

Factors affecting grief:

Studies on young adults' bereavement experiences in Japan

abstract

Chapter 1 Review of Preceding Studies and the Issues Inherent in Them

Prolonged Grief Disorder was first published in the Internal Classification of Diseases, 11th revision (2018). Normal grief and serious grief are qualitatively the same, but quantitatively different (Shear, 2010).

Grief is affected by various factors (Stroebe et al., 2007), of which, in this study, we examine the factors suggested by Seto et al. (2005): 1) situation of death, 2) relationship with the deceased, 3) characteristics of the bereaved person, and 4) social factors. We chose Seto et al. (2005) because of its similarity to the study by Kojima (1988), which is considered an important work on factors affecting grief. However, the factors proposed by Seto et al. (2005) have not been examined so far in the literature on grief. Below is a review of the aforementioned four factors.

1. Situation of death: Carr et al. (2001) showed that sudden death gave rise to more grief than an expected death. Merlevede et al. (2004) demonstrated that people who experienced a sudden death in their families suffered deeper distress and developed sleep problems. It also worsened their mental health. On the contrary, Stroebe & Schut (2001) and Stroebe (2007) showed that there was no major difference between the mental health of people affected by a sudden death in their families and an expected death.

2. Relationship with the deceased: Parkes & Weiss (1983) investigated people who had lost their spouse. Their study showed that when there was conflict in the relationship with the deceased, the surviving partner showed poor adaptation after bereavement. On the other hand,

in a survey on youth by Selvati Save (2006) it was found that being closer to the deceased affects grief.

3. Characteristics of the bereaved person: Stroebe & Stroebe (1993) showed that people with low internal control of Locus of Control are more prone to depression. To implement a coping strategy, a dual process model (Stroebe & Schut, 1999) is used. This dual process model classifies coping strategy after bereavement into two types: a loss-oriented coping that focuses on the experience of loss and a restoration-oriented coping that focuses on the changed life after the experience of loss. Although the standardization scale of the dual process model has not been developed in Japan, other countries have developed it. Caserta & Lund (2007) investigated the elderly, leading to the creation of the Inventory of Daily Widowed Life. In addition, Wijngaards-deMeij (2007) investigated people who had lost their children and introduced the Dual Coping Inventory.

4. Social factors: Lehman et al. (1986) showed that people with social support after bereavement had better mental health. Japan's grief research often targets people who have lost their spouse. However, bereavement affects not only spouses but also other persons in the family, particularly the young, who experience death for the first time. People who experience death for the first time do not know how to deal with it and become mentally confused (Worden, 2011). Furthermore, there are a few case studies of adolescent grief research (Kikuchi, 2006; Takahashi, 2013) as well as a few quantitative and qualitative studies.

Chapter 2 Purpose and Significance

This study conducted in Japan aims to present coping strategies mechanisms that could prevent grief from overwhelming adolescents who have been bereaved for more than a year.

Comprising three studies, in this paper, Study 1 aims to create a coping scale considering the factor “characteristics of the deceased.” Study 2 examines how the four factors explain grief.

Study 3 clarifies the psychological process from bereavement to the present.

The significance of this study is as follows. First, presenting factors and mechanisms that affect grief makes this study a basic document for examining preventive assistance for serious grief. Second, examining the details of grief in youth allows for suggestions to support those adversely affected by grief in their daily lives.

Chapter 3 Coping Strategy after Bereavement (Study 1)

3.1 Developing a scale for a coping strategy after bereavement (Study 1: pre-examination)

Study 1 (pre-examination) aims to create scale items for the dual process model (Stroebe & Schut, 1999). This study included 15 college students, who were over 9 years and had experienced bereavement with the death of someone close to them (Nagy, 1948) . The interview data were analyzed based on loss-oriented coping and restoration-oriented coping (Stroebe & Schut, 1999). Four categories could be identified: loss-oriented coping, restoration-oriented coping, future-oriented coping, and unclassifiable coping. Based on the results of Study 1 (pre-examination), 33 items were created for three categories (loss-oriented coping, restoration-oriented coping, and future-oriented coping).

3.2 Developing a scale for a coping strategy after bereavement (Study 1: examination)

Study 1 (examination) aimed to examine the reliability and validity of the items created in Study 1 (pre-examination). This study included 165 college students, who were over 9 years and had experienced bereavement with the death of a person close to them (Nagy, 1948) .

The questionnaire included: (1) demographic factors, (2) 33 items created under Study 1 (pre-examination), (3) the coping strategy scale (TAC-24 (Kamimura et al., 1995)) as a discriminatory validity measure, and (4) the grief scale (Inventory of Traumatic Grief: ITG (Nakai et al., 2004)) for measuring grief. A factor analysis of the items created in Study 1 (pre-

examination) was conducted. From this, 16 items of two factors were extracted. These were named “the scale of approaching coping for the deceased” and “the scale of avoidance coping for the deceased” On the scale of approaching coping for the deceased, a significant correlation was found between emotion-focused coping and problem-focused coping of the TAC-24. The Cronbach's α coefficient and the results of the retest were appropriate. Hence, the characteristic of the scale of approaching coping for the deceased, can be considered effective as a coping strategy to relieve pain. Subsequently, the value of Cronbach's α coefficient was appropriate for the scale of avoidance coping for the deceased. However, its validity was not determined. The characteristic of the scale of avoiding coping , was to avoid thinking about the deceased. Shear (2010) and Nakajima (2016) showed that avoiding grief makes grief serious.

Chapter 4 Examination of factors explaining grief (Study 2)

Study 2 was aimed at clarifying which of the four factors affect grief. This study included 135 college students, who were over 9 years and had experienced bereavement with the death of a person close to them (Nagy, 1948) . A multiple regression analysis was conducted with four factors as explanatory variables and ITG as an objective variable. The four factors of Seto et al. (2005) are: (a) cause of death (sudden death or death after an illness) as a factor of "Situation of death," (b) the scale of interpersonal stressor (Hashimoto, 2005) as a factor of "relationship with the deceased," (c) the scale of approaching coping (Ishida, 2018,) and the Locus of control (LOC) (Kamakura et al., 1982) (LOC was composed of internal control and external control) as a factor of "characteristics of the bereaved person," and (d) the scale of support after bereavement (Sakaguchi, 2004) as a “social factor”.

A multiple regression analysis with four factors (Seto et al., 2005) as explanatory variables and ITG as objective variables was found to be significant ($F_{(6,128)} = 12.3, Adj.R^2 = .34, p <.001$). Results showed that sudden death, strong conflict with the deceased, lack of social

support after bereavement, behavior on the coping scale item, and internal control of LOC indicate that a affects grief.

Chapter 5 Qualitative Study on Grief (Study 3)

Study 3 aimed to clarify the psychological process from bereavement to the present. This study included 14 college students, who were over 9 years and had been bereaved with the death of a person close to them (Nagy, 1948) .

The analysis used the grounded theory approach (Glaser & Strauss, 1967; Iwakabe, 2010). Four major categories could be identified from the results: engaging with the deceased, upsetting to bereavement, responding to sadness, and reconciling with reality. In addition, the processes involved in the above-mentioned four major categories were examined. During the responding to sadness, we found that social support was required at two points. Social support at the first point was difficult to continue. And it was found that social support at the second point continued.

Chapter 6 General Discussion

The subject of this study was how adolescents in Japan experienced bereavement. It aimed to clarify the factors that affect grief and the process involved, as discussed in Study 2 and Study 3.

In Study 2, a negative correlation was seen between internal control of LOC and ITG. Internal control of LOC was seen among subjects who believed one's own power can be used overcome the environment of grief. In Study 3, internal control of LOC was considered equivalent to reconciling with reality. Reconciling with reality involves adapting to the placed reality. Therefore, this is similar to internal control of LOC.

Study 2 showed a positive correlation between the scale of support after bereavement scores

and ITG. In Study 3, there were two points at which support after bereavement was required. From the second point of social support, a positive narrative was seen. From the above, Study 2 can be considered to relate to social support at the second point of Study 3.

Limits and challenges

In Study 1, evasive coping for the deceased was extracted. However, it was not used in Study 2 because its validity could not be confirmed. On the other hand, the scale of avoidance coping was confirmed to be reliable. Future studies may need to examine the concept of the scale of avoidance coping in depth.

Only four factors related to grief were selected for examination in this study. There are other possible factors that need to be investigated in the future.

The hypothesis proposed in study 3 should also be further examined.