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**FACTOR STRUCTURE OF THE GRIEF EXPERIENCE
QUESTIONNAIRE (GEQ)**
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The Grief Experience Questionnaire (GEQ; T. W. Barrett & T. B. Scott, 1989) is a self-report measure of grief responses, including some that have been associated with grief after a suicide (e.g., feelings of rejection, responsibility, shame, stigmatization, etc.). In this study, a sample of 350 university students who had experienced the death of a significant other completed the GEQ. A principal components analysis with varimax rotation yielded an 8-factor solution with satisfactory psychometric properties. Results clearly document that the GEQ is a multidimensional measure of grief phenomenology. It is concluded that although the GEQ has broad applicability, the scale as revised herein may have a special relevance to suicide bereavement, and may be of use in both research and clinically based applications.

The death of a loved one or significant other is an event that invariably initiates the process of grief in those who were close to

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the deceased. Although there exists considerable vagueness and ambiguity in the literature as to what exactly is meant by the term *grief* (Cowles & Rodgers, 1991), the concept of grief most typically refers to the multitude of complex responses that follow the experience of separation/loss, most usually the loss of a significant other through death (Cleiren, 1993; Dershimer, 1990; Rando, 1993; Sanders, 1988; Worden, 1991). In addition to being a universal human phenomenon (Cowles & Rodgers, 1991), grief is highly individualized (Osterweis, Solomon, & Green, 1984; Parkes, 1985; Rando, 1991, 1993; Worden, 1991), multidimensional (Averill, 1968, Lindemann, 1944; Vargas, Loya, & Hodde-Vargas, 1989), and encompasses pervasive effects on the bereaved (Cowles & Rodgers, 1991; Shuchter & Zisook, 1993). These effects include multiple and interactive affective, behavioral, cognitive, social, somatic, and spiritual components (Averill, 1968; Corr, Nabe, & Corr, 1994; Cowles & Rodgers, 1991; Dershimer, 1990; Lindemann, 1944; Rando, 1993; Sanders, 1988; Worden, 1991). Further, grief is not to be understood as a state, but rather as a process (i.e., involving ever-changing reactions) that evolves over time (Carter, 1989; Dershimer, 1990; Parkes, 1972; Rando, 1993; Worden, 1991; Zisook & Shuchter, 1986).

The reliable assessment of grief reactions is clearly an important enterprise, not only in research-based efforts but also in clinical settings. In the clinical realm, professionals often find themselves working with bereaved individuals, and interventions used with such persons may focus on various aspects of their grief (Rando, 1993). To the extent that an accurate understanding of a client's difficulties/issues is a precursor to efficacious treatment, the assessment of these dimensions is clearly important. Thus, for both research and clinical purposes, the development and rigorous testing of measurement tools for bereaved persons needs to be addressed.

Several standardized instruments have been advanced in the literature that assess various aspects of the phenomenology of grief (e.g., Texas Revised Inventory of Grief [TRIG], Faschingbauer, 1981; Grief Experience Inventory [GEI], Sanders, Mauger, & Strong, 1985). One such measure, the Grief Experience Questionnaire (GEQ), was developed by Barrett and Scott (1989). These authors constructed their measure to have broad applicability (i.e.,

for use after various forms of loss), although given scale development considerations, it may be of special use for the assessment of grief in suicidally bereaved individuals. The GEQ is a self-administered instrument that was designed to measure various components of grief, including some that have been conceptually associated with grief after suicide. Items were derived deductively; primarily from statements of suicide survivors as described in the published literature and from reasoned expectations as to the nature of their grief reactions. The instrument contains 55 items designed to assess 11 (rationally derived) components of grief. Barrett and Scott labeled these dimensions as somatic reactions, general grief reactions, search for explanation, loss of social support, stigmatization, guilt, responsibility, shame, rejection, self-destructive behavior, and unique reactions.

However, psychometric data on the GEQ is lacking. Factor analysis was not performed during the development of the instrument, and to our knowledge no such analysis has yet appeared in the literature. Further, data provided by Barrett and Scott (1989) concerning the internal reliability of the subscales was based solely on a sample of bereaved spouses ($N = 57$). If the GEQ subscales are to serve as valid measures of some of the multiple dimensions of grief, then these subscales should be verified through factor analysis. Furthermore, the development and rigorous testing of instruments that reliably and validly assess aspects or components of grief has been called for in the literature (Cowles & Rodgers, 1991; Hansson, Carpenter, & Fairchild, 1993). Thus, the purpose of the present investigation was to examine the GEQ's factor structure and other psychometric characteristics with a larger and more diverse sample of bereaved participants, including multiple modes of death, than has yet to our knowledge been undertaken.

Method

Participants

The sample consisted of 350 introductory psychology students at a major eastern Canadian University who reported having been previously bereaved. Participants were predominantly women (74%),

with a mean age of 20.75 years ($SD = 4.83$; range = 18–64 years). Eighty-eight percent of the sample was Caucasian, 4.4% African Canadian, 4.4% Asian, and 0.6% Hispanic. Religious orientation was reported as predominantly Catholic (48.9%) and Protestant (27.4%), and marital status was largely single (93%). Another study of this same population found that 95.6% reported experiencing the loss of someone close due to death (Bailey, 1993), suggesting that this sample is representative of undergraduate students in general.

Measures

The measures described here were administered as part of a larger study on the effects of mode of death on grief reactions (Bailey, Kral, & Dunham, 1999). The age, sex, and ethnic backgrounds of participants were assessed as part of a demographic questionnaire. With regard to the present study, the GEQ (Barrett & Scott, 1989) is the primary instrument of interest. This measure consists of 55 items concerning the frequency of various grief reactions, each with a 5-point Likert response scale of *never* (1), *rarely* (2), *sometimes* (3), *often* (4), and *almost always* (5). Eleven subscale scores are derived, and a total grief score can also be obtained. Higher scores on any given scale indicate a greater likelihood that the specific grief reaction has been experienced. The wording of the GEQ items was modified slightly for the present study, with the items referring to the “person” who was deceased rather than the “spouse” as Barrett and Scott had in the original version of the measure. In addition, the original instructions directed respondents to judge how frequently they experienced any given reaction “in the first two years” after the death, whereas in the present study this wording was changed to “since the death.”

Several items from an additional questionnaire, the Texas Revised Inventory of Grief (TRIG; Faschingbauer, 1981), were used on which participants were asked to rate their closeness to the deceased on a 5-point Likert-type scale ranging from “closer than any relationship I’ve had before or since” (scored as 1) to “not very close at all” (scored as 5). Other items assessed the relation to the deceased (e.g., parent, grandparent, friend, etc.), elapsed time since the death, and the participant’s age at the time that the

death occurred. Participants were also asked to indicate the mode of death as either accident, suicide, or as secondary to natural causes.

Procedure

Recruitment of participants took place during introductory psychology classes. All students in attendance were informed that if they had been previously bereaved, they could volunteer to participate in a questionnaire-type study on grief in exchange for class credit. Signed informed consent was obtained from all participants, and data were later collected in groups of between 5 to 20 persons (at times and locations specifically designated for this purpose). Verbal instructions were also given to participants in which it was emphasized that they were free to withdraw from participation at any time without penalty. A 1-page hand-out sheet, which included the phone numbers of some local mental health services and a factual description of some of the common manifestations of grief, was given to participants to take with them on their completion of the questionnaire package. In the case where a participant had been bereaved more than once in their lifetime, they were instructed to answer the questions with reference to their grief over that deceased person with whom they had been the closest.

Data Analysis

A principal components analysis with varimax rotation was run to examine the underlying structure of the GEQ. Only those factors with eigenvalues greater than 1.0 were retained; this produced an initial 12-factor solution. However, the last four factors had only one or two items loading on them and were not interpretable. Therefore, an eight-factor solution was used in the final factor structure. Most of the 55 items loaded substantially on the 8 factors and these factors were interpretable. Items were assigned to factors based on the highest loadings (minimum acceptable loading of .40), with two items assigned to more than one factor as their factor loadings were almost equal across the two factors (i.e., secondary loading within 0.05 of highest loading). This cross-loading

was minimized by factor rotation. In addition, reliability and item analyses were performed on each of the eight factors.

Results

Bereavement Experiences

Most of the participants described bereavement experiences with family members. Forty-eight percent of the sample reported losing a grandparent, 23% had lost a friend, 8% had lost a parent, and 2.6% had lost a sibling. Nineteen percent had lost other relatives. The mean rating of closeness to the decedent was 2.6 ($SD = .97$; possible range = 1 [*close*] to 5 [*distant*]), with 48% reporting that their relationship with the decedent had been "closer than any" or "closer than most" relationships that they have had with other people. Of the 350 participants, in 259 cases (74%) the death was reportedly due to natural causes, in 57 cases (16.3%) it was an accident, and in 34 cases (9.7%) it was a suicide.

Seventy-nine percent of the participants indicated that the death had occurred within the past five years, with 25.8% of these bereaved in the past 12 months. On average, the elapsed time since the death was 4.1 years ($SD = 4.1$; range = 1 month to 29 years). At the time the death occurred, the mean age of the participants was 17.1 years ($SD = 5.1$; range 10–53 years), whereas that of the decedents was 51.7 years ($SD = 25.2$; range = 1–96 years).

Factor Structure of the GEQ

The eight-factor solution obtained from the principal components analysis with varimax rotation accounted for 55% of the variance in the GEQ items. The rotated factor matrix is presented in Table 1. The first factor included 11 items with loadings exceeding .40 and explained 25.4% of the variance. The complete original Rejection subscale from Barrett and Scott's (1989) scale structure loaded on this factor, as well as three items from the Unique Reactions scale and one item each from the Responsibility, Stigmatization, and General Grief Reactions subscales. The content of this factor centers primarily around feelings of abandonment/rejection by the deceased. Feelings that one was somewhat responsible for the death

TABLE 1 Eight-Factor Matrix After Varimax Rotation for the Grief Experience Questionnaire

Item No.	Factor							
	1	2	3	4	5	6	7	8
44.	.80*	.07	.14	.01	.02	.08	-.01	.15
51.	.75*	.07	.10	.07	-.10	-.09	-.07	.11
45.	.72*	.23	.07	.10	-.01	.19	.02	.06
41.	.68*	.04	.02	-.06	.09	.18	.13	.05
42.	.65*	.26	.28	.13	.09	.07	.10	-.06
43.	.64*	.21	.06	.00	.09	.32	.10	-.13
10.	.59*	.01	.27	.02	.12	.01	.07	.21
53.	.52*	.09	.26	.13	.07	.34	.11	.18
34.	.49*	.07	.11	.29	.17	.23	.02	.03
52.	.43*	-.09	-.10	.02	.07	.02	.37	.26
20.	.09	.75*	.07	-.03	.16	.17	.23	.08
18.	.02	.73*	.04	.14	.13	.05	.10	.09
19.	.15	.69*	.00	.19	.00	.05	.07	-.05
16.	-.01	.68*	.14	.00	.17	.15	.08	.16
21.	.21	.60*	.31	.01	.03	.25	.13	.09
17.	-.01	.55*	.11	.27	.09	.00	.07	.33
25.	.26	.53*	.13	.18	.08	.19	.11	.16
22.	.26	.51*	.15	.03	.03	.22	-.01	.15
6.	.08	.46*	.08	.16	.36	-.08	-.02	.16
24.	.40	.44*	-.01	.09	.01	.15	.09	.19
13.	.11	.06	.85*	.02	.09	.09	.00	.05
11.	.13	.12	.81*	.05	.16	.03	.10	-.06
55.	.05	.08	.67*	-.05	-.01	.14	.07	.11
12.	.14	.14	.66*	.14	.19	.03	.07	.10
14.	.21	.01	.65*	.27	.15	-.01	.09	.12
9.	.20	.28	.44*	.07	.36	-.01	.27	.04
15.	.21	.23	.44*	.26	.11	-.13	.08	.13
26.	.08	.18	.15	.76*	.18	-.05	.01	.06
28.	.15	.18	.19	.74*	.12	.09	.14	.12
29.	-.05	.00	-.13	.72*	.01	.10	.05	.10
27.	.10	.16	.22	.70*	.20	.15	.08	.12
30.	.12	.15	.15	.60*	.09	.40	.09	.12
33.	.04	.13	.02	.51*	.11	.50	.18	.05
4.	.07	.05	.02	.11	.79*	.16	.11	.01
3.	.06	.08	.13	.12	.76*	.12	.09	.09
5.	.01	.16	.18	.19	.71*	.03	.03	.08
2.	.01	.18	.20	.06	.70*	.03	.10	.04
1.	.13	.27	.13	.24	.28*	-.18	.14	-.10

TABLE 1 *Continued*

Item No.	Factor							
	1	2	3	4	5	6	7	8
23.	.20	.26	.07	.01	.10	.67*	.04	.11
32.	.31	.13	.14	.16	.14	.66*	.11	.07
35.	.30	.17	.03	.14	.02	.56*	.11	.25
31.	.22	.19	-.05	.43	.01	.55*	.16	.03
48.	.11	.16	.11	.07	.08	.04	.78*	.12
49.	.12	.18	.03	.05	.06	.08	.77*	-.04
50.	-.03	.04	.14	.16	.06	.11	.69*	-.02
46.	.13	.39	.10	.10	.17	.29	.43*	.11
8.	.22	.26	.31	.08	.39	.03	.43*	.10
47.	-.03	.20	.32	.12	.25	.12	.37*	.06
36.	.00	.19	.08	.14	.17	.02	.04	.64*
37.	.40	.16	.19	.06	-.05	.07	.08	.62*
38.	.43	.15	-.04	-.02	-.08	.24	.09	.58*
54.	.36	.10	.04	.12	-.18	.10	.09	.49*
7.	.00	.07	.16	.37	.27	-.04	.04	.44*
40.	.03	.18	.07	.08	.15	.15	-.05	.40*
39.	.23	.28	.20	.17	.10	.27	.06	.32*
Eigenvalue	13.97	3.98	2.97	2.52	2.07	1.73	1.58	1.42
% of variance	25.4	7.2	5.4	4.6	3.8	3.1	2.9	2.6
Cronbach's alpha	.87	.86	.84	.85	.78	.79	.78	.70

Note. Values equal to or larger than .40 are given in boldface type. * Highest factor loading of each item. Items are found in Appendix.

itself as well as anger toward the deceased are also captured by several of the items.

The second factor included 10 items with loadings exceeding .40, and accounted for 7.2% of the variance. The original Loss of Social Support subscale, most of the original Stigmatization items (4 of 5), and one General Grief item loaded on this factor. These items clearly refer to the experience of perceived stigmatization, perhaps secondary to the decedent's mode of death.

The third factor consisted of seven items with loadings over .40 and explained 5.4% of the variance. The entire Search for Explanation subscale loaded on this factor, as did one item each from the General and Unique Reactions subscales. All of these items essentially reflect a search for explanation of the reason(s) for the death (i.e., answering variants of the question "why?").

Six items loaded highly (.51-.76) on the fourth factor, which accounted for 4.6% of the variance. With the addition of one

further item that also captures feelings of guilt surrounding the death, this factor replicated the original GEQ Guilt subscale. Four of the five original Somatic Reactions subscale items formed the fifth factor, which accounted for 3.8% of the variance.

The sixth factor consisted of 5 items with loadings exceeding .50 and explained 3.1% of the variance. Most of the original Responsibility subscale loaded on this factor. These items concern beliefs of one's having had some sort of personal responsibility for the occurrence of the death.

Five items with loadings exceeding .43 formed the seventh factor, which accounted for 2.9% of the variance. Four items from the original Self-Destructive Behavior subscale and one General Grief item comprised this factor. These items are suggestive of a self-destructive orientation.

The eighth factor included 6 items with loadings over .40 and explained 2.6% of the variance. Four items from the Shame subscale and one item each from the General Grief and Unique Reactions subscales formed this factor. All the items reflect feelings of shame/embarrassment, perhaps about the manner of death. For a listing of the GEQ items and their placements on these eight dimensions, please see the Appendix.

Reliability and Item Analysis

The reliability coefficients for each factor are also presented in Table 1. All alpha coefficients were satisfactory (ranging from .70-.87), indicating that the newly formed subscales are internally consistent. Table 2 presents an item analysis of the eight-factor solution for the GEQ items. The mean inter-item correlations

TABLE 2 Item Analysis (Inter-Item correlations) of the Eight-Factor Solution for the Grief Experience Questionnaire

Result	Grief factors							
	1	2	3	4	5	6	7	8
Mean	.42	.40	.43	.53	.42	.43	.39	.28
Minimum	.16	.19	.22	.40	.14	.29	.23	.02
Maximum	.67	.58	.72	.68	.65	.60	.59	.58
Lowest item-total correlation	.38	.45	.45	.54	.32	.51	.46	.32

ranged from .28 to .53. The minimum and maximum inter-item correlations and the lowest item-to-subscale correlations are also presented in Table 2. With one exception, all of these correlations are significant at the .01 level (the correlation between items 40 and 54 on Factor 8 was very low, $r = .02$). Perusal of the frequencies of responses to these items indicated that the responses to item 54 were very skewed, with 85% of the sample responding "never" to this item. This pattern would account for this attenuated inter-item correlation.

Discussion

The factor structure obtained in this investigation documents that the GEQ is a multidimensional scale tapping into various dimensions of grief. To consider the substantive interpretation of the eight-factor solution, these dimensions will be briefly examined in terms of the degree to which they are reflective of prominent themes of grief identified in the suicide survivor literature. In doing so, it must be emphasized that the majority of the respondents in this study did not report on the experience of bereavement due to suicide, and further, that the GEQ clearly assesses grief reactions that are potentially problematic after any mode of death. However, to highlight the idea that this measure could serve a specific purpose by facilitating the understanding of suicidally bereaved persons, the grief components documented herein will be elaborated on in terms of how they map onto themes noted in the suicide survivor literature. This focus also appears appropriate as the GEQ has empirically demonstrated the ability to document differences in grief associated with suicide as compared with other modes of death (Bailey et al., 1999; Barrett & Scott, 1990; McIntosh, Arnett, & Thomas, 1992; Silverman, Range, & Overholser, 1994). For example, using the GEQ we have previously documented that compared with non-suicide survivors, suicidally bereaved persons reported heightened feelings of rejection, responsibility, stigmatization, shame, and total grief.

The first factor to emerge, abandonment/rejection, appears to corroborate accounts of the cohesion and uniqueness of this grief

reaction after a suicide (Barrett & Scott, 1990; McIntosh et al., 1992). Conley (1982) called suicide the "ultimate personal rejection," and, for the most part, the items comprising this factor speak to this issue that can become so salient in grief after a suicide. The second factor subsumed items indicative of a perceived loss of social support or ties and felt stigmatization following the death. It is not surprising that feeling stigmatized and simultaneously unsupported by members of one's community are related. Suicide has a long history of negative associations (i.e., with insanity, criminality, etc.), and stigma still surrounds the act and those who mourn it (McIntosh & Kelly, 1992; Rudestam & Imbroll, 1983; Shneidman, 1993; Solomon, 1983).

With reference to the third factor, aptly labeled by Barrett and Scott (1989) as the search for explanation, one cannot read far into the suicide survivor literature without confronting the pervasive nature of looking for meaning in the wake of a completed suicide. Rando (1993) noted that the initial process of mourning involves recognizing that a loss has occurred. This requires the newly bereaved individual to both (a) acknowledge that a death has in fact occurred and (b) understand the reason(s) for the death. Cleiren (1993), in a longitudinal study that in part focused on mode-of-death effects on grief, found that the questions typically asked by suicide survivors centered on the thoughts of the deceased person prior to the act itself. In the case of suicide, efforts to understand the many "Why?" questions that survivors typically generate can be both time consuming and emotionally draining (Fine, 1997; Van Dongen, 1990).

The construct of guilt emerged as the fourth factor in this analysis. Guilt is perhaps the grief reaction most often mentioned in the wake of a suicidal death. Rando (1993) stated that "in modest amounts, guilt characterizes most mourning experiences; however, in mourning after suicide, it is infinitely stronger and more persistent" (p. 526). This assertion seems reasonable on an intuitive level in that losing a loved one to suicide can be very easily imagined to induce thoughts and feelings of guilt over acts of commission and/or omission. Empirical investigations (Cleiren, 1993; Demi, 1984; McNeil et al., 1988), as well as autobiographical accounts (Bolton, 1983; Ross, 1990) lend support to this assertion. However, evidence to the effect that guilt is no more

pervasive a reaction after a suicide than it is after other modes of death can also be found (Barrett & Scott, 1990; McIntosh et al., 1992). Clearly, more systematic work is needed to bring clarity to this issue and to bridge the gap that currently exists between the competing views that guilt is more severe or thematic after a suicide, and that guilt is a common reaction for those bereaved through any mode of death and not any more problematic for suicide survivors. Regardless, assessment of the pervasiveness and nature of guilt in bereaved individuals is clearly important and in all cases warranted.

The fifth factor to emerge clearly taps into somatic reactions. Physical reactions are often a consequence of bereavement (Cowles & Rodgers, 1991; Lindemann, 1944; Parkes, 1985). The sixth factor is interpreted as feeling oneself to be more or less responsible for the fact of the death itself. Believing oneself to be in some way responsible for the death of another puts a unique burden on those who hold this view, and comparison group studies have shown that survivors of suicide are more likely to be burdened with issues of responsibility for the death than those bereaved through natural or accidental deaths (Bailey et al., 1999; Barrett & Scott, 1990; McIntosh et al., 1992; Silverman et al., 1994). The seventh factor appears to represent a self-destructive orientation. Barrett and Scott (1989) noted that this orientation often extends through at least the first 12 months after a death has occurred, and they stated that a recently bereaved individual "is more likely to take less adequate care of himself or herself, to become ill, to be hospitalized, to be involved in accidents, to die, or to be killed" (p. 206). Though mode of death effects on this factor have been documented (Silverman et al., 1994), other studies also using the GEQ have found no differences across the various modes of death on this dimension (e.g., Barrett & Scott, 1990; McIntosh et al., 1992).

The final factor measures feelings of shame and embarrassment. Lewis (1992) defined shame as "the feeling we have when we evaluate our actions, feelings, or behavior, and conclude that we have done wrong" (p. 2). Evidence of embarrassment after the suicide of a significant other was found by Bailey et al. (1999) and by Range and Calhoun (1990), who reported that 44% of the suicide survivors that they surveyed had lied to others about the cause of death.

As is evident from the results of this investigation, the scale structure of the GEQ as originally conceptualized by Barrett and Scott (1989) appears to be in need of some revision. First, a few of the items on the original version (item numbers 1, 39, and 47) have demonstrated factor loadings that fall below an acceptable .40 level. Second, the present analysis suggests that the GEQ taps eight meaningful factors. In the case where one uses the GEQ to provide an individualized assessment, one may wish to weight the subscale scores (derived by simple addition of constituent item scores) according to the number of items per scale such that a consistent score range is achieved (e.g., 5–25) across the eight dimensions presented herein. This adjustment allows for easy comparison to be made across the subscales.

To close, several limitations of the present study must be noted. First, it is the case that the sample consisted of a heterogeneously bereaved group of college students. As factor structures may demonstrate limited generalizability when applied to samples with qualitatively different characteristics, one must be cautious in generalizing these results to other adult populations. In addition, the length of time that had elapsed since the death had occurred was typically quite large (i.e., on average about 4 years, spanning up to nearly 30 years), and the passage of such amounts of time could negatively affect recall of one's more immediate reactions. Further, although the present investigation yields data relevant to establishing the psychometric characteristics of the GEQ, the documentation of stable factors is only an initial step in the process of determining the validity and potential clinical use of the instrument. The ability of the scale to make reliable predictions or descriptions about individuals seen clinically awaits future investigation. In sum, further empirical evaluations of the GEQ, derived across varying populations and settings and incorporating methodologies that would speak in addition to the scale's validity, would be a valuable addition to the literature on grief and bereavement.

References

- Averill, J. R. (1968). Grief: Its nature and significance. *Psychological Bulletin*, 70, 721–748.

- Bailey, S. E. (1993). [Base-rates of bereavement experiences in an undergraduate population.] Unpublished raw data.
- Bailey, S. E., Kral, M. J., & Dunham, K. (1999). Survivors of suicide do grieve differently: Empirical support for a common-sense proposition. *Suicide and Life-Threatening Behavior, 29*, 256–271.
- Barrett, T. W., & Scott, T. B. (1989). Development of the Grief Experience Questionnaire. *Suicide and Life-Threatening Behavior, 19*, 201–215.
- Barrett, T. W., & Scott, T. B. (1990). Suicide bereavement and recovery patterns compared with non-suicide bereavement patterns. *Suicide and Life-Threatening Behavior, 20*, 1–15.
- Bolton, I. (1983). *My son . . . my son . . . A guide to healing after suicide in the family*. Atlanta, GA: The Bolton Press.
- Carter, S. L. (1989). Themes of grief. *Nursing Research, 38*, 354–358.
- Cleiren, M. P. H. D. (1993). *Bereavement and adaptation: A comparative study of the aftermath of death*. Washington, DC: Hemisphere.
- Corr, C. A., Nabe, C. M., & Corr, D. M. (1994). *Death and dying, life and living*. Pacific Grove, CA: Brooks/Cole.
- Cowles, K. V., & Rodgers, B. L. (1991). The concept of grief: A foundation for nursing research and practice. *Research in Nursing and Health, 14*, 119–127.
- Demi, A. S. (1984). Social adjustment of widows after a sudden death: Suicide and non-suicide survivors compared. *Death Education, 8* (Suppl.), 91–111.
- Dershimer, R. A. (1990). *Counseling the bereaved*. Elmsford, NY: Pergamon.
- Faschingbauer, T. R. (1981). *Texas Revised Inventory of Grief manual*. Houston, TX: Honeycomb.
- Fine, C. (1997). *No time to say goodbye: Surviving the suicide of a loved one*. New York: Doubleday.
- Hansson, R. O., Carpenter, B. N., & Fairchild, S. K. (1993). Measurement issues in bereavement. In M. S. Stroebe, W. Stroebe, & R. O. Hansson (Eds.), *Handbook of bereavement* (pp. 62–74). New York: Cambridge University Press.
- Lewis, M. (1992). *Shame: The exposed self*. New York: The Free Press.
- Lindemann, E. (1944). Symptomatology and management of acute grief. *American Journal of Psychiatry, 101*, 141–148.
- McIntosh, J. L., Arnett, E., & Thomas, R. (1992, April). *Grief and bereavement instruments: A comparison*. Paper presented at the 25th annual meeting of the American Association of Suicidology, Chicago.
- McIntosh, J. L., & Kelly, L. D. (1992). Survivors' reactions: Suicide vs. other causes. *Crisis, 13*, 82–93.
- McNeil, D. E., Hatcher, C., & Reubin, R. (1988). Family survivors of suicide and accidental death: Consequences for widows. *Suicide and Life-Threatening Behavior, 18*, 137–148.
- Osterweis, M., Solomon, F., & Green, M. (1984). *Bereavement: Reactions, consequences, and care*. Washington, DC: National Academy Press.
- Parkes, C. M. (1972). *Bereavement: Studies of grief in adult life*. New York: International Universities Press.
- Parkes, C. M. (1985). Bereavement. *British Journal of Psychiatry, 146*, 11–17.

- Rando, T. A. (1991). *How to go on living when someone you love dies*. New York: Bantam Books.
- Rando, T. A. (1993). *Treatment of complicated mourning*. Champaign, IL: Research Press.
- Range, L. M., & Calhoun, L. G. (1990). Responses following suicide and other types of death: The perspective of the bereaved. *Omega*, 21, 311-320.
- Ross, E. B. (1990). *After suicide: A ray of hope*. Iowa City, IA: Lynn Publications.
- Rudestam, K. E., & Imbroli, D. (1983). Societal reactions to a child's death by suicide. *Journal of Consulting and Clinical Psychology*, 51, 461-462.
- Sanders, C. M. (1988). Risk factors in bereavement outcome. *Journal of Social Issues*, 44(3), 97-111.
- Sanders, C. M., Mauger, P. A., & Strong, P. N., Jr. (1985). *A manual for the Grief Experience Inventory*. Palo Alto, CA: Consulting Psychologists Press.
- Shneidman, E. (1993). *Suicide as psychache: A clinical approach to self-destructive behavior*. Northvale, NJ: Jason Aronson.
- Shuchter, S. R., & Zisook, S. (1993). The course of normal grief. In M. S. Stroebe, W. Stroebe, & R. O. Hansson (Eds.), *Handbook of bereavement* (pp. 23-43). New York: Cambridge University Press.
- Silverman, E., Range, L., & Overholser, J. (1994). Bereavement from suicide as compared to other forms of bereavement. *Omega*, 30, 41-51.
- Solomon, M. I. (1983). The bereaved and the stigma of suicide. *Omega*, 13, 377-387.
- Van Dongen, C. J. (1990). Agonizing questioning: Experiences of survivors of suicide victims. *Nursing Research*, 39, 224-229.
- Vargas, L. A., Loya, F., & Hodde-Vargas, J. (1989). Exploring the multidimensional aspects of grief reactions. *American Journal of Psychiatry*, 146, 1484-1488.
- Worden, J. W. (1991). *Grief counseling and grief therapy: A handbook for the mental health practitioner*. New York: Springer.
- Zisook, S., & Shuchter, S. R. (1986). The first four years of widowhood. *Psychiatric Annals*, 16, 288-294.

Appendix

Eight-Factor GEQ Scale Composition

Factor 1: Abandonment/Rejection (11 items)

44. Feel that the person never considered what the death might do to you.
51. Wonder about the person's motivation for not living longer.
45. Sense some feeling that the person had rejected you by dying.

- 41. Feel like the person chose to leave you.
- 42. Feel deserted by the person.
- 43. Feel that the death was somehow a deliberate abandonment of you.
- 10. Feel anger or resentment toward the person after the death.
- 53. Feel that you should have somehow prevented the death.
- 34. Feel like you missed an early sign that may have indicated to you that the person was not going to be alive much longer.
- 52. Feel like the person was somehow getting even with you by dying.
- 24. Feel like the death somehow reflected negatively on you or your family.*

Factor 2: Stigmatization (10 items)

- 20. Feel like a social outcast.
- 18. Feel like no one cared to listen to you.
- 19. Feel that neighbors and in-laws did not offer enough concern.
- 16. Feel avoided by friends.
- 21. Think people were gossiping about you or the person.
- 17. Think that others didn't want you to talk about the death.
- 25. Feel somehow stigmatized by the death.
- 22. Feel like people were probably wondering about what kind of personal problems you and the person had experienced.
- 6. Think that people were uncomfortable offering their condolences to you.
- 24. Feel like the death somehow reflected negatively on you or your family.*

Factor 3: Search for Explanation (7 items)

- 13. Think that the person's time to die had not yet come.
- 11. Question why the person had to die.
- 55. Feel that the death was a senseless and wasteful loss of life.
- 12. Find you couldn't stop thinking about how the death occurred.
- 14. Find yourself not accepting the fact that the death happened.
- 9. Feel like you would never be able to get over the death.
- 15. Try to find a good reason for the death.

Factor 4: Guilt (6 items)

26. Think of times before the death when you could have made the person's life more pleasant.
28. Feel like there was something very important you wanted to make up to the person.
29. Feel like maybe you didn't care enough about the person.
27. Wished that you hadn't said or done certain things during your relationship with the person.
30. Feel somehow guilty after the death of the person.
33. Feel like you had made the person unhappy long before the death.*

Factor 5: Somatic Reactions (4 items)

4. Experience light-headedness, dizziness, or fainting.
3. Experience trembling, shaking, or twitching.
5. Experience nervousness.
2. Experience feeling sick.
1. Think that you should go see a doctor.**

Factor 6: Responsibility (5 items)

23. Feel like others may have blamed you for the death.
32. Feel that, had you somehow been a different person, the person would not have died.
35. Feel like the problems you and the person had together contributed to an untimely death.
31. Feel like the person had some kind of complaint against you at the time of the death.
33. Feel like you had made the person unhappy long before the death.*

Factor 7: Self-Destructive Orientation (5 items)

48. Worry that you might harm yourself.
49. Think of ending your own life.
50. Intentionally try to hurt yourself.
46. Feel like you just didn't care enough to take better care of yourself.
8. Feel like you just could not make it through another day.
47. Find yourself totally preoccupied while you were driving.**

Factor 8: Shame/Embarrassment (6 items)

36. Avoid talking about the death of the person.
37. Feel uncomfortable revealing the cause of the death.
38. Feel embarrassed about the death.
54. Tell someone that the cause of death was something different than what it really was.
7. Avoid talking about the negative or unpleasant parts of your relationship.
40. Not mention the death to people you met causally.
39. Feel uncomfortable about meeting someone who knew you and the deceased.**

* Items assigned to two factors.

** Items recommended for exclusion when scoring according to these dimensions.