

Prescribed grieving – Do adverse experiences with stage models of grief negatively influence  
the grieving process?

Student: Melissa Horn, (1138553)

Supervisor: Kate Avis

03/02/2023

Master of Science Clinical Psychology

Faculty of Behavioural and Social Sciences, Utrecht University

### **Abstract**

The following study aims to explore how negative experiences with stage models of grief might impact grief reactions and subsequently the grieving process. Furthermore, resilience it is explored how resilience might moderate this relationship given that resilience is often claimed to help individuals maintain balance despite the presence of adversity. Results indicate that personal negative experiences with stage models of grief negatively influence grief reactions, thus confirming the first hypothesis of this study. Resilience on the other hand did not moderate the relationship between negative personal experiences with stage models of grief and grief reactions, thus not confirming the second hypothesis of the present study. Potential implications for practice and future research are discussed.

**Keywords:** stage models of grief; grief; bereavement; resilience

Many, if not all people will eventually face the loss of a loved person and consequently might experience several different emotions (Bonanno, 2004). Grief usually follows after the death of a loved one and consists of reactions manifesting behaviourally and psychologically (Rasouli et al., 2022). This process has been the subject of attempted explanations and theories. Elisabeth Kübler-Ross has been at the forefront of these attempts. In her book *On Death and Dying* (1969) Kübler-Ross introduces readers to the five stages model of grief, consisting of denial, anger, bargaining, depression, and acceptance, sometimes referred to as the DABDA model (Corr, 2020). The model is originally based on interviews Kübler-Ross held with individuals who had received a diagnosis of a terminal illness and consequently served as an explanation of how these patients were adjusting to their situation by progressing through these stages (Corr, 2020). However, shortly after the publication of her aforementioned book, Kübler-Ross applied the model to bereaved individuals, stating that family members of the deceased person similarly undergo these stages (Kübler-Ross, 1969). Although she acknowledges fluctuations between the stages and the time spent in one, it is suggested by the mere use of the word stages that one progresses through them in a sequential manner (Stroebe et al., 2017). In addition to Kübler-Ross's theory, Bowlby offered an alternative version based on attachment theory, stating that grief occurs in four phases which are shock and numbness, yearning and searching, despair and disorganisation, and finally, reorganisation (P. K. Maciejewski et al., 2007). Furthermore, Bowlby opposed the idea that the stages were definitive, instead stating that individuals may go back and forth between stages (Stroebe et al., 2017).

Since their publication, stage models of grief have gained much popularity, they are taught in various higher education courses, and are applied by healthcare professionals supporting dying or bereaved individuals (Avis et al., 2021; Corr, 2020). Furthermore, such models appear to have become fairly well-known among the general population and across the internet as they possibly provide some people with an understanding of or even a guideline for the grieving process (Avis et al., 2021; Stroebe et al., 2017). Avis et al., (2021) investigated the presentation of Kübler-Ross's five stages model on the internet, by examining the prominence and endorsement of the model as well as whether limitations and warnings of the model are mentioned. Results indicated that the model is rarely presented in a critical manner, moreover, it is often endorsed very positively and tends to enjoy unconditional approval (Avis et al., 2021). Despite its widespread popularity, Kübler-Ross's model is nevertheless surrounded by controversy and has received plenty of criticism including that the model exhibits a great lack of a scientific foundation and evidence, carries

the risk of misuse and misconceptualisation and potentially results in harmful consequences for bereaved individuals in terms of how they may get treated by their friends, family, and healthcare providers (Wortman & Silver, 1989). Moreover, the model is claimed to not encompass the complexity of the grieving process as well as individual differences in how this process is experienced (Avis et al., 2021; Corr, 2020; Stroebe et al., 2017; Wortman & Silver, 1989). The aforementioned criticisms of the stage model of grief suggest that grieving individuals may have negative experiences with the model which could influence their grieving experience overall. For example, if a grieving individual is surrounded by family, friends, or healthcare workers who believe strongly in the stages approach, a grieving individual whose grieving process does not mirror the stages may face being misunderstood by their surroundings or possibly even criticised for not grieving in a prescribed manner (Wortman & Silver, 1989). Moreover, grieving individuals may even criticise themselves or feel as if they are not “doing it right” thus potentially increasing their level of distress (Wortman & Silver, 1989).

Despite these warnings from various scholars and clinicians, not much previous research has been conducted to explore bereaved individuals’ experience with stage models and how this may affect the grieving process. The present study aims to establish whether there is an association between negative experience with the stage models and grief. Some theoretical grounds to believe that this association is present do exist. Boelen’s CBT model of complicated grief provides some support for this plausible relationship, illustrating the interaction of several processes which can lead to and maintain complicated grief (Boelen et al., 2013). Particular cognitive processes such as the upholding of negative ideas about oneself, life, the future, avoidance behaviours, or the misinterpretation of one’s own grief reactions in a catastrophic manner can increase the mourner’s distress and possibly even result in and maintain prolonged grief disorder (PGD) (Boelen et al., 2013). Negative experiences with the stage models, such as feeling guilty for grieving incorrectly or being judged by others, are likely associated with negative thinking patterns such as catastrophic misinterpretations of one’s grief response which according to the CBT model is linked to complications in the grieving process.

Furthermore, personal characteristics which play a role in how an individual grieves may influence the association between negative experience with the stage models of grief and grief reactions. The concept of resilience refers to the ability to maintain a stable balance in light of adverse life events is of particular interest as resiliency is often assumed to positively influence how individuals cope with hardship (Bonanno, 2004). Individuals who are resilient

generally exhibit the ability to function in a healthy manner despite possibly experiencing temporary disturbances in their normal functioning following adverse life events from which they usually recover fairly quickly (Bonanno, 2004; Yu et al., 2016). While experiencing resilience in the face of adversity is generally seen in a positive light, the absence of a grief reaction, such as prolonged distress has been viewed by bereavement theorists as a rare response that is pathological in its nature due to the avoidance of emotions following the loss (Bonanno, 2004). Additionally, the assumption that the initial absence of grief will eventually be replaced by a delayed grief response has been put forward, although no empirical evidence for this claim appears to exist (Bonanno, 2004). This idea has its origins in the notion that bereaved individuals who do not show the reaction that is classified as typical, including depression and working through the loss must have had a superficial relationship with the deceased or are emotionally distant and cold in character (Bonanno, 2004; Wortman & Silver, 1989). Research however suggests that resilience plays a protective role in how bereaved individuals experience grief, by lowering the risk for prolonged grief which typically lasts for longer than six months after the loss and is often characterised by searching for the deceased, hallucinations, preoccupation, and avoidance of reminders (Yu et al., 2016). Moreover, Rasouli et al., (2022) have found that young adults who had lost a sibling scoring high on resilience exhibited lower levels of unresolved grief (Rasouli et al., 2022). Furthermore, an additional study by Bonanno et al., (2002) found no support for the aforementioned assumption that individuals who do not show overt signs of grieving had a superficial relationship with the deceased, were avoidant, or emotionally distant (Bonanno et al., 2002). Instead some evidence indicated that resilient individuals were equipped with adequate coping mechanisms (Bonanno et al., 2002).

Circling back to Boelen's conceptualisation of complicated grief, according to his model, personal characteristics may influence the bereavement outcome, which may possibly suggest that individuals with high levels of neuroticism or an insecure attachment style may be at a higher risk for developing PGD (Boelen et al., 2013). Following this notion, it could possibly be assumed that certain adaptive personality characteristics, such as resilience, may positively influence how an individual handles the loss and thinks about it as well as how one may process potential negative experiences with stage models. For example, resilient individuals may possibly be able to interpret their negative experiences with stage models of grief in a more adaptive manner leading to less negative thinking patterns which according to Boelen's model are associated with the development of complicated grief reactions (Boelen et al., 2013). Moreover, research has indicated that resilience may have beneficial effects on

mental health as it provides adaptive cognitive, behavioural as well as emotional responses in distressing situations (Gheshlagh et al., 2017).

In light of the controversy presented in the literature surrounding stage models of grief as well as widely held assumptions on how individuals should progress through the process of grieving, the following study aims to explore how negative personal experiences with stage models of grief may be related to the grieving process. Additionally, personal characteristics that may influence the grieving experience are examined, with a focus on resilience. As death and loss are universal topics in one way or another affecting everyone eventually, this study intends to provide a further understanding of this matter which may possibly lead to interventions that might focus on acceptance of the individual grieving process. The highlighted lack of evidence for the existence of and progression through stage models of grief as well as notions such as Boelen's CBT-based conceptualisation of complicated grief illustrating the influence of one's own cognitions on the grieving process begs the question of how negative personal experiences with stage models of grief affect grieving reactions. Furthermore, following the outlined potentially protective influence of resilience, the question of whether negative personal experiences with stage models of grief and grief reactions are moderated by resilience will be examined. Based on the questions posed, the following hypotheses are formulated.

Hypothesis 1: There will be a positive association between negative personal experiences with stage models of grief and grief reactions.

Hypothesis 2: Resilience weakens the association between negative personal experiences with stage models of grief and grieving symptomology.

## **Methods**

### ***Design***

This study formed part of a larger study exploring grieving experience and experience with grief stage models as well as attitudes towards grief stage models. The present study specifically investigated the relationship between negative personal experiences with grief stage models and the grieving process as well as the influence resilience may have on this relationship. The current study is of quantitative nature and employs a cross-sectional design.

The study was approved by the Faculty Ethical Review Committee (FETC) of the Faculty of Social and Behavioural Sciences of Utrecht University. Data was collected in from the 26<sup>th</sup> of November 2022 until the 21<sup>st</sup> of December 2022.

### ***Participants***

A sample of 98 participants (aged 18-65) from various cultural backgrounds has been recruited online. 0.8% power for detecting a medium effect size of 0.15,  $p=.05$  was selected and based on the F-test used in G\*power, a significance level of .05 requires a sample size of 68 participants. The reasons for having recruited a larger sample will be elaborated on in the discussion section of this paper. Inclusion criteria were that participants are at least 18 years old, have experienced a loss that occurred no longer than five years prior to the study, and are at least somewhat familiar with the stage models of grief. An additional requirement was that participants are proficient in English, German, or Greek.

Of all participants, 21 were male, 76 were female, 1 preferred not to say. The majority of participants reside in the Netherlands (42%) and Germany (36%). Furthermore, the majority of the sample consisted of younger participants with 19 participants being 24 years old, followed by 22 and 25-year-olds, and 13 21 as well as 22-year-olds. The remaining participants are distributed across other age groups between 18 and 65. The most frequently stated cause of death was illness or disease (79%), followed by suicide (9%).

### ***Procedure***

The online survey was administered using Qualtrics, a web-based survey tool which participants could easily access through most technological devices with an internet connection. The survey was completed in either English, German, or Greek. Back translation was used to ensure accurate translations. Participants were recruited via the distribution of the online survey on several social media platforms such as Facebook, Instagram, WhatsApp. Additionally, the survey was also advertised on Utrecht University's Social and Behavioural Sciences research participation system SONA. Information about the study was provided to participants either through a SONA advertisement or digital recruitment text. Psychology students of Utrecht University who filled out the survey received credits via SONA. If desired, participants had the opportunity to enter a 20€ raffle prize upon completion of the survey.

Individuals who were interested in participation could access the survey through a link that was included in the recruitment posts on social media platforms and the SONA advertisement. After clicking on the link, participants were presented with an information letter providing relevant details about the study as well as the contact details of the researchers. In the following, participants had to accept a consent form in order to participate. Following the information letter, participants were asked to answer questions relating to demographic data. Participation was confidential and voluntary, with subjects being able to

withdraw from the study at any point in time. The online survey took about 25-30 minutes to complete and was followed by an online debriefing after completion of the survey.

## ***Measurements***

### *Demographics*

Demographic data was collected through various questions including gender, age, educational background, country of residence as well as whether participants had experienced one or more losses of a close friend or family member within the past five years.

Furthermore, participants were asked how they were related to the deceased as well as whether they perceived the relationship to the deceased to have been close.

### *Familiarity with stage models*

In order to measure participants' familiarity with stage models of grief, participants were presented Kübler-Ross's model, a different version of Kübler-Ross's model, and Bowlby's model and had to indicate their familiarity with either of them on a 3-point Likert scale ranging from 'No, unfamiliar' to 'Yes, familiar'.

### *Prolonged Grief Scale Revised (PG 13)*

Grief symptomology was measured using the revised PG 13 scale. Participants were presented with 10 statements relating to the impact of the loss on their lives and could indicate their level of agreement on a 5-point Likert scale ranging from 1='Not at all' to 5='Overwhelmingly'. The PG 13 Revised Scale shows good reliability and validity (Prigerson et al., 2021). The total score was retrieved by calculating the means of each participant's answer.

### *Personal Experiences with Stage Models of Grief*

In the absence of previous measures to explore this concept, a 10-item scale was constructed for the purpose of this study in order to investigate participants' personal experiences with stage models of grief. Individual items reflect either a positive experience (e.g., '' The stages have been helpful in understanding and coping with my own personal grieving process'') or a negative response (e.g., *I have felt like there is something wrong with me because I did not experience (all) the stages.*'') with stage models of grief. Participants had to rate on a 4-point Likert scale, ranging from 1='Strongly disagree' to 4='Strongly agree' to what extent they agreed with each item. The total score was determined by using only items of the scale that indicate negative experiences and adding them to determine the mean.

### *Connor-Davidson Resilience Scale (CD-RISC) – Brief version*

The Connor-Davidson Resilience Scale (CD-RISC) was used to measure levels of resilience, which consists of 10 items measuring the ability to cope with adverse life events. Items reflected ways of coping and participants rated on a 4-point Likert scale ranging from 1='Not true at all' to 4='True all the time' their level of agreement. An example statement included "Coping with stress can strengthen me". The total score was determined by adding items and calculating the mean. Several studies of the psychometric properties of the CD-RISC suggested a good internal consistency, and test-retest-reliability (Campbell-Sills & Stein, 2007; Windle et al., 2011).

#### *Reliability Analysis*

A reliability analysis was conducted for the entire survey using a Cronbach's test. Cronbach's alpha was .86 which indicates a good reliability of the survey.

#### *Data Analysis*

The statistical software SPSS, version 27 was used to analyse the collected data. The predictor variable was negative personal experiences with stage models of grief and the outcome variable was grief symptomology. Descriptive statistics were created and outliers as well as missing data were detected. Outliers were detected using a normality analysis. Three outliers were removed. The assumption of no multicollinearity was tested by investigating the Pearson correlation which showed a moderate correlation of .349, thus meeting the assumption. The alpha level for statistical significance is  $\alpha=.05$ . A simple linear regression analysis was conducted thereafter to explore the relationship between negative personal experiences with stage models of grief and grief symptomology. Finally, Hayes PROCESS model v4.2. was used to determine whether resilience moderated the association between personal negative experiences with stage models of grief and grief symptomology.

### **Results**

#### *Descriptive Statistics*

The mean score for grief reactions was  $M=1,94$ ;  $SD=.61$  and rather low. For negative experiences with the stage models of grief, the mean score was ( $M=1,78$ ;  $SD=.66$ ). Lastly, the mean for resilience was ( $M=2,09$ ;  $SD=.46$ ).

*Hypothesis 1: There will be a positive association between negative personal experiences with stage models of grief and grief reactions.*

A simple linear regression analysis was conducted to measure whether negative personal experiences with stage models of grief influence grief symptomology. Results of the

analysis indicated a significant output, ( $F(1,99)=13,434, p<.001$ ), with negative personal experiences with the stage models of grief explaining 11% of the grieving symptomology  $R^2 = .122$ . The coefficient for grief reactions is .325 and thus rather high. The coefficient for negative experiences with stage models was 1,366. Consequently, Hypothesis 1 is accepted.

*Hypothesis 2: Resilience weakens the association between negative personal experiences with stage models of grief and grieving symptomology.*

In order to test this hypothesis, a simple moderation analysis was carried out using Hayes' PROCESS model v4.2. The interaction effect between negative experiences with stage models of grief and resilience was not statistically significant, ( $p=.12, t=(94).73$ ). The regression coefficient is .14. Based on the model summary, the model is significant,  $p=.018$ . Thus, no moderation effect of resilience is implied and Hypothesis 2 is rejected.

### **Discussion**

The aim of this study was to investigate a) the relationship between negative personal experiences with stage models of grief and grief symptomology; and b) whether resilience moderates the aforementioned association. It was hypothesised that a positive association between negative personal experiences with stage models of grief and grief reactions would be present. Additionally, it was also hypothesised that resilience weakens the association between negative personal experiences with stage models of grief and grief symptomology.

This is the first known study to investigate the association between negative personal experiences with stage models of grief and grief symptomology. The results from the simple linear regression were significant, thus supporting Hypothesis 1. These results support the idea that negative personal experiences with stage models, such as believing that one does not grieve in the correct manner, or being judged by others for grieving in a different way than what is considered usual may negatively impact grief reactions and the process of grieving in general (Wortman & Silver, 1989). Furthermore, Holland & Neimeyer (2010) attempted to find further evidence for stage theories of grief following findings by Maciejewski et al., (2007) who found that various grieving states might peak in a sequence as described by stage models of grief (Holland & Neimeyer, 2010; Paul K. Maciejewski et al., 2007). However, Holland & Neimeyer (2007) found limited evidence supporting the stage models of grief (Holland & Neimeyer, 2010). Instead, they reported some evidence for the presence of disbelief about the loss, yearning for the lost individual, anger, and depression among

individuals who were bereaved for a shorter time period (Holland & Neimeyer, 2010). Such mixed findings illustrate that the existence of stages is neither proven nor necessarily disproven. This controversy and uncertainty by itself might already beg for more caution against strictly adhering to stage theories and expecting that each individual follows these sequences as not everyone necessarily does. The negative experiences with the stage models and the subsequent effects of those adverse experiences on one's grieving process indicate the potential importance of abstaining from generalising the grieving process given the harmful consequences that may follow such as experiencing distress for presumably not grieving correctly.

With regards to Hypothesis 2, the interaction effect between negative experiences with stage models of grief and resilience was not statistically significant, thus Hypothesis 2 was rejected. This result was contrary to what was expected in the current study due to the suggested beneficial attributes of resilience (Bonanno, 2004). Interestingly, King & Delgado (2021) found somewhat similar results regarding the relationship between grief and resilience. In their study, they investigated how grief and other variables such as social support and stigma impact resilience, and found that grief and stigma predicted a decrease in resilience (King & Delgado, 2021). Furthermore, they found that resilience was not impacted by different levels of social support and stigma. Comparing these results to the present study, one might argue that the absence of a moderation effect of resilience in the present study might possibly be due to the hampering effects of grief on resilience. It could be speculated that if grief lowers levels of resilience, then the protective properties attributed to resilience may not come into play to ease one's grieving process especially in light of negative experiences with stage models.

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

The current study has added a valuable contribution to the current gap in the literature about stage models of grief and personal experiences with the models. Given the aforementioned gap in the grief literature, there is a great need for further investigation. As far as we are aware, the current study is the first to investigate the relationship between negative personal experiences with stage models and grief, and grief reactions as well as the potential effect of resilience on this relationship. Furthermore, the sample of the present study had a relatively large international character with participants residing in 11 different countries which strengthens the generalisability of the results. Moreover, the sample turned out larger than originally anticipated following statistical test for the determination of the

sample size. In the statistical test a medium effect size was used to determine the sample size as a small effect size might not be as strong. However, in order to make up for potentially high drop-out rates and outliers more participants were recruited.

Nevertheless, several limitations should be taken into consideration when interpreting the results of the present study. Firstly, although the study was conducted in Netherlands and the majority of participants resided in the Netherlands, no Dutch version of the survey was offered to participants due to the absence of a Dutch-speaking individual among the researchers of this study. On the other hand, the requirement was set that participants must be proficient in English, German, or Greek, depending on in which language the survey was completed in order to participate. This requirement was set in order to make sure that only participants who are fluent in either of the stated languages and thus understand the questions and answer options accurately would participate. Secondly, despite several translation checks, mistakes in the translation process could have occurred nevertheless and thus possibly changed participants' understanding of questions in the survey. Thirdly, as participants were recruited exclusively online, the lack of participation of individuals without access to the internet impairs the generalisability of the results. Future studies could employ alternative or several different recruitment methods in order to equal access to participation. Such alternative recruitment strategies could include distributing physical flyers or approaching people directly in public spaces. Furthermore, the generalisability of the results may also be impaired due to different educational backgrounds of participants. Given that the stage models of grief are often taught in academic institutions and may be discussed especially within the psychology curriculum, it is likely that participants of the current sample which consisted of many psychology students are already very familiar with the model as well as the empirical findings supporting or criticising the theory. Therefore, this sample may have had different experiences with the stage models than individuals with no background knowledge or familiarity with the model. Moreover, participants' cultural backgrounds may also impair the generalisability as cultures may vary in how a loss is dealt with (Rosenblatt, 2008). The influence of culture on grief and personal experiences with stage models and grief symptomology could be investigated in future studies. Furthermore, the use of a raffle giving participants a chance to win a small amount of money poses the risk of subjects possibly only participating for money and potentially not answering questions conscientiously (Tishler & Bartholomae, 2002). Finally, the length and repetitiveness of the survey may have caused many drop-outs and challenge the process of attaining a large sample. Following the contradictory findings regarding the effect of resilience on the grieving

process, further research should be conducted exploring the relationship between resilience and bereavement outcomes.

### **Implications**

The results of the present study may have relevant implications especially for clinical practice dealing with bereaved individuals. Should future studies replicate the findings of the present study or find similar results suggesting the potentially harmful effects of a negative experiences with stage models on a person's grieving reactions, the way in which bereaved individuals are supported might need to become subject to changes. Practitioners supporting bereaved individuals might possibly need to adapt their own perspectives on the matter and consequently adjust their treatment strategies. A key aspect might be to foster acceptance for various and individual grieving processes and letting go of a strict adherence to stage models of grief. In order to foster more awareness and acceptance of the variability of grieving processes psychoeducation could be emphasised more heavily to normalise grief reactions. Additionally, techniques such as cognitive restructuring may be beneficial for reframing the loss and countering catastrophic thoughts (King & Delgado, 2021).

### **Conclusion**

Despite the limitations and a statistically not significant finding, the present study has added further insight into the relationship between negative personal experiences with stage models of grief and grief reactions whilst also emphasising the need for further research. Furthermore, this study illustrates the potential harm that may be linked to prescribing too strictly to stage models of grief.

It is hoped that the present study encourages much needed further research into this area of grief as well as the impact of resilience on the grieving process whilst possibly also providing a foundation for such future studies.

## References

- Avis, K. A., Stroebe, M., & Schut, H. (2021). Stages of grief portrayed on the internet: a systematic analysis and critical appraisal. *Frontier in Psychology, 12*, 772696. <https://doi.org/10.3389/fpsyg.2021.772696>
- Boelen, P. A., van den Hout, M., & van den Bout, J. (2013). Prolonged grief disorder: Cognitive-behavioral theory and therapy. In *Complicated Grief* (pp. 221-234). Routledge.
- Bonanno, G. A. (2004). Loss, trauma, and human resilience: have we underestimated the human capacity to thrive after extremely aversive events? *American Psychologist, 59*(1), 20-28. <https://doi.org/10.1037/0003-066x.59.1.20>
- Bonanno, G. A., Wortman, C. B., Lehman, D. R., Tweed, R. G., Haring, M., Sonnega, J., Carr, D., & Nesse, R. M. (2002). Resilience to loss and chronic grief: a prospective study from preloss to 18-months postloss. *Journal of Personality and Social Psychology, 83*(Part 5), 1150-1164. <https://doi.org/10.1037//0022-3514.83.5.1150>
- Campbell-Sills, L., & Stein, M. B. (2007). Psychometric analysis and refinement of the Connor-davidson Resilience Scale (CD-RISC): Validation of a 10-item measure of resilience. *Journal of Traumatic Stress, 20*(6), 1019-1028. <https://doi.org/10.1002/jts.20271>
- Corr, C. A. (2020). Elisabeth Kübler-Ross and the “five stages” model in a sampling of recent american textbooks. *Omega (Westport), 82*(2), 294-322. <https://doi.org/10.1177/0030222818809766>
- Gheshlagh, R. G., Sayehmiri, K., Ebadi, A., Dalvandi, A., Dalvand, S., Maddah, S. B., & Tabrizi, K. N. (2017). The relationship between mental health and resilience: a systematic review and meta-analysis. *Iranian Red Crescent Medical Journal, 19*(6), 8. <https://doi.org/10.5812/ircmj.13537>
- Holland, J. M., & Neimeyer, R. A. (2010). An examination of stage theory of grief among individuals bereaved by natural and violent causes: a meaning-oriented contribution. *Omega (Westport), 61*(2), 103-120. <https://doi.org/10.2190/OM.61.2.b>
- King, K. M., & Delgado, H. (2021). Losing a family member to incarceration: grief and resilience. *Journal of Loss and Trauma, 26*(5), 436-450. <https://doi.org/10.1080/15325024.2020.1816753>
- Kübler-Ross, E. (1969). *On death and dying* (1st ed.). Macmillan.

- Maciejewski, P. K., Zhang, B., Block, S. D., & Prigerson, H. G. (2007). An empirical examination of the stage theory of grief. *JAMA*, *297*(7), 716-723. <https://doi.org/10.1001/jama.297.7.716>
- Maciejewski, P. K., Zhang, B., Block, S. D., & Prigerson, H. G. (2007). An empirical examination of the stage theory of grief. *JAMA*, *297*(7), 716-723. <https://doi.org/10.1001/jama.297.7.716>
- Prigerson, H. G., Boelen, P. A., Xu, J., Smith, K. V., & Maciejewski, P. K. (2021). Validation of the new dsm-5-tr criteria for prolonged grief disorder and the pg-13-revised (pg-13-r) scale. *World Psychiatry*, *20*(1), 96-106. <https://doi.org/10.1002/wps.20823>
- Rasouli, O., Moksnes, U. K., Reinfjell, T., Hjemdal, O., & Eilertsen, M. B. (2022). Impact of resilience and social support on long-term grief in cancer-bereaved siblings: an exploratory study. *BMC Palliat Care*, *21*(1), 93. <https://doi.org/10.1186/s12904-022-00978-5>
- Rosenblatt, P. C. (2008). Grief across cultures: A review and research agenda. <https://doi.org/10.1037/14498-010>
- Stroebe, M., Schut, H., & Boerner, K. (2017). Cautioning health-care professionals: bereaved persons are misguided through the stages of grief. *OMEGA - Journal of Death and Dying*, *74*(4), 455-473. <https://doi.org/10.1177/0030222817691870>
- Tishler, C. L., & Bartholomae, S. (2002). The recruitment of normal healthy volunteers: a review of the literature on the use of financial incentives. *The Journal of Clinical Pharmacology*, *42*(4), 365-375. <https://doi.org/10.1177/00912700222011409>
- Windle, G., Bennett, K. M., & Noyes, J. (2011). A methodological review of resilience measurement scales. *Health and Quality of Life Outcomes*, *9*, 8. <https://doi.org/10.1186/1477-7525-9-8>
- Wortman, C. B., & Silver, R. C. (1989). The myths of coping with loss. *Journal of consulting and clinical psychology*, *57*(3), 349-357. <https://doi.org/10.1037//0022-006x.57.3.349>
- Yu, N. X., Chan, C. L., Zhang, J., & Stewart, S. M. (2016). Resilience and vulnerability: prolonged grief in the bereaved spouses of marital partners who died of AIDS. *AIDS Care*, *28*(4), 441-444. <https://doi.org/10.1080/09540121.2015.1112354>