THE INFLUENCE OF RELATIONSHIP QUALITY AND
PREVENTABILITY OF DEATH ON PERCEPTIONS
OF FUNERALS IN BEREAVED ADULTS

THESIS

Presented to the Graduate Council of the
University of North Texas in Partial
Fulfillment of the Requirements

For the Degree of

MASTER OF ARTS

By

Lisa Pinkenburg, B.S.

Denton, Texas

August, 1995
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Four hundred and thirty-eight participants who had lost a close friend or family in the last 2 years completed questionnaires regarding their experiences with the funeral. Results indicated individuals emotionally close to the deceased person reported higher levels of participation in funeral rituals and greater levels of bereavement adjustment. Those emotionally distant from the deceased person reported greater satisfaction with the funeral. Individuals who viewed the deceased person as a central figure in their lives had greater participation in the funeral. Those who viewed the deceased person as a peripheral figure had higher levels of bereavement adjustment. Additionally, those who viewed the death as unpreventable reported greater satisfaction with the funeral, and had higher levels of bereavement adjustment.
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CHAPTER 1

INTRODUCTION

Everyone, at some time is confronted with the death of someone close. This confrontation includes the realities that death entails. Besides affecting us individually, death also affects the greater society. According to Campbell (1969), death influences a society philosophically, interpersonally, organizationally, and psychologically. Philosophically death confronts views of continuity and the permanence of life. Interpersonally, emotions are experienced at severe intensities, unlike any other time in life and social roles become disjointed. Death confronts societies organizationally because it requires the restoration and replacement of those individuals whose recent death has left a gap in the social order. Finally, death confronts societies psychologically when it demands that each individual confront and acknowledge his or her own temporary existence (Campbell, 1969). Though death is viewed differently by every society, its effects challenge and confront all cultures.

Americans have a difficult time dealing with death, often denying its very existence (Nichols, 1975). Although often denied, death emerges as very stressful to Americans. Paykel, Prusoff, and Uhlenhuth (1969) had participants rank
order life experiences by their level of stress. The most stressful life event was the death of a child, followed secondly by the death of a spouse. Listed fourth was the death of a close family member, while death of a friend, the final stressful life event related to death, ranked number 16. Perhaps the high level of stress associated with death is why its occurrence is denied by American society.

Although many theories have been offered, one theory describes individuals' responses to death and what factors influence it. Pinette (1975) explained five determinants that influence an individual's reaction to loss through death: personality, depth of emotions, including the ability to repress or express these emotions, the individual's value structure, and the significance of the deceased to the survivor.

The American Funeral and its Rituals

Typically in modern American society, the ending of life is marked through the tradition of the funeral. Differing funeral customs have evolved throughout the United States due, in part, to the diversity that exists among various regional and cultural groups. Consequently, American funeral practices reflect an expansive combination of differing traditions, often unique to a given region (Pine, 1976). Despite the specifics which may differ, most Americans adhere to the traditional funeral which includes a number of analogous activities. Funerals are designed as a
means of social support through the assembly of family and friends which involve some type of ritual and ceremony. Many funerals consist of the visual presentation of the deceased with a procession in which individuals are encouraged to express their grief publicly. Finally, all funerals consist of the sanitary disposition of the body. These activities traditionally occur for all funerals.

Lester and Blustein (1980) reviewed a study in which Collett and Lester (1969) found items from previous scales relating to three separate issues. The scales seem to assess attitudes towards the funeral industry, cosmetic preparation of the deceased person, and attitudes towards funerals. Results indicated that attitudes towards funerals are independent of attitudes toward death and dying.

Rituals, Traditions, and Mourning Rites

In every society, the family and friends mark the deceased's passage from life with unique traditions. Campbell (1969) described death as a role marked by ceremonial passage rites. Each individual prepares for the execution of this role, while those surrounding the individual prepare for the changes in roles that death will bring. These traditions are mandated by the religious, ethnic, and cultural setting of the area in which the individual resides (Kutscher & Kutscher, 1975). Death rituals performed for the deceased often have significant implications for the grieving (Mandelbaum, 1959).
Individuals must have some plan of action for the occurrence of death however unprepared they may be for the death itself. Thus, shortly after the death, the survivors perform various rituals as mandated by the law for the benefit of the community. Necessity dictates different traditions be performed such as the preparation of the body, informing friends and family of the death, and arranging the ritual service.

Mourning rites have also been viewed as a moral obligation toward the deceased and a means by which families are reintegrated (Vernon, 1970). This reintegration, which extends to the larger group, occurs following the chaos caused by the death of a group member. Funeral rituals encouraging harmonious interaction between group members as they attempt to reintegrate.

The various traditions surrounding the funeral are beneficial to the grieving. They provide structure and act as a behavioral model for the primary stages of the grieving period (Weizman & Kamm, 1987). These rituals may be social and religious traditions which provide guidelines for individuals involved in the planning of the funeral service and for those secondary individuals who also participate. Funerals are also important as they act as support for the bereaved (Weizman & Kamm, 1987). The enactment of the funeral ritual aids the grief process, assisting the individual through the bereavement process (Irion, 1976).
Lageman (1986) described the grief that survivors endure during the funeral as a process in which the mourners must realize the loss of the individual and the unresolved issues in the relationship that the death has brought to the surface. During the grieving process, these unresolved issues which had previously failed to surface in the relationship are now highlighted. According to Lageman, the funeral confronts the emotional needs of the grieving in three ways. First, the Christian funeral affirms the value of life by its declaration of the Christian faith. In this manner, faith manages to surpass tragedy while managing not to detract from the tragedy itself. Next, the emotional needs of the survivors are addressed by the funeral. The grieving are allowed to express their emotions, whatever they may be. Finally, the funeral is a celebration and affirmation of the deceased’s life. In this ritual process, the deceased’s life is affirmed by family and friends.

The American Funeral

The funeral is a means by which individuals attest to the importance of the deceased. It is meaningful to the immediate family as well as to all secondary individuals, such as friends of the family, mourning the death (Vernon, 1970). The funeral is recurrently one of the few services to which no one is formally invited, but to which anyone is welcome (cited in Vernon, 1970).
Although each funeral takes on different significance to different people, it also serves a myriad of basic functions for its participants. The funeral is important for the acceptance of the reality of the individual's death. Acceptance discourages possible denial of the death (Weizman & Kamm, 1987). Participants in the funeral process constantly must face the reality of the individual's death as they engage in the various activities surrounding the funeral rituals. The funeral facilitates the open expression of grief by its participants, which allows them to experience and validate their feelings of loss (Weizman & Kamm, 1987). It is this expression of acute grief which attributes functional validity to the funeral (Kutscher & Kutscher, 1975). Another function of funerals is the comfort individuals receive through the testimony of the life of the deceased. It is a ceremony in which individuals pay tribute to the life of the deceased, and an acknowledgement of the impact the deceased had on their lives (Nichols, 1975). Those mourning the loss are able to say goodbye to the deceased and to conclude the role of the individual who has died in their lives (Irion, 1976). Funerals also serve a meaningful function by measuring an individual's impact on others. The funeral is a means by which the deceased's roles and positions are restated, a means to classify and evaluate the way in which the deceased lived his/her life (Campbell, 1969). It is also a process
by which those mourning reaffirm that they too have the desirable qualities seen in the deceased (Vernon, 1970).

Campbell (1969) describes the funeral as oriented to the future, although common perceptions of funerals are normally orientated to the past. When an individual dies, they are honored, mourned, and revived by survivors reminiscing their shared past history. These activities which are done through the funeral ritual and rites are oriented to the past history of the deceased. Although the funeral is a way of reliving the past and reviving memories as well as honoring the deceased, it is useful in assisting survivors to restructure their system of relationships now that a part of their system is missing. Individuals must now focus on the future as they work to restructure the organization of their relationships.

Criticisms of Funerals

Sociologists and anthropologists who study death rituals describe a profound change occurring in American society toward the funeral process (Mills, 1969). Mandelbaum (1959) described an emerging attitude which disregards the traditional rituals surrounding death due to the growing dissatisfaction with the traditional funeral. Displeasure at the traditional funeral include its avoidance of the reality of death, thus leading to denial of the death. Death is denied when individuals comment that the loved one is "resting" or "sleeping" (Irion, 1966 pg. 73).
It is also believed that the atmosphere of the funeral is designed to control grief. Expressions of emotion are restrained, making demonstration of grief difficult for survivors. Critics also cite the funeral home as minimizing personal involvement and support, since the family is no longer responsible for the washing and dressing of the body, and other activities that prepare for the funeral service.

Other criticisms include the religious nature of the ceremony. Fulton (1976) states that there is an increasing tendency for modern society to view sacred ceremony as a relic of the past. Funerals are believed to be artificial, wasting both time and money (Fulton, 1976). Fulton’s research on attitudes toward death reveal that a small proportion of the American public view the funeral as primarily religious in nature.

Mitford (1963) criticized the funeral because of the funeral directors exploitation and manipulation of the bereaved. Mitford suggested that the traditional funeral is no longer useful. It seems the rise in the popularity of memorial societies verifies Mitford’s theory that the funeral is no longer valid (Mills, 1969).

Bowman (1959) contended that the traditional American funeral has difficulty adapting to modern society. Due to urbanization, Americans have been unable to develop a rational attitude toward death. With increased urbanization, individuals are less likely to face death and
its evidences. Bowman believes that those living in rural areas accept death because of the continual reality of the life cycle for which individuals have had to adjust. As those residing in cities become less familiar with death, the more complications death brings. Individuals thus have difficulty accepting and reacting to it.

Because of the negative feelings harbored toward the traditional funeral, there has been a rise in popularity of Memorial Societies (Cassem, 1976). These societies provide an option to the traditional and detailed funeral service. In part, Memorial Societies serve a means by which the deceased's remains are eliminated and removed as soon as possible, but they also serve to reduce the traditional rituals that accompany the funeral.

Positive Views of Funerals

Nichols (1976) viewed tendencies to avoid rituals and mourning behaviors as threatening, and stated that avoiding them is a disadvantage to the grieving. The negligence of participation in these rituals is a threat to the mental health of the bereaved. Though Nichols believes this trend is prevalent in contemporary society, it is detrimental to the expression of grief.

Mills (1969) believes that this drastic change from the traditional funeral reflects a dramatic change in American society as well as a shift in values. He feels that as people migrate to urban areas, they are ostracized from a
social context in which values are definite, and rituals are a meaningful part of life. The religious beliefs once tightly held by society, have been challenged by science. Mills (1969) feels that this trend fails to comprehend the importance of public ritual at the time of death. He feels that new forms may be needed, but that the values of sacrifice and the depth of meaning which a candid confrontation of death may bring, are lost with the cessation of death rituals.

American society denies the presence of death, as evidenced by the decline and disappearance in popularity of customs like wakes, the wearing of black armbands, and refraining from social or leisure activities after a death. Mills feels that with the decline of meaningful ritual, the bereaved will be constrained to enduring the grieving process without help from others.

Fulton (1962) concluded that the funeral in American society is a rite of the living which is both psychologically and sociologically therapeutic and beneficial. This theory suggests that death needs to be emphasized, especially in a society for which death is overtly denied. This denial is common to lay individuals, physicians, ministers, nurses, funeral directors, and others associated with the death (Fulton, 1962).

In a study on attitudes towards funerals, Khlief (1975) mailed questionnaires to 189 bereaved individuals in
LaCrosse, Wisconsin. 63% of the participants were women, 37% of the participants were male and 79% of all the participants had lost a spouse or a parent. Two leading themes were discovered from this study in which respondents were asked a multitude of questions to determine their perception of the worth of the funeral. First, most of the grieving found the funeral to be meaningful and significant. When asked the importance of the funeral for the survivors, 75% of the individuals, believed the funeral was extremely or somewhat important for the survivors. Second, results suggested most individuals deemed the funeral a notable means of expressing their sentiments to the deceased. 51% of the respondents felt that the funeral was more for the deceased than for the living, while 39% felt that the funeral was for the living. When queried as to whether they viewed the funeral as a meaningful way in which to express love for the deceased, 59% felt this was "very much" true, while 30% found this to be "somewhat" true. Khrief also found the importance of the funeral's meaning rose with the increase in difficulty of coping with the death.

Cassem (1976) conducted interviews with 565 widows and widowers in which he investigated participation in traditional funeral activities. Activities in the traditional funeral included viewing the body, and involving friends and relatives in the ceremony. Individuals who participated in the traditional funeral reported fewer
adjustment difficulties than those who did not view the body or had the body immediately disposed. Individuals who participated in the traditional funeral also reported a more positive remembrance of the deceased. Individuals not involved in the traditional funeral, reported encountering more animosity during the grieving period. They also had greater increases in use of alcohol, sedatives, and tranquilizers, as well as greater amounts of tension and anxiety. They were more likely to remember the deceased negatively and experience greater difficulties adjusting to the death. Male survivors seem to have the most difficulty adjusting to the death. At the time Cassem wrote about these interviews, his study was only partially completed. However, he believed that individuals searching for alternative means for the traditional funeral process appear not to have found functional alternative methods. Cassem also believes that individuals participating in traditional funeral activities have an easier time adjusting to the death of the individual after the funeral.

Relationship with the Deceased

Grief presents unique and difficult issues for each surviving individual with particular types of grief being especially difficult (Stroube et al., 1993). The loss of the deceased leaves a void in the lives of the survivors. According to Bowlby (1969), humans require interactions with other humans. This social need stems from instinctual needs
for mating and raising young. Attachments were originally formed in part as protection from predators. Though this is no longer needed in modern American society, lack of close attachments to others is expressed through feelings of insecurity (Parkes, 1972). When grief is experienced by an individual, it is viewed as separation anxiety from the removed object. The individual is thus motivated to restore the relationship to the withdrawn object. When the relationship to the object is permanently separated as in death, the individual is unable to restore the relationship. Attempts for restoration are in vain. Gradually these attempts for restoration halt as the individual passes through a process of stages in which the hopes for the return of the individual cease (Stroube et al., 1992).

According to Stroube et al, (1993, pp. 13) "it is generally accepted by lay people and professionals alike that certain bereavements are apt to be associated with more overwhelming reactions and severe adjustment problems than others." For example, the loss of a child can be especially debilitating. Researchers are still investigating the various grief reactions to different types of loss. (Stroube et al., 1993). According to Parkes (1972), it is rarely clear in any grieving process what exactly has been lost. The loss of an individual is dependant upon, in part, the number of diverse roles the individual assumed for the bereaved (Parkes, 1972). For example, a widower who loses a
wife may or may not confront the loss of a confidant, sexual partner, cook, or caregiver, etc. Secondary losses, dependent upon the primary loss, may also occur. For example, if the wife had performed as primary caregiver to the children, the widower is now confronted with new roles as he attempts to fill the void left by the loss of his wife. If his role had been as primary provider in the relationship, he must now confront overtaking the new role of caretaker, or finding someone who can. He must continue present roles, as well as adjusting to new roles.

The grieving individuals themselves must also confront issues of role loss, where they themselves lose the primary roles previously engaged in with the deceased (Weizman & Kamm, 1987). For example, if the wife from the previous example had been very ill before she died, and her husband had maintained the role of primary caretaker, he has now lost this role as well as his role of spouse. If this role as caregiver has been maintained for a long period of time, it may be difficult to readjust to his own personal role loss. This role loss may be compounded by the loss of roles that his wife had once employed.

Parkes (1972) indicated that bereaved individuals are affected by what he labeled as deprivation. Deprivation is defined by Parkes as the reaction of loneliness to the absence of an individual or item. Alternatively, the loss of the item or individual is one in which the reaction is one
of grief. Parkes described deprivation as the absence of those items formerly furnished by the deceased. Emotions experienced due to deprivation include loneliness, reactions to loss of security, and reactions to the loss of roles previously engaged in (Parkes, 1972).

The power of death and its influence extend beyond the severing of biological ties. Death extends to the psychosocial roles for those who experienced an emotional bond to the deceased (Nichols, 1975). The process of mourning in which these ties and psychosocial roles are broken is a prolonged one which can be excruciatingly difficult for the survivors.

During the mourning period, the bereaved and the deceased comprise a unique circle situated between the world of the living and the world of the dead (Van Gennep, 1966). The time period the bereaved remain in this group depends on the closeness the bereaved maintained with the deceased. Mourning requirements are based upon degrees of kinship, so that those closest to the deceased, widows and widowers, are the last to take leave of the group. During the mourning process, social life is postponed for those touched by the loss of the deceased. According to Van Gennep, the length of this suspension of activities is dependent upon the closeness of the relationship of the individual to the deceased. Those closest to the deceased will refrain for the longest time period.
According to Bowman (1959), the consequences of death affects the survivors in relative degrees. Those who are closest to the deceased are most severely affected, while those less close to the deceased are less severely affected. Although bereavement is typically a family plight, death may occur within the family without incident of bereavement (Bowman, 1959). Thus, the type of familial relationship is not as important in determining one’s reaction to death and the grief experience as is the degree of intimacy and reported closeness. Those closest to the deceased may respond differently in their grieving processes depending on the nature of the relationship held with the deceased. It is felt that these differences also extend to their perceptions of the funeral. It seems that those with a higher degree of reported closeness to the deceased would find the funeral process as more beneficial than those with a low degree of reported closeness.

Cutter (1974) expressed that the intensity of bereavement experienced by individuals is dependent on the degree of closeness experienced by the bereaved to the deceased. According to Cutter, this suggests "frequent, long-lasting, and intimate sharing of 'mutual need satisfaction'" (Cutter, 1974, p. 135). In modern society, closeness is usually a function of biological relationships, not of functional ones. However, contact between families may not be as frequent as for those engaged in a functional
relationship. For example, two sisters may see each other only once a year and are thus more functionally removed from each another than they may be from an intimate friend. Because of the biological ties, the amount of publicly expressed grief is perceived as more legitimate for relatives, although grief may be more intensely experienced by a friend. Although those not related may have lost an integral part of their support system, it is not as socially acceptable for the intense expression of this loss (Cutter, 1974).

Bugen (1979) presented a model stating that grief intensity is influenced by two factors: the closeness of the survivor to the deceased, and the extent to which the survivor feels the deceased’s death could have been prevented. These 2 factors interact providing a model for the duration and intensity of grief experienced by the survivors.

Closeness to the deceased is measured by how central or peripheral the survivor views his/her relationship to the deceased. Centrality is defined as a relationship in which the deceased was so important to the survivor that they now feel hopeless without the individual’s presence. The survivor typically views life without this individual as pointless and wonders what will now happen as he/she attempts to live without the deceased. Centrality also describes the extent to which the deceased is a necessity in
the life of the survivor. The survivor now feels the loss of the deceased incessantly and passionately, and feels the loss of a fundamental daily support system. Often these individuals were committed to one another through daily activities, like a wife preparing meals for her husband who has just come home from work. Centrality extends to also describe those individual who have served as a symbol or central figure in the survivor’s life. Martin Luther King, Jr. whose death affected millions as the dissolution of hope for universal rights, is an example.

Peripherality describes a distance or insignificant relationship in which grief reaction is be minute. Although individuals may respect the deceased, they do not view the loss of the individual as hopeless. They do not view their life as dependent upon the deceased and feel the essential facets of their life will remain unchanged at the death of the individual.

The second set of factors influencing survivors’ grief reaction is whether or not the bereaved views the death as having been preventable. Preventability describes whether or not the determinants surrounding the death of the individual could have been controlled, thus preventing the death of the deceased. This notion of preventability refers to survivor’s perceptions about the death incident, not the actual facts surrounding the death. Preventability includes the survivor’s conviction that they could have been done
more to prevent the death either directly or indirectly, although in reality preventability of the death may have been beyond his or her control. An example being a father who feels responsible because he granted his son permission to go waterskiing, but, had he not, his son would never have drowned. When the survivor views the death as being a preventable one, grief reaction is likely to be prolonged.

When individuals view the death as being unpreventable, in which nothing could have been done to alter the circumstances leading to the death, grief reaction is likely to be less prolonged than when the death is felt to have been preventable. Often in this case, attributions are made to God, fate, or bad luck, thus emphasizing the unpreventability of the death.

Bugen’s model (1979) stated that the pairing of either centrality or peripherality of the relationship with either preventability or unpreventability of the death combine to determine the degree of grief intensity and the duration of the grief process.

Swanson and Bennett (1982-83) conducted research with a sample of 58 males and 94 females investigating two facets of the funeral. Research investigated whether the degree of closeness to the deceased affected their attitudes toward the funeral and the level of meaningfulness these individuals derived from the funeral process. Results indicated that those in the close group found fewer of the
funeral practices to be beneficial. These individuals perceived such things as flowers and being present at the burial site to have a negative functional value. However, results indicated that those who were extremely close to the deceased found all aspects of the selected funeral practices to have a positive functional value.

Lack of Research

Limited research has been conducted on the funeral process to discover how it is viewed by the grieving or looking at individuals' attitudes towards funerals. Most funeral studies were conducted during the late 1950's through the early 1970's by sociologists and anthropologists. Most of this research has investigated the changing role of the funeral in today's society. In addition, much of this research has not been quantitative in nature. The American public's attitudes toward funerals have not yet been thoroughly investigated. Studies which have attempted to examine attitudes toward funerals have resulted in data being taken in percentages, similar to polls. Research in this area is critical to fill the void that currently exists.

The limited research that has been done in this area has neglected to account for the notion of centrality and preventability. Centrality and preventability consequently both become important in attempting to determine the intensity of the grief process.
Hypotheses

Funerals occur every day in our society. This tradition which is often taken for granted, is conducted out of respect for the deceased and his or her family. However, it is unclear how this process is viewed by the loved ones of the deceased.

It was hypothesized that the funeral process would be viewed as more beneficial by those who were emotionally close to the deceased than those who reported that they were not as close to the deceased (Swanson & Bennett, 1982-83). It seems that the funeral acts as an opportunity for the individual to say farewell to the deceased (Cassem, 1976). Thus, the quality of their relationship would be particularly important in determining the funeral’s benefit. Four hypotheses were tested.

1. It was hypothesized that individuals who were close to the deceased, viewed them as a central figure in their life, and viewed the death as unpreventable would likely be more satisfied with the overall funeral process. Participants’ scores on the Lester-Blustein Attitudes to Funerals Scale, Swanson & Benson Attitudes to Funerals Scale were used to measure satisfaction with the overall funeral practice.

2. It was hypothesized that individuals who were close to the deceased, viewed them as a central figure in their life, and viewed the death as unpreventable would likely have lower scores of bereavement adjustment than individuals for
whom this is not the case. The Texas Revised Inventory of Grief (TRIG), the Bereavement Experience Questionnaire (BEQ), the Templer Death Anxiety Scale (TDAS), and the Collett-Lester Fear of Death Scale were utilized to measure participants' scores of bereavement adjustment.

3. It was hypothesized that individuals who were close to the deceased, viewed them as a central figure in their life, and viewed the death as unpreventable would likely participate more in the funeral process than individuals for whom this is not the case. Individual's level of participation in the funeral process was measured by scores on the Bolten and Camp Scale measuring the level of participation in the funeral process.

4. It was hypothesized that individuals who were close to the deceased, viewed them as a central figure in their life, and viewed the death as being unpreventable would likely have lower scores of psychological well-being than individuals for whom this is not the case. Participant's psychological well-being was measured by scores on the Bradburn Affect-Balance Scale, the Coping Inventory (CI), the Hopkins Symptom Checklist, the TDAS, the Collett-Lester Fear of Death Scale, and the Self-report of Health.

The current study gathered information concerning the relationship of the bereaved to the deceased. It was believed that those with a close relationship to the
deceased would find the funeral more beneficial than those who were not as close to the deceased.
CHAPTER 2

METHOD

Participants

Participants consisted of 438 bereaved adults who volunteered to participate if they had been bereaved for a period up to two years. Bereaved adults participating in the study were enlisted from the community and had experienced the death of a close family member (spouse, parent, grandparent, child, sibling) or close friend. Participants were not rewarded for their participation in the study. More than one member of a family mourning the same death was included in the study, although information regarding the number of individuals participating per family was not recorded.

The sample consisted of 438 bereaved individuals. The greatest portion of participants were both female (76.3%) and Caucasian (83.1%). African-Americans (7.3%), Asians (2.5%), and Native Americans (1.1%) also comprised the sample. 53.0% of the participants completing the questionnaire were single, while the next greatest portion (26.9%) were married. Of the remainder, the largest group had been widowed (12.3%). Most of the participants (N = 420) who responded to a question asking them to identify which religious group they affiliated themselves with,
identified themselves as Protestant (51.6%); the remaining participants identified themselves in the other category (23.1%) or as Catholic (19.4%).

With regard to education, the median level reported was "some college." For those who responded to a question regarding their annual family income (N = 426), total family income ranged from less than $10,000 per year to greater than $100,000 per year, with a median range of $50,000 to $100,000.

The majority of individuals had lost a grandparent (23.1%), followed by either a close friend (16.7%) or an individual that was classified in the other category (15.1%). The remaining individuals had lost a spouse, grandchild, parent, sibling, aunt, uncle, or child. The length of time since the deceased’s death varied from 1 to 25 months, with a mean of 11.75 months having passed since the deceased person’s death. The most frequent cause of death cited was terminal illness (27.9%), followed by heart attacks (17.8%). Of the remainder, the largest group consisted of those who had died from an other serious illness (11.05). If the deceased person had been ill prior to his/her death, 30.4% of the 437 individuals responding to the question reported having been involved in the care of the deceased prior to his/her death.
Procedure

Participants were recruited from various bereavement support groups, the local community, and families utilizing Hospice services. Information regarding the study was published in the local papers so that all interested participants could call the University of North Texas to receive more information. Interested participants were then sent a questionnaire. Examiners also visited bereavement groups and local Hospice services where they presented a format on the purpose of the study. Interested volunteers were given questionnaire packets to fill out on their own time schedule. The packets consisted of cover letters (see Appendix A), a consent form (see Appendix B), demographic questions, general information questions, and the fourteen measures. Participants were asked to mail their questionnaires back when they were completed. All questionnaires were presented in the following order: Lester-Blustein Attitudes toward Funerals scale (Lester & Blustein, 1980), a measure utilized by Bolton and Camp (Bolton & Camp, 1986-87), Attitudes toward Funerals Scale developed by Swanson and Bennett (Swanson & Bennett, 1982-83), Texas Revised Inventory of Grief (Zisook & DeVaul, 1983), Bereavement Experience Questionnaire (Demi, 1984), Bradburn Affect-Balance Scale (Bradburn, 1969), Coping Inventory (Horowitz & Wilner, 1980), Templer Death Anxiety Scale (Templer, 1970), the Collett-Lester Fear of Death
Scale (1990), Self-report of Health, Hopkins Symptom Checklist (Derogatis et al., 1974), and the Crowne-Marlowe Social Desirability Scale (Crowne & Marlowe, 1960).

**Instruments**

Subjects responded to demographic questions, questions about their attitudes towards funerals and their involvement in the activities surrounding the funeral. Other questions regarding the funeral were also utilized.

A variety of measures were utilized to assess the subsequent adjustment of the participants. These measures included the Texas Revised Inventory of Grief (Zisook & DeVaul, 1983), the Bereavement Experience Questionnaire (Demi, 1984), the Bradburn Affect-Balance Scale (Bradburn, 1969), and the Coping Inventory (Horowitz & Wilner, 1980).

A measure was also used to examine participants' perceptions of death and their fears of dying. The Templer Death Anxiety Scale (Templer, 1970) was utilized for this purpose.

**Demographic questionnaire.** Subjects were queried on a variety of sociodemographic factors including age, sex, race, marital status, education, occupation, socioeconomic background, possible experiences with death over the past year, past training with death and dying issues, relationship to the deceased, elapsed time period since the funeral, and any prior positive or negative experiences with funerals.
General information questions. Participants were asked a number of general information questions in an attempt to discover more about their experiences with death and dying issues. Participants were asked about use of any Hospice services, psychological services, or support groups used. Information was also gathered on the death of the individual, such as the nature of the death, and if the death was a physically painful one. Participants were also asked about their level of contact with the deceased person prior to the time of death, and emotional closeness to the deceased person at the time of death and in general. Questions were utilized to assess the level of centrality of the deceased to the participant, and the extent to which the participant feels the death could have been prevented. Emotional closeness was operationalized by the inquiries, "In general, prior to the death, how emotionally close had you been to your deceased loved one?" and "How emotionally close were you to the deceased when he/she passed away?" Centrality of the deceased person to the participant was operationalized by the question "How often did you have contact in person or by phone with the deceased person before his or her death?" The preventability of the death was operationalized by the question, "To what extent do you feel that someone could have done something to prevent your loved one’s death?" Information was gathered about the conditions of the funeral: the weather at the time of the
service, extent of the individual's participation in the funeral process, length of the service, and extent of satisfaction with the funeral.

**Attitudes to Funerals.** The Lester-Blustein Attitudes toward Funerals scale (Lester & Blustein, 1980) was utilized. This scale investigates 3 separate issues including attitudes toward funerals, attitudes toward the funeral industry, and attitudes toward the viewing of the deceased. These 3 attitudes will be assessed by a total of 12 items: 7 items investigate attitudes towards funerals, 2 items investigate attitudes toward the funeral industry, and 3 items investigate attitudes toward the viewing of the deceased. These items will be presented in a Likert-type scale format. In both of the validation samples, scores on the three subscales were found to be significantly correlated with each other. Two samples of 49 and 53 students were utilized to obtain Pearson rs correlations from \( r = .32 \) to .52.

**Participation in Funeral Process.** The degree to which individuals participated in activities surrounding the funeral was assessed by questions utilized by Bolton and Camp (Bolton & Camp, 1986-87) assessing participation in pre-, during, and post- funeral activities. Information was be gathered on the amount of individual's participation in events prior to the funeral such as writing the news
announcement, or selecting clothes for the burial of the deceased. Information was also be gathered on the individual’s participation during the funeral. These activities include delivering the eulogy or giving a testimony about the deceased. Participation in post-funeral activities like visiting the grave, or writing thank you notes for gifts received was also assessed.

Participants were asked about the activities that eased or impeded their emotional feelings during bereavement, eased or impeded their adjustment to life without the family member or friend, and how the death affected their attitudes toward funerals. This scale was developed on a sample of fifty widows. Psychometric properties of the scale have not been reported.

Perceptions of the Meaningfulness of Funerals Scale. Questions developed by Swanson and Bennett (1982-83) investigating the meaning that individuals attribute towards funerals was also employed. These questions, presented in a Likert-type scale format, were used to distinguish between two different realms. First, questions will be utilized to determine which funeral practices the individual perceives to be meaningful. Next, questions will be employed to determine if a relationship exists between the closeness of the survivor’s relationship to the deceased person and the meaningfulness that they attribute to the funeral process. The questionnaire was composed of nineteen statements about
funeral practices for which the participant classified from (1) strongly disagree to (6) strongly agree. The study consisted of a sample of 500 individuals. Test-retest reliability was established, but not stated by the developers. Other psychometric properties of the scale have not been reported by the developers.

Texas Revised Inventory of Grief. The short form of the mental health version of the Texas Revised Inventory of Grief (Zisook & DeVaull, 1983) was utilized. This scale employs two parts. An 8 item scale examines behaviors of the individual after the death of their friend or family member (the Past Behaviors list). As well, 15 items examined the individuals present feelings towards the deceased (the Present Feelings list). On this self-report measure, items were presented in a Likert-type scale format. The replication sample consisted of 328 individuals. Both split-half reliability and coefficient alpha's were examined. Reliability was assessed utilizing both split-half and coefficient alpha's, though the developer's did not state which procedure was used to assess for reliability of the Past Behavior Scale and Present Feeling Scale. Reliability for the Past Behavior Scale ranged from .74 to .87 while the reliability for the Present Feeling Scale ranged from .82 to .89. Construct validity of the scales was assessed using a variety of group discriminators such as age of the deceased, and sex of the survivor, etc.
Bereavement Experience Questionnaire. The Bereavement Experience Questionnaire (Conway, et al., 1984) is a self-report measure containing sixty-seven items presented in a Likert-type format. Reactions to the deceased over the past month were examined utilizing eight theoretically developed subscales. These subscales include Isolation with 4 items, Depersonalization with 5 items, Stigma with 6 items, Morbid fears with 6 items, Meaninglessness with 8 items, Anger with 9 items, Yearning with 10 items, and Guilt with 17 items. Each subscale examines the impact of bereavement on the individual over the last month. Scores ranges from 1 (never) to 4 (almost always). Guarnaccia and Hayslip (1993) report empirical finding indications of a 1 or 2 factor model. In their study good reliability for the measure was found utilizing coefficient alpha. The measure has an internal consistency of $\_=.95$. The author of the scale computed correlation coefficients to assess the convergent construct validity of the measure. It was found that all coefficients met the established criteria and ranged from .30 to .70. Conway and Hayslip (1991) found further support for the validity of the measure when analyzing widow's and professional's perceptions of widow's grieving process where widows saw their grieving process as being less distressful and intense than did clergy, physicians, counselors and funeral directors.
Bradburn Affect-Balance Scale. The Bradburn Affect-Balance Scale (1969) was used as a measure of positive and negative affect in psychological well-being. Mangen computed Cronbach's alpha and found reliability to be .66 for the positive affect, and .70 for the negative effect (Sauer & Warland, 1982). Moriwaki (1974) found the Affect-Balance Scale to be positively correlated with morale (r=.61). However, Sauer & Warland (1982) recommend that the reliability and validity of the scale should be further assessed.

Coping Inventory. The Coping Inventory (CI) developed by Horowitz and Wilner (1980) to assess strategies utilized in adjustment to major life events was also completed. The CI contains three subscales: Socialization with a total of 6 items, Working Through the Event with a total of 16 items, and Turning to Other Attitudes and Activities with a total of 11 items. These items combine for a total of 33 items which are presented in a self-report, Likert-style format. Possible responses include: does not apply, does apply, and does apply and was very helpful. The CI is considered to be an experimental instrument therefore, reliability and validity measures have not yet been established.

Templer Death Anxiety Scale (TDAS). The Templer Death Anxiety Scale (TDAS) (Templer, 1970) was utilized to identify individual's possible anxieties to death and dying issues. The TDAS is a 15 item scale. Items were presented
in a true-false format. Examples of the TDAS include, "I am very much afraid to die." or "The sight of a dead body is horrified to me." The TDAS has an internal consistency coefficient of .73 and a test-retest reliability of .83 for a three week time interval. A validity coefficient of .74 was found pertaining to the relationship of the TDAS and the Boyar's Fear of Death Scale (FODS), thus indicating mutual evidence for the validity of both scales.

**Collett-Lester Fear of Death Scale Revised Scale.** The revised Collett-Lester Fear of Death Scale (Lester, 1990) was employed as an additional measure to identify individual's possible anxieties to death and dying issues. This scale was developed to combat heterogeneity of item content that was encountered with previously used death scales. The scale contains four subscales: fear of dying of self with 6 items, fear of death of self with 9 items, fear of death of others with 10 items, and fear of dying of others with a total of 11 items. The scale is comprised of general statements which are presented in a Likert-style format for which individuals rate the degree to which they agree or disagree with a given statement. Examples of some statements utilized by the scale include, "The total isolation of death frightens me" and "I do not think of dead people as having an existence of some kind." Test-retest reliability has been reported by Rigdon and Epting (1985) who found their subject pool of 31 to have a mean of .55.
Correlations for each of the subscales were not presented. Numerous studies have reported the validity of the Collett-Lester Death Scale with other death scales thus supporting its more than adequate validity.

**Self-report of Health.** A number of questions were presented which asked the individual to self-rate their physical and emotional health. These were utilized to assess the physical and emotional health of individuals for the past three months and at times, for the past two weeks. Examples of these questions include, "During the past three months, how many days have you yourself been so sick you were unable to carry on your usual activities such as going to work or working around the house?" or "For the past two weeks, have you felt fatigued or experienced a loss of energy more often than not?" Reliability and validity have not been established with this measure.

**Hopkins Symptom Checklist.** The Hopkins Symptom Checklist was also administered (Parloff, et al., 1954). This measure is a self-report symptom inventory comprised of 58 items which are representative of symptoms commonly noticed among outpatient populations. The measure investigates individual's health based upon 5 dimensions: anxiety, depression, somatization, obsessive-compulsiveness, and interpersonal sensitivity. A sample of 1800 psychiatric outpatients and 700 normals was utilized for the scale.
Reliability ranged from .84 to .87 utilizing coefficients alpha presented on each of the dimensions.

Crowne-Marlowe Social Desirability Scale. Finally, the short form of the Social Desirability Scale by Crowne and Marlowe was administered. This scale was utilized to control for response bias. Forty-seven items comprise the scale which is presented in Likert-type scale format (Crowne & Marlowe, 1960). The scale was administered to 39 undergraduates in two psychology courses. With this sample, the internal consistency coefficient was .88, utilizing the Kuder-Richardson 20 Formula. The scale has a test-retest correlation of .89 for an established time period of 1 month following the previous administration. The validity of the scale has not been cited by the developers.

Data Analysis

Research Design

The present study was descriptive in nature. There were three independent variables, a measure of reported perceived closeness, a measure of the centrality of the deceased in the life of the survivor, and whether the survivor feels the death was preventable or not. The first independent variable of perceived closeness was measured by a median split three item self-report measure of perceived closeness to the deceased at the time of the death and in general. Emotional closeness was operationalized by the inquiries, "In general, prior to the death, how emotionally
close had you been to your deceased loved one?" and "How emotionally close were you to the deceased when he/she passed away?" The second IV, frequency of contact served as an indirect measure of centrality. Centrality of the deceased to the survey participant was operationalized by the question "How often did you have contact either in person or by phone with the deceased person before his or her death?" The third independent variable, the preventability of the death, was examined by asking participants how preventable they view the death to be. The preventability of the death was operationalized by the question, "To what extent do you feel that someone could have done something to prevent your loved one’s death?" For purposes of analysis, these variables were operationalized by splitting persons’ responses about the median, with possible responses ranging from: "Extremely close to Not close at all." The four dependent variables were perceptions and satisfaction with the overall funeral process, subsequent bereavement adjustment, participation in the funeral process, and psychological well-being.

Statistical Analyses of Hypotheses

Attitudes toward the funeral based upon the perceived level of closeness was analyzed using one 2 by 2 by 2 multivariate analyses of variance (MANOVA). The MANOVA crossed centrality by the death’s preventability by closeness of the deceased to the participant.
CHAPTER 3

RESULTS

Four hypotheses were tested utilizing three 2x2x2 multivariate analyses of variance. The minimum cell size was 2 and cell size ranged from 2 to 161, with the average being 47 subjects per cell.

Hypothesis one predicted an interaction effect at the multivariate level such that subjects who reported having been closer to the deceased person, who viewed the deceased person as having been a central figure in his/her life, and who viewed the death as unpreventable were expected to show a greater overall satisfaction with the funeral process. Such an interaction effect at the multivariate level was not found. Hypothesis two predicted an interaction effect at the multivariate level such that subjects who reported being closer to the deceased person, who viewed the deceased person as having been a central figure in his/her life, and who viewed the death as unpreventable were expected to demonstrate poorer bereavement adjustment than individuals for whom this was not the case. Again, such an interaction effect at the multivariate level was not found. Hypothesis three predicted an interaction effect at the multivariate level such that subjects who reported a closer relationship to the deceased person, viewed the deceased person as having
been a central figure in his/her life, and viewed the death as unpreventable were expected to participate more in the funeral process more than those individuals for whom this was not the case. This interaction effect at the multivariate level was not found. Hypothesis four predicted an interaction effect at the multivariate level such that subjects who reported a closer relationship to the deceased person, viewed the deceased person as having been a central figure in his/her life, and viewed the death as being unpreventable were expected to have a poorer psychological well-being than individuals for whom this was not the case. Again, this interaction effect at the multivariate level was not found.

Multivariate analysis with regard to emotional closeness produced significant effects $F(22, 347) = 2.41, p < .05$. When emotional closeness at the time of death was utilized as an alternative measure for emotional closeness, multivariate analysis revealed significant effects $F(22, 339) = 2.07, p < .05$. Further multivariate analysis for multivariate effects with regard to centrality produced significant effects $F(22, 347) = 1.73, p < .05$. Multivariate analysis for frequency of contact between the bereaved and the deceased as an alternate measure of centrality produced significant effects $F(22, 343) = 1.55, p < .05$ as well. Finally, multivariate analysis for
multivariate effects with regard to preventability produced significant effects $F(22, 347) = 1.62, p < .05$.

Post hoc univariate analysis with regard to emotional closeness produced significant effects for measures of satisfaction with the funeral process, overall bereavement adjustment, participation in funeral rituals, and meaningfulness of the funeral process. Significant main effects were found for emotional closeness such that subjects low in emotional closeness to the deceased person reported greater satisfaction with the funeral $F(1, 368) = 10.54, p < .05$ as measured by the helpfulness of the funeral and their satisfaction with the overall funeral process $F(1, 368) = 5.05, p < .05$. In addition, subjects closer to the deceased person demonstrated higher scores of bereavement adjustment as measured by the Texas Revised Inventory of Grief-Present $F(1, 368) = 7.63, p < .05$ and marginally significant results on the bereavement adjustment measure the Texas Revised Inventory of Grief-Past $F(1, 368) = 3.61, p < .05$. Participants who described their relationship to the deceased as being a close one further exhibited greater participation in the funeral as measured by pre-funeral ritual activities $F(1, 368) = 5.27, p < .05$, and postritual activities $F(1, 368) = 10.66, p < .05$. Participants reporting a distant relationship to the deceased person demonstrated that they derived greater meaning from the funeral as measured by two alternative measures, the first
portion of the Swanson & Bennett Perceptions of the Meaningfulness of Funerals Scale which determined which funeral practices the individual perceived to be meaningful $F(1, 368) = 1.33, p < .05$, and the second portion of the Swanson & Bennett Perception's of the Meaningfulness of Funeral Scale which was used to determine if a relationship existed between the closeness of the participant's relationship to the deceased person and the meaningfulness that he/she attributed from the funeral process $F(1, 368) = 1.33, p < .05$.

Post hoc univariate analysis with regard to an alternate measure of emotional closeness, emotional closeness at the time of death, produced significant effects for measures of satisfaction with the funeral process, overall bereavement adjustment, and participation in funeral rituals. Significant main effects were found for emotional closeness such that subjects low in emotional closeness to the deceased person reported greater satisfaction with the funeral $F(1, 360) = 11.72, p < .05$ as measured by the helpfulness of the funeral process. In addition, subjects closer to the deceased person demonstrated higher scores of bereavement adjustment as measured by the Texas Revised Inventory of Grief-Past $F(1, 360) = 7.23, p < .05$ and the Texas Revised Inventory of Grief- Present $F(1, 360) = 14.18, p < .05$. Participants who described their relationship to the deceased person as being close further exhibited greater
participation in the funeral as measured by pre-funeral ritual activities $F(1, 360) = 6.53, p < .05$, funeral activities $F(1, 360) = 5.17, p < .05$, and postritual activities $F(1, 360) = 8.06, p < .05$.

Post hoc univariate analysis with regard to centrality produced significant effects for measures of overall bereavement adjustment, participation in funeral rituals, and meaningfulness of the funeral process. More specifically, significant main effects were found for centrality such that subjects who viewed the deceased person as a peripheral figure in their lives demonstrated greater scores of bereavement adjustment as measured by the Texas Revised Inventory of Grief-Past $F(1, 368) = 3.38, p < .05$. Subjects who viewed the deceased person as a central figure in their lives had greater scores of participation in funeral activities as measured by pre-funeral ritual activities $F(1, 368) = 11.56, p < .05$, and postritual activities $F(1, 368) = 9.60, p < .05$. Participants who reported that the deceased person had been a central figure in his/her life had greater fears about the loss of others as measured by as measured by the dying of others portion of the Collett-Lester Fear of Death Scale $F(1, 368) = 3.82, p < .05$.

Further post hoc univariate analysis with regard to an alternate measure of centrality measured by frequency of contact between the bereaved and the deceased person
produced significant effects for measures of overall bereavement adjustment, and participation in funeral rituals. Subjects who viewed the deceased person as a peripheral figure in their lives demonstrated greater bereavement adjustment as measured by the Coping Index (CPI) $F(1, 364) = 3.46, p < .05$, the Hopkins Symptom Checklist $F(1, 364) = 4.06, p < .05$, the Texas Revised Inventory of Grief—Past $F(1, 364) = 4.05, p < .05$. Subjects who reported having viewed the deceased person as having been a central figure in their life demonstrated greater participation in funeral activities as measured by pre-funeral ritual activities $F(1, 364) = 6.11, p < .05$, funeral activities $F(1, 364) = 11.2, p < .05$ and postritual activities $F(1, 364) = 4.58, p < .05$.

Post hoc univariate analysis with regard to preventability produced significant effects for measures of satisfaction with the funeral process, overall bereavement adjustment, and meaningfulness of the funeral process. Subjects above the median in perceiving the deceased person's death as unpreventable reported greater satisfaction with the funeral as measured by viewing the funeral as being helpful $F(1, 368) = 4.23, p < .05$; greater bereavement adjustment as measured by the Bereavement Experience Questionnaire (BEQ) $F(1, 368) = 3.75, p < .05$, the Wood Life Satisfaction Scale $F(1, 368) = 9.00, p < .05$, the Hopkins Symptom Checklist ($F(1, 368) = 5.74, p < .05$,
the Texas Revised Inventory of Grief -Present $F(1, 368) = 4.35, p < .05$), the Bradburn Affect Balance Scale $F(1, 368) = 7.04, p < .05$; and higher scores of the funeral's meaningfulness as measured by the alternative measure of the second portion of the Swanson & Bennett Perception's of the Meaningfulness of Funerals Scale $F(1, 368) = 4.88, p < .05$. 
CHAPTER 4

DISCUSSION

The purpose of the present study was to explore the relationship between centrality, emotional closeness of the bereaved to the deceased person, and preventability of the death and their impact on individuals' perceptions of the funeral. In particular, this study used a model of grief intensity, developed by Bugen (1979), to test several hypotheses. According to Bugen's model, grief intensity is influenced by 2 factors: the closeness of the survivor to the deceased, and the extent to which the survivor feels the deceased person's death could have been prevented. These two factors interact providing a model for the duration and intensity of grief experienced by the survivors.

Hypothesis 1

The first hypothesis with regard to the present study predicted an interaction effect for the three independent variables, emotional closeness, centrality, and preventability of the death. It was expected that subjects who were emotionally close to the deceased, who viewed the deceased person as having been a central figure in their life, and who viewed the death as having been preventable would demonstrate a greater overall satisfaction with the funeral process. No significant interaction was found,
possibly in part due to a lack of statistical power associated with small cell sizes regarding those persons reporting their relationship to the deceased to be emotionally distant. Thus, in combination the three independent variables do not effect the participants' overall satisfaction with the funeral process.

**Hypothesis 2**

The second hypothesis with regard to the present study again predicted an interaction effect for the three independent variables, emotional closeness, centrality of the deceased person, and the preventability of the death such that subjects who were emotionally close to the deceased, who viewed the deceased person as having been a central figure in their life, and who viewed the death as having been preventable would demonstrate poorer bereavement adjustment than those individuals for whom this was not the case. Statistical analysis did not support this hypothesis in the present study however, as no significant interaction was found. This again could possibly in part be due to a lack of statistical power associated with small cell sizes. Thus, closeness to the deceased, centrality of the deceased, and the unpreventability of the death do not effect overall bereavement adjustment as was expected.

**Hypothesis 3**

The third hypothesis predicted an interaction effect for the three independent variables, emotional closeness,
centrality of the deceased person, and the preventability of the death. It was expected that subjects who were emotionally close to the deceased, who viewed the deceased person as having been a central figure in their life, and who viewed the death as having been preventable would demonstrate higher participation in funeral rituals. No significant interaction was found for the above listed independent variables. Again this could possibly in part be true due to a lack of statistical power associated with small cell sizes. Thus, closeness to the deceased, centrality of the deceased, and the unpreventability of the death do not in combination effect participation in the overall funeral process.

**Hypothesis 4**

The fourth hypothesis with regard to the present study predicted an interaction effect for the three independent variables, emotional closeness, centrality, and preventability. It was expected that subjects who were emotionally close to the deceased, who viewed the deceased person as having been a central figure in their life, and who viewed the death as having been preventable would demonstrate a poorer psychological well-being than individuals for whom this was not true. This hypothesis was not supported and no significant interaction was found. Again, this is felt to be in part true due to a lack of statistical power associated with small cell sizes. Thus,
the effects of closeness to the deceased, centrality of the deceased, and the unpreventability of the death to effect psychological well-being are lost in combination.

Another possibility for the lack of significance for all of the above hypotheses is that centrality, preventability, and emotionally closeness at the time of death are all measuring the same factor. It is possible that individuals who were emotionally closed to the deceased person, who viewed the death as preventable and who viewed the deceased person as being a central figure in their lives were all greatly impacted by the loss of a significant person in their lives. Thus, these individuals are undergoing a profound death, in which any of the above independent variables will impact their grief reactions. This explanation is possible because the main effects for each of the independent variables were similar (see below).

It is also possible that centrality, preventability of the death, and emotional closeness to the deceased person do not simply operate in combination. This is a possibility because dual interactions in which cells were collapsed across levels thus providing significantly larger cell sizes were also not found to be significant. This serves as another possible explanation should not be ruled out as a possibility.
Main Effects for Emotional Closeness

Although triple and dual interactions were not found to be significant, several main effects were noted at the multivariate level of analysis. Post hoc univariate analysis produced significant effects for emotional closeness. Individuals who reported a distant emotional relationship to the deceased person demonstrated greater satisfaction with the funeral and greater levels of psychological well-being than individuals who reported having had an emotionally close relationship to the deceased person. Bugen's model (1979) would predict that the grief reaction for individuals who viewed the deceased person as a peripheral figure would be less intense due to the insignificant nature of the relationship with the deceased person. According to Bowman (1959), the consequences of death affects survivors in relative degrees with those less close to the deceased being less severely affected. Irion (1976) stated that the funeral serves as a means to say goodbye to the deceased and conclude the role of the individual who died. Thus, it is likely that these individuals reported greater satisfaction with the funeral process because the funeral was not as relevant to them as for individuals who were emotionally close to the deceased person. It would also therefore be easier for these individuals to conclude the relationship and closure would be facilitated.
Individuals who reported a close relationship to the deceased person demonstrated lower levels of satisfaction with the funeral. This is likely a result of viewing the funeral process more scrupulously. Because these emotionally close individuals had a greater personal investment in the funeral process, it is likely that they were particularly stringent in their views towards it.

The funeral is a celebration and affirmation of the life of the deceased person (Lageman, 1986), therefore it is possible that for these bereaved individuals the funeral brings to the surface a great deal of unfinished business between the bereaved and the deceased person. At the time of the funeral, the bereaved individual may be attempting to cope with possible complex puzzling or negative feelings towards the deceased person and their relationship with him or her. According to Bugen’s model (1979) grief intensity for individuals who viewed the deceased person as a central figure would be more severe. It is likely that closure would also be more difficult for these individuals. This supports the finding that those having a distant emotional relationship derived greater levels of meaningfulness from the funeral. This is likely to be true because these individuals do not have to reflect on their relationship with the deceased person and the feelings associated with that relationship because it is not as significant to them.
Individuals who reported having been emotionally close to the deceased person reported higher levels of participation in the funeral process. These individuals likely have a higher investment in the deceased person than those who were not as emotionally close to the deceased person. Thus, they were probably more willing as well to participate in the funeral process, possibly because they felt that they were doing something to help the deceased person. According to Vernon (1970), the funeral is a means by which individuals attest to the importance of the deceased. It is almost a means by which they are able to cope and make a tribute to the deceased. Cassem (1976) found that individuals who participated in the traditional funeral had a more positive remembrance of the deceased. Their participation may therefor be an active means by which they were able to tribute and remember positively the deceased individual. Results for the independent variables of bereavement adjustment, participation, and psychological well-being were replicated when an alternate measure of emotional closeness at the time of death was utilized.

Main Effects for Centrality

Post hoc univariate analysis for the centrality of the deceased person in the life of the bereaved also demonstrated significant main effects, such that those individuals who viewed the deceased person as a peripheral figure in their life demonstrated higher scores on measures
of bereavement adjustment. This supports Bugen's model (1979) in that those who view the deceased as a peripheral figure will have a less intense grief reaction. It is likely that the lives of these individuals has not been greatly altered since the death of the deceased person, thus they are able to continue their lives as always. Individuals who viewed the deceased as a central figure in their lives lost not only the deceased person but also their role with the deceased person, which may have been a significant role in their lives. According to Parkes (1972), the loss of the bereaved individual is dependant upon, in part, the number of diverse roles the deceased person was involved in for the bereaved individual. For example, a wife who loses her husband who was terminally ill for several years before his death, has now lost her role as caregiver as well as wife. Thus, she would likely have lower levels of bereavement adjustment because she is also dealing with the complicated issue of losing a major role as caregiver. Thus, individuals who did not view the deceased person as a central figure in their life were not forced to handle the loss of a major role in their life as well. Bugen (1979) describes peripherality as a factor in which bereaved persons do not feel that their life was dependent upon the deceased person.

Individuals who viewed the deceased person as having been a central figure in their lives also demonstrated
greater levels of participation than individuals who reported that the deceased person was a peripheral figure in their lives. It is likely that this is a function of the relationship of the bereaved to the deceased. It is likely that these individuals have higher levels of participation because their participation is a means by which they are able to demonstrate their regard for the deceased individual. Vernon (1970) described the funeral as a means by which individuals attest to the importance of the life of the deceased. It is likely that this is a process that is therapeutic for the bereaved person because by actively participating in the funeral activities, he or she is able to do something constructive for the deceased person to display what that individual meant to them.

Individuals who viewed the deceased person as having been a central figure in their life reported lower levels of psychological well-being than individuals who viewed the deceased as having been a peripheral figure in their life. These individuals also displayed greater fears about losing other significant individuals in their lives. Thus, it appears that after the death of an individual who was central in their lives, these individuals displayed more sensitivity to possibly losing other individuals who are central in their lives. The above findings for participation and bereavement adjustment were replicated when an alternate measure of centrality was utilized by
measuring the frequency of contact between the bereaved and
the deceased person.

Main Effects for Preventability

Post hoc univariate analysis with regard to
preventability of the death produced significant effects. Bereaved participants who viewed the death as unpreventable reported higher levels of satisfaction with the funeral than those individuals who perceived the death as preventable. This supports Bugen's model (1979) that those who view the death as unpreventable would have a less intense grief reaction. It is likely that these individuals have higher levels of satisfaction with the funeral process because they are not distraught reflecting over the death. According to Bugen (1979) these individuals were not confronted with the issue of possible guilt for the death. Despite the fact that this guilt may be highly unrealistic, these individuals who feel that the death could have been prevented may still feel directly or indirectly responsible for the death. Individuals forced to confront a preventable death therefore will likely have a more intense grief reaction. Individuals who perceive the death as preventable may be more distraught at the time of the funeral and their low levels of satisfaction with the funeral process could be a function of their difficulty accepting the death in general.

Individuals who viewed the death as unpreventable also derived higher levels of meaning from the funeral based upon
their relationship to the deceased. Again this supports Bugen's model (1979) that these individuals would have a less intense grief reaction due to the unpreventable nature of the death. It is likely that these individuals derived more meaning from the funeral because they were not distressed over the perceived preventability of the death. These individuals are probably not reviewing what steps could have been taken to prevent the death from occurring because they probably do not feel that anything could have been done differently to prevent the death from occurring. Possibly they attributed the death to God, or fate, thus emphasizing the unpreventable nature of the death.

It thus appears that individuals' perceptions of the funeral are strongly influenced by the centrality of the deceased person to the bereaved, the preventability of the death, and the emotional closeness of the bereaved to the deceased person. Although these effects, are lost in combination, they do singly strongly effect the satisfaction that one derives from the funeral, levels of participation in funeral rituals, and the extent of bereavement adjustment and psychological well-being.

As Bugen (1979) predicted, the centrality of the deceased person to the bereaved and the preventability of the death did influence individuals' grief reactions, in turn effecting their perceptions of the funeral process. Although individuals reported an emotionally close
relationship to the deceased person and who perceived the deceased person as having been a central figure in their lives had greater levels of participation, they did not express greater satisfaction with the funeral process. One might believe that individuals who were emotionally close to the deceased person and who participated in the funeral ritual would be more satisfied in the funeral process because they assisted in creating the funeral themselves. Perhaps, these individuals express greater dissatisfaction with the funeral process because they are so distraught at their loss. Individuals likely feel that life without the deceased person is pointless and hopeless, because the deceased person played such a central role in their life. Perhaps the funeral was viewed in negative terms because the survivor now felt the loss of the deceased passionately and desperately focused the negative emotions associated with grief intensity onto the funeral. This issue should be further addressed in future research to discover the exact relationship between emotional closeness and its impact on perceptions of satisfaction with the funeral process.

Implications

The findings of the present study have several implications for individuals working with bereaved persons. First, and probably most importantly, those working with bereaved individuals throughout the funeral process will encounter a complex set of factors influencing the bereaved
participant. Bereaved individuals must not be viewed as being similar, stereotyped simply on the basis of their relationship to the person who has died. Instead, grief reactions by bereaved individuals are a function of emotional closeness with the deceased person, the centrality of the deceased person in their lives, and the extent to which they perceive the death as being preventable. Although, these in combination will not effect the grief reaction and perceptions of the funeral, they will singly effect one’s attitude toward the funeral.

Thus, it seems that educating those individuals who work with bereaved individuals in planning the funeral and its rituals should be a primary goal of funeral homes and other such agencies. Individual’s should be educated on the many factors influencing grief reactions and perceptions of funeral rituals. Particularly important is the high level of participation by those emotionally closest to the deceased person, who also express low levels of satisfaction with the funeral process. Perhaps extra efforts could be taken by those working with these bereaved individuals to help ensure a greater amount of satisfaction with the funeral process. Although those emotionally closest to the deceased person who have high levels of participation seem to view the funeral as being less satisfying, future research should be conducted to determine why this might be the case.
Limitations of the Study

One major limitation of the present study is the lack of sufficient numbers of participants to fill all categories, thus resulting in small cell sizes. Due to the small number of participants filling the cells defining those whose relationship to the deceased was emotionally distant, statistical analysis could not even be performed to test the interaction effect of an alternative measure of centrality by preventability of the death by emotional closeness at the time of death.

The study was further limited due to a possible response bias occurred within the sample. As most of the respondents cited being emotionally close to the deceased person, this limits the study in such a way that it is biased towards individuals who were emotionally close to the deceased person.

Another limitation of the present study is that the subject sample was comprised of volunteers. Recent research has indicated that those individuals who volunteer to participate in bereavement research may differ in significant ways from individuals who elect not to participate in research opportunities. In a review of twenty longitudinal studies Stroebe and Stroebe (1989), found that rates of bereavement participation in general were low. Factors that influenced participation in bereavement research varied by sex. Females who refused to
participate were less depressed, more socially withdrawn, and more self-sufficient. Males who refused participation were more depressed and more isolated than males who did participate in research of this type. It is however possible that a bias did indeed exist in favor of more depressed and less self-sufficient subjects due to the high number of women subjects (164 females and 29 males) in the Stroebe and Stroebe study. The present study was also limited by the number of males who participated in relation to the number of females completing the questionnaire (334 females and 104 males). Thus, the present study could be biased due to the high number of women participating in favor of less self-sufficient and more depressed individuals.

Furthermore, additional issues exist surrounding the nature by which information was collected from participants. Participants in the study provided information by means of self-report data. This means of collecting information is subject to some bias no matter how well-intentioned the participants may be. It is possible that participants if highly distressed by the death, could have inaccurately reported the information regarding their relationship to the deceased or their experience during the funeral process. The present study is further subject to bias because of its retrospective focus. Participants volunteering information were required to reflect back to the funeral and its
activities. Although the average length of time passed from the funeral to the individuals' completing the questionnaire was just over a year, the study is limited in that participants were forced to report information as they remembered it, thus enhancing the chance that reported information was biased in some way.

A further issue exists regarding specific cohort experiences with the funeral. All participants in the present study had been bereaved within the last 2 years. It is likely that funeral and bereavement related concerns for this cohort is different than it was for those individuals bereaved and participating in funerals thirty years ago or longer. For such persons, funeral practices may have been somewhat different, especially in rural areas. Sociologists and anthropologists have noted changing funeral practicing in the our culture, especially in reference to the disappearance of wakes, and the wearing of black clothing to denote that an individual is grieving. Irion (1990-91) contends that funeral rituals have changed in many ways in their facilitation of grief. Bereavement self-help programs have vastly increased since the early 1980's (Stroebe, et al., 1993). These issues, among others, may make it difficult to generalize the present findings to earlier bereavement-related cohorts, and it is therefore difficult to say with any certainty how well these findings will
generalize to future cohorts since society's approach to death and survivorship continue to change.
APPENDIX A

COVER LETTER
Dear Participant:

At one time or another we all must deal with the loss of a loved one. For most of us who attend the funeral there are a number of experiences we engage in. Little is known about how this funeral process impacts us.

We are conducting a study on the funeral process and how its impact affects us. As individuals who have worked closely with grieving families, we are interested in this study from both a professional and personal viewpoint. It is hoped this study will enable professionals to better understand grieving individuals who are dealing with the loss of a loved one and to provide more sensitive and helpful service to them.

You are being asked to participate in this study as an individual who has taken a role in the burial process of a loved one. Participation in the study involves taking approximately 60 minutes to complete a questionnaire. There is no cost or fee to you for your participation, and you can withdraw at any time. Approximately 200-300 individuals who have helped in the burial process of a loved one will participate in this study.

If you choose to participate in the study, your answers will be kept strictly confidential, and neither your name nor the names of other family members will ever be used. The potential personal benefits from participation are the opportunity to relate your own feelings as an individual who is experiencing the loss of a loved one and in so doing, to help professionals provide more compassionate care to others in similar circumstances.

We hope you will choose to participate. Thank you for taking the time to consider this research as worthwhile and beneficial to others who will face the grief of losing someone close to them. We know how valuable your time is, and that is why your participation is all the more appreciated. If you have any questions, please call Dr. Hayslip at 817-565-2675.

Sincerely yours,

Dina Ragow, B.S.
Master's Candidate
Counseling Psychology

Lisa Pinkenburg, B.S.
Doctoral Candidate
Clinical Psychology

Bert Hayslip, Jr., Ph.D.
Professor of Psychology
Department of Psychology

Charles Guarnaccia, Ph.D.
Assistant Professor
Department of Psychology
Dear Participant:

Thanks very much for your help in our study of perceptions of funerals. The following questionnaire deals with your thoughts, feelings, and opinions about the funeral industry and specifically the funeral of a loved one that you have attended within the past two years. There are also a number of questions that ask about you personally. All responses are confidential. Please do not put your name on the questionnaire.

Please try to respond to each question as best you can. We understand that the loss of a loved one is very painful, and that recalling aspects of that person's life and death can sometimes be difficult. If I can be of any help, please let me know. I can be reached at 817-565-2675.

Please note that different questions are phrased in different ways, so it is important to read each question and any instructions preceding a question very carefully.

Please feel free to make any comments whatsoever on the questionnaire, as we value your ideas and opinions.

If at all possible, we would like your responses within a month. When you have completed the questionnaire, please return it to the individual from whom you received it, or simply mail it back to me c/o:

Dr. Bert Hayslip  
Department of Psychology  
University of North Texas  
P. O. Box 13587  
Denton, TX 76203  

On a separate sheet of paper, please indicate if you would like to see a copy of our findings, and include your name and address. We hope to have this ready by the end of this year.

We greatly appreciate the time and effort you have given us.
APPENDIX B

INFORMED CONSENT
INFORMED CONSENT

The purpose of this study is to investigate your feelings about the services provided by the funeral home handling the death of your loved one. Your participation will involve completing a written questionnaire about your feelings and experiences. The completion of the questionnaire should take approximately 45 minutes to 1 hour. The study is for research purposes, no cost or fee is involved in participation, and you may withdraw from the study at any time without any further obligation.

All information is completely confidential, and neither your name nor information associated with your situation will be used. The primary benefits of participation are to help professionals and caregivers in the area of bereavement provide more compassionate care to people suffering the death of a loved one. You will be provided a summary of the results of this research if you so choose.

Having fully understood the above information, and with the knowledge I may contact Dr. Bert Hayslip at the University of North Texas Department of Psychology at 817-565-2675 if I have any additional questions or concerns at any time, I voluntarily consent to participate in this study.

Name (print): _________________________________ Date: __________________________

Signature: _________________________________

Researcher: _______________________________ Date: __________________________
APPENDIX C

TABLE OF OBSERVED MEANS AND STANDARD DEVIATIONS
### Table 1

**Observed Means and Standard Deviations**

<table>
<thead>
<tr>
<th></th>
<th>Close</th>
<th>Distant</th>
<th>Preventable</th>
<th>Unpreventable</th>
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<th>Peripheral</th>
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<td>Helpfulness</td>
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<td>45.73</td>
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<td>20.22</td>
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<td>41.13</td>
<td>41.02</td>
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<td>14.64</td>
<td>39.98</td>
<td>17.95</td>
<td>47.82</td>
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<td>Hopkins</td>
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<td>110.63</td>
<td>383.20</td>
<td>140.17</td>
<td>346.66</td>
<td>95.25</td>
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<td>71.99</td>
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<td>56.26</td>
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<td>Pre-funeral</td>
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<td>30.67</td>
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<td>17.31</td>
<td>108.40</td>
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<td>133.12</td>
<td>23.57</td>
<td>135.12</td>
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</tr>
<tr>
<td>Dying of Other</td>
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<td>22.19</td>
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<td>17.90</td>
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<td>159.65</td>
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<td>168.07</td>
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<td>154.18</td>
<td>22.79</td>
<td>141.34</td>
<td>24.56</td>
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REFERENCES


