**Complicated Grief following job loss: The role of neuroticism and self-efficacy**

Master Thesis

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**Abstract**

Job loss has been repeatedly associated with poor mental-health, like any other life-stressor. It has not only been related to grief-like symptoms before but, most importantly, it has been associated with complicated grief. The current study investigated the relationship of certain individual characteristics with the intensity of Complicated Grief (CG) following involuntary job loss. Increasing the knowledge on these relationships could prove valuable in the efficiency of identifying vulnerability following job loss and in the implementation of suitable interventions to prevent the development of CG. Neuroticism as a personality trait was hypothesized to have a positive relationship to CG, while self-efficacy as a personal resource, on the other hand, was hypothesized to have a negative relationship to CG. Moreover, it was expected of those characteristics to both have a significant relationship with CG levels when measured together. The design of the study was cross-sectional, with the use of three questionnaires in online safe environment. The final sample consisted of 79 Greek individuals who had lost their jobs in the last five years. The data were analyzed using simple linear regression for the first two hypotheses and multiple regression for the last hypothesis. Results confirmed the two first hypotheses; neuroticism was found to have a positive significant relationship to CG and self-efficacy was found to have a negative significant relationship to CG. Yet, results showed no evidence for the last hypothesis, since neither neuroticism nor self-efficacy contributed to CG when measured in the same model. Further research could investigate more personality traits in order to better and more widely comprehend the development and maintenance of CG, as well as identify more resources that could act as protective factors.

*Keywords:* neuroticism, self-efficacy, involuntary job loss, complicated grief

**Introduction**

**Psychological Well-being and Job Loss**

In order to associate Complicated Grief (CG) to job loss, it is imperative to inquire into the scholarship between psychological well-being and job loss. To begin with, unemployment, like any other life-stressor, has been repeatedly associated with poor mental health, as well as depression and anxiety (Brand, 2015; Paul & Moser, 2009; Boya et al., 2008). Characteristics that are related to unemployment, such as change in income flow, status disruption, feeling of incompetence and social stigma are some of the phenomena that follow job loss and have an effect on psychological well-being (Brand, 2015). However, McKee-Ryan and colleagues (2005) have revealed that individualistic characteristics also play an important role on the impact of job loss.

Following from the above, researchers discovered that similar symptoms to the ones experienced in grief following the death of a loved one, can be found following job loss (Archer & Rhodes, 1993). Symptoms such as feelings of despair, anger, social isolation, loss of control, depersonalization and death anxiety are possible to be experienced by individuals that involuntarily lost their jobs. Similar to previous studies on mental well-being, there are risk factors such as length of notice and social isolation that can influence grief after job loss (Brewington et a., 2004). Losing one's job translates into losing social status, financial security and income as well as other secondary losses, all of which could change the world view of the individual drastically (Papa & Maitoza, 2013). Therefore, losing a job that is a salient part of an individual could lead to identity disruption, which is associated with more intense grief (Papa & Lancaster, 2016). All things considered, non-bereavement losses have proven to produce intense grief, similar to the bereavement loss (Papa et al., 2014).

**Complicated Grief and Job Loss**

CG symptoms were finally measured specifically in relation to job loss, after the first validation of the Job loss Complicated Grief Scale, when, unsurprisingly, job loss was conceptualized as a major life stressor with secondary losses that can indeed lead to CG symptoms (Van Eersel et al., 2019).

To elaborate on this, Complicated Grief in the bereavement research is a rather ambiguous concept, used to describe complications in the grieving process following the loss of a significant other (Stroebe et al., 2007). A sense of disbelief regarding the death, anger over the death, intense longing for the lost person, and preoccupation with thoughts of the

loved one are the key characteristics of CG in bereavement (Shear et al., 2005). It is also important to note here that only a minority of bereaved individuals have been found to be experiencing intense and prolonged grief, likely to cause difficulty in everyday life (Shear & Shair, 2005).

On the same note, CG has been researched following job loss, presenting a unique reaction to job loss, which is substantially distinguishable from depression and anxiety symptoms (Papa & Maitoza, 2013). Following the research on this matter, the existence of CG after job loss was also found to be able to predict later depression and anxiety, an important outcome that should be more extensively investigated (Eersel et al., 2020). However, studies also investigated whether there is a specific correlate that differentiates an individual who develops CG symptoms after job loss from the one who is able to move on from this stressor. To be more specific, believing in an unjust world, having low self-esteem and the use of maladaptive coping strategies were found to be important risk factors in the development and maintenance of CG following the loss of job (Eersel et al., 2020). These findings spark the interest in pursuing further the investigation of the characteristics that can act as risk factors, the characteristics that could be considered as protective factors, and the interaction among these individual characteristics in the development of CG following job loss.

*Neuroticism*

In the unemployment research, neuroticism is a personality characteristic that has repeatedly appeared to relate to poor well-being during unemployment (Langens & Mose, 2006; Van Hoye & Lootens, 2013). Moreover, a recent study testing the moderating effects of neuroticism on the generation of stressors following job loss showed a higher degree of neuroticism to be strongly associated with post-job-loss stressors (Howe et al., 2017).

Above all, neuroticism can be defined as the tendency to experience unpleasant and distressing emotions, which enhance the probability for the individual to have difficulties adapting to major life stressors, such as the loss of a loved one (Ormel et al., 2013). Following the research on neuroticism's role in developing psychopathology (Gegieckaite & Kazlauskas, 2020), neuroticism has been also suggested to be an important mechanism in developing or maintaining CG symptoms in bereavement loss, after the comparison with bereaved healthy control groups (Goetter et al., 2019). This is consistent with the results from Boelen & Van den Bout (2010), which showed the powerful relationship between

neuroticism and CG intensity in bereavement loss; it has been further found that neuroticism is even a stronger correlate than attachment anxiety and avoidance are (Boelen & Klugkist, 2011). On the same note, there is a wide range of scholarship on bereavement loss supporting the association between neuroticism and prolonged grief and other intense grief reactions (Robinson & Marwit, 2006; van der Houwen et al., 2010), making this particular personality characteristic a rather important issue for further research.

To sum up, since neuroticism has been repeatedly related to the development of CG symptoms in bereavement loss (Goetter et al., 2019) and to poor well-being following job loss (Van Hoye & Lootens, 2013), it is conceivable that it could also be a potential risk factor in the development and maintenance of CG following job loss.

### Self-efficacy

In the process of studying the possible protective factors against developing CG and in contrast to neuroticism, self-efficacy has been reported to contribute to adaptation after the violent loss of a loved one (Lacour et al., 2020). To elaborate, self-efficacy is a personal resource and refers to the positive beliefs someone has about the ability to influence events that affect their life, making it possible to change someone's resilience, (Lacour et al., 2020); self-efficacy is thus considered a core component of self-evaluation (McKee-Ryan et al., 2005). In recent studies on bereavement loss, higher levels of self-efficacy have been repeatedly associated with lower levels of CG symptoms (Lacour et al., 2020).

Correspondingly, in the unemployment research, McKee-Ryan and colleagues, in their meta-analysis (2005), have found a strong relation between self-efficacy and psychological well-being over time. In addition, several scholars have found that self-efficacy can predict a return-to-work behavior (Jeong et al., 2019), as well as a positive relationship with re-employment (Holmes & Werbel, 1992). At the same time, when self-efficacy is effectively recovered in relevant training programs, it can build resilience against the negative effects of job stress on well-being (Hahn et al., 2011).

Following from the above, it would be conceivable that self-efficacy could form a resilience response to CG symptoms following job loss and act as a protective factor.

*Neuroticism and Self-efficacy*

Both neuroticism and self-efficacy have been extensively studied, however research on their relationship has been sparse. An interesting finding in this direction is that high self-efficacy is more likely to appear in individuals with lower neuroticism (Hoyle & Gallagher, 2015). Similarly, in Piechurska-Kuciel's study (2010) the mediating role of self-efficacy was investigated in the relationship of neuroticism and language attainment; it was found that there is a negative relationship between neuroticism and self-efficacy. To be more specific, it was explained that neurotic students showed a lower sense of efficacy believing that language problems are not manageable, which then leads to lower levels of language attainment. Similarly, in Pocnet and colleagues' study (2017) on personality and its links to quality of life, self-efficacy was again found to be a mediating factor for the negative association between neuroticism and quality of life. To elaborate, it was stated that neurotic people tend to show less emotion regulation and low self-efficacy. A possible explanation for that could be that individuals who score higher on neuroticism, appear to have a tendency to underestimate their personal resources, such as self-efficacy, and have, as a result, the viewpoint of their problems as not manageable, compared to individuals with lower scores on neuroticism.

To sum up, there seems to be a connection between self-efficacy and neuroticism worth investigating in CG symptoms following jog loss as well.

**The present study**

All of the above points to the conclusion that CG following job loss is a unique response and quite distinguishable from other symptomatology, such as depression (Papa & Maitoza, 2013). Considering the fact that an individual experiencing CG after an involuntary job loss is in danger of developing depression and anxiety symptoms later and is unable to engage in valued, positive endeavors (Eersel et al., 2020), it seems crucial to investigate the risk and protective factors related to this matter. Increasing the knowledge on this phenomenon could aid in locating the at-risk individuals, in developing competent preventive measures, as well as possible therapy tools. Moreover, this is beneficial from a societal perspective as well, since preventing CG in unemployed individuals could possibly aid in e.g psychotherapy long waiting lists, since fewer people would seek therapy treatment having benefited from adequate prevention measures. In addition, treating CG effectively, could aid

in lower rates of unemployment, as individuals would be able to engage in job-seeking behavior and other positive activities.

Thus, the current study investigated the relationship of neuroticism and self-efficacy in the development of CG symptoms following job loss. First it was expected to find a positive relationship between neuroticism and job-loss related CG levels (Hypothesis 1). Secondly, it was expected to find a negative relationship between self-efficacy and CG levels (Hypothesis 2). Finally, it was expected to find a significant relationship between self-efficacy and neuroticism in the development of CG following job loss (Hypothesis 3).

## Method

### Procedure

This study has been approved by the Ethical Review Board of the Faculty of Social Sciences of Utrecht University (FETC 21-1166). Participants were recruited through the social network of the researchers; the social media (e.g. Facebook, WhatsApp groups, LinkedIn, etc.) were also used for this purpose. The survey demanded 15 to 20 minutes to complete and it was conducted online through a safe link which was provided to participants. Prior to completing the online survey, participants were given an information letter which provided all necessary information concerning the study; the written consent of the participants was also necessary before they could proceed to complete the questionnaires. Last, issues of confidentiality, anonymity and the right to terminate the survey at any point without any consequences for participants were diligently explained. At the end of the survey participants received a link to a "thank you" page which contained a video providing information on grief following job loss and tips for dealing with it. The recruitment period lasted from 25th April to 9th September 2021.

### Participants

A total of 162 participants from Greece completed the questionnaires. A number of 83 participants were excluded from the study due to uncompleted questionnaires, thus the final sample consisted of 79 participants (27,8% men, 60,8% female, 11,4% neutral or different). The overall participant age ranged from 22 to 57 years with a mean of 31,82 years ($SD$=7,917). The educational level ranged from first to third level (2,5% First level, 13,9% Second level, 83,5% Third level). The mean duration of employment was 3,78 years ($SD$=5,22), the mean time since job loss was 15,54 months ($SD$=16,85) and the mean number

of contract hours was 37,42 (*SD*=24,61). Last, it is important to note here that the most common reason of job loss was the termination of contract. A large number of individuals was also forced to resign due to adversary working conditions. Thus, the context of job loss in the current study is involuntary.

**Instruments**

***Demographics.*** The survey included general socio-demographic characteristics (e.g., age, gender, nationality, educational level, current relationship status), job characteristics (e.g., profession, cause of job loss, contract hours, years of employment, months since job loss, job status at the moment) and financial status after job loss.

***Job Loss Grief Scale (JLGS).*** During the first phase of the study, the English questionnaire for the Job Loss Grief was translated to Greek through forward and backward translation (Brislin, 1970). The JLGS was used to measure the job loss-related CG symptoms (Van Eersel et. al., 2019). The scale contains 33 symptoms on a 5-point Likert scale (1 = *never* to 5 = *always*). For instance, "The loss of my job feels like a personal disaster" and "I think about my job all the time". In a recent validation study, the JLGS was found to have good psychometric properties, namely the internal consistency showed excellent results ( α= .99), and the discriminant validity showed a clear distinction between grief symptoms, depression and anxiety (Van Eersel et. al., 2019). In the present study the cronbach's alpha was .97 proving high levels of reliability. Furthermore, the mean is 2,5 (*SD*=0,87) and the coefficient of variance of the JLGS distribution is 0,87/2,5=0,348 indicating sufficient dispersion of values. Skewness seems to be low enough indicating almost symmetric distributed values around mean and the kurtosis value is considerably (negative) high indicating that distribution curve tends to be platykurtic (Table 1).

***Ten Item Personality Inventory (TIPI).*** For the TIPI questionnaire, a Greek version was available (Καρφοπούλου, 2016). The TIPI instrument (Gosling et al., 2003) was used to measure neuroticism. TIPI consists of 10 items for self-assessment on a 7-point Likert scale (1 = *I strongly disagree* to 7 = *I strongly agree)* based on the Big Five Factors model by Costa and McCrae (1987). For instance, "I see myself as: Extraverted, enthusiastic" and "I see myself as: Anxious, easily upset". In Gosling and colleagues' research (2003), TIPI showed adequate levels in convergent and discriminant validity, test-retest reliability and

patterns of external correlates. In the present study cronbach's alpha was .69 showing marginally acceptable reliability. Furthermore, the mean is 4,05 (*SD*=1,33) and coefficient of variance of the neuroticism distribution is 1,33/4,05=0,33 indicating sufficient dispersion of values. Skewness seems to be low enough indicating almost symmetric distributed values around mean and the kurtosis value is moderate negative indicating that distribution curve tends to be flat platykurtic (Table 1).

***Generalized Self-Efficacy Scale (GSE).*** During the first phase of the study, the English questionnaire for Self-efficacy was translated to Greek through forward and backward translation (Brislin, 1970). The GSE scale (Schwarzer & Jerusalem, 1995 in Johnston et al., 1995) was used to measure self-efficacy. The questionnaire consists of 10 items, it is built on a 4-point Likert scale (1 = *not at all true* to 4 = *exactly true*) and has shown good intern reliability for 23 nations, as well as good criterion-related validity in various studies (Schwarzer, 2021). In the present study cronbach's alpha was .81 showing good internal consistency. In addition to that, the mean is 3,44 (*SD*=0,46) and coefficient of variance of the GSE distribution is 0,46/3,44=0,134 indicating moderate variability of values. Skewness seems to be low enough indicating almost symmetric distributed values around mean and the kurtosis value is considerably high (positive) indicating that distribution curve tends to be leptokurtic (Table 1).

**Table 1**

*Descriptive Statistics*

| | Valid | Missing | Mean | Std. Deviation | Skewness | Skewness Std. Error of | Kurtosis | Kurtosis Std. Error of | Range | Min | Max |
|---|---|---|---|---|---|---|---|---|---|---|---|
| JLGS | 79 | 0 | 2.5 | 0.87 | 0.16 | 0.27 | -1.06 | 0.53 | 3.15 | 1.06 | 4.21 |
| Self_efficacy | 68 | 11 | 3.44 | 0.49 | -0.19 | 0.29 | 0.43 | 0.57 | 2.3 | 2.2 | 4.5 |
| Neuroticism | 64 | 15 | 4.06 | 1.49 | 0.12 | 0.3 | -0.97 | 0.59 | 5.5 | 1.5 | 7 |

**Statistical analysis.**

The data was analyzed with the SPSS (IBM 24) software. First, imputation was conducted in order to replace the missing data with the mean for the self-efficacy distribution and with the

median for the neuroticism distribution respectively (Acuna & Rodriguez, 2004; Donders et al., 2006). The preliminary analyses included the conduction of a scatter plot in order to check for the linearity of the data, as well as a histogram and normal probability plot in order to test for homoscedasticity. Furthermore, the normality of distributions was tested through the "Kolmogorov-Smirnov Test" and the "Shapiro-Wilk Test" and multicollinearity was tested with a correlation analysis. Last, the independence of residuals was checked through the Durbin-Watson test and outliers where checked with Cook's Distance. The first hypothesis (H1) was tested with simple linear regression in order to examine the association between the continuous variable of neuroticism and symptom levels of CG. The second hypothesis (H2) was tested with simple linear regression as well, in order to examine the association between the continuous variable of self-efficacy and symptom levels of CG. Finally, a multiple linear regression analysis was conducted in order to test the third hypothesis (H3) including all three continuous variables into the same equation model.

## Results

### Preliminary results

According to the preliminary results, no assumptions (independence of observations, linearity of data, homoscedasticity, normality of distributions, multicollinearity and the independence of residuals) for the simple regression analyses were violated (Warner, 2013). However, the normality assumption for the variables of the multiple regression was violated. Still, in small to moderate sample sizes (<100), with single outliers and skewed data, it is expected for the Kolmogorov–Smirnov test not to show the desired results (Schoder et al., 2006). Overall, there is serious concern as to whether all distributions are normal (Wilcox, 2012), since in psychopathology only a minority (11.1%) experiences the fulfillment of the diagnostic criteria and functional impairment criteria (Roberts, 1998). Hence, no major issues were expected in the conduction of the main analyses.

Preliminary analyses indicated a positive relationship between Neuroticism and CG symptoms ($r = .27$, $p < .01$), as well as a negative relationship between Self-efficacy and CG symptoms ($r = -.25$, $p < .01$).
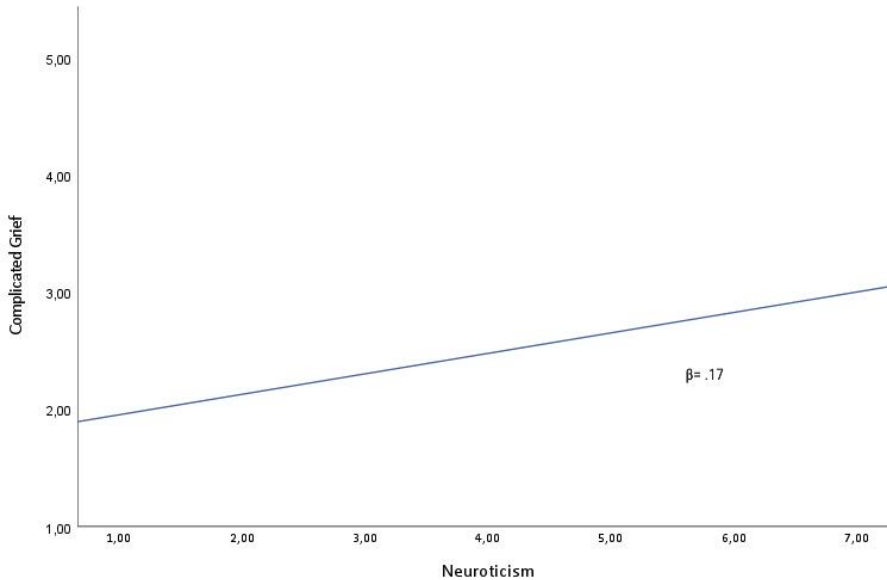
### Hypothesis 1

A simple regression was used in order to test the relationship between Neuroticism and the levels of CG symptoms. Results showed that Neuroticism explains a significant amount of variance in levels of CG symptoms, $F(1,78) = 6$, $p < .01$, $R^2 = .072$. Thus, Neuroticism interprets 7,2% of the JLGS's variability through regression equation. The

regression coefficient ($\beta$= .17) indicated that an increase in Neuroticism corresponded to an
increase in CG levels by 0.17 points (Figure 1).

**Figure 1**

*Graphical visualization of the relationship between neuroticism and levels of CG symptoms*



## Hypothesis 2

A simple regression was used in order to test the association of Self-efficacy to the
levels of CG symptoms. Results showed that Self-efficacy explains a significant amount of
variance in levels of CG symptoms, $F(2,78)$ =4.95, $p<.01$, $R^2$= .06. Thus, Self-efficacy
interprets 6% of the JLGS's variability through regression equation. The regression
coefficient ($\beta$= -.47) indicated that an increase in Self-efficacy corresponded to a decrease in
CG levels by 0.47 points (Figure 2).

**Figure 2**

*Graphical visualization of the relationship between self-efficacy and levels of CG symptoms*
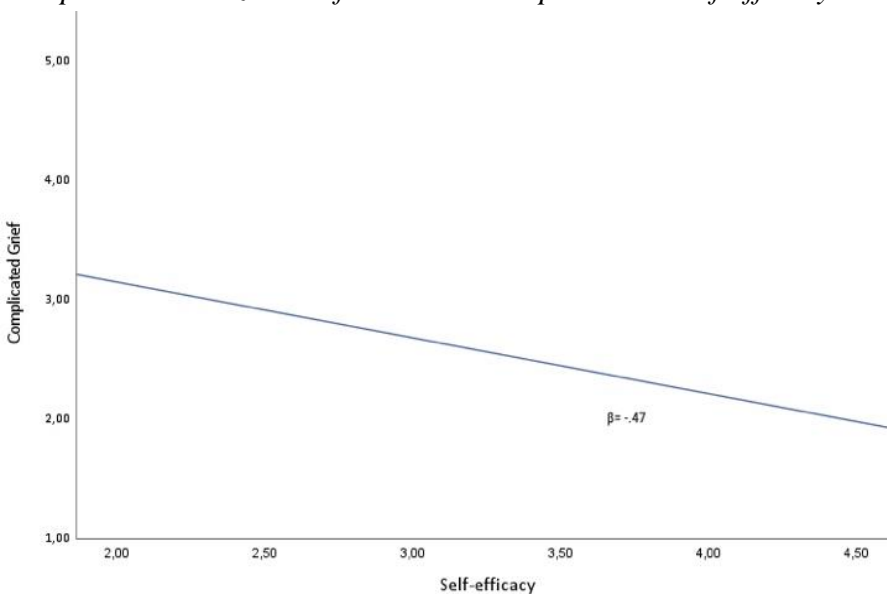
**Hypothesis 3**

A multiple regression was used in order to test the relationship between Neuroticism and Self-efficacy in the development of CG symptoms. The results showed that the total variance explained by the model as a whole was 8,9% and statistically significant $F(1,78)=3.72$, $p= .029$, $R^2= .089$. However, neither Neuroticism $t(78)= 1.55$, $p= .125$ nor Self-efficacy $t(78)= -1.19$, $p=.239$ made a unique contribution to the model.

## Discussion

In the current study, CG symptoms were studied in relation to involuntary job loss. More specifically, neuroticism as a personality characteristic and self-efficacy as a personal resource, were researched in order to obtain a better understanding of the risk and protective factors associated with this phenomenon. The three main findings of this study will be discussed in what follows.

First, according to the results, neuroticism appears to have a significant and positive relationship with CG symptoms following job loss, hereby confirming our first hypothesis. Most importantly, the results are in accordance with the existing bibliography on the positive association of neuroticism and post job-loss stressors (Howe et al., 2017). To further elaborate on this, neuroticism, in general, has been connected to developing psychopathology before (Gegieckaite & Kazlauskas, 2020). Since neuroticism is experienced as the tendency to have difficulties adapting in major life stressors (Ormel et al., 2013), it seems reasonable that it also has a positive relationship in the current study with CG following job loss, a situation repeatedly defined as stressful (Brand, 2015; McKee-Ryan et al., 2005; Paul & Moser, 2009). Moreover, following prior research findings indicating that neuroticism is related to more intense grief reactions in bereavement research (Robinson & Marwit, 2006; van der Houwen et al., 2010), the results of the current study also revealed an association between higher levels of neuroticism and higher levels of CG that could indicate a possible relation with pathological reaction to grief following job loss as well. Therefore, neuroticism seems to be a personality trait worth investigating as a risk factor for the development of CG following job loss.

Furthermore, the results of the present study also indicated a significant and negative relationship between self-efficacy and post job-loss CG symptom levels, hereby confirming our second hypothesis. Prior research has indicated a strong relationship between self-efficacy and psychological well-being (McKee-Ryan et al., 2005). This finding is in accordance with the decrease of CG levels in the current study when self-efficacy levels are

high. We could therefore assume that believing in one's own ability to positively change their life events (Lacour et al., 2020), in other words having high self-efficacy, could prove to be an important personal recourse against CG for an individual who is exposed to involuntary job loss. Overall, self-efficacy consists of behaviors like career planning and setting goals (Zicik & Kleh, 2006), thus it is conceivable that these behaviors could possibly assist with pulling an individual out of constant preoccupation with thoughts about the lost job (Eersel et al., 2020) and therefore decrease CG.

In contrast to H1 and H2, our last hypothesis cannot be confirmed from the results. In other words, in the regression model including both neuroticism and self-efficacy in their effect on CG symptoms, the two variables do not seem to contribute with significant findings. Thus, the current study does not prove that either self-efficacy or neuroticism can have a significant effect on post job-loss CG symptoms, when tested together. According to prior research, neuroticism and self-efficacy have been found to have a negative relationship, since the whole concept of believing in one's own ability to achieve something is contradictory to the personality of a neurotic person (Pocnet et al., 2017). On the same note, research showed that self-efficacy is more likely to be found in individuals with low levels of neuroticism (Hoyle & Gallagher, 2015).  To elaborate, neuroticism's lower sense of self-agency results into inability to solve problems (Piechurska-Kuciel, 2019), which is a situation contrary to self-efficacy. This could possibly be an explanation of the reason why these two variables cannot contribute significantly to CG, since they might be contradictory to each other; we basically measure the same characteristics in an individual but in the opposite direction. Certainly, this is an issue which needs to be further investigated.


**Limitations and Future research**

The current study is the first study in Greece to study CG symptoms following job loss, making an important contribution in this area of research. However, since the sample mostly consisted of women of a younger age, it is considered a convenience sample; therefore, our results could not be generalized (Kam et al., 2007). This could be a limitation to the study worth considering. To elaborate, gender stereotypes on people's work choices and work performance could have a determining effect on the individual's predisposition to CG following job loss. For example, it is possible that people raised as men could be experiencing a social expectation to be financially successful in order to maintain their gender norm on masculinity; thus, CG could differ from the one experienced from people

raised as women (Loizos & Papataxiarchis, 2016). Therefore, since gender societal expectations do differ and they do partly define us as people, future research should contain a bigger sample with more diversity in genders and age, so that results can be generalized.

   In addition, the cross-sectional design of this study is a limitation on its own, because we were not able to study the causality of CG following job loss in relation to neuroticism and self-efficacy (Levin, 2006). Studying the causality of neuroticism and self-efficacy in CG could reveal whether one of these variables is able to predict the development of CG and thus, help to develop the right screening tools to assess whether an individual is at-risk for developing CG symptoms after they lose their job. For example, if neuroticism was found to partly cause CG, the psychological assessment could be targeted on assessing first the individual's personality traits. Overall, CG is a very complex concept (Stroebe et al., 2007) that could benefit a lot more, if causality were to be investigated. Thus, future research could adopt a longitudinal design in methodology, so as to study the direction of the protective and risk factors related to CG.

   Since neuroticism and self-efficacy are not able to explain a significant amount of CG variance, future research could also investigate whether there is a moderation effect between those two variables. Similarly, only 8,9% of job-loss related CG is accounted for in this study, which is very limited. Further research should be done in order to gain better understanding of CG and the factors that contribute significantly in the model. More specifically, self-efficacy is part of the psychological capital questionnaire (Luthans et al., 2006), hence it would be interesting to investigate this model having the psychological capital as a variable, instead of only one part of it.

**Implications**

   This study is the first one to investigate the relationship between neuroticism and self-efficacy in the development of CG symptoms following job loss. Prior study has researched the intensity of CG following job loss in relation to work situation, coping strategies and negative cognitions (Eersel et al., 2020). This study, furthermore, adds significantly to the CG and job loss research and can increase awareness on personality traits and their relation to CG symptomatology, as well as possible personal resources like self-efficacy. Knowing that neurotic people have the tendency to experience reality in a very distressing way, it is crucial to investigate how this trait can complicate their grief reactions (Ormel et al., 2013). At the same time, other personality types might experience different complications following job

loss, thus the relation of different factors to personality should be discussed more thoroughly.

Moreover, the current study displayed originality since it only included people from Greece in the concept of CG following job loss. Studying the risk and protective factors of CG following job loss in Greece is crucial, since the Greek government, due to high debt, has been forced to implement significant austerity measures since 2010, in areas such as salaries and taxes (Rachiotis et al., 2015). This was a very critical point in recent Greek history, and it has been related to the constant increase of unemployment and suicides after the year 2008 (Madianos et al., 2014). We already know that poor psychological well-being following job loss is strongly related to economic factors such as economic insecurity (Brand, 2015). Therefore, in a country where unemployment benefits are extremely limited and the provision is low (Featherstone, 2008), one could assume that CG intensity following job loss could differ from that in a country with a better welfare system. Thus, investigating CG and job loss in this specific population, can prove valuable in order to undertake suitable and systematic interventions specific for the country's needs.

Last, the current study has a compelling societal impact, since it can enhance the efficiency of the existing screening tools by identifying vulnerable groups in early stages following the event of a lost job. This could prove to be beneficial for the long psychotherapy waiting lists, since preventing CG in unemployed individuals could decrease the number of individuals seeking treatment later on. Finally, unemployment rates would possibly drop as well, since providing timely aid to job-loss grieved individuals could help them engage in job-seeking behavior.

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