Pilot study on occupational therapy and bereaved males: an analysis of coping methods and personality type

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An Analysis of Coping Methods and Personality Type

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Abstract

The purposes of this pilot study were to: 1) develop a questionnaire for use with a larger sample population in future research, 2) identify coping mechanisms utilized by grieving males, and 3) determine whether there are correlations between the coping mechanisms utilized and the personality type as indicated by the Myers-Briggs Type Indicator® (MBTI) (Myers& Myers, 1998). There were ten consenting participants for this study all of whom met inclusion criteria and had experienced what they personally considered a major loss of close family or friend. During one-on-one sessions, participants completed the MBTI, followed by the questionnaire developed for this study. Finally, an interview was conducted with the study participant that was tape recorded for later review. Three researchers were involved in the data analysis process, which included an iterative strategy for analysis. Once data analysis was completed, the researchers continued the use of iterative strategies to draw out results from the collected data, determining coping strategies of the participants relative to the personality preferences along with the implied role of occupational therapy in facilitating the grief process. The occupational therapist may serve to guide the selection of appropriate occupations and resources based upon the knowledge of the client factors, most notably for the current study the personality preference of an individual according to the MBTI. The current study provides preliminary evidence that the use of personality type preferences may help serve the purpose of occupational therapy in tailoring therapeutic interventions aimed to help bereaved individuals embrace a major loss and work towards adjusting for continued functional living.
Pilot Study on Occupational Therapy and Bereaved Males: An Analysis of Coping Methods and Personality Type

Over the course of our lifespan and the losses encountered, we develop patterns of coping. This research study aims to focus on the coping strategies utilized by grieving males following the death of a loved one. Occupational therapy and personality psychology share a common interest in promoting well-being and optimal functioning for individuals. Therapeutic measures of occupational therapy have been previously suggested as useful in the facilitation of grief processes (Hoppes, 2005; Enser, 2003). Personality type has been identified as a strong predictor for well-being (Diener, 1994; Christiansen, Backman, Little, & Nguyen, 1999). Personality psychology has been applied to the study of grief work as a means of helping individuals determine how personality affects the way they grieve and how they recover from a major loss (Tagliaferre & Harbaugh, 1990). It is important to expand the literature by providing valuable intervention possibilities. Therefore, the purposes of this pilot study were to: 1) develop a questionnaire for use with a larger sample population in future research, 2) identify coping mechanisms utilized by grieving males (18 years and older), and 3) determine whether there are correlations between the coping mechanisms utilized and the personality type as indicated by the Myers-Briggs Type Indicator® (MBTI) (Myers & Myers, 1998). The goal for future research will be the fabrication of a guide, based upon findings of the questionnaire, which will assist occupational therapists working with the bereaved male population in selecting and suggesting coping methods for clients. A review of tasks of mourning and male bereavement literature will be discussed, followed by the role of occupational therapy in facilitating the grief process. A review of
personality psychology and assessment will precede the purpose and rationale for the current study. The present study will then be reviewed.

The Four Tasks of Mourning

William Worden’s “tasks of mourning” concept is closely tied to Freud’s idea of “grief work” (Worden, 2001). Worden described the distinction between his tasks and the phases or stages utilized by other theorists as important because there is an implication with the word “task” that the mourner is not passively progressing over time but actively engaged in his grief and healing. The tasks of mourning are often particularly important for those counseling the bereaved, including occupational therapists.

Worden’s first task of mourning is “to accept the reality of the loss” (2001, p. 27). This task involves accepting intellectually as well as emotionally the reality that the person is dead. Worden identified that many who counsel the bereaved overlook the emotional acceptance and focus on intellectual acceptance. He stated, “The bereaved person may be intellectually aware of the finality of the loss long before the emotions allow full acceptance of the information as true” (Worden, 2001, p. 29). Denial of the loss is a hindrance to working through the first task. An individual may deny the reality through a variety of statements and behaviors. Statements that diminish the meaning of the loss or importance of the person may be made so the loss feels or seems less significant. Some bereaved individuals purge their lives and environment of physical reminders as a way of protection from relics that would force them to think about and face the reality of the loss (Worden, 2001). Funeral and burial rituals as well as talking
about the deceased are often validating and may help the bereaved accomplish the first task.

“To work through the pain of grief” (Worden, 2001, p. 30) is the second task of mourning. The experience of physical, emotional, and behavioral pain associated with death is different for each individual, however, Worden argues that “it is impossible to lose someone you have been deeply attached to without experiencing some level of pain” (2001, p. 30-31). This task is of particular importance to the study of male grief because of societal expectations concerning a mourning male’s emotional reactions and feelings. Social discomfort may lead to avoidance of the pain and feelings an individual experiences that prevents him from accomplishing the second task.

The third task presented by Worden is “to adjust to an environment in which the deceased is missing” (2001, p. 32). Three areas of adjustment include external, internal, and spiritual. External adjustments involve the role changes and the impact of the death on everyday functioning for an individual. The impact of the death on self-definition, self-esteem, and self-efficacy fall under internal adjustments. Internally, the mourning individual must relearn who he is and particularly who he is without the deceased person. Spiritual adjustments are those involving one’s sense of the world. Death may lead an individual to question his values and beliefs while for others it may strengthen assumptions. The aim for the third task is to prevent helplessness and promote coping skills so that an individual may adapt to the loss.

The fourth task is to “emotionally relocate the deceased and move on with life” (Worden, 2001, p. 35). Some bereaved individuals may find this to be the most difficult task to accomplish because of the guilt they may feel that they are abandoning the loved
one or their memories of that person. This task, however, does not involve replacing the loved one or moving on. Worden suggests that, “The fourth task of mourning is to find a place for the deceased that will enable the mourner to be connected with the deceased but in a way that will not preclude him or her from going on with life” (2001, p. 35).

Maintaining a connection to the deceased through speaking to, thinking of, dreaming of, and feeling watched over by the deceased may enable the bereaved to forge ahead in life.

The process of mourning and working through these four tasks is not linear or sequential. Worden described mourning as a fluid process during which tasks may be revisited and worked on simultaneously. This is an important distinction for those who are mourning to recognize as well as professionals who counsel the bereaved.

Male/Masculine Grief

Emotion and reason are commonly perceived as dividing the cultural constructions of masculinity and femininity (Lloyd, 1984; Shields, 1984). A prominent feature of masculinity is the substitution of emotional reaction with reason. As young boys grow into manhood, common statements such as “Toughen up,” “Take it like a man,” “Don’t cry like a little girl,” help shape the behavior, thought, and expressions made by males in response to difficult life events (Thompson, 2001).

A qualitative study by Walton, Coyle, and Lyons (2004) described the acceptable and unacceptable emotional social reactions as perceived by the British male participants. The men in the groups discussed that within certain contexts, such as a sporting event, there is a general nod for male expressions of sadness, joy, and anger. These discussions are of particular interest because the men identified that while they felt expressing joy was an easy emotion, many agreed that sadness and upsetting emotions were much more
difficult and are often expressed as anger. The participants of the Walton et al. (2004) study further described responses to emotional distress, specifically to grief. The emotional reactions of being upset, as displayed by sadness and crying, were described as needing to be controlled and were often replaced with socially expected forms of masculine expression, the most prominent being anger. The expression of grief was carefully controlled, especially in public, in accordance with social and personal expectations.

Doka and Martin (2001) outlined the historical roots of present day masculinity, including the gender different experiences of play and interaction among both children and adults. The inclination when coping with stressful situations is for males to control response through rational and logical thought and actions.

Often, there is a tendency to de-emphasize emotionality, especially of the more tender emotions. Socialization into the male role means learning to control one’s emotions. As a result, men tend to learn active and problem-focused solutions for coping with stress. In addition, men tend to value self-reliance. Solving one’s problems and facing one’s difficulties alone have long been defined as hallmarks of manhood (Doka & Martin, 2001, p. 39).

Societal expectations for males are internalized and processed throughout the lifespan and events that occur therein.

Males are far more complex than simply masculinity of course. Each individual has his own unique personal identity that impacts response to the situations and challenges of life. There certainly exist overlapping curves in gender as well, whereby males and females alike exhibit varying degrees of masculinity and femininity (Doka &
Martin, 2001). Given differences in personal factors, life roles, and specific cultural socialization, there is not a single masculine coping response but a broad spectrum of possibilities.

The individual identity of a person is described by Thompson (2001) as an integration of these social governing rules as well as personal aspects. This interplay of personal and social aspects of self allows an individual to experience the world subjectively through personal experience and objectively in the social context. Therefore, masculinity is a part of a male’s relationship with the world. Given that social masculine identity is so closely entwined with personal identity, Thompson (2001) also purports that threats to masculinity are perceived by males as threats to self.

Major life losses present males with the difficult challenge of maintaining characteristic masculine behaviors and attitudes as well as the strength masculinity implies by withholding the emotional expression of grief and sorrow. This squelching of emotions over such loss presents a heavy challenge to working through the four tasks of grieving, developed by Worden (2001). Most markedly challenged is the second task of grieving, which states that in order to feel the emotion of grief one must not tranquilize it but embrace it and allow for the expression of the emotions felt. Bereavement challenges the security of male identity and prior socialization leaves them inadequately suited to cope with distressing emotions.

Psychological distress and poor bereavement outcome may also be attributed to personality factors (Allen & Hayslip, 2001). As previously discussed, identity is composed of social and personal factors that play into one’s experience of and reaction to the world.
Doka and Martin (2001) suggested that different patterns of grief and coping strategies may be more effective for males, and that this area deserves focused study. According to Allen and Hayslip (2001), a behavior can be considered a successful coping strategy if “it leads to increased realization of and adaptation to the loss.” Males frequently view themselves as problem-solvers, providers and protectors (Rando, 1993); therefore, therapeutic methods should be reframed to fit a masculine frame of mind.

The arguments of Doka and Martin (2001) and Rando (1993) that males should not be judged against the norms of grief that are built on a female model of bereavement, where emotional expression and the acceptance of help are often the cornerstones, tie into the efforts of the present study to provide insight for therapeutic efforts. Therapy often implies accepting help, which can be threatening to masculine identity. However, if therapy were re-packaged as a logical measure that will enhance problem-solving and protective abilities it may have a more attractive quality for males (Doka, 2001).

Therapy can be an effective measure to introduce new strategies for a client’s immediate and future arsenal as well as an opportunity for the client to express in his terms the grief he is processing. The importance of coping strategy awareness is evident in older bereaved individuals who reported knowledge of a wide variety of strategies and in whom there is a tendency to show fewer symptoms of psychological distress. Additions to the literature linking personality types with coping strategies may assist in promoting healthy and positive bereavement outcomes for males.

The Role of Occupational Therapy in Male Bereavement

The quality of an individual’s functioning in everyday life is impacted by a major loss and therein exists great potential for the role of occupational therapy. The goal of
occupational therapy is to promote functioning and healthy engagement in life through active doing, or occupations, that are meaningful and purposeful to an individual.

Presently, models of occupational therapy examine three primary areas within a unique individual: the person, environment, and occupations, in order to gain a holistic picture of the client (Christiansen & Baum, 1997; Dunn, Brown, & McGuigan, 1994; Law, Cooper, Strong, Stewart, Rigby, & Letts, 1996; Nelson & Thomas, 2003; Schadke & Schultz 1992; Schultz & Schadke, 1997). Nelson and Thomas (2003) further clarified that once these elements, which hold specific meaning and purpose to an individual, can be determined, an occupational therapist will begin to synthesize appropriate occupational forms to promote function and health. These current models and examinations of the field draw from the work of Meyer (1922) and early founders in occupational therapy that pressed for engagement in meaningful occupations within supportive contexts for successful occupational performance.

Health is defined in the Occupational Therapy Practice Framework (OTPF) by Brownson and Scaffà (2001) as not only the absence of disease but also the presence of wellness, where wellness refers to integrity between a person’s values and a person’s lived experience. Christiansen et al. (1999) asserted that well-being is the primary goal of occupational therapy. Also argued by Christiansen is the idea that occupations build our identity and help us to gain meaning from life. This line of thought is parallel to founders of the field who believed occupational therapy should be focused on cultivating a healthy pattern of living through fulfilling occupations that meet a client’s needs and interests (Meyer, 1922).
Grieving distracts us from our natural path and changes our relationship with the environment and persons in it as well as our interest in various occupations. Bonder and Goodman’s (2002) chapter on preventing occupational dysfunction in elderly discussed that there are dramatic shifts in occupational roles and tasks following the death of a loved one, and that modifications must be made by an individual to accommodate these changes. Each individual progresses through the various stages of grief differently; Tagliaferre and Harbaugh (1990) described the rebuilding of a new, whole self that occurs during healthy processes of grief work.

An article by Hoppes (2005) discussed the importance of occupation in reconstructing meaning for an individual following the death of a loved one. Hoppes described a shift in occupational interests and roles for his family during tumultuous times surrounding his nephew’s fatal illness. Occupation served as a valuable tool for Hoppes grieving family, “Occupations . . . were much more than simple diversions. Occupations served as powerful statements that life is worth living at a time when that had been called into question” (2005, p. 85). Through the active doing of occupation and the associated search for meaning, grieving clients can rebuild their occupational lives.

Occupational therapy’s intense focus on the value of health, meaning, and purpose in people’s lives serves as a great tool for helping bereaved clients in coping with losses. Interest in the area of bereavement in occupational therapy will likely rise as the population of older adults shifts over the coming decades, a population who will no doubt have concern for and life changes due to major loss. Occupational therapists currently working with individuals who are bereaved may focus on occupations identified by Enser (2003):
The following occupations, adapted by Corr et al. (1997), can assist health care professionals to facilitate the grieving process. Cognitive tasks involving factual information about a loved one’s death may help individuals make the death a reality and help to ease anxiety regarding the cause of death. Affective tasks, like writing, crafts, or other occupations that have individual meaning, may help individuals to express their grief pain through ‘safe’ occupations. Behavioral tasks, such as commemorating the deceased through planting a tree, setting up a foundation, or keeping a scrapbook of treasures to share, helps grieving individuals to retain memories of their loved one. Valuation tasks aid the individual with making meaning out of the loss (p. 5).

It is important for the field of occupational therapy to remain ahead of the curve and proactively examine effective measures for intervention with the grieving male population. Through an examination of coping strategies currently implemented by males, broken down into categories of personality types, occupational therapists will be able to efficiently determine a starting point based on narrowed parameters. Psychological assessment is an aspect of the information gathering process occupational therapists employ to identify preferences of an individual and to determine the impact of these inclinations on occupational performance (Bruce & Borg, 2002; Myers, 1998).

*The Role of Personality Psychology in Male Bereavement*

Personality psychology shares common interests with occupational therapy in the daily, goal-directed occupations of life (Christiansen et al., 1999). Traditionally, personality psychology has focused on populations of healthy individuals, while occupational therapy concerns itself with those challenged by a disability or disabling
events that disrupt function. The opportunities for collaboration between the fields exist but exploration has been limited. There are clear influences of personality psychology on the field of occupational therapy.

Carl Jung’s theory of psychological type, introduced in the 1920’s, was significant in the development of Anne Mosey’s Psychodynamic Framework in occupational therapy (Bruce & Borg, 2002). Jung’s theory of psychological type was formed to describe normal behavioral differences in healthy people (Myers, 1998). Jung’s theory proposed that there are four dichotomous processes involved in an individual’s perception and organization of information. These processes exist as opposing forces within an individual and influence the tendency of an individual to gain information and act in a typical way (Bruce & Borg, 2002; Myers, 1998).

As discussed in the previous section, well-being is a primary objective in occupational therapy. Diener (1994) assessed studies that illustrated the strong prediction value of personality variables for subjective well-being. Surprisingly, health and income were found to have low correlation to subjective well-being.

The study of personal projects by Christiansen et al. (1999), where participation in meaningful occupations was found to be related to perception of well-being, brings further depth to the correlation of measured personality type and occupational therapy intervention. In a sample of 120 adults, the researchers investigated several possible predictors of well-being from characteristics of personal projects, personality traits, and demographic variables. The authors reported that the sensing and extroversion personality traits “interacted with the project dimension of stress to emerge as significant predictors of well-being.” Researchers reported that participants ratings of stress and
efficacy in combination with these two personality traits, sensing and extroversion, explained more than 40% of perceived well-being.

It is important to recognize that a personality type is a tendency toward specific perceptive and mental processes but that the opposite force still exists within each person and can be utilized; each of the opposing forces of personality have potential strengths and weaknesses, neither is considered to be more or less desirable. According to personality psychology, supportive intervention does not involve efforts to change personality but instead reinforces the strengths of the utilized processes (Bruce & Borg, 2002). The most widely used typological instrument is the MBTI which was the first instrument developed to make Jung’s types accessible and comprehensive to the lives of people (Myers, 1998; Carless, 1999). By determining personality type, this study will be capable of categorizing effective coping strategies grieving males have implemented that can be carried into occupational therapy practice.

*Purpose/Rationale of Current Study*

Occupational therapists will play an important role in facilitating the grief processes of bereaved males in the future. The need currently exists for developing the literature and research concerning how the role of occupational therapy will be effective in the grieving process of males. In his article, Hoppes (2005) provided clear insight into the importance of occupations and the role of occupational therapy for bereaved families and individuals. Occupations were fundamental according to Hoppes, “Occupation is therapeutic at a time of loss because it connects a more peaceful past with a dark and shattered present and to the future that awaits” (p. 85). Hoppes identified the need for
further research addressing the impact of occupations on several different populations, including bereaved males.

Personality testing has been used in occupational therapy in the past and provides a structure for organizing successful coping strategies by personality type in order to develop a working tool for occupational therapists to use when assisting grieving male clients. The study of personal projects by Christiansen et al. (1999), suggested that personality traits from the MBTI served as significant predictors of well-being. Christiansen et al. also stated that the combination of factors that contribute to well-being, “are important to occupational therapists, whose roles are instrumental to assisting people to overcome functional limitations and enable them to engage in and complete valued occupations” (1999, p. 99).

Qualitative research is conducted with an openness to new information. The qualitative researcher is hoping to gain new insight from participants because the main purpose is to generate hypotheses for further investigation rather than to test them (Sandelowski, 1986). Interviews are an important method of qualitative research because they yield direct statements from participants about their experiences, feelings, opinions, and knowledge (Patton, 2002). It would be near impossible for the purposes of this study to use naturalistic inquiry such as observation, and since the subjective meanings and experiences are also critical in qualitative research (Krefting, 1990), an interview is a logical choice.

Interviews are anticipated to yield information regarding coping strategies utilized by bereaved males that the researchers have not identified presently for inclusion in the questionnaire. The additional qualitative data collected in combination with the present
questionnaire will expand and enhance the development of a questionnaire for use in future research. The present study aims to begin preliminary study into how well coping strategies for bereaved males correlate to personality preferences.

The purposes of this study are to: 1) identify coping mechanisms utilized by grieving males (18 years and older), 2) determine whether there are correlations between the coping mechanisms utilized and the personality type as indicated by the MBTI and 3) develop a questionnaire for use with a larger sample population in future research. The goal for future research will be the fabrication of a guide, based upon findings of this pilot study, which will assist occupational therapists working with the bereaved male population in selecting and suggesting coping methods for clients.

Method

Participants

The target population for this study included males 18 years and older who had experienced a major loss of a loved one. Inclusion criteria also limited the period of time from which the loss had been experienced. The death of a close family member or friend for participants had been experienced from 13 months prior to the interview date up to a maximum of 3 years. The time frame was employed as in Enser (2003), with an additional year to maximize participant involvement, in an effort to “minimize the likelihood that participants would be experiencing acute grief and emotional distress, while also maximizing participants’ recall of and perspective on their grief experiences” (p. 7). The time frame also helped to ensure that participants had enough time to employ coping strategies in an effort to progress through the grieving process. Inclusion criteria
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additionally included the participant’s ability to convey through dialogue the experiences of their grief and had stated a willingness to participate in the study.

The study was conducted in a small city in the Midwest. Potential participants were identified through bereavement support groups, various health care agencies and providers, and through word of mouth. Researchers spoke with support group directors, circulated flyers (see Appendix A), and distributed information about the study via an email listserv to faculty, students, and staff at an academic medical center. Individuals who expressed interest in participation completed an informed consent form prior to receiving a pre-interview packet. The researcher reviewed the study and the individual made a decision to sign and participate in the study. Each participant received a copy of the signed consent form for his personal records.

Individual interviews were conducted with each study participant \( (n = 10) \). The majority of participants were identified by female acquaintances \( (n = 8) \) that had received the flyer or learned about the study and passed along contact information for the bereaved males to the researchers. Interviews were conducted over a one-year period from October 2006 to early September 2007. Participants did not receive any financial compensation for participation on this study.

Measures/Apparatus/Instruments

**MBTI.** The MBTI is the most widely used measure of personality variations in areas of business, education, and counseling. An overview of the four scales of the MBTI, developed for a study by Filbeck and Smith (1996), was reproduced with permission from the authors (see Table 1). Filbeck and Smith (1996) provided a basic description of the scales of the MBTI questionnaire:
It measures the strength of individuals’ preferences on four dimensions, or scales. The first tells where individuals prefer to focus their attention – extroversion (E) versus introversion (I). A second dimension investigates how participants acquire information about their surroundings – sensing (S) versus intuition (N). A third dimension assesses how participants make decisions – thinking (T) and feeling (F). The fourth dimension measures their orientation to the environment – judgment (J) and perception (P). Each dimension is based on strength of preference ranging from zero to approximately 50, depending on the scale. A value of “0” for any dimension indicates a lack of clear preference for the dimension. Hence, the higher the preference score, the stronger the preference for a particular function. Each scale on the MBTI is not a discrete measure but a continuum, with scores showing the relative strength of the preference on a scale. As a result, individuals within each of the 16 types may vary considerably while still sharing certain characteristics.

Extensive research has been conducted pertaining to the reliability and validity of the MBTI. A study by Myers and McCaulley (1989) included the review of 11 previous studies on test-retest reliability, with findings that the preferences of individuals remain consistent over time with exceptions where one preference may change when the strength of the preference is low. Additionally, reliability for the MBTI has been established in the use of split-half studies by Myers and McCaulley (1989) as well as coefficient alpha testing, with internal consistency ranging from +0.7 to +0.8 (Myers & McCaulley, 1989; Lawrence, 1988). Research on the validity of the MBTI measure has shown correlations
with other measures of personality (Myers, 1980; Lawrence, 1988). The researchers selected the use of MBTI Form M for the purposes of this study.

**Participant Questionnaire.** The questionnaire (Appendix B) developed for this pilot study entailed statements that represent a variety of potential bereavement experiences and coping strategies. The primary researcher and a second researcher with a strong background in personality theory developed the questionnaire collaboratively. Participants were asked to rate the statements using a five-point Likert scale. The scale and questions were developed to discern type differences with respect to coping styles as was utilized in a study of learning styles and personality preferences by Filbeck and Smith (1996). The questionnaire contained a column of personality preferences that the researchers anticipated would be linked to the questions; however, this column of preferences was absent on the questionnaire participants completed. The questionnaire also included a brief section that solicited demographic information including age, race, education, and participant’s support network. No reliability or validity measures are available for this instrument.

**Interview Guide.** The researchers developed an interview guide (Appendix C) to ensure that the short time allotted for the interview remained focused. An interview guide is designed to help create a systematic and comprehensive interview for all participants by providing topic areas to be explored (Patton, 2002). These prepared questions were used in combination with probes common in informal conversational interviews. This combination approach utilized the strengths of obtaining systematic answers while allowing for further exploration in relevant areas with each individual participant. No reliability or validity measures are available for this instrument.
Materials for the study consisted of a voice-sensitive tape recorder. Each interview was recorded separately. The researcher ensured that a box of tissues was present at each interview.

**Procedure**

The primary author functioned as the interviewer and collected all data for this study. Assistance was sought from advisors with expertise in the area of interviews. The interview sessions were conducted in a private conference room that was arranged in advance and determined to be available. The researcher made certain that the setting was neutral and private.

Participants who consented to participation in the study were provided a packet of materials to be completed at the start of the session. The packet included a paper MBTI form (Myers & Myers, 1998) that was completed first with a pencil supplied by the researcher. Following the completion of the MBTI, each participant filled out the brief questionnaire (Appendix B). Pre-interview materials were completed by each participant in approximately 30 to 40 minutes, at which time participants were allotted time for a brief break. Once complete, the MBTI and questionnaire were collected, coded, and sealed in coded envelopes.

Participants were debriefed about the purpose of the study, and were informed of the researchers’ interest in determining the correlation between coping strategies and personality types at the onset of the interview. Each interview lasted approximately 20-40 minutes and utilized the combination approach of an interview guide (Appendix C) and informal conversation as described previously. An audio recording was made of each interview. Participants were provided information regarding grief and bereavement,
occupational therapy, and the MBTI personality assessment as requested by the individual. At the end of the interview, each participant was able to request that the results of his individual MBTI scores be mailed to him.

At this time, the researcher coded the audiotape from the interview with a code matching the one applied to the pre-interview materials in order to allow for comparison of interview findings with demographic and personality type information during later stages of data analysis. The coded audiotapes were then placed in the envelope that contained the participant MBTI form and questionnaire. Study materials were accounted for at the conclusion of the interview session, but were not reviewed by the researcher immediately following the interview. Each coded envelope was then placed in a locked filing cabinet.

A research assistant and the primary author transcribed the interview tapes. The primary author reviewed each transcript for accuracy and completeness. The research investigator with qualifications and training to do so scored the MBTI questionnaires. Once data analysis was initiated for the questionnaires and transcribed interviews, the researchers began examining correlations between coping strategies identified and personality type.

Data Analysis

The data analysis for this study followed a series of stages to analyze and interpret information collected. Data analysis began with two of the researchers graphically breaking down the participant responses on the questionnaire. The statements were first grouped by the anticipated dimension of personality that the researchers determined would likely associate with each statement, as previously described. Each statement was
analyzed separately. Using the Likert scale selections from the questionnaires, a participant’s agreement with the statement was noted by marking the participant’s strength of preference for associated scales on a table. A complete set of the tables is available for review from the researchers upon request. During analysis, the researchers added preference scales that they determined might strengthen or weaken responses in ways that had not been initially identified during planning. Individual scale preferences, along with agreement on each statement were then reviewed for characteristics and commonalities that would help shape an understanding of the responses for this sample.

The goal of early analysis stages for the interview was to use raw data to form a series of descriptive statements representative of information gleaned from the interviews. Researchers employed an iterative strategy of analyzing interview data independently, then collaboratively, followed by further independent exploration. The use of this strategy allowed researchers to develop coding schemes and apply them to the collected data. This continuum was similar to the ones used by Enser (2003) as well as Boyzatis (1998), wherein a data-driven, inductive approach to thematic analysis was utilized. Throughout the review and coding of participant interviews, one researcher remained blinded to the results of the MBTI preferences. Examination of the descriptive data collected from the interview and analysis of the questionnaire served to guide the organization and refinement of the questionnaire for future research.

With intent to increase the reliability and validity of the study findings, three researchers employed an iterative strategy of analyzing data independently, then collaboratively, followed by further independent exploration. The use of this strategy
allowed researchers to develop coding schemes and apply them to the collected data.

The following were the stages employed by the researchers:

1) Interview transcripts were read independently by each researcher. The initial readings acquainted the researchers with the overall data generated. Next, the researchers reviewed major issues and coping strategies discussed in each interview. Following the identification of issues and coping strategies, each researcher formulated thoughts on prominent themes and patterns that emerged in this analysis portion.

2) Researchers then met to discuss the themes and patterns, to negotiate category development, and to develop a coding scheme for the major themes. Use of the interview guide provided a starting point for coding; however, as Enser (2003) identified, many participants pursued topics that had not been previously identified in the guide. The researchers collaboratively analyzed half of the interviews during this meeting.

3) The primary researcher worked independently to code the remaining interview data based upon the coding schemes developed collaboratively with the other researchers. During this process the researcher refined the coding, identifying themes that were unclear or infrequently utilized, as well as those that seemed to be over-used. Data that did not fit into identified themes were also noted in a miscellaneous category.

4) The researchers met to discuss and review the results of the primary researcher’s independent coding that utilized the preliminary coding scheme. The researchers made revisions and further defined categories to appropriately fit the data.

5) The final coding results from each researcher were reviewed and compared collaboratively. In order to resolve discrepancies in the coding of specific remarks of participants, the researchers examined the notes for consensus (i.e., agreement of two
There were no instances where discrepancies could not be resolved between the researchers.

6) The primary researcher independently reviewed the results for each category, returning to the research team for clarification, questions, and feedback during the preparation of the research manuscript.

Results

Characteristics of Participants

This pilot study consisted of ten men ranging in age from 23 to 72 years ($M = 45, SD = 16.97$). Study participants MBTI scores for each dimension have been documented in Table 2, along with an indication of preference strength. The strength of a participant’s preference was categorized according to MBTI scoring standards as slight, moderate, clear, or very clear. The eight preferences for all four scales of the MBTI were represented within this sample. For the extroversion versus introversion scale, 50% of the sample fell into each category. The strength of preference on this scale varied, with a clear preference for introversion by four participants, while the strongest preference was moderate for extroversion among three participants. The sensing versus intuition scale was less equally balanced, with 70% of the sample demonstrating a preference for sensing. Of the three participants demonstrating a preference for intuition, however, one had a clear preference and one a very clear preference. On the scale for thinking versus feeling, participants with a preference for feeling represented 60% of the sample. One participant with a feeling preference demonstrated a very clear preference, while among those participants with a thinking preference, one demonstrated a clear preference and one a very clear preference. The final scale of the MBTI is judging versus perceiving. In
the sample for this pilot study, 60% of participants demonstrated a preference for judging. One of the six participants with a preference for judging had a very clear preference, while one of the four participants with a preference for perceiving demonstrated a clear preference and one demonstrated a very clear preference.

All study participants identified themselves as Caucasian on the research questionnaire. Additionally, one participant affirmed past/present attendance at a bereavement support group or grief counselor. Education levels varied slightly, with one participant reporting only a high school degree and two participants reporting some college education, while the majority of participants had obtained a bachelor’s degree \( n = 5 \) or higher \( n = 2 \) at the time of the interview. Three participants reported living alone while all other study participants reported living with a friend \( n = 2 \), spouse \( n = 4 \), or other \( n = 1 \).

**Questionnaire Data**

For the purposes of analysis and discussion in some instances, the researchers refer to the strength of participants’ preferences for the scales as high or low. High preference was considered by the researchers to include those participants whose scoring was determined to be clear or very clear for one preference of a given scale. Low preference was designated for participants whose scoring was determined to be slight or moderate.

*Extroversion versus Introversion scale.* The first grouping of questions analyzed from the questionnaire related to the extroversion versus introversion scale of the MBTI. Statements in this section were aimed at examining the participant’s social expression and interaction with others during the grieving process. Consistent with type theory,
responses to statements within this section showed a tendency for extroverted participants to desire to talk with others during the grief stages, while introverted participants tended to express a need for some time in solitude. The researchers charted the thinking versus feeling scale along with the extroversion versus introversion scale because of the tendencies for these scales to impact one another with regard to an individual’s feelings and expression of emotion.

The first statement in this grouping was number 1 on the questionnaire, which stated, “It was important for me to talk about my grief with others.” With only one exception among the ten participants, those with high introverted or high thinking preferences felt little need to talk with others. One participant with a high preference for introversion and low thinking preference showed a strong desire or need to talk about his grief with others. All four participants with a high preference for extroversion and feeling additionally showed a strong need for talking about their grief with others.

The second statement in the extroversion versus introversion grouping was number 7 on the questionnaire, which stated, “I needed to have a lot of time alone to deal with my grief.” There was no apparent pattern among the participants with an introverted preference. Three out of four participants with preferences for both extroversion and feeling agreed or strongly agreed with this statement. This was a surprising result as type theory suggests extroverts primarily draw their energy from an outer orientation. A look at the data for this grouping collectively shows that the need for time alone does not mean that the participants did not also need to be around others or talk with others; many participants needed both time alone and time with others during the grief process. The
responses to this statement do not appear to be clearly tied to type; instead, taking time for oneself appeared to be a general strategy in grief employed by the men in this sample.

The third statement in this grouping was number 13 on the questionnaire, which stated, “It was stressful being surrounded by so many people immediately after the loss.” The participants’ responses seemed to show that, during the grief process, being around others was important, even for those whose responses to statement 1 show that they did not feel it was important to talk with others. The researchers speculated that responses to this statement further suggest that being surrounded by people was not necessarily stressful for the participants in this sample, even though many felt a need for quiet time or did not feel a desire to talk with others.

The fourth statement in the extroversion versus introversion grouping was statement 19 on the questionnaire, which stated, “It was important for me to have a large support network to help me deal with this loss.” Responses to this statement appeared consistent with type theory: high introverted-thinking preferred participants did not express the need for a large support network, while extroverted-feeling participants were more likely to value a large support network.

*Sensing versus Intuition scale.* The second grouping of statements related to the sensing versus intuition scale of the MBTI. Statements in this section were aimed at examining the participant’s desire for a traditional form with regards to the funeral process. The responses in this section showed a tendency for participants with a sensing preference to desire traditional or conventional funeral processes more than participants with a preference for intuition.
The first statement in this grouping was number 2 on the participant questionnaire, which stated, “I was very concerned with concrete details for arrangements immediately after the death.” The researchers chose to pair the judging versus perceiving scale with the sensing versus intuition scale for analysis of this statement because of the tendency for these scales to influence the amount of order, planning, and attention to details a person seeks out in situations. The results were consistent with type theory as participants with sensing-judging preferences were more likely than other combinations of type to be concerned about the concrete details.

The second statement in this grouping was number 8 on the participant questionnaire, which stated, “It was important to me that the arrangements portrayed the essence of the person.” The researchers found the responses to this statement were inconclusive as there was no discernable pattern related to type, likely due to the participants’ confusion about the wording. Another potential issue with this statement could have been a participant’s low level of responsibility for or involvement in the arrangements, for example, in the case of a non-family member.

The third statement in the sensing versus intuition grouping was number 14, which stated, “I wanted the service and/or memorial arrangements to be creative and expressed in a non-traditional way.” The results for statement 14 were consistent with type theory, as the researchers had anticipated. Participants with an intuitive preference were much more likely to desire creative or nontraditional funeral arrangements.

The fourth statement of the sensing versus intuition grouping was number 20, which stated, “It was important for me that the arrangements be held in a traditional time and place.” The results of this statement were inconsistent with results for number 14.
Three participants with a preference for sensing disagreed with the statement, of which two were participants with a high sensing preference.

Thinking versus Feeling scale. The third grouping of questions pertained to the thinking versus feeling scale of the MBTI. Statements in this section were aimed at examining the intensity and length of grieving as well as the participant’s interest in personal versus impersonal aspects of the grief process. The responses in this grouping showed a tendency that participants with a high thinking preference were less likely to express feelings of intense grief while participants with a feeling preference were more likely to experience intense grief for longer periods of time.

The first statement in the thinking versus feeling grouping was number 3 on the participant questionnaire, which stated, “for a long time I found myself focusing on my feelings of grief and sadness to the point where it was difficult to concentrate on anything else.” The participants’ scores revealed that those with a thinking preference were more likely to disagree with the statement while those participants with a feeling preference were more likely to agree. The responses suggest that participants with a feeling preference in this sample suffered more from their grief and for a longer period of time than the participants with a thinking preference.

The second statement in this grouping was number 6, which stated, “Throughout the grief process I was able to set aside my feelings of sadness and grief to do what needed to be done.” The researchers paired the judging versus perceiving scale with the thinking versus feeling scale for this statement because of the tendency for judging preferences to draw out a need for the maintenance of order and action. The results were consistent with type theory, as participants with high thinking and high judging
preferences agreed with this statement; however, one participant with a high preference for perceiving agreed with this statement as well.

The third statement in the thinking versus feeling grouping was number 9, which stated, “I wanted to take care of the legal and financial matters, getting them in order as soon as possible following the loss.” The researchers found the results of participant responses to be largely inconclusive. The majority of participants selected a neutral response, indicating that they either had no preference or no involvement in such aspects of the arrangements.

The fourth statement in this grouping was number 12, which stated, “Sometimes my grief and sadness were so strong that I didn’t think I could bear it.” The scores indicate that one participant with a high feeling preference and one participant with a low preference for feeling strongly agreed with this statement, which is consistent with type theory. Participants with a thinking preference were less likely to agree with the statement, indicating that they were less likely to experience unbearable, intense grief. The results of this question may also be dependent on the circumstances surrounding the loss, as some participants experienced traumatic losses or the loss of someone extremely close while others were less so.

The fifth statement in the thinking versus feeling grouping was number 15, which stated, “My grief continued to be very intense even a year after the loss.” Participants with a thinking preference were more likely to disagree with this statement. One participant with a high thinking preference and one participant with a moderate preference for thinking strongly disagreed with this statement. Participants in this sample
with a feeling preference were more likely than those with a thinking preference to experience an intense grief one year after the loss.

The sixth statement in the thinking versus feeling grouping was number 18 on the participant questionnaire, which stated, “Grief is something you just have to get over because there’s nothing you can do about it.” Participants’ responses on this statement showed no pattern related to type preferences. Noteworthy responses included two participants with feeling preferences who strongly disagreed with the statement as well as two participants with thinking preferences who disagreed with the statement.

The seventh statement in this grouping was number 21, which stated, “In addition to my own grief I was extremely concerned with helping others through the loss.” Regardless of type preference, the majority of participants noted a concern with helping others to some degree. Consistent with type theory because of the feelers’ preference for connecting with others, was the finding that none of the participants with a feeling preference disagreed with the statement. Additionally, the two participants who disagreed to some degree with the statement demonstrated a thinking preference.

The eighth statement in the thinking versus feeling grouping was number 24, which stated, “I felt very alone and alienated during the grieving process, like no one could possibly understand what I was going through.” The researchers paired the extroversion versus introversion scale with the thinking versus feeling scale for analysis of this statement because extroverted and feeling preferences would be expected to correlate with a greater desire for social support. The results from this statement were consistent with type theory. All participants with a thinking preference and all but one participant with an introversion preference disagreed with the statement. Participants
with extroverted-feeling preferences tended to feel alone and isolated, perhaps due to the
tendency for participants with this combination of preferences to have more to express,
creating a greater need to connect with others during the grief process.

*Judging versus Perceiving scale.* The fourth grouping of statements analyzed from the questionnaire related to the judging versus perceiving scales of the MBTI. These statements were aimed at examining the participant’s preferences for closure, control, order, and routine during the grief process. Generally speaking, responses to statements in this section showed a tendency for participants with a judging preference to express a need to control and order their experiences during the grief process; however, there was not a strong correlation to type theory, as the majority of participants seemed to acknowledge that the grief process could not be controlled or forced.

The first statement in the judging versus perceiving grouping was number 4 on the participant questionnaire, which stated, “I didn’t mind not knowing what to expect from my grief and I was able to go with the flow.” The researchers were surprised to find that participant responses were not correlated with type theory. Participants with a judging preference agreed with or were neutral to the statement while two participants with a perceiving preference disagreed with the statement, where type theory suggests the opposite. The researchers concluded that, in general, participants in this sample demonstrated an inner wisdom with regards to grief, an understanding that the grief process cannot be forced.

The second statement in this grouping was number 10, which stated, “I was frustrated because so much was out of my control during the period following the loss.” The researchers paired the sensing versus intuition scale as well as thinking versus
feeling scales with the judging versus perceiving scale for analysis of this statement. Responses did not show a relationship with the sensing versus intuition or the judging versus perceiving scales, indicating that individuals with each of the preferences had the potential to feel out of control during the grief experience depending on circumstance and other factors. A relationship seemed to exist, however, with the thinking versus feeling scale for this statement. Four participants with a preference for feeling agreed with the statement, indicating that feeling participants were more likely to be frustrated and were more disoriented by grief than participants with a thinking preference. With one exception where a neutral response was selected, all participants with a thinking preference disagreed with this statement.

The third statement in the judging versus perceiving grouping was number 16, which stated, “I wanted to organize my time and daily routines to help me better handle my grief.” Participant responses on this statement were found to be mostly consistent with type theory. Those with a perceiving preference were not likely to be attracted to organization as a coping strategy while participants with a strong judging preference agreed that organization and routine helped them cope during the grief process.

The fourth statement in this grouping was number 22 on the participant questionnaire, which stated, “I wanted to find ways to creatively work through my grief.” The researchers paired the sensing versus intuition scales with the judging versus perceiving scales because of the creative or practical aspects of personality that are drawn out with certain combinations of these preferences. According to type theory the sensing-judging preference types should be less likely to be attracted to creativity as a method of processing grief. Three of the five participants who disagreed with this statement had
sensing-judging preferences, consistent with type theory. Two sensing-judging participants marked a neutral response, while one agreed with the statement.

*Grip statements.* The researchers included four statements on the participant questionnaire that were aimed at determining if a participant was feeling or acting unlike himself in unusual ways during the grief process. The researchers referred to these statements as “grip” statements. The concept of being “in the grip” was explored by Quenk (1993) as times when a person acts out of character, bringing out the inferior function of one or more of the preference scales. The first grip statement was number 5, which stated, “I often felt frighteningly out of control during this time period.” The second grip statement was number 11, which stated, “Other people in my support network expressed surprise at my grief reactions.” The third statement was number 17, which stated, “During my grief I reacted in ways that were surprising and unusual for me.” The final grip statement was number 23, which stated, “During most of the grieving process I still felt like my usual self.” The researchers determined that two participants demonstrated a slight risk for experiencing the grief process in ways that were contrary to their typical MBTI type; however, the researchers did not find during analysis of the questionnaire statements that the responses of these participants significantly altered the interpretation of data.

*Interview Coping Themes*

A total of 12 themes were identified during analysis of the participant interviews. An additional miscellaneous category was developed for statements that the researchers determined to be important or noteworthy but did not conveniently fit into any of the themes. Each of the 12 themes will be discussed. A number of quotes from participant
interviews serve to illustrate the themes with firsthand accounts of a particular theme. Within these quotations, information contained in brackets [text] has been added for clarification, and ellipses (…) indicate where non-essential words or passages have been omitted from the original quotation. The themes are not ordered according to any level of importance.

*Personal care of self/health.* Several participants identified behaviors and strategies pertaining to the maintenance of one’s health during the period of bereavement within the interview process. As is discussed below, a number of the participants felt that the behaviors and strategies engaged in were positive and beneficial while other men clearly struggled to demonstrate a healthy physical self.

The topic of exercise aimed at promoting or maintaining personal health was specifically mentioned by four of the ten study participants. Two of the four noted that exercise was a part of their daily routine prior to their loss and continued following the loss. Both participants noted that exercising was a beneficial component to coping with the loss. Interestingly, both participants discussed the loss of a parent during their interviews.

One participant shared,

“But I do like to maybe run or walk and, again, by myself. And I just, I appreciate nature and I’ll think maybe about my Dad during that time and stuff. So that kind of helps me. Maybe exercising.”

The remaining two of the four participants who mentioned exercise stated during the interview that they began to exercise following their losses. Both participants who
returned to exercise during bereavement had each experienced the loss of a significant other, one the loss of a spouse and the other the loss of his fiancé.

One participant said,

“I started working out again. Not right away after but I enjoyed doing that and I kind of took a break right after we met and then I didn’t work out for the longest time. I was. I’m eating better and I was working out so, I think that exercising and getting fit [was helpful].”

The second participant stated,

“I started to become more active. Filling the time with either lifting and either or, sports. Stuff like that. Stuff I could do with other friends.”

Sobriety was another topic discussed by two of the study participants that fall within the category of personal health strategies. Each of these participants felt a strong desire during the bereavement process to avoid the use of alcohol as they had abused it in the past to cope with loss and difficult circumstances and not found it a constructive coping mechanism.

One participant shared,

“So with my wife, with this situation I tried to change everything not to deal with (…) the alcohol and bad attitude. So I dealt with it totally different.”

Difficulty maintaining a sleep schedule was an area of conversation related to personal health and care for self that three participants noted during the interview. The participants discussed poor sleep habits during the bereavement period as detrimental to
their health and well-being. Along with difficulty sleeping, two of the three participants noted a significantly decreased appetite.

One participant said,

“I didn’t sleep a wink, I swear to God, for ten or twelve days. Not more than a minute at a time, if even that. I didn’t eat a thing. Not more than a morsel.”

One participant discussed caring for himself through purchasing items that led to active doing of some sort. He discussed purchasing big items such as toolboxes and even a motorcycle and noted the enjoyment he felt when he was using his purchases.

**Communication.** Following their losses, a majority of study participants noted they benefited from communication with others. Seven of the ten men in the study discussed communication as a valuable coping strategy during their interviews. There was, however, some variance in the types of communication as well as the preferred audience. Two of the men noted speaking during the funeral services as a helpful experience.

One man discussed the value of preparing and delivering the eulogy.

“I prepared (...) a eulogy that I have at my Mom’s funeral. (...) and that was (...) within 48 hours of her death and I think that helped me to process.”

Communication with other individuals who were close to the loss experience was important to and specifically mentioned by four of the participants in this study. Several of these participants noted that sharing stories and reminiscing with people who they felt
understood their own grief over the loss, as well as talking about the difficulties they were facing during the processing of their grief, was valuable.

One participant said,

“[My fiancé’s] Mom was about the only one I really wanted to talk to. I had a hard time to even talk to my family, like even to my own parents. (...) It was almost like I wanted someone that was, someone that really, really knew her.”

Communication with other people who were removed from the loss experience was discussed as valuable for two of the study participants. These participants stated that they did not think others who were also grieving understood them or their personal grief experience. The two participants each felt discomfort at the idea of talking with people who were close to the loss for fear of being criticized for socially undesirable coping behaviors.

One participant shared,

“[I needed] somebody I could talk to, that I felt safe talking to. Someone who was a good listener. Because, you know, there was some personal things. You know, you don’t want to talk about with your sister-in-law.”

Communication with others proved a challenge in some ways for several participants. Two of the participants noted that it was important to them that they were able to talk about the loss on their own terms and in their own time.

One participant stated.

“I think one of the biggest things and hardest things is just to get people to
understand that, you know, you don’t always want to talk about it. You don’t always need to talk about it. And, when you’re ready, if you want to get something off your chest, you’ll do it on your own time, and not when they feel it’s necessary to talk.”

This participant shared another point related to the expression of thoughts and concern by others shared on important anniversaries, such as birthdays and holidays.

“That’s when you get a lot of people coming up to you and say, ‘how are you doing?’ ‘Is everything ok?’ ‘Can we help you?’ ‘I’m sure this time has to be rough.’ And yeah, it is. It is hard getting through that but what people don’t understand is that (...) They were times that they see her, that they, they notice it. (...) For like her parents and I, that was part of our everyday life. (...) It doesn’t matter what day it is, it would still hurt just as much if it was February 7th, a Monday. (...) We notice she’s gone every day. You take away the phone calls and the visits and all that, that’s what we miss, not the birthday.”

Religion/spirituality. The topic of religion was mentioned by half of the participants during their interview session. Three of the participants referred to customs of a religion as important aspects of coping during the loss experience. Customs discussed by participants as helpful included the blessings of a religious leader, prayer, and attending services.

One participant stated,

“Well, obviously, my prayer life has been paramount. I mean, my faith
has been what’s gotten me through all of this. And I mean that sincerely.

(…) I don’t know how I would have done it otherwise, to be quite honest.

There’s just not, no other way to cope at times because there’s nothing physical to do with it.”

A second participant said,

“I went to services on Friday and I did stand up for the Kaddish. (…) For my parents I did it was much as I could for the next 11 Hebrew months, that’s what the custom is. It’s a day of remembrance.”

Two participants discussed feeling spiritual comfort that was not entirely founded in a strong religious belief. The comfort they felt was drawn in part from knowledge of religion though not rooted in following customs.

To this point, one participant said,

“I pray for him, and so on. Church didn’t make me feel any better.”

A second participant discussed a friend with a firm religious foundation and the impact of religion and spirituality on his grief experience.

“He has like a religion to explain it to him. And I found it convenient at the time. (…) You know, maybe you’re right, [he] is such a good person that he’s off to a better place. But it was not really what I believe in, it [is] just, the convenient answer. It’s something that’s comforting. To know that it wasn’t just for nothing.”

Attitudinal/male norms. A review of literature shows there exists in society a tendency to view males as strong and emotionally detached. These societal beliefs were evident in seven of the ten participant interviews. Six of the men specifically stated that
they felt a need to bottle up and hold back their emotions in a grief situation. Many of the men shared the feeling that while they may have wanted to express their emotions, it is not something they feel they are allowed as males.

One participant shared,

“My reactions were probably kind of a guy thing. (…) When we’re all together, my sister gets to cry and all that stuff while I don’t. (…) I don’t do that. I don’t get to do that. That’s not my thing. I need to be the way guys are supposed to be.”

Another participant commented on male norms,

“Males are afraid to express themselves. They’re not raised to be sissygirls. You know? To cry.”

The above participant noted that he felt he is more expressive and emotional than society’s image of the typical male. He expressed great comfort with himself and his ability to verbally express his feelings to others. He explained that it is important to understand one another and recognize the different ways all people cope during the grieving process.

The participant shared,

“We’re going through this, we’re just going through this differently. You know, we need to understand that they are grieving.”

Feeling/processing emotions. While many participants expressed a need to maintain a typical masculine facade, as discussed above, the topic of feelings and emotions was mentioned in all of the participant interviews. It was noted in a majority of the interviews that participants often felt most uncomfortable expressing emotions around
other people, though they often allowed themselves a release from this stoicism when they were alone. It was often implied that the participants only gave themselves permission to be emotional when others were not around.

One participant shared,

“I let myself, you know, break down a couple of times. Of course I wanted to be by myself when I did that.”

Another participant stated,

“When I was all alone, yeah, I just would totally break down. (...) You know, get over it, get myself back together and.”

In the above quote the participant illustrates that he not only felt it was important to be alone in order to express emotions but also that the permission to grieve was limited in time. There was another strong tendency for men to get the emotions out and then move on.

One man noted,

“I tried to bawl it all out in the one or two days that the whole, everything was going on and then, move on.”

Two of the study participants were visibly emotional during the interview, though only one sought tissues and allowed the interviewer to see his welling tears. Several of the participants noted that holding back the emotions can be challenging because when the loss is again discussed in the future it can still feel fresh.

One participant said,

“When you bottle up emotions like I do, anytime you bring them back up it’s just kind of a, you know, it just starts all over again.”
Solitude. As was hinted at in the previous section, time spent alone was a topic of discussion for many of the study participants. The time was often spent reflecting, processing emotions, and also spent on caring for self. Each of these areas was viewed as beneficial or necessary to the participants who mentioned solitude during their interviews. Each participant spent time alone in slightly different ways but all with the intention of processing the loss.

One participant shared his need to get away from the emotional reactions of others.

“Well, immediately (...) you know, everybody came back and I just wanted to be alone. (...) You know, everybody was crying and I was just, just trying to (...) maybe finding some peace with myself or just trying to make sense of everything that had just happened.”

A second participant identified spending solitary time remembering his friend as a coping strategy.

“I guess by myself. I spent a lot of time thinking about what it, what it was that made [him] special. Or remembering things that I did with him that were fun that would bring a smile to my face. I found myself spending a lot of time trying to visualize his face.”

Working through the grief on one’s own was also expressed as important to some participants. One participant shared that he did not want to accept help from others but instead preferred to work through the process himself.

“You know, everyone tried giving me help. And they always wanted to be
around and I found myself really, I don’t want to say I pushed them away but I mean, I could feel myself doing that. (…) I didn’t think I related to a lot of other people. (…) So, I think I almost wanted to just do my grieving process on my own.”

One participant expressed that the environment can play a particularly helpful role by providing areas where one can grieve privately. This particular participant specifically noted that such aspects of the environment were available at hospice.

“We could be kind of by ourselves and yet they [hospice employees] weren’t far away if you needed something. (…) That was, that was good.”

**Activity/mental busy-ness.** Four of the study participants stated that staying busy and active was an important aspect of coping with their loss. For two of these men, being occupied provided daily breaks or respite from time spent thinking about their loss. The participants stayed busy by doing things around their homes, returning to work, and doing things with other people.

“I think the biggest thing is I, staying busy. Not forgetting but trying to move on.”

One participant felt that the things he did to remain active were unhealthy though, again, aimed at a reprieve from thoughts about the loss. The participant’s statement that he was doing things he wouldn’t normally do is important to note as well.

“I would go gamble all night or something up in Detroit and, you know. It just wasn’t what I would normally do. Just trying to keep my mind off things. Whatever it was that was going on.”
Two of the participants discussed remaining active and returning to routines as essential. These participants did not appear to view the return to daily occupations as a period of relief from thinking about the loss but instead as a duty.

One participant shared his family’s work ethic that had been instilled in him.

“That’s just what we do. Work. Anything that could take you away from that is not, not good.”

A second participant’s statement appeared somewhat contradictory when immediately following he mentioned he could have retired.

“I didn’t have much choice. I had a job, I had to do it.”

**Social contact/socializing.** It was noted that during five participant interviews, the topic of social contact arose. Social contact was defined for the purposes of this study as simply being around or spending time with others. The social contact discussed by the participants did not specifically pertain to discussing or dealing with the loss but for many of the men seemed instead to be a method similar to the activity discussed in the previous section, whereby social contact was a way to shift focus away from the loss.

One participant stated,

“I did not want to be alone too much right after.”

A second participant shared that he filled much of his time by doing things with his friends, providing a break from thinking about his loss.

“I had quite a few friends that were around, and just being able to be with them and just hang out and not worry about anything else. That really helped me through.”
Another study participant noted the challenge he felt he faced when other people returned to daily life and the social contact initially experienced waned following his loss.

“After a few days, after the funeral you know, and after a week or two it seemed like everybody else was doing their daily thing and I kind of. Nobody was calling and then you’re there by yourself and that’s when it hits. (...) I think the best thing was work. Being around people.”

Notably, another participant expressed his surprise with the enjoyment he felt being around other people at the funeral home. This particular participant felt supported simply through being around others at the time of his loss.

“Yeah, it was, it was kind of nice seeing the other people. Whereas normally, I wouldn’t feel that way.”

**Social support.** Portions of seven participant interviews were included in the social support category area. For the purposes of this study, the researchers distinguished social support from social contact, discussed above. Social support from others was determined to be a strategy if a participant felt it was important to discuss the loss or if being around others was helpful because it involved dealing with the loss in some way. The comments of four study participants focused more on the support felt from the physical presence of others.

One participant discussed the comfort he felt being with his wife during his grieving.

“It was nothing really that she said, it was just her physical presence.”
There’s, you know, she has a comforting way about her. When I was crying after my Mom died, it was the way, she held me and (...) I’m glad I wasn’t there by myself.”

For some other participants, the social support was received through talking about and discussing the loss specifically. Two of these participants expressed that it was important to receive support from those who were close to the loss as well.

One participant specifically noted that Alcoholics Anonymous (AA) was a valuable support.

“Within an hour after my Mother died I went to an AA meeting.”

The same participant later noted,

“AA was probably the most important part. Yeah, I was basically going to AA and trying to talk about it. (...) It’s always been a support group.”

Compartmentalization. Compartmentalization involves selective choice for thoughts and times allotted for grieving. While this topic has been touched on through some other categories, the researchers felt it was important to separate and pull from the data. Three study participants made specific reference to compartmentalization of grieving during the interview process. Each of the participant statements within this category presented a strong implication that there were conscious efforts and decisions made to set aside the grief following a loss.

One participant made specific mention of his ability to compartmentalize.

“I have always been pretty able to compartmentalize things. (...) So while I compartmentalize things physically, I also say, ‘ok, I can think about my Dad now’ and go through that. Then, ‘ok, now it’s time to stop thinking
about that because now you won’t be up the rest of the night or because I
have to get work done.’ I have work to do and I have to get it done so I’ll
stop. Every now and then I’d give myself the luxury of kind of, wallowing.
I still do, but it’s not so much fun so I don’t choose to do it very often.”

One participant stated that he feels he completely blocks out the loss and returns
to normal life. However, it can be noted that this participant also expressed great
difficulty when faced with the loss again in the future, with the emotions being fresh and
raw each time.

“But after that, kind of, life went back to normal for me. I just kind of
block it out and that’s just what I’ve done [in the past]. Just, pretend it
didn’t happen and go on with it.”

Reconnect with family. For three study participants, the loss was perceived as an
experience that brought closer unity with others. Each of these three participants noted
that following the loss there have been opportunities to form stronger connections with
family and that they value such connection with greater strength than existed prior to the
loss.

Two of the participants additionally noted that the loss was preceded by the
formation of a stronger connection to the dying family member, an experience that each
found to be helpful and important.

“There’s something when you look in the eyes of a person that’s dying
that’s. I don’t even know how to put words to it. I mean, you see who they
are.”
One participant also discussed that he has felt a need to connect with his family history in order to share it with future generations.

“That’s really kind of been my new found role, (…) is being the keeper of family traditions. (…) Passing on traditions, stories of who we are, where we’ve come from and what we’re passing on to the next generation.”

Helping others. The notion of helping others during the loss experience was mentioned in eight of the ten participant interviews. For some, there was a perceived need to support other people that was, in turn, beneficial to the study participant as well.

To this point, one participant stated,

“Helping other people through it has helped me. And it’s helped me find purpose for all the loss that I’ve had. You know? So I can help somebody else get through it, through my mistakes.”

Three participants expressed that they felt a role in being supportive of the immediate family members of the person who died. The support role was realized through being a role model to others, being physically present, and actively helping others pay tribute. These participants in some ways sacrificed their own grief process to help other people attain closure or maintain a connection to the deceased.

One participant shared,

“So, at times I kind of felt like I put myself on the back burner to help them out. (…) I almost felt a responsibility to be there for them right away. (…) I didn’t want them to lose her and then to right away lose me as well. So I kind of felt a little obligation to be with them.”
Miscellaneous. The researchers developed a miscellaneous category for comments that were valuable to include but did not fit into the above-defined categories. One concept that lingered through several participant interviews was the recognition that the way a loss was experienced was important to how the grief was expressed and dealt with. There was a general agreement among participants that a tragic, unexpected loss was in ways more challenging to work through than a loss that was anticipated. To this point as well, a loss that came as a result of negligence on the part of the deceased was, for some, easier to accept than a loss that came as a result of negligence on the part of others.

Several participants made note of feeling that other people did not or could not understand them in their grief. While the concerns of others are altogether recognized as well-intended, the participants seemed to feel a disconnect from the intentions of others or would possible have preferred the support be provided slightly differently.

One participant stated,

“Everybody asked, ‘Is there anything you can do.’ You know. Everybody says that. And, you know, you don’t really want to say, ‘Hey, can you come mow my lawn?’ or, ‘Can you show me how to iron?’ (…) No-one knows what you’re doing or how you’re grieving because if somebody’s going to call you, you say, ‘Eh, I’m doing alright. You know, I’m just working around the house and thinking.’”

There was also a general idea among some participants who felt it was important or valuable to pay tribute to the loved one in some way. One participant worked for the years following the loss to rebuild a community skate park in memory of his friend.
Another participant was married on his mother’s birthday, and though he stated the date was coincidental, he did feel that she was memorialized during the service.

One participant noted that he pays a tribute to his mother each time he visits the restaurant they enjoyed going to together.

“It was the exact same behavior every time. And we still go by there. If we go to Hometown Buffet I do it, just as tribute. And we both kind of ‘Oh, bless her heart.’ And so, you start to remember the good things. And, life is short, and death is a part of life unfortunately.”

Discussion

First Purpose

The first stated purpose of this study was to develop a questionnaire for future use with a large sample. The initial stages of preparation for data collection involved the collaboration of two researchers for composing statements that were anticipated to be linked with the MBTI personality preferences. The results of the questionnaire developed for this pilot study as well as information shared by participants in the personal interviews will provide a stepping off point for future research.

Second and Third Purpose

The second and third stated purposes of the current study were to identify coping strategies of grieving males as well as to determine possible correlations between the coping strategies and personality preferences. These purposes were met within the current study through the use of the questionnaire that was developed along with the interviews conducted. The researchers carefully analyzed the data for information that
Occupational Therapy and Bereaved Males

Results related to male bereavement and the MBTI from the current study fell into three primary categories. The three categories included those that correlated with MBTI type preferences, general grief responses among the male participants, and results that related to the societal construction of masculinity. The following will discuss all three categories for the four scales of the MBTI in relation to results from the study’s questionnaire and participant interviews.

**Extroversion versus Introversion and male bereavement.** The study findings indicate a number of important trends within the extroversion versus introversion scale. As noted in the questionnaire results section, participants with a preference for extroversion tended to need more social interaction and expressive communication than introverts. Extroverted participants frequently sought out family and friends, with a desire to spend many hours in social settings following a loss. Extroverted participants were also likely to place emphasis on the importance of personal relationships with other family members as well as stressing the need to feel a connection with the dying loved one.

Participants with a preference for introversion tended to express valuing time spent alone during the grief process. There was also a notable sense of satisfaction felt by the majority of introverted participants when they demonstrated their independence in moving through the grief process, preferring to rely upon themselves instead of feeling that they relied upon others to help in their grief. Bereaved males in this study with a
preference for introversion frequently described themselves as able to maintain a stoic demeanor when in social situations during the grief experience.

There were a number of overarching trends that the researchers felt fit into the categories of general grief principles and in terms of masculinity for the extroversion versus introversion scale. First, independent of type, the majority of participants felt an appreciation for the social support and contact they experienced during the grief process. Even those participants who desired to spend time alone or did not want to talk about the loss with others were comforted at times to be with others. That said, the majority of participants mentioned feeling the social pressures to maintain a masculine façade during the period of bereavement. Even those participants who prided themselves on being highly expressive males were still aware of the masculine responses and the pressure to adhere to such norms.

*Sensing versus Intuition and male bereavement.* The researchers found a number of trends for the sensing versus intuition scale to be evident during the review of study data. Participants with a sensing preference, particularly those participants with a sensing-judging preference, tended to be more concerned with the concrete details of funeral arrangements. Sensing participants additionally expressed a preference for adhering to traditional aspects of funeral arrangements, with a tendency to show a greater sense of duty toward traditions and conventions in a general sense as well. Several participants spoke of an obligation they felt towards following religious customs. There tended to be a greater emphasis on family noted among sensing participants, including maintaining family traditions, passing down family stories, and genetic or family traits that the participants often strongly embraced. Sensing participants additionally expressed
that the environment and surroundings tended to influence what the participant chose to do with his time, as was the case with one participant who found pleasure in riding his motorcycle and doing things with the concrete materials available to him during the grieving process.

Participants with a preference on the intuitive end of the scale were markedly different from sensing participants in a number of ways. In contrast to the sensing desire to work with concrete materials in structured ways, intuitive participants tended to demonstrate that creative expression and manufacturing of new materials were vital aspects of their coping strategies. This hands-on approach demonstrated by intuitive participants was evident in the participant who built a skate park as a memorial to his friend as well as another participant who felt that writing his mother’s eulogy was a helpful way to work through some of his thoughts and feelings. Such need for open-ended tasks and projects fits with the creative expression one would expect an intuitive person to desire.

The findings suggest linkages with masculine norms for the sensing versus intuitive scale. Participants with a sensing preference, particularly when paired with a thinking preference, felt more strongly about society’s perception of males and masculinity than those participants with intuitive or other combined preferences. Many sensing participants additionally stated a need to “get on with life” and do things that they felt were expected of them as males. One of the recurring things that these males felt they needed to return to was their work, including the normal routines and environment associated with work. This appears to be linked to the perception of participants that
returning to work was expected of them by others in society and that pressure to adhere to such expectations was strong.

Thinking versus Feeling and male bereavement. The results show some interesting trends for the thinking versus feeling scale relative to male bereavement and coping strategies. Participants with a feeling preference were more likely to discuss changes in the ability to function in daily occupations, resulting from being distracted by grief and sadness. Feelers’ additionally tended to experience a longer bereavement process than participants with a thinking preference. Two participants in the study noted having thoughts and plans for suicide following a loss discussed in their interview. The participants had incredibly intense emotions yet did not feel they had the resources or knowledge of safe outlets for expressing their feelings. Feeling participants demonstrated a greater need to be around and supported by others during their grieving as well.

Several participants stated that they had feelings of alienation during their grief process and desired more connection to other people. The need for connection to others also extended to participants stating regret about not having enough connection with the deceased prior to their death. Many participants with a feeling preference focused on supporting others through their grief. Feeling participants also frequently stated that they become more aware of a strong desire to bring greater harmony within a family situation. Participants with a feeling preference also were more likely than participants with a thinking preference to state the comfort they felt when consoled by another loved one, such as a wife or girlfriend. Though participants with a feeling preference at times noted their own criticisms of others that they did not perceive to be emotional enough, many
participants stated that they personally found it offensive when told by others to “get over it.”

Participants with a thinking preference were quite different from feeling participants. Many thinking participants made reference to “moving on” or “getting on with life” as an important aspect of their bereavement period. The participants often stated that though they could manage to repress their feelings about the loss, the feelings surface again and again over time as a result of not directly dealing with them. Participants with a thinking preference expressed an anxiety or distaste for expressing emotions. The fear of falling under the power of their emotions was met with a matter of fact attitude to simply “get over it.”

A few findings relative to masculine norms when looking at the data for thinking and feeling participants follow. Though feeling participants, particularly extroverted-feelers, tended to desire being around others and were more comfortable expressing their emotions, they still expressed concern about being a “sissygirl” or not being masculine enough in the eyes of society. Men with preferences for both feeling and thinking discussed a felt need to compartmentalize their feeling about the loss to some degree in order to fit society’s expectations for a male.

*Judging versus Perceiving and male bereavement.* Participants with a preference on the judging end of the scale were typically consistent with type theory but with some other surprising results. Consistent with theory, judging participants tended to want to get their work or other things that they felt were their duty out of the way before allowing time for themselves or their grief. These participants frequently noted a need to take care of concrete aspects of the arrangements, planning, or legal situations following the loss.
Organization and the maintenance of routine and order were important for judging participants as well. As would be expected, judging participants stated feeling a sense of satisfaction from getting things done that they felt were their duty to complete, such return to work was comforting in a time of loss when many things seemed unfamiliar to them, including their own feelings. Interestingly, several judging participants noted a willingness to go with the flow during their grief process. This was not an expected result as people with a judging preference tend to want to know what to expect and maintain a sense of order in life.

Participants with a preference for perceiving were different from their judging counterparts. Perceiving participants, especially those with a combined intuitive preference, were more likely to want to work through their grief creatively. These participants tended to express feeling or thoughts about their loss through creative means. In most cases there was a noted willingness to follow their grief wherever it led them, as one would expect. However, a few perceiving participants noted feeling that they did not want to “go with the flow.”

The researchers noted that participants on either end of the judging versus perceiving scale had some general grief strategies worth noting. Participants seemed to have an inner wisdom about their grief, understanding that it was not something they could force. Participants seemed to recognize that there is something different about grief and that at times grieving requires doing things that may be out of character or out of the ordinary in order to work through the process. The researchers also took note of the strong need for many participants to return to work, particularly those with a judging preference, and the societal construction that a man’s place is in the workplace.
Implications for Occupational Therapy

This study further aimed to determine how occupational therapists could help bereaved males function in daily life while dealing with a loss. As previously discussed in the review of literature, occupational therapists focus on helping clients successfully function in daily life through active participation in occupations. The term occupation defines all of the tasks that one carries out throughout any given day including, but not limited to: self-care, leisure, work, and other tasks related to the unlimited roles and routines one may identify with. Occupational therapists are trained to examine a client and his occupations in a holistic manner, taking note of psychosocial, physical, and cognitive components of an individual, along with a client’s unique personality traits. Occupational therapists further explore defining characteristics of a client’s daily physical and social environments. The holistic treatment of clients was emphasized by McColl (1994) as being central to occupational therapy, as well as a defining feature of the field. In his article, Hoppes (2005) described the value of occupations during the grief process when he stated, “Occupation is therapeutic at a time of loss because it connects a more peaceful past with a dark and shattered present and to the future that awaits” (p. 85).

As with other treatment areas within the field, occupational therapy interventions for bereaved clients should be tailored in order to effectively carry out an individualized plan. In order to suit the wide range of grief responses evident in literature and studies such as this, occupational therapists should be prepared to offer diversity in available services and recommendations for clients. The results of the current study have provided insight into a number of alternatives that could be explored with bereaved males. The study further demonstrates that when client factors such as personality types are
considered during evaluation periods and client interactions, an occupational therapist may be guided towards suggesting specific coping strategies and occupations as a starting point in the therapeutic process.

Occupational therapy is different from other health professions in its unique focus on occupations. Occupational therapy will help to complement the valuable work of other professionals with its aim to promote active doing on the part of the client. The therapeutic process may focus on a variety of occupations for a bereaved male, including role changes that have occurred following a loss, family issues that a client is struggling with, processing feelings through meaningful occupation, or addressing changes in daily occupations that a client is ill-prepared to tackle without guidance. The introduction of active coping skills versus reliance solely on passive strategies is necessary for successful adjustment to loss (Lund, 2001). Lund (2001) further expressed that a client’s confidence and competence in daily occupations such as maintaining a household, knowledge of available resources and ability to access resources, as well as community mobility impacts the adjustment to the loss of a loved one. The results of the current study indicate a role for occupational therapy in helping bereaved males adjust to a major life loss.

The discussion of the findings for male bereavement and the MBTI preferences indicate many treatment options to explore during occupational therapy sessions with bereaved males. Armed with an awareness of the results of the current study as well as a basic knowledge of type theory and personality types, an occupational therapist may be equipped to formulate therapeutic measures that will match a participant’s unique structure and needs. For example, a client who demonstrates a preference for
introversion may benefit from therapy that allows the client to be autonomous, perhaps even addressing environmental changes that provide areas where the client may spend time in solitude to process his feelings and thoughts. Whereas a participant demonstrating a preference for extroversion may need encouragement and assistance identifying resources that will provide the social interaction and support typically needed, such as a social grief support group that meets regularly. The results of this study indicate numerous occupations such as the provided example, areas for individual growth that a client may need assistance identifying, as well as environmental factors that may influence the grief process, all of which can clearly be guided by one’s preferences among the MBTI scales. Occupational therapists may find that use of the questionnaire developed for this pilot study, or in future studies will be beneficial in gaining an awareness of client preferences during a process of grieving.

It is essential that the occupational therapists continually assess and address the individual needs of the client, seeking occupations and interventions that best match the client. The MBTI and use of typology provides a unique perspective on what is meaningful to the client as well as methods and he may prefer to participate in. By including personality preferences along with cognitive, psychosocial, physical, and environmental factors of a client, a therapist will be able to determine an appropriate focus and direction for therapy with male clients who have experienced major life loss and in turn help the clients continue to lead a life full of meaning and with renewed purpose.

Limitations
Though the researchers determined methods to enhance the overall quality and trustworthiness, it is important to recognize a number of possible limitations in the current study and reported outcomes. First, the number of participants in the study was small. A larger sample could provide greater evidence to support the relationship with personality types and implications for occupational therapy as well as increased generalization of study findings. A larger sample would also provide the opportunity for statistical analyses of the questionnaire developed for this study. Another possible contributing limitation may include the area in which data collection took place. There exists the possibility that males interviewed in the small, Midwest city experience grief differently than other males elsewhere.

An additional limitation of the current study was the diversity of loss experiences discussed by participants. The researchers did not control for the type or closeness of the loss to each participant, aside from asking each participant if he had experienced a major life loss through the death of a close friend or relative within the timeframe prior to scheduling an interview date. Though the researchers set the parameters to allow for more participants in this pilot study, the subjective decision left to participants to determine if the loss experienced was major or not means there is not a measure for how great the loss was for each participant. Some participants whose loss was not as close as those experienced by other participants may have been included in the study.

Although the primary researcher collaborated with the other study personnel in organizing and preparing for participant sessions, the primary researcher’s inexperience with interviewing techniques may be considered a study limitation. Conducting a series of practice interviews with subjects who were not to be included in the study yet fit study
criteria may have helped the interviewer determine methods for probing and refining interview data collection methods. As interviews were conducted for this study, the primary researcher did become increasingly confident and interview methods become more refined.

The researchers implemented measures for data analysis to enhance quality and trustworthiness however, the authors accept the possibility that alternate interpretations of the participant interview excerpts are possible. During data analysis of the participant questionnaire, the researchers noted that the likert scale developed would have provided more insight into the participant experiences if the “neutral” response were replaced with a “not applicable” response.

Future Research

Several recommendations for further research have arisen from this study. First, continued exploration of the role of occupational therapy in supporting the grief process of bereaved males would enhance practitioners’ understanding and application of appropriate, client-centered strategies. It is further recognized that a study design allowing for a greater number of participants would enhance the ability to generalize study findings to a larger population. Revisions to the questionnaire may help to guide future research that could be conducted with a larger population. Possible revisions were discussed in the limitations of the study and it is further recommended that statements be added that incorporate the themes of participant interviews from the current study. In future research, it is recommended that participants be asked to comment specifically on the role occupational therapy may play in assisting bereaved males. In future studies, researchers may focus on coping strategies of males utilized following types of loss other
than those experiencing the death of a close family member or friend. Finally, future research may also include females, with the aim to determine the relationship of MBTI types with the grief process and differences or similarities among the sexes.

Conclusion

The focus of occupational therapy with bereaved clients is on identifying important occupations to the individual and determining ways to help the client function optimally through the transitional grief process with the use of such meaningful occupations. In pinpointing important client factors such as cognition, psychosocial and physical abilities, environment, as well as personality preferences, a therapist is well equipped to determine occupations that will best suit the individual and unique circumstances for each client. The occupational therapist may serve to guide the selection of appropriate occupations and resources based upon the knowledge of the client factors, most notably for the current study the personality preference of an individual according to the MBTI. The current study provides preliminary evidence that the use of personality type preferences may help serve the purpose of occupational therapy in tailoring therapeutic interventions aimed to help bereaved individuals embrace a major loss and work towards adjusting for continued functional living.

Acknowledgments

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References


Hoppes, S. (2005). When a child dies the world should stop spinning: An


RESEARCH OPPORTUNITY FOR BEREAVED ADULT MALES

This study is designed to determine the role of occupational therapy in the grief and bereavement process of adult males. The research session will include a personality assessment and a brief questionnaire, followed by an interview with the researcher.

You may qualify to participate if you:

Are a male, age 18 years or older.

Have experienced a major life loss through the death of a close friend or relative between the time of 13 months and 3 years.

If you decide to participate, you will:

Attend a 90 minute session with the researcher.

Explore the strategies you have used to cope with your loss.

Be provided resources to learn about your personality type, bereavement, and occupational therapy.

Questions to be addressed during the study:

What was the loss like for you?

What things helped you cope or deal with the loss?

What things did people do that helped or got in the way of coping with the death?

Your willingness to participate will be greatly appreciated.

Interested participants should email eblythe@meduohio.edu or call (419) 383-4289.

Principal Investigator: Barbara Kopp Miller, PhD

Student Investigator: Erin M. Blythe, OTD student
Appendix B
Participant Questionnaire

Participant #:__________

**Instructions**: Please rate the statements below using this scale. Circle the response that most closely corresponds to your experience.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>(SD)</td>
<td>(D)</td>
<td>(N)</td>
<td>(A)</td>
<td>(SA)</td>
<td></td>
</tr>
</tbody>
</table>

1. It was important for me to talk about my grief with others.  
   - SD: Strongly Disagree  
   - D: Disagree  
   - N: Neutral  
   - A: Agree  
   - SA: Strongly Agree  
   | SD | D | N | A | SA |

2. I was very concerned with concrete details for arrangements immediately after the death.  
   - SD: Strongly Disagree  
   - D: Disagree  
   - N: Neutral  
   - A: Agree  
   - SA: Strongly Agree  
   | SD | D | N | A | SA |

3. For a long time I found myself focusing on my feelings of grief and sadness to the point where it was difficult to concentrate on anything else.  
   - SD: Strongly Disagree  
   - D: Disagree  
   - N: Neutral  
   - A: Agree  
   - SA: Strongly Agree  
   | SD | D | N | A | SA |

4. I didn’t mind not knowing what to expect from my grief and I was able to go with the flow.  
   - SD: Strongly Disagree  
   - D: Disagree  
   - N: Neutral  
   - A: Agree  
   - SA: Strongly Agree  
   | SD | D | N | A | SA |

5. I often felt frighteningly out of control during this time period.  
   - SD: Strongly Disagree  
   - D: Disagree  
   - N: Neutral  
   - A: Agree  
   - SA: Strongly Agree  
   | SD | D | N | A | SA |

6. Throughout the grief process I was able to set aside my feelings of sadness and grief to do what needed to be done.  
   - SD: Strongly Disagree  
   - D: Disagree  
   - N: Neutral  
   - A: Agree  
   - SA: Strongly Agree  
   | SD | D | N | A | SA |

7. I needed to have a lot of time alone to deal with my grief.  
   - SD: Strongly Disagree  
   - D: Disagree  
   - N: Neutral  
   - A: Agree  
   - SA: Strongly Agree  
   | SD | D | N | A | SA |

8. It was important to me that the arrangements portrayed the essence of the person.  
   - SD: Strongly Disagree  
   - D: Disagree  
   - N: Neutral  
   - A: Agree  
   - SA: Strongly Agree  
   | SD | D | N | A | SA |

9. I wanted to take care of the legal and financial matters, getting them in order as soon as possible following the loss.  
   - SD: Strongly Disagree  
   - D: Disagree  
   - N: Neutral  
   - A: Agree  
   - SA: Strongly Agree  
   | SD | D | N | A | SA |

10. I was frustrated because so much was out of my control during the period following the loss.  
    - SD: Strongly Disagree  
    - D: Disagree  
    - N: Neutral  
    - A: Agree  
    - SA: Strongly Agree  
    | SD | D | N | A | SA |

11. Other people in my support network expressed surprise at my grief reactions.  
    - SD: Strongly Disagree  
    - D: Disagree  
    - N: Neutral  
    - A: Agree  
    - SA: Strongly Agree  
    | SD | D | N | A | SA |

12. Sometimes my grief and sadness were so strong that I didn't think I could bear it.  
    - SD: Strongly Disagree  
    - D: Disagree  
    - N: Neutral  
    - A: Agree  
    - SA: Strongly Agree  
    | SD | D | N | A | SA |

13. It was stressful being surrounded by many people immediately after the loss.  
    - SD: Strongly Disagree  
    - D: Disagree  
    - N: Neutral  
    - A: Agree  
    - SA: Strongly Agree  
    | SD | D | N | A | SA |

14. I wanted the service and/or memorial arrangements to be creative and expressed in a non-traditional way.  
    - SD: Strongly Disagree  
    - D: Disagree  
    - N: Neutral  
    - A: Agree  
    - SA: Strongly Agree  
    | SD | D | N | A | SA |

15. My grief continued to be very intense even a year after the loss.  
    - SD: Strongly Disagree  
    - D: Disagree  
    - N: Neutral  
    - A: Agree  
    - SA: Strongly Agree  
    | SD | D | N | A | SA |
J/P 16. I wanted to organize my time and daily routines to help me better handle my grief.  

Grip 17. During my grief I reacted in ways that were surprising and unusual for me.  

T/F 18. Grief is something you just have to get over because there’s nothing you can do about it.  

E/I 19. It was important for me to have a large support network to help me deal with this loss.  

S/N 20. It was important to me that the arrangements be held in a traditional time and place.  

T/F 21. In addition to my own grief I was extremely concerned with helping others through the loss.  

J/P 22. I wanted to find ways to creatively work through my grief.  

Grip 23. During most of the grieving process I still felt like my usual self.  

T/F 24. I felt very alone and alienated during the grieving process, like no one could possibly understand what I was going through.  

Please complete the following information

Age: ________

Race (Fill in all that apply):  
- O African American  
- O Caucasian  
- O Hispanic  
- O Native American  
- O Other _______________

Lives with (Fill in all that apply):  
- O Self  
- O Spouse  
- O Children  
- O Friend  
- O Sibling  
- O Parent  
- O Other _______________

Highest level of education:  
- O Less than High School  
- O High School Graduate  
- O Some College  
- O Bachelor’s Degree  
- O Graduate Degree  
- O Doctorate Degree

Are you currently or have you attended a bereavement support group or grief counselor in the past?  
- O Yes  
- O No  

If yes, when? ______________

For how long? ______________
Appendix C
Interview Guide

1. Thanks for participation in this research study:
   - Interested in learning about coping strategies you utilized following your loss.

2. Questions regarding loss:
   - Briefly describe your relationship to the deceased including length of time known
   - What was the nature of the death? (expected, sudden, prolonged illness, etc.)
   - Number of months/years since loss

3. Reactions:
   - If you described the time following the loss on a timeline
     - What were your emotional and physical reactions immediately following the loss?
     - In the months that followed, any changes in reactions?
     - Current reactions?
   - Sleeping patterns, eating, changes in routine, health, participation, grief stages/tasks

4. Reactions of others:
   - Spouse, children, parents, other family members, friends, etc.
   - What did you feel your role was in relation to the reactions of others?

5. Support network following the loss – social aspects of life:
   - Were any individuals integral in supporting you following the loss?
     - Anything in particular about the way they provided support that was helpful?
   - Any discrepancy between type of support you desired and support received?
     - Preferences for solitude vs. being surrounded by others, etc.

6. Changes in life since the death:
   - Daily routines, occupations (daily activities), role, responsibilities, future plans, work/career, parenting/caregiving
7. Primary concerns:
   - Status change, financial, etc.
8. What coping strategies have you utilized:
   - Specific strategies that helped or hindered?
   - Anything that surprised you about the helpful coping strategies?
   - Any strategies you have used in the past that have been helpful (if not helpful this time, why do you think?)
9. Anything you wish others knew that might help you in coping:
   - Anything support network or healthcare professionals might be able to do to help ease transition?
   - Any skills you wish you could receive training in or education on?
10. Brief summary by moderator
11. Any other information?:
   - Anything missing or not covered that you feel is important?
12. Occupational therapy description and offering of resources:
   - Explain availability of personality type results – contact information, etc.
13. Closing:
   - Willing to participate in member checking?
   - Thank you for participation and time.
### Table 1

**Overview summary of the four scales of the MBTI**

| Preferences for focusing attention | Extroversion (E) – People who prefer extroversion tend to focus their attention on the outer world of people and things. Since they draw their energy from what goes on around them, they gain energy from interacting and being engaged. They understand the world around them best when they are able to be engaged in activity. | Introversion (I) – People who prefer introversion tend to focus their attention on the inner world. Since they draw their energy from what goes on inside them, they prefer to reflect before acting. Their need to think before acting makes it necessary for them to understand their world before being engaged in their surroundings. |
| Preferences for acquiring information | Sensing (S) – People who prefer sensing focus on concrete aspects of a situation. They value what can be seen, touched, felt, smelled, or heard. They tend to be practical-minded and grounded in the present. Their concern for details and facts tends to make them accept what is given and be less interested in change. | Intuition (N) – People who prefer intuition focus on the abstract, even using a “sixth sense” or “gut feeling” to acquire information. They value relationships not immediately recognizable to the senses, striving to understand the “big picture.” With an orientation toward future possibilities, they are fascinated by change. |
| Preferences for making decisions | Thinking (T) – People who prefer thinking focus on objective decision making, based on a desire for fairness and detachment. They seek logic in their analysis of situations and any consequences that result. They desire to achieve objectivity and prefer to work to discover what is wrong with situations that arise. | Feeling (F) – People who prefer feeling focus on subjective decision making, based on a desire for harmony. They seek to consider the impact on people in their analysis of a situation. They value interpersonal relationships, preferring to affirm what is right with situations and offering appreciation and sympathy as needed. |
| Preferences for orientation to the outer world | Judging (J) – People who prefer judging focus on leading a life that is organized and orderly. They seek closure and want things settled. They prefer control over their lives and plan accordingly. They desire to work, then play. | Perceiving (P) – People who prefer perceiving focus on leading a life that is flexible and spontaneous. They seek to keep decisions open and avoid closure. They prefer to experience life and adapt rather than control it. They desire to play, then work. |

The combination of preferences on the four scales result in 16 possible combinations:

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Table 2

Participant MBTI preferences

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*Note.* The strength of participant’s preference was categorized according to the MBTI score as slight, moderate (mod), clear, or very clear (V clr).