Belief in and Personal Experience with Stage Models of Grief amongst Bereaved Individuals

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Abstract

Despite accumulating evidence against stage models of grief, these models remain widely accepted and endorsed with potential negative implications for bereaved when their grief is not experienced in stages. The current study investigated whether: a) a positive association exists between intolerance of uncertainty (IU) and belief in stages of grief; b) a positive association exists between negative personal experience with stage models of grief and grief symptoms; c) avoidant coping moderates the association between negative personal experience with stages of grief and grief symptoms. The study employed an exploratory, cross-sectional design using data obtained from an online survey. Participants (N = 122), aged between 18 and 60 years, were bereaved individuals who had experienced the loss of a loved one within the last 5 years. Results of simple linear regression analyses revealed no significant association between IU and belief in stages of grief nor between negative personal experience with stage models and grief symptoms. The moderation analysis revealed avoidant coping as having no moderating effect in the latter association, however avoidant coping was found to significantly predict grief symptoms. Despite its limitations, it is hoped that the current study encourages future research to further investigate variables that may influence belief in stage models of grief and the potential negative impact of stage models when bereaved do not experience their grief in stages.

The death of a loved one can result in various psychological, physical and social consequences (Shear, 2015; Simon, 2013, Stroebe et al., 2007). Initially, most bereaved experience acute grief characterised by intense yearning and feelings of sadness and disbelief, loss-related cognitions, and disruption in one's identity and social role (Shear, 2012; Shear, 2015; Mughal et al., 2020). Most individuals adjust to loss without clinical intervention; however, a minority fail to recover and develop a dysfunctional grief reaction where acute grief persists and develops into complicated grief (CG; Boelen et al., 2006; Bonanno et al., 2005; Shear & Shair, 2005). To better understand the unique, highly complex grief process following loss, a number of theoretical models of bereavement have been developed (Stroebe et al., 2017).

Stage Models of Grief

Traditional stage models, such as Kubler-Ross' Five Stages of Grief (1969), are some of the most well-known models of grief. These posit that the grieving process involves bereaved moving through a set pattern of distinct and sequential stages of grief reactions (Bowlby & Parkes, 1970; Kubler-Ross, 1969). Within these models the grief process starts with a sense of numbness/disbelief, continues through 'middle' stages of depression or protest, and ends with acceptance of the loss (Holland & Neimeyer, 2010). However, little evidence supports the existence of grief stages or the need to experience stages to achieve 'recovery' (Corr, 2011; McLean et al., 2021). Research has also yielded findings that conflict with the grief process described by stage models - most individuals are resilient (about 46%) as opposed to a minority (about 10%) who experience intense distress followed by improvement (Bonanno et al., 2004; Bonanno, 2010).

Belief in Stage Models of Grief and Intolerance of Uncertainty

Despite the criticisms against stage models, they remain widely endorsed among the public (McClean et al., 2021; Strobe et al., 2017). Sawyer et al. (2021) demonstrated this

extensive belief in stage models when 30% of the general public and 8% of mental health professionals answered, 'Definitely True' and 38% of the general public *and* mental health professionals answered, 'Probably true' to the following statement, "The process of grief can be expected to progress through a predictable, series of stages, starting with denial and ending with acceptance".

It remains unclear why stage models continue to receive widespread endorsement despite the growing evidence-based opposition, and little research has gone into investigating this topic. Some argue that the endorsement of stage theories resides in its simplicity and ability to create order during a complex period of uncertainty with the promise of adjustment (Avis et al., 2021; Stroebe et al., 2017).

This raises the question whether intolerance of uncertainty (IU), defined as the tendency to react negatively to ambiguity or uncertainty (Buhr & Dugas, 2009), plays a role in belief in stage models among bereaved. Losing a significant other can destabilize roles, identities, and future plans which can create significant feelings of uncertainty (Boelen, 2010; Boelen et al., 2016). Thus, it is reasonable to argue that bereaved with high IU may be more likely to seek certainty through stage models as the models' list of stages provide a 'roadmap' to follow during their grief journey with the promise of predictability and 'recovery' (Holland & Neimeyer, 2010). Investigating the relationship between IU and belief in stage models may provide valuable information about whether this factor plays a role in stage models remaining endorsed and popular.

Personal Experience with Stage Models of Grief and Grief Symptoms

Despite the predictability they may offer, misutilization of stage models of grief may be harmful. Stage theories have become deeply ingrained in professional and cultural beliefs about processing loss with expectations about grief reactions being developed based on these theories (Hall, 2014). These grief-related expectations could result in support systems or health

care professionals critically judging or offering ineffectual support to individuals whom they believe are not experiencing the ‘normal’ pattern of grief, potentially exacerbating the grief experience (Avis et al., 2021; Silver & Wortman, 2007). Additionally, holding inaccurate expectations about experiencing grief in stages could lead to bereaved becoming self-critical of, or misinterpreting, their grief response, believing that something is ‘wrong’ with them or that they are not coping appropriately when their grief response does not occur in stages (Silver & Wortman, 2007; Wortman & Silver, 1989). This may exacerbate their grief-related distress, potentially increasing the risk of CG.

According to the cognitive-behavioural conceptualization of CG, one process hypothesized to be an underlying mechanism of CG is catastrophic misinterpretation of one’s grief reaction in which unpleasant loss-related experiences are misinterpreted as signaling impending catastrophe (Boelen et al., 2010; Boelen et al., 2013). Such misinterpretations can exacerbate distress and prevent adjustment to the loss, potentially contributing to the development of CG (Boelen et al., 2006). Thus, it is reasonable to argue that negative experience with stage models, such as believing one’s grief reaction is ‘wrong’ when not experienced in stages, could lead to misinterpretation of grief reactions and exacerbation of grief symptoms. Unfortunately, limited studies have investigated the association between experience with stage models and grief symptoms.

However, one qualitative study by Costa et al. (2007) explored how bereaved individuals’ grief-related expectations impact the bereavement experience. Many participants had negative self-evaluations about their grief response which may have been due to inaccurate grief expectations. Specifically, the duration of grief and the intensity of distress experienced were two elements of the grief response that did not meet participants’ grief-related expectations, resulting in negative social interactions about, and negative self-evaluations of, their grief response. It is important to note that intensity of distress and time taken to grieve are

two critical elements of traditional stage models of grief (Worden, 1991). Investigating whether a relationship exists between personal experience with stage models and the grief reaction will valuably add to the grief literature, providing insight as to whether such experiences exacerbate the grief experience. However, it is necessary to consider additional factors that may influence this association.

Coping Strategies & Grief Symptoms

A potential mechanism that could moderate the relationship between personal experience with stage models of grief and grief symptoms is coping strategies. Coping is an important factor in the grieving process, and differences in grief outcomes could be attributed to the type of coping strategies used during bereavement (Fisher et al., 2020; Huh et al., 2018). According to the stress-coping theory, problem- and emotion-focused coping are two coping strategies that underpin coping processes (Lazarus and Folkman, 1984). Problem-focused coping is active and aims to directly modify/eliminate the stressor, while emotion-focused coping, which can be active and avoidant, involves attempts to regulate one's emotions. Active emotion-focused coping can involve cognitively reframing a stressful situation, whilst avoidance emotion-focused coping involves avoidance and/or suppression of one's emotions.

Avoidance is identified as an important coping strategy and adaptive response during the initial grief response, providing respite from the emotional pain experienced during bereavement (Shear, 2010). For example, after a significant loss, individuals may suppress painful memories or avoid certain places that remind them of the deceased (Boelen et al., 2006). Such avoidance is thought to help regulate intense painful emotions and to lessen the emotional impact of the loss, enabling processing of the loss (Bonnano et al., 1995). However, the persistence of avoidance may exacerbate the acute grieving period, potentially increasing the risk of CG (Baker et al., 2016). Several studies have found avoidant coping to be associated with an increase in grief severity and poor mental health outcomes (Harper et al., 2014;

Silverstein et al., 2015). For example, a study by Schnider et al. (2007) found that when controlling for time since loss and trauma frequency, avoidant emotional coping was a significant predictor of both CG and posttraumatic stress disorder severity.

Based on this, higher use of avoidant coping by bereaved may exacerbate grief severity when they encounter negative experiences with stage models. Avoidance may prevent bereaved from actively addressing, for example, the emotional distress, guilt or negative self-evaluations of grief reactions when their grief is not experienced in stages. Therefore, it is relevant to explore whether avoidant coping plays a moderating role in this association.

Current Study

To sum, it is relevant to examine: a) the possible association between IU and belief in stage models of grief as it may provide valuable information about whether this factor plays a role in stage models remaining endorsed and popular; b) the possible association between personal experience of stage models of grief and grief symptoms as findings will provide insight as to whether experience with stage models increase the risk of CG; and c) the possible moderating effect of avoidant coping styles in the association between personal experience with stages of grief and grief symptoms. The following hypotheses were developed for the current study:

Hypothesis 1: There will be a positive association between IU and belief in the stage models of grief.

Hypothesis 2: There will be a positive association between negative personal experience of stage models of grief and grief symptoms.

Hypothesis 3: Avoidant coping will strengthen the association between negative personal experience with stage models and grief symptoms.

Methods

Design

This study formed part of a larger study investigating attitudes and experience with stage models of grief and the grieving experience amongst bereaved individuals. The current study specifically explored whether IU is related to belief in stage models and whether experience with stage models and avoidant coping styles are related to the grieving experience. The current study was located in the quantitative paradigm and employed an exploratory, cross-sectional design.

The study was approved by the Faculty Ethical Review Committee (FETC) of the Faculty of Social Sciences of Utrecht University (FETC 22-1620). Data collection for the study began on 25 May 2022 and ended on 25 June 2022.

Participants

Based on Cohen's (1988) effect size conventions, 95% power for detecting a medium effect size (.15), p = .05, was selected (Kang, 2021). According to G*Power, a significance level of .05 requires a sample size of at least 77 participants.

Inclusion criteria for participation included individuals who: a) had experienced the death of a close family member or friend within the last 5 years; b) were between the ages of 18 and 65; and c) were fluent in English, Turkish or German.

A total of 286 individuals participated in the survey, however 90 participants were excluded due to incomplete surveys. A further 35 and 39 participants were excluded due to not experiencing a loss within the last 5 years and having no familiarity with stage models, respectively. Thus, data from 122 participants, aged between 18 and 60, were analyzed (M = 27.89; SD = 9.92) in the current study.

The majority of participants were female (73.8%) with male and non-binary participants making up 25.4% and .8% of the sample, respectively. Participants were recruited

from 16 countries with majority residing in Turkey (*n* = 31), the Netherlands (*n* = 30) and Germany (*n* = 20). The sample was a highly educated cohort with 74.6% participants being university/college educated or higher. Most participants had lost a loved one to disease or illness (76.2%) and loss of a grandparent was most frequent (46.7%) followed by loss of a parent (23.8%).

Materials

Demographics

Demographic information was collected through a series of questions including gender, age, level of education, country of residence and whether participants had experienced one or more bereavements of a close family member or friend within the past 5 years.

Intolerance of Uncertainty Scale – Short Version (IUS-12)

The IUS-12 was used to measure IU and is comprised of 12 items (Carleton et al., 2007). Items are scored on a 5-point Likert scale and participants rate the extent to which they find each item characteristic of them, ranging from 1 = 'Not at all characteristic of me' to 5 = 'Entirely characteristic of me'. A total IU score is achieved by calculating the sum of all 12 items, with higher scores indicating greater IU. The IUS-12 has good psychometric properties, including excellent general internal consistency (α = .91; Huntley et al., 2020; Thibodeau et al., 2015) and good convergent and discriminant validity (McEvoy & Mahoney, 2011; Wilson et al., 2020). In the current study, Cronbach's alpha was excellent at 0.92.

Familiarity with Stage Models of Grief

A 3-item measure was constructed in response to the absence of measures that determine participants' general familiarity with stage models of grief, specifically Kubler-Ross' Five Stages of Grief, other versions of Kubler Ross' Five Stages of Grief and Bowlby's Four Stages of Grief Model. Within the measure, each item was scored on a 3-point Likert

scale, ranging from 0 = 'No, unfamiliar' to 3 = 'Yes, very familiar', and participants rated the extent to which they were familiar with each stage model.

Beliefs about Stages of Grief Scale

Due to an absence of measures that investigate the extent to which individuals believe in stages of grief, the Beliefs about Stages of Grief Scale was constructed by five grief experts in the context of the larger research investigation this study was a part of. The scale comprises of 64 items, reflecting either a positive or negative value, about stages of grief taken from journal articles, books and grief-support websites. Items are scored on a 4-point Likert scale, ranging from 1 = 'Strongly disagree' to 4 = 'Strongly agree'. After careful consideration, Item 45 was excluded from analysis due to content ambivalence. By reverse scoring the negatively valued items and calculating the sum of 63 items, a total score was determined, ranging from 0 to 100. The higher the total score, the higher the belief in stage models of grief. In the current study, Cronbach's alpha was excellent at .95.

Personal Experience with Stage Models of Grief

In response to the absence of measures that determine individuals' personal experience with stage models of grief, a 10-item measure was constructed. Within the measure, each item reflects either a positive experience (e.g., *"The stages have offered predictability in a time of chaos"*) or negative experience (e.g., *"I have felt guilty for not experiencing (all) the stages"*) with stage models of grief. Items are scored on a 4-point Likert scale, ranging from 1 = 'Strongly disagree' to 4 = 'Strongly agree' and participants rate the extent to which they agree with each item. By reverse scoring the positively valued items and calculating the sum of 10 items, a total negative score is determined with higher scores indicating a more negative experience. In the current study, Cronbach's alpha was questionable at .66.

Brief Grief Questionnaire (BGQ)

To measure grief symptoms, the BGQ was used which is a 5-item scale for screening CG risk in bereaved individuals (Igarashi et al., 2020; Ito et al., 2012; Shear et al., 2006). Each item (e.g., *"How much does your grief still interfere with your life?"*) is scored on a 3-point Likert scale, ranging from 0 = 'Not at all' to 3 = 'A lot'. A total score is achieved by calculating the sum of items which can range from 0 to 10. A total score of 5 to 7 suggests that the individual is at risk of developing CG and a total score of 8 or higher suggests that the individual has CG (Igarashi et al., 2020). Ito et al. (2012) showed that the reliability and validity of the BGQ are sufficient with the BGQ demonstrating good internal consistency ($\alpha = .75$) and discriminant validity. In the current study, Cronbach's alpha was acceptable at .76.

Brief-COPE

The avoidant-coping subscale of the Brief-COPE was used to measure participants' use of this coping strategy (Carver, 1997). Each subscale item is scored on a 4-point Likert scale (ranging from 1 = 'I haven't been doing this at all' to 4 = 'I've been doing this a lot') and participants indicated the frequency at which they had been using avoidant coping during the last 3 months of bereavement. A total score for avoidant coping was achieved by calculating the sum of the avoidant coping subscale item scores divided by the number of subscale items, with higher scores indicating greater use of the coping style. The Brief-COPE is considered the most widely used and validated measure of coping strategies with all sub-scales exceeding Cronbach's α of .60 (Garcia et al., 2018). In the current study, Cronbach's alpha was good at .86.

Procedure

Qualtrics, a web-based survey tool, was used to design and administer an online survey which participants could easily and conveniently access through most technologies with an internet connection. Participants were recruited using convenience sampling through

distributing the online survey on various social media platforms (*Facebook*, *Instagram*, *LinkedIn* and *Whatsapp*) and through advertisement on Utrecht University's Social and Behavioural Sciences research participation system (SONA). Participants either received information about the study through a recruitment flyer or SONA advertisement. Participants who were Psychology students at Utrecht University received credits for completing the online survey through SONA. Additionally, to further incentivize participation, participants could partake in a 20€ raffle prize following survey completion.

If individuals were interested in participating, they could access the online survey through a link that was included in the recruitment flyer and SONA advertisement. When participants clicked on the study link, they were presented with an information letter which provided important details about the nature of the study and the contact details of the researchers. This was followed by the consent form which participants had to accept in order to continue participating. Participation was completely confidential and voluntary, and participants could withdraw from the study at any point in time. The online survey took about 20-25 minutes to complete, and participants were presented with an online debriefing form following completion of the survey.

Data Analysis

The statistical software SPSS, version 28, was used in this study to analyze the data collected. The predictor variables included IU and personal experience with stages of grief and outcome variables included belief in stages of grief and grief symptoms. First, descriptive statistics were generated, including central tendency data, and the presence of any outliers or missing data were detected. Following this, simple linear regression analyses were conducted to explore the association between IU and belief in stage models of grief, and the association between personal experience with stage models of grief and grief symptoms. The assumption of linearity was violated for both linear analyses, however the residuals were normally

distributed and homoscedastic and multicollinearity was absent, thus, the analysis continued (Statistics Solutions, 2021). Lastly, Hayes PROCESS model, v4.1, was used to determine whether avoidant coping could be a moderating factor between negative personal experience with stage models of grief and grief symptoms.

Results

Descriptive Statistics

Table 1 provides descriptive statistics for the study's measure outcomes. The mean score for IU (M = 31.46; SD = 10.86) was low and below the 'high IU' cut-off point of 36 (Innes et al., 2017). Belief in Stage Models had a relatively high mean score (M = 57.50; SD = 17.55), indicating moderately high belief in stage models among the sample. Negative Personal Experience with Stage Models had a low mean score (M = 16.01; SD = 7.03), indicating that participants, on average, disagreed more on items reflecting negative experiences with stage models. The mean score for Grief Symptoms (M = 3.88; SD = 2.48) was particularly low and below the cut-off score that indicates risk of CG (Igarashi et al., 2020). Lastly, Avoidant Coping (M = 1.68; SD = .50) had a relatively low mean score, indicating low use of this strategy.

Table 1

Descriptive Statistics for Measure Outcomes

	M	*SD*	*Min*	*Max*
IU	31.46	10.86	12	59.0
Belief in Stage Models	57.50	17.55	0	100.0
Negative Personal Experience	16.01	7.03	0	40.0
Grief Symptoms	3.88	2.48	0	10.0
Avoidant Coping	1.68	.50	1	3.25

Hypothesis 1: There will be a positive association between IU and Belief in Stage Models

A simple linear regression was used to determine whether IU predicted belief in stage theories of grief. Results of the analysis indicated an insignificant regression output, $F(1, 120) = 3.82$, $p = .053$, with IU explaining only 3% of Belief in Stage Models of Grief variability ($R^2 = .03$; See Table 2). Thus, Hypothesis 1 was rejected.

Table 2

Simple Linear Regression for IU and Belief in Stage Models of Grief

	B	*SE B*	*β*	*t*	*p*	R^2	*F*
Intolerance of Uncertainty	.28	.15	.18	1.95	.053	.03	3.82

a. Predictors: Intolerance of Uncertainty

b. Dependent Variable: Belief in Stage Models of Grief

Note. $df = 1; 120$.

Hypothesis 2: There will be a positive association between Negative Personal Experience with Stage Models and Grief Symptoms

A simple linear regression was used to determine whether negative personal experience with stage models of grief predicted grief symptoms. Results of this analysis revealed an insignificant regression output, $F(1, 120) = .48$, $p = .49$, with negative personal experience explaining only .4% of Grief Symptoms variability ($R^2 = .004$; See Table 3). Therefore, Hypothesis 2 was rejected.

Table 3

Simple Linear Regression for Negative Personal Experience and Grief Symptoms

	B	*SE B*	*β*	*t*	*p*	R^2	*F*
Negative Personal Experience	.02	.03	.06	.69	.49	.004	.48

a. Predictors: Negative Personal Experience

b. Dependent Variable: Grief Symptoms

Note. $df = 1; 120$.

Hypothesis 3: Avoidant Coping will strengthen the relationship between Negative Personal Experience and Grief Symptoms

To investigate whether avoidant coping serves as a moderating variable between negative personal experience with stage models of grief and grief symptoms, a simple moderation analysis was carried out using Hayes' PROCESS model (v4.1; See Table 4). The interaction between avoidant coping and negative personal experience was not statistically significant, $B = .003$, $t(117) = .06$, $p = .95$, implying no moderation effect in this model and a rejection of Hypothesis 3. However, the analysis revealed a significant interaction effect between avoidant coping and grief symptoms, $B = 2.83$, $t(117) = 2.88$, $p = .004$, indicating that avoidant coping significantly predicts grief symptoms.

Table 4

Results of Moderation Analysis using PROCESS

	B	*t*	*p*	*LLCI*	*ULCI*
Negative Personal Experience	.02	.18	.86	- .17	.21
Avoidant Coping	2.83	2.88	.004	.89	4.78
Int_1	.003	.06	.95	- .10	.11

Note. df = 117.

Discussion

The purpose of this study was to investigate a) the association between IU and belief in stage models of grief; b) the association between negative personal experience with stage models of grief and grief symptoms; and c) whether avoidant coping moderates the latter association. It was hypothesized that IU and belief in stages of grief would be positively associated (H1), and that negative personal experience and grief symptoms would be positively associated (H2) with avoidant coping strengthening this association as a moderator (H3).

This is the first known study to investigate the association between IU and belief in stage models of grief. However, results from regression analysis were not significant and, thus, did not support Hypothesis 1. Although no studies have investigated this topic, the result of the regression analysis was not expected. Losing a loved one through death can create significant feelings of uncertainty as the event can destabilize bereaved individuals' identities, roles and future plans (Boelen, 2010; Boelen et al., 2016). With its specified list of sequential stages creating a 'roadmap' to follow during an uncertain and distressing grief process, one could argue that bereaved individuals with high IU may seek certainty through stage models of grief (Holland & Neimeyer, 2010).

However, the results of the current study could be explained by the instrument that was used to measure belief in stage models of grief. The Belief in Stages of Grief Scale was constructed and piloted due to an absence of measures that investigate the extent to which individuals believe in stages of grief. Although the measure had excellent reliability in the current study, confidence in its psychometric properties is limited and results should be interpreted with caution (Souza et al., 2017). Furthermore, the decision to calculate a total belief score by considering both positive and negative valued items may have resulted in the non-significant association between IU and belief in stage models. Thus, future research should investigate both the psychometric properties of the Belief Scale and whether the same non-

significant result is achieved when only positive valued items from the scale are considered during analysis.

The non-significant association between IU and belief in stages of grief and the relatively high mean belief score among the sample could also suggest that other variables may account for endorsement of stages models other than IU. Interestingly, a study by Avis et al. (2021) found that websites of a South African domain refer to stage models more frequently compared to other domains, such as Dutch domains, when providing information about grief following the loss of a loved one or pet. This may indicate that countries view stage models differently and this may be influenced by factors, such as the quality and accessibility of grief education. Thus, variables such as these should be investigated in future studies to gain a better understanding of stage model endorsement among the general public and grief professionals.

The current study was also the first to quantitatively explore the potential association between negative personal experience with stage models of grief and grief symptoms, and whether avoidant coping moderates this association. Results from the linear regression analysis indicated a non-significant association between negative personal experience with stages of grief and grief symptoms and, thus, did not support Hypothesis 2. These results were unexpected as one could argue that negative experience with stage models, such as the belief that one's grief reaction is 'wrong', could lead to misinterpretation of grief reactions and exacerbation of grief symptoms (Boelen et al., 2010; Boelen et al., 2013).

These results do not quantitatively reflect the findings of Costa et al.'s (2007) in which participants' bereavement experience was impacted by their grief-related expectations which were based on two critical elements of stage models, specifically time taken to grieve and intensity of distress. Similarly, another qualitative study by Kuehn (2013, p. 38) found bereaved individuals 'reigning their grief in' when they felt pressure from Western-grief related expectations, including time taken to grieve, even if they were still inwardly struggling with

their loss. These qualitative studies provide some evidence for the negative implications of stage models and highlight the need for further research.

However, it is important to note that the instrument used to measure personal experience in the study is newly constructed with no known psychometric properties and the reliability of this measure in the current study was questionable. Furthermore, the method of scoring this instrument may have impacted the study's results as the researcher decided to create a total negative experience score by taking positive items into account. Future research could investigate if similar results are found if only negative items are considered when calculating a total negative experience score.

With regards to Hypothesis 3, the interaction effect between negative personal experience and avoidant coping was non-significant, implying no moderation effect and, therefore, the hypothesis was not supported. The non-significant interaction effect could be due to the personal experience with stages of grief measurement, specifically its questionable reliability in the study, lack of confidence in its psychometric properties and the method used to calculate its total score as mentioned above. Furthermore, the mean BGQ score of the sample indicated a high unlikelihood of CG development, suggesting that individuals with severe grief symptoms were not present in the study. It would be interesting for future studies to investigate whether the same results are obtained in a clinical CG population.

Although avoidant coping was not found to be a moderator, it was found to significantly predict grief symptoms, supporting previous literature (Shear, 2010; Shear et al., 2007; Boelen et al., 2006a). While these results support the need to continue targeting avoidant coping in CG treatment, it is important to mention that the Brief-COPE was used to measure avoidant coping as opposed to a grief-related avoidance measure. While the Brief-COPE has good psychometric properties, a measure specifically designed to measure grief avoidance, such as the Grief-

Related Avoidance Questionnaire (Shear et al., 2007), may have been more appropriate for the current study to determine participants' use of avoidance during their grief process.

Strengths and Limitations

The current study has valuably added to the current gap in the grief literature about stage models of grief, implicating the need for further investigation. To the researcher's knowledge, this study is the first to investigate factors that may influence endorsement of stage models of grief and the potential consequences of prescribing to a stage-based approach during bereavement. In addition, to the researcher's knowledge, this study is the first to construct and pilot several instruments to measure belief in stages of grief, and personal experience and familiarity with stage models. Furthermore, the valuable reliability data obtained from these measures will allow developers to make improvements to these instruments. Lastly, the sample of the current study had a relatively large international base with participants residing in 16 countries, strengthening the generalizability of the results.

However, the results of the study should be interpreted in the context of several limitations. Firstly, the cross-sectional design of the study is a limitation as causality between the variables of interest, namely IU and belief in stages of grief and negative personal experience with stage models and grief symptoms, could not be determined. Thus, future research could adopt a longitudinal design to investigate endorsement of belief in stages of grief and potential consequences of using stage models as a prescriptive guideline. Secondly, participants were recruited exclusively online using convenience sampling methods, thus limiting participation of individuals without internet access and increasing the risk of generalizability issues. Future studies could employ random sampling methods and ensure equal access to participation. Thirdly, in response to the absence of measures that determine familiarity with stage models of grief, belief in stages of grief and personal experience with stages of grief, several measures with unknown psychometric properties were constructed and

employed in the current study. Thus, confidence in these measures' usefulness, appropriateness and meaningfulness is limited. More effort is needed to develop instruments to measure these constructs and their psychometric properties should be adequately tested.

Conclusions and Implications

Despite its limitations and non-significant findings, the study was the first to explore the association between IU and belief in stages of grief and between negative personal experience with stage models and grief symptoms, emphasizing the need for further research into these grief areas. Additionally, this study draws attention to the potential harm of prescribing to a stage-based grief approach and the high belief in stage models of grief despite the growing evidence-based criticisms against these theories. Furthermore, the study's finding that avoidant coping significantly predicted grief symptoms is consistent with previous literature, thus demonstrating a reliable association between avoidant coping and CG (Harper et al., 2014; Silverstein et al., 2015). This finding supports the importance of targeting avoidant coping in evidence-based interventions to reduce grief severity (Fisher et al., 2020; Schnider et al., 2007).

It is hoped that the current study encourages and provides a foundation for future research to identify variables that may play a role in belief in stage models of grief and the potential negative impact when stage models are used as a prescriptive guideline by bereaved who do not experience their grief in stages. Additionally, the study identifies avoidant coping as an important mechanism underlying grief severity which should be considered during clinical intervention.

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