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What stressors are perceived as difficult by elderly widows?

A study of bereavement stressors, attachment and grief



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Preface

In this Master research project I have studied how elderly widowed women experience and deal with stressors following the loss of their partner. The choice to investigate elderly was inspired by the subject of bereavement and by my interest in dealing with this group.

Working with this group has been very enjoyable and a valuable learning experience. My found affinity with the elderly has even inspired me to choose to work with this group in my Master praktijkstage, in an elderly psychiatric hospital.

Most exciting about my research design for me was exploring the categories of the Dual Process Model and creating the bereavement stressor questionnaire, because this had not yet been studied in bereavement research. The concept of attachment was included in this study because of its relevant to bereavement outcome and out of my own interest in this concept after extensively studying it on an Erasmus Exchange in Hull, England.

In the process of carrying out the research I have studied bereavement literature, designed a questionnaire to measure bereavement stressor difficulty, talked to widows about their experiences, found participants for the study, analyzed the results and wrote the research article presented in this report.

I would like to thank many for helping me achieve this.

First of all, I would like to thank Maggie Stroebe for her continued support, thoughts, advice, patients, and wise comments in working with me. I have very much enjoyed our interesting discussion on the concepts used in this study. Our meetings have been very inspiring, motivating and enjoyable for me.

Also I would like to especially thank my grandmother Mw. Ida van Berkum-PLoeger, for participating in the pilot-study and for her help in finding respondents for this research. Bedankt oma!

Also, Annemiek & Riet van der Meer deserve a big thanks for their efforts in finding participants, and all other friends and family (and friends of them and so on) that helped me with the search for participants. Off course I would also like to thank all women that participated very much for their time and effort, and in helping me to achieve my goal.

The experience has been extremely educational and, due to the design, has literally taught me about all stages of scientific research. The process has made me grow as a scientist, psychologist and as an individual. The experience has inspired me to a possible future career in psychological research.

I wish the reader enjoyment in going through this research article!

Inhoudsopgave

| | |
|---|----|
| Abstract | 6 |
| Introduction..... | 7 |
| <i>Bereavement in elderly</i> | 8 |
| <i>The Dual Process Model</i> | 10 |
| <i>Attachment theory</i> | 11 |
| <i>The present study</i> | 14 |
| Methods | 15 |
| <i>Participants</i> | 15 |
| <i>Measurement instruments</i> | 15 |
| <i>Statistics</i> | 17 |
| Results | 18 |
| <i>General results</i> | 18 |
| <i>Inventory of stressor difficulty</i> | 18 |
| <i>LO and RO stressors difficulty and grief</i> | 21 |
| <i>Hypotheses on avoidant attachment</i> | 22 |
| <i>Hypotheses on anxious attachment</i> | 23 |
| Discussion | 24 |
| Literature..... | 28 |
| Appendix 1 The questionnaire | 32 |
| Appendix 2 Information letter to participants..... | 42 |

Abstract

In this study, it was investigated how difficult bereaved elderly women perceive certain stressors they have to cope with after the death of their partner. An inventory of the difficulty of dealing with loss-oriented (LO) and restoration-oriented (RO) stressors, as defined by the Dual Process Model of coping with bereavement (Stroebe & Schut, 1999) was made. To measure LO and RO stressor difficulty a questionnaire was designed. This study also investigated the relationship of LO and RO stressor difficulty and grief, measured by the Rouw Vragenlijst. The relationship of LO and RO stressor difficulty with attachment, measured by the Relationship Structures questionnaire, and the relationship of attachment and grief intensity was also investigated. The results suggest that the group of participants consisted of quite independent, and mobile widows who were in general well capable of looking after themselves, and with general low grief scores, seem to have adjusted well to bereavement. In general. However, most women said they had difficulties coping with the loneliness created by the loss. Moderate correlations between LO stressor difficulty, RO stressor difficulty and grief were found, indicating a connection, but not a total overlap of these concepts. LO stressor difficulty proved to be a slightly better predictor of grief intensity than control variable negative affect. As predicted, avoidant attachment was significantly associated with low scores on LO stressor difficulty. Contrary to expectations, anxious attachment was associated with low scores on LO stressor difficulty. No significant results were found regarding the hypotheses on attachment and grief. Implications of the results and suggestions for future research are discussed.

Introduction

Spousal loss is widely accepted as being one of the most stressful life-events that an individual may encounter over the course of his or her lifetime (Stroebe & Stroebe, 1987). Bereavement is a life-event that, sooner or later, becomes part of nearly everyone's experience. As such, bereavement can be viewed as a normal, natural human experience that most people manage to adjust to over the course of time. Still, bereavement is associated with a period of intense suffering for many people (Stroebe, Schut & Stroebe, 2007). There is considerable variability among people's responses to loss. While some bereaved people suffer chronic grief, a severe and lasting reaction to bereavement (Anderson, 1949), and most experience intense grief when a loved one dies, many adapt well over the course of bereavement, with some even showing few signs of distress (Bonanno, Wortman, & Nesse, 2004; Boerner, Wortman & Bonanno, 2005). So, although grief is not a disease, previous research on the effects of spousal loss has indicated that widowhood is associated with reduced physical and mental health and with excess risk of mortality, particularly in the early weeks and months after loss (Stroebe, Schut & Stroebe, 2007). For instance, one study estimated that poor psychological, social, and physical health lasting 13 months or longer is experienced by 15 percent to 25 percent of widowed people (Marmar, Horowitz, Weiss, Wilner, & Kaltreider, 1988). Common grief reactions experienced include depression, anxiety, insomnia, decreased social interaction, work disruption and sometimes increased use of alcohol or drugs (Maddison & Viola, 1968). Some researchers have even found that the loss of a partner has significant impact on the suicide risks of the surviving partner (Erlangsen et al., 2004; Abakoukim, Stroebe & Stroebe, 2005).

To obtain a better understanding of the difficult aspects of the grieving process more explorative research on this topic is needed. Potential obstacles in the grief process can be identified by examining the stressors bereaved people come across. A model that specifically focuses on these stressors is the Dual Process Model of coping with bereavement (Stroebe & Schut, 1999). This model provides a theoretical framework for examining these stressors. Knowing more about these difficulties is an important step in helping to establish the sources of potential complications in the grieving process, so that interventions can start to target these issues where necessary. For this purpose, it is also important to learn more about what kind of stressors bereaved people find easier to deal with. This study will provide an inventory of challenges widow(er)s face, after the death of their spouse.

The type of stressor a person is faced with heavily depends on the life phase they are in. For this reason, the choice has been made to focus the attention to one specific group, the elderly. Elderly are more likely to experience loss than younger people, due to their life phase. The circumstances in

which they experience the loss, like being retired, also makes them different from other age groups. This makes the elderly an important, homogeneous group to study, although of course differences in circumstances also exist within this group. It is important to note here that much of the research on bereavement among older people has focused more on widows than on widowers. This is mainly because 75% of the elderly population is female (Centraal Bureau voor Statistiek, n.d.). Therefore, also in this research only women are included.

Interpersonal relationships have also been known to influence the grief process. A useful framework to work with in this respect is attachment theory (Bowlby, 1980). An attachment theoretical perspective provides a comprehensive framework for explaining how the past relationship with the spouse might impact adjustment in conjugal bereavement. Therefore the concept of attachment is also included in the study.

Bereavement in elderly

The symptoms and course of grief for elderly generally parallel those seen in younger populations (Hansson & Stroebe, 2007). However, in some ways the grieving process does differ from other age groups. First of all, age-related changes in physical health and functioning can increase vulnerability and reduce adaptive reserves for coping with bereavement. Therefore, predictions of health consequences after bereavement for elderly are more problematic, given these concurrent, perhaps interacting effects of natural aging and any disease process (Hansson & Stroebe, 2007).

Secondly, caregiving prior to the death is more frequent among elderly bereaved, compared with younger bereaved individuals. In the US, nearly 70% (and in developing countries the majority) of all deaths are the result of chronic conditions such as heart disease, cancer, stroke and respiratory diseases. This increase of chronic conditions as a cause of death has led to an increased need for caregiving (Schulz, Boerner & Hebert, 2008). Furthermore, among elderly, there is another chronic disease that often requires a long period of caregiving: dementia. Reactions in response to bereavement after caregiving are quite variable. Some bereaved caregivers may feel that the cumulative stress caused by the caregiving and the death have depleted their coping resources, resulting in negative bereavement outcome. For others the caregiving-period has allowed for anticipatory adaptation and a sense of relief as this burden of caregiving is lifted (Stroebe & Hansson, 2007). Reviewing studies on predictions of the effects of bereavement after caregiving, Schulz, Boerner and Hebert (2008) found that caregivers are at increased risk of psychiatric and physical morbidity. After the death, the caregiver enters bereavement already compromised by high levels of depression and anxiety and sometimes physical exhaustion. However, even with these vulnerabilities most caregivers adapt well to the death. For those who do struggle, negative bereavement outcomes have been found to be associated with, for one, finding benefit in the caregiving role. It could be that the death deprives caregivers of this, to them important and meaningful role. Another

factor is not feeling prepared for the death. Despite providing high-intensity care, often for years, many bereaved caregivers still perceive themselves as unprepared for the death. However, this was only found in two studies, and questions of preparedness were asked postbereavement. Prebereavement anxiety and depression were also found to be associated with negative bereavement outcome. Both the topic of preparedness for death and the related topic of anticipatory grieving need further research attention to clarify the effects on bereavement outcome. Thirdly, the death of a spouse in old age implies more than the loss of a beloved partner-attachment figure (Lopata, 1996). During a marriage or relationship of many years, roles and traditions have been formed, and are reflected in an identity shared by the couple. All this is lost as well with the death of a spouse (Stroebe et al., 2001). Other challenges for the bereaved elderly, are financial and legal worries, which often inhibit the recovery process. Widows, more than widowers, are likely to experience economic insecurity after losing their partner (Hansson & Stroebe, 2007). To cope with all these difficulties, a person may turn to social support. However, an older person's support system is likely to become smaller with age, with family and friends also becoming older and frailer and with many more deaths among those to whom one is close. Such changes result in a decreasing availability of social support for the elderly, which can be particularly critical in the case of widow(er)hood, where the spouse is no longer available to provide such support (Lapota, 1996). Some age-related processes, however, are likely to facilitate adaptation to bereavement. For example, many older adults experience a leveling, or dampening, of affect—especially of negative emotional responses to life events such as bereavement. Also, many older people acquire a certain expertise and perspective regarding effective coping strategies out of their extensive life experience (Aldwin, 1991). So, even though elderly persons are in some ways more challenged, many do learn new skills and develop in positive ways (Fry, 1998; Lund, Caserta & Dimond, 1993). Although such patterns of both positive and negative aspects associated with bereavement among the elderly have been documented in the scientific literature, more knowledge on the precise difficulties bereaved elderly come across while dealing with the loss of their spouse is still needed. It seems that a lot of ideas on what elderly widows might come across or have a hard time dealing with are proposed in the bereavement literature, but what do these women really experience as stressful situations and what not? Where is help needed? It seems clear that too little research so far has specifically addressed these questions concerning the challenges faced by the elderly bereaved, which naturally have implications for the development of interventions. Providing a theoretical framework for understanding the types of stressors that elderly people have to deal with, the Dual Process Model of bereavement (Stroebe & Schut, 1999) is now discussed.

The Dual Process Model

For many years it was believed that 'one has to do one's grief work' to get over the loss of a loved one. Grief work is understood as a process of confronting loss, going over events and emotions to do with the deceased and the death, focusing on memories and working toward detachment from the deceased (Stroebe, 1992). However, in recent years it has been questioned whether this 'grief-work hypothesis' is able to explain the full range of processes and stressors brought on by bereavement. Shortcomings of the model are; the lack of clarity in the definition, the poor quality of operationalization, the lack of apparent application across cultures, and the absence of sound evidence for the concept. For instance, the grief work hypothesis has been derived from the study of a largely female sample and therefore cannot be generalized to both sexes (Stroebe & Schut, 2005). Another issue with this model is the difficulty of distinguishing between 'positive' working through grief and maladaptive ruminations. Addressing these problems and combining various coping, stress and grief theories, a new bereavement model was formed. The Dual Process Model of coping with bereavement (DPM) (Stroebe & Schut, 1999) provides a framework for understanding the adaptive challenges faced by (older) bereaved people. This model acknowledges a range of emotional and practical "tasks of adaptation", defining coping with bereavement as more than 'doing grief work'. Stressors are categorized into two groups. A stressor can be either loss-oriented (LO) or restoration-oriented (RO). Loss-oriented tasks focus on things surrounding the death experience and the lost attachment relationship. This category includes things like arranging the funeral, thinking about the deceased, feeling sad about the loss and the missing of love. In contrast, restoration-oriented tasks deal with stressors that are secondary to the loss. These stressors can be practical, like taking over tasks the spouse used to do, moving to a new house, and can be more psychological, like identifying new roles and relationships, and envisaging life alone. The DPM proposes that most bereaved people will need to oscillate between these two domains, addressing emotional issues, then redirecting focus to handle pressing practical challenges, then at some point returning to emotional processing, and so on. Then what is adaptive grieving? In the model it is defined as a complex process of confrontation and avoidance of the positive and negative emotions and cognitions associated with loss, on the one hand, and its consequences for ongoing life, on the other hand. This way, the sometimes overwhelming feelings associated with grief are being dosed. The person will experience them, but will then be distracted from them to come back to them again later. To explore the different LO and RO tasks widows face, a questionnaire was designed to make an inventory of experienced stressor among bereaved elderly women. To be able to also explore the *difficult* aspects of the grieving process, the difficulty of dealing with a particular stressor was also assessed. Perceiving these concepts of LO and RO stressors in 'difficulty', will make them conceptually more closely related to grief. For instance, in LO stressors it will be assessed how difficult it is to deal with

the longing for the deceased partner, while in measuring grief, it is assessed how often one felt a strong feeling of longing for the deceased partner. In identifying the relationship between LO and RO stressor difficulty and grief, it is therefore thought that these concepts will be strongly correlated. Elderly bereaved persons – like younger ones - may also go about their grieving (and dealing with the tasks described above) in different ways depending on the nature of their relationship to the deceased loved one. Attachment theory, being a dominant theory in the field of relationships, and one that is compatible with the Dual Process Model, is a useful framework for describing the influence of interpersonal relationships on adjustment to bereavement.

Attachment theory

Bowlby (1973; 1980) first described of the influence of attachment on loss. The basic idea is that, whether a person has experienced a lack of dependability and consequent insecurity in their early childhood relationships, particularly with a primary caregiver, will subsequently remain to influence the individual when forming, maintaining and relinquishing relationships in subsequent life (Bowlby, 1973, 1980; Parkes, 1994). Secure and insecure attachment styles are distinguished, depending on these feelings of secure or insecure emotional connectedness to a significant other. Although the extent of attachment stability is still debated in the scientific literature, evidence for this continuity of attachment style across the lifestyle and across different types of relationship has been found (Main, Kaplan, & Cassidy, 1985; Hamilton, 2000; Waters, Merrick, Treboux, Crowell, & Albersheim, 2000; Waters, Weinfield, & Hamilton, 2000).

Bowlby (1980) identified two different forms of insecure attachment: anxious attachment and avoidant attachment. It is important to emphasize that these two dimensions are not referring to general avoidance and anxiety in behavior, but to avoidance and anxiety in relationship to other people. Anxious attachment reflects the degree to which a person worries that a partner will not be available in times of need. Avoidant attachment has been described as reflecting the extent to which a person distrusts a partners' goodwill and strives to maintain autonomy and emotional distance from partners (Mikulincer, Dolev & Shaver, 2004).

Adults can also be classified into one of four attachment styles (Bartholomew & Horowitz, 1991), according to the relative valences (i.e. high vs. low) on attachment related avoidance and attachment related anxiety (see Figure 1).

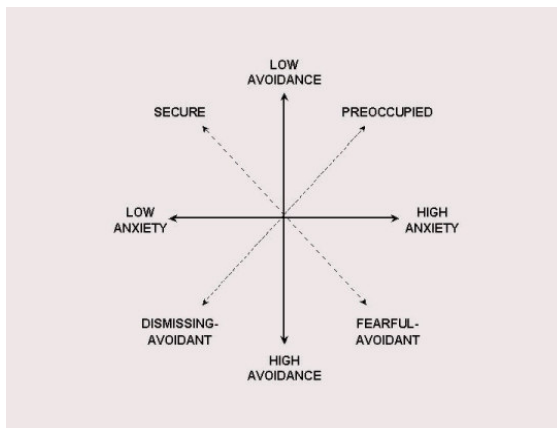


Figure 1. The dimensions (avoidant, anxious) and styles of attachment.

However, the attachment dimensions of avoidance and anxiety have been proven more robust categories, especially with a small sample, and are therefore better suitable for use in this study. Studying the influence of attachment on loss, insecure and secure attachment patterns have been linked to different ways of coping (Field & Sundin, 2001; Stroebe, 2002; Wijngaards-de Meij et al., 2007). For instance, studies looking at coping with the break-up of a romantic relationship found that individuals with a secure attachment style typically fare better in terms of overall psychological adjustment to the break-up, whereas, for instance, anxious or more preoccupied individuals more often get stuck on sadness, anger, and prolonged longing for a former partner (Davis et al., 2003; Pistole, 1995; Sbarra & Emery, 2005). Such theoretical and empirical research led to the belief that attachment style can influence people's way of coping with not only temporary but also permanent separation, as is the case in bereavement.

As has been found for other loss-experiences, insecure attachment is related to poor adjustment to bereavement (Stroebe, Schut & Stroebe, 2005). However, differences in responses to bereavement have also been found between avoidant and anxious attachment.

When faced with loss, persons high on avoidance, may exhibit minimal distress early on after the loss, but may well experience a later, sudden onset of intense grief when confronted with a salient reminder of the loss. An absence of conscious grieving may show, while indirect indicators of being affected by the loss may be evident, such as in active coping attempts to avoid reminders of the death (Fields & Sundin, 1998). In the framework of the DPM it is stated that the avoidant individual is more restoration orientated, showing more preoccupation with restoration stressors, and less with loss oriented stressors, while delaying and inhibiting their grief (Stroebe, 2002). Since the difficulty of dealing with stressors is tested in this study, the question here is, will avoidantly attached report any difficulty in dealing with RO stressors? Arguments fore and against this can be reasoned. On the one hand, avoidant attached individuals could report difficulty in dealing with RO stressors because their focus is there and as a means of avoiding having to deal with the more emotional LO stressors. On the other hand, one could imagine that avoidant attached individuals would report no difficulty in

dealing with RO stressors because they feel like they are actively coping with these types of stressors, while completely suppressing negative emotions. And there is some evidence for this line of thought. For instance, one study found that Individuals with a dismissive attachment style have a difficult time retrieving negative memories (Main, Kaplan, and Cassidy 1985), showing their success in suppressing negative emotions. Therefore, it is hypothesized in this study that high scores on avoidant attachment is associated with low scores on loss oriented- and restoration oriented stressor difficulty.

How does this affect their grieving? The delaying of grief and avoiding to process the implications of the loss avoidant attached have been said to engage in, is thought to have long-term negative consequences for psychological and physical health (Bowlby, 1980). However, other findings in the bereavement literature show that at least some forms of avoidance do not have a detrimental effect on adjustment to bereavement (Bonanno, Keltner, Holen & Horowitz, 1995; Fraley & Shaver, 1999; Field & Sundin, 1998). More research here is necessary to understand this concept and its effects on bereavement outcome. Since we asked the widows to rate their grief intensity in the first year after losing their partner, it is hypothesized that high scores on avoidant attachment is associated with low scores on grief intensity.

Anxious attachment is thought to be associated with a 'chronic' grief pattern, involving pronounced distress and helplessness in response to the death that is not tempered over time (Field & Sundin, 1998). It is thought that the emotional response reflects the individual's appraisal of inability to cope without the attachment figure (Mikulincer & Florian, 1998). This tendency toward excessive display of distress in response to separation can also be seen as a characteristic coping effort in an attempt to regain proximity to the attachment figure (Bowlby, 1973), however, pointless in the context of bereavement. Given their appraised inability to cope without the deceased, the anxiously attached person is likely to experience greater difficulty 'letting go' of the attachment, resulting in chronic grief (Field & Sundin, 1998). Stroebe (2002) agrees with this viewpoint, and using the DPM, states that individuals with a preoccupied attachment style (and as such, being anxiously attached, see Figure 1) are more exclusively loss-orientated, showing less preoccupation with restoration-oriented stressors and display more chronic forms of grief. It has also been found that anxiously attached individuals tend to focus on negative memories in a hypervigilant fashion, and often cannot inhibit the spreading of negative emotions (Main, Kaplan, and Cassidy 1985). Following these findings, it is hypothesized that a high score on anxious attachment is associated with high scores on both LO and RO stressor difficulty and with high scores on grief intensity.

Understanding this connection between attachment style and bereavement outcome may help clarify why it is that some individuals adjust well to bereavement, while others suffer tremendous difficulties and mental and physical health problems.

The present study

The interest of the current study is firstly, to explore the difficulties elderly widows come across when coping with bereavement, and to document these more precisely than has been done in previous research. Using the DPM framework, the aim is to establish which stressors are experienced as difficult by elderly widows in dealing with the loss itself on the one hand, and in the reorganization of their changed life, on the other hand¹.

Secondly, the relationship between the two types of stressors and grief is looked at. Since the concepts of stressor difficulty and grief intensity partly overlap, it is expected that a positive correlation between grief and both LO and RO stressor difficulty will be found.

Thirdly, this study examines the influence of attachment on stressor difficulty and bereavement outcome. The following hypotheses regarding these concepts are proposed:

Hypotheses on avoidant attachment

- A. *Scoring high on avoidant attachment is also associated with low scores on loss oriented- and restoration oriented stressor difficulty.*
- B. *Scoring high on avoidant attachment is associated with low scores on grief intensity.*

Hypotheses on anxious attachment

- A. *Scoring high on anxious attachment is associated with high scores on loss oriented- and restoration oriented stressor difficulty.*
- B. *Scoring high on anxious attachment is associated with high scores on grief intensity.*

¹ The coping-mechanism of oscillation, that the model proposes is at work when bereaved, is not studied in this research. The construct is not easy to operationalize, and for that, beyond the scope of this study.

Methods

Participants

Participants included in the study were retired, widowed women, who had lost their partner more than six months ago. For involvement in the study, the women had to sustain good mental health/memory, not suffering from a form of dementia. They also had to live by themselves in the first year after the loss.

Participants were found through my own social network. Some were found through the social network of my grandmother, who is a retired widow herself. After collecting their addresses, the participants received a letter in which they were informed on the content of the questionnaire and the procedure of informed consent. They were then asked to think about participating in the study. The letter is included in Appendix 1. A couple of days later, the participants received a phone call and were asked if they wanted to participate. If they complied, they either got sent the questionnaire and the informed consent form or it was delivered to them by the researcher.

Demographic variables

35 women between the age of 60 and 91 with an average age of 73,3 participated in this study. Highest educational level was 'VWO/HBS/gymnasium', with 31% having a MBO-degree or higher. Their partners died on average 8,9 years ago, with a minimum of 6 months and a maximum of 34 years ago. 97 % of the participants partners died of natural causes or disease. All participants were still living at home independently. Only 23 % of the participants received homecare, 4 hours a week on average.

Measurement instruments

The complete questionnaire that was used in this study is included in Appendix 2.

Bereavement stressors

Since no questionnaire measuring loss-oriented (LO) and restoration-oriented (RO) stressors existed, one was constructed for use in this study. The items representing the two types were constructed using information from the bereavement literature and the experiences of a few widows who shared their thoughts on the subject in a pilot interview. The LO items consisted of stressors like circumstances surrounding the death and the funeral, crying over the loss, and missing the deceased. RO stressors were divided in three subcategories: taking over task of the deceased partner, setting up the new life alone, and daily life alone. In the questionnaire, the widows were asked to report

how difficult it had been for them to deal with a certain stressor. If they had not encountered a specific stressor they could reply by ticking the not applicable-box. Because no maximum limit on time since the loss was set, the widows were asked to think back to the first year after the death of their partner.

Since the LO and RO lists were constructed more for inventory purposes (i.e. to establish which stressors elderly widowers have difficulty in dealing with) than with the purpose of constructing scales trying to measure a single underlying dimension it is not meaningful to note alpha's of the lists. However, to be able to examine the relationship between total number of LO RO stressor difficulty and grief intensity, it was necessary to use the lists as scales. In order to achieve this, a special formula was designed to calculate total scores, without losing data due to the 'not applicable' category. The sum score of the list was computed, in which 'not applicable' was counted as zero. This number was divided by the total of the number of items in the list divided by the times the not applicable box was ticked. This way, weighted total scores for all participants could be computed, and scales could be created to use in statistical analysis.

Grief

To measure grief intensity the Dutch version of the Inventory of Complicated Grief-Revised (ICG-R), the RouwVragenLijst (RVL) was used. The ICG-R was developed by Prigerson, Kals and Jacobs (1997) as a scale to measure maladaptive symptoms of grief and to differentiate between people with and without traumatic grief, as defined by Prigerson (Prigerson et al. , 1999). The ICG-R was translated into Dutch by Boelen, de Keijser and van den Bout (2001) naming it the Rouw VragenLijst. It contains of 30 items which can be answered on a 5 point Likert-scale ranging from never to always. In their research they obtained good psychometric properties for the RVL, including a Cronbach's alpha of .94. In this study Cronbach's alpha was also .94.

Attachment

To measure attachment the Relationships Structures (RS) questionnaire (Fraley, Niederthal, Marks, Brumbaugh & Vicary, 2006) was administered. The RS is a self-report instrument consisting of 10 items, designed to assess attachment patterns in a variety of close relationships. The questionnaire was constructed by Fraley using items from the ECR-R, which is an attachment inventory designed to assess the two fundamental dimensions underlying attachment patterns, avoidance and anxiety (Fraley, Waller, & Brennan, 2000). The test-retest reliability over 30 days of the individual scales have been estimated at approximately .65 for the domain of romantic relationships by Fraley himself (Fraley, n.d.). The questionnaire consists of 6 anxiety and 4 avoidance items, resulting in a score on each scale. The Cronbach's alpha for the avoidance scale is .91 and for the anxious scale .96.

Negative Affect

To control for the effects of negative affect on the grief scores, the VROPSOM was included in the study. The VROPSOM is the Dutch version of the Adjective Check Lists (DACL) (van Rooijen, 1979, 1986). The manner in which a person experiences unhappy, depressive mood can be inferred from the scores. This self-report instrument consist of a list of 34 different moods or feelings one could have. The participant is asked to tick all the boxes that describe how the person generally feels. This resolves in a measure of negative affect. Psychometric properties of the VROPSOM have been evaluated to be good (Arrindell & van Rooijen, 2002; Arrindell, Bakker, Jennekens-Schinkel & van Rooijen, 2002).

Statistics

For data analysis, SPSS version 16.0 was used.

Results

General results

The widows rated dealing with the loss oriented stressors on average 3,4 out of a 5-point Likert-scale. This means that on average widows did have difficulties in dealing with these stressors.

Dealing with RO stressors was generally found to be 'not so difficult' to 'neutral'; on average 2,6 out of a 5-point Likert-scale. On average, participants scored quite low on avoidant attachment and anxious attachment, with average scores of 2,4 and 2,1 on a 7-point Likert-scale.

Grief-rates were not high in general; 2,5 on average, meaning most widows had experienced the grief reactions in the list only 'seldom' or 'sometimes'.

Inventory of stressor difficulty

To explore the difficulties of widows with bereavement scores on LO stressors and RO stressors were averaged per item.

Loss-Oriented stressors

Looking at the responses to the LO-items (Figure 1), one can immediately see that dealing with the circumstances and events surrounding the death was difficult for most widows. Clearing out belongings of the deceased partner is also difficult for most. More than half of the widows found it difficult that they thought so much about their partner since the death, and struggled with the longing for their deceased partner. Also, a lot of the widows found it difficult to deal with the crying and sadness they experienced as a result of the loss. However, the hardest things to deal with for these women was the missing of intimacy, compliments, and most of all, the missing of love (85%). However, between 6-9% of the women say that they did not experience the missing of intimacy, compliments or love as a stressor. Looking at stressors the women found not hard to deal with, it shows that most expressed it was not difficult for them to recall positive memories of their partner. About recalling negative memories the women are more divided, and 1/5 of them even say they do not recall negative memories about their partner at all. About half of the women did not think it difficult to arrange the funeral, to look at old pictures of their partner, and to think about what their partner would have done in a certain situation. From the percentages in Figure 2 it can also be concluded that over 80% of the widows had a partner who suffered, presumably from some kind of disease, prior to their death. Of this group, half did not find it hard to feel relieved that their partner's suffering had ended, but 35% did find this difficult.

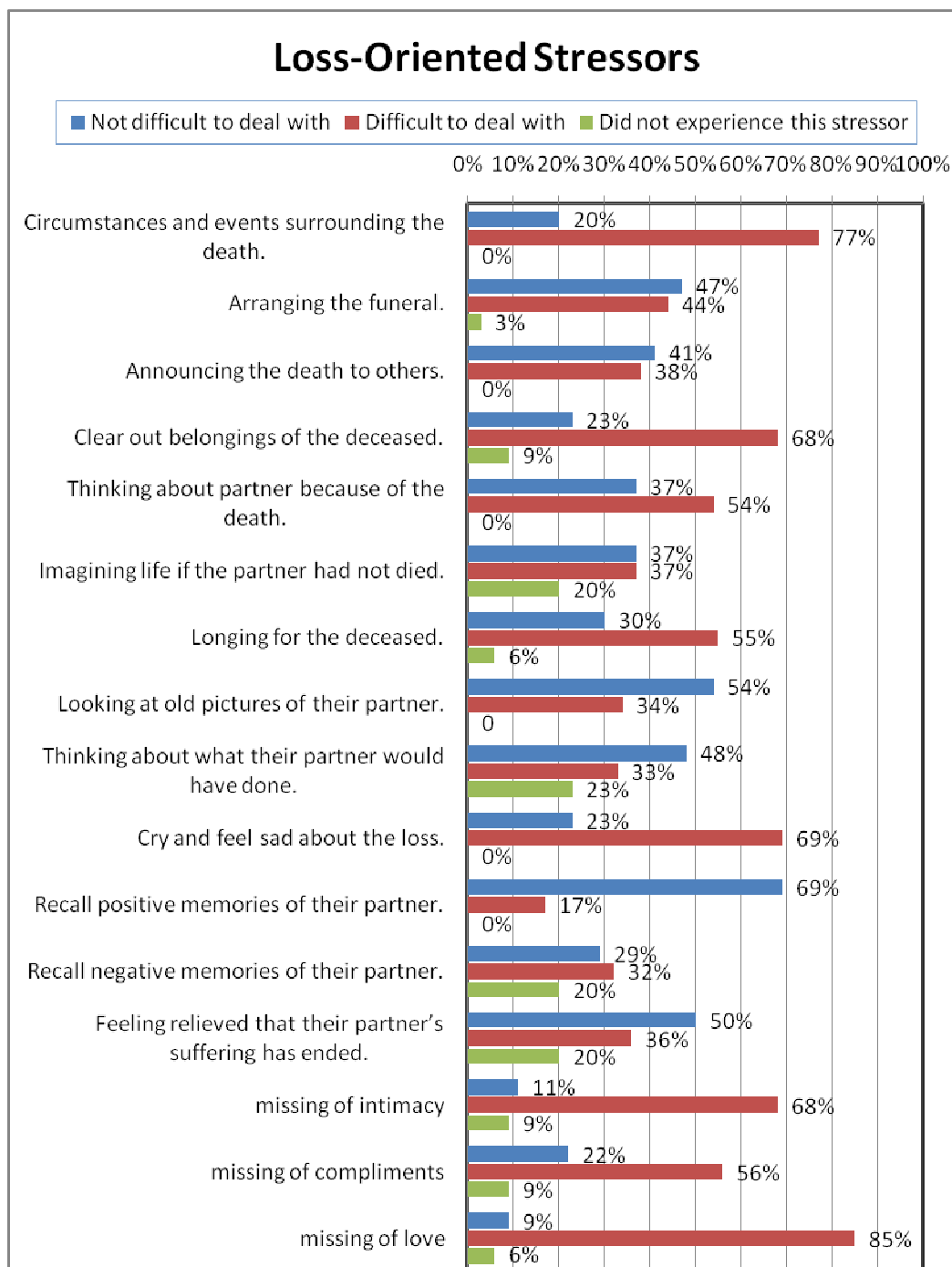


Figure 2. Average scores on the loss-oriented stressors.

Restoration-Oriented stressors

In taking over tasks the partner used to do, it shows in Figure 3 that almost half of the widows already did traditionally female tasks such as such as cleaning and cooking themselves, and almost a third already did traditionally male tasks such as fixing things themselves before the partner died. Of the women that were not used to mastering these tasks alone, the large majority had no problem in taking on the traditionally female jobs. Taking over the traditionally male jobs, however, caused

problems for more than half of the widows. It is also noteworthy that, perhaps contrary to prediction, most women adjusted easily to living off a new budget. However, in this sample 71% did not have to move, possibly indicating that the financial situation of the women in this study did not change drastically after the death of their partner.

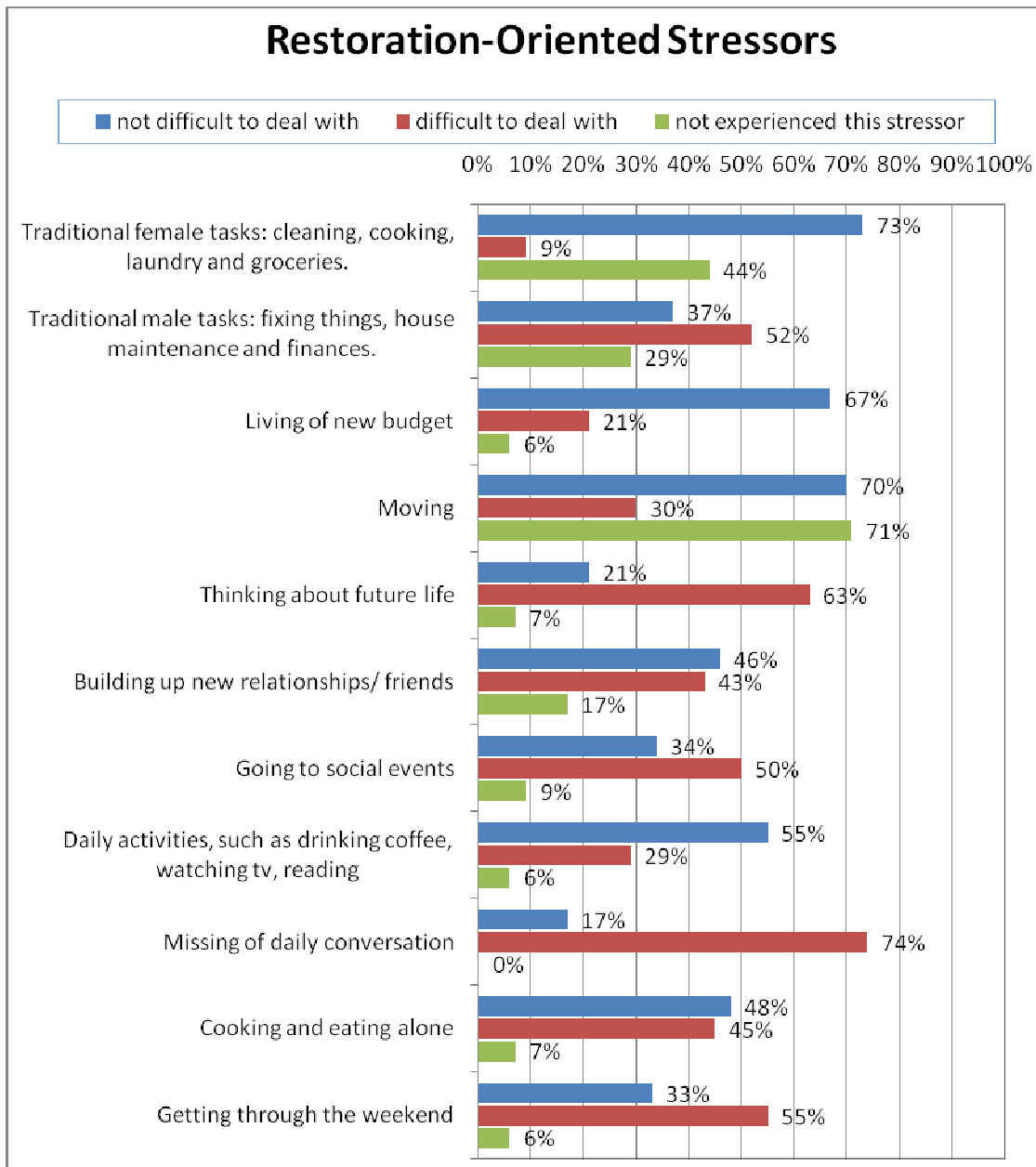


Figure 3. Average scores on the restoration-oriented stressors.

Thinking about and picturing their new life alone in the future was hard for a lot of the widows. About half had a hard time building new friends and going to social events after their partner died. But more than a third did not find this difficult. Perhaps surprisingly, more than half of the widows had no problems with daily activities like drinking coffee by themselves. About cooking and eating

dinner alone the experiences are mixed, with about half having difficulties and the other half coping well. However, the loss of daily conversation is felt by many (74%). Getting through the weekend is hard for more than half of the widows.

LO and RO stressors difficulty and grief

To investigate the proposed relationships between the two types of stressors and grief, a 1- tailed correlation analysis was performed.

It was predicted that both LO and RO stressor difficulty would be positively correlated with grief intensity. A significant positive correlation for both LO and RO stressor difficulty was indeed found. Thus, the more LO / RO stressors were perceived as being difficult, the higher grief intensity was reported.

Table 1. Correlations of scores on LO and RO stressor difficulty and grief.

| | LO | RO | Grief |
|-----------|-----------|-------------|--------------|
| LO | 1 | .36* | .49** |
| RO | | 1 | .44** |

* Correlation is significant at the 0.05 level

** Correlation is significant at the 0.01 level

In the literature, more factors are identified as associated with negative bereavement outcome, like prebereavement depression. To control for these effects, three possible factor were included in analyses: time since the death, family nearness and negative affect. It was found that only negative affect, measured by the VROPSOM scale was significantly related to grief, with a correlation of .47 ($p < .01$). Hierarchical multiple regression was used to assess the ability of LO stressor difficulty to predict grief scores, after controlling for this influence of negative affect. Preliminary analyses were conducted to ensure no violation of the assumption of normality, linearity, multicollinearity, and homoscedasticity. Negative affect was entered at Step 1, explaining 22.4% of the variance in grief. After entry of the LO scale at Step 2 the total variance explained by the model is 35.1%, $F(2, 29) = 7.86, p < .01$. After controlling for negative affect, the LO scale explained an additional 12.7% of the variance in grief, $R^2 \text{ change} = .127, F \text{ change}(1, 29) = 5.68, p < .05$. In the final model, both predictors were statistically significant, with the LO scale recording a slightly higher beta value ($\beta = .38, p < .05$) than the VROPSOM scale ($\beta = .36, p < .05$). Negative affect and LO stressor difficulty are thus both significantly related to grief scores, with LO stressor difficulty being a slightly better predictor of grief intensity than negative affect.

When similar analysis were conducted for the relationship of RO stressor difficulty and grief, and controlling for negative affect, however the results that were found were not significant.

Hypotheses on avoidant attachment

To investigate the proposed relationships between avoidant attachment and the two types of stressors, and avoidant attachment and grief, 1- tailed correlation analyses were conducted.

Table 2. Correlations of scores on secure attachment with LO and RO difficulty and grief.

| | Avoidant attachment | LO | RO | Grief |
|----------------------------|----------------------------|---------------|-------------|--------------|
| Avoidant attachment | 1 | -.57** | -.49 | .01 |

* Correlation is significant at the 0.05 level

** Correlation is significant at the 0.01 level

A. Scoring high on avoidant attachment is also associated with low scores on loss-oriented- and restoration-oriented stressor difficulty.

Looking at the correlations between the two variables it becomes clear that there is a significant relation between avoidant attachment and loss-oriented stressor difficulty, of $-.57$. This means that, as predicted, high scores on attachment avoidance are associated with low scores on LO stressor difficulty. However, here also, the possible effect that other variables have on LO or RO stressor difficulty should be controlled for. Three possible factors, time since the death, family nearness and negative affect, were looked at. It was found that only family nearness was significantly related to LO stressor difficulty, with a correlation of $.48$ ($p < .01$). This means that the farther away the family of the widow live, the higher the scores on LO stressor difficulty are. Hierarchical multiple regression was used to assess the ability of avoidant attachment to predict RO stressor difficulty, after controlling for the influence of family nearness. Preliminary analyses were conducted to ensure no violation of the assumption of normality, linearity, multicollinearity, and homoscedasticity. Family nearness was entered at Step 1, explaining 22.8% of the variance in LO stressor difficulty. After entry of avoidant attachment at Step 2 the total variance explained by the model is 35.9%, $F(2, 22) = 6.17$, $p < .01$. After controlling for family nearness, avoidant attachment explained an additional 13.1% of the variance in LO stressor difficulty, $R^2 \text{ change} = .131$, $F \text{ change}(1, 22) = 4.49$, $p < .05$. In the final model, both predictors were statistically significant. However, family nearness was recorded with a higher beta value ($\beta = .49$, $p < .01$) than avoidant attachment ($\beta = -.36$, $p < .05$). Thus, avoidant attachment and family nearness both predict LO stressor difficulty scores.

The relationship between avoidant attachment and RO stressor difficulty was not significant.

B. Scoring high on avoidant attachment is associated with low scores on grief intensity.

The relationship between avoidant attachment and grief is not significant.

Hypotheses on anxious attachment

Table 3. Correlations of scores on secure attachment with LO and RO difficulty and grief.

| | Anxious attachment | LO | RO | Grief |
|---------------------------|---------------------------|---------------|-------------|--------------|
| Anxious attachment | 1 | -.36** | -.40 | .06 |

* Correlation is significant at the 0.05 level

** Correlation is significant at the 0.01 level

- A. *Scoring high on anxious attachment is associated with high scores on loss oriented- and restoration oriented stressor difficulty.*

For anxious attachment and LO stressor difficulty a significant correlation was found. As Table 4 shows, the -.36 correlation suggests that high scores on anxious attachment is associated with low scores on LO stressor difficulty. Here, it is also important to investigate whether anxious attachment is a better predictor of LO stressor difficulty than family nearness, which has been proven to be related to LO stressor difficulty. However, further analysis yielded no significant results for anxious attachment.

Again, there is also no significant relationship for RO stressor difficulty when correlated with anxious attachment. This hypothesis is not supported by the findings in this study.

- B. *Scoring high on anxious attachment is associated with high scores on grief intensity.*

Also no significant relationship between anxious attachment and grief intensity has been found.

Discussion

The results of this study provide an interesting view on a group of Dutch, widowed, elderly women. Before discussing the results, it is useful to keep certain sociodemographic characteristics of the sample in mind. From the demographical information it was found that all participants were still living at home independently at the time that they participated in the study. Among them, only 23 % received homecare. This suggests that the group of participants consisted of quite independent, and mobile widows who were in general well capable of looking after themselves.

The main goal of the study was to create a better understanding of the difficulties widows come across in the first year after the death of their spouse. To achieve this aim, a measurement instrument was designed in the form of a self-report questionnaire with the DPM as a theoretical framework. On average, LO stressors were rated as more difficult than RO stressors. Looking at the responses to the LO stressor-list, most findings were as expected. Stressors like the circumstances and events surrounding the death, clearing out belongings of the deceased and crying and feeling sad about the loss were among the hardest things to deal with. More importantly, the missing of intimacy and love were also rated as difficult to very difficult to deal with by large percentages (68% and 85%). This finding has not been extensively evaluated in the bereavement literature, and should be considered for future research. Recalling positive memories of the deceased partner, and looking at old pictures of the deceased partner were among the stressors most widows found not hard to deal with. The responses to the item 'feeling relieved that your partner's suffering has ended', with half of the women not finding this difficult, and over one third who did find this hard, reflected the different responses to bereavement after caregiving to the deceased. This suggests that the women did not persist in avoidance of these kind of stressors.

Dealing with traditional female tasks, engaging in daily activities alone and living on a new budget were amongst the things the widows did not find difficult to deal with of the RO stressors. Furthermore, over a third of participants rated traditional male tasks, building up new relationships and going to social events also as not difficult to do. These results suggest that the participant group seems to contain women who had a quite modern division of roles with their partners before they died, and most did not suffer financial worries after the death of their partner. These findings also confirm the earlier picture of independent women, who are well capable of looking after themselves. Of the RO-items, the missing of daily conversation, thinking about future life and getting through the weekend were found difficult to deal with by most. Also, more than half of the widows did find traditionally male tasks such as fixing things and finances difficult to deal with.

The overall picture that can be drawn from the results shows divided opinions on the difficulty for most items. For a lot of stressors, more than half of the participants coped well, and a smaller group says they struggle. Identifying this group and its characteristics is important for the direction of interventions. However, some items were viewed as difficult by large percentages. For instance, dealing with the missing of love and daily conversation was rated to be very difficult by almost all of the widows. These and other results from the stressor-lists suggest that the loneliness created by the loss seems to be the most difficult to cope with for these women. When one thinks about the change the loss of a partner brings about, for elderly especially, this is very understandable. Presumably, during most of the adult years of their lives, these women had shared their life and house with their partner and perhaps their children. Some might never have lived by themselves before. This must be a major change in their daily life, and therefore very difficult to cope with. The way that the women rated the stressors, with a fairly equal amount of stressors rated as difficult and not difficult to deal with, suggests that these women were able to create a balanced picture of the experience of becoming a widow. They were able to rate what was hard, but also what was easier for them.

What makes this study special is that, so far, no study has asked widowed elderly women themselves about their experiences in coping with specific stressors, in the first year after spousal bereavement. Also, at the start of this research, the two stressor categories identified by the DPM used in this study, had not been translated into specific stressors. Exploring what these categories beheld, has been an important part of this study. And hopefully future research on the topic will benefit from the gathered information in this study. The result from this inventory should, however, be interpreted with considerable caution. The way participants were recruited, largely through my own and my grandmother's social network, a sample was created that is not a good reflection of the population. The view of widowed elderly women presented in this study, might therefore not be generalizable to widowed elderly women in general. What can be concluded, however, is that at least a part of the widowed elderly women in the population is adjusting relatively well to bereavement. After the initial shock of the event, they seem to deal reasonably well with most of the stressors they encounter. However, the loneliness created by the loss is distressing and seems inescapable for many. In providing support for this group, interventions should target this issue of loneliness. Moderate correlations between LO stressor difficulty, RO stressor difficulty and grief were found, indicating a connection, but not a total overlap of these concepts. In further analysis negative affect was found to be a predictor of grief intensity, lending support to findings in previous research. However, LO stressor difficulty proved to be a slightly better predictor of grief intensity than negative affect, explaining an additional 13% of the variance in grief scores. Therefore, high LO stressor difficulty be viewed as a possibly meaningful predictor of negative bereavement outcome. The

positive correlation of both LO and RO stressor difficulty and grief that was found, imposes the question of causality: is it because of the difficulty in dealing with certain tasks brought on by bereavement that grief scores are high? Or is it the other way around with extensive grieving leading to difficulty in dealing with (additional) stressors? A longitudinal research design would be needed to answer this question.

As predicted, high scores on avoidant attachment were significantly associated with low scores on LO stressor difficulty. This finding supports the notion that the avoidant attached may show an absence of conscious grieving, and therefore will not admit to having difficulties in dealing with the LO stressors. The relationship between avoidant attachment and RO stressor difficulty is not significant. This was a difficult prediction to start with and is unfortunately left undecided in this study, leaving the question of how avoidant attached cope with these stressors, which are indirectly related to the loss.

Contrary to prediction, anxious attachment was associated with low scores on LO stressor difficulty in this study. This finding questions the theoretical assumption that anxiously attached individuals experience chronic grief, involving helplessness in response to the death, since also no significant relationship with grief was found. However, it is important to keep in mind that the LO stressor measurements represents the widows' subjective rating of difficulty. It could be that the women were initially much distressed by all the tasks brought on by the death. However, because of their tendency (and ability) towards excessive display of distress to others, they may actually received a lot of help and social support from others in coping with LO and RO tasks. Therefore, when looking back, they might not rate these tasks as difficult to deal with. However, people in their surroundings might say that they did struggle to cope and needed their help. This is why 'family nearness' is an interesting factor to study. For instance, would the effect of 'family nearness' be greater on this groups ability to cope with LO and RO stressors in comparison to other attachment styles? However, no significant result were found for this relationship in this study. It would be interesting to examine this relationship further in studies on bereavement.

Unfortunately, no significant results were found regarding any of the hypotheses on attachment and grief. The fact that grief-intensity on average was not very high (on average the participants experienced the listed grief symptoms only 'sometimes') has most likely contributed to the failure to find significant results. What could have attributed to the moderate grief-intensity scores, is the fact that the time since the loss varied considerably among the widows. The widows lost their partner on average 8,9 years ago, with a standard deviation of 7,5. Even though, in the questionnaire the participants were asked to think back to how they felt in the first year after the loss, it is possible that, when the death happened longer ago, the memory of the grief period might be different than someone's experiences while still being in that first year after bereavement, or closer to that time.

There are several limitations to this study. The fact that there was such a large variation on time since the death for participants must have affected the scores. Even though analyses found no significant effect on grief scores, this factor does reduce the homogeneity of the participant group. It would have been better to, as well as set a minimal limit, to also set a maximum limit of time since the death to diminish this effect as much as possible. Also, because of the way the LO and RO scales were constructed, the scales' validity was low. To properly examine the relationship between LO and RO stressors, or LO and RO stressors *difficulty* as is the case in this study, scales have to be designed in which a single underlying dimension is measured. The gathered information on the content of these scales from this study could be used as a starting point to realize this.

Another limitation of this study is that measurement was done at a single-point (non-longitudinal) postbereavement. For measurements like negative affect and perhaps attachment, pre-bereavement measurements would have allowed for stronger conclusions than can be drawn now. Of course bereavement stressor difficulty can only be measured after the loss. And because the bereavement stressor-list can only be given to people who have actually lost a loved one, a (normal) control group for this study would have been pointless. The stressors widowed women face, are not experienced by women who did not lose their partner unwillingly. Perhaps the only control group that would make sense for use in future research are women whose partner left them, even though the women did not want this to happen. However, their situation is not totally comparable to that of widows. For instance, the cause of the loss has nothing to do with the bereaved women, but in the case of a break-up or divorce, both partners can have influenced this outcome.

Future research should also examine how the loneliness created by the loss can best be targeted by interventions. How can these women best be helped there? By simply expanding the women's social contacts, or by setting up more fellow-sufferers groups for widows, or perhaps internet groups. Or would they fare better with psychological help in the form of a psychological therapy to learn how to cope better with the loneliness, or would they benefit from social-skills training?

Future research should be directed at exploring the LO and RO stressors in the general population of bereaved individuals to better understand where the problems lie. Qualitative research should be directed at learning the exact difficulties experienced by elderly widows, for instance in the struggle to deal with loneliness as found in this study, and on how best to address all these issues in interventions. Also, to be able to connect the different attachment styles to the two stressor categories identified by the DPM, extensive research on the coping of the different attachment styles is necessary.

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Vragenlijst

Op de volgende pagina begint de vragenlijst. De vragenlijst is opgedeeld in delen, van deel A t/m deel H. Vult u a.u.b. in wat op u van toepassing is. Probeert u niet te lang na te denken over vragen, maar ga op u uw eerste ingeving af. Als u, op een moment, de vragenlijst niet verder in wilt vullen, om wat voor reden dan ook, dan is dat uw goed recht.

Deel A

Demografische gegevens

Wilt u invullen of aankruisen wat op u van toepassing is?

- 1) Wat is uw leeftijd?
..... jaar.
- 2) Wat is uw hoogst afgeronde opleiding?
 - Lager onderwijs
 - Lager beroepsonderwijs (bijv. LTS)
 - Mavo of ULO/MULO
 - HAVO of MMS
 - VWO/HBS/gymnasium
 - MBO
 - HBO
 - Wetenschappelijk onderwijs
 - Anders, namelijk.....
- 3) Hoe lang geleden is uw partner overleden?
.....
.....
- 4) Wat was de oorzaak van zijn overlijden?
 - Ziekte of natuurlijke dood
 - Ongeluk
 - Suïcide
 - Anders, namelijk.....
- 5) Was het overlijden onverwacht?
 - Ja
 - Nee
- 6) Krijgt u thuiszorg?
 - Ja
 - Nee (sla de volgende vraag over)
- 7) Hoeveel uur thuiszorg krijgt u gemiddeld per week?
..... uur per week.
- 8) Heeft u familie in de buurt wonen?
Onder 'in de buurt' wordt maximaal 50km bij u vandaan verstaan.
 - Ja, er woont veel familie in de buurt.
 - Er woont een deel van de familie in de buurt
 - Nee, er woont geen familie in de buurt
- 9) Woont u nu zelfstandig?
 - Ja
 - Nee

Deel B

Gevoelens, stemmingen

Hieronder vindt u woorden die verschillende soorten stemmingen en gevoelens weergeven. Kruis de woorden aan die beschrijven hoe u zich in het algemeen voelt. Sommige woorden klinken misschien hetzelfde, maar het is gewenst dat u alle woorden aanstreept die uw gevoelens van de afgelopen week beschrijven. Werk vlug en kruis alle woorden aan die beschrijven hoe u zich de afgelopen week in het algemeen (dat wil zeggen meestal) voelde.

- | | | | |
|------------------------------|---------------------|------------------------------|-------------|
| 1. <input type="checkbox"/> | Ongelukkig | 18. <input type="checkbox"/> | Lekker |
| 2. <input type="checkbox"/> | Actief | 19. <input type="checkbox"/> | Lusteloos |
| 3. <input type="checkbox"/> | In de put | 20. <input type="checkbox"/> | Opgesloten |
| 4. <input type="checkbox"/> | Terneergeslagen | 21. <input type="checkbox"/> | Sterk |
| 5. <input type="checkbox"/> | Ontmoedigd | 22. <input type="checkbox"/> | Bedroefd |
| 6. <input type="checkbox"/> | Evenwichtig | 23. <input type="checkbox"/> | Vreselijk |
| 7. <input type="checkbox"/> | Zorgelijk | 24. <input type="checkbox"/> | Vreugdeloos |
| 8. <input type="checkbox"/> | Triest | 25. <input type="checkbox"/> | Prima |
| 9. <input type="checkbox"/> | Eenzaam | 26. <input type="checkbox"/> | Doodop |
| 10. <input type="checkbox"/> | Vrij | 27. <input type="checkbox"/> | Hopeloos |
| 11. <input type="checkbox"/> | Verloren | 28. <input type="checkbox"/> | Fortuinlijk |
| 12. <input type="checkbox"/> | Gebroken | 29. <input type="checkbox"/> | Gefolterd |
| 13. <input type="checkbox"/> | Goed | 30. <input type="checkbox"/> | Slap |
| 14. <input type="checkbox"/> | Belast | 31. <input type="checkbox"/> | Veilig |
| 15. <input type="checkbox"/> | In de steek gelaten | 32. <input type="checkbox"/> | Verwelkt |
| 16. <input type="checkbox"/> | Energiek | 33. <input type="checkbox"/> | Afgekeurd |
| 17. <input type="checkbox"/> | Vredig | 34. <input type="checkbox"/> | Fit |

Deel C

Het verliezen van uw partner

Het verliezen van een partner leidt tot allerlei soorten emoties en problemen, die van mens tot mens verschillen. Als u terug denkt aan het eerste jaar nadat uw partner overleed, waar had u in die tijd moeite mee? U kunt antwoorden door het cijfer te omcirkelen dat aangeeft in hoeverre u iets wel of niet moeilijk vond.

| | Helemaal niet moeilijk | Niet zo moeilijk | Neutraal | Een beetje moeilijk | Heel moeilijk | Niet van toe- passing |
|--|------------------------------|---------------------|----------|------------------------|------------------|-----------------------------|
| De omstandigheden en gebeurtenissen omtrent het overlijden van mijn partner. | 1 | 2 | 3 | 4 | 5 | NVT |
| Het regelen van de uitvaart | 1 | 2 | 3 | 4 | 5 | NVT |
| Het regelen van een begraafplaats of uitstrooien van de as. | 1 | 2 | 3 | 4 | 5 | NVT |
| Het overlijden aan andere mensen melden. | 1 | 2 | 3 | 4 | 5 | NVT |
| Bezittingen van mijn partner opruimen. | 1 | 2 | 3 | 4 | 5 | NVT |
| Door het overlijden, veel nadenken over mijn partner. | 1 | 2 | 3 | 4 | 5 | NVT |
| Voorstellen hoe mijn leven er uit had gezien als mijn partner nog leefde. | 1 | 2 | 3 | 4 | 5 | NVT |
| Verlangen naar mijn partner. | 1 | 2 | 3 | 4 | 5 | NVT |
| Oude foto's van mijn partner bekijken. | 1 | 2 | 3 | 4 | 5 | NVT |
| Bedenken wat mijn partner in een bepaalde situatie zou hebben gedaan. | 1 | 2 | 3 | 4 | 5 | NVT |
| Huilen en verdrietig zijn over het verlies van mijn partner. | 1 | 2 | 3 | 4 | 5 | NVT |
| Positieve herinneringen aan mijn partner ophalen. | 1 | 2 | 3 | 4 | 5 | NVT |
| Negatieve herinneringen aan mijn partner ophalen. | 1 | 2 | 3 | 4 | 5 | NVT |

| | Helemaal niet moeilijk | Niet zo moeilijk | Neutraal | Een beetje moeilijk | Heel moeilijk | Niet van toe- passing |
|---|------------------------------|---------------------|----------|------------------------|------------------|-----------------------------|
| Opgelucht zijn dat mijn partner uit zijn lijden is verlost. | 1 | 2 | 3 | 4 | 5 | NVT |
| Het gemis van intimiteit; van kleine aanrakingen tot seks. | 1 | 2 | 3 | 4 | 5 | NVT |
| Het gemis van complimentjes die ik van mijn partner kreeg. | 1 | 2 | 3 | 4 | 5 | NVT |
| Het missen van liefde. | 1 | 2 | 3 | 4 | 5 | NVT |

Deel D

Het overnemen van taken van uw partner

Hoeveel moeite had u met het overnemen van de onderstaande taken in het eerste jaar na het overlijden van uw partner? Als u een bepaalde taak altijd al zelf deed of deze wordt gedaan door iemand anders, kruist u dan 'niet van toepassing' aan.

| | Helemaal niet moeilijk | Niet zo moeilijk | Neutraal | Een beetje moeilijk | Heel moeilijk | Niet van toe- passing |
|--------------------------------------|------------------------------|---------------------|----------|------------------------|------------------|-----------------------------|
| 1. Schoonmaken. | 1 | 2 | 3 | 4 | 5 | NVT |
| 2. Koken. | 1 | 2 | 3 | 4 | 5 | NVT |
| 3. Dingen repareren die stuk zijn. | 1 | 2 | 3 | 4 | 5 | NVT |
| 4. De was doen. | 1 | 2 | 3 | 4 | 5 | NVT |
| 5. De krant uit de brievenbus halen. | 1 | 2 | 3 | 4 | 5 | NVT |
| 6. Het onderhoud van uw woning. | 1 | 2 | 3 | 4 | 5 | NVT |
| 7. Boodschappen doen. | 1 | 2 | 3 | 4 | 5 | NVT |
| 8. De tuin onderhouden. | 1 | 2 | 3 | 4 | 5 | NVT |

| | | Helemaal niet moeilijk | Niet zo moeilijk | Neutraal | Een beetje moeilijk | Heel moeilijk | Niet van toe- passing |
|----|---------------------------------|------------------------------|---------------------|----------|------------------------|------------------|-----------------------------|
| 9. | Het gras maaien. | 1 | 2 | 3 | 4 | 5 | NVT |
| 10 | De post beheren. | 1 | 2 | 3 | 4 | 5 | NVT |
| 11 | De financiën beheren. | 1 | 2 | 3 | 4 | 5 | NVT |
| 12 | Rondkomen van een nieuw budget. | 1 | 2 | 3 | 4 | 5 | NVT |

Deel E

Omgaan met het opzetten en reorganiseren van een leven zonder partner
 Wat vond u hier makkelijk of moeilijk aan in het eerste jaar na het overlijden van uw partner?

| | | Helemaal niet moeilijk | Niet zo moeilijk | Neutraal | Een beetje moeilijk | Heel moeilijk | Niet van toe- passing |
|----|---|------------------------------|---------------------|----------|------------------------|------------------|-----------------------------|
| 1. | Bedenken hoe uw leven er alleen uit gaat zien. | 1 | 2 | 3 | 4 | 5 | NVT |
| 2. | Het herinrichten van ruimtes in uw huis. | 1 | 2 | 3 | 4 | 5 | NVT |
| 3. | Verhuizen naar een ander huis, appartement, verzorgings- of verpleegtehuis. | 1 | 2 | 3 | 4 | 5 | NVT |
| 4. | Denken aan de toekomst. | 1 | 2 | 3 | 4 | 5 | NVT |
| 5. | Het opbouwen van nieuwe relaties/vriendschappen. | 1 | 2 | 3 | 4 | 5 | NVT |
| 6. | Naar sociale aangelegenheden gaan. | 1 | 2 | 3 | 4 | 5 | NVT |
| 7. | Een nieuwe spel- of sportpartner moeten zoeken. | 1 | 2 | 3 | 4 | 5 | NVT |

Deel F

Dagelijkse dingen

Hoe ging het u af de dagelijkse dingen alleen te doen in het eerste jaar na het overlijden van uw partner?

| | Helemaal niet moeilijk | Niet zo moeilijk | Neutraal | Een beetje moeilijk | Heel moeilijk | Niet van toe- passing |
|--|------------------------------|---------------------|----------|---------------------------|------------------|-----------------------------|
| 1. De krant lezen/ kruiswoordpuzzel maken. | 1 | 2 | 3 | 4 | 5 | NVT |
| 2. Koffie drinken. | 1 | 2 | 3 | 4 | 5 | NVT |
| 3. Het gemis van dagelijkse gesprekken. | 1 | 2 | 3 | 4 | 5 | NVT |
| 4. Maaltijden koken voor één persoon. | 1 | 2 | 3 | 4 | 5 | NVT |
| 5. Aan tafel eten. | 1 | 2 | 3 | 4 | 5 | NVT |
| 6. Tv-kijken. | 1 | 2 | 3 | 4 | 5 | NVT |
| 7. Gaan slapen. | 1 | 2 | 3 | 4 | 5 | NVT |
| 8. Het weekend doorkomen. | 1 | 2 | 3 | 4 | 5 | NVT |
| 9. Iets anders, namelijk: | 1 | 2 | 3 | 4 | 5 | NVT |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Deel G

De relatie met uw partner

De stellingen hieronder gaan over hoe u zich voelde in uw relatie met uw partner. Het gaat hierbij om hoe u zich voelde in uw relatie voordat uw partner overleed, dus probeert u daaraan terug te denken. U kunt antwoorden door het antwoord te omcirkelen dat aangeeft in hoeverre u het met de stelling eens bent.

| | | Sterk mee oneens | Mee oneens | niet helema al mee eens | neutr aal | Een beetje mee eens | Mee eens | Sterk mee eens |
|-----|---|---------------------|---------------|----------------------------------|--------------|---------------------------|-------------|----------------------|
| 1. | Het hielp mij om me in tijden van nood tot mijn partner te wenden. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. | Ik besprak mijn problemen en zorgen meestal met mijn partner. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. | Ik besprak dingen met mijn partner. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. | Ik voelde me er goed bij om te leunen op mijn partner. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5. | Ik voelde me ongemakkelijk wanneer ik mijn gedachten en gevoelens deelde met mijn partner. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6. | Ik liet mijn partner liever niet zien hoe ik mij diep van binnen voelde. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7. | Ik was vaak bang dat mijn partner niet echt om me gaf. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8. | Ik was bang dat mijn partner me in de steek zou laten. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 9. | Ik maakte me er zorgen over dat mijn partner niet zo veel om mij gaf als ik om hem of haar. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 10. | Ik vertrouwde mijn partner niet volledig. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Deel H

Rouw

De onderstaande stellingen geven reacties weer die voor kunnen komen na het overlijden van een dierbaar persoon. Wilt u bij elk van de stellingen aangeven in welke mate u van deze reacties last heeft gehad in het eerste jaar na het overlijden van uw partner. Omcirkel uw antwoord.

| | | | | | | |
|-----|--|-------|--------|------|------|--------|
| 1. | Dat hij/zij overleden is, voelde ik als een persoonlijke ramp of verwoestende ervaring. | nooit | Zelden | Soms | vaak | Altijd |
| 2. | Ik dacht zo veel aan hem/haar dat het moeilijk voor me was de dingen te doen die ik normaal deed. | nooit | Zelden | Soms | vaak | Altijd |
| 3. | Herinneringen aan hem/haar maakte me van streek. | nooit | Zelden | Soms | vaak | Altijd |
| 4. | Ik kon zijn/haar dood niet aanvaarden. | nooit | Zelden | Soms | vaak | Altijd |
| 5. | Ik voelde een sterk verlangen naar hem/haar. | nooit | Zelden | Soms | vaak | Altijd |
| 6. | Ik voelde me naar plaatsen en dingen toegetrokken die verband hielden met hem/haar. | nooit | Zelden | Soms | vaak | Altijd |
| 7. | Ik kon er niets aan doen, maar ik was boos over zijn/haar dood. | nooit | Zelden | Soms | vaak | Altijd |
| 8. | Ik kon nauwelijks geloven dat hij/zij dood is. | nooit | Zelden | Soms | vaak | Altijd |
| 9. | Ik voelde me verbijsterd of verdoofd over zijn/haar dood. | nooit | Zelden | Soms | vaak | Altijd |
| 10. | Nadat hij/zij overleed, vond ik het moeilijk om mensen te vertrouwen. | nooit | Zelden | Soms | vaak | Altijd |
| 11. | Nadat hij/zij overleed, had ik het gevoel dat ik niet meer om anderen kan geven of voelde ik afstand tot de mensen om wie ik geef. | nooit | Zelden | Soms | vaak | Altijd |
| 12. | Ik had pijn op dezelfde plaatsen in mijn lichaam, of ik had dezelfde (ziekte)symptomen als de overledene. | nooit | Zelden | Soms | vaak | Altijd |
| 13. | Ik deed alles om maar niet aan hem/haar herinnerd te worden. | nooit | Zelden | Soms | vaak | Altijd |
| 14. | Ik vond het leven leeg en zonder betekenis zonder hem/haar. | nooit | Zelden | Soms | vaak | Altijd |
| 15. | Ik hoorde zijn/haar stem tegen mij praten. | nooit | Zelden | Soms | vaak | Altijd |
| 16. | Ik zag hem/haar voor me staan. | nooit | Zelden | Soms | vaak | Altijd |
| 17. | Ik voelde me alsof ik verdoofd was nadat hij/zij overleden is. | nooit | Zelden | Soms | vaak | Altijd |
| 18. | Ik vond het niet eerlijk dat ik nog leefde, terwijl hij/zij dood is gegaan. | nooit | Zelden | Soms | vaak | Altijd |
| 19. | Ik voelde me bitter gestemd over zijn/haar dood. | nooit | Zelden | Soms | vaak | Altijd |
| 20. | Ik was jaloers op andere mensen die niet een dierbare hebben verloren. | nooit | Zelden | Soms | vaak | Altijd |
| 21. | Ik had het gevoel dat de toekomst geen betekenis of doel had zonder hem/haar. | nooit | Zelden | Soms | vaak | Altijd |
| 22. | Ik voelde me eenzaam nadat hij/zij is overleden. | nooit | Zelden | Soms | vaak | Altijd |
| 23. | Ik had het gevoel dat mijn leven alleen maar met hem/haar zinvol kon zijn. | nooit | Zelden | Soms | vaak | Altijd |

| | | | | | | |
|-----|--|-------|--------|------|------|--------|
| 24. | Ik had een gevoel dat een deel van mij samen met hem/haar is gestorven. | nooit | Zelden | Soms | vaak | Altijd |
| 25. | Ik had het gevoel dat door zijn/haar overlijden, mijn beeld van de wereld is stukgeslagen. | nooit | Zelden | Soms | vaak | Altijd |
| 26. | Ik was het gevoel van veiligheid, vertrouwen of controle kwijt. | nooit | Zelden | Soms | vaak | Altijd |
| 27. | Ik voelde mij gespannen, prikkelbaar of schrikachtig sinds zijn/haar overlijden. | nooit | Zelden | Soms | vaak | Altijd |
| 28. | Mijn functioneren op het werk, of op een ander belangrijk levensgebied, in sociaal opzicht, was ten gevolge van zijn/haar overlijden ernstig verzwakt. | nooit | Zelden | Soms | vaak | Altijd |
| 29. | Ik sliep slecht. | nooit | Zelden | Soms | vaak | Altijd |
| 30. | Indien de slaap vaak of altijd slecht was: Is dit ontstaan na zijn/haar overlijden? | ja | Nee | | | |

Dit is het einde van de vragenlijst.

Ik wil u hartelijk bedanken voor uw medewerking.

Appendix 2 Information letter to participants



Universiteit Utrecht

Amsterdam,

Beste mevrouw,

Aan de hand van deze brief zou ik u graag uitnodigen om deel te nemen aan mijn onderzoek. Ik zal eerst wat meer over mezelf en het onderzoek vertellen.

Ik ben een psychologie studente van 24 jaar, en studeer aan de Universiteit van Utrecht. Ik volg daar de Master opleiding Klinische psychologie. In het kader van deze opleiding doe ik onderzoek naar hoe weduwes omgaan met het overlijden van hun partner. Ik word hierbij begeleidt door mevr. Prof. M.S. Stroebe. Ik heb vernomen dat u ook weduwe bent, wat betekent dat u, lang of kort geleden, uw partner heeft verloren. Ik begrijp dat dit vaak een erg verdrietige gebeurtenis is in iemands leven en betuig mijn medeleven met u.

Doel van het onderzoek is meer te weten te komen over hoe weduwes omgaan met overlijden van hun partner en hoe zij hierna met hun leven verder gaan.

Hoe ga ik te werk met mijn onderzoek?

- Over enkele dagen zal ik u opbellen met de vraag of u mee wilt doen aan mijn onderzoek.
- Als u aangeeft mee te willen doen dan stuur ik u de vragenlijst met instructies op. Het invullen van de lijst duurt ongeveer 30 minuten.
- U heeft dan 1 a 2 weken de tijd om de vragenlijst in vullen waarna u hem kosteloos op de bus kunt doen in de bijgevoegde retourenvelop.
- Verder vraag ik u ook een toestemmingsformulier te tekenen, waarin staat dat u vrijwillig aan het onderzoek meedoet.

U moet weten dat uw gegevens en antwoorden volstrekt anoniem zullen worden verwerkt. U hoeft nergens uw naam in te vullen en ik zal alle vragenlijsten anoniem verwerken, en die gegevens worden door niemand anders gezien dan mijzelf. U moet ook weten dat u op elk moment kunt stoppen met het invullen van de vragenlijst als u dat wenst.

Als u het moeilijk of onprettig vindt om over dit onderwerp vragen te beantwoorden, of om welke reden dan ook niet mee wilt doen aan dit onderzoek, dan begrijp ik dit natuurlijk en kunt u dat aangeven in het telefoongesprek.

Ik hoop dat u mee wilt doen. Uw ervaringen zijn voor ons erg leerzaam en u helpt mij enorm met mijn onderzoek.

Met vriendelijke groeten,

Ida van Berkum

