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**The Influence of Experience with Stage Models of Grief on  
Grief Symptomatology in Bereaved Adults**

Master's Thesis in Clinical Psychology

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## Preface

When there is something that I learned in the past months investigating human's grieving processes while similarly experiencing the pain of bereavement on my own by the death of my grandmother and witnessing my father's loss in his fight against cancer, then that the process of grief is as unique as each human being is. Grief is painful. On one day it is devastating, on the other it is strengthening. It takes different forms and faces ranging from positive to negative emotions. For me it was flexible, showing up in different emotional states and facets, thereby looking differently each day, sometimes even differently per daytime. Anger, depression, or denial as portrayed in the stages of grief are possible reactions when losing a loved one, but they are not mandatory to have. There are common but no typical, "normal" or even right responses to loss. Yet, too often bereaved are expected to feel a certain way when experiencing a loss. However, grief should be a non-judgemental zone without any prescription. Subsequently, I am more than glad that I got the opportunity to investigate such an important topic and try to contribute to the research about it.

My special gratitude is expressed to my supervisor Kate Avis who always was more than passionate about this topic and our research, thereby showing expertise but especially her humanistic, understandable and supporting side. Thanks to my fellow researcher colleagues Ezgi, Brogan and Mara for exchanging ideas and plans (and for being company in times of missuccesses, frustration, and delays in the study process). Further, I want to thank my family, particularly my mother who gave more than everything in the past months. Eventually, I want to express my gratitude for my friends, who always hold my back.

### **Abstract**

**Background.** The stages of grief are a popular approach to bereavement. Despite its widespread acceptance and popularity, concerns about the harmful effects of the model have been expressed, especially if presented as the “correct” way to grieve. Yet, no research has been conducted to examine who adheres to the stages and why and whether the belief or the personal experience with the stages is associated with grief intensity. **Objective.** The current study aimed to investigate the relationship between the suddenness of death and belief in the stages and the association between negative experience with the stages and grief symptomatology. Further, it was assessed whether the person’s level of intolerance of uncertainty would moderate this association. **Method.** A quantitative cross-sectional online-study was conducted consisting of 161 participants (18-64 years) that experienced a loss of a loved one in the last five years. The Brief Grief Questionnaire was used to examine grief symptomatology, and the Intolerance of Uncertainty Scale (Short Form) assessed the participants’ ability to deal with uncertainty. Moreover, two new developed scales were used to screen beliefs and personal experiences with the stage models. **Results and Conclusion.** None of the conducted analyses showed statistical significance. However, the study has important implications drawing attention to an important topic that has not been investigated before. Thereby it provides reliability for new scales and detects limitations which provides important directions for future research.

## Introduction

Death is an intrinsic part of life. Most individuals will experience the death of a loved one in their lifetime causing negative psychological and physiological reactions (Stroebe et al., 2007). In the last decades, stage models of grief were introduced to learn and understand more about grief and grieving. One of the most known approaches is the five stages of grief by Kübler-Ross (1969). According to the model, individuals go through five distinct stages after a loss namely denial, anger, bargaining, depression, and acceptance (Kübler-Ross, 1969). The approach has been interpreted prescriptively, “as a progression that bereaved persons must follow in order to adapt to loss” (Stroebe et al., 2017, p. 455). Thereby, the assumption is that each phase is distinct with different time sequences. The approach found wide acceptance and recognition in educational institutions and clinical practice, where it has remained influential (Avis et al., 2021).

Despite its widespread acceptance and popularity, the stage approach has been criticised by various clinicians and researchers (e.g. Friedman & James, 2008). One claim is that there is a misrepresentation of the conceptualisation of grief and bereavement (Stroebe et al., 2017). Further, it is claimed that there is no empirical evidence that people go through these stages, nor is there any theoretical background underlying the model (Stroebe et al., 2007). Thus, prescribing to individuals how grieving should look could be harmful as it may lead to the assumption that they are not grieving accurately if they do not go through all the stages or go through them in a "wrong" order (Stroebe et al., 2007). Another point of criticism is that the model is not applicable for those at high risk to develop complications with their grieving nor for those who already follow a pathological grieving course (Holland & Neimeyer, 2010). Hence, the stages seem to lack practical implications and do not account for at-risk individuals or those with complications in the grieving process.

### **Suddenness of Death and the Belief about the Stages**

Despite the criticisms, endorsement of stages appears to be high. So far, little is known about who adheres to the stages of grief and what the reasons are why certain people are more likely to believe in the stage approach. One reason for the persisting belief in the model may arise from the models' simplicity and prescriptive character that helps bereaved to know what to expect (Friedman & James, 2008). Accordingly, Shermer (2008) stated that the stage approach seems to create order and predictability in a time that usually is marked by unpredictability, helping individuals to reach the final stage of acceptance. Following the stages seems to provide "a sense of conceptual order to a complex process and offers the emotionally promised land of 'recovery' and 'closure'" (Hall, 2014, p.8).

In the case of sudden death, the loss of bereaved individuals occurs without any premonition, violating the human's natural need for predictability and making them more vulnerable for pathological grief reactions (Krychiw et al., 2018). Next to the inability to cope with unpredictable events, the lack of preparedness for death seems to make individuals experiencing a sudden death more vulnerable to suffer from complicated grief reactions. Further, it might lead to higher belief in the stages of grief as they might try to compensate for their lack of predictability and preparedness with an approach that aims to guarantee for both. Moreover, the suddenness of death interferes with the bereaved individual's ability to make sense of the loss (Neimeier et al., 2016). Again, an approach that is presented as a tool for "finding meaning" (Kessler, 2019), seems to particularly attract those individuals that are having trouble to do so. Hence, individuals who experienced a sudden loss might be especially susceptible to believing in the stages of grief.

### **The Association between Negative Experience with Stage Models and Grief Symptomatology and the Moderating Role of Intolerance of Uncertainty**

While the predictability that the stage models seem to offer may generalise high belief in certain individuals, the prescription of the approach may be harmful to others. Silver and Wortman (2007) claimed that being exposed to the stages of grief may contribute to an individual's feeling that they are not grieving correctly, i.e., when they do not experience (all) stages. As stated above, holding the misassumptions that one is not coping appropriately can provoke negative beliefs and misinterpretations of one's grieving reactions (Stroebe et al., 2017). Particularly, a mourning person might experience distress or guilt as a consequence of their maladaptive beliefs. Following the cognitive behavioural theory of complicated grief, negative beliefs and misinterpretations of their grieving reactions are said to "directly generate symptoms of CG" (Boelen et al., 2006, p. 113).

Further, internal misassumptions and self-evaluations seem not only lead bereaved people to assume that they are not grieving accurately, but it can also be further be displayed in a non-supportive social network and lead to potentially harmful responses, even by healthcare professionals (Silver & Wortman, 2007), i.e. when others react negatively when one does not follow the stages "correctly". Correspondingly, both internal interpretations and negative responses of the social environment (that also reinforce internal interpretations) can evoke negative emotions and predict grieving symptoms (Boelen et al., 2003).

The association between negative experience and grief symptomatology may be influenced by an individual's intolerance of uncertainty (IU) which is known to contribute to grief intensity. IU is defined as the tendency to respond negatively (in an emotional, cognitive and behavioural way) to uncertain situations (Boelen et al., 2006). According to Boelen and colleagues (2006), the loss of a beloved person might lead to a destabilised sense of the bereaving's identity, roles, goals and plans, causing feelings of uncertainty. Given that the experience of the loss is characterised by uncertainties it was demonstrated that individuals high in IU are more likely to suffer from severe grief reactions (Kennedy et al., 2021b). It has

been examined that IU affects adjustment and a person's ability to cope effectively with stressors (Kennedy et al., 2021a). In particular, individuals who believe that uncertain events will upset them have greater difficulties in changing their views about themselves and their future (Boelen et al., 2006).

Further, it is well known that individuals high in IU are more likely to engage in behaviours like rumination, worrying, or avoidance (Boelen et al., 2016; Dar et al., 2017). All of these behaviours have been found to negatively affect the grieving process (Eisma et al., 2020). Subsequently, individuals high in IU might be more vulnerable to developing severe grief symptoms when being confronted with negative experiences, in both an internal (i.e. internal interpretations about grieving incorrectly) or external manner (i.e. negative responses about one's grieving due to the social environment). Hence, IU might moderate the effect of experience with the stage models of grief and grief symptomatology.

### **The Current Research**

For the present study, three hypotheses were created. The first one investigates the association between experiencing a sudden death and belief in the stage models of grief. Hereby, it is proposed that individuals grieving a sudden loss show more tendencies to believe in the stage approach. *H1: Bereaved individuals who have experienced a sudden loss are more likely to believe in the stage models of grief.*

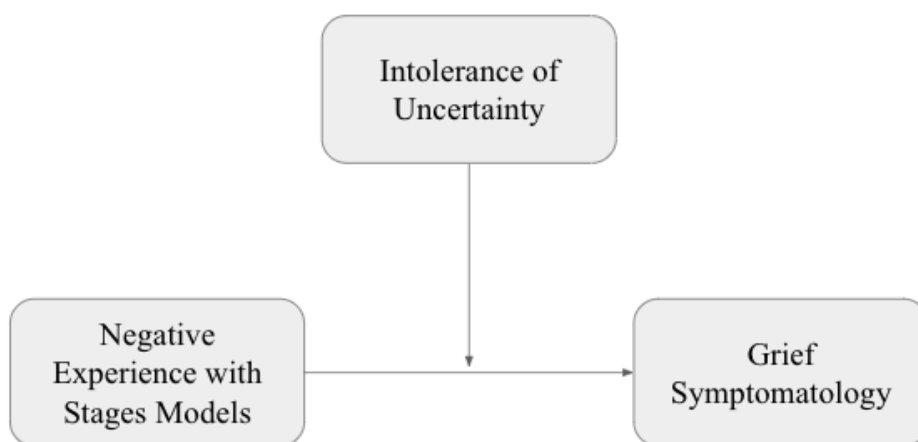
Facing the criticism of the stage models, it is expected that grief symptomatology might be increased by negative experiences with the stage model. *H2: Individuals with negative experiences on the stage model of grief will have more intensive grief symptoms than individuals with positive experiences.*

Eventually, prior research demonstrated an association between IU and complications in grief reactions. One reason for this may be the maladaptive behaviour patterns those

individuals display. In the context of the current research, the question emerges whether individuals with higher IU might be more vulnerable to displaying severe grief symptoms after making negative experiences with the stage approach. Hence, the current research will explore if IU moderates the relationship between negative experience with the stage model and grief symptoms (see Figure 1). *H3: IU moderates the relationship between the experience with the stage models and grief symptoms.*

Figure 1

*Hypothesised model for the association among negative experience with stage models and grief symptomatology with intolerance of uncertainty as a moderator*



## Methods

### Design

The present study used a quantitative cross-sectional online-survey research design that was part of a larger study which investigated familiarity, attitudes and experience with the stages of grief and its influence on grief symptomatology. Across the different theses, further variables, coping strategies and personal characteristics including neuroticism, IU and their influences on the grieving process were explored. This master thesis, however, focuses solely



on the suddenness of the death and IU. The study was approved by the Faculty Ethical Review Committee of the Faculty of Social Sciences of Utrecht University. Data collection took place from May 25, 2022, until June 24, 2022.

## **Participants**

The target group were individuals in the age range of 18 to 65 years that have experienced the loss of a close family member or friend within the last five years. In total, 286 individuals filled out the survey. 90 participants were excluded due to drop-out/ missing data. Moreover, 35 participants had to be excluded as they did not experience a loss in the indicated time frame resulting in a sample size of 161 respondents. The participants consisted of the researchers' social contacts and were approached through the usage of convenience sampling and snowball sampling. Additionally, the study was published in SONA Systems to recruit psychology bachelor students who were able to collect test subject hours due to their participation. In total, 118 participants (73.3%) experienced a sudden death from which 65 (40.4%) participants perceived the death as "somewhat sudden" and 53 (32.9%) as "very sudden". From all participants, 116 (72%) indicated to be female, 44 (27.3%) described themselves as males, and 1 participant stated to be no-binary. The age range was between 18 and 64 ( $M_{age} = 29.1$ ,  $SD_{age} = .89$ ). Moreover, 42 of the participants (26.1%) indicated to be resident in Turkey, 36 (22.4%) in the Netherlands, 32 (19.9%) in Germany, 20 (12.4%) in South Africa, and 12 (7.5%) in Croatia. In total, 19 participants (11.8%) were residents of another country. Most participants (98; 60.9%) reached a college diploma or university degree as the highest level of education, followed by 40 participants (24.8%) that finished secondary school, 14 participants (8.7%) completed a postgraduate degree, 6 (3.7%) other professional qualifications and 3 individuals (1.9%) some other secondary school as their highest education form.

39 participants were not familiar with the stage models of grief and therefore were automatically not provided with the scales asking about belief and experience with stage models and IU. This led to a total of 121 participants providing information for these scales.

## **Measurements and Materials**

### ***Demographics***

To collect demographic information, participants were asked to fill out a survey asking for gender, age, highest education level, country of residence and whether the person experienced a loss of a close family member or friend within the last five years.

### ***The Suddenness of Death***

To screen whether the death was sudden, one item was created asking whether the respondent did experience death as being sudden. Answer options ranged from 0 (“Not sudden at all”), to 1 (“Somewhat sudden”), and 2 (“Very sudden”) to differentiate the extent of suddenness.

### ***Familiarity with Stages of Grief***

Three items were created to ask whether the participants were either familiar with Kübler-Ross’s Five Stages of Grief (1969), another version of Kübler-Ross’s model, or with Bowlby’s Four Phases of Grief model (1982). To give a summary of the core idea of each model, a small description of each model was provided. The three answer options given were 0 (“No, not familiar”), 1 (“Yes, somewhat familiar”), and 2 (“Yes, very familiar”).

### ***Brief Grief Questionnaire (BGQ)***

To screen grief symptoms and intensity, the BGQ (Shear et al., 2006) was used (see Appendix A). The BGQ is a five-item, self-administered questionnaire that assesses the difficulties in accepting the death, interference of grief in current life, troubling thoughts related to the death, avoidance of reminders of the loss, and feeling distant from others (Ito et al., 2012). Each item is scored from 0 (*not at all*) to 2 (*a lot*). Considering prior studies, the BGQ demonstrates sufficient reliability, factorial validity and discriminant validity in a cross-cultural setting (Ito et al., 2012). Item-total correlations ( $r_s > .67$ ) and internal consistency were acceptable ( $\alpha = .75$ ), indicating adequate reliability and the goodness-of-fit indices showed the validity of the unidimensional factor structure (Ito et al., 2012). In the current study, the BGQ as well showed acceptable internal consistency with  $\alpha = .75$  (Blanz, 2015).

### ***Intolerance of Uncertainty Scale - Short Form (IUS-12)***

The IUS-12 is a shortened version of the initially 27-item, self-reported IUS (Freeson et al., 1994). It has shown to have a strong correlation with the original scale ( $r = .96$ ) (Khawaja & Yu, 2010) and can be seen as a multidimensional construct with a two-factor structure (Carleton et al., 2012). The first factor is prospective IU and refers to the fear and anxiety about future events. The second factor is inhibitory IU and is characterised by avoidance-oriented responses to uncertainty that inhibits actions or experiences (see Appendix B). All items are measured on a 5-point Likert scale ranging from 1 (*not all characteristic of me*) to 5 (*entirely characteristic of me*), whereby higher scores indicate higher levels of IU. The IUS-12 demonstrates excellent internal consistency ( $\alpha = .96$ ), good test-retest reliability, and good convergent and divergent validity (Carleton et al., 2007; Ito et al., 2012; Khawaja & Yu, 2010). In the current sample, the internal consistency of the IUS-12 was excellent as well ( $\alpha = .90$ ; Blanz, 2015).

### ***Beliefs about Stages of Grief Scale***

To measure the participants' views on thinking about grieving in terms of stages, the new-developed scale developed by five grief experts in the context of the larger research study was used. It is a self-administered questionnaire counting 64 items. The items address the participants' general attitude by presenting statements about the stages of grief from, for instance, journal articles and grief-support websites. Some items are supporting the idea of the stages of grief and display a positive attitude towards the approach, whereas others may be contradicting and criticising the approach. For each statement, the participants had to rate to what extent they agree or disagree measured on a 4-point Likert scale ranging from 1 (*strongly disagree*) to 4 (*strongly agree*). For negatively valued statements, the order was reversed (see Appendix C). Due to content ambivalence, item 45 was excluded from the analysis. Eventually, a total score ranging from 0 to 100 was determined whereby the higher the scoring, the higher the belief in the approach. The scale is not validated yet, but the current study found an  $\alpha = .95$  representing excellent reliability (Blanz, 2015).

### ***Negative Experiences with the Stages of Grief Scale***

Ten positive and negative formulated items were used to explore the individual's experience with the stage models of grief. Negative experiences included the appearance of negative emotions like guilt or distress as a result of both internal misinterpretations (i.e., "I have felt like there is something wrong with me because I did not experience (all) the stages") or social misinterpretations of the individual's grieving process (i.e., "Others have reacted negatively to the fact that I did not follow the stages correctly") (see Appendix D). Again, the statements were measured on a 4-point Likert scale ranging from 1 (*strongly disagree*) to 4 (*strongly agree*). All positive items were reversed and were then summed with the negative items to get a total score for negative experience. Accordingly, each item has been assigned a

point. The lowest possible score was 10 and the highest 40, whereby a higher score indicated a more negative experience. Like the prior stages-of-grief-specific inventory, this scale was developed by the prior mentioned five grief experts. Therefore, the current study provided the first psychometric parameters for its usage. Accordingly, the scale reached an  $\alpha = .66$  which can be considered questionable internal consistency and subsequent reliability (Blanz, 2015).

## **Procedure**

The above-stated questionnaires were combined in one survey created by and presented in Qualtrics. The questionnaire was available in English, Turkish and German. Translations by the researcher and another independent party were compared to create the Turkish and German versions. The link to the survey was distributed via social media. However, before distributing the questionnaire publicly, the survey was sent to two fellow psychology master students (to check both the German and the English version) to inspect minor mistakes in spelling or grammar and general comprehension. For the distribution, direct communication channels (i.e., 1-to-1 messages via WhatsApp), as well as indirect communication forms (i.e., sharing a post on Facebook groups, LinkedIn, and Instagram) were used.

For the direct communication form, a recruitment letter was provided as a message (see Appendix E), for the posts on the online platforms, an online flyer with the most valuable information was used (see Appendix F). Via the hyperlink, the participants were directed to the first page of the survey which included further information about the background of the study and other valuable information and terms of study (see Appendix G). On the second page, informed consent was provided (see Appendix H). Afterwards, the participants were asked to decide whether they provide consent. Once the participants gave their consent, they were able to start the survey. Completing the survey took 25-30 minutes or less than 10

minutes when participants indicated that they did not experience a death of a loved one in the last five years or when they did not show any familiarity with the stage models of grief as in this case, they were directly navigated to the end of the survey. At the end of the survey, they were thanked for their participation, asked to optionally give feedback and were able to take part in a raffle to win 20 euros.

### **Data Analysis**

Before conducting all statistical analyses, a power analysis with G\*power (Faul et al., 2007) was conducted to calculate a sufficient sample size. The analysis demonstrated that at least 84 participants were needed to obtain reliable results. The data were analysed using IBM SPSS Statistics (Version 26) and PROCESS macro for SPSS (Hayes, 2018).

To test both the association between sudden death and belief in stages as well as negative experiences with the stages and grief symptomatology (H1 and H2), linear regression analyses were conducted. Beforehand, preliminary analyses were performed to screen if the data would meet the assumptions required for linear regression (normal distribution of all quantitative variables, linear associations for all pairs of variables, and absence of extreme univariate or multivariate outliers). The preliminary analyses involved the creation of a scatter plot to test the linearity of the data, as well as a histogram and a normal probability diagram to account for homoscedasticity. In addition, to screen the normality of the distributions the Kolmogorov-Smirnov test and Shapiro-Wilk test were used. Further, the independence of the residuals was tested using the Durbin-Watson test, and outliers were checked with Cook's distance. Eventually, hypothesis three involved examining the influence of IU on the relationship between experience with the stage models and grief symptomatology was assessed using the PROCESS macro to aid with moderation analyses.

## Results

### Preliminary Analyses

Conducting the preliminary analyses for the both first and the second hypotheses, the assumption of normal distribution was violated as the Shapiro-Wilk test indicated a  $p < 0.05$  for each variable, indicating that the null hypothesis (variables are normally distributed) needed to be rejected. Nonetheless, the data obtained in psychological investigations rarely meet the requirements of passing this assumption (Keselman et al., 2013). Hence, it was decided to conduct the main analyses despite the assumption violations. Besides two outliers were detected. Considering these, research found that the rule of a 1.5 interquartile range (IQR) used in SPSS was inaccurate approximately 50% of the time and an IQR of three would be more reliable (Hoaglin & Iglewicz, 1987). Following this IQR, no outliers would be found in the data. Therefore, again, the main analysis was conducted despite the assumption violations.

### Descriptive Statistics

Table 1 provides an overview of the means, minimum and maximum scores and the standard deviation for the BQG, the IUS-12, the beliefs about stages and for the experiences with stages scales. Overall, the mean score of the BQG is far under the cut-off point of 8 which would indicate that the respondent suffers from CG (Igarashi et al., 2021). On average, participants showed moderate belief in the stages of grief. Also, the scoring on the Experiences with stages-scale was moderate as well, displaying that on average neither agreed nor disagreed to have negative experiences with the scale. Considering the scores of the IUS-12, participants overall scored below the cut-off point of 36 which indicates high IU (Innes et al., 2017). Hence, participants of the study showed average levels of IU.

Table 1

*Minimum- and Maximum Scores, Means, and Standard Deviations of all Scales*

Variables	Minimum	Maximum	M	SD
Grief Symptoms (BGQ)	0	10	3.79	2.45
Beliefs about Stages of Grief	0	100	57.34	17.56
Experiences with Stages of Grief	11	35	20.59	4.2
Intolerance of Uncertainty (IUS-12)	12	59	31.55	10.86

**Association between Sudden Death and Belief in Stages of Grief**

Simple linear regression was used to test if the suddenness of a loss significantly predicted belief in stage models of grief. The overall regression was statistically non-significant ( $R^2 = 0.02$ ,  $F(1, 120) = .20$ ,  $\beta = 1.26$ ,  $p = .65$ ). Accordingly, suddenness did not significantly predict belief in stages of grief which is further displayed in Table 2. The non-significance of the results leads to the rejection of the first hypothesis.

Table 2

*Linear Model of Sudden Death and Belief in Stages of Grief*

Model	B	SE B	t	p
(Constant)	144.22	6.15	23.45	<.001
Sudden Death	1.26	2.79	.45	.65



### Association between Negative Experience with the Stage of Grief and Grief

#### Symptomatology

To test whether negative experience influences grief symptomatology, again a simple linear regression analysis was run. The overall regression was statistically non-significant ( $R^2 = 0.04$ ,  $F(1, 120) = .42$ ,  $\beta = .04$ ,  $p = .52$ ). Hence, negative experiences did not significantly predict grief symptomatology as can be seen in Table 3. Subsequently, H2 was rejected.

Table 3

*Linear Model of Negative Experience with Stages of Grief and Grief Symptomatology*

Model	B	SE B	t	p
(Constant)	3.14	1.13	2.78	.01
Negative Experience	.036	.05	.65	.52

#### Moderation Effect of Intolerance of Uncertainty on Negative Experience with Stages of Grief and Grief Symptomatology

Eventually, to examine whether IU moderates the association between negative experience with stages of grief and grief symptomatology, an interaction-term of negative experiences and IU was added to the prior model. The overall model fitness did demonstrate statistical significance ( $R^2 = .29$ ,  $F(3, 117) = .352$ ,  $p = .017$ ). This, however, is not true for the significance of the regression coefficient. Neither the predictor negative experiences ( $\beta = -.07$ ,  $p = .70$ ), the predictor IU ( $\beta = -.01$ ,  $p = .11$ ), nor the interaction effect of negative experiences with IU was statistically significant ( $\beta = .00$ ,  $p = .50$ ) and therefore none of them predict grief symptomatology. Given that no interaction effect occurred, the third hypothesis was rejected.

Table 4

*Moderation Analysis of Intolerance of Uncertainty (IU) on Negative Experience with Stages of Grief and Grief Symptomatology*

Model	B	SE B	t	p
(Constant)	3.33	3.82	.87	.38
Negative Experience	-.07	.18	-.39	.70
IU	-.01	.11	-.11	.91
Negative Experience*IU	.00	.01	.68	.50

### Discussion

The purpose of this study was to gain a better insight into how the stage models of grief would influence the grieving process. Therefore, the association between negative experience with the stage models of grief and grief symptomatology was investigated. As a further step, the aim was to test whether IU would moderate this association. Beforehand, it was examined whether the suddenness of death would positively influence belief in the stage models of grief. None of the conducted analyses provided statistically significant results.

The first hypothesis, that bereaved individuals of a sudden death would be more likely to show higher belief in the stage models of grief, was rejected. The conducted analysis indicated the absence of an effect of sudden death on belief in stages. Prior research demonstrated that experiencing a sudden death violates humans' natural preference for predictability (Krychiw et al., 2018; Lejuez et al., 2000). Meanwhile, the stages of grief offer a tool which could account for predictability and structure in a time of chaos and uncertainty (Hall, 2014; Shermer, 2008). Therefore, it was suggested that bereaved individuals from a

sudden loss might be partially likely to believe in the stages approach. This, nonetheless, did not conform with the presented study results and is against the preliminary expectations of the researcher.

One reason for this might be the missing conceptualisation of suddenness.

Suddenness has not been conceptualised as an objective measure but as a subjective one in prior literature (Kaltman & Bonanno, 2003). Especially in the context of losing a loved one, this might be misleading as the death might almost always be somehow sudden, or at least being perceived as such. This is in line with the research of Hui (2015) which demonstrated that even in the palliative care setting where death is common, it can be perceived as unexpected. Therefore, the self-reported data about suddenness might not have been objectively sudden which is displayed in the current study results as more than 70% of people indicated experiencing an at least “somewhat sudden” loss, whereas overall, only about 17.5% of all deaths fall into the category of sudden death (Notfal et al., 2011). This is in line with the study results of Kaltman and Bonanno (2003) that claimed an objective measure for suddenness, but not with Boelen (2015) who found subjective measures to be a reliable predictor. One explanation for these inconsistent findings is that the perceived suddenness might also be influenced by other variables like the individual ability to cope with unpredictable events (Krychiw et al., 2018) and the lack of preparedness (Barry et al., 2002). To target this inconsistency and compare both subjective and objective measures of suddenness, for future research it is recommended to include both measures for conceptualisation.

The second hypothesis that negative experience with stage models predicts higher grief symptomatology did not demonstrate significant results. This finding was unexpected as the presumption based on prior studies was made that negative experiences, i.e., assuming that one is not coping appropriately, would provoke negative beliefs and misinterpretations of

one's grieving reactions which in turn would be harmful to those individuals (Boelen et al., 2006; Stroebe et al., 2017) and lead to increased grief intensity.

An explanation might be the not validated scale of negative experience with grief. Even though the scale displayed demonstrated excellent reliability, it is still in development and has not been investigated before. For the current study, an overall score was created by considering both positive items that later were reversed and negative items. However, this might have affected the statistical power. Therefore, it is suggested for future research to examine whether results would be different when only considering the negative formulated items.

The above statements are also applicable to the third hypothesis that the association between negative experience of stage models and grief symptomatology might be moderated by IU which also did not show significant results. Surprisingly, even the association between IU and grief symptomatology turned out to be non-significant. This is unexpected as it does not reflect prior research that already investigated this association and found IU to be a significant predictor of grief intensity (Boelen et al., 2006; Kennedy et al., 2021b). One reason for this might again be the characteristics of the current sample, as the average neither showed indication for CG nor that they were likely to develop CG. Accordingly, bereaved individuals experiencing especially severe grief (including individuals that recently experienced a loss) may have not participated in the study. Therefore, there should be caution in generalising findings to other, more severely distressed, bereaved groups.

### **Strengths, Limitations, and Future Research**

Even though the results were statistically non-significant, appropriate reporting and publication of such findings can be seen as informative as it allows researchers to disprove a theory if, i.e., they provide repeated evidence of the absence of an effect (Fidler et al., 2018),

which, in turn, makes scientific literature more complete overall and enables more accurate replicability (Mehler et al., 2019). Nonetheless, the two stages-of-grief-specific inventories were still in development and therefore not validated, which is also why the survey about the attitude towards the stage approach was exceptionally long, counting 64 items. Generally, the length of the survey can be seen as a limitation. Available evidence confirms the negative impact of significant length on both the response rate and response quality in surveys (Galesic & Bosnjak, 2009) which is displayed by the high dropout. Thus, future research should be focused on tailoring the scale, making it more concise and user-friendly.

Nonetheless, the survey of the current study can be seen as participant-oriented in terms of an appreciative handling with respondents regarding the sensitive topic of grief. Such handling was ensured by showing interest in the individual, e.g., asking qualitative questions about the relationship to the deceased. Moreover, the difficulty of dealing with a loss and having difficulties by answering questions about this was validated.

Another limitation is the settled period of five years after experiencing the loss, as in the survey the grief symptoms of the last three months were assessed. Grieving usually is a temporary process and most individuals are resilient over time. Thus, the screened symptoms of individuals whose loss did not lie in the recent past may be less meaningful in terms of their association to their experience with the stage models. If experience with the model indeed influences grief symptomatology, it might be more likely that it does so directly in the acute grieving phase. Thus, it is recommended for future research to reduce the period time or to ask retrospectively about grief symptoms of the acute grieving phase where the experience with the stages of grief is more likely to influence the symptomatology.

To the researchers' knowledge, this study is the first to investigate belief in stage models and how experiences with the stage models may affect grief symptomatology. Thereby, this study introduces two scales measuring both beliefs and experiences. The

reliability analyses showed questionable internal consistency for experience and excellent internal consistency for the belief scale and enabled developers of the scales to gather valuable information to improve and adjust the scales.

### **Conclusion**

Despite these limitations, the current study is the first to examine the relationships between experiences with stage models of grief, grief symptomatology and IU and thereby, paying attention to a topic that has not been researched before. Further, this study contributes to creating awareness for the criticism of the stage approach to grief and the possible harm it can evoke. Even when the results of this study are statistically non-significant, the study can be seen as valuable in terms of proving a reliability test for two new scales and detecting several limitations that can be valuable for improving the conducting of future research.

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**Appendices**

**Appendix A**

**Brief Grief Questionnaire**

	Not at all	Somewhat	A lot
1. How much are you having trouble accepting the death of the deceased?	1	2	3
2. How much does your grief still interfere with your life?	1	2	3
3. How much are you having images or thoughts of the deceased when s/he died or other thoughts about the death that really bother you?	1	2	3
4. Are there things you used to do when the deceased was alive that you don't feel comfortable doing anymore, or that you avoid? Like going somewhere you went with him/her, or doing things you used to enjoy together? Or avoiding looking at pictures or talking about the deceased? How much are you avoiding these things?	1	2	3
5. How much are you feeling cut off or distant from other people since the deceased died, even people you used to be close to like family or friends?	1	2	3

**Appendix B**

**Intolerance of Uncertainty Scale - Short Form (IUS-12)**

	Not at all characteristic of me	A little characteristic of me	Somewhat characteristic of me	Very characteristic of me	Entirely characteristic of me

1. Unforeseen events upset me greatly.	1	2	3	4	5
2. It frustrates me not having all the information I need.	1	2	3	4	5
3. One should always look ahead so as to avoid surprises.	1	2	3	4	5
4. A small, unforeseen event can spoil everything, even with the best of planning.	1	2	3	4	5
5. I always want to know what the future has in store for me.	1	2	3	4	5
6. I can't stand being taken by surprise.	1	2	3	4	5
7. I should be able to organise everything in advance.	1	2	3	4	5
8. Uncertainty keeps me from living a full life.	1	2	3	4	5
9. When it's time to act, uncertainty paralyzes me.	1	2	3	4	5
10. When I am uncertain I can't function very well.	1	2	3	4	5
11. The smallest doubt can stop me from acting.	1	2	3	4	5
12. I must get away from all uncertain situations.	1	2	3	4	5

### Appendix C

#### Beliefs about Stages of Grief Scale

	Strongly disagree	Disagree	Agree	Strongly Agree
1. You get stuck in the grieving process if you don't go through all of the stages.	1	2	3	4
2. Grieving children go through stages of grief.	1	2	3	4
3. Stage models serve as a resource not only for the person who is grieving but also for that individual's	1	2	3	4

network of support, such as family, friends, and counselling professionals.				
**4. Stages models are pathologizing for those who don't experience the stages.	1	2	3	4
5. The stages of grief framework must be correct because it is included widely in college-level sociology and psychology courses.	1	2	3	4
**6. I find the stage guidance harmful because my own experience - or the experience of others I know - has suggested that this is the case.	1	2	3	4
7. A person who isn't progressing through the stages in a certain time needs professional help.	1	2	3	4
**8. Thinking about grief in stages is an unhelpful way of dealing with it.	1	2	3	4
9. The stages of grief gives one a feeling of control.	1	2	3	4
**10. When experiencing a loss, hearing and talking about stages isn't helpful.	1	2	3	4
**11. The idea that stages can cause concern about grieving if one stage is not gone through or reached.	1	2	3	4
**12. There are better ways of understanding grief than what is included in stage models.	1	2	3	4
13. Stages are a useful guide through the grieving process.	1	2	3	4
**14. The concept that people grieve in stages is unhelpful.	1	2	3	4
15. Stages of grief are experienced by people from all social classes.	1	2	3	4
**16. People experience stages of grief in their own way, without a special order and are able to skip one or more of the stages.	1	2	3	4
17. Stage models are appealing because they "strike a chord", reflecting what one feels in the grieving process.	1	2	3	4
**18. Bereaved people should not expect to go through stages of grieving.	1	2	3	4
19. The stages of grief approach is good because it shows that "one size fits all" (i.e., every grieving person goes through the same stages/experience).	1	2	3	4
20. Stages models of grief are so popular that they must be right.	1	2	3	4
21. Identification of stages enhances understanding of how people process loss.	1	2	3	4

**22. Many people do not experience stages of grief in the order listed.	1	2	3	4
**23. Stages of grief don't fit the emotions that a person experiences following a loss.	1	2	3	4
**24. The concept that people grieve in stages is inaccurate.	1	2	3	4
**25. Grief is more of a roller coaster with ups and downs than an experience of going through stages.	1	2	3	4
26. So long as it works for me, I don't mind if the stages of grief model is not scientifically proven.	1	2	3	4
**27. It is perfectly okay and normal not to go through stages when grieving.	1	2	3	4
28. Stage models are appealing because they tell one how to grieve.	1	2	3	4
**29. The concept that people grieve in stages is seriously limited or restrictive.	1	2	3	4
30. If stage models of grief are being criticised for being non-scientific, it says more about the limitations of science than stage thinking.	1	2	3	4
**31. The stages framework is not as helpful as other resources.	1	2	3	4
32. Everyone who grieves should go through all of the stages to heal.	1	2	3	4
33. I feel I would not be grieving right if I didn't go through one of the stages (e.g., Anger; Bargaining).	1	2	3	4
34. Stages of grief are universal, everyone goes through them.	1	2	3	4
35. The stages show the 'right' way to grieve.	1	2	3	4
**36. Other models better explain the grieving process than the stages framework.	1	2	3	4
**37. A stage model should not be taught/presented to grieving people as the way they should grieve.	1	2	3	4
38. Regardless of whether it's true or not, stage models are helpful because they add structure and order in the chaos of grief emotions.	1	2	3	4
39. If I didn't go through the stages, I'd think that I am grieving incorrectly	1	2	3	4
40. Healthy grief follows the stages pattern.	1	2	3	4
**41. Stages of grief models can actually harm people who grieve.	1	2	3	4
42. It's abnormal not to go through stages of grief.	1	2	3	4
43. It is right that mental health professionals endorse stage models of grief.	1	2	3	4

44. If I didn't go through the stages, I'd feel: "I can't even grieve right."	1	2	3	4
45. Failure to progress through the stages could leave one forever in misery.	1	2	3	4
**46. Stages of grief don't necessarily occur in a specific order.				
47. It is correct to say that people go through stages of grief.	1	2	3	4
48. Stages are rightly the standard framework for how people grieve after the death of a loved one.	1	2	3	4
49. Grieving persons who don't go through the stages are in need of professional help.	1	2	3	4
**50. The idea that grief unfolds in stages is an oversimplification of a highly complex process.	1	2	3	4
51. To adapt to the loss of a loved person, one should go through stages.	1	2	3	4
52. The stages model should be used in counselling the bereaved.	1	2	3	4
53. Stages of grief perspectives can rightly be applied to other life events (e.g., retirement, job loss, divorce, bankruptcy).	1	2	3	4
54. There are undoubtedly stages in the grieving process.	1	2	3	4
**55. The stages approach causes confusion when an individual does not go through or reach a particular stage of grief.	1	2	3	4
56. The stages approach is a useful tool for understanding grief.	1	2	3	4
**57. You won't experience stages of grief in a neat, sequential order.	1	2	3	4
58. A person who isn't progressing through the stages in sequence needs professional help.	1	2	3	4
59. It's legitimate to advocate the stages model as the way of grieving.	1	2	3	4
60. Stages of grief have been described by experts and so can be believed.	1	2	3	4
61. Stages of grief models are so popular that they must be helpful.	1	2	3	4
62. Stage approaches capture the essence of grief and grieving.	1	2	3	4
63. Stage models make grieving predictable.	1	2	3	4
64. Stage models are good because they describe a clear end to grieving.	1	2	3	4



\*\* = Reversed items

**Appendix D****Negative Experience with Stages of Grief Scale**

	Strongly disagree	Disagree	Agree	Strongly agree
1. I have experienced distress as a result of others telling me that I was grieving incorrectly because I did not experience (all) the stages.	1	2	3	4
2. I have felt guilty for not experiencing (all) the stages.	1	2	3	4
3. Others have reacted negatively to the fact that I did not follow the stages correctly.	1	2	3	4
4. I have sought (professional) help for the reason that I was not able to follow the stages correctly.	1	2	3	4
**5. The stages have been helpful in understanding and coping with my own personal grieving process.	1	2	3	4
**6. The stages have provided me with hope that the difficult emotions associated with grief will come to an end.	1	2	3	4
**7. The stages have offered me something to hold onto in a difficult time.	1	2	3	4
**8. The stages have offered predictability in a time of chaos.	1	2	3	4

	1	2	3	4
9. Knowledge of stages of grief has harmed my own grieving process.				
10. I have felt like there is something wrong with me because I did not experience (all) the stages.				

\*\* = Reversed items

## Appendix E

### Recruitment Letter (Direct Communication Channel)

“I am currently working on my Master’s thesis at Utrecht University in collaboration with three other students.. The aim of our study is to understand how attitudes and personal beliefs about grief are related to the grieving experience, and how personal characteristics, such as how you view your emotional experience, may be related to this process.

For this study, we are looking for individuals, who are between the ages of 18 and 65 are fluent in English, Turkish or German, and who have experienced the death of a close family member or friend within the last 5 years to fill out an online survey. We are aware and want to emphasise that grief is a sensitive topic and, therefore, some questions may be confronting.

If you are considering participating, you can click the link below to the survey. Participation is voluntary and anonymous, and it should take you 20-25 minutes to complete all the questions. Once you have completed the survey, you will be given the option to participate in a raffle where you will have the chance of winning 20 Euros.

Thank you, your participation is greatly appreciated!”

## Appendix F

### Flyer

 Utrecht University

# CALL FOR PARTICIPANTS

We are inviting you to participate in  
our study about attitudes and beliefs  
about grief and the grieving process

REQUIREMENTS

- You are older than 18
- You have experienced the death of a close family member or friend within the last 5 years
- You are fluent in English, Turkish or German

WHY SHOULD YOU PARTICIPATE?

- Your participation may lead to new insights about the grieving process and how better to support bereaved individuals
- You will be given the chance to participate in a raffle where you can win 20 Euros

For more information:  
e.n.cinar@students.uu.nl  
s.bagala@students.uu.nl

  
*Scan for the Survey*



## Appendix G

### Welcome Page of Survey

With this letter, we invite you to participate in our research study. This study will contribute to the Master theses of the students: Brogan Spinass, Ezgi Nur Çınar, Mara Šulenta and Sarah Bagala. The theses are written in cooperation with the Department of Clinical Psychology at Utrecht University, The Netherlands, and are supervised by Kate Avis (k.a.avis@uu.nl). This research study has been approved by the Faculty Ethical Review Committee (FETC) of the Faculty of Social Sciences of Utrecht University and therefore complies with the ethical guidelines. Before you decide whether you want to participate in this study, we would like to inform you below about what the study entails and what kind of questions you can expect.

Please read this information carefully and feel free to contact us via the email addresses at the bottom of this information letter if you have any questions.

### Background of the study

This study explores familiarity, attitudes and experience with stage models of grief. These models state that bereaved individuals move through a set pattern of distinct stages of reactions following a loss. The aim of the study is to understand how personal attitudes and experience with stage models of grief are related to the grieving experience. Furthermore, we hope to understand how personal characteristics, such as how we view our emotional experience and how we react to uncertainties of life, may play a role in this process.

### What is expected of you as a participant?

If you decide to participate in this study -and we hope you will- you will first be asked to fill out a number of questions related to your grief experience and familiarity, views and experience with stage models of grief. You will then be presented with a number of statements related to general personal characteristics. These statements will specifically explore how you view your emotional experience (e.g, how easily you get upset or whether you worry a lot) and how you respond to uncertain situations in life. This survey will take about 20-25 minutes to complete. You can stop participating in the survey at any time.

### Possible advantages and disadvantages of this study

We do not expect that filling in this survey will have any harmful effects. However, certain questions related to the grieving process may be confronting and therefore may trigger negative emotions or discomfort. We are sorry for that, but we see no way to avoid this risk. Grief is a delicate topic. An advantage of the research is that more information will be made available about the possible relationship between stage models of grief and the grieving experience. This has potential implications for future interventions to help support bereaved individuals.

### Remuneration

Once you have completed the survey, you will be given the option to participate in a raffle where you will have the chance of winning 20 Euros. This is a small token of our appreciation for your participation. If you agree to participate in the raffle, you will be asked to provide your email address after completion of the survey which will be kept strictly confidential and deleted immediately after completion of the raffle. In addition, if you are a student at Utrecht University, you will be able to receive PPU when completing the survey through SONA.

### Confidentiality

We will use the software programme Qualtrics to administer this survey. This programme will collect data on an anonymous basis, and no IP addresses will be collected. Since the research is conducted anonymously, this means that we will not be able to remove your data once you have filled in a question and completed your participation. You can, however, stop the survey at any time in which case the data will not be stored or used. Anonymised data from this research will eventually be stored in an open-access database for at least 10 years. This means that other researchers may also request this data for their own research. The results of the study may be used for scientific publication based on anonymous data that cannot be linked back to you and will not be shared with third parties.

### Voluntary participation

Participation in this research is voluntary. You can discontinue the study at any time, without giving any reason and without any adverse consequences.

### Questions and Complaints

If you have any further questions concerning this study please feel free to contact us via email: Brogan Spinas (b.spinas@students.uu.nl), Ezgi Nur Çınar (e.n.cinar@students.uu.nl), Mara Šulenta (m.sulenta@students.uu.nl), Sarah Bagala (s.bagala@students.uu.nl), or Kate Avis (k.a.avis@uu.nl). If you wish to make a complaint about this study you can send an

email to the complaints commissioner of the Faculty of Social Sciences, Utrecht University:

[fetsocwet@uu.nl](mailto:fetsocwet@uu.nl).

## Appendix H

### Informed Consent

I hereby declare that:

- I have carefully read the information letter at the beginning of the questionnaire, and I have had enough time to decide whether to participate in this research study.
- I am aware that some questions will ask personal questions about loss which may be confronting.
- I give consent for my results to be used as described in the information letter.
- I am aware that participation is voluntary, and I can withdraw my consent to participate at any point during the research study without any explanation required.
- I am aware and give consent to my data being stored in an open access database for at least 10 years.
- I am aware that if the research data or results are used in scientific publications or made public in any other way, this will be done completely anonymously. There will be no record that links the data collected from me with any personal data from which I could be identified.
- If I have any further questions, or I would like to receive more information about the study, I will contact the researchers: Brogan Spinas ([b.spinas@students.uu.nl](mailto:b.spinas@students.uu.nl)), Ezgi Nur Çınar ([e.n.cinar@students.uu.nl](mailto:e.n.cinar@students.uu.nl)), Mara Šulenta ([m.sulenta@students.uu.nl](mailto:m.sulenta@students.uu.nl)), Sarah Bagala ([s.bagala@students.uu.nl](mailto:s.bagala@students.uu.nl)) or Kate Avis ([k.a.avis@uu.nl](mailto:k.a.avis@uu.nl)).
- For any ethical complaints or comments about this investigation, I can contact the complaints commissioner of the Faculty of Social Sciences, Utrecht University:

fetcsocwet@uu.nl. My question, complaint or comment will of course be treated confidentially.

- I indicate that I have read and understood the above points and that I provide my consent to participate in the study:

Yes, I do provide consent

No, I do not provide consent