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The impact of selected variables on grief responses and coping processes and the relationship between grief responses and coping processes of mothers of homicide victims

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THE IMPACT OF SELECTED VARIABLES ON GRIEF RESPONSES AND COPING PROCESSES AND THE RELATIONSHIP BETWEEN GRIEF RESPONSES AND COPING PROCESSES OF MOTHERS OF HOMICIDE VICTIMS

A DISSERTATION
SUBMITTED TO THE FACULTY OF CLARK ATLANTA UNIVERSITY IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

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ABSTRACT
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THE IMPACT OF SELECTED VARIABLES ON GRIEF RESPONSES AND COPING PROCESSES AND THE RELATIONSHIP BETWEEN GRIEF RESPONSES AND COPING PROCESSES OF MOTHERS OF HOMICIDE VICTIMS

ADVISOR: Doctor Rudolph V. Green

Thesis dated July, 1990

The purpose of this study was to determine the impact of age, marital status, occupational characteristics, and length of time since death on the coping processes and grief responses and the relationship between grief responses and coping processes of 30 mothers using the Grief Experience Inventory (GEI) and the Ways of Coping Questionnaire (WCQ). The respondents, who ranged in age between 27 - 64, were either married, single, worked in the home or outside of the home, and were experiencing grief from 1 month to 8 years. The variables used were age, marital status, occupational status, and length of time since death. T-tests and the Pearson Product-Moment Correlation were computed for each of the variables.
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Finally, I wish to dedicate this document to the memory of my cousin, Larry Dwayne Wright, who became a victim of homicide on December 26, 1989.
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CHAPTER 1

Introduction

The idea for this research study was born during the investigators' internship at the Victim Witness Assistance Program in Atlanta, Georgia, where the researcher served as a counselor-trainee. One of the major purposes of the Victim Witness Assistance Program is to provide support for those who have suffered some form of victimization. Support may be extended through individual and group counseling, assistance with the procedures of the courtroom, as well as information regarding other available services. While interning the researcher became familiar with the services and sensitive to the issue and effects of homicidal grief. Homicidal grief affects persons of all ages regardless of background, race, or gender.

Specifically, the intent of the Victim Witness Assistance Program is to prepare the survivors for the aftermath of terribly traumatizing experiences. Burgess (1975) states that at times, friends and relatives are at a loss in responding to a homicidal
tragedy. Many of the families are not aware that supportive services exist to help in their initial and subsequent periods of need following such a tragedy. The manner of the grieving process depends on the way a person learned to cope with stress before the tragedy (Lord, 1987).

There are many aspects of the personality that will affect the grief process. Some of the aspects include, but are not limited to, the survivor's emotions, strengths, needs, as well as his/her past and present state of mental health. Nevertheless, it is important to realize that the grieving period is necessary and for most, the healing takes time. Coping with death is one of life's most difficult tasks. Further, the process of coping may involve adaptive, as well as maladaptive coping responses. It is important to assess the adequacy of the coping responses in use and to encourage adaptive coping responses. As coping skills and strengths are better understood, they can be used to encourage a more positive intervention and healing process.
Need for the Study

The effect of homicidal grief touches many families in this society. Similarly, Parade Magazine, (February 18, 1990) reports that homicides in the nation's capital for 1989 soared to a rate of 70.9 per 100,000 people. This rate is up from 59.4 per 100,000 people during 1988 (highest in the nation for that year). Atlanta, Georgia was second in 1989, with a rate of 60.4, while Detroit, Michigan ranked third with a rate of 60.1 per 100,000 people. Many of the victims were innocent bystanders who were caught in the crossfire. Neighborhoods have been converted into virtual war zones of guns and bloodshed. With these statistics, it seems almost incomprehensible that clinicians have not gained a better understanding of homicidal grief. Poussaint (1984) reported that there has been some research on the reactions following anticipated grief, but very little information on the special features surrounding the grief response following the murder of a loved one or friend. While there has been a thrust in recent years in the interest of survivors of homicide victims, more research is needed.
Statement of the Problem

Many reactions to grief characterize persons who have suffered the homicidal loss of a loved one. Some of the reactions include: initial numbness, nightmares, anger, images of the homicide, and sadness. The initial reaction for instance, may surface because of the shock of hearing the news of the death. Each of the initial responses are compounded based on the relationship of the survivor to the victim (Network Information Bulletin, 1985). Therefore, each surviving family member experiences a distinct grieving process.

A loss can be distressing for any surviving loved one, but often when parents lose a child, they are confronted with many levels of complicated feelings that make the loss even more difficult to bear. Parents who have been the primary caregivers for the child, solving problems, and protecting it, are thrust into the situation of involuntarily losing the relationship with that child. In many instances, parents plan for their children to lead the lives that they did not have the opportunity to lead. When that opportunity is taken away from the child, parents tend
to feel that they have failed that child (Edelstein, 1984). Parents have had to relinquish all of the hopes and dreams that were once planned for their child's future.

More specifically, when the surviving parent is a mother, several factors exist that may contribute to feelings of intense grief. One contributing factor to this type of grief is that a child is special to his mother at any age. The bereaved mother has lost a part of herself with the death of her child (Rando, 1986). When the order of death is reversed, the impact of the mother's loss must be viewed in the context of how her loss affects her daily life (Rando, 1986). The impact is further complicated by the circumstances under which the child died and the role that the child held in the family unit. Each of these factors combines to further complicate the feelings toward the death when a mother and her child are the survivor and victim, respectively. While the death of a mother's child brings irrevocable changes in her life, the intense pain of her initial grief will not last forever (Rando, 1986).
The grieving process for a bereaved mother carries extreme emotional pain that is both frightening and staggering. This pain is transformed into all aspects of her life, as well as the lives of others. Months, possibly even years, will be necessary to help encourage recovery.

A major element of the recovery process lies in the coping styles that exist with the bereaved survivors who are fortunate enough to have the support provided through the help of family members and friends (Lord, 1987).

Purpose

The purpose of this study was to determine the impact of age, marital status, occupational characteristics and length of time since death on the grief responses and coping processes and the relationship between the coping processes and grief responses of bereaved mothers of homicide victims.
Research Questions

1. Is there a significant difference between younger adults and older adults in their grief responses?
2. Is there a significant difference between younger adults and older adults in their coping processes?
3. Is there a significant difference between married subjects and single subjects in their grief responses?
4. Is there a significant difference between married subjects and single subjects in their coping processes?
5. Is there a significant difference between subjects holding paid jobs and non-working subjects in their grief responses?
6. Is there a significant difference between subjects holding paid jobs and non-working subjects in their coping processes?
7. Is there a significant difference between subjects who have experienced the death of a loved one for less than two years, and those who have experienced the death of a loved one for more than two years in their grief responses?
8. Is there a significant difference between subjects who have experienced the death of a loved one for less than two years, and those who have experienced the death of a loved one for more than two years in their coping processes?

9. What is the relationship between grief responses and coping processes?

**Statement of Research Hypotheses**

The research hypotheses for this study were as follows:

**Hypothesis 1:** There will be no significant difference between young adults and older adults in their grief responses.

**Hypothesis 2:** There will be no significant difference between young adults and older adults in their coping processes.

**Hypothesis 3:** There will be no significant difference between married subjects and single subjects in their grief responses.
Hypothesis 4: There will be no significant difference between married subjects and single subjects in their coping processes.

Hypothesis 5: There will be no significant difference between subjects holding paying jobs and subjects holding non-paying jobs in their grief responses.

Hypothesis 6: There will be no significant difference between subjects holding paying jobs and subjects holding non-paying jobs in their coping processes.

Hypothesis 7: There will be no significant difference between subjects who have experienced the death of a loved one for less than two years, and those who have experienced the death of a loved one for more than two years in their grief responses.

Hypothesis 8: There will be no significant difference between subjects who have experienced the death of a loved one for less than two years, and those who have experienced the death of a loved one for
more than two years in their coping processes.

Hypothesis 9: There will be no significant correlation between grief responses and coping processes.

Scope of the Study

This study focused on the surviving mothers of homicide victims and the grief responses that followed the tragedy.

Chapter I provides a brief description of the problem area and includes information regarding parental and maternal responses to the grieving process. Chapter I further explores the bereavement process and the effects of support from significant others on the recovery of the bereaved survivor.

Chapter II provides a review of related literature on the grief and recovery of homicide survivors, including family members and friends, and parents who lose children. In addition, Chapter II provides an overview of related research subsequent to the death of a child, bereavement following a homicide, and post
traumatic stress disorder. Chapter II also provides an overview of related studies using the Ways of Coping Questionnaire (Folkman, S. and Lazarus, R., 1988).

Chapter III details the methodology of the research project. The study was quasi-experimental in nature and consisted of mothers who have lost children to homicidal deaths. The Grief Experience Inventory and the Ways of Coping Inventory were the instruments utilized in the study. Statistical analyses were made of the data using "T" tests and the Pearson Product Moment Correlation Coefficient.

Definitions of Terms

For the purposes of this study; the following terms are defined:

Coping Processes - An active, adaptive process of using strategies to manage one's world (Zeitlin, 1980). Coping processes is operationally defined as scores on The Ways of Coping Questionnaire (Folkman, S. and Lazarus, R., 1985).
GEI - Refers to Grief Experience Inventory (Sanders, C., Mauyer, P., and Strong, P., 1985).

Grief Response - The emotional reactions following the tragic murder of a relative or close friend. Grief responses is operationally defined as scores on the Grief Experience Inventory (Sanders, C., Mauyer, P., and Strong, P., 1985).

Length of Time Since Death - The period that has elapsed since the loss of a child. For the purposes of this study, length of time since death refers to periods of less than two years or more than two years.

Marital Status - Those mothers who were married or those who were single.

Occupational Characteristics - The condition of holding paid employment outside of the home, or not being employed, at all.
Older Adults - Those mothers who were between the ages 46-64.

Survivors of Homicide - "Those individuals who had special ties of kinship with the person murdered, and who were, therefore, victimized not only by the loss of someone close, but also by the horrific circumstances of the untimely death" (Network Information Bulletin, 1985).

WCQ - Refers to Ways of Coping Questionnaire (Folkman, S. and Lazarus, R., 1985).

Younger Adults - Those mothers who were between the ages 21-45.
CHAPTER II

Review of the Literature

This chapter contains a review of pertinent literature related to various aspects of factors associated with homicidal grief.

The literature is divided into twelve subsections:


Stress Factors and Homicide Victims

Survivors of Homicide Victims

Rinear (1985) asserts that murder has become the leading cause of death for black males and females between the ages of 15 and 44 and the second and third (respectively) leading cause of death for white males and females. With the staggering number of deaths that occur each year, many scarred family members and friends are left behind. The reaction of victims to the criminal justice system and to society's attempts
to assist them cannot be understood without first considering the effects of crime on the victim (Fattah, 1986). In the case of murder or assault causing serious physical injury, entire families become victims of a single violent crime (Reiff, 1979). The Network Information Bulletin, (1985) says that the term homicide survivors is used to describe those individuals who had special ties of kinship with the person murdered, and who were, therefore, victimized not only by the loss of someone close, but, also, by the horrific circumstance of the untimely death. This term may also include neighbors and members of the community. These homicide survivors experience many factors that may make an impact from the notification to the reconstruction process. Some of the factors may be the publicity attached to the crime, the reactions of the criminal justice system and symptoms associated with Post-Traumatic Stress Disorder.

**Stress Factors**

Notification of the murder is the first stress factor that may be one of several traumatic experiences during this time. (Network Information Bulletin, 1985).
The manner in which a family is notified of a death can take many devastating forms. The worst form of notification is that which encompasses wrong information or notification over the telephone. In many instances the information is viewed through the media, which provides much publicity. This type of publicity may further complicate the grieving process (Burgess, 1975). On the other hand, notifications that are made by trained officers and in person seem to be more fitting in the midst of such a terrible tragedy. It is the manner in which information is expressed that may be harmful or less harmful.

Officials of the religious community may attempt to express words of comfort, but instead may cause harm by making the wrong statements (Magee, 1983). This may be stressful, because the religious statements that are made come from persons who are usually nervous and simply want to be helpful (Lord, 1987). Similarly, these statements may often alienate the survivors from the speaker, as well as their own faith. One other such entity that may lack consideration for the surviving family members is the criminal justice system. Lord, (1987) asserts that, unless a family member was
involved or witness to the offense, the family will not automatically be involved in the case. The criminal justice officials may therefore detach themselves from the family. For many survivors, this is frustrating. However, recent changes have been made to correct these problems in the criminal justice system. For instance, in some areas, the criminal justice officials have become more involved with the family. The family members have been made more aware of the many rights which previously often went unknown, because the criminal justice system failed to inform them. When the trial is over, in many cases the family does not feel relieved, because they have been kept at arms length through the entire incident (Network Information Bulletin, 1985).

Loss of Children

Parents Who Lose Children

The grief that parents experience when a child has been murdered is quite different from that of normal grief. In many instances, parents have formed a closeness to their children, as well as to each other,
that cannot be matched. When the child is killed unexpectedly, parents often experience the loss of a significant interaction in their world (Klass, 1988). The interaction may have been one of the most important aspects of the parent's lives. There is no comfort or consolation for the pain and grief caused by a child's death (Klass, 1988). The parents have lost the family as they had previously known it. It seems to be literally true, that the parents never get over it (Gorer, 1977).

Guilt is often one of the most insistent and profound reactions of parents when a child dies because of the unique parent-child relationship, regardless of whether the child died suddenly and unexpectedly or following a long illness. Feelings of guilt in bereaved parents may be closely related to their sense of responsibility for the child's well-being and their resulting sense of helplessness for not being able to prevent the child's death. Guilt is especially common in mothers, and is often related to maternal behaviors and feelings during pregnancy that might have contributed to the infants death (Edelstein, 1984).
Feelings of guilt may be derived from such sources as feelings of failure for not having prevented the death from occurring, to a perceived failure to carry out other aspects of the parental role. Sources of guilt often revolve around the parental role, the child's illness and death, and around other moral issues. Guilt can destroy the joy of living and can be the underlying cause of emotional pain. Consequently, the circumstances of guilt are reinforced by feelings of helplessness because of the powerlessness to alter the circumstances (Donnelly, 1982).

While there has been much research on guilt responses in the death of a spouse, more research is needed to clearly identify specific sources of guilt in bereaved parents. Studies in this area may more clearly evaluate how the guilt affects the overall grief process, as well as identify parents who may be at risk for more intense guilt reactions.

Coupled with the feelings of guilt surrounding a child's death, often, there exists the burden of a problematic marital relationship. Our society expects that a marriage should be the greatest social support available to a bereaved parent. Unfortunately, this is
not always the norm (Klass, 1988). Husbands and wives may not always function at the same stage of the grieving process at the same time because people tend to grieve differently. Rando, (1986) asserts that couples may have widely divergent styles of grief expression or avoidances that fluctuate over time. However, it is most important that they grieve. Failure to do so can cause an emotional shock that can shake the extended family system's equilibrium for years afterwards (Bowen, 1976). This may bring them together or push them apart. Such communications or non-communications may cause a spouse to assume that he/she has been rejected by the other. It is important that they show that they still love each other, in spite of their differences. They should realize that while the grief experience will change them it may also change the marital relationship (Klass, 1988).

**Mothers Who Lose Children**

The mother/child relationship has been regarded as an intense personal investment which has been cultivated and nurtured through the mother's own maternal developmental process (Edelstein, 1984). Daly
and Wilson, (1988), report that maternal bonding is likely to be influenced by both situational factors and the quality of the mother-infant interaction. This process begins with childhood when motherly instincts take shape and are further developed through experiences and identification with their mothers or motherly figures. Mothering requires ever-changing adjustments and coordinations toward successful resolutions of each of the challenges and conflicts posed in the rearing of an ever-changing child (Edelstein, 1984). Thus, a major portion of her life and her decisions are affected by the mothering process, and the meaning that a child can have to her mother during his lifetime. Much of this relationship is based on the premise that there is a future and actions taken in the present have some bearings on the future (Edelstein, 1984).

The loss of a child in the mother-child a relationship, often means the loss of a truly special bond. These mothers are unable to guide their children into adulthood and to protect them from having an early death (Edelstein, 1984). The maternal emotions and care devoted to this relationship have been tremendous. The
mother must now cope with the feeling that she has failed (Edelstein, 1984). It is the love for and loss of such a relationship that leave the mother terribly scarred, and experiencing a painful and lengthy mourning process.

There are three stages in the mourning process for bereaved mothers. Stage 1, Disorganization, involves the mother's adaptability to trauma (Edelstein, 1984). It is the phase which involves the initial denial of reality and rejection of change, caused by the event. As humans, we are automatically unable to easily accept the finalness which death imposes. For a mother, the acceptance is preempted by the establishment of a personal goal to preserve the memory of her child. Consequently, these feelings give rise to stage 2, Holding On or Letting Go (Edelstein, 1984).

The characteristics of the Holding On or Letting Go stage are nestled in the bond which exists between the mother and her child. The mother experiences recurrent episodes of tearful longing for the child through thoughts, memories, or mental images of the deceased (Rando, 1986). The mother often feels a sense of hopelessness and loss of control of her own life.
She is now responsible for deciding which facets of her child can be kept, and which must be relinquished, so that she may progress to the final phase.

During the last phase, the mother experiences new activities in light of the tragedy. Her personal relationships such as family and friends will be very important to satisfactorily completing this phase of the recovery. She may feel the need to elicit the help of a support group, as well. She also may be able to identify with the other survivors attending the support group involved, which will provide the way for a smooth transition back into her world (Edelstein, 1984).

Grief and Post-Traumatic Stress Disorder

Homicidal Grief

Life events do not prepare us for the murder of a loved one. Human beings listen to and read about homicidal death on a daily basis, but one never expects it to happen to anyone they know. Humans live, constantly, with the idea that death will not come until much later in life. When grief from an unexpected, violent death does occur, the reactions are
quite different from those persons who experience grief from an anticipated death. The manifestation of grief during each state serve an important defensive function for the bereaved parent (Hollingsworth, C. and Pasnau, R., 1977).

According to the Network Information Bulletin (1985), one response to any extraordinary trauma is crisis. Homicidal grief can readily be classified as crisis provoking because of the suddenness of its occurrence. The feelings experienced are intense and almost impossible to understand. This type of grief is unlike other losses that one experiences (Lord, 1987). According to Klass, (1988), the reactions of grief experienced by bereaved parents include several phases. They are: the Avoidance Phase, the Confrontation Phase, and the Re-establishment Phase.

The Avoidance Phase is that period of time where the news of the death is initially learned. During this phase, the parents experience a period of shock and disbelief. It is a time where there is an attempt to avoid the fact that such a terrible tragedy has occurred. Persons experiencing such a sudden tragedy are often reported as feeling so numb, bewildered, and
overwhelmed that they can not make any sense of the incident (Rando, 1986). Denial follows as the terrible shock begins to wear off. Denial often serves as an opportunity for the parents to absorb only a little of the reality at a time, so they will not become totally overwhelmed.

During the Confrontation Phase, parents often experience a new set of reactions. While there will still be some denial and disbelief, the reaction in this phase can be described as "angry sadness" (Rando, 1986). Some parents will be able to express themselves in this phase. Others may not be able to express themselves although they may desire to make their feelings known to others. The reactions in this phase may include fear and anxiety, anger and guilt attacks, the search for meaning, identification, social and physiological manifestations. Fear and anxiety are often reactions to which bereaved parents are unaccustomed. These feelings are, in most instances, unexpected and uncontrollable. Fear and anxiety tend to arise because of the fear of the unknown. There are very few models which describe the roles of mourners, which makes it difficult for them to know how to act or
feel (Rando, 1986). Parental grief is described as boundless, complex, and ever changing. It can not be ordered, nor can it be justly described.

The Re-establishment Phase is re-entry back into society. The loss, while not forgotten, has been put in a special place. This frees the mourner to form new attachments without being pathologically tied to old ones (Rando, 1986). This is a period which allows an alliance with the past and a life in the present (Edelstein, 1984). During this phase the grieving process may last for years, but the parents realize that they will survive.

There are times when there may be an increase in the feelings of grief. For example, during the dates and anniversaries that the child would have graduated, gone off to college, or gotten married. Parents need to be aware that there will be times when these grief reactions will occur. This is considered normal, but some parents tend to experience more serious reactions to grief. The resolution of grief is evidenced by an ability on the part of the survivor to reinvest love and energy in another object (Pollock, 1961).
Post-Traumatic Stress Disorder

Post-traumatic Stress Disorder is reported as a particular reaction that is experienced by survivors of homicide. There are several symptoms associated with this reaction. One symptom is the recurrent recollection of the event. Survivors are usually concerned with the amount of suffering that may have been associated with the murder. They attempt to imagine how brutal the murder may have been. Thus, survivors are left to speculate the details of the event. The survivors may also experience dreams and nightmares associated with the murder. These dreams may come as a painful reminder about the murder, wishful thoughts of the death not having actually occurred, or thoughts of being able to provide warnings to the child to prevent the death. After realizing the events actually occurred, thoughts of being able to provide warnings to the child to prevent the death, and thoughts of the parents saving the child or preventing the death are common. One other symptom of Post Traumatic Stress Disorder is the avoidance of activities that serve as stimuli for the survivors, by increasing their concentration on the death, as well as
activities that were once considered important in the survivors life (Rinear, 1985).

Coping, Life Renewal and Support Services

Coping

Stress and anxiety are disorders that evoke the necessity to develop adequate coping processes. Coping processes are the approaches which determine what an individual actually thinks and does in reaction to specific encounters. Studies of coping with loss suggested the extremes of avoidance or escape and preoccupation with thoughts about the loss of a child (Glick, 1974). Understanding these processes also helps us to explain how these actions change, as the encounter further reveals itself. Cohen (1983) refers to coping processes as those which function to reduce or eliminate the stressor. Cohen (1983), further states that coping, as part of the overall pattern of behavior, may involve the reorganization of behavior patterns previously common to a person.

Zeitlin (1980) purports that coping effectiveness is assessed on a continuum from adaptive to
maladaptive. While the literature does mention certain qualities that may have a relationship to coping processes, more research is needed to provide more conclusive evidence. The manner by which the effectiveness of coping processes may be realized can also be determined by the qualities that a person possesses before the incident. While some may cope one way, others may use different methods which may only work for them.

Intelligence, age, problem-solving skills, and amount of experience coping with stressful situations serve as moderator variables (Cohen, 1983).

Reconstructing a New Life

For the bereaved, the Reconstruction Process unfolds as a landmark step in the right direction toward recovery. It is the step that is directly related to the healing process (Edelstein, 1984). During this process, and toward recovery, the entire family must realize and acknowledge that their lives have changed forever. The survivors must also redefine who they are. This is accomplished through the involvement with legislation to prevent such an
incident from happening to others. In addition, survivors want to remember and talk about the victim. They want to talk about the various aspects of the victim in an effort to maintain the victim's memory. While it has been stated that parents never really recover the loss of a child, they are able to redirect their lives and channel their energies to more constructive activities. This process takes time and must be utilized in conjunction with some form of support system (Edelstein, 1984).

**Agency Support Services**

In the attempt to restructure or reorganize one's life, many bereaved persons find it helpful to establish a relationship with organizations designed to provide assistance and support in the aftermath of the death of a loved one. These organizations provide the empathic understanding necessary and that others may not be trained to provide. They are people who have experienced some of the same types of pain and are willing to give of themselves to help others cope better. The following are some of the more well-known organizations (Edelstein, 1984). The evolution of
specific victim service programs originated from a small number of people with special interest (Gallaway and Hudson, 1981).

Compassionate Friends is a support group whose major purpose is to lighten the burden of grief for bereaved parents in the loss of a child (Sherman, 1979). Assistance is provided through the support and guidance offered to assist parents experiencing grief. In addition, Compassionate Friends provide the opportunity for members to share, listen, and understand. These facets serve as integral parts of the organization's function.

Another organization which provides support is the American Association For Marriage and Family Therapy, Inc. The group is composed of several marriage and family therapists who specialize in working with all facets of the human being. They provide intense educational programs designed to help people understand more about marriage and family problems. This agency can be of service to those families experiencing marriage difficulties following the loss of a child. It also provides various informative literature regarding the program to the news media, television,
magazines, and journals.

The Parents of Murdered Children is an organization that provides assistance to parents that have endured the loss of a child. The group consists of other parents with similar tragedies. Assistance is provided in coping with the police, media, and the criminal justice system which tend to add to the grief already being experienced. Additionally, the organization provides follow-up support in person, through the mail, by telephone, literature, and the support group, as needed (Edelstein, 1984).

Lastly, the National Organization of Victim Assistance provides support throughout the country. This program is designed to provide information and assistance to clients who have been victimized. Support is provided through information, assistance with the criminal justice system, and a support group which provides counseling for those persons who have suffered a loss.

Review of the Related Research

The following are studies which have examined
coping processes of parents who have experienced the death of a child, as well as, family reactions to homicide.

The Bereavement Process

Coping With the Death of a Child

One of the most devastating experiences in any family is the loss of a child's life. The effects are most difficult for the parents (Videka-Sherman, 1982). Their task is to adjust to what has happened and proceed with their lives. Parents respond differently and may use a variety of coping processes which may help them in getting through the tragedy (Videka-Sherman, 1982).

Videka-Sherman (1982) surveyed 194 bereaved parents and their adaptation to the death of their child. The purpose of the study was to determine if coping was a useful variable in the adjustment to the death of their child. In addition, the effects of participation in a support group was also examined. A questionnaire was sent to 2422 families in August, 1978. Twenty-nine percent or 667 questionnaires were
returned. In August 1979, a follow-up questionnaire was sent to the persons who previously responded. A return rate of 59% or 391 was obtained.

An analysis of the data revealed that coping is a useful variable in parental adjustment to the death of a child. Further, the successful resolution of grief was shown by the ability to reinvest in another love object. The capacity to replace a child, may have assisted the parent in adjusting to the loss.

Feeley and Gottlieb (1988) researched the coping strategies of mothers and fathers who had lost a child to a stillbirth, neonatal death, or Sudden Infant Death. Their subjects were asked to complete the Ways of Coping Checklist, the Coping with the Death of a Child instrument and the Marital Communication Inventory. Twenty-seven couples participated to determine whether mothers and fathers utilized similar or different coping strategies following with the death of a child. Results were also used to determine whether discordant parental coping was associated with communication difficulties.

The findings suggest that parents are more similar than dissimilar in their coping strategies. In couples
who were dissimilar, the mothers experienced a higher level of communication difficulty than those who were similar.

Studies on coping have revealed that adequate coping processes are helpful in the recovery process. Findings suggest that parental coping and communication should be experienced in terms of short-term and long-term adaptation. This is true for individuals and entire families, so that they may better understand the impact of their loss and their attempt to cope.

**Bereavement After Homicide**

As homicide increasingly invades this society, people are forced to cope with its affects. More people are faced with the new experience of homicidal grief. This type of death is different in that it often involves a violent and tragic death committed against another. Thus, family members and friends are left to live with the new and frightful experience.

Burgess (1975) completed a pilot study which identified what is now known as Post-Traumatic Stress Syndrome. Nine cases were involved in the study. The subjects were publicly interviewed and the data was
recorded. The subjects were asked various questions regarding their experiences with the homicide incident. The findings revealed that there is definitely a need to include crisis intervention, immediately, to the family members of homicide victims as a result of the experience of Post-Traumatic Stress Syndrome in the aftermath of a homicidal death.

Rynearson (1984) studied 15 persons who had lost a relative to homicide. The purpose of the descriptive study was to delineate and document the reactions to homicide. The subjects participated in two - one hour individual sessions during which their feelings toward the homicide were expressed.

The study revealed components of bereavement following homicide which may complicate treatment. Several of the actions revealed matched the DSM-III definition of Post Traumatic Stress Disorder. Some of them were: sleeplessness, recollections of the tragedy, guilt, and feelings of detachment or estrangement from others.

Poussaint (1984) also completed a study on the reactions and responses regarding the grief following the murder of a loved one or family member. Ten
families were treated at the Family Support Center at the Judge Baker Guidance Center for bereavement following the loss of a loved one. Data was gathered regarding the family reactions during the counseling procedure.

Results revealed that throughout the first year following the death, the subjects were angry. Additionally, their grief response to the homicide murder of a loved one was overwhelming. Further, their experiences with the criminal justice system were unpleasant and the reorganization stage was much more difficult. The suggestions indicated the need to further explore the symptoms of Post-Traumatic Stress Syndrome, the provision of short and long term counseling, support group activities, and the commitment for social reforms victimization.

Rinear (1985) conducted a similar study of parents of murdered children. Three hundred and thirty-one members of a Parent of Murdered Children's support group were surveyed in and attempt to further understand the dynamics of this type of tragic death. An assessment was made of the psychological aspects typically experienced by parents whose children had
been murdered. Two hundred twenty-seven or 75.5% of the sample responded. The survey, determined various demographic information. The Texas Inventory of Grieving and Life Events and the Life Events Inventory were also completed for data analysis.

The study revealed that surviving parents of child homicide victims tend to experience symptoms of chronic, Post-Traumatic Stress Disorder. These disorders combined with other socio-environmental factors often alter and prolong the grieving process. Further studies were recommended to gain a clearer understanding of the complex processes which accompany the loss of a child through homicide.
CHAPTER III
Methodology

Site and Setting

The state of Georgia Victim Witness Assistance Programs in Atlanta, Griffin, Conyers, LaGrange, Dalton, Savannah, Marietta, Statesboro were the setting for this study. The state of Georgia offers a number of programs designed to protect the rights of crime victims and provide supportive services to them. The National Organization of Victims Assistance directly sponsors the Victim Witness Assistance Program. The program was established to provide victims of crimes with compassion, information, and counsel that may not be received through the criminal justice system. In addition, the program provides a support group that is open to those persons suffering loss due to homicide.

Selection of Subjects

This study consisted of 30 surviving mothers of homicide victims who participated in the Victim Witness
Research Design

A quasi-experimental design was used in this study. The study did not include the manipulation of variables, nor a control group. With this design the investigator was able to make comparisons in order to determine the impact of age, marital status, occupational characteristics, and length of time since death on the grief responses and coping processes of mothers of homicide victims.

Limitations of the Study

The following factors should be considered in interpreting the results of this study.

1. This study includes only the mothers of the victims of homicide.
2. All of the Victim Witness Assistance Program participants did not participate in this study, though the sample chosen was representative of the total population being
addressed.

**Instrumentation**

The Grief Experience Inventory (Sanders, C., Mauyer, P., and Strong, P., 1985) and the Ways of Coping Inventory (Folkman, S. and Lazarus, R., 1988) were the two instruments used in this study.

The Grief Experience Inventory was developed to provide an objective measure of grief that would be sensitive to the long-term process of bereavement. The instrument consists of 135 true-false statements distributed over 12 scales which are frequently associated with grief and bereavement. The bereavement scales are Despair, Anger/Hostility, Guilt, Social Isolation, Loss of Control, Rumination, Depersonalization, Somatization, and Death Anxiety.

The validity of the Grief Experience Inventories has been correlated with other instruments that measure similar constructs. Comparisons have been made between bereaved and non-bereaved persons, in addition to the types of bereavement. These comparisons have indicated that the scales relate to each other in patterns which
support the theory behind the formulation of the GEI scales. The reliability data of the scales suggest that the test is suitable for use in research.

The Ways of Coping Questionnaire (Folkman, S. and Lazarus, R., 1985) was developed to provide a means of assessing how people cope with the stresses of everyday life. The instrument is a 66 item checklist composed of eight subscales. The subscales include Confrontive Coping, Distancing, Self-Controlling, Seeking Social Support, Accepting Responsibility, Escape-Avoidance, Planful Problem Solving, and Positive Reappraisal.

The Ways of Coping Questionnaire uses a 4-point Likert Scale which ranges from "does not apply or not used" - (0) to "used a great deal" - (3). The Inventory has been used primarily as a research instrument in studies of the coping process. In addition, demographic data on age, occupation, marital status, and the number of months since the death occurred are reported on the inventories.
Procedures of Data Collection

The following procedures were used for data collection.

1. A list of names and addresses were requested and obtained of the Victim Witness Assistance Programs (VWAP) in Georgia.

2. A letter of request to survey the surviving mothers of the (VWAP) who had experienced the loss of a child was sent to each agency. A survey to determine agency demographics and sample instruments were mailed to each agency with directions for completion.

3. A follow-up call to each agency was made to assess their interest and willingness to obtain the information from participating clients.

4. The agencies were mailed the number of inventories requested and were asked to return them by May 10, 1990.

5. Data were received in the self-addressed envelopes provided. Data were organized, analyzed and interpreted.

Data Analysis

The T-test, and the Pearson Product-Moment Correlation were used to analyze the data. The variables used were: age (21-45), (46-64); marital status - (married), (single); occupational characteristics - (non-working), (working); length of time since death - (under 2 years), (2 years or more); coping processes and grief responses.
CHAPTER IV

Results

The results of this study are presented in three sections: Sections A, B and C. Section A includes demographic data based on Age, Marital Status, Working Characteristics, and Length of Time Since the Death. Section B includes the results of T-tests of GEI and WCQ Scores by demographic variables. Section C includes results of the Pearson Product Moment Correlation of GEI WCQ of subjects. Statistical analysis of the responses from the Grief Experience Inventories and the Ways of Coping Questionnaires.

Section A: Demographic Data

Age

As shown in Table 4.1, of 30 respondents, 17 or (57%) were between the ages of 21-45, and 13 or (43%) were between the ages of 46-64. Therefore, slightly over half of the respondents were between the ages of 21-45.
Marital Status

As shown in Table 4.1, of 30 respondents, 16 or (53%) were married, while 14 or (47%) were single or divorced. Therefore, over half of the respondents were married.

Working Characteristics

As shown in Table 4.1, of 30 respondents 20 or (67%) were currently working. Ten or (33%) were not currently working. Therefore, over half of the respondents were currently working.

Length of Time Since Death

As shown in Table 4.1, of 30 respondents, 15 or (50%) of the deaths occurred within the past 2 years; and 15 or (50%) of the deaths occurred 2 or more years ago. Therefore, half of the murders occurred 2 years ago.
### Table 4.1

**Demographic Characteristics of Subjects**

<table>
<thead>
<tr>
<th>Age</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>21-45</td>
<td>17</td>
<td>57</td>
</tr>
<tr>
<td>46-64</td>
<td>13</td>
<td>43</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>16</td>
<td>53</td>
</tr>
<tr>
<td>Single/Divorced</td>
<td>14</td>
<td>47</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Working Characteristics</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working</td>
<td>20</td>
<td>67</td>
</tr>
<tr>
<td>Non-Working</td>
<td>10</td>
<td>33</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 4.1 (continued)
SECTION B: T-tests of GEI and WCQ Scores by Demographic Data

T-test of GEI Scores by Age

The results of the T-test of the GEI Scores by Age are presented in Table 4.2. As shown in Table 4.2, the mean scores were 55.294 and 56.254 for the younger adults, (21-45 age group) and the older adults (46-64 age group), respectively. Results showed that the mean GEI scores for the two age groups were not significantly different at the .05 level.

Therefore, Hypothesis One which stated that there would be no significant difference between younger
adults and older adults in their grief responses, failed to be rejected.

Table 4.2

T-test of GEI Scores by Age

<table>
<thead>
<tr>
<th></th>
<th>Younger Adults</th>
<th>Older Adults</th>
<th>T</th>
<th>DF</th>
<th>Probability</th>
</tr>
</thead>
<tbody>
<tr>
<td>(21-45)</td>
<td>17</td>
<td>13</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEAN</td>
<td>55.294</td>
<td>56.254</td>
<td>-.510</td>
<td>28</td>
<td>.31</td>
</tr>
<tr>
<td>S.D.</td>
<td>5.609</td>
<td>4.360</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The results of the T-test of the WCQ Scores by Age are presented in Table 4.3. As shown in Table 4.3, the mean scores were 1.360 and 1.568 for the younger adults (21-45 age group) and older adults (46-64 age group), respectively. Results showed that the mean WCQ scores for the two age groups were not significantly different at the .05 level. Therefore, Hypothesis Two which stated that there would be no significant difference between younger adults and older adults in their coping processes, failed to be rejected.
Table 4.3

T-test of WCQ Scores by Age

<table>
<thead>
<tr>
<th>Younger Adults (21-45)</th>
<th>Older Adults (46-64)</th>
<th>T</th>
<th>DF</th>
<th>PROBABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.360</td>
<td>1.568</td>
<td>-1.108</td>
<td>28</td>
<td>.138</td>
</tr>
<tr>
<td>.518</td>
<td>.496</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

T-test of GEI Scores by Marital Status

The results of the by Marital Status are presented in Table 4.4. As shown in table 4.4, the mean scores were 56.981 and 54.250 for the Married and Single/Divorces groups, respectively. Results showed that the mean GEI scores for the married and single groups were not significantly different at the .05 level. Therefore, Hypothesis Three which stated that there would be no significant difference between married subjects and single subjects in their grief responses, failed to be rejected.
Table 4.4
T-test of WCQ Scores by Marital Status

<table>
<thead>
<tr>
<th></th>
<th>MARRIED</th>
<th>SINGLE</th>
<th>T</th>
<th>DF</th>
<th>PROBABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>16</td>
<td>14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEAN</td>
<td>56.981</td>
<td>54.250</td>
<td>1.513</td>
<td>28</td>
<td>.069</td>
</tr>
<tr>
<td>S.D.</td>
<td>4.025</td>
<td>5.807</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The results of the T-test of the WCQ Scores by Marital Status are presented in Table 4.5. As shown in Table 4.5, the mean scores were 1.485 and 1.410 for the married and the Single group, respectively. Results showed that the mean WCQ Scores for the married and single groups were not significantly different at the .05. Therefore, Hypothesis Four which stated that there would be no significant difference between married subjects and single subjects in their coping processes, failed to be rejected.
Table 4.5

T-Test of WCQ Scores by Marital Status

<table>
<thead>
<tr>
<th></th>
<th>MARRIED</th>
<th>SINGLE</th>
<th>T</th>
<th>DF</th>
<th>PROBABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>16</td>
<td>14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEAN</td>
<td>1.485</td>
<td>1.410</td>
<td>.396</td>
<td>28</td>
<td>.349</td>
</tr>
<tr>
<td>S.D.</td>
<td>.529</td>
<td>.505</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

T-test of GEI Scores by Occupational Characteristics

The results of the T-test of the GEI Scores by Occupational Characteristics are presented in Table 4.6. As shown in Table 4.6, the mean score were 56.350 and 55.426 for the Non-working and Working groups, respectively. Results showed that the mean GEI scores for the paid employed subjects and non-employed subjects were not significantly different at the .05 level. Therefore, Hypothesis Five which stated that there would be no significant difference between paid employed subjects and non-employed subjects in their grief responses, failed to be rejected.
Table 4.6

T-test of GEI Scores by Occupational Characteristics

<table>
<thead>
<tr>
<th></th>
<th>NON-WORKING</th>
<th>WORKING</th>
<th>T</th>
<th>DF</th>
<th>PROBABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>10</td>
<td>19</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEAN</td>
<td>56.350</td>
<td>55.426</td>
<td>.455</td>
<td>27</td>
<td>.329</td>
</tr>
<tr>
<td>S.D.</td>
<td>4.000</td>
<td>5.707</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

T-test of WCQ Scores by Occupational Characteristics

The results of the T-test of the WCQ Scores by Occupational Characteristics are presented in Table 4.7. As shown in Table 4.7, the mean scores were 1.568 and 1.322 for the non-working and working group, respectively. Results showed that the mean WCQ scores for the paid employed subjects and non-employed subjects were not significantly different at the .05 level. Therefore, Hypothesis Six which stated that there would be no significant difference between paid employed subjects and non-employed subjects in their coping processes, failed to be rejected.
Table 4.7

T-test of WCQ Scores by Occupational Characteristics

<table>
<thead>
<tr>
<th></th>
<th>NON-WORKING</th>
<th>WORKING</th>
<th>T</th>
<th>DF</th>
<th>PROBABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>10</td>
<td>19</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEAN</td>
<td>1.568</td>
<td>1.322</td>
<td>1.288</td>
<td>27</td>
<td>.103</td>
</tr>
<tr>
<td>S.D.</td>
<td>.519</td>
<td>.473</td>
<td></td>
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</tbody>
</table>

T-test of GEI Scores by Length of Time Since Death

The results of the T-test of the GEI Scores by Length of Time Since Death are presented in Table 4.8. As shown in Table 4.8, the mean scores were 55.513 and 55.929 for the under 2 years group and the over 2 years group, respectively. Results showed that the mean GEI scores for the under two years subjects and the over two years subjects were not significantly different at the .05 level. Therefore Hypothesis Seven which stated that there would be no significant difference between subjects who have experienced the death of a loved one for less than two years, and those who have experienced the death of a loved one for more than two years in their grief responses, failed to be rejected.
Table 4.8

T-test of GEI Scores by Length of Time Since Death

<table>
<thead>
<tr>
<th></th>
<th>UNDER 2</th>
<th>2 YEARS OR MORE</th>
<th>T</th>
<th>DF</th>
<th>PROBABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>16</td>
<td>14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEAN</td>
<td>55.513</td>
<td>55.929</td>
<td>-.222</td>
<td>28</td>
<td>.41</td>
</tr>
<tr>
<td>S.D.</td>
<td>4.923</td>
<td>5.351</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 4.9

T-test of WCQ Scores by Length of Time Since Death

The results of the T-test of the WCQ Scores by Length of Time Since Death are presented in Table 4.9. As shown in Table 4.9, the mean scores were 1.413 and 1.492 for the under 2 years group and the over 2 years group, respectively. Results showed that the mean WCQ scores for the under two years subjects and the over two years subjects were not significantly different at the .05 level.
Therefore Hypothesis Eight which stated that there would be no significant difference between subjects who have experienced the death of a loved one for less than two years, and those who have experienced the death of a loved one for more than two years in their coping processes, failed to be rejected.
Table 4.9

T-test of WCQ Scores by Length of Time Since Death

<table>
<thead>
<tr>
<th></th>
<th>UNDER 2</th>
<th>2 YEARS OR MORE</th>
<th>T</th>
<th>DF</th>
<th>PROBABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>16</td>
<td>14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEAN</td>
<td>1.413</td>
<td>1.492</td>
<td>-.417</td>
<td>28</td>
<td>.341</td>
</tr>
<tr>
<td>S.D.</td>
<td>562</td>
<td>.461</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COEFFICIENT OF DETERMINATION</td>
<td>-.024</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Correlation of GEI and WCQ Scores of Subjects

The results of the correlation of the GEI and WCQ Scores Subjects in Table 4.10. As shown in Table 4.10, the mean scores were 55.707 and 1.450 for the Grief Responses and Coping Processes, respectively. Results showed that there was no significant correlation between the GEI and WCQ scores for the grief responses and coping processes at the .05 level. Therefore, Hypothesis Nine which stated that there would be no significant correlation between grief responses and coping processes, failed to be rejected.
Table 4.10

Correlation of GEI and WCQ Scores of Subjects

<table>
<thead>
<tr>
<th></th>
<th>GEI</th>
<th>WCQ</th>
<th>PEARSON</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCORES</td>
<td>55.707</td>
<td>1.450</td>
<td>-0.154</td>
</tr>
<tr>
<td>VARIANCE</td>
<td>25.418</td>
<td></td>
<td></td>
</tr>
<tr>
<td>STAN. DEV.</td>
<td>5.042</td>
<td></td>
<td></td>
</tr>
<tr>
<td>R</td>
<td></td>
<td></td>
<td>0.154</td>
</tr>
<tr>
<td>DF</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PROBABILITY</td>
<td></td>
<td></td>
<td>0.579</td>
</tr>
</tbody>
</table>
CHAPTER V

Discussion

The purpose of this study was to determine the relationship between grief responses and coping processes of mothers of victims of homicide using the Grief Experience Inventory and Ways of Coping Questionnaire. A review of the literature revealed that while mothers experience trauma in the aftermath of a child's death, parents in general (mother and father) tend to experience difficulties after such an occurrence.

The following hypotheses were tested to investigate the purpose of the study.

Hypothesis 1: There will be no significant difference between young adults and older adults in their grief responses.

Hypothesis 2: There will be no significant difference between young adults and older adults in their coping processes.

Hypothesis 3: There will be no significant difference between married subjects and single
Hypothesis 4: There will be no significant difference between married subjects and single subjects in their coping processes.

Hypothesis 5: There will be no significant difference between subjects holding paying jobs and subjects holding non-paying jobs in their grief responses.

Hypothesis 6: There will be no significant difference between subjects holding paying jobs and subjects holding non-paying jobs in their coping processes.

Hypothesis 7: There will be no significant difference between subjects who have experienced the death of a loved one for less than two years, and those who have experienced the death of a loved one for more than two years in their grief responses.

Hypothesis 8: There will be no significant difference between subjects who have experienced the death of a loved one for less than
two years, and those who have experienced the death of a loved one for more than two years in their coping processes.

Hypothesis 9: There will be no significant correlation between grief responses and coping processes.

Differences between the grief response and coping processes were studied using demographic data related to age, marital status, occupational status and number of months since the death. The results revealed that there was no significant difference nor a strong correlation found between grief responses and coping processes of mothers of homicide victims. The results also revealed that, 24% of the variance of the GEI scores is accounted for by the variance of the WCQ scores. This finding is incongruent with the findings of Feeley and Gottlieb (1988) which revealed that healthy family coping following a loss involves the ability to provide an environment where feelings can be expressed and supported, which may help the mourning process to have a more positive resolution.
One of the factors that may be used to explain the incongruence or lack of significant differences and a strong correlation between coping and grief may have been related to the fact that the majority of the respondents were currently working outside of the home which may have served as a natural support for them. This may have lessened the importance of having effective coping processes to relate to the grieving response. Further, lack of difference and a strong correlation may have been attributed to the fact that the respondents were of the same gender. It is believed that had the participants been extended to include fathers and or siblings, differences and a strong correlation may have been revealed between the instruments used.

Implications for Counseling

Counselors who work with persons suffering the loss of a loved one through homicide must cope with a different phenomenon from that of normal grief. Thus, the issues that need to be addressed are different. While the results of the study revealed that there were no statistically significant differences in the grieving process and the
methods used to cope, other issues exist that are important to the counseling process for these clients. These issues may further compound the process of grieving and coping with such losses. For example, although a parent may have lost a child, he or she must continue with the parenting process and in many cases, may have to put their grief on hold in order to meet the needs of the other family members. Secondly, parents will have the task of clarifying the issues that were not carefully dealt with by the news media, for the siblings and other family members, which may be an unnecessarily added burden. The story may receive news coverage before the parents have had an opportunity to explain to the younger children, the meaning of what has happened. Thus, it will be imperative that the counselor become sensitized to issues such as: post-traumatic stress disorder, communication after the loss, and the issues faced with the criminal justice system. There will be a need for additional training in grief counseling, rather than counseling only in the traditional sense. Counselors should also become familiarized with the literature which currently exists and the experts who are presently focusing on the issues of the grieving process of homicide victims and their loved ones.
Conclusion

The incident of homicide is ever present in all aspects of this society. The number of children involved is growing rapidly. It is the survivors who are left behind to carry on the burden of being ranked in the group of having had a loved one die at the hands of a murderer. This society must become sensitized to the needs of these people at all levels. The research and assistance available to such persons in need, should come full circle so as to include help from the instance of notification through the reconstruction process. It is imperative that more research is done between the areas of the grief responses and coping processes of the surviving family members of homicide.
REFERENCES


Dear

I am a doctoral student in the Department of Counseling and Human Development at Clark Atlanta University. I am in the process of conducting a dissertation study of mothers who have lost sons or daughters as a result of homicide.

I became interested in this topic because of the knowledge and experience I gained from an internship with the Victim Witness Assistance program here in Atlanta. Consequently, Coping Processes and the Grief Response of the Mothers of Homicide Victims." While with the programs, I became sensitized to the issue of homicidal grief and its effects, as it relates to counseling.

I am interested in working with all of your clients who fit the above description and are willing to complete two inventories from which results will be generated based upon their responses. To prevent any contamination of results, I would like to request that someone from your organization administer the inventories for me. One inventory takes twenty (20) minutes, while the over Inventory is a one hundred and thirty-five (135) item questionnaire (true/false) that examines the thoughts and feelings expressed by people who have suffered the loss of a relative or friend through death. The Ways of Coping Questionnaire is a sixty-six (66) item inventory that measures the thoughts and actions people use to cope with the stressful encounters of everyday living.

My long term objective is to develop a model counseling program for such homicide survivors. Thus, any consideration/suggestions you give to this study would be greatly appreciated.
Enclosed is a copy of a sample page from each inventory for your perusal. In addition, please complete the enclosed form indicating the information requested.

Sincerely,

Angela W. Perry

Angela W. Perry, MS.
APPENDIX B

GEORGIA VICTIM WITNESS ASSISTANCE PROGRAM SURVEY OF SURVIVING MOTHERS OF THEIR CHILDREN'S HOMICIDE

THE RESULTS OF THIS SURVEY WILL BE HELD IN THE STRICTEST CONFIDENCE
(NO NAMES WILL BE REVEALED)

Director: ______________________________________
Name of program: ____________________________________
Mailing address: ______________________________________
Actual street address: ________________________________
Brief description of program: __________________________

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Brief description of services provided: _________________

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Number of mothers who suffered the loss of a child/children due to homicide: _____________
Number of such mothers at your facility who would be willing to participate in a study of "The Relationship Between the Coping Processes and the Grief Response of the Mothers of Homicide Victims":____________________

Any helpful suggestions you have will be deeply appreciated.