

Bereavement: Exploring The Effects of Losing A Loved One

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Abstract

According to the National Mental Health Association, in 2002 there were about 8 million people in the United States who had an immediate family member die. As a result, thousands of people become widows/widowers and many young people are left grieving. According to previous studies, there are a variety of ways that bereavement can affect individuals. The present correlational study examined seven different outcome variables in bereaved and non-bereaved participants. All participants were presented with a demographic survey and six instruments to measure depression, positive mood, negative mood, alcohol and drug use, recent life events, behavioral issues, and grade point average. It was found that bereaved participants were more likely to have engaged in alcohol and drug use than were non-bereaved participants. In regards to the other 5 outcome variables, no statistically significant differences were found. However, results showed a negative pattern among the bereaved group in the variables of depression, negative mood, and positive mood. Linear regression analyses of data from bereaved individuals revealed a negative relationship between participants' age at the time of loss and the number of behavioral issues. For future studies, researchers could do a longitudinal study with participants to be able to track behaviors as they occur rather than having participants reflect back.

Walking down a hallway of a hospital is the last place you would expect to see a little girl, about five years young, walking alone. She had left the waiting room, where her and two of her brothers were sleeping. It was only a few minutes after sunrise so the sun shined brightly through the window over the horizon. The little girl was in such a trance. The hustle and bustle of the hospital life, doctors and nurses walking fast through the hall way and patients slowly making circles around the halls, had barely seemed to faze her. It was still quiet hours at the hospital so there was not much extra noise around, so the littlest things made such a loud echo in the halls. She ignored them. She finally reached her destination; her brother's hospital room: room number 362. The little girl muttered hello to her oldest brother laying in the bed and her parents who were sitting in his room. They were completely overwhelmed with tears filling in their eyes. The dad questioned the little girl while trying to hide the tears in his eyes. "What are you doing up so early? Did you walk down here by

yourself?" The little girl stood there knowing that her dad was not doing a good job to hide them and she simply said that she could not sleep. "Go back to the waiting room," her father said. Not knowing what was happening, she did not understand why her parents asked her to go back to the waiting room. But she shrugged her shoulders and said okay. Her daddy told her to first give her brother a hug and a kiss and to say good night. The naïve little girl walked up to the side of her oldest brother's bed, stood up on her tippy toes, as high as she could in her pink fuzzy bunny slippers, and gave him a hug, a kiss on the forehead and said "I love you James. Good night." The next time she saw James was the day of his funeral at his viewing. This is Nicholle's story and her vivid remembrance of the night her eldest brother died. Although it is only one person's story, stories similar to this one happen every day around the world.

Introduction

Death is an inevitable part of life. It is unavoidable and inescapable. And sometimes, it happens too soon. The typical circle of life starts with a person being born, having kids, watching them grow up and have kids of their own and then entering old age where one dies of natural causes. If only we lived in that perfect world. Reality check, we do not. There are diseases such as cancer, homicides, auto accidents, work accidents, and even rare accidents that can kill people every day. Life for some people can be cut drastically short. When someone dies, people of all ages, are left to grieve.

Grief, also known as bereavement, is a response to a death of someone. This can include distress of many types including, physical distress, emotional distress, physiological distress and even psychological distress. According to the Centers for Disease Control and Prevention, there were 799.5 deaths per 100,000 people of a population in 2010. In 2002 there were about 8 million people in the United States alone who had an immediate family member die. With numbers like that, that means that millions of people are grieving. Those million people include children, teens and adults of all ages. While there are many people grieving, everyone grieves differently, however there can be many common reactions to someone who has just lost someone. Studies have shown (retrospective and prospective studies) that parentally bereaved children are at a risk for a number of psychological problems including depression, substance abuse, and health risk behaviors (Brent, Melhem, Masten, Porta, & Payne, 2012, p. 779). These are just some of the many effects that bereavement can cause.

One of the major complications that can be associated with grief is depression and anxiety. According to Spuij et al. (2012) there is an increasingly amount of evidence that psychopathology, including depressive and

anxious symptoms, may be different in those who have experienced the death of a loved one. In a study by Spuij et al. (2012), the researchers hypothesized that children who are bereaved would have higher scores on the Children's Depression Inventory and Child PTSD Symptoms Scale (CPSS) and it would correlate to functional impairment due to the loss of a loved one. They examined data from about 332 children and adolescents who were between ages eight to eighteen years old. Of those 332 individuals roughly half of them were bereaved and recruited from health care workers. The remaining individuals were recruited through outpatient mental health clinics. In order to make the participants feel as comfortable as possible, assent forms were given to the children and consent forms were given to the parents and adolescents. Information was then collected from the bereaved about the person who died, including the relationship with the deceased (mother, father, sibling, or other relative) and how the person died (illness, accident, suicide, homicide, unexpected medical cause such as heart attack). All participants completed a twenty-seven item Children's Depression Inventory (CDI) and a twenty-four item Child PTSD Symptom Scale (CPSS). The data was collected and then analyzed. The researchers found evidence that supported their hypothesis. Participants who were identified as bereaved were found to have higher levels of depression and anxiety when compared to the non-bereaved participants.

Another factor that can be effected by bereavement is alcohol and substance use. One study conducted by Hamdan, Melhem, Porta, Song, and Brent (2013) explore the effects parental bereavement has on bereaved youth. The researchers hypothesized that children who had a parent die would engage in more alcohol and drug use. Additionally, they hypothesized that these individuals would also have an earlier onset of drug and alcohol use. This study was a longitudinal population-

based study that was conducted between 2002 and 2012. Researchers examined 235 children whose parents died of suicide, accident, or sudden natural death. These bereaved children were compared to 178 similar children who were not bereaved. The researchers examined data covered a five year period after the death and they found their hypothesis was supported. They found that youth who had lost a parent had more incidences with alcohol and drug use. Furthermore, bereaved children had an earlier onset of alcohol and drug use than those who had not lost a parent.

Additionally, a child who has lost a parent can go through a variety of behavioral issues. According to Draper and Hancock (2011), one in five children who lost a parent is likely to develop a psychiatric disorder. Their study examined delinquent behavior in children who lost a parent. They hypothesized that children who lost a parent would be more vulnerable and would engage in more delinquent behavior. Researchers used secondary data collected from National Child Development, which identified children who were parentally bereaved before the age of sixteen. The Rutter Behavior Scale was used and emphasized children who had exhibited delinquent behavior. Also, the Pearson Chi Square was used. In this study, the researchers found their hypothesis to be true. Children who were parentally bereaved by the age of sixteen were more likely to engage in delinquent and negligent behavior than those who were not (Draper & Hancock, 2011). Bereaved individuals can also have the domino effect, meaning that one problem can lead to the next. For example, when a child engages in delinquent behavior in schools, grades tend to suffer.

Essentially, previous research has been done to look at how bereavement affects children. It is shown that bereavement can have a variety of effects on individuals. Most

research has focused on parental loss while this current study focused on loss in general. The present correlational study examined seven different outcome variables in bereaved and non-bereaved individuals. All participants were presented with a demographic survey and six instruments to measure depression, positive mood, negative mood, alcohol and drug use, recent life events, behavioral issues, and grade point average. It was hypothesized that individuals who were bereaved would be currently more depressed than individuals who were not bereaved. Also, it was hypothesized that individuals who were bereaved would respond differently than non-bereaved individuals in regards to positive mood, negative mood, alcohol and drug use, recent life events, behavioral issues, and grade point average.

Method

Participants. 135 California State University, Stanislaus students recruited via participated in this online study. The age range of participants was 18-61 years ($M=23.31$). The 135 participants were composed of 117 females and 18 males. Participants were not directly given compensation from the researchers for participating in this study, but may have received incentives from individual professors (such as extra credit) in agreeing to participate in the study.

Materials. Participants were required to have access to a computer and internet connectivity to participate in this study. The core of the study consisted of a demographic survey and utilized six instruments to measure the outcome variables. All surveys were given in the same order to all participants.

Design. This study had no true independent variables. It consisted of two quasi-experimental variables which are also known as participant variables. The two participant variables were whether or not the participant had lost someone (bereaved vs. non-bereaved) and if a loss did occur, the age of the participant at the time of the loss. The dependent variables included depressive symptoms, mood, drug and alcohol use, behavioral disturbances and grade point average in college. Each were scored and measured differently.

Procedure. This study was conducted fully online. Once participants were recruited via SONA, they were redirected to Qualtrics (an online questionnaire software). At the beginning of the study, participants were given a consent form. Once they clicked “agreed,” they were advised to print the consent form for their records. After consent was given, each participant had to verify they were a CSU Stanislaus student. Once participants clicked “Yes, I am a CSU Stanislaus student,” they were taken to a demographic questionnaire. This demographic questionnaire asked the participant about age, gender, major, grade in school and if someone in the family died. If someone in the family had died, participants were asked seven additional questions. They were first asked how many people had died in their family; and if there was more than one loss, participants were asked to answer the remaining questions based on the most impactful lost. They were then asked who died, how the person died, how close they were to that person on a scale of 1-5, how often the participant had had contact with the family member before he or she died, how old the participant was at the time of the loss, and who the primary caretaker was at the time the loss occurred.

At this point, the survey instructions were given to each participant. Participants were told that each survey would have its own instructions, and they were told to follow them

carefully. The first survey given was the 21-item Beck’s Depression Inventory. Participants were told to answer the questions to the best of their ability in regards to the past year. Next, participants were given the 20-item Positive and Negative Affect Schedule (PANAS), and the participants were instructed to reflect back on the past six months. After that, participants were given the 50-item Inventory of Drug Use Consequence where all participants were instructed to answer over the period of their whole life. Next, participants were given a 41 item Recent Life Event Survey. Participants who had lost someone were asked to answer the questions in regards to six months after the death, and if a participant had not lost someone, they were asked to answer the questions in regards to high school. Following, participants were then given the 41-item Behavioral Inventory. Participants who had lost someone were asked to look back on a year after the death and if no death occurred, participants were asked to look back on high school. Lastly, the participants were then given the grade point average survey, which asked for their major, grade in school, last semester GPA and cumulative GPA.

No time limit was placed on completing the surveys; participants were able to take as long as they like. Once participants finished the questionnaires, they were directed to a debriefing form and asked to print the form for their records.

Results

This study examined effects of bereavement on individuals. I predicted that individuals who were bereaved would currently be more depressed than individuals who are not bereaved. I predicted that individuals who are bereaved would respond differently than non-bereaved individuals in the areas of positive mood, negative mood, drug and alcohol use, recent life events, and behavioral issues.

An independent T-test was conducted on each outcome variable. This allowed us to compare the means of the bereaved group versus the non-bereaved group to determine if there was statistical significance. None of the variables showed statistical significance except for the drug- and alcohol-use variable, $t(133)=1.96$, $p=.052$, two-tailed. A comparative means was also conducted to determine what the mean was for each dependent variable in relation with each participant variable. The means and standard deviations of each dependent variable were calculated and are shown in Figure 1. The drug- and alcohol-use means are shown in Figure 2.

Linear regression analyses were conducted on the bereaved group and all the dependent variables. This was done to determine if there was a relationship between the age of the participant at the time of the loss and any of the dependent variables. This analysis revealed a negative relationship between the participant's age at the time of loss and the number of behavioral issues. In particular, it was determined that the younger the participant at the time of the loss, the higher the ensuing number of behavioral issues. No other relationships were discovered between age at loss and the other dependent variables.

Discussion

Again, it was hypothesized that individuals who have lost someone will currently be more depressed than those who have not lost someone. Additionally, it was hypothesized that individuals who have lost someone would respond differently than those who have not lost someone in positive mood, negative mood, alcohol and drug use, recent life events, behavioral disturbances, and grade point average. Several of my hypotheses were supported. I found that individuals who were bereaved engaged in more drug and alcohol use than those who were not bereaved. While I found no additional statistical significance in

the means of depression, positive mood and negative mood, I did discern some significant patterns. The depression mean was higher in the bereaved group, the "positive mood" mean was lower in the bereaved group, and the "negative mood" mean was higher in the bereaved group. While none of these patterns were statistically significant, they do seem significant in so far as they exhibit some of the effects on bereavement on individuals.

There are some limitations to my study. Since all that was needed for this study was a computer (or mobile device) and access to internet, it could be done anywhere. This may cause the environment for the survey to be inappropriate. There could be distractors present, peers present who may influence answers, and participants could not designate an appropriate amount of time to the study. Also, this current study requires participants to look back on the loss of a loved one. Since they are reflecting back on a time, memory issues can arise. For future studies, I would search for ways to reduce these limitations. I would recommend that researchers conduct this study in-person rather than online to ensure the environment is appropriate. I would also recommend that researchers conduct a longitudinal study. This would be beneficial in allowing researchers to observe these behaviors as they happen, over time.

	Depression	Positive Mood	Negative Mood	Drug Use	Recent Life Events	Behavioral Inventory	Last GPA	Cumulative GPA
Bereaved (Mean, SD)	11.70, 10.3	34.83, 8.76	24.80, 9.01	6.64, 8.61	71.68, 22.11	53.13, 43.49	3.27, .61	3.46, 2.76
Non-Bereaved (Mean, SD)	9.03, 7.25	36.24, 8.52	23.17, 7.50	3.41, 4.04	68.93, 20.06	53.90, 49.26	3.22, .59	2.96, .72

Figure 1. The means and standard deviation of each dependent variable in correlation with each participant variable.

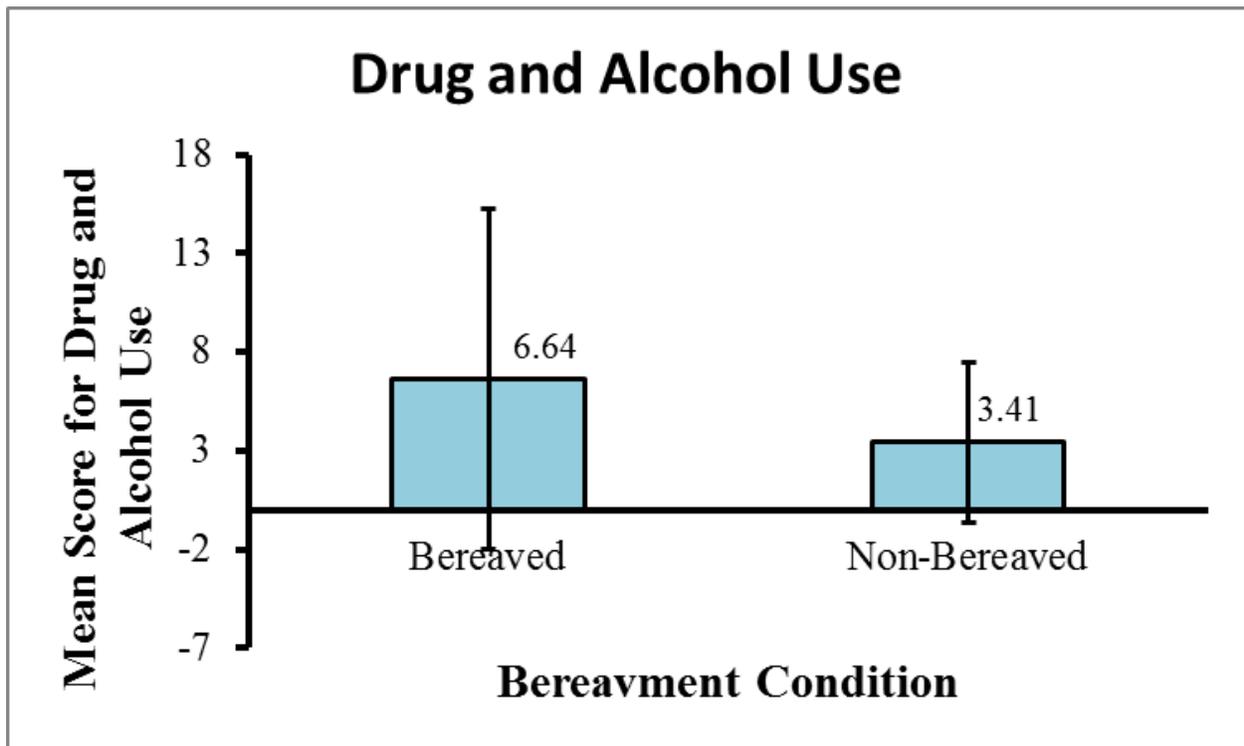


Figure 2. The means scores for the drug and alcohol use variable for each group. Error bars represent the standard deviation.

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