



**Universiteit Utrecht**

**Can the relation between neuroticism and job loss-related complicated grief be  
dampened by perceived social support?**

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### **Abstract**

Job loss is a challenging phenomenon that occurs more often than ideal. Although it is now known that job loss may cause complicated grief symptoms (CG) research in this field is still developing. This study examined the effect of neuroticism on CG following job loss (CGJL), as well as if perceived social support acts as a moderator to this relationship. Moreover, age and gender served as covariates. The final sample consisted of 81 Greek participants (63% of which were females). Neuroticism is hypothesized to have a positive relationship with CGJL ( $H_1$ ), whereas perceived social support a negative relationship, as it has been presented as a protective factor in previous research. Furthermore, perceived social support is assumed to have a moderating effect on the relationship between neuroticism and perceived social support ( $H_2$ ). A third hypothesis suggested that age and gender will significantly influence this relationship ( $H_3$ ).  $H_1$  was tested with a linear regression, whereas  $H_2$  was tested with a moderation analysis as well as  $H_3$ , yet neither neuroticism nor perceived social support as a moderator made a significant contribution to the model. In addition, age as a covariate was not found to be significant, contrary to gender which revealed significant results. Current findings contribute to a better understanding of CGJL and the role that personality traits or perceived social support may have, making the groundwork for more explicit research.

*Keywords:* complicated grief, job loss, neuroticism, social support

## Introduction

Job loss and unemployment are terms that have been integrated into the newer generations as unsurprising and standard. In July 2021 approximately 8 per cent of the global population was unemployed which corresponds to more than 220 million individuals (SCB, 2021). An atrocious element of the job loss and unemployment phenomenon is that losing a job and staying unemployed at some point in their lives is something expected, and normal to people (Gowan, 2014). Nonetheless, knowing that there is a chance to lose a job does not buffer the negative impact that a job loss can have on people's well-being. According to Jahoda (1981), employment is much more than just a way to earn income. Sharing experiences and creating contacts with others, having a structure in daily life, linking individuals to goals and aims at surpassing their own, reinforcing activity, and presenting the personal status and identity of the individuals are just a few aspects showing how important employment can be for people (Jahoda, 1981). Thus, the consequences of job loss, even regarding a short period of unemployment can be extensive and tremendous (Gowan, 2014). Losing a job may lead to psychological, physical and social well-being deterioration (Langens & Mose, 2006).

Murray Parkes (1971) has quoted that *“Unemployment is a form of crippling that can be expected to have the same psychological effect as other forms of loss”*. Likewise, Harvey and Miller (1998) have suggested that grief can result from an incident that will cause a persistent disruption in an essential engagement with the environment. Employment is a part of a person's identity and losing a job can result in grief, grieving all the elements of the environment and the person's identity that will be gone. It has been established that losing a job can entail numerous cascading losses

varying from economic consequences, social stigma, time structure, role in the family, social contact etc. (Archer & Rhodes, 1993; Brand, 2015; Burgard et al., 2007; Papa & Maitoza, 2013). Overall, unemployment is considered a severe stressor that may reinforce further secondary stressors, such as difficulties in marriage and personal relationships as well as feelings of worry and uncertainty (Langens & Mose, 2006). On the same note a growing body of evidence displays that job loss can lead to symptoms of complicated grief, a concept different from normal grief (Papa et al., 2014; Papa & Lancaster, 2016; van Eersel et al., 2020a). Complicated grief (CG), is expressed by difficulty accepting the loss, separation distress, and obsession with thoughts and images of what is lost, resulting in persistent suffering and functioning impairment (Archer & Rhodes, 1995; Prigerson et al., 2009; van Eersel et al., 2019). Feelings of bitterness and agony are present, as well as a sense that life is meaningless in the absence of employment (Van Eersel et al., 2020b).

Considering the effect of employment on one self's personal and social identity, it seems logical that the more time, thoughts and energy a person devotes to their job, the higher the chances that this job has a fundamental role in their self-concept and self-identity (Papa & Lancaster, 2016). In a meta-analysis conducted by McKee-Ryan et al. (2005) a negative association was found between the extent of unemployment and mental health. Although research in job loss has progressed and more focus is given to the investigation of complex models that associate job loss with constructs such as coping, personality traits stress etc. (Gowan, 2014), research on CG after job loss is relatively scarce and limited studies target specific symptoms of grief (Papa et al., 2014; Papa & Lancaster, 2016; Papa & Maitoza, 2013). Based on prior research on bereavement which states that a minority of individuals experiencing bereavement develop CG symptoms (Prigerson et al., 2009), it seems

credible that when experiencing loss of employment, the minority of this group of individuals can also develop CG symptoms (Van Eersel et al., 2019). After all, the loss of a job is not insignificant or of lesser importance than other forms of loss.

Harvey and Miller (1998) have suggested that CG, includes multitudinous emotional responses, that have been suggested to be a result of attachment. Attachment, according to Bowlby (1982) plays a crucial role in grief and loss. In addition, based on an empirical framework, attachment is closely associated with personality traits (Nofle & Shaver, 2006). If attachment influences how individuals perceive grief and at the same time personality traits are closely associated with attachment, it is logical to assume that personality traits influence grief after bereavement, thus, grief after job loss. Indeed, empirical findings support this assumption as it has demonstrated a link between personality traits and grief, complicated grief, and grief after a job loss, proposing that the absence or presence of specific personality traits, depending on which personality trait we focus on; can dampen or increase the intensity of symptoms of CG after job loss (Gegieckaite & Kazlauskas, 2020; Goetter et al., 2018; Langens & Mose, 2006; Van Hove & Lootens, 2013). For example, the presence of neuroticism increases the likelihood of development and persistence of CG after a job loss as individuals high on neuroticism are more prone to experience stronger negative reactions after loss, which might lead to other complications (Costa and McCrae, 1992).

A widely accepted theory used for identifying individual personality differences is the five-factor model (Costa and McCrae, 1992; Digman, 1990). The five-factor model suggests that personality is comprised of five dimensions, five factors: neuroticism, extraversion, conscientiousness, openness to experience and agreeableness (Costa and McCrae, 1992; Digman, 1990). Even though all personality

traits influence the presence and intensity of CG after a loss including job loss (Van Hoye & Lootens, 2013), it has been found that neuroticism is perhaps the most influencing personality dimension out of the five (Goetter et al., 2018). Neuroticism incorporates personal characteristics such as anxiety, doubts, nervousness, and self-pity and it is associated with feelings of negative affect (Digman, 1990; Roccas et al., 2002). Furthermore, personality theory presents neuroticism as a less adaptive personality trait, that is more prone to encountering distressing and unpleasant emotions (Costa and McCrae, 1992).

In line with these definitions, an individual high in neuroticism would experience difficulty processing and adapting to major life stressors, such as bereavement and grief (Costa and McCrae, 1992; Robinson & Marwit, 2006). Individuals scoring high on neuroticism may tend to experience more intense negative reactions when faced with unpleasant situations, such as a form of loss, and this maladaptive response can lead to complications such as CG following job loss (Gegieckaite & Kazlauskas, 2020). Overall, neuroticism has constantly arisen as a risk factor for CG but is also negatively associated with CG after job loss (Gegieckaite & Kazlauskas, 2020; Langens & Mose, 2006; Van Hoye & Lootens, 2013). Moreover, recent studies propose that personality is likely to be linked to unemployment, as neuroticism is negatively associated with the probability to find a job (Uysal & Pohlmeier, 2011; Viinikainen & Kokko, 2012). Hence, it seems conceivable that neuroticism might be a risk factor in the development of job loss-related CG symptoms.

In addition to neuroticism as a potential risk factor, there can be factors that may dampen the adverse impact of job loss. Several studies illustrate social support as a prominent tool for a successful process and resolving grief processes following

bereavement loss (Engler & Lasker, 2000; Ogrodniczuk et al., 2003). Social support can be defined as the perceived help that is accessible or provided by one's family and friends which assists and encourages the individual's capacity to process and cope with a major life stressor, such as experiencing a loss, thus it acts as a coping resource (Ogrodniczuk et al., 2003). In bereavement literature perceived social support is amongst the most dominant moderators of bereavement outcome, as it "buffers" the negative feelings and distress that arise after experiencing a loss (Stroebe, 2008; Ogrodniczuk et al., 2003).

Similarly, to the previous notes, the results of the study proposed that social support has significant direct effects on numerous variables related to job loss, as the absence of social support was associated with higher levels of stress symptoms, worsen physical health, external locus of control and low self-esteem, whereas the presence of perceived social support was collateral with positive self-esteem and internal locus of control (Mallinckrodt & Fretz, 1988). In a more recent study, findings indicated that social support mitigated the impact of job loss (Brewington et al., 2004). Notwithstanding, even though social support has been proven to be an important moderation of bereavement outcomes (Stroebe, 2008); research about the effect of social support on grief after job loss as well as CG has not progressed.

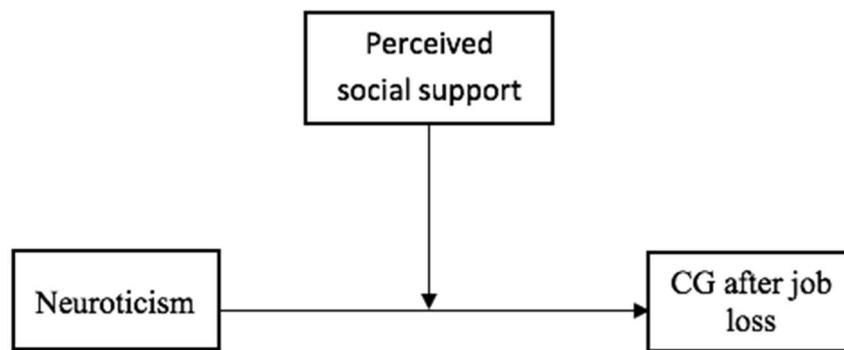
This study aims to investigate the association between neuroticism and complicated grief after a job loss, and if this relationship can be dampened using social support as a moderator. Existing literature highlights connections between variables, yet in many studies no specification was made for CG, rather focusing on normal grief after the loss of a job. Moreover, although neuroticism was higher in men than women in the study of Viinikainen and Kokko (2012), in most of the studies, no focus was given to the sex and age of the individuals that experienced the

loss of a job. Considering this, age and sex will be used as covariates to examine any indications that age or/and sex influence the perception of CG after job loss and the link between these three variables, in building the groundwork for more targeted research in the future. Taking into consideration that previous research has found links among the three variables, but results have been scarce and inconsistent, the present study has the potential to enlighten if the association between these three variables is present (neuroticism, job-related CG symptoms, and perceived social support) as well as the significance of these associations.

Based on the existing literature that presents an association between neuroticism and CG following job loss (Gegieckaite & Kazlauskas, 2020) and the influencing role of perceived social support (Stroebe, 2008) we hypothesize that 1) higher scores on neuroticism will be related to more intense complicated grief symptoms after job loss ( $H_1$ ), and 2) social support will act as a protective factor, thus, it will have a moderating influence on the strength of association between neuroticism and CG following job loss ( $H_2$ ). Neuroticism will act as the independent variable (X), CG symptoms after job loss as the dependent variable (Y), and perceived social support as the moderator (M) (See Figure 1). In addition, a third hypothesis ( $H_3$ ) arises, suggesting that the covariates: age and sex; will significantly influence the association of the independent (X) and the outcome (Y) variable.

**Figure 1**

*Conceptual model of moderation*



*Note.* CG= complicated grief

## **Methods**

### **Procedure**

This study was approved by the Ethics Review Board of the Faculty of Social and Behavioural Sciences of Utrecht University (FETC 21-1166). Greek citizens who had involuntarily lost their job were recruited between April 2021 and April 2022 through the social networks of the researchers and social media (e.g., LinkedIn, Facebook, Instagram, WhatsApp). Participants were provided with a link to the online survey which would transfer them to an online and safe environment that was used for filling out the survey and collecting the data. On the first page, participants were given an information letter which provided all necessary information regarding the study, such as the aim of the study, the exclusion criteria as well as the duration of

this study which was approximately 18 minutes. Matters of anonymity and confidentiality were thoroughly explained on the first page as well as in the invitation message that would go with the anonymous link. To complete the questionnaire, participants had to give informed consent and be aware that they could withdraw from the study at any time without penalty. At the end of the survey, participants were offered a psychoeducation video about CG after job loss and a thank you note for their time and participation.

### **Participants**

For the present study, a total of 172 participants were recruited consisting of Greek citizens. Respondents had to meet the following inclusion criteria: individuals had to be between 18 and 67 years of age, not have any psychiatric disorders and they had lost their job involuntarily. No further exclusion criteria were present, however, the researchers agreed on a cut-off point of 10 years passed since job loss, to avoid biased answers, since memories, emotions, and thoughts could be vague if the job was lost a long time ago. In total, 91 respondents were excluded for various reasons: 1) they chose resignation as a cause of job loss ( $N= 32$ ), 2) they had incomplete answers ( $N= 55$ ), 3) they exceeded the cut-off point researchers decided on ( $N= 4$ ), leading to 81 participants used as the final sample, 63% of which were females, 30.9% males and 6.2% reported as “other/ I prefer not to say”. The mean age of the participants was 36.06 ( $SD = 12.31$ ) with a range from 21 to 64 years old. Participants’ levels of education varied, with 20 people (24.7%) having completed primary or secondary education, and 61 people (75.3%) holding a college or university degree. The causes of job loss ranged from personal to situational factors, with labour conflict being the most dominant reason (29.6%). Participants were asked to report the duration of

employment in their last job (in years) with a mean of 5.37 ( $SD = 7.6$ ), and the time since the job loss (in months) with a mean of 22.91 ( $SD = 29.47$ ).

## **Instruments**

### ***Demographic characteristics***

Demographic characteristics regarding age, gender, ethnicity, educational level, and relationship status were collected. Moreover, information was asked regarding work characteristics, namely: cause of job loss, contract hours, duration of employment, the time passed since the respondent's job loss, current employability, and the current job search status.

### ***Job Loss Grief Scale***

The Job Loss Grief Scale (JLGS) was used for measuring the job-related CG symptoms (Van Eersel et al., 2019). Before initiating the collection of the data, the English version of the questionnaire was translated to Greek through forward and backward translation, a reliable method that provides the best practice regarding cross-cultural adaptation (Caminiti et al., 2010). The questionnaire consists of 33 statements on a 5-point Likert scale which ranged from 1= *never* to 5= *always*, and respondents were asked to what extent they had experienced the given statements in the past four weeks (e.g., "The loss of my job feels like a personal disaster", "Memories about my job upset me"). In the study of Van Eersel et al. (2019), the JLGS presented excellent psychometric properties and good temporal stability, with internal consistency reaching very good results, and discriminant validity showing a clear distinction between depression, anxiety, and CG symptoms following job loss. In the present study, Cronbach's alpha was  $\alpha = .97$ .

***Ten Item Personality Inventory***

The Ten Item Personality Inventory (TIPI) instrument was used to measure neuroticism (Gosling et al., 2003; Greek version: Καρροπούλου, 2016). TIPI consists of ten items that are assessed on a 7-point Likert scale (1= *Strongly disagree* to 7= *Strongly agree*) and is based on the five-factor model (McCrae & Costa, 1987). Participants were asked to respond to the extent they felt the description of the personality characteristics was fitting to them (e.g., “anxious, easily upset”, “calm, emotionally stable”). TIPI has shown satisfactory levels of convergent and discriminant validity, test-retest reliability and patterns of predicted external correlates (Gosling et al., 2003). For the present study, the subscale “neuroticism” was used, which consisted of two items. Pearson correlation between both items in the current study was .80.

***Brief form of the Perceived Social Support Questionnaire***

The Brief Form of the Perceived Social support questionnaire (F-SozU K-6) assesses perceived social support (Kliem et al., 2015). For the purpose of this study, the original scale was translated to Greek through forward and backward translation (Brislin, 1970; Caminiti et al., 2010). The questionnaire consists of six items related to perceived social support and respondents were instructed to indicate to what extent they agree with the statements using a 5-point Likert scale (1= *Not true at all* to 5= *Very true*). Samples of the statements are “I experience a lot of understanding and security from others” and “I know several people with whom I like to do things”. F-SozU K-6 has shown good psychometric properties with a high Cronbach’s alpha value ( $\alpha=.89$ ) suggesting internal consistency (Kliem et al., 2015). In the present study, Cronbach’s alpha was  $\alpha=.81$ .

### **Statistical Analysis**

Before data collection, a power analysis was conducted using the G\*Power 3.1.9.7 to determine the required sample size. A power value of .8 was considered adequate for both hypotheses. Furthermore, according to the power analysis, the sample size  $H_2$  required at least 77 participants and  $H_3$  at least 92, which was more than our final sample.

The data were analyzed with the IBM SPSS statistics 27 software. Preliminary analyses were conducted for checking the data and the related assumptions. Next, we checked for outliers and influential points. Outliers were checked with a boxplot and Cook's distance was used to detect influential points if any. In the case of outliers and influential points, the analysis would be performed two times, including the outliers and influential points in the first analysis, and excluding them in the second. The results and the conclusions would be based on the second analysis, however, reporting these values would improve the transparency and credibility of the study.

Moving on to the main analysis, to test our hypotheses a moderation analysis will be executed. The association between neuroticism and symptoms of CG following job loss ( $H_1$ ) will be tested with a simple linear regression, using neuroticism as the independent variable (X), and symptoms of complicated grief after job loss as the dependent variable (Y). A moderation analysis will be conducted afterwards using the PROCESS macro tool (Hayes & Rockwood, 2017), to test the second hypothesis ( $H_2$ ): if perceived social support acts as a moderating factor in the relationship of the independent and the dependent variable. Regarding the significance the covariates may have ( $H_3$ ), a moderation analysis will be conducted again this time including the variables age and sex as covariates, to check if the

covariates significantly adjust the association between neuroticism (X) and CG following job loss (Y).

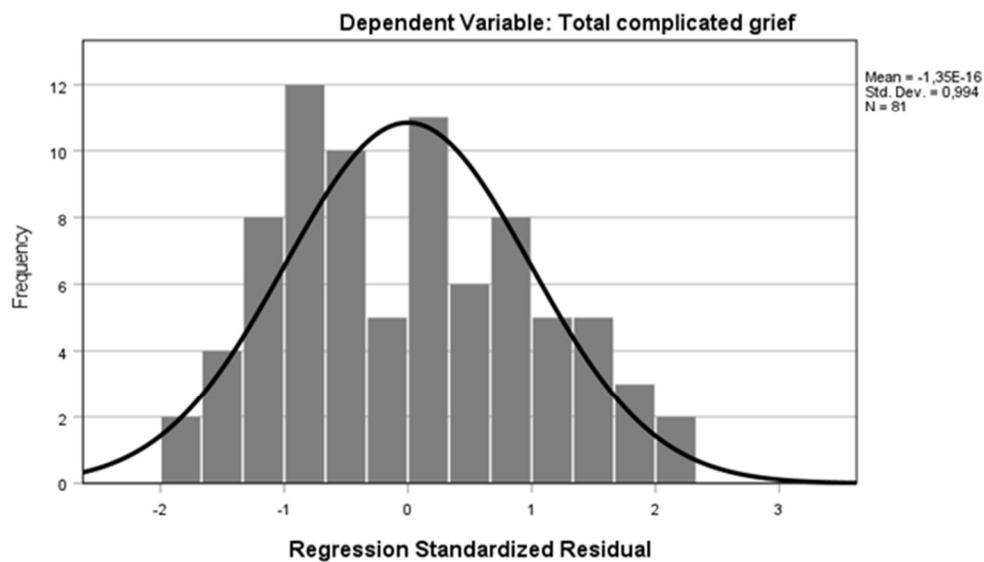
## Results

### Preliminary results

Before running the analysis, assumption testing was conducted as well as an investigation for the presence of outliers and influential points. Assumptions of independence of observations, homoscedasticity, and multicollinearity were met (Figure 2, Table 1). and there were not found any significant outliers or influential points (Table 2).

**Figure 2**

*Histogram*



This histogram shows that the data are normally distributed, as the symmetrical bell curve approximately describes the distribution of the data.

**Table 1***Collinearity Statistics*

	$\beta$	t	Sig.	Tolerance	VIF
Neuroticism	-.140	-1.239	.219	.911	1.097
SocialSupport	-.240	-2.129	.036	.911	1.097

This table shows that there is no multicollinearity between the predictor variables (Tolerance values are above .10 and The Variance Inflation Factor is below 10).

**Table 2***Residual Statistics*

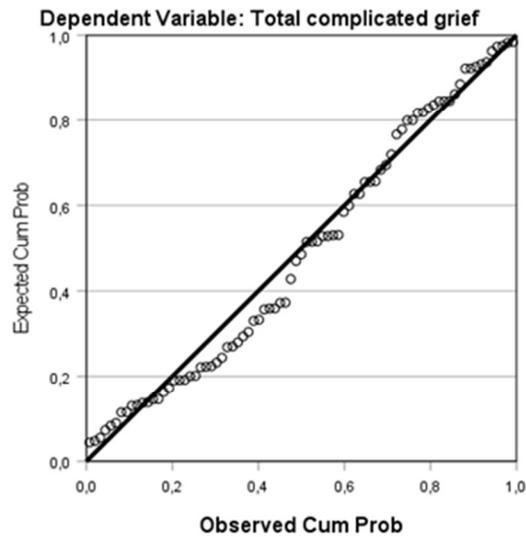
	Minimum	Maximum	Mean	Std. Deviation	N
Std. Residual	-1.931	2.352	.000	.987	81
Cook's Distance	.000	.131	.014	.023	81

This table shows that there is no presence of outliers (Std. Residuals do lie between -3 and 3). Furthermore, there are no influential data points (Cook's D below 1).

Assumption of normality was met according to the Kolmogorov- Smirnov test ( $p > .05$ ), however, it was not met according to the Shapiro-Wilk test ( $p = .05$ ). Taking into consideration the small to moderate sample size ( $N < 100$ ), and the fact that the normal probability plot (P-P plot) and the histogram of the standardized residuals display that the data are normally distributed (Figure 2, Figure 3), there is not a great concern about the violation of normality. Lastly, the assumption of linearity was met according to the scatterplot of predicted values vs. standardized residuals (Figure 4).

**Figure 3**

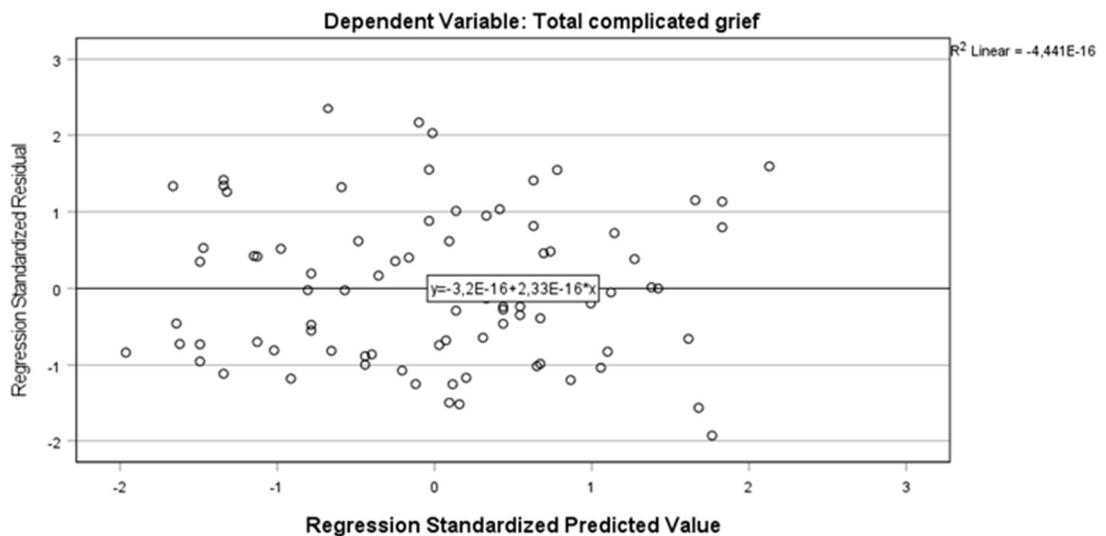
*Normal P-P Plot of Regression Standardized Residual*



This P-P plot displays that data is normally distributed, as the standardized residuals line on an approximately straight line.

**Figure 4**

*Scatterplot*



This plot of the standardized predicted values and standardized residuals shows that the assumptions of linearity and homoscedasticity are met, as the data is approximately evenly spread.

## **Main results**

### ***Hypothesis 1***

The first hypothesis was tested with a simple linear regression and the results indicated that neuroticism does not explain a significant amount of variance in levels of CG symptoms, with 4% of the variance being explained by neuroticism,  $F(1, 79) = 3.68, p = .059, R^2 = .04$ . Furthermore, the effect of neuroticism on CG symptoms after job loss was negative and not significant ( $b = -1.97, t(80) = -1.97, p = .59$ ). This means that for every one unit increase on neuroticism, there was a predicted decrease of 1.97 on CG following job loss. Thus, the first hypothesis was not confirmed.

### ***Hypothesis 2***

Regarding the second hypothesis, a moderation analysis was performed using the PROCESS macro tool. The analysis revealed that the overall model was significant  $F(3, 77) = 2.78, p = .046, R^2 = .09$  with 9% of the total variance being explained by the model. Having said that, neither neuroticism  $b = -1.3, t(77) = -1.23, p = .212$  did not make a unique contribution to the model, in contrary to perceived social support that had a significant effect on the model  $b = -1.47, t(77) = -2.08, p = .04$ . Moreover, as Table 3 reveals, the interaction between neuroticism and perceived social support was not significant ( $b = -.05, t(77) = -.25, p = .80$ ), suggesting that perceived social support was not a significant moderation concerning the association of neuroticism (X) and CG following job loss (Y), hence, the second hypothesis could not be confirmed.

**Table 3***Moderation Model testing H<sub>2</sub>*

	b	SE B	t	p
Constant	77.82	3.15	24.70	<.001
Neuroticism	-1.30	1.06	-1.23	.80
Social support	-1.47	.70	-2.08	.04
Interaction	-.05	.23	-.25	.80

*Note.*  $R^2 = .09$ ***Hypothesis 3***

Moving on to the third hypothesis, a moderation analysis was performed the PROCESS MACRO tool, but this time the two variables: age and gender were used as covariates. Results indicated that age was not found to be a significant covariate,  $b = .40$ ,  $t(75) = 1.62$ ,  $p = .10$  (See Table 4). Having said that, gender appeared to be a significant covariate to the association of neuroticism and CG following job loss,  $b = 16.92$ ,  $t(75) = 3.3$ ,  $p < .01$ . Thus, the third hypothesis was partially confirmed, as one of the variables used as covariates significantly influence the association of neuroticism and CG after job loss.

**Table 4***Moderation Model testing H<sub>3</sub>*

	b	SE B	t	p
Constant	33.15	13.43	2.46	.02
Neuroticism	-1.29	1.03	-1.24	.21
Social support	-1.27	.68	-1.86	.06
Interaction	.08	.22	.35	.72
Age	.40	.24	1.62	.10
Gender	16.92	5.12	3.3	< .01

*Note.*  $R^2 = .23$ 

### Discussion

In the present paper the association of neuroticism and CG following job loss and its potential moderation perceived social support was investigated in a Greek population sample. This study aimed in a better understanding of these three variables and their possible associations, in order to investigate further the possible risk and protective factors of the subject. The main findings based on the three hypotheses will be discussed below.

Based on the results of the current study the first hypothesis is not confirmed as results indicate that X and Y have a negative relationship meaning that an increase in neuroticism leads to a decrease in CG following job loss. This is contradictory to

previous research and literature discussed in the introduction of this paper as even when the relationship between these two variables was not significant, no study had found a negative relationship between them. Neuroticism has constantly arisen as a risk factor for CG (Gegieckaite & Kazlauskas, 2020; Van Hove & Lootens, 2013), and a negative predictor concerning CG following job loss (Van Hove & Lootens, 2013), meaning that neuroticism and CG was expected to a positive relationship, as our first hypothesis suggested.

A possible explanation for this unexpected result is that research on the relationship between neuroticism and CG following job loss still progressing, and to my knowledge, no study has investigated this relationship using a Greek sample. Ethnicity, with all the variables this word, contains: the culture, the traditions, and the mindset, might have an effect on personality traits and the perception of CG following job loss. Thus, perhaps an altered study-setting was needed in order to investigate how neuroticism is associated to CG following job loss, tailored to the culture and the mindset of the Greek population.

The second hypothesis (H2) was also not confirmed, as social support did not have act as a significant moderator on the relationship of neuroticism and perceived social support. Having said that, social support had the desired negative relationship concerning CG following job loss, meaning that when perceived social support increases, CG symptoms after job loss decrease. Thus, perceived social support has a dampening, yet not significant in the present study effect on the CG symptoms, but not a significant effect when acted as a moderator in the relationship between X and Y. As stated earlier in the literature, the association of these three variables has not been investigated thoroughly, so not confirming the second hypothesis should not be seen solely as a rejection rather than one more piece of information used to explore

further the relationship of neuroticism, CG following job loss and perceived social support.

Moving on to the third hypothesis, it was partially confirmed since age was not found to be a significant covariate in the moderation model, contrary to gender which appeared to be a significant covariate. As this hypothesis had the least evidence supporting it, or even discussing it in the literature, finding that gender is a significant covariate is positive, yet we cannot be certain about the validity and reliability of this discovery. To establish those, more research needs to be done, most likely more targeted to the role of gender in CG following job loss, neuroticism and perceived social support, but certainly, the findings in this paper lay the groundwork for future research.

The current study is the first study in Greece that examines how neuroticism and perceived social support may influence CG symptoms following a job loss, making a significant contribution to this field of research. However, there are limitations and one of them is the fact that the percentage of female participants was almost double the percentage of the male participants (63% females, 30.9% males and 6.2% other/ I prefer not to say). The fact that the sample, mainly consisted of women with higher educational level, undermines the generalization of the study (Flick, 2018)

A second possible limitation is the time this study took place, which is during the COVID-19 outbreak. Although the pandemic has been part of our lives for some years now until the June of 2021 Greece was under very strict government rules and curfews. Considering that passed time since job loss varied between 0-120 months, meaning that a substantial proportion of the sample lost their job during the COVID-

19 outbreak the pandemic may have influenced their psychological well-being and their answers in the questionnaire of this study. Individuals who lost their job during the pandemic have reported higher levels of stress, anxiety and depression (Mojtahedi et al., 2021). Thus, it seems conceivable that this is also the case in other countries, like Greece. Subsequently, in the present study participants may have reported higher levels of CG, and less perceived social support than they would under typical circumstances, as they might have experienced more anxiety about the uncertainty of the future and received less social support due to social distancing, isolation and government restrictions.

The last limitation is that due to the cross-sectional design of this study, there is no way to analyse and evaluate causality. Investigating the causality of neuroticism and perceived social support, could display whether one of these variables is a predictor of the development of CG, a piece of information useful to develop appropriate screening tools that would assess whether an individual is at risk for developing CG symptoms following job loss. To a concept as complex as CG (Maxwell, 2012; Stroebe et al., 2007), investigating causality by conducting a longitudinal study would build a path to many discoveries in this field of research.

Notwithstanding these limitations, this study was the first to examine the association of neuroticism and CG following job loss and the role of perceived social support in this relationship and has several scientific as well as clinical implications. Previous research had found significant associations between these variables, but no study had examined a model with all three variables included. Non-significant results still add significantly to the CG following job loss research and the present paper should increase awareness of personality traits and their association to CG, as well as possible protective factors, such as perceived social support. In addition to this,

different personality traits might experience different symptomatology following job loss, thus this topic should be researched more thoroughly. Moreover, the present paper adds originality to the field of this research since it was performed in a Greek population sample. The topic of CG grief following job loss has started to be thoroughly researched quite recently in comparison to other topics, thus, the addition of information regarding a targeted sample when this sample has not been studied before can be assumed to have a great impact, regardless of whether the hypotheses were rejected or not.

Lastly, this paper provides a framework for investigating and identifying protective factors of CG following job loss but also makes clear that personality traits need to be more thoroughly researched when it comes to their impact on CG following job loss. Overall, the findings of this study contribute to the unexamined relation between social support, neuroticism and CG following job loss. The insights of the findings could enhance screening for CG after the loss of a job and build the groundwork for future research to develop tools for detecting vulnerable groups but also interventions for individuals with a higher risk of developing CG following job loss.

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