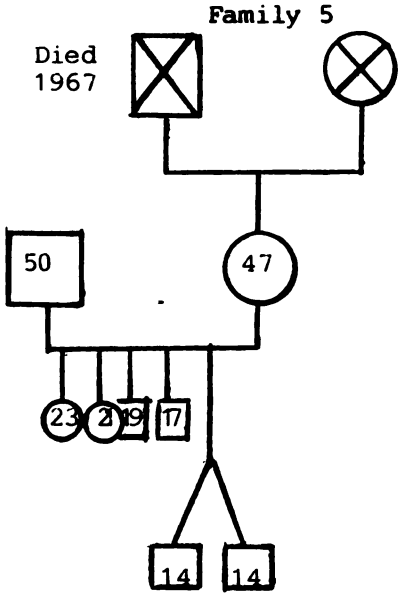
Values: health, education, fairness, caring, material possessions.
Roles: father--financial manager
mother--house manager
Communication: open--spoke freely about death prior to occurrence.
Decision-making: confined to marital dyad with some group discussion; father has final word.
Need-Response: affectionate but difficulty sharing death; little group mourning.

Family 4



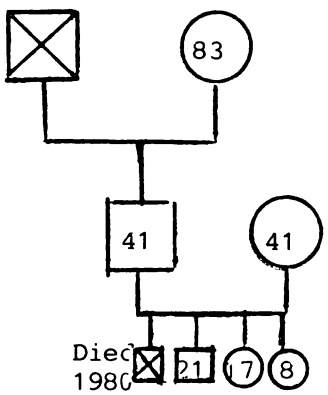
Values: religion/church-new membership; job, trying to achieve togetherness.
Roles: unclear, very separate independent individuals; mother-more competent business person; father-the follower; son-"mixed-up" youth.
Communication: no discussion among members, especially between son and marital pair; strict rules ffor son; mother makes all decisions.
Need-Response: no open expression of feelings; no awareness of others' needs; each member very egocentric.

Family 5



Values: belief in god, love, education, self-worth, trust.
Roles: all responsibilities shared; both spouses work; strong marital coalition.
Communication: open, honest, able to disagree.
Decision-making: always discussion; children's opinion welcome; consensual between all members.
Need-Response: expressive, flexible; independent but connected; strong awareness of other mem needs.

Family 6



Values: religion, family, respect, love, health education.

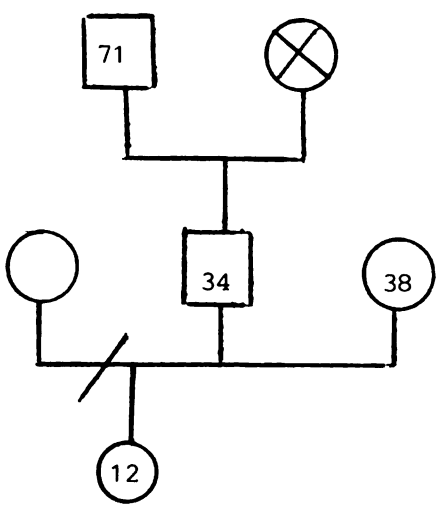
Roles: traditional Italian home; mother raises children and is homemaker; father-breadwinner.

Communication: traditional discipline; strong rules of respect for elders; not verbally expressive.

Decision-making: very little discussion; father rules home.

Need-Response: needs not verbalized; nonverbal messages important; physical closeness important for comfort/support.

Family 7



Values: cooperation, harmony, caring, love, health, honesty, education, togetherness (a goal).

Roles: father weak in past (reformed alcoholic); mother is the homemaker and takes care of father; daughter is parental child, spoiled, rebellious.

Communication: closed,mother's attitude protective of father or he might be an alcoholic again. Much disagreement between father and daughter.

Decision-making: father just assumed responsibility, prior to this a daughter made all decisions; mother not active in decision-making.

Need-Response: no discussion or awareness of other members needs; father aware of own parent's needs;personal focus on needs.

The Variables

Additional variables that influence the family mourning process and are accounted for in this study are: (1) type of illness related to the death, (2) length of time for anticipatory grief, (3) location of care prior to death, and (4) amount of time between the death and the interview (Table 4).

Six of the seven grandparents died from cancer. The remaining subject died of end stage heart disease. All the grandparents participated in some form of home care between the time aggressive therapy stopped and the death occurred. The amount of time between observed physical decline and death, a period when anticipatory grief could be experienced varied. Two of the families had six weeks, three of the families had 12 weeks, and one had 24 weeks, and one had 32 weeks.

Four of the grandparents died in their own homes where they were cared for by a combination of private duty health caretakers and their children. Two of the grandparents moved into the homes of their children who cared for them until their deaths. One grandfather stayed with his daughter until two weeks prior to his death at which time he was admitted to the hospital where he died. In five of the families this was the first grandparent of the dyad to die thus leaving behind a widowed spouse.

The length of time between the death and when the interviews took place varied from three to seven months. This period of time ensured adequate recall of the event after some opportunity for mourning, and decreased the sensitivity of the subject matter.

Table 4

The Sample Variables that Influenced Mourning

Family	Type of Illness	Length of Anticipatory Period	Location of Care	Widowed Spouse	Time Between Death and Interview
1	Breast Cancer	6 weeks	Own home	yes	6 months
2	Gastric Cancer	12 weeks	Daughter's home	yes	3 months
3	Liver Cancer	6 weeks	Daughter's home	yes	3 months
4	Brain Cancer	24 weeks	Daughter's home	no	3 months
5	Heart Disease	12 weeks	Own home	no	6 months
6	Lung Cancer	12 weeks	Own home	yes	7 months
7	Breast Cancer	32 weeks	Own home	yes	3 months

Data Analysis

The data were examined by qualitative comparative analysis (Wilson, 1977). During data collection, the information was coded on a substantive basis and persistent categories emerged. The categories that were consistently important within families were then compared among families. Common themes emerged and were clustered according to what Shatzman and Strauss called "linkages" (1973). The data were then analyzed in order to determine its support or contradiction of the existing literature. From this the most pertinent variables in the family mourning process were identified. It is important to note that family functioning as defined by roles, values, communication, decision-making and need response, was treated as an additional variable that influences the family mourning process. Thus it provided the context in which the data were collected and analyzed.

Chapter IV

Results

The findings of this study can be clustered into three categories, identified in the research questions, as: (a) family functioning as defined by values, roles, communication, decision-making and need-response; (b) coping behaviors, comprising the family mourning process; and (c) the perceived personal impact of the grandparent's death on each family member.

Changes in Family Functioning

Just as the individual mourning process is unique so too is the family mourning process. It is important to keep in mind that in each family the areas of functioning, noted above, overlap and it is difficult to define clear boundaries among them.

Values

Five of the seven families reported family togetherness, harmony, and solidarity as important values. Because of the limits of this study it is impossible to know whether these values were held prior to the death of the grandparent. Assessing change in values could only be accomplished in a longitudinal study that interviewed families prior to the terminal period and death of the grandparent. However McCrae, Cull, and Burton (1973) report that increased family solidarity was a part of the family mourning process in their sample of families dealing with chronic illness (cystic fibrosis). It is interesting to note that Family 4 and Family 7 (see Table 3) though reporting togetherness as an important goal, actually appear to be out of touch with each other.

Roles

The change in family roles can actually be seen from two perspectives: the nuclear family and the family of origin. The primary change

in the nuclear family after the grandparent's death appeared to be a return to the roles that existed prior to the dying process and death. In six of the seven families the adult offspring were involved in the dying process with the parent. For example, Families 1, 5, and 6 the adult offspring (two females and one male) participated in the physical care of the dying parent at the parent's home. This entailed extended daily visits during which the offspring would directly care for the parent. S/he expended considerable amounts of time away from his/her nuclear family in caring for the dying parent. In Families 2, 3, and 4 the dying parent lived in the offspring's home and his/her care became an integral part of family life. In all of these families the daily routine of the nuclear family was drastically altered during the dying period.

In Family 1 and 3 roles were more traditional. The mother was in charge of the household responsibilities and the care of her own dying parent distracted her from her usual routines. Consequently family roles and responsibilities were significantly changed. Homemaking duties were distributed among the other family members with the father assuming primary responsibility for the meals, laundry, and housekeeping.

In Family 5 the household responsibilities were always divided equally among the members but the consistent absence of the mother in the evenings was felt by the entire family since they depended on her for emotional support. Two of the sons and the father reported happiness and relief at having the routines return to normal after the grandmother died.

In Family 4 the spouse of the bereaved offspring felt an added sense of duty to his wife. Up to this time, his father-in-

law had been a strong physical and emotional support for his wife. This particular man had had a drinking problem but had been a recovered alcoholic for three years. He stated:

> I don't think Tony (father-in-law) died until the lord made me strong for Linda (wife) to lead us as I had accepted responsibility for Linda . . . if Linda wanted something done she'd go to her father, now if she wants something done, she comes to me . . . I'm her husband . . . she's my wife.

The other perspective in the discussion of roles deals with the changes that involve the family of origin. The presence of a surviving spouse of the deceased grandparent influences the changes that occur in the nuclear family. In five of the seven families an elderly spouse was left behind. Families 2, 3, 6, and 7, focused much discussion during the interview on their relationship with that parent.

In Family 6, a traditional Italian family, the adult male offspring assumed the household responsibilities of his deceased father. By doing this he was required to spend more time with his widowed mother and less with his own nuclear family. However this was an undisputed responsibility in the eyes of all his family--wife as well as children.

In Family 3 the female adult offspring was very concerned that her bereaved father was not "taking care of himself." She wanted him to visit more often and stay in her home for extended periods of time. She was distressed that he chose not to come for Thanksgiving dinner, a time she had always spent with her parents. However her mother was always the one to prepare the holiday meal and when she attempted to assume that responsibility, her father did not respond. In this case it seems

the adult offspring was attempting to fill the role of her deceased mother but was not receiving the cooperation of the surviving parent. In the before-mentioned situations the surviving parent and offspring were opposite sex. That theme did not arise in Families 4 and 7. One difference in these two cases was that the surviving parent was the same sex as the bereaved adult offspring.

Another theme associated with the family of origin is the role of the deceased. For example, the family who loses a grandparent whose role was to keep the family of origin intact, experiences not only the loss of the grandparent but also decreased contact with each other.

In Family 5 the 14 year old boy developed mesenteric adenitis four months after his grandmother's death, the mother noted that although the nuclear family visited, her own siblings (the boy's aunts and uncles) did not come to the hospital. The mother later realized that the reason her siblings did not come was that they were not notified. This was a task usually performed by the grandmother. Hence, the family experienced the loss of the grandmother and of her role as the facilitator of extended family communication.

Another illustration of the affect of the role of the deceased on the mourning process is evidenced in Family 4 where the grandfather had assumed a parental role for his grandson. The mother had been divorced and remarried several times and the grandfather had become the consistent male adult for his grandson . Because the grandfather also resided with the family, his role, as reported by both the mother and the stepfather, was to balance the triangle that existed in the nuclear family. They felt comfortable participating in activities as a foursome but after the grandfather's death they excluded the boy from family activities. During the interview the grandson described his

grandfather as "a peer, a confidant, a friend." He expressed deep sadness and loneliness. His mother and stepfather voiced uncertainty about his reaction. They believed that the death had not really affected him because he had not spoken to them about it but they were dismayed at his aloofness from the family. Mourning in this family was handled individually. During the interview there was much speculation over the other members' methods of mourning and expressions of grief. The role of the grandfather was sorely missed and no one had assumed his position as 'family moderator.'

Decision-making

Within the seven nuclear families decision-making appeared to be an area least changed after the death. If the decisions around family activities were made by the concensus of all family members prior to the death, the same was true afterward.

However, a remarkable change in decision-making was evidenced in Family 7. The father (adult offspring) had a history of alcohol abuse and had participated in a detoxification program six weeks after his mother's death. Prior to and immediately after her death his alcoholism was exacerbated. The twelve year old grandaughter had assumed the role of parent making most decisions in the house since her father was incapacitated by alcohol. After the detoxification program the family dynamics changed considerably. Father was taking charge of the household decisions in an effort to regain control of his fragmented family. The death of his mother appeared to intensify the alcoholism which eventually led to the detoxification program and ultimately influenced the change in the nuclear family.

Communication and Need Response

It is very difficult to separate communication and need-response in exploring family functioning in the seven nuclear families. Family communication can be seen on a continuum from open and honest to the lack of such openness and honesty. There appeared to be no change in established patterns of communication in these seven families.

In two of the families specific change was noted. In Family 1 sharing feelings was acceptable but crying was unacceptable since dad was uncomfortable with tears according to mother's perception. Indeed she had previously shared all her upsets and expressed her tearful emotions with her mother. After her mother's death this woman reported that she was beginning to learn to cry in front of her husband and felt that she needed to be able to express all her feelings and needs to him. Thus, she perceived broader, more open communication between herself and her husband after the death, while, it should be noted, he perceived no such change. This further supports the idea of increased intensity in the remaining relationships after the loss of a parent by an adult (Malinak et al., 1979).

One way to look at need-response after the death of a grandparent is to examine each member's perception of the needs and mourning of other family members. This appeared to be more of an issue between nuclear families and the surviving parents in the families of origin. For example in Families 2, 3, and 6, where a widowed parent remained there was much concern expressed over the actions of that parent. In Family 3 the grandfather chose to spend all holidays alone after his spouse died, much to the distress of his daughter. Families 2, 4, and 6 expended much energy concerned about the failing health of the surviving female grandparent. In both cases there was family concern and

disapproval of these women's (widowed spouses) insistence on performing certain rituals of mourning, i.e., funeral attendance, daily attendance at religious services, and frequent visits to the cemetery. The adult offspring voiced difficulty and disapproval at the attempts of the surviving spouse to satisfy his/her needs and to express grief.

The Family Life Cycle

Where these families fit into the family life cycle seems to be a determinant in the family mourning process. Families 4 and 7 had a past history of divorce in the adult offspring generation. These families were in the intial stages of accomplishing the developmental tasks of remarriage as outlined by Goetting (1982). At the time of the death a major part of their energy was devoted to a regrouping process. It appeared that at the time of the interview each member looked upon him/herself as a separate individual and did not clearly identify with the family. This was evidenced by the fact that each member preferred to express his/her strong personal response. In all six of the family interviews there was difficulty answering questions such as: How did others in the family react to the death? What did the other members in this family need? and, How do the other members feel about the death currently?

Families 5 and 6 were in the process of "launching the children" (McCullough, 1980). The marital dyad was reinvesting in their personal relationship and the majority of the offspring were invested in career planning and higher education. Families 1 and 2 were still very much focused on child-rearing with preadolescent chilren (Bradt, 1980). Family 3 , with adolescents, was involved in struggles of parents letting go and adolescents wavering between dependence and independence (Ackermen, 1980).

Furthermore where the family is in the family life cycle relative to the developmental tasks of the individual members, appears to be related to the mourning process. The following example illustrates this point. Family 5 involved a 13 year old whose grandmother had died of heart disease. He and his twin were the youngest of six siblings ranging in age from 23 to 13. Mom and dad were at the point of reinvesting in their marriage and "launching the children." The other siblings were involved in college and travel. The twins were in the midst of their adolescent struggle for independence. During the interview with each of the family members it was noted that this particular twin had the most difficulty dealing with the death of the grandmother. He was the only one in the family who was unable to participate in her care, kiss her at the time of death, or approach the casket after she died. He cried uncontrollably at the funeral and had difficulty talking about the death.

Coping Behaviors

Each of the families was questioned about the coping behaviors that enabled them to deal with the death of their loved one. The attitude and meaning given the death aided in the mourning process. In six of the cases the death was anticipated and the families reported a sense of relief after its occurrence. Reframing the death as more than the loss o a parent appeared to be a principle coping behavior. For example, in Family 4 the adult offspring states, "It was a relief . . . that was the first thing I thought of, I don't have a decision to make now. The decision has been made. . . ." The exception to this is Family 7 where there was no direct participation in caretaking and the adult son denied the inevitability of the death. However alcoholism was a confounding factor in this case.

Parent-Child Modeling

A consistent similarity in the families that were interviewed was the modeling of mourning that occurred between parents and children. Learning of the mourning process was first postulated by Furman (1974). In Families 1,3, 5, and 6 the interviews with the children mirrored their parents' interviews in that their respective feelings about the death and their stories around it were identical. For example in Family 3, the 16 year old grandson voiced a very matter of fact acceptance of his grandmother's death. In this family the father was in charge of telling the children that the grandmother had died. His son reported no firm belief in a god-like authority and similar to his father viewed the death as a simple end to a long life. After the death the mother questioned her own belief in god and sought direction from a priest. During the mourning process she consistently found "quiet time" most beneficial. She shared very little of her grief with her family.

In Family 5, the mother discussed the imminent death of her mother with all her children. She spent much time caring for her dying mother and preparing herself and her family for the loss. In the interviews with both of her children, each voiced preparedness for the grandmother's death. She stated simply, ". . . I was not sad at all when she died. . . . I knew she was sick and I knew that she was ready to die."

Family 1 involved a father whose mother-in-law had died. He felt a real sense of detachment from the loss experience. He repeatedly said that he felt unaffected by the death and likewise reported his children seemed unchanged. He stated, ". . . the children don't really ever think about it."

A fourth example of modeling occurred in Family 6 who had lost a

son 18 months prior to the grandfather's death. In the interviews of all the family members, it was evident that there were two losses that were being dealt with. It seemed that the death of the son was felt much more profoundly and his youth was a focus in the family's grief experience--even for his younger sister. She emphasized his age several times in the interview, a coping attitude that was very simliar to that of her parents. All of the family members reported that the grandfather's death was easier to accept. One reason for this may well be that the son's prior death provided learned coping experience.

The Adult Offspring Response

A primary focus in the family after the death of a grandparent is the response of the adult offspring. In many of the interviews the reaction of the person whose parent had died was very important. In turn, children recalled the reaction of that parent most accurately. One child in Family 5 stated, "I wasn't really bothered after she (grandmother) died. . . . I thought more about my mother and what she was thinking about it. . . after, my mother needed a lot comfort." Another reported, " . . . it was so pathetic and I was thinking how close I was to my mother and that was her mother . . . and then I just started crying . . . ."

There was often a protective posture in the family with regard to the member whose parent had died. For example, "It affected my mother a lot so she was really having a hard time, she needed comfort. . . I was sort of sad that she was having a really hard time with it."

In Family 7, the spouse protected her husband. "Jeff took it very hard. I showed my emotions but I didn't want to show it too much because it would have made him feel worse. "After the death of her father-in-

law, the spouse in Family 6 sensed the sadness of her husband and his inability to express it. She states, ". . . you know, with my husband I could just sit and hold hands and we know that we are both thinking the same thing. . . . I'll hold your hand and you hold mine, it just kind of goes without saying."

Sources of Support

In coping with a parent's death the adult offspring utilized several avenues of support. Five of the seven adult offspring had extended family networks and cared for their dying parents. In these cases it appeared that their families of origin became a principal source of support for them. In Families 2, 5, and 6 the adult offspring had come from large closeknit families whose contact with their siblings was regular and frequent. When the term "family" was used during the interview repeated clarification was necessary to determine to what "family" the question referred. It appeared that during the dying process the care of the deceased was the principal focus thus determining what group was seen as "family" (the nuclear family or the family of origin.) For example the adult offspring in Family 6 states:

> . . . he (the father) was in a lot of pain . . . I think it brought our family closer together like my brothers and sisters . . . we were at the house the last two weeks there was always someone there . . . one or two of us at a time.

In Family 5 the mother who had participated with her sister and mother as her "family" neglected to include her son and husband. In the process of losing a parent, the adult offspring is often thrust back into the relationships of his/her family of origin. There they find support from their siblings.

Physical Symptoms

The development of illness during the mourning process can occur (Parkes, 1972). In this study several health changes were manifest in members of various generations. The 13 year old twin in Family 5 who had difficulty accepting his grandmother's death developed mesenteric adenitis, an obscure illness with symptoms that mimic acute appendicitis, has no known etiology, and resolves spontaneously without treatment. Four months after the death he was hospitalized and an unnecessary appendectomy was performed. Mother reported that the 13 year old requested that the entire family visit him in the hospital. One possible explanation for his illness is that it was a way to express unresolved grief as he struggled with adolescent independence. Physical symptoms are a mode of expressing emotional pain and receiving support and this is a more acceptable method than direct request for such support (Parkes, 1972).

In Family 2 and Family 3 the surviving spouses also developed health problems that caused concern in their offspring. In Family 2 the widow developed pneumonia. In Family 3 the grandfather was plagued by lower back pain as a result of physically caring for his deceased wife.

Family 1 reported that the grandaughter developed a severe case of hives from unknown causes after her grandmother died. Later the entire family was absent from school and work for a total of five weeks with severe episodes of influenza. Although minor physical complaints cannot conclusively be attributed to delayed unexpressed grief, the possible correlation cannot be ignored.

The Perceived Impact of the Loss

The final area explored in each interview was the perceived personal impact that the death of the grandparent had on each member and

the family as a whole. The question was asked:

> Think about the death of your parent/grandparent. On a scale of one to ten, with one being low and ten being high, choose the number that best represents the change/ disruption that this event had on your life. On your family's life.

Table 5 summarizes these responses.

Table 5

Personal/Family Perceived Impact Ratings

by Family Members

Family	Offspring's Ratings Personal/Family	Spouse's Ratings Personal/Family	Child's Ratings Personal/Family
1	9 / 5	2 / 6	7.5 / 10
2	10 / 10	10 / 10	10 / 10
3	10 / 6.5	8 / 10	8.5 / 10
4	0 / 0	5 / 8	8.5 / 9.5
5	10 / 10	8 / 10	(13 y.o.)8 / 8
			(17 y.o.)9 / 9.5
6	10 / 10	10 / 10	8.5 / 9.5
7	N.R. / N.R.	10 / 10	8.5 / 9.5

N.R.= No response.

Five of the seven adult offspring reported that the personal impact was greater than or equal to the impact on the family. All the spouses believed the personal impact was less than the impact that this event had on the family. Six of the children also believed the event had less of an impact on them personally when compared to the impact on the family. The two remaining children felt the impact was equal.

The variation in the responses are especially evident in Family 4 where the adult offspring believed that significant impact was to be considered negative. She denied any negative or "problem effects" from

her father's death. In Family 7 the son of the deceased had difficulty ranking the event, stating:

> . . . it was very difficult for me to put it on any kind of level . . . it might be a ten at other times it might be a three . . . it's fluctuating all over the place . . . I'm numb but also by the same token I know she's dead. . . I couldn't tell you honesty, how I feel.

The immense impact the death of a parent has on all these adult children becomes obvious from these descriptions. Each of the adult offspring recognized the importance of the death of his/her parent. One daughter put this eloquently after her mother's death:

> I'm no longer anyone's child (she paused), there is no one I have to obey anymore and I realized that there is one less person in the world that really loves me.

Chapter V

Discussion

Significance

This study focuses on the grief response of the family unit. It looks at both individual responses to loss as well as how those responses were manifest in the family context. The findings support family systems theory which assumes that in the family the total is not equal to the sum of each of its separate parts. The interaction of family members influences the mourning in which the family participates after the death of a member.

The study also highlights the importance of the modeling of mourning behaviors between parents and children. The data also indicate that children react to the mourning style of their parents and begin to develop their own unique grief response in relation to it. Parkes (1972) showed that previous experience influenced the grief response in adult life. In as much as the death of a grandparent is often the first loss experienced, it is obviously key to the development of life long mourning practices.

By examining family functioning as defined by values, roles, communication, decision-making, and need-response before and after the death, patterns of interactions and changes in those patterns allow for identification of additional variables that influence resolution and family reorganization. Although there has been extensive research involving the variables that influence the individual grief response, the family's response and its variables hold many unanswered questions. This study attempts to explore some of these factors.

A final area of investigation in this study is the perceived

impact of the loss of a parent/grandparent on each of the family members. Contrary to what one might conclude from the literature that indicates isolated nuclear families lack connection to their extended family networks (Reiss, 1869), this study shows that the loss of a parent by an adult is perceived as a very significant event. This is true not only for the adult offspring but also for each of the members of his/her nuclear family. Also evident is the wide range of perceptions of the impact on individual family members. The resultant shift in intensity in the remaining relationships is likewise obvious. It follows that this shift influences and is influenced by the interaction within the family network. How the loss is perceived lends greatly to the way in which support and acceptance is displayed. Social support, a key variable in the individual grief response (Parkes, 1972), is identified as a contributing factor in the family mourning process. These concepts were repeatedly illustrated in this study.

Limitations of the Study

The limitations of this study include the size and selection of a convenience sample as well as the choice of retrospective research design. A non probability sampling technique was used in which the subjects volunteered for the study. Families who fit this established criteria (Chapter III) were solicited but because of the sensitive nature of the subject any reservations about participating were respected. Because the sample was in part determined by self-selection one could hypothesize that the ease or difficulty which a family experienced in coping with the death might influence their choice whether or not to participate in this study. This may be a source of potential sample bias.

An additional source of sample bias exists because six of the seven

families participated in a hospice program prior to the death of the family member. The hospice philosophy involves some professional counseling that could be viewed as preventative medicine in the development of unresolved grief reactions. This may restrict the population to which these findings can be generalized.

Because of the limited time and resources of the author, the design of this study was confined to a single observation. A longitudinal investigation which would study the affects of a death on the family and its functioning at several points in time (prior to the death, immediately after, and at later intervals), would provide a valuable source of additional information.

Implications for Nursing

The implications for the nurse-clinician can be discussed in terms of several levels of intervention. It is evident from this intergenerational study that assessment conducted within the context of the family system is valuable. When investigating a particular client concern, exploring family values, roles, communication, decision-making, and need-response, enables the clinician to ascertain dimensions of family functioning. Thus, the context of the problem (the family system in which it occurs), becomes as important a focus as the content of the problem. Specifically from this comprehensive approach, the health care provider may be able to identify key factors that assist the family in coping, and those potential handicaps which prohibit reorganization during a family crisis such as death of a family member.

Initial assessment of family functioning becomes a primary means of prevention. Anticipating and identifying problems that the family may encounter when faced with a crisis or death, the clinician may be better

able to actually prevent maladaptive grief reactions. On the other hand, in the case of the family in the midst of the mourning crisis, exploring family functioning facilitates the nurse-clinician in assessing the appropriate remedial intervention.

The clinician who wishes to intervene at a preventative level and who realizes the importance and inevitability of loss and grief can provide health care that routinely addresses these issues with client-families. Early awareness of death as a common experience and potential methods of dealing with death offer the family a learning opportunity at a time when they are not faced with a crisis. This could be seen as an integral part of health care. As surely as one might discuss family planning, parenting, and well child care, the primary health care provider could address the issues around death and grief. This would provide an outlet for the client-family to express feelings and raise questions around a very sensitive and often unresolved issue.

One might see this research as suggesting the inclusion of an account of the losses in any patient history. This takes intervention to a secondary level; understanding the problem in a wider context and preventing further disability. This is not to discount the organic component of disease, but merely to lend a broader perspective to the investigation of physical symptoms. Somatization may in itself be a psychological coping behavior in which organic etiology is absent. Emotional support and ventilation of the feelings of loss may be essential to the treatment. On the other hand, the use of tranquilizers may only increase the numbness and actually prevent that essential expression of grief. In this case the mourning process may be halted and the unresolved loss appear in other symptom formation. This research contends that the history of losses is essential in any plan of care.

This research which deals with the family in the midst of the mourning process, supports the theory of Parkes (1972) that identified the following variables in determining the grief response: mode of death, past experience, relationship with the deceased, outside stressors, mental illness, age, sex, economic situation, culture, religion, and social support. In order to facilitate a family's mourning process, these areas need to be identified and then explored with the family. Clarification of the unique influence of these determinants on a family's grief response, allows that family to better understand the nature of their particular mourning style. To neglect any of the variables means incomplete assessment and can result in inappropriate diagnosis and intervention. Clinicians can benefit from the awareness that the death of a parent in adult life presents a significant loss and assist clients in coping with it.

Future Research

Further investigation involving a larger sample in a longitudinal study of families before and after the death of a grandparent would be a valuable source of information. Ongoing assessment in the areas of family functioning, coping behaviors, and perceived impact of the loss would enhance the current findings. Particularly a closer examination of the variables that influence mourning as discussed in this study would be valuable.

A comparative study exploring geographical distance between the nuclear family and the grandparent might lead to a better understanding of the problems that arise in mourning when extended families are separated by great distances. In this study all the grandparents were close by. Although the loss may not appear as critical, grief work of perhaps a different nature may occur.

Other research might well focus specifically on the influence that participation in a hospice program has on the mourning process. Clear understanding of the relationship between hospice programs and the mourning process would require control of the many variables within what is commonly called "hospice care." Better understanding this would give yet another resource in providing comprehensive health care. Given economic instability, the closure of many community support programs, and escalating health care costs, this kind of resource becomes even more important.

By identifying additional variables that influence the family mourning process, the assessment of that mourning is enhanced. Exploring family functioning other than values, roles, communication, decision making and need-response, would provide additional information about determinants in the family mourning process. Application of the findings of this study to a larger population would clarify and validate the results presented here. Any investigation around the area of death and family mourning is invaluable to comprehensive family health care. Thus by a broader understanding of the mourning process,intervention and facilitation is improved. Helping families in this way enhances their physical and emotional health. Family health is a responsibility of every primary care provider.

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APPENDIX A

SUBJECTS' CONSENT FORM

CONSENT TO ACT AS A RESEARCH SUBJECT

Study: Response of the Family to Death of a Grandparent.

Bonita Trinclisti, R. N., a graduate student at the University of California, School of Nursing, is doing a study to find out the changes that occur in the family after a grandparent dies. Because I am a member of a family who has recently suffered this loss, I have been asked to participate in this study. Participation in this study is voluntary.

If I agree, I will be asked questions about my family's reaction to the death and the changes that have occurred since the death of my parent/grandparent. Questions will include exploration of my feelings about the family's reaction immediately after the death and what has developed since.

This interview will take place at my home or at a mutually agreed upon place. The interview will take approximately one hour.

I may refuse to answer any question and withdraw from the study at any time. My answers will be confidential and every precaution will be taken to ensure my anonymity.

Sharing my thoughts and feelings with Ms. Trinclisti may not provide any comfort directly to me and there may be no benefit to me personally. However, this study may help to improve the understanding of how families deal with the loss of a parent/grandparent member. This information can assist clinicians in providing more appropriate help to persons who have experienced a death in the family.

This information has been explained to me by Bonita Trinclisti. If I have questions, I can reach Ms. Trinclisti at 334-9813. If my questions are not resolved to my satisfaction I understand I may contact the Committee on Human Research, University of California, San Francisco, by calling (415) 666-1814.

_____ _____

Date Signature

_____

Signature

APPENDIX B

THE INTERVIEW GUIDE

INTERVIEW GUIDE

Part I

Background Information

1. Age
2. Sex
3. Position in the family
4. Relationship to the deceased (son, daughter, grandchild)
5. Culture
6. Religion
7. Occupation
8 Education
9. Employment staus (fulltime/part-time/not working)
10. Income--optional

Part II

I. Describe your family

Points to include: how many members, ages, structure (demographic), time spent together, rules in the family, decision-making responsibilities, feelingsabout members (expression of feelings), activities in the family, what's important to this family.

II. Variables that Influence the Grief Response

A. Mode of Death--How did the death occur?

Include: Where, people present at the death, anticipatory grief that might have occurred, caretaking prior to death.

B. Relationship with the Deceased--How did the deceased "fit" into this family?

Include: How often was contact made, role the deceased had, feelings the family had toward this member.

C. Rituals of Mourning--Tell me about the funeral.

Include: Who decided, where it took place, how decisions were, who participated, what traditions of mourning are in this family.

D. Previous Losses--Has there ever been another death in this family?

Include: How many, who, differences in the experience.

E. Other stresses in the family.

Have there been any other events that have occurred in the past year that changed of disrupted the family's usual routine?

Part III

I. The Family Response

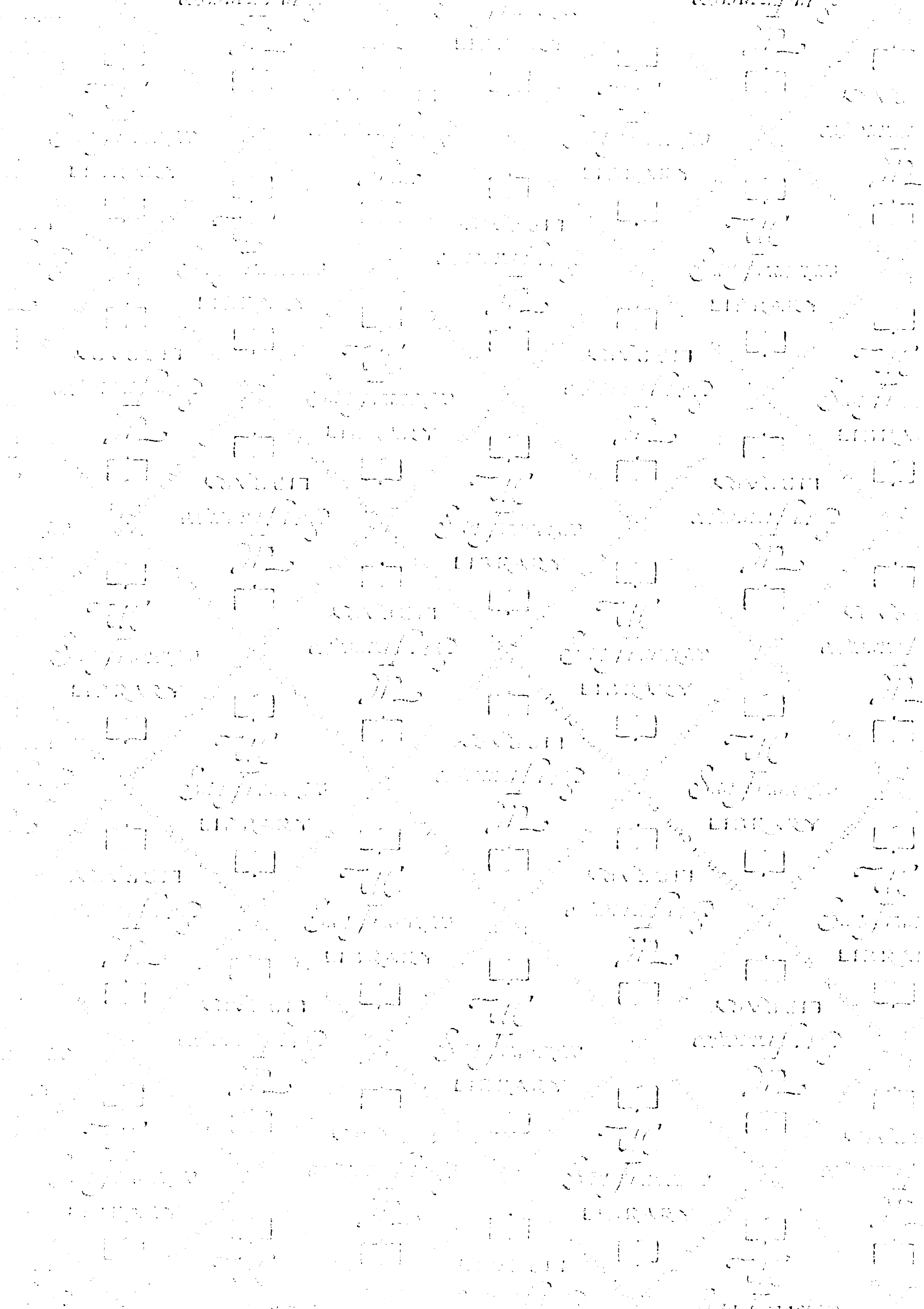
A. The period following the death--What was it like in this family after the death?

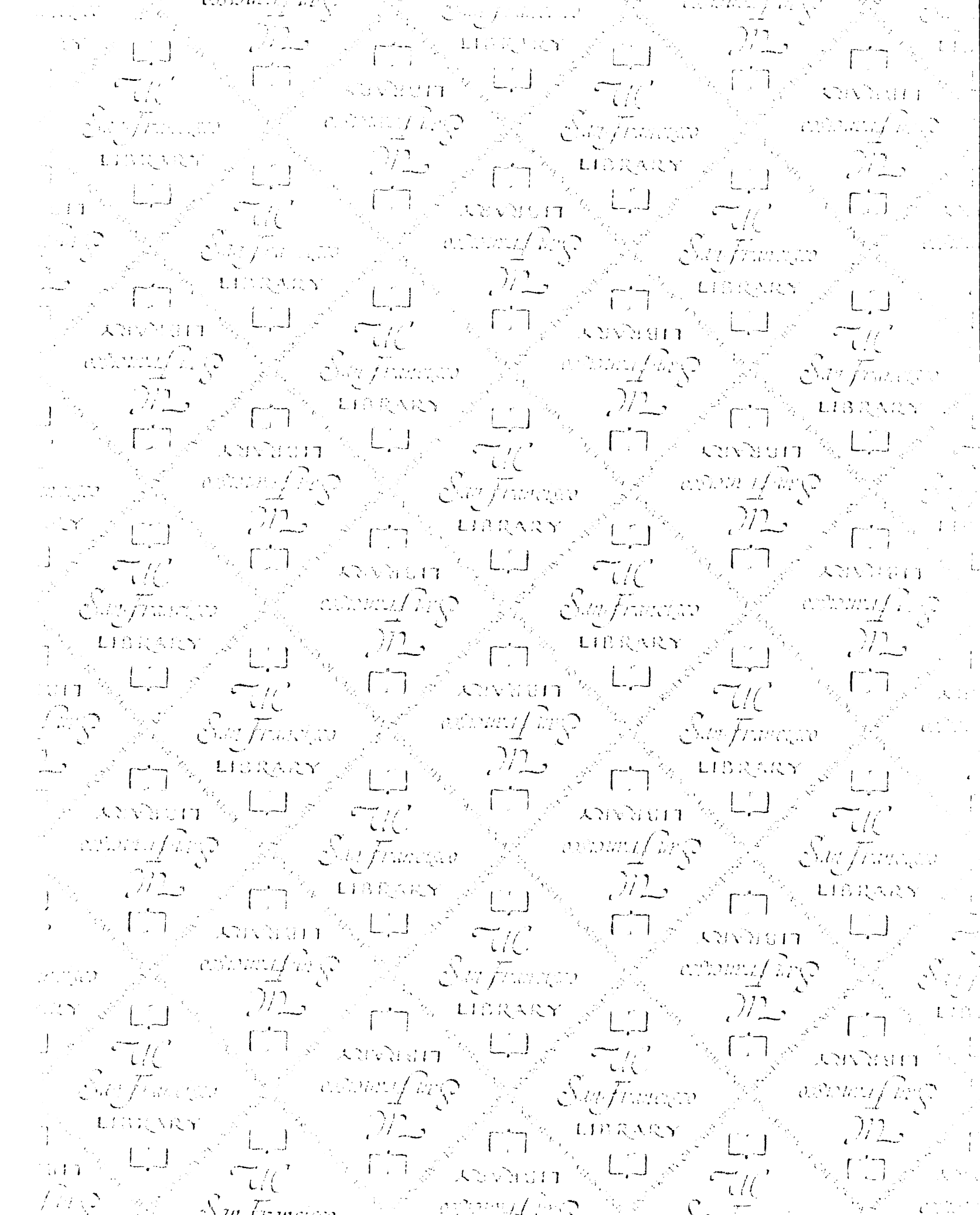
Include: Reactions of individuals, changes that took place, needs the family had, help received (counseling, groups), religion, frequency of reference to loved one, manner of reference, health problems, feelings toward the deceased, desire to change anything about the deceased or their relationship.

B. Resources--Who/what was most helpful after the death? Now after _____ months have past?

C. Role--Has anyone taken over the role of the deceased?

D. Family's Perception of the Loss

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