

# Exploring Parental Grief: Combining Quantitative and Qualitative Measures

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**Purpose.** This study explores parental grief on the death of a child of any age. **Study design.** The sampling frame for the study consisted of 74 respondents reporting that they experienced the death of a living child. With the exception of standard demographic measures, the quantitative and qualitative items in the instrument were designed specifically for this project. The content validity of the instrument was assessed by a panel of experts on grief. Key quantitative items related to child loss and grief were formatted with between three- and five-point ordinal answer categories. Two types of qualitative items were developed by the authors. The reliability of the instrument designed for this study was not determined. **Results.** This survey of parents who experienced the death of a child during their lifetime explores and extends current understanding of the complex emotional response of grief. The study offers empirical support for the notion of grief as ongoing in the life of a parent whose child had died. The findings have significant implications for further clinical research supporting studies to explore commonalities in the experience of grieving families regardless of the cause of and time since the death of their child. In addition, the findings may serve to inform the development and provision of services for bereaved parents.

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**G**RIEVING IS A universal human experience. Historically, grief has been defined as a response to loss and death that is organized by sequential steps, stages, or phases and bound by the dimension of time, requiring closure for resolution (Kubler-Ross, 1969; Lindemann, 1944; Worden, 1982). In this perspective, grief is a quantifiable, episodic event related to the crises of loss and death, described as a human response to these events (Parad, 1965; Worden, 1982) and characterized as a temporary condition, requiring crisis intervention, treatment for resolution, and emotional disengagement from the lost object to overcome it (Bowlby, 1961; Engel, 1961, 1964; Freud, 1957, 1963; Parkes, 1965, 1975).

The experience of clinicians providing care for the bereaved has not been consistent with this view of grief as an episode that must come to an end through resolution (Arnold, 1995, 1996; Benoliel,

1983; Cody, 1991; Cowles & Rodgers, 1991, 2000; Davies, 2004; Klass, Silverman, & Nickman, 1996; Lindgren, Burke, Hainsworth, & Eakes, 1992; Martocchio, 1985; McClowry, Davies, May, Kulenkamp, & Martinson, 1987; Miles & Crandall, 1983; Miles & Demi, 1986; Murphy, 1983; Pilkington, 1993). Grief is described as paramount in the lives of bereaved parents; grieving, as a process of maintaining connectedness (Arnold & Gemma,

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1983, 1994; Davies, 2004; Hutti, 1984; Martinson, 1992; Miles, 1985; Miles & Demy, 1986; Uren & Wastell, 2002). Child death is viewed by parents as an empty space within (McClowry et al., 1987). In a landmark study comparing adult bereavement following the death of a parent, spouse, and child, Sanders (1980) found significantly higher intensities of grief among those surviving the death of a child and subsequently developed an integrated theory detailing phases of grief (Sanders, 1989). Following the lead of such research, the authors seek to expand and support the understanding of parental grief.

#### PURPOSE

This study explores the ongoing nature of parental grief. Few empirical studies have examined this evolving view of the grieving process with a combination of quantitative and qualitative measures. Moreover, this study includes parents whose child had died regardless of the years that had passed since the death, the age of the child at the time of death, and the cause of the child's death.

#### STUDY DESIGN AND METHODS

This is a cross-sectional, retrospective, self-administered survey by mail. An adaptation of the Dillman method was used to maximize the respondents' understanding of and participation in the project (Dillman, 1978). The primary eligibility requirement was having experienced the death of a natural-born or adopted child.

#### Data Collection

An introductory letter with a self-addressed stamped postcard was sent to the entire sampling frame, which was composed of 5,211 nursing alumni (described in the Sample section). Among them, 74 respondents (72%) reported that they experienced the death of a living child and 29 (28%) reported that they experienced a stillbirth. The 74 respondents constitute the sample population of this study.

#### Instruments

The study used a new survey instrument designed to explore the premises that child death has lasting effects on parents and that parental grief is an ongoing process (Arnold, Gemma, & Cushman, 2000). In addition to standard demographic items (17 items), the questionnaire included

quantitative (52 items) as well as qualitative (11 items) measures of grief, loss, and related variables. Key quantitative items related to child loss and grief were formatted with between three- and five-point ordinal answer categories (e.g., *intense, moderate, mild, and no feelings of loss*). Qualitative items allowed respondents to provide details in their own words after answering a precoded item and to describe how specific images of grief related to their experiences of loss. A panel of experts on grief reviewed the quantitative and qualitative items for content and completeness. Two rounds of pretesting were conducted. Finally, the construct validity of the key outcome variable (whether respondents felt that their grief had ended or continues) received preliminary support in the bivariate analysis. The reliability of the instrument was not tested.

#### Analysis

All quantitative data were entered into an SPSS data file, cleaned for wild codes and inconsistencies, and analyzed by the authors using standard bivariate techniques. All associations should be interpreted as preliminary, owing to the sample size. Qualitative data were analyzed by the clinical authors, who independently read all open answers and developed a coding scheme. Once this was accomplished, coded domains were compared and reconciled.

#### Sample

The sampling frame for the study consisted of the comprehensive list of members of the Columbia University–Presbyterian Hospital School of Nursing Alumni Association (1926–2000). By design, all parents in the sample had experienced the death of a child at some point during their adult lives. Sociodemographic characteristics are summarized in Table 1.

#### *Causes of Child Death*

Specific causes of death were wide ranging in this sample, reflecting all the common as well as a number of rare reasons for death in infancy, childhood, adolescence, and adulthood. For analytic purposes, causes of death were assigned to one of four categories: congenital (12%), prematurity/birth-related complications (26%), unexpected (40%), and illness (22%). In the congenital

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