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## **Increasing Narrative Coherence in the Bereaved: The Effect of Narrative Review on Grief Reaction**

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The University of Southern Mississippi

INCREASING NARRATIVE COHERENCE IN THE BEREAVED:  
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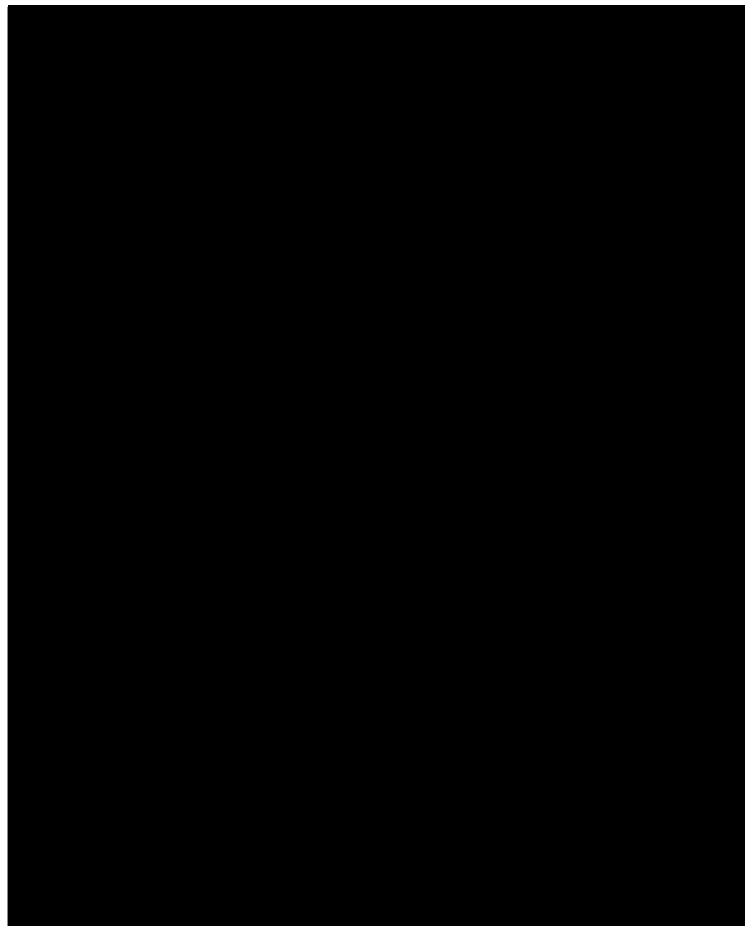
by

Stefanie Suzon Boswell

A Dissertation

Submitted to the Graduate Studies Office  
of The University of Southern Mississippi  
in Partial Fulfillment of the Requirements  
for the Degree of Doctor of Philosophy

Approved:



August 2008

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The University of Southern Mississippi

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## ABSTRACT

### INCREASING NARRATIVE COHERENCE IN THE BEREAVED: THE EFFECT OF NARRATIVE REVIEW ON GRIEF REACTION

by Stefanie Suzon Boswell

August 2008

In order to investigate the utility of an experimental expressive writing intervention designed to increase narrative coherence (write about loss combined with review of previous narratives) as a potential bereavement intervention, it was compared to a standard expressive writing intervention (write about loss with no opportunity for review), and two trivial writing conditions (one with and one without opportunity for review). Although all writing groups experienced beneficial effects across time, participants in the experimental and standard conditions reported significantly greater personal growth as a function of time when compared to control participants.

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## CHAPTER I

### INTRODUCTION AND LITERATURE REVIEW

Through the death of family and friends, individuals face the unavoidable event of bereavement (Bonanno & Kaltman, 1999; Dutton & Zisook, 2005; Holland, Currier, & Neimeyer, 2006). Individuals experiencing bereavement may experience feelings of powerlessness and lack of control over events affecting their lives (Attig, 1996; Matthews & Marwit, 2006; Neimeyer, 1998). Even when the death is anticipated, bereaved individuals may nonetheless feel defenseless because they were unable to control the course or timetable of a loved one's death. According to Attig (1996), death deprives the individual of a significant relationship. Interpersonal loss may precipitate changes in how one views one's environment and stories one's life. It may also be a source of significant stress (Servaty-Seib, 2004). As a result of the bereavement, "the flow of our life stories is disrupted," (Attig, 1996, p. 8).

With its growing emphasis on personal meaning, personal narratives, and personal identity, the bereavement literature is progressing away from traditional theories emphasizing universality in grieving (Neimeyer, 2001b). Psychoanalytic conceptualizations of grief that stress emotional detachment or breaking bonds with the deceased have come under scrutiny as evidence accumulates to support the adaptive nature of the maintenance of emotional bonds with the lost loved one (Baker, 2001; Costello & Kendrick, 2000). Theoretically, conceptualizations of grief are moving away from models emphasizing phases and stages of grieving, pathological grief, and final detachment from the deceased (Neimeyer, 1998). Grief researchers are gravitating toward definitions of grief as the construction of personal narratives that give meaning to

interpersonal loss, as well as to the griever's redefined relationship with the world following the loss.

Constructivist and narrative theoretical perspectives on grieving are the focus of this current research. Constructivism is based on the ontological assumption that there is no objectively knowable reality. Rather, psychological realities are personally and socially constructed. The nature of one's reality, and the meaning that one assigns to it, is dependent upon one's context and experiences. Humans are, by nature, self-organizing beings that seek order in their worlds and therefore devote their activity toward the development of patterns and meaning in everyday activity. This process of self-organization, ordering, and meaning creation occurs through the use of narrative, or self-story (Bruner, 2004; Lyddon, 1999; Mahoney, 2003).

Neimeyer (1995; 1998) asserts that individuals use the process of narrative construction to create self-stories that provide a sense of order and meaning to their worlds. However, the present self's story can become disorganized and incoherent following the loss of an important character in the story, such as a loved one. Therefore, the narrative perspective posits that the bereaved individual must reconstruct his or her narrative in such a way as to provide a coherent "plot story" linking the present self's story to the future self's story in the absence of the deceased (Neimeyer, 1999; 2001b).

In addition to how the grieving individual constructs personal narratives to make meaning of interpersonal loss, emphasis is also being placed on the narrative's coherence. Because interpersonal loss disrupts the coherence of one's self story, theoretical attention is now being given to the importance of increasing narrative coherence. Research suggests that psychological distress may result from disruptions to the self's narrative

coherence; however increases to the self's narrative coherence are associated with increased reports of psychological adjustment (Gilbert 2002; Lysaker, Lysaker, & Lysaker, 2001). Because increased narrative coherence is associated with increased reports of psychological adjustment, one may hypothesize that by increasing the narrative coherence of bereaved individuals, meaning-making will be facilitated and psychological distress will be reduced.

Related to narrative theory and narrative coherence in bereavement is Pennebaker's expressive writing paradigm (Pennebaker & Beall, 1986). Individuals utilizing Pennebaker's expressive writing paradigm construct narratives of their interpersonal loss through the use of writing exercises on four different occasions. Experimental studies utilizing this intervention indicate that constructing narratives about interpersonal loss yields positive psychological and physiological effects in participants (Pennebaker & Beall, 1986; Pennebaker, Colder, & Sharp, 1990; Petrie, Booth, Pennebaker, Davison, & Thomas, 1995).

Although experiments using Pennebaker's expressive writing paradigm have yielded results consistent with narrative conceptualizations of grieving, there is no research to date employing this intervention in an empirical investigation of increased narrative coherence. Gilbert (2002) suggests that the coherence of the self's narrative may be increased through repeated exposure to the narrative, such as repeatedly reading or retelling the story of the loss. Therefore, this researcher proposes a modification to Pennebaker's writing paradigm in which participants will be provided with the opportunity to review their previous narratives about their interpersonal loss before constructing new ones. The proposed study will examine the degree to which grief

reactions change across time (pre-test, post-test, and follow-up) when compared to Pennebaker's standard writing paradigm and controls.

### Defining Bereavement and Grief

Because the terms "bereavement" and "grief" have several uses in the literature, they must be defined and distinguished from one another. Bereavement is the condition of having experienced the death of a loved one, or interpersonal loss. Grief is the emotional, physiological, cognitive, behavioral, and social responses manifested by an individual adapting to interpersonal loss (Servaty-Seib, 2004; Wortman & Silver, 1989). Although grief is sometimes construed strictly as an emotion, it is more accurately defined as a "molar experience that generates various molecular components" (Bonanno, 2001a, p. 494). Unlike emotion, grieving is not transient or simple in nature. It is multifaceted and may endure for months or years (Bonanno, 2001a). Grief is an adaptive response that follows loss and allows individuals to cope with the life disturbance and relationship deprivation that result from bereavement (Attig, 1996; Stroebe, Hansson, Stroebe, & Schut, 2001; Wortman & Silver, 1989). Through the process of grieving, we "move into the next chapters of our biographies which are indelibly colored by our bereavement," (Attig, 1996, p. 8).

Grieving is conceptualized as both a reactive and active process. The reactive process of grieving includes one's emotional, cognitive, and physical reactions to the loss of a highly valued interpersonal relationship. Reactive grief includes the experience of distressing thoughts and feelings, as well as physical pain, in response to interpersonal loss (Attig, 2004). Active grief processes occur when the grieving individual engages the interpersonal loss, creates meaning in it, and creates a new life plan for him or herself

following the loss. Through active grieving processes, the individual exercises choice in how his or her life will be changed or transformed following the death of a loved one (Attig, 2004; Riley, LaMontagne, Hepworth, & Murphy, 2007). Gilbert (2002) states that grieving may be seen as a process through which the survivor shapes a new reality following loss. While bereavement may be choiceless, grieving is not. "Grieving as a response is not...what happens to us, but...what we do with what happens to us," (Attig, 2004, p. 343).

A variety of theories of grieving have been proposed and may be evaluated for their usefulness using overarching criteria (Attig, 2004; Neimeyer, 1998). A useful theory of grief (a) provides a broad appreciation of the phenomenological experience of grieving by recognizing that death has a diversity of meanings and creates a diversity of struggles for grieving individuals. Such a theory (b) also promotes the grieving individual's self-understanding. Grief theories should (c) value the distinctiveness of the grieving individual and his or her unique ways of making meaning following interpersonal loss. They also recognize the individuality involved in "finding and making meaning in life with the one who died," (Attig, 2004, p. 344). Each grieving individual, in his or her own context, faces a unique set of challenges and opportunities resulting from the death of a loved one. A useful theory (e) also acknowledges the active, choice-filled nature of grief. It does not assert uniformity or predictability in grieving; instead it emphasizes the individual's choice (Attig, 2004; Fisher & Wrisberg, 2003; Neimeyer, 1998).

#### Theoretical History of Grief

Conceptualizations of grief have changed over time. During the seventeenth and eighteenth centuries, grief was viewed as a pathological disease of the mind that could

result in madness or death. Consistent with the view of grief as a physical problem, treatments mirrored that of those provided for physical illness during the time period. The grieving individual could expect treatments such as bleeding and purging that were intended to expel the toxins from his or her body that were believed to be associated with grief. Additionally, medications were frequently prescribed. Opium might also be administered to the bereaved individual to numb the pain associated with grief (Archer, 1999; Parkes, 2001). Contemporary theorists have also described grieving in pathological terms, arguing for the creation of a Diagnostic and Statistical Manual class of mental disorder to encompass grief (Jacobs, Mazure, & Prigerson, 2000; Stroebe, 2001).

#### *Evolutionary Theory of Grieving*

Conceptualizations of grief as a physiological illness stimulated nineteenth century efforts to explain its physical nature, such as Charles Darwin's investigation of grief's evolutionary origins (Archer, 1999). Darwin observed grief-like reactions in non-human species, such as distinctive facial expressions similar to those displayed by grieving humans across the lifespan. These observations helped to remove the pathological stigma associated with grief by establishing its biological and evolutionarily adaptive significance. Darwin also observed and classified behavioral changes presumed to be associated with grief into active/frantic and passive/depressive categories. Similar classifications of grief reactions continue to be present in contemporary theories of grieving (Archer, 1999; Parkes, 2001). Shand (as cited in Archer, 1999) further developed Darwin's theory by describing two active reactions - the first oriented aggressively toward the outside world and the second oriented toward "frenzied activity"

- as well as two passive reactions, the first depressive and energy deprived, the second “suppressed through self-control” (Archer, 1999, p. 14).

### *Freudian Psychoanalytic Grief Work*

The Freudian psychoanalytic perspective dominated the majority of twentieth century conceptualizations of grief. This perspective postulated a model of grief with two phases: one emphasizing efforts to maintain continued attachment to the deceased loved one (hypercathexis) and a second emphasizing final emotional detachment (decathexis) (Rothaupt & Becker, 2007; Russac, Steighner, & Canto, 2002). According to Freud (1917/1953), individuals cathect, or invest of a portion of their limited libidinal resources, into individuals, or objects, with whom they have interpersonal relationships. The bereaved individual’s libidinal energy is cathected in the object while the individual lives, and remains cathected through emotions and memories after the loved one dies. Out of reluctance to admit the reality of the interpersonal loss, the grieving individual undergoes the process of internalization of the deceased. Through this process, the grieving individual obsessively attempts to retain a relationship with the deceased by integrating the deceased’s characteristics into his or her own cognitive and behavioral repertoire (hypercathexis).

In the initial time period following bereavement, internalization is viewed as a normative process. However, prolonged internalization of the deceased individual is considered pathological (Russac et al., 2002). Because the bereaved individual’s libidinal resources are limited, these resources must be withdrawn from the lost love object and reinvested into a living object (Freud, 1917/1953). Therefore, the primary tasks of grieving are removal of psychical energy from the deceased, detachment from the lost

loved one (i.e., severing of emotional bonds), and reinvestment of this energy into a living individual (Baker, 2001; Middleton, Raphael, Martinek, & Misso, 1993; Rothaupt & Becker, 2007). In lay terms, the goal of grieving is “moving on with one’s life,” (Michael, Crowther, Schmid, & Allen, 2003, p. 158). Integral to detachment and severing of emotional bonds is recognition and expression of negative emotions towards the deceased, such as anger and sadness (Epstein, Kalus, & Berger, 2006; Shaver & Tancredy, 2001). Freud (1917/1953) dubbed this process of detachment as grief work. Failure to detach or sever emotional bonds from the deceased individual signaled pathological grieving (Stroebe, Gergen, Gergen, & Stroebe, 1992).

It is the Freudian concept of grief work that “throughout the past century...has been the major theoretical construct to explain how people cope with bereavement,” (Stroebe, 2001, p. 855). The modernist *zeitgeist* within the science and philosophy of psychology, as well as within the social and political climate of American and European culture, enabled Freud’s theories to gain rapid momentum. The modernist environment emphasized “goal directedness, efficiency, and rationality,” as well as mechanistic metaphors of human functioning (Stroebe et al., 1992, p. 1206). These mechanistic metaphors equated human beings with efficient machines and viewed grief as a negative response interfering with human productivity. Thus, the goal of grieving was to return to normal, pre-loss functioning as promptly as possible. Such mechanistic metaphors of human bereavement responses helped to support the Freudian notion that the purpose of grieving was to quickly “work through” the “upheaval” caused by the “disturbing event” of bereavement (Valentine, 2006; Stroebe, 2001, p. 855). By quickly working through one’s grief and detaching from the deceased, the bereaved individual was then prepared



to resume his or her role and function in a social and political climate that valued productivity and efficiency.

### *Stages of Grieving*

In addition to the Freudian concept of grief work, the modernist paradigm's mechanistic emphasis also allowed for the emergence of stage theories of grieving during the twentieth century. Stage theories view grief as a process of orderly, sequential phases, each with distinctive features, through which a grieving individual progresses (Maciejewski, Zhang, Block, & Prigerson, 2007; Stroebe et al., 2001). Variations on stage or phase theories have been proposed by many researchers. Kübler-Ross (1969; 1974) proposed five stages, beginning with an initial state of shock. From initial shock, bereaved individuals progress through a state of denial and refused acceptance of reality to anger over their lack of ability to control the loss. From this anger, grieving individuals yearn for lost loved ones or bargain with God to change death, followed a sense of despair or depression. Finally there is acceptance (Kato & Mann, 1999). Archer (1999) describes other theorized stages, such as disbelief, numbness, anxiety, disorganization, and resolution. Still other theories describe successful grieving in terms of a series of tasks that the bereaved must complete, all resulting in the detachment of the individual from the deceased (Rothaupt & Becker, 2007; Stroebe et al., 2001).

### *Attachment Theory*

Theories of grief have also focused on attachment perspectives. The primate attachment system is a group of biologically based behaviors aimed at establishment or maintenance of physical proximity to a caregiver during situations interpreted to pose threat to well-being. Physical proximity with a caregiver during times of distress and

threat is assumed to have an evolutionarily adaptive function by enhancing survival of the individual (Field, Gao, & Paderna, 2005; Shaver & Tancredy, 2001). According to Bowlby (1969), infants attach or bond to attachment figures such as primary caregivers or other adults responsible for providing emotional or physiological support. The infant experiences distress when he or she is separated from the attachment figure and may engage in behaviors to maintain physical proximity to this person. As the infant matures into adulthood, these attachment bonds are maintained while new attachment bonds are created to new persons. Just like infant attachment bonds, adult attachment bonds are assumed to serve the purpose of maintenance of physical proximity. Additionally, similar to the infant, the adult may experience distress and engage in attachment-seeking behaviors when separated from the attachment figure without prior expectation.

Bowlby (1969) conceptualizes interpersonal loss as the ultimate separation and construes grief as a form of separation anxiety that motivates the individual to attempt to restore physical proximity with the deceased. However, these attempts are conceptualized as nonfunctional distress because physical proximity with the deceased cannot be restored. Bowlby (1980) later described healthy grieving as a “withdrawal of emotional investment in the lost person,” (p. 25). Stroebe et al. (1992) suggest that, like Freudian grief work, attachment theory implies that grieving is completed when attachment bonds are broken. The grieving individual’s efforts to maintain emotional bonds with the deceased are interpreted as maladaptive.

#### Criticisms of Historical Perspectives

Although these historical conceptualizations of grief gained acceptance, they have also been criticized. Prevailing thoughts about grief have been challenged as new

evidence emerged that could not be explained under current paradigms (Russac et al., 2002).

### *Medical Perspectives*

Critics argue that conceiving of grief in medical terms suggests that the grieving individual recovers from interpersonal loss just as an infirmed individual recovers from illness or injury. The variations of the medical view of grieving share the idea that grief is exhibited via symptoms – physical complaints such as tension and shortness of breath, compounded with crying and sadness. These medical analogies are criticized because they construe grieving as a passive process without alternative choices and cast grief in a pathological light. Medical analogies also liken grief to the suffering of a wound or sudden onset of an illness. Comparing grief to a physical illness implies that grief is something from which a bereaved individual must recover to regain the same state of functioning that existed prior to the interpersonal loss (Attig, 2004). Averill and Nunley (1993) argue that the classification of grief as a disease which creates “disregulation and dysfunction,” instead of as an emotion, changes the nature of grief itself (p. 89). Describing grief as a disease minimizes the importance of the social customs that help to create meaning and coherence in the grieving process. As meaning and coherence are disrupted, grief turns dysfunctional. In turn, distress rises and increased impairment results (Averill & Nunley, 1993). Medical theories, as well as stage theories, have also been criticized as proposing invariability in grieving and denying the individuality of the bereaved individual’s meanings attributed to death within his or her personal environment.

### *Stages of Grieving*

Further criticism has been made against stage theories. Attig (2004) argues that stage theories of grieving “misapply statistical generalizations to individual grievers and...impose inappropriate expectations upon [them],” (p. 345). According to stage theories, with the passage of enough time the grieving individual will come to accept the interpersonal loss from his or her life and move on by severing the relationship with the deceased. Corr (1993) argues that insufficient evidence exists to assert that a grieving individual’s reactions will be delimited to those emotions prescribed by the particular stage theory and that these reactions will progress in an orderly, linear manner. Critics also argue that such theories perpetuate unrealistic views of normal grieving by anticipating that the bereaved will endure a circumscribed period of severe distress that will completely relent when the interpersonal loss is worked through (Wortman & Silver, 1989).

Stage theories have furthermore been criticized for their tendency to lend themselves to an overly literal application by mental health counselors and the general public, producing a state of increased stress for the grieving individual (Servaty-Seib, 2004). When bereaved individuals fail to conform to this linear stage progression, they may be viewed as abnormal by themselves or others, which may alienate them from receiving the help that they may need. Wortman and Silver (1989) argue that these theories create unrealistic expectations that may lead bereaved individuals to devalue their grief, thereby complicating its course. Literal interpretation of the stage theory may “foster a should or must...mentality” in which the grieving individual may become stressed by concerns that he or she is not grieving in the proper fashion (Servaty-Seib,

2004, p. 127). Shuchter and Zisook (1993) assert that such theories disregard the reality that there exists no prescribed time period within which normal grieving runs its course. Also, these theories neglect the idiographic, dynamic, and choice-filled qualities of grieving, reinforce the idea that the grieving individual is helpless in responding to bereavement, and neglect the grieving individual's ability to find meaning in the interpersonal loss (Attig, 2004; Servaty-Seib, 2004).

#### *Freudian Psychoanalytic Grief Work*

Long accepted notions of Freudian grief work have also been criticized. Bonanno (2001b) argues that because these models were built predominately upon the observations of individuals experiencing complicated grief, they resultantly pathologize normal grieving when generalized to describe the process of uncomplicated grief. Additionally, the grief work perspective has also been criticized for failing to acknowledge the variety of stressors stemming from bereavement, how the grieving individual attributes meaning to these stressors, and how the grieving individual adapts to a life without the physical presence of the lost loved one through the creation of coherent, personal narratives (Stroebe & Schut, 1999). Emergence of these criticisms of the grief work perspective has coincided with the recent pendulum swing in grief theory. The literature has broken away from pathological perspectives on grief, focusing more on the processes encompassing normal grieving, as well as meaning-making and construction of personal narratives about the interpersonal loss (Stroebe & Schut, 1999; Stroebe, 2001). Resulting from this pendulum swing, formerly uncontested traditional views of grief work have come under theoretical and empirical examination (Bonanno, 2001b).

Grief work and attachment perspectives have also been criticized for their emphasis on the ultimate detachment of emotional bonds with the deceased (Epstein et al., 2006; Neimeyer, 2001b; Stroebe, 2001). These theories contend that maintenance of a continuing emotional bond with the deceased indicates psychological dysfunction, pathological grieving, or denial of death. Critics argue that these theories emphasize the degradation and of the relationship with the lost loved one in order to accelerate detachment of the grieving individual from the deceased (Epstein et al., 2006; Stroebe & Schut, 1999). Emphasis on letting go of one's relationship with the deceased disempowers the grieving individual and turns grieving into a "goal-directed activity" toward "returning to normal," rather than a "state of being," (Valentine, 2006, p. 59). Furthermore, empirical research has demonstrated that maintenance of continued emotional bonds with the deceased does not lead to maladaptive grieving as once thought and is also associated with positive adjustment outcomes following interpersonal loss in some populations (Field, Gal-Oz, & Bonanno, 2003; Lalande & Bonanno, 2006).

Theoretical emphasis on emotional detachment and breaking bonds with the deceased has also been criticized for its lack of cross-cultural applicability (Rothaupt & Becker, 2007). Maintenance of emotional bonds with the deceased is emphasized in other cultures, such as those found in Japan and Egypt (Klass, 2001; Stroebe et al., 1992), and has been linked with better post-interpersonal loss adjustment in individuals from China (Lalande & Bonanno, 2006). Additionally, maintenance of emotional bonds is considered a culturally normative behavior across several different faith traditions (Park & Benore, 2004). Furthermore, theories of grief have not emphasized emotional detachment and breaking bonds across American social history. Prior to the modernist emphasis on

science, rationality, and efficiency, the American social and political climate was characterized by the romanticist paradigm which emphasized love, spirit, and maintenance of emotional bonds with the deceased (Stroebe et al., 1992).

Empirical literature had failed to support the contention that grief work and detachment are the only appropriate means of responding to interpersonal loss, or even that it was necessary (Bonanno, 2001b; Bonanno & Kaltman, 1999, Stroebe et al., 1992). Some evidence has emerged that detachment and the breaking of bonds is associated with increased psychological stress and decreased positive morale in bereaved individuals (Nolen-Hoeksema, McBride, & Larson, 1997). As it becomes evident that the vast majority of the bereaved experience only moderate amounts of impairment in daily functioning with severe grief reactions being relatively rare, a need emerges for a theory providing adequate understanding of normal grieving processes (Bonanno, 2001b).

#### Current Theoretical Trends in Grief Research

Currently there exists no predominate singular theoretical trend in grief research (Genevro, 2004; Shaver & Tancredy, 2001). Current theories in grief research include the cognitive stress perspective, trauma perspective, social-functional perspective (Bonanno & Kaltman, 1999), attachment theory (Bowlby, 1969, 1980), continuing bonds perspective, the Dual Process Model of coping with bereavement (Stroebe & Schut, 1999), and the constructivist and narrative theories (Neimeyer, 1998, 2001a).

#### *Cognitive Stress Perspective*

The cognitive perspective construes bereavement as a major life stressor with effects on physical and psychological health. The degree to which the individual experiences stress associated with bereavement is dependent upon the cognitive primary

and secondary appraisals assigned to the interpersonal loss by the grieving individual (Bonanno & Kaltman, 1999; Kato & Mann, 1999). Primary appraisals of the interpersonal loss evaluate the degree to which the loss poses direct harm to the grieving individual. If the grieving individual predicts that a great degree of adverse impact is associated with the interpersonal loss, the loss will generate a greater degree of physical and psychological stress. However, the effects of this physical and psychological stress may be attenuated by the grieving individual's use of secondary appraisals, or appraisal of his or her ability to cope with the stress associated with the loss. Coping mechanisms employed on the basis of these appraisals are classified along the continua of confrontation to avoidance and problem-focused to emotion-focused coping mechanisms (Stroebe & Schut, 2001).

While cognitive-stress theory does not make specific predictions regarding the degree of effectiveness associated with each coping mechanism, it is based on the notion that cognitive appraisals and their resultant coping mechanisms play a key role in one's ability to adjust to loss (Stroebe & Schut, 2001). Several studies have generated support for the cognitive-stress perspective by demonstrating the relationship between stress, cognitive appraisals, and psychological and emotional symptoms (Capps & Bonanno, 2000; Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986; Folkman, Lazarus, Gruen, & DeLongis, 1986; Smith, Haynes, Lazarus, & Pope, 1993).

#### *Trauma Perspective*

The trauma perspective emphasizes the nature of the interpersonal loss (expected versus unexpected) and how this relates to the manifestation of post-traumatic stress symptoms, the ability of the grieving individual to create meaning in the loss, and the



need of the grieving individual to socially disclose the loss (Bonanno & Kaltman, 1999). The trauma perspective suggests that individuals who have experienced unexpected interpersonal loss may manifest increased post-traumatic stress symptoms when compared to individuals experiencing expected loss. Furthermore, the assumptive worldview of individuals experiencing unexpected loss may be violated, which in turn complicates the ability of the bereaved individual to cognitively integrate and adjust to the interpersonal loss. Therefore, the trauma perspective places integral value upon the bereaved individual's ability to find meaning or reason in the interpersonal loss, as well as verbally disclose his or her thoughts and emotions about the loss (Bonanno & Kaltman, 1999; Bonanno & Kaltman, 2001). Within the trauma perspective one finds support for the contention that meaning making and reconstruction are critical components in fostering positive psychological adjustment following interpersonal loss.

#### *Social-Functional Perspective*

The social-functional perspective addresses the impact of negative and positive emotional expression on the bereavement process, specifically the mediational role between emotional expression and the ability to adapt following interpersonal loss (Bonanno & Keltner, 1997; Bonanno, Keltner, Holen, & Horowitz, 1995; Keltner, Kring, & Bonanno, 1999). In psychoanalytic grief work perspectives, the identification and expression of negative emotions, such as anger and depression, are viewed as necessary processes to facilitate the detachment of emotional bonds with the deceased. Contrary to the centrality of negative emotional expression in Freudian grief work, the social-functional perspective suggests that there is therapeutic value in the reduction of negative emotional expression (Bonanno, 2001a). According to this perspective, increased

expression of negative emotions is associated with increased severity of the grief response. Reduction of negative emotional expression is hypothesized to decrease severity of the grief response by releasing psychological resources that may be utilized for problem-focused coping. Additionally, positive emotional expression is also hypothesized to dissociate the grieving individual from the distress associated with bereavement (Bonanno & Kaltman, 1999).

Expression of positive emotions also serves an adaptive function for grieving individuals by creating a temporary alleviation of the stress associated with bereavement. Furthermore, positive emotional expression is also hypothesized to elicit social support from others and restore exhausted psychological resources. For example, possessing optimistic beliefs has been previously associated with increased psychological and physical well-being in individuals with HIV or those who contend with stressors surrounding concealed sexual identity (Cole, Kemeny, Taylor, & Visscher, 1996; Taylor, Kemeny, Reed, Bower, & Gruenwald, 2000). Thus, positive emotional expression is also hypothesized to contribute to increased psychological adjustment following interpersonal loss (Bonanno, 2001a).

Keltner and Bonanno (1997) demonstrated empirical support for the social-functional perspective through their investigation of the relationship between laughter and adjustment following conjugal bereavement. Bereaved individuals who engaged in laughter involving the orbicularis oculi muscles self-reported less distress and anger than bereaved individuals who did not engage in this type of laughter. Similarly, conjugally bereaved individuals engaging in positive facial emotional expression self-reported

diminished grief when compared to individuals engaging in negative emotional facial expression (Bonanno & Keltner, 1997).

### *Attachment Theory*

Attachment theory contends that infants form emotional bonds with primary caregivers and other significant persons. The nature of this bond between infant and caregiver is determined by the responsiveness of the infant's caregiver to his or her cries and solicitations for attention, i.e., attachment behaviors (Bowlby, 1969). According to Bowlby (1969), these early relationships serve as working models for later interpersonal relationships that develop into the individual's interpersonal attachment style. The nature of one's predominant attachment style has implications for the severity of grief reaction that the individual will experience following interpersonal loss. Individuals with secure attachment styles are predicted to cope effectively with interpersonal loss, whereas individuals with anxious-ambivalent and avoidant attachment styles are predicted to experience chronic and absent grief, respectively (Servaty-Seib, 2004). Bowlby (1980) characterized the grief response as analogous to the infant's cries and protests to elicit physical proximity and bonding with caregivers. Grief is viewed as the attempt to re-establish physical proximity with the lost loved one.

Recent theoretical trends emphasizing the importance of maintenance of continuing emotional bonds with the deceased have stimulated a reassessment of attachment theory and loss (Servaty-Seib, 2004). Contrary to prior interpretations of attachment theory, current theoretical conceptualizations recognize the adaptive nature of the bereaved individual's maintenance of emotional bonds with the deceased. Maintenance of emotional bonds with the deceased may decrease the severity of the grief

response and allow the grieving individual greater opportunity to reorganize his or her life and create new relationships by reducing the emotional distress associated with interpersonal loss (Noppe, 2000; Servaty-Seib, 2004).

### *Continuing Bonds Perspective*

During the 20<sup>th</sup> century, the dominant grief work perspective emphasized emotional detachment from the deceased. The modernist paradigm's emphasis on youth, progress, and autonomy created a theoretical environment conducive to focus solely upon the grieving individual, rather than upon the grieving individual and his or her relationships with lost loved ones (Klass & Walter, 2001). Although some grief theorists addressed maintenance of emotional bonds with the deceased, continued bonds were largely construed as denial of the reality of death or as a maladaptive coping strategy for interpersonal loss. However, contrary to the 20<sup>th</sup> century modernist grief work perspective, attention is now being given to the potentially adaptive nature of maintenance of continued emotional bonds. This shift in grief theory coincides with a greater paradigm shift toward postmodernism and also coincides with the generation of increasing empirical support for continued emotional bonds in non-Western cultures (Klass & Walter, 2001).

The overarching concept of continuing bonds may be defined as "denoting the presence of an ongoing inner relationship with the deceased person by the bereaved individual," (Stroebe & Schut, 2005, p. 477). The notion that continuing bonds may serve an adaptive purpose following interpersonal loss is gaining both theoretical and empirical support in the grief literature (Benore & Park, 2004; Fisher, 2001; Klass & Goss, 1999; Schut, Stroebe, Boelen, & Zijerveld, 2006). According to Baker (2001), the grieving

individual's needs for a continued emotional relationship with the deceased can be filled through the maintenance of symbolic bonds. Unlike previous views of symbolic bonds, the grieving individual's maintenance of a symbolic relationship with the deceased is not viewed as a refusal to accept the reality of death. Instead, these symbolic bonds are hypothesized to allow for more adaptive grieving and facilitate the process of living in the absence of the deceased individual's physical presence. Through the transformation of the relationship with the deceased from one involving physical proximity to one marked by maintenance of emotional ties, bereaved individuals may resolve the "fundamental dilemma" of coping with loss while adjusting to life without the deceased loved one (Shuchter & Zisook, 1993, p. 34).

Stroebe, Schut, and Stroebe (2005) refer to continued, but loosened bonds with the deceased as relocation. Evidence exists to indicate that continued maintenance of symbolic bonds to the deceased, or relocation, serves as a marker of adaptive coping following the death. Klass and Walter (2001) classified modern Western methods of maintaining continuing bonds with the deceased into four categories: (a) sensing the presence of the dead, (b) talking with the dead, (c) the dead as moral guides, and (d) talking about the dead.

Continued maintenance of bonds can take the form of sensing the presence of the deceased. Although the bereaved may report that they sense the touch of presence of the lost loved one, the sensed presence is not classified as a hallucinatory experience. The sensed presence is generally associated with feelings of comfort or helpfulness and may persist indefinitely following the death of the loved one, although the frequency with which the bereaved individual senses the presence of the deceased tends to decrease with

time (Klass & Walker, 2001; Shuchter & Zisook, 1993). Sensing the presence of a lost loved one has been previously construed as a religious or pathological experience; however, it is now considered a normal phenomenon associated with bereavement and is documented with increasing frequency (Bennet & Bennett, 2000; Datson & Marwit, 1997; Sanders, 1989; Simon-Buller, Christopherson, & Jones, 1988-89). Related to sensing the presence of the lost loved one, continued maintenance of bonds can also take the form of internal or verbal dialogues with the deceased, such as graveside conversations. Research on the frequency and effects of conversations with the dead is lacking (Klass & Walter, 2001; Shuchter & Zisook, 1993).

Bereaved individuals also use inner representations of the deceased to serve as guides for moral behavior. The deceased's internalized representation may serve as a generalized moral role model for the bereaved, provide guidance about specific morally challenging situations, or assist the bereaved individual in the development and refinement of his or her own moral value system (Klass & Walter, 2001; Marwit & Klass, 1995).

Speaking about the deceased individual has also been hypothesized to be an avenue through which continued emotional bonds are maintained. Bonds may be maintained through speaking about the deceased with individuals who knew him or her or by telling the story of the deceased to new individuals. Klass and Walter (2001) cite the importance of story-telling about the deceased in modern society. This story-telling may serve the function of a death ritual, an integral facet to healthy coping following interpersonal loss that is largely missing in individualistic, Western society. Additionally, self-disclosure can mitigate negative effects associated with loss upon both physical and

psychological health (Pennebaker, 1990). The story-telling facet of continued emotional bonds with the deceased is related to narrative and constructivist theories of grieving, to be discussed later.

Some bereaved individuals also engage in behavioral methods of maintaining symbolic ties with lost loved ones. These behaviors may take the form of adoption of the deceased's behaviors, such as a widow or widower beginning to manage finances or household chores, or keeping the lost loved one's private possessions (Baker, 2001). Research indicates that bereaved individuals from a wide variety of cultural groups maintain symbolic relational bonds with the deceased. Specific populations that have been studied include gay male partners of deceased AIDS patients (Richards, Acree, & Folkman, 1999), widows (Field & Friedrichs, 2004), and individuals from non-Western cultures (Stroebe et al., 2005). Maintenance of symbolic bonds and engagement in symbolic attachment behaviors has shown to be beneficial for parents grieving the loss of a child (Klass, 1997), widows and widowers (Baker, 2001), and individuals grieving the loss of other significant persons (Datson & Marwit, 1997).

Existing empirical evidence both supports and refutes the adaptive nature of continuing bonds. Although evidence exists to state that continuing bonds do not necessarily signal pathology and are adaptive in some populations, sufficient empirical evidence does not yet exist to state that they are a necessary element in positive adjustment following interpersonal loss (Field, 2006). Field, Nichols, Holen, and Horowitz (1999) found that sensing the presence of the deceased was associated with a lessened severity of grief reaction than other types of continuing attachment behavior; however, more research is needed. Boerner and Heckhausen (2003) also suggest that

internalized mental representations of the lost loved one have positive adaptive value in interpersonal loss. Schut et al. (2006) recommend increased research to investigate which type of continuing bonds and cultural variables may be associated with positive coping following interpersonal loss. Furthermore, research on continuing bonds has largely been limited to adult populations. Grief theorists are calling for increased investigation into the role of continuing bonds in grieving across the lifespan (Packman, Horsley, Davies, & Kramer, 2006). Furthermore, Schut et al. (2006) call for greater conceptual distinction between grief intensity and continuing bonds in order to more accurately measure the relationship between the two constructs. Field (2006) also calls for the development of valid instruments for the measurement of these concepts.

The continuing bonds perspective must also be located within a greater theoretical framework capable of explaining and giving conceptual purpose to maintained emotional attachment to the deceased. If grief theory is to move away from broken bonds perspectives such as that of Freudian deatathesis, it must become seated within a framework that allows for the adaptive nature of continuing bonds. The conceptual framework provided by narrative theory and constructivism is most suited to this goal (Field, 2006).

#### *Dual-Process Model of Coping with Bereavement*

The dual-process model of coping with bereavement represents a theoretical integration of other contemporary perspectives on grieving. Consistent with the cognitive-stress perspective, the dual-process model asserts that bereavement is associated with stressors. However, the dual-process model posits that bereavement-related stressors may be classified into two overarching categories: loss-oriented stressors



and restoration-oriented stressors. Grieving individuals elect to orient toward the loss of the loved one (loss orientation) or toward the restoration and development of identity following the loss (restoration orientation).

(Stroebe & Schut, 1999, 2001).

During the loss-orientation, the grieving individual focuses on the loss itself. When grieving individuals pursue the loss-orientation, their feelings toward the deceased are the major elements of focus. Grieving individuals choose to express their personal meanings about the death as well as their emotional longing for the deceased. They may choose to express their hurt and anxiety regarding the physical separation from the loved one, as well as “the effort to ‘relocate’ the deceased in a world without his or her presence” (Stroebe et al., 2005, p. 50). This focus on the grieving individual’s longing for the deceased and focus on the lost relationship is theoretically consistent with the descriptions of grieving proposed by the grief work, stage theory, and attachment theory perspectives. Behaviors typically manifested by a grieving individual in the loss-orientation include (a) focusing on one’s lost relational bond with the deceased, (b) rumination about the lost loved one, (c) crying over the lost loved one, and (d) longing for the presence of the deceased. These behaviors are accompanied by a multiplicity of emotional reactions ranging from happiness to yearning to despair (Stroebe & Schut, 1999, 2001).

Grieving individuals turn toward the restoration-orientation in which they focus on secondary stressors and adaptation to the reality of life without the deceased. The restoration orientation focuses largely on more on practical, problem-oriented aspects of grieving and construction of identity post-loss, rather than on the hurt and anxiety about

the death. Using the restoration orientation, grieving individuals focus on adjustment to secondary stressors associated with bereavement, such as undertaking and accomplishing responsibilities of the bereaved individual (e.g., home maintenance, bringing children to school, and paying bills), making arrangements for how one's life will change following bereavement (e.g., moving to be nearer to one's children or selling the deceased's vehicle), and transforming one's identity without the physical presence of the deceased (e.g., changing one's identity from that of "husband" to "widower"). Like in the loss-orientation, behaviors of the restoration-orientation are also accompanied by a multiplicity of emotions. Emotions may range from pride that one has mastered a new task (such as paying the family bills) to feelings of isolation as one sells the home once shared with the deceased (Stroebe & Schut, 1999; Stroebe et al., 2005).

Theoretically consistent with cognitive-stress theory, the dual-process model posits that individuals oscillate through confrontation and avoidance of both loss-orientation and restoration-orientation stressors. However, distinct from cognitive-stress theory, the dual-process model posits that the process of oscillation is a dynamic one that is necessary for healthy grieving (Stroebe & Schut, 1999). Oscillation between the two orientations is critical given the empirically demonstrated effects of rumination and emotional inhibition on psychological and physical well-being (Nolen-Hoeksema, 2001). Nolen-Hoeksema and Morrow (1991) and Nolen-Hoeksema, Morrow, and Fredrickson (1993) link excessive rumination about a stressful event with increased self-report of negative affect. Michael and Snyder (2005) found that increased rumination about a loved one was associated with decreased psychological well-being following interpersonal loss. Therefore, grieving individuals' continued focus on the loss-

orientation may result in negative effects to psychological well-being following interpersonal loss.

Just as excessive rumination about interpersonal loss is associated with negative effects on psychological well-being, so is emotional inhibition. Following interpersonal loss, individuals may attempt to engage in self-protection through avoidance of reminders of the deceased (Prigerson & Jacobs, 2001). By attempting to inhibit thoughts of the loss, the preoccupation with it is increased. This generates inhibition efforts, in turn creating greater preoccupation with the interpersonal loss (Pennebaker, 1990; Wegner, Schneider, Carter, & White, 1987). According to Baumeister, Bratslavsky, Muraven, and Tice (1998), inhibition depletes the individual of a limited number of psychological and physical resources, thus creating bodily stress (Pennebaker, Zech, & Rimé, 2001). However, cessation of inhibition has been linked with both positive psychological and physical effects, such as improved mood and increased immune functioning (Pennebaker, 1990). Ullrich and Lutgendorf (2002) characterized inhibition of emotions as “a chronic stressor that can lead to declines in emotional and physical health,” (p. 244). Inhibition can also decrease the opportunity for meaning-making to occur in the wake of trauma or loss. Therefore, prolonged focus on the restoration-orientation may also create negative effects on the grieving individual’s ability to adjust following interpersonal loss.

While the oscillation between the loss- and restoration-orientations is necessary to prevent negative impacts on both psychological and physical health, the nature and speed of the oscillation differs over time. Grieving individuals may elect to confront distressing aspects of the loss, focus on achieving new goals, or take “time off” from the grieving process altogether, (Stroebe & Schut, 1999, p. 216).

### Constructivist Perspective on Grieving

One may argue that the constructivist perspective on bereavement meets Attig's (2004) criteria delineating a useful theory of grieving. In contrast to historical theories of grieving, constructivist perspectives view the significance of death as variable from individual to individual as a function of each person's unique "historical, cultural, familial, or personal context" (Neimeyer, 1999, p. 85). This perspective also appreciates the transformative value of interpersonal loss and does not equate successful grieving with a return to the same state of functioning executed by the grieving individual before the loss (Neimeyer, 1998). This perspective recognizes that emotional disequilibrium or feelings of chaos may arise following bereavement; however, these feelings are not seen to be indicative of pathology or illness. Rather, these feelings of emotional "dis-order" are viewed as an opportunity for new personal growth and adaptive self-organization to occur (Mahoney & Moes, 1997; Masterpasqua 1997). The feelings of emotional "dis-order" that result from interpersonal loss may catalyze the search for new opportunities for personal growth. From this perspective, it is possible to think of grieving as an experience ripe with enriching possibilities (Lindström, 2002; Trippany, Barrios, Helm, & Rowland, 2004). Additionally, the constructivist perspective emphasizes the idiographic nature of grieving and construes it as a process of meaning synthesis and revision. Grieving is a multifaceted process that involves adjustment to an altered state of one's own personal reality. It is an individual process characterized by variability in which individuals rewrite the stories of their lives' to assimilate and accommodate loss and new experiences (Neimeyer, 1999; Trippany et al., 2004).

Constructivist perspectives also posit that grieving is unpredictable. They reject the notion of traditional stage theories that grieving follows a patterned course. Moreover, constructivist perspectives do not prescribe a recipe of ingredients for successful, normal grieving (Neimeyer, 1999). Individuals are furthermore viewed as active, not passive participants in the grieving process, which Neimeyer (1999) characterizes as “a period of accelerated decision making,” (p. 68).

### Narrative Theory of Grieving

The narrative theory of grieving draws from constructivist perspectives to argue that narrative reconstruction is cardinal to the process of grieving (Neimeyer 1995, 1998). Individuals use a process of narrative construction to recreate their once coherent and meaningful personal stories that were altered by interpersonal loss. Re-construction of the narrative following bereavement involves the creation of a new self-story in which the bereaved individual conceptually reframes and redefines the loss, giving it a sense of meaning in the greater plot-line of one’s life (Trippany et al., 2004). According to Neimeyer (2001b), the self’s narrative becomes disorganized and decreases in coherence following interpersonal loss because a significant character, such as a loved one, has been unexpectedly removed. The disruption to the self’s narrative, and resulting decrease in the narrative’s coherence, can leave the bereaved individual searching for meaning, a new sense of identity, and connection with society following interpersonal loss. Therefore, the bereaved individual must reconstruct the self narrative to provide a link between the present self narrative and the future self narrative in the absence of the loved one. As grieving individuals reconstructs their self narratives, they create meanings in the interpersonal loss that provide renewed order and coherence to the narrative. Through this process of meaning and narrative construction,

varied elements of the psychological experience of interpersonal loss are synthesized into a coherent whole.

Neimeyer (1999) proposes six principles that differentiate the narrative theory of grieving from other theoretical perspectives and form the basis of the narrative strategy of coping with grief. The narrative perspective is consistent with the greater theoretical pendulum swing in grief theory in that it is skeptical about (a) a predictable nature of bereavement and (b) the necessity of emotionally detaching from the deceased. Unlike traditional theories, narrative theories of grieving do not construe grieving as an “emotional trajectory” of “letting go” (Neimeyer, 1999, p. 66). While traditional theories have placed emphasis on the necessity of the bereaved individual to emotionally detach from the deceased in order to “forget the one they have lost” and “move ahead without looking back,” narrative theories of grieving are consistent with the theoretical pendulum swing toward continuation and preservation of the grieving individual’s symbolic relational bonds with the deceased (Neimeyer, 1998, p. 45).

Neimeyer (1999; Neimeyer, Baldwin, & Gillies, 2006) also posits that the narrative theory of grieving (c) attends to the critical importance of meaning making when reconstructing the self narrative following bereavement. Given that bereavement can challenge the foundation of the bereaved individual’s assumptive world, the creation of meaning in the interpersonal loss serves to defragment the self narrative that became disrupted following interpersonal loss, thus increasing its coherence (Holland et al., 2006).

Narrative theory also (d) recognizes that interpersonal loss has large implications for the bereaved individual’s sense of identity, self-definition, and assumptions about the

world. Interpersonal loss challenges the core assumptions that individuals have about themselves, their identities, and the world. Individuals have three basic assumptions about the world: (a) the world is a good place, (b) the world has meaning and makes sense, and (c) each individual is a worthy person (Fleming & Robinson, 2001).

Interpersonal loss can compromise the integrity of these foundational assumptions by violating each of these tacit beliefs about life (Holland et al., 2006; Landsman, 2002; Neimeyer, 1999). The degree to which the assumptive world is violated by loss is dependent upon the bereaved individual's worldview about death. If the nature of the death of the deceased is in agreement with the bereaved individual's beliefs about death, it may be assimilated and therefore does not create significant obstacles to coping with the death. This might occur, for example, when the death is consistent with the widely accepted normative timeline for death, such as when older individuals die before younger individuals (Neimeyer, 1998). However, when the death violates the bereaved individual's assumptions about death, his or her assumptive worldview is challenged. In order to assimilate the loss, the individual must bring his or her understanding of the death in line with the current worldview. However, if assimilation is not possible, the bereaved individual must accommodate the interpersonal loss by changing the worldview (Davis & Nolen-Hoeksema, 2001; Holland et al., 2006; Matthews & Marwit, 2006; Romanoff, 2001). When faced with this task, the bereaved must choose between maintenance of a worldview that no longer proves viable under the current set of circumstances or revise or completely discard the worldview in order to accommodate the death. Reconstruction of the self narrative aids the individual with assimilation of the interpersonal loss into his or her current narrative and meaning structure. In instances in

which the interpersonal loss may not be assimilated, the self narrative may be constructed to accommodate the loss and allow the grieving individual to integrate bereavement into his or her assumptive worldview (Davis, 2001; Stroebe & Schut, 2001).

Neimeyer (1999) also posits that (e) narrative construction allows for positive personal growth following interpersonal loss. Furthermore, narrative perspectives on grieving (f) recognize that interpersonal loss is not something that simply happens to singular individuals. It has an impact on the family and larger cultural groups. Through narrative therapy, bereaved individuals are provided with the opportunity to continuously retell the story of their bereavement and collaboratively co-construct a more coherent narrative of the event with the therapist (Neimeyer 1999, 2001b).

Narrative creation allows for the synthesis of the varied elements of psychological experience into a coherent whole (Gilbert, 2002). Personal narratives allow an individual not only to recount and describe his or her life but also provide a means to assist the grieving individual in organizing his or her life experiences. Narratives allow for the consolidation of beliefs, behaviors, and emotions which can sometimes be conflicting. This provides the means for the bereaved to make sense of the senseless, to establish “meaning in what can seem a meaningless situation” (Gilbert, 2002, p. 224). Bereaved individuals may also feel insecure or lack a sense of personal control because death removes the sense of security that the bereaved individual once possessed. Because the exact time of death is impossible to forecast, bereaved individuals may perceive that their lives are no longer predictable. The bereaved individual may use narrative to begin to gain a sense of control over his or her own life again. Narrative provides the individual



with the opportunity to create a story of the death that makes sense, make meaning out of the death, and adapt following bereavement (Neimeyer, 1999).

### Narrative and Meaning Making

Because the violation of one's assumptive worldview following interpersonal loss can disrupt the coherence of one's self narrative, narrative therapy's focus on allowing the bereaved individual to make meaning following interpersonal loss becomes of critical importance. Meaning-making refers to the continuous process of finding personal meaning in loss through reorganization of feelings and thoughts about the death (Matthews & Marwit, 2006). According to Neimeyer (1998), meaning-making may be viewed as the "central dynamic of grieving" (p. 93). This need to make sense of interpersonal loss and find benefit in it seems to be linked to a greater human assumption that one's life events should be meaningful (Polkinghorne, 2004, Rosen, 1996). Therefore, making sense of the death, as well as finding meaning and benefit in the loss, may be seen as two crucial components of coping with bereavement because they help to increase the coherence of the self's narrative. Because humans are innately meaning-making creatures, individuals expect that an event as significant as the death of a loved one must have happened for a reason. Without the existence of a reason, the death could be viewed as occurring by chance alone, removing the sense of order, justice, and fairness from the lives of the bereaved, in turn disrupting the self's narrative. While bereaved individuals search for a causative explanation for their interpersonal loss, they simultaneously desire a deeper meaning, possibly seeking to frame the loss as a potentially profitable experience. They seek to provide order to the self narrative (Mahoney, 2003; Matthews & Marwit, 2006; Neimeyer, 1999).

While the grieving individual is apt to create meaning in the death of a loved one, the type of meaning that the grieving individual creates is likely to change over time. For example, the grieving individual may first use narrative to create meaning in why the death occurred, followed by a desire to create a sense of personal benefit that could arise from the loss (Davis, 2001; Neimeyer, 2000; Rosen, 1996). Making sense of loss is generally classified into at least one of three categories: the bereaved individual finds that the death was (a) expected, (b) consistent with the bereaved individual's worldview, or (c) that the deceased will live on in a spiritual afterlife (Davis, 2001). Making sense of interpersonal loss, or finding benefit in it, helps to integrate the loss into the bereaved individual's self-narrative, thus facilitating adjustment (Gillies & Neimeyer, 2006).

While making sense of the death has been associated with a reduction in distress in the short-term, creation of meaning and benefit from the interpersonal loss is associated with greater long-term adaptation (Davis & Nolen-Hoeksema, 2001). Davis (2001) posits that individuals who find benefit in the interpersonal loss generally state that the loss led to (a) development of their own character, (b) a change in their worldview or perspective on life, or (c) a growth and strengthening of their other interpersonal relationships. This creation of meaning can also bestow upon the grieving individual a greater sense of control over his or her life and a sense of authorship of his or her self narrative (Neimeyer, 2000). Meaning-making has been associated with positive outcomes and greater sense of adjustment following the death of a loved one, with those who engage in meaning-making coping better than those who do not (Davis, Nolen-Hoeksema, & Larson, 1998; Graybeal, Sexton, & Pennebaker, 2002; McAdams, 2001).

### The Self and Narrative Coherence

An individual's sense of self is a narrative construction that serves the critical functions of organizing one's self experience, providing a "plot" to one's self story, and creating a sense of consistency in one's life over time (Gillies & Neimeyer, 2006; Neimeyer, Herrero, & Botella, 2006). Bereavement has implications for the individual's sense of personal self as well as his or her sense of self in relationship to others (Cadell & Marshall, 2007). Bruner (2004) proposes that an individual's sense of self is something that is continually reconstructed through narrative avenues in order to create sense out of life's circumstances. Through narrating one's life story and ascribing meaning to one's life events, the self is endowed with a sense of coherence. Because, according to Bruner (2004), the self is a narrative creation, the criteria necessary for the creation of a good story also apply to the creation of a coherent self narrative. A coherent self narrative (a) contains a plot, (b) contains goal-thwarting obstacles, (c) the obstacles force the individual to reassess his or her path, (d) the characters in the story are interconnected, (e) the characters grow and change, yet maintain intact identities, (f) the characters are located in a social context, connected with other people and importantly, (g) the story is clearly continuous (Bruner, 2004). The integrity of one's self-identity thus is a function of how coherently one's narrative is crafted and how well one's self narrative fits with one's knowledge about oneself and the world (Singer, 2004). Bereavement may disrupt the coherence of the self narrative by placing obstacles in one's story. It also thwarts the components of narrative coherence such as construction of a coherent identity, sense of agency, and trust in the world by violating the bereaved's assumptive worldview.

While Bruner (2004) indicates that multiple versions of the same story may be created by the self, he stresses the importance of their coherence. The self-narrative is written when individuals draw connections between internal cognitive and affective conditions, incorporate self-representations from the social world, and link their pasts to their futures (Lysaker et al., 2001). By crafting a narrative with a sense of overall temporal, thematic, and causative coherence, the integrity of the self is improved (DiMaggio, 2006; Singer, 2004). In the case of loss, it has been documented that dramatic disruptions in one's self-narrative can occur, creating narrative disorganization. These disorganizations alter the coherence of one's life stories as well as violate one's assumptive world. Both of these may manifest themselves in the griever's disorganized self-identity. In the case of such disorganizations, grieving individuals may benefit from narrative revision and meaning-making processes that attempt to make sense of and provide a place for the interpersonal loss in the greater context of their life stories (Gillies & Neimeyer, 2006; Neimeyer, 2004).

#### Increasing Narrative Coherence

The narrative disruption created by interpersonal loss becomes of critical importance when one considers the empirically demonstrated relationship between the lack of coherence in the self narrative and psychological distress. Lysaker et al. (2001) and Lysaker and Lysaker (2006) suggest that intense psychological distress may result from a lack of narrative coherence and this deficit in coherence can eventually lead to compromised psychological functioning.

Increased narrative coherence is associated with psychological benefits, both intrapersonal and interpersonal. Intrapersonally, increased narrative coherence is

associated with an increased sense of personal meaning, identity continuity, and purpose in life. Interpersonally, one's sense of agency, identity, and meaning within a greater social context can all be compromised following the death of a significant other.

Coherent self-narratives are associated with improved communication with and increased perceptions of union with others (Androutsopoulou, Thanopoulou, Economou, & Bafiti, 2004).

How then, may one reap the psychological benefits of increased narrative coherence, and therefore increased psychological well-being, especially following bereavement? Gilbert (2002) suggests that repeatedly telling one's story serves as a means of dealing with interpersonal loss and increasing the coherence of one's narrative. As humans possess a natural propensity toward story creation and telling, their stories are subject to alteration and continual reconstruction and interpretation each time the story is told. Gilbert likens self-narrative to a "continually evolving sketchbook," and states that narratives continue to evolve and spawn new meanings each time that they are told (p. 225). As the individual encounters new experiences, his or her personal narrative changes as former experiences are seen in a new light. The self's narrative is continually revised to incorporate these new experiences and their concomitant thoughts and feelings, thereby increasing coherence of the self. Through continued retelling of one's story, the narrative is transformed and made more coherent, allowing for its new understanding by the self. This narrative transformation and its associated increased self-understanding are an essential element accelerating the self's progression toward improved adjustment and psychological wellness (Lysaker, Lancaster, & Lysaker, 2003).

Narrative Interventions, Narrative Coherence, and Pennebaker's Writing Paradigm

Neimeyer (1999) proposes a number of different narrative interventions for use in psychotherapy for bereavement. Highly individualized for each client, these interventions include activities such as the creation of epitaphs for the deceased, journaling about the loss, noting the imprint or lasting impression the deceased has made upon the life of the bereaved, creating a collection of linking objects by the bereaved to the deceased, the creation of poems, and the creation of metaphoric images of the loss. Selection and alterations of these interventions are conducted in a collaborative fashion between counselor and the bereaved, highlighting the value of each individual's active choice in navigating through the process of grieving.

Because Neimeyer's highly idiographic narrative interventions for bereavement have yet to be studied empirically, studies of increasing narrative coherence and psychological well-being may be conducted using Pennebaker's expressive writing paradigm. Individuals utilizing Pennebaker's expressive writing paradigm construct narratives of their interpersonal loss through writing on four different occasions. Subjects are randomly assigned to one of two writing conditions, an experimental condition in which participants write about a recent traumatic event or loss, and a control condition, in which participants write about a trivial event. Participants assigned to the experimental condition are encouraged to divulge their emotions through the use of prompts such as "Write about your deepest thoughts and feelings about a trauma," whereas control participants encouraged to write using trivial prompts such as "Write about your plans for the day," (Smyth, 1998, p. 174). Writing for approximately 20 minutes each day, subjects may complete writing periods on four consecutive days or over longer time periods, such as writing once a week for four weeks. Data is gathered through participant completion of

dependent variable instruments at pre-treatment, post-treatment, and follow-up (Range, Kovac, & Marion, 2000; Smyth, 1998).

Pennebaker's writing paradigm has been associated with a number of positive psychological and physiological outcomes. Experimental writing paradigm participants report increased immune response (Petrie et al., 1995) and better general health, operationally defined by a decreased number of visits to health centers (Pennebaker & Beall, 1986). Pennebaker's writing paradigm has yielded significant results in college freshman coping with the stress of transitioning to university life (Pennebaker et al., 1990), individuals having undergone traumatic experiences (Pennebaker, Kiecolt-Glaser, & Glaser, 1988; Pennebaker & Beall, 1986), persons participating in a hepatitis B vaccination program (Petrie, et al., 1995), and psychiatric prison inmates (Richards, Beal, Seagal, & Pennebaker, 2000). The writing paradigm has also produced other non-health related positive effects, such as changed attitudes about former employment in unemployed professionals (Spera, Buhrfeind, & Pennebaker, 1994). Overall, Smyth's (1998) meta-analysis found that expressive writing led to enhanced psychological and physical health outcomes across several populations. However, when applied to bereaved individuals, empirical findings are somewhat more mixed (Stroebe, Schut, & Stroebe, 2006). For example, in a study using expressive writing in suicidally bereaved individuals, Kovac and Range (2000) found significant differences in improvement by group (experimental/loss writing condition versus control trivial writing condition) as a function of time on suicidal bereavement reaction. However, in a study utilizing Pennebaker's expressive writing paradigm with partner-bereaved individuals, Stroebe,

Stroebe, Schut, Zech, and van den Bout (2002) found no significant relationship between writing condition and bereavement-related distress.

If overall effect sizes of expressive writing activities are significant, what exactly brings about this therapeutic change (Smyth, 1998)? Expressive writing is associated with both salubrious psychological and physical health effects and is hypothesized to create these effects through different avenues. First, individuals may use expressive writing to emotionally express certain material that may be difficult to socially disclose to others. Emotional disclosure, which has been identified as a critical factor related to positive outcomes in psychotherapy (Kahn, Achter, & Shambaugh, 2001; Kowalski, 1999) and following spousal accidental or suicidal death (Pennebaker & O'Heeron, 1984), may occur through expressive writing. Second, expressive writing may allow individuals to better organize their experiences, thus creating a sense of order in their lives and decreasing psychological distress. Furthermore, written disclosure of the interpersonal loss helps individuals to assimilate and find meaning in it (Kowalski, 1999). This is consistent with narrative perspectives on bereavement and the importance of narrative coherence in positive psychological adjustment. Through expressive writing, participants are provided with the opportunity to view and comment on themselves from an external position. This activity may facilitate the construction of participants' new views of themselves and of the loss (Pennebaker & Seagal, 1999). Individuals may also use the narrative methods associated with expressive writing to form a new way of viewing their world and their problems, as well as coping with loss. These narratives provide a sense of coherence and continuity to their creators' lives (Greenburg & Angus, 2004). Because the writing paradigm is hypothesized to create its effects through narrative avenues such



as meaning creation and increasing continuity of one's personal story, this is seen as justification for its use in a study to investigate the effects of a modified writing paradigm designed to increase narrative coherence.

Given the evidence that the quality of narrative coherence greatly impacts one's psychological well-being and quality of life, as well as the evidence that increased coherence is associated with adjustment, rationale is presented to conduct an empirical effort to increase narrative coherence. Although Pennebaker's writing paradigm is hypothesized to create its effects through narrative avenues, there is no research to date specifically employing this intervention to increase narrative coherence. Gilbert (2002) suggests that the coherence of the self's narrative may be increased through repeated exposure to one's self narrative. This repeated exposure to the self narrative may be achieved by repeatedly reading or retelling the story of one's interpersonal loss. Therefore, this study proposes a modification to Pennebaker's writing paradigm in which participants will be provided with the opportunity to review their previous narratives about their interpersonal loss before constructing new ones. By providing these individuals with an opportunity to review and rehearse their story, it is hypothesized that an increased level of understanding of the narrative and a more coherent sense of self and meaning may result. Such coherence, in turn, should be related to greater levels of psychological adjustment and perceptions of well-being following a loss. Because there currently exists no measure of narrative coherence, this proposed study will examine the degree to which grief reactions change across time (pre-test, post-test, and follow-up) as a function of three writing conditions: a modified writing paradigm, Pennebaker's standard writing paradigm, and two control writing conditions.

## Research Questions

This study will investigate the effects of writing condition (experimental, standard, modified control, and control) on grief symptomatology across time (pre-test, post-test, and follow-up). Research hypotheses will be tested using mixed model multivariate analysis of variance (MANOVA) and one-way repeated measures analysis of variance (RMANOVA). The four treatment groups, Pennebaker's standard writing intervention combined with review of previously written material (experimental condition), Pennebaker's standard writing intervention (standard condition), Pennebaker's control writing intervention combined with review of previously written material (modified control condition), and Pennebaker's control writing condition, will serve as the between groups factors. Time (pre-test, post-test, and follow-up) will serve as the within group factor. Specifically, the following research questions will be investigated in the study:

- (1) Will writing about the loss using Pennebaker's writing paradigm combined with review of previously written material yield a significant decrease in the bereavement response when compared to the other writing conditions? This response is measured by five subscales of the *Hogan Grief Reaction Checklist*: despair, panic behavior, blame and anger, detachment, and disorganization.
- (2) Will writing about the loss using Pennebaker's writing paradigm combined with review of previously written material yield a significant increase in personal growth (as measured by the personal growth subscale of the *Hogan*

*Grief Reaction Checklist*) when compared to the other control writing conditions?

## CHAPTER II

### METHODOLOGY

#### Participants

Power analysis (Smyth, 1998) indicated that 20-25 participants per condition (experimental writing, standard writing, control, and modified control) will yield a power of 80% to detect moderate differences. According to Smyth (1998), moderate power is adequate for studies utilizing an expressive writing paradigm. Therefore, 80 to 100 total participants were needed for this study.

Participants were undergraduates and graduates enrolled in psychology courses at The University of Southern Mississippi. They were at least 18 years old and had reported the loss of a significant other within the last five year period.

All participants were selected using information that they provided during a screening process in which they reported whether or not they had experienced the loss of a significant other within the last five years. Individuals who experienced the loss of a significant other within the last five years were asked to provide the year and month that the loss took place. Additionally, they rated their feelings of closeness to the lost loved one on a 5-point Liker-type scale ranging from 1 = "not at all close" to 5 = "very close." Participants who experienced a loss within the past five years also rated their level of emotional discomfort resulting from the loss on a 5-point Liker-type scale ranging from 1 = "not at all" to 5 = "very much."

Approximately 560 students were screened for potential inclusion in the study. Of these individuals, 359 met criteria for inclusion in the study (reported loss of significant others within the last 5 years; rated degree of emotional closeness to the deceased as a 3,

4, or 5; and rated current level of upset about the death as a 3, 4, or 5). Seventy-eight individuals meeting criteria for inclusion in the study reported during screening that they were not interested in participating in a study about grief. Therefore, 281 students were contacted and asked to participate in the study.

Seventy-five participants began the first data collection. Twelve participants were lost to attrition during the four writing meetings. An additional four participants were lost to attrition between the completion of the writing sessions and the follow-up meeting. Of the fifty-nine participants completing the study, the data of one participant was excluded from the analysis because this participant did not complete one of the dependent measures. Thus, 58 participants completed the first data collection, 28 in the experimental writing group and 28 in the control group. Forty-nine participants began the second data collection. Four participants were lost to attrition during the four writing meetings. An additional two participants were lost to attrition between the completion of the writing sessions and the follow-up meeting. Thus, 43 participants completed the second data collection, 23 in the standard writing group and 20 in the modified control group. Thus, the overall attrition rate for the study was 17.7%.

Chi square analyses yielded no significant differences between conditions (experimental writing, standard writing, control, and modified control groups) for the demographic variables of sex, race, marital status, number of health center/physician visits, closeness to the deceased significant other, upset over significant other's death, and current journal use of participants completing the study. Chi square analyses yielded significant differences between conditions (experimental writing, standard writing, control, and modified control groups) for the demographic variables of college

classification (freshman, sophomore, junior, senior, or graduate) and receipt of professional counseling. The modified control group contained a significantly higher proportion of freshman (40%) than the experimental (0%), control (3.4%), or standard (13%) groups. However, the standard group contained a significantly higher proportion of individuals who had received professional counseling (47.8%) than the experimental (20.7%), control (13.8%), and modified control (20%) groups.

The sample consisted of 86 women (85.1%) and 15 men (14.9%). Participants identified themselves as either Caucasian ( $n=69$ , 68.3%), African American ( $n=29$ , 28.7%), or Asian ( $n=3$ , 3.0%). Concerning marital status, participants described themselves as either single ( $n=81$ , 80.2%), married ( $n=18$ , 17.8%), or separated/divorced ( $n=2$ , 2.0%). Participants described their university classification as either freshman ( $n=12$ , 11.9%), sophomore ( $n=16$ , 15.8%), junior ( $n=32$ , 31.7%), senior ( $n=28$ , 27.7%), or graduate ( $n=13$ , 12.9%). Seventy-six participants (75.2%) reported that they had not received professional counseling and 79 (78.2%) reported that they did not regularly write in a journal. There were no significant differences between groups regarding participants' feelings of closeness to the lost loved one. Twenty participants (19.8%) reported that they were "somewhat close" to the deceased individual, 40 participants (39.6%) reported that they were "quite close" to the deceased individual, and 41 participants (40.6%) reported that they were "very close" to the deceased individual. Furthermore, there were no significant differences between groups regarding participants' level of emotional upset by the loss. Thirty-four participants (33.7%) reported that they were "somewhat upset" by the loss, 35 participants (34.7%) reported that they were "quite a lot upset" by the loss, and 32 participants (31.7%) reported that they were "very

much upset” by the loss (see Table 1). With regard to non-routine visits to the student health center or physician, the majority of participants (64.4%) reported no medical appointments in the two months preceding the beginning of the study.

#### Instruments

Potential participants completed a brief *Screening Form* (Appendix A) to determine if they met the criteria for inclusion in the study. Potential participants provided their contact information (name, home and cellular telephone numbers, and e-mail address) and date of birth. Potential participants also indicated on the form whether or not they had experienced the loss of a significant other within the last five years. Individuals who had experienced the loss of a significant other within the last five years were asked to provide the year and month that the loss took place. Participants who experienced a loss within the past five years rated their feelings of closeness to the lost loved one on a 5-point Likert-type scale ranging from 1 = “not at all close” to 5 = “very close.” Participants who experienced a loss within the past five years also rated their level of emotional discomfort resulting from the loss on a 5-point Likert-type scale ranging from 1 = “not at all” to 5 = “very much.” Potential participants were then asked if they would be willing to participate in the current study about grief and to mark a calendar grid to indicate their most available days and times for participation.

Table 1  
*Demographic Variable Distributions Within Groups*

Variable	Group			
	Experimental	Standard	Control	Modified Control
<b>Sex</b>				
Female	25 (86.2%)	17 (73.9%)	26 (89.7%)	18 (90%)
Male	4 (13.8%)	6 (26.1%)	3 (10.3%)	2 (10.0%)
<b>Race</b>				
African American	9 (31.0%)	6 (26.1%)	8 (27.6%)	6 (30.0%)
Asian	1 (3.4%)	0 (0.0%)	1 (3.4%)	1 (5.0%)
Caucasian	19 (65.5%)	17 (73.9%)	20 (69.0%)	13 (65.0%)
<b>Marital Status</b>				
Single	20 (69.0%)	17 (73.9%)	26 (89.7%)	18 (90.0%)
Married	8 (27.6%)	5 (21.7%)	3 (10.3%)	2 (10.0%)
Divorced/Separated	1 (3.4%)	1 (4.3%)	0 (0.0%)	0 (0.0%)
<b>Classification</b>				
Freshman	0 (0.0%)	3 (13.0%)	1 (3.4%)	8 (40.0%)
Sophomore	5 (17.2%)	6 (26.1%)	4 (13.8%)	1 (5.0%)
Junior	8 (27.6%)	4 (17.4%)	14 (48.3%)	6 (30.0%)
Senior	11 (37.9%)	6 (26.1%)	9 (31.0%)	2 (10.0%)
Graduate	5 (17.2%)	4 (17.4%)	1 (3.4%)	3 (15.0%)
<b>Professional Counseling</b>				
Yes	6 (20.7%)	11 (47.8%)	4 (13.8%)	4 (20.0%)
No	23 (79.3%)	12 (52.2%)	25 (86.2%)	16 (80.0%)
<b>Journal Use</b>				
Yes	5 (17.2%)	3 (13.0%)	6 (20.7%)	8 (40.0%)
No	24 (82.8%)	20 (87.0%)	23 (79.3%)	12 (60.0%)
<b>Closeness to Deceased</b>				
Somewhat	9 (31.0%)	2 (8.7%)	7 (24.1%)	2 (10.0%)
Quite	6 (20.7%)	10 (43.5%)	13 (44.8%)	11 (55.0%)
Very	14 (48.3%)	11 (47.8%)	9 (31.0%)	7 (35.0%)
<b>Upset by Loss</b>				
Somewhat	10 (34.5%)	6 (26.1%)	10 (34.5%)	8 (40.0%)
Quite a lot	11 (37.9%)	8 (34.8%)	10 (34.5%)	6 (30.0%)
Very Much	8 (27.6%)	9 (39.1%)	9 (31.0%)	6 (30.0%)



Participants completed the *Hogan Grief Reaction Checklist* (HGRC; Hogan, Greenfield, & Schmidt, 2001; see Appendix C). The HGRC contains 61 items that comprise the six subscales: Panic Behavior, Despair, Blame and Anger, Detachment, Disorganization, and Personal Growth. HGRC items are in a 5-point Likert-type format ranging from 1 = “Does not describe me at all” to 5 = “Describes me very well.” The overall instrument was designed to assess the “multidimensional nature of the bereavement process,” (Hogan et al., 2001, p. 1). The Panic Behavior subscale assesses “fear, panic, and somatic symptoms;” the Despair subscale assesses “hopelessness, sadness, and loneliness;” the Blame and Anger subscale assesses “irritability, anger, and feelings of injustice;” the Detachment subscale assesses “the bereft feeling detached from a change in identity, and others and avoidance of intimacy;” the Disorganization subscale assesses the bereaved individual’s problems with concentration, retention, and recall of information; and the Personal Growth subscale assesses the “sense of having become more compassionate, tolerant, forgiving, and hopeful,” (Hogan et al., 2001, p. 14). Each subscale is scored separately. A total HGRC score cannot be computed due to the negative correlation of the Personal Growth subscale with the other five subscales (Hogan et al., 2001).

*Hogan Grief Reaction Checklist* items were derived empirically from eight focus groups comprised of bereaved adults having experienced the loss of a significant other. Four focus groups were formed based on the cause of the significant other’s death (accident, suicide, homicide, or illness). The composition of the remaining four focus groups was determined by the bereaved’s relationship with the deceased, be it the child, spouse, sibling, or parent of the individual who died (Hogan et al., 2001).

The overall HGRC has an internal consistency Cronbach's alpha coefficient of .90. The internal consistency Cronbach's alphas of the six subscales are Panic Behavior,  $\alpha = .90$ , Despair,  $\alpha = .89$ , Blame and Anger,  $\alpha = .79$ , Detachment,  $\alpha = .87$ , Disorganization,  $\alpha = .84$ , and Personal Growth,  $\alpha = .82$ . Over a four-week interval, the test-retest reliability coefficients for the six subscales were Panic Behavior,  $r = .79$ , Despair,  $r = .84$ , Blame and Anger  $r = .56$ , Detachment,  $r = .77$ , Disorganization,  $r = .85$ , and Personal Growth,  $r = .81$  (Hogan et al., 2001).

The HGRC has demonstrated validity as a measure of bereavement in adults. The subscales of the HGRC correlated with comparable subscales on the *Texas Revised Inventory of Grief* (TRIG), the *Impact of Event Scale* (IES), and the *Grief Experience Inventory* (GEI) (Hogan et al., 2001).

Participants also completed a *Rating Form* (Appendix D) in which they rated their feelings of closeness to the lost loved on a 5-point Likert-type scale ranging from 1 = "not at all close" to 5 = "very close." Participants who have experienced a loss within the past five years also rated their level of emotional upset resulting from the loss on a 5-point Likert-type scale ranging from 1 = "not at all" to 5 = "very much." Participants also reported if they believed the writing exercise was of benefit to them.

Upon completion of the study, participants completed a *Follow-Up Form* (Appendix E). Participants rated three questions on a 7-point Likert-type scale ranging from 1="not at all" to 7="a great deal." Participants rated their reactions to the experiment in regard to 1) how much they have thought about it following the termination of the writing sessions, 2) how much they have discussed the experiment with others, and 3) how personally meaningful the experiment was to them. Participants also reported if they

expected the experiment to have personal benefit and were provided with the opportunity to write comments or recommendations about the study. They also provided the number of times that they had visited the Student Health Clinic or a family physician, excluding regular exams, in the two months prior to the end of the study.

The standard writing condition received Pennebaker's *Standard Writing Paradigm Instructions* (Appendix F) on Day 1 and the *Modified Standard Writing Paradigm Instructions* (Appendix G) on Days 2, 3, and 4 of the study. The modified control writing condition received the *Control Writing Paradigm Instructions* (Appendix H) on Day 1 of the study and *Modified Control Writing Paradigm Instructions* (Appendix I) on Days 2, 3, and 4 of the study.

#### Procedure

Individuals volunteering to participate in a study about grief and the effects of writing on grief were recruited from undergraduate psychology classes at The University of Southern Mississippi. Participants included both males and females over the age of 18 years who have reported the experience of the loss of a loved one within the last five years. Participants were individuals who rated their degree of emotional connectedness to the lost loved one and emotional upset from the loss as a 3 or higher on the *Screening Form*. The experiment was conducted by the primary researcher and three research assistants (all doctoral level counseling psychology students).

Participants were recruited through a mass screening conducted through the psychology department research participation website. Participants were provided with a brief letter describing the experiment and a list of local university and community affiliated counseling resources (see Appendix J). Individuals consenting to be screened

for the experiment completed the *Screening Form*. Participants meeting the criteria for inclusion and consenting to participate in a study about grief were contacted via the telephone and e-mail methods provided on the *Screening Form*. Potential participants were informed that they would be asked to attend four writing sessions during a 2-week period. They were informed that these writing sessions would last approximately 30 to 45 minutes each and that they would be provided with a specific topic on which to write. Potential participants were made aware that they will be asked to complete several questionnaires during the first, last, and follow-up sessions of the study. The opportunity to select a scheduled writing time was provided to all individuals consenting to participate in the study. Individuals were also informed of the designated classroom to which to report for the study. On the day immediately preceding their scheduled appointment times, the primary researcher contacted participants via e-mail and telephone to remind them of the study.

When participants arrived to the study they were randomly assigned to either the standard writing (write about the loss of the significant other using the standard and modified standard writing instructions) or control conditions (write about a trivial topic using the control and modified control condition instructions). Participants in the standard writing condition were asked to write continuously for 20 minutes on Day 1 and to write continuously for 30 minutes on Days 2, 3, and 4. Participants in the control writing condition were asked to write continuously for 20 minutes on Day 1 and to read and write continuously for 30 minutes on Days 2, 3, and 4.

During the first meeting of the study, the participants were informed that the study would involve four writing sessions lasting 30 to 45 minutes spanning two weeks, as well

as a follow-up session lasting approximately 10 minutes. A greeting was provided to all participants on Day 1 (see Appendix K).

Following this greeting, participants were provided with a manila folder in which they found the materials and forms necessary for the first meeting. Participants were provided with an oral presentation about the study (see Appendix L) and were instructed to remove the consent forms for the study (see Appendix M) from the folder. Participants read the forms and signed them, indicating that they elected to participate. The researcher then collected the signed consent forms from the participants. Participants were informed that they were free to withdraw from the study at any time without penalty should they have experienced distress. They were informed that their questionnaires and writings would be kept confidential; however, should they have indicated desire to harm themselves or others in these writings, confidentiality would be broken. Confidentiality would also be broken if participants indicated on any forms or instruction sheets that they felt distressed and desired to be contacted immediately. Individuals who acknowledged being in distress or who indicated harm to self or other through their writings would be contacted by the primary researcher and the supervising psychologist for the study. Participants were provided with a copy of this informed consent if they requested one.

To create confidentiality during the study, participants generated a letter/number code known only to them. Each participant was provided with paper upon which he or she wrote his or her name and code and an envelope in which to seal it. Participants were also instructed to write their code on their folders' label. Unless the participant indicated harm for self or others or indicated that he or she is in distress and desired to be contacted, the envelope was not be opened during the study. Envelopes were stored in a

secure location (a filing cabinet in a locked office in Owings-McQuagge Hall on the campus of The University of Southern Mississippi). The participants were instructed to keep their folders face down on their desks to prevent the primary researcher or research assistants from viewing their codes.

Participants were provided with verbal instructions regarding the creation of their code names (see Appendix N). Participants were then instructed to complete the *Demographic Form* and the *Hogan Grief Reaction Checklist* (see Appendix O). Upon completion, participants returned these forms to their folders to be later stored in the file cabinet in the secure location. Participants were then instructed to remove their writing instructions and paper from their folders and begin the session's writing assignment. The researcher instructed the participants to raise their hands should a question arise about the forms or the writing instructions (Appendix P). Individuals who were assigned to participate in the standard writing condition were provided with the *Standard Writing Instructions* on Day 1. Individuals who were assigned to participate in the modified control writing condition were provided with *Control Writing Instructions* on Day 1.

The primary researcher or research assistant notified participants when the 20 minute writing period had expired and instructed the participants to return their writing instructions and writing materials to their folders. Participants were instructed to write their personal codes on all of their materials. They were thanked for their participation, reminded of the next meeting time, and instructed to deposit their folders in the Finish Box (see Appendix Q). Participants also signed a sign-out sheet (Appendix R) and were provided with a list of local university and community affiliated counseling resources (see Appendix S).

During the second and third meetings of the study, each participant was welcomed to the study and instructed to remove his or her folder from the Start Box. The folder contained the writing instructions and materials necessary for the writing session. Participants were instructed to remove their writing instructions and paper from their folders and begin the session's writing assignment. The researcher instructed the participants to raise their hands should a question arise about the forms or the writing instructions (see Appendix T). Individuals who were assigned to participate in the standard writing condition received the *Modified Standard Writing Instructions* on Days 2 and 3 of the study. Individuals who were assigned to participate in the modified control writing condition received the *Modified Control Writing Instructions* on Days 2 and 3 of the study.

The primary researcher or research assistant notified the participants when the 30 minute writing period had expired and instructed the participants to return their writing instructions and writing materials to their folders. Participants were instructed to write their codes on all of their materials. They were thanked for their participation, reminded of the next meeting time, and instructed to deposit their folders in the Finish Box (see Appendix U). Participants then signed a sign-out sheet and were provided with a list of local university and community affiliated counseling resources.

During the fourth meeting of the study, each participant was welcomed to the study and instructed to remove his or her folder from the Start Box. The folder contained the writing instructions and materials necessary for the writing session. Participants were instructed to remove their writing instructions and paper from their folders and begin the session's writing assignment. Participants were instructed to raise their hands should a

question arise about the forms or the writing instructions (see Appendix T). Individuals who were assigned to participate in the standard writing condition received the *Modified Standard Writing Instructions* on Day 4 of the study. Individuals who were assigned to participate in the modified control writing condition received the *Modified Control Writing Instructions* on Day 4 of the study.

The primary researcher or research assistant notified the participants when the 30 minute writing period had expired and instructed the participants to return their writing instructions and writing materials to their folders. Participants were instructed to remove the *Rating Form* and *Hogan Grief Reaction Checklist* from their folders. They were instructed to complete these forms and return them to their folders, ensuring that their code name has been written on all materials (see Appendix V).

Participants were thanked for their participation, reminded of the follow-up meeting time, and instructed to deposit their folders in the Finish Box (see Appendix W). Participants signed a sign-out sheet and were provided with a list of local university and community affiliated counseling resources.

Writing samples from Days 1, 2, 3, and 4 were read by the primary researcher within 24 hours to ascertain if participants had expressed intent to harm themselves or others through their writing or if they were distressed enough to be contacted immediately.

If at any time the research assistant or primary researcher suspected that a participant had become distressed, he or she would be informed that participation was voluntary and could be terminated at any time without penalty. The participant would also be provided with a list of local counseling resources, both community and university



affiliated. The participant would also fill out the *Hogan Grief Reaction Checklist*.

Writings would be placed in an envelope and would be placed along with the completed HGRC in a box to be transferred to a secure location until further use. At no point during the study did the research assistant or the primary researcher question a participant about the contents or details of his or her writing assignment.

During the follow-up session, each participant was welcomed to the study and instructed to remove his or her folder from the box (see Appendix X). The folder contained the materials necessary for the session. After participants completed the *Follow-Up Form* and *Hogan Grief Reaction Checklist*, they were thanked for their participation (see Appendix Y). Participants signed a sign-out sheet and were provided with a list of local university and community affiliated counseling resources.

Data collected from the standard writing and modified control writing conditions during the current study was compared with control writing condition and experimental writing condition group data from a study, conducted in October and November 2005. The previous study compared a control writing condition with no opportunity to review previous writings to an experimental writing condition with opportunity to review previous writings. The pilot study was conducting using the same protocol and dependent measures as the current study. Participants in the previous study's control condition were instructed to write about a trivial topic on Day 1 (see Appendix Z). On Days 2, 3, and 4, participants were instructed to write on a trivial topic with no opportunity to review their previous writings (see Appendix AA). Participants in the previous study's experimental writing condition were instructed to write about the loss on Day 1 (see Appendix BB). On Days 2, 3, and 4, participants were instructed to write about their loss and were provided

with the opportunity to review their previous writings (see Appendix CC). Inclusion of the previous study's control writing condition data allows for comparisons across topic (loss versus trivial topic) of writing and opportunity for review (opportunity versus no opportunity).

Procedures and instruments for both data collections were reviewed and approved by The University of Southern Mississippi Institutional Review Board, which ensures that research projects involving human subjects follow federal regulations. Copies of the Institutional Review Board's approval letters are included in the appendices (Appendix DD and Appendix EE).

#### Statistical Hypotheses

The present study had two primary statistical hypotheses. First, writing about the loss using Pennebaker's writing paradigm combined with review of previously written material will yield a significant decrease in the bereavement response (as measured by the *Hogan Grief Reaction Checklist* Panic Behavior, Despair, Blame and Anger, Detachment, Disorganization subscales) when compared to the other writing conditions (standard, modified control, and control). Second, writing about the loss using Pennebaker's writing paradigm combined with review of previously written material will yield a significant increase in personal growth (as *Hogan Grief Reaction Checklist* Personal Growth subscale) when compared to the other writing conditions (standard, modified control, and control).

## CHAPTER III

## RESULTS

Before conducting the statistical analyses, a data entry quality control check was performed. The experimenter checked the data of ten randomly selected participants to ensure accurate data entry. The experimenter detected no errors in this check.

An internal consistency check of the *Hogan Grief Reaction Checklist* subscales was conducted utilizing the HGRC pre-test data. The internal consistency Cronbach's alphas of the six subscales were Panic Behavior,  $\alpha = .91$ , Despair,  $\alpha = .89$ , Blame and Anger,  $\alpha = .77$ , Detachment,  $\alpha = .88$ , Disorganization,  $\alpha = .85$ , and Personal Growth,  $\alpha = .88$ .

A 4 (Condition: Experimental, Standard, Control, Modified Control) by 3 (Time: Pre, Post, and Follow-Up) mixed model MANOVA was conducted on the Panic Behavior, Despair, Blame and Anger, Detachment, and Disorganization *Hogan Grief Reaction Checklist* subscales to examine the effect of writing intervention on grief reaction over time. This analysis produced a significant main effect for time,  $F(10, 88) = 4.609, p < .001$ , but not for writing intervention,  $F(15, 285) = .979, p = .478$ . Furthermore, the analysis did not yield a significant time by writing intervention interaction,  $F(30, 270) = 1.069, p = .374$  (see Table 2 for means and standard deviations). The pre-test means for each subscale were low. These results do not support the current study's first hypothesis that writing about the loss using Pennebaker's writing paradigm combined with review of previously written material (Experimental condition) would yield a significant decrease in the bereavement response when compared to the other writing interventions (Standard, Control, and Modified Control). Instead, it was the

effect of time, not the writing intervention, which facilitated the reduction of grief reaction in undergraduate and graduate students who had lost a loved one within the last five years.

Following the significant main effect for time yielded in the MANOVA, each subscale was then analyzed across writing intervention by a one-way, (Time: Pre, Post, and Follow-Up) repeated measures ANOVA. These analyses yielded a significant main effect for time on Despair,  $F(2, 194) = 16.988, p < .001$ ; Panic,  $F(2, 194) = 15.708, p < .001$ ; Blame and Anger,  $F(2, 194) = 12.511, p < .001$ ; Detachment,  $F(2, 194) = 10.743, p < .001$ ; and Disorganization,  $F(2, 194) = 6.377, p = .002$ . Participants' scores on all subscales decreased similarly across time, regardless of writing intervention. To determine how participants' scores decreased significantly over time on each subscale, Least Significant Difference ( $p = .05$ ) follow up comparisons were performed to assess pairwise differences for the main effect of time. Specifically, pairwise comparisons produced a significant reduction in Despair, Blame and Anger, and Detachment subscales between pre-test and post-test and between post-test and follow-up, regardless of writing intervention. With regard to the Panic Behavior and Disorganization subscales, pairwise comparisons produced a significant reduction in scores across groups between post-test and follow-up only. These results indicate that the effect of time only facilitated the reduction in grief reaction as measured by the HGRC Panic Behavior, Despair, Blame and Anger, Detachment, and Disorganization subscales. Therefore, these results do not support the current study's first hypothesis that writing about the loss combined with review of previously written material (Experimental condition) would facilitate a

significant reduction in grief reaction across time when compared to the other writing interventions (Standard, Control, and Modified Control).

Table 2

*Means and Standard Deviations for Five HGRC Scales at Pre, Post, and Follow-Up*

Subscale	<u>Experimental</u> ( <i>n</i> = 29)		<u>Standard</u> ( <i>n</i> = 23)		<u>Control</u> ( <i>n</i> = 29)		<u>Modified</u> <u>Control</u> ( <i>n</i> = 20)	
	M	SD	M	SD	M	SD	M	SD
<b>Despair</b>								
Pre	1.66	.72	1.97	.74	1.52	.43	1.58	.55
Post	1.47	.48	1.74	.56	1.46	.59	1.53	.50
Follow-Up	1.37	.41	1.56	.59	1.34	.37	1.50	.55
<b>Panic Behavior</b>								
Pre	1.93	.87	2.21	.91	1.75	.64	1.82	.62
Post	1.69	.83	2.12	.86	1.72	.75	1.87	.58
Follow-Up	1.52	.70	1.84	.68	1.59	.52	1.74	.64
<b>Blame and Anger</b>								
Pre	1.61	.71	1.77	.57	1.35	.42	1.39	.33
Post	1.42	.48	1.51	.55	1.37	.72	1.36	.38
Follow-Up	1.33	.45	1.33	.50	1.24	.31	1.29	.34
<b>Detachment</b>								
Pre	1.59	.73	1.89	.82	1.46	.64	1.51	.48
Post	1.33	.39	1.81	.81	1.34	.62	1.39	.65
Follow-Up	1.24	.38	1.59	.70	1.33	.52	1.39	.80
<b>Disorganization</b>								
Pre	1.72	.78	2.13	.90	1.68	.73	1.76	.54
Post	1.65	.73	2.17	.88	1.55	.67	1.93	.74
Follow-Up	1.51	.62	1.98	.77	1.51	.64	1.72	.49

*Note.* Scales range from 1 ("Does not describe me at all") to 5 ("Describes me very well").

A 4 (Condition: Experimental, Standard, Control, Modified Control) by 3 (Time: Pre, Post, and Follow-Up) mixed model repeated measures ANOVA was conducted on the Personal Growth subscale of the *Hogan Grief Reaction Checklist* to examine the effect of writing intervention on personal growth over time. A significant writing intervention by time interaction was present [ $F(6, 194) = 3.071, p = .007$ ]. In addition,

Table 3

*Means and Standard Deviations for Personal Growth at Pre, Post, and Follow-Up*

Subscale	<u>Experimental</u> ( <i>n</i> = 29)		<u>Standard</u> ( <i>n</i> = 23)		<u>Control</u> ( <i>n</i> = 29)		<u>Modified Control</u> ( <i>n</i> = 20)	
	M	SD	M	SD	M	SD	M	SD
Personal Growth								
Pre	3.22	.76	3.29	.77	3.45	.71	3.43	.80
Post	3.61	.84	3.67	.94	3.40	.90	3.48	1.08
Follow-up	3.69	.86	3.80	.96	3.54	.89	3.45	1.08

*Note*. Scales range from 1 ("Does not describe me at all") to 5 ("Describes me very well").

the main effect for time was significant [ $F(2, 194) = 11.749, p < .001$ ]. However, the main effect for writing intervention was not significant [ $F(3, 97) = .128, p = .943$ ] (see Table 3 for means and standard deviations).

Following the significant time by writing intervention interaction produced by the ANOVA for Personal Growth, simple effects analyses were conducted. Each time (Pre, Post, and Follow-Up) was analyzed across writing intervention (Experimental, Standard, Control, Modified Control) with a one-way ANOVA. These analyses did not yield a simple effect for writing intervention at Pre-test,  $F(3, 97) = .570, p = .636$ , Post-test,  $F(3, 97) = .458, p = .712$ , or Follow-up,  $F(3, 97) = .623, p = .602$ . Regardless of writing intervention, participants were not significantly different from one another in Personal Growth scores at pre-test, post-test, or follow-up. Furthermore, four one-way, repeated measures ANOVAs were also conducted to analyze each condition (Experimental, Standard, Control, Modified Control) across time (Pre, Post, and Follow-Up). These analyses yielded a simple effect for time on the Experimental,  $F(2, 27) = 11.914, p < .001$ , and Standard conditions,  $F(2, 21) = 11.427, p < .001$ ; but not for the Control,  $F(2, 27) = .717, p = .497$ , and Modified Control conditions,  $F(2, 18) = .097, p = .908$ .

Participants who wrote about the loss (Experimental and Standard) reported significant

increases in personal growth as a function of time when compared to participants who wrote about a trivial topic (Control and Modified Control). Specifically for the Experimental and Standard conditions, pairwise comparisons yielded a significant increase in personal growth between pre-test and post-test and between pre-test and follow-up, but not between post-test and follow-up. There were no changes in personal growth over time for the Control and Modified Control conditions. These results do not support the current study's second hypothesis that writing about the loss using Pennebaker's writing paradigm combined with review of previously written material (Experimental condition) would yield a significant increase in the personal growth when compared to the other writing interventions (Standard, Control, and Modified Control). However, these results do indicate that participants who write about the loss (Experimental and Standard conditions) experience a significant increase in personal growth over time when compared to participants who write about a trivial topic (Control and Modified Control conditions).

Participants' ratings of their degree of emotional upset by the death were analyzed using a 4 (Condition: Experimental, Standard, Modified Control, Control) by 3 (Time: Pre, Post, and Follow-Up) mixed model ANOVA. This analysis produced a significant main effect for time,  $F(2, 194) = 13.477, p < .001$ , but not for condition,  $F(1, 97) = .142, p = .935$ . Furthermore, the analysis did not yield a significant time by condition interaction,  $F(6, 194) = .515, p = .796$ . It was the effect of time, not the writing intervention, which facilitated the reduction of emotional upset related to the loss in undergraduate and graduate students who had lost a loved one within the last five years.

Analysis of the number of health center visits made was conducted using a 4 (Condition: Experimental, Standard, Modified Control, Control) by 3 (Time: Pre, Post, and Follow-Up) mixed model ANOVA. This analysis produced no significant main effect for time,  $F(1, 97) = .239, p = .626$ , condition,  $F(1, 97) = .110, p = .954$ , or time by writing intervention interaction,  $F(1, 97) = .720, p = .542$ . Overall, participants in each of the groups, Experimental ( $M$  pre = .448,  $SD$  pre = .870;  $M$  follow-up = .724,  $SD$  follow-up = 1.360), Standard ( $M$  pre = .652,  $SD$  pre = .935;  $M$  follow-up = .522,  $SD$  follow-up = .947), Control ( $M$  pre = .724,  $SD$  pre = 1.25;  $M$  follow-up = .690,  $SD$  follow-up = 1.42), and Modified Control ( $M$  pre = .65,  $SD$  pre = 1.09;  $M$  follow-up = .75,  $SD$  follow-up = 1.16), did not report a significantly different number of health center visits from one another. The mean number of reported health center visits slightly increased across the study for participants in the Experimental and Modified Control conditions and slightly decreased for participants in the Standard and Control conditions; however, these changes were not significant.

Last, for the *Follow Up Form*, the degree to which participants thought about the experiment, talked about the experiment with others, and found the experiment meaningful were analyzed with one-way ANOVAs (Condition: Experimental, Standard, Modified Control, Control) (see Table 4). These analyses produced no significant difference between writing interventions in the degree to which participants thought about the experiment since it ended,  $F(3, 98) = 2.073, p = .109$ , and the degree to which participants talked about the experiment with others,  $F(3, 98) = 2.668, p = .052$ . However, the analysis did reveal a significant difference between groups in the degree to which participants found the experiment meaningful,  $F(3, 98) = 8.020, p < .001$ . To



assess pairwise differences by group in participants' ratings of the study's meaningfulness, Tukey's HSD ( $p = .05$ ) post-hoc comparisons were used. Specifically, ratings of the study's meaningfulness were significantly higher for participants in the Experimental group than the Control group. Furthermore, ratings of the study's meaningfulness were also significantly higher for participants in the Standard group when compared to participants in the Control and Modified Control groups.

Table 4

*Means and Standard Deviations for Follow Up Form Questions*

	<u>Experimental</u>		<u>Standard</u>		<u>Control</u>		<u>Modified Control</u>	
	M	SD	M	SD	M	SD	M	SD
Thought about experiment	3.80	1.47	3.96	1.22	3.28	1.22	3.15	1.39
Talked about experiment	3.17	1.68	3.74	1.81	2.76	1.35	2.45	1.64
Experiment meaningfulness	4.87	1.50	5.61	1.50	3.69	1.47	4.00	1.69

*Note.* Scales range from 1 ("Not at all") to 7 ("A great deal").

## CHAPTER IV

### DISCUSSION

Overall, results of the current study suggest that writing about the loss of a loved one, either combined with review of previous narratives or alone, does not significantly impact grief reaction in university students when compared to writing about a trivial topic, either combined with review of previous narratives or alone. Overall, it is the effect of time, not writing topic, which is related to a significant decrease in grief reaction. Furthermore, the results of the present study suggest that writing about the loss of a loved one, either combined with review of previous narratives or alone, does not significantly affect health outcomes following bereavement in a university student population when compared to writing about a trivial topic, either combined with review of previous narratives or not.

Although the results of the current study suggest that writing topic does not significantly impact grief reaction in university students, it does suggest that writing or reading and writing about the loss of a loved one do significantly increase personal growth following bereavement when compared to either writing or reading and writing about a trivial topic. However, the current study does not support the hypothesis that writing about the loss, combined with reading previous writings, produces significantly better outcomes than only writing about the loss. Taken together, the results of the current study yield mixed support for constructivist and narrative conceptualizations of grieving. Furthermore, when taken together, results from the current study also yield mixed support for use of expressive writing in bereaved individuals.

## Grief Reaction

The first hypothesis of the current study was that writing about a personal loss using Pennebaker's writing paradigm combined with review of previously written material would yield a significant decrease in the grief response when compared to Pennebaker's standard writing paradigm (with no opportunity to review previously written material), Pennebaker's control writing condition (with no opportunity to review previously written material), and Pennebaker's control writing condition combined with review of previously written material. This hypothesis was not supported as participants in all conditions (experimental, standard, control, and modified control) experienced decreases in their grief reactions as a function of time (pre-test, post-test, and follow-up). Over time, the experimental writing condition was just as effective as the standard, control, and modified control writing conditions in reducing the participants' grief reactions as measured by the *Hogan Grief Reaction Checklist* subscales of Despair, Panic Behavior, Blame and Anger, and Disorganization. In the current study, it was the effect of time, not the writing intervention, which facilitated the reduction of grief reaction in undergraduate and graduate students who had lost a loved one within the last five years.

The results regarding reduction of grief reaction found in the current study are not consistent with similar studies in which participants engaging in writing about a particular topic have demonstrated significant differences from participants who either do not write or write about trivial topics. For example, significant differences between groups have been found in participants who have undergone job loss (Spera, Buhrfeind, & Pennebaker, 1994), received treatment for depression (L'Abate, Boyce, Frazier, & Russ, 1992), and participated in an immunization program (Petrie et al., 1995). However,

when applied in bereaved populations, experiments employing self-disclosure or expressive writing have yielded mixed results, with some studies lending support for use of the intervention and some not (Range, Kovac, & Marion, 2000; Stroebe, Stroebe, Schut, Zech, & van den Bout, 2002). For example, Segal, Bogaards, Becker, and Chatman (1999) found that disclosure about spousal loss produced decreased feelings of hopelessness when compared to participants who did not disclose about the topic. Moreover, these results were maintained at a one-year follow-up study (Segal, Chatman, Bogaards, & Becker, 2001). Furthermore, Kovac and Range (2000) found that suicidally bereaved students who wrote about their loss reported significantly less suicide-related grief than their counterparts who wrote about a trivial topic. Contrary to these findings in support of self-disclosure and expressive writing following bereavement, Kovac and Range (2000) also found that writing about loss did not significantly decrease general grief reaction when compared to writing about a trivial topic. Additionally, Stroebe et al. (2002) found that writing about spousal loss produced no significant differences in adjustment when compared to writing about a trivial topic.

Several factors may account for the lack of differences between the experimental, standard, control, and modified control groups as measured by the *Hogan Grief Reaction Checklist* subscales of Despair, Panic Behavior, Blame and Anger, and Disorganization. One reason may be the characteristics of the participants themselves. In their review of the efficacy of grief interventions, Schut, Stroebe, van den Bout, and Terheggen (2001) found that grief interventions tend to be most efficacious for individuals dealing with complicated grief. Complicated grieving is characterized by “deviation from the norm in the time course or intensity of specific or general symptoms of grief,” (Stroebe, Stroebe,

Schut, Zech, & van der Bout, 2002, p. 176). Pennebaker et al. (2001) echo this point and contend that disclosure tasks, such as the one employed in the current study, demonstrate the most impact when employed with individuals experiencing coping difficulties. For example, Murphy et al. (1998) found that bereaved mothers with the highest degree of grief symptomatology at the outset of the study benefited more than bereaved mothers with low grief symptomatology when compared to a control group. Because all groups in the current study were composed of adults both physically and psychologically healthy enough to attend university classes, it is possible that participants in this study did not experience distress significant enough to yield benefits from an intervention for grief. Furthermore, the failure of the present study to yield significant differences in grief reaction between writing conditions may have also been related to each group's relatively low mean pre-test score on the HGRC subscales of Despair, Panic Behavior, Blame and Anger, and Disorganization. This may have created a floor effect, thus decreasing the probability for finding significant differences between intervention groups. The results of the current study are consistent with results of another study employing the expressive writing paradigm with students at the same university (Range et al., 2000). Range et al. (2000) also found decreases in grief reactions as a function of time, but not as a function of writing topic.

Another potential factor accounting for the failure to detect differences in grief reaction between groups in the current study is the method used to recruit individuals for participation. In their grief intervention efficacy review, Schut et al. (2001) state that "less favorable results" tend to be associated with studies in which participants were offered support, rather than participants seeking out assistance volitionally (p. 731). They

further contend that studies using an outreach approach, such as the current study, are more apt to have “no or negative effects” than studies whose participants actively sought intervention (p. 731). These differences may arise because individuals seeking an intervention, rather than being recruited for it, may be more motivated. Furthermore, these individuals may be more aware that they are in need of assistance with grieving. According to the Stroebe et al. (2002), bereavement interventions were efficacious with individuals who considered their grief to be severe enough to warrant professional treatment. However, in individuals who considered their grief to be normal and not severe enough to merit professional consultation, interventions such as the one employed in the current study yielded little efficacy. Stroebe et al. (2002) also note that interventions such as expressive writing are “minimal” therapeutic interventions, possibly further accounting for the failure of the current study to yield significant differences between groups of university students (p. 176).

The failure to detect differences in grief reaction between groups may also be related to the nature of the participants’ bereavements. Given that disclosure tends to yield more promising results for individuals who have experienced traumatic events, as opposed to bereavement, it is possible that expressive writing interventions such as the one employed in the current study may have their greatest effect for individuals reporting a traumatic or unexpected bereavement, as opposed to an expected one. Unfortunately, data regarding the nature of the participants’ bereavement (unexpected and traumatic vs. expected) were not collected in the current study; therefore, comparisons to determine effect of the intervention by the nature of bereavement are not currently possible. The aforementioned suggestion is consistent with the results of other studies conducted using

a similar methodology at the same university. In their study of unexpectedly suicidally bereaved students, Kovac and Range (2000) found that engaging in an expressive writing intervention significantly reduced participants' suicide-related grief. However, when employing this same methodology with a generally bereaved student population, Range et al. (2000) failed to find significant differences in grief reaction between groups. Taken together, the results of these studies (Kovac & Range, 2000; Range et al., 2000) and the current study are also consistent with the trauma perspective of grief (Bonnano & Kaltman, 1999). This perspective suggests that individuals who have experienced unexpected interpersonal loss may manifest increased post-traumatic stress symptoms when compared to individuals experiencing expected loss. The trauma perspective also places great importance upon the bereaved individual's ability to disclose his or her thoughts and emotions about the loss (Bonanno & Kaltman, 1999).

The nature of the bereavement is also theorized to impact the degree to which individuals disclose about their loss (Pennebaker et al., 2001). Given that disclosure is more beneficial for individuals who have experienced trauma and that such individuals are least likely to disclose to others, one may expect that interventions like the one employed in the current study may yield the most promising results for individuals who were suddenly and unexpectedly bereaved. However, disclosure interventions may have little to no effect for individuals whose bereavements were anticipated, as these individuals would have had prior opportunity to utilize social support and disclosure to cope with the impending death (Pennebaker et al., 2001; Stroebe et al., 2002). It is possible that these factors may be related to the failure of the current intervention to produce significant results in grief reaction between groups if participants in the study

were largely affected by expected bereavement and had engaged in higher levels of previous disclosure.

Another possible reason for the lack of significant difference between groups on the HGRC subscales of Despair, Panic Behavior, Blame and Anger, and Disorganization may be related to the expectation of benefit provided to participants in all groups through the screening and instruction procedures, as well as by the content of the measures the participants completed. Participants were made aware during prescreening procedures and appointment scheduling that they would be participating in a study about grief. After consenting to participate in such a study, participants also completed several questionnaires asking them questions about their losses and grief. It is possible that a placebo effect may have accounted for the intervention's failure to produce significant effects across groups as all participants, regardless of group, had the expectancy that their condition would improve. According to Wampold (2001), the expectation that one will experience improvement as a product of the implementation of a psychological intervention is one of the powerful common factors necessary to bring about change. Other common factors associated with change may also have played a role in the improvement of the control group participants across time. Participants also actively involved themselves in the intervention and confided personal information to the researcher. This active engagement and the formation of a relationship with the primary researcher among control group participants may have contributed to the failure to find differences between groups.

Additionally, social support may have been a variable moderating the effects of the intervention in all groups. As a function of time, the experimental, standard, control,



and modified control group participants significantly decreased in the amount of detachment that they reported on the HGRC. The Detachment subscale of the HGRC measures the degree to which the individual has detached from, or avoided contact with, others (Hogan et al., 2001). As scores on the Detachment subscale decrease, the less the individual is reporting that he or she is engaging in increased evasion of intimacy and involvement with others. The significant decrease in Detachment subscale scores in all groups across time indicates that participants were increasing their social connections following the loss, a factor that has been associated with more positive outcomes during bereavement (Kaunonen, Tarkka, Paunonen, & Laippala, 1999). According to Kaunonen et al. (1999), bereaved individuals report social support as an important factor in dealing with loss. Engaging in supportive relationships with others allows grieving individuals the opportunity to disorganize and engage in panic behavior as measured by the HGRC. According to Kaunonen et al. (1999), having a supportive social network allows the bereaved individual to relinquish portions of his or her daily responsibilities to the support group, allowing him or her with the opportunity to more fully engage his or her grief and feelings of disorganization following loss, thus improving the coping process. It is possible that as participants decreased in their self-reported detachment, they increased in the degree to which they were involved in supportive social relationships. The positive effects of social support on other grief reactions as measured by the HGRC may have accounted for the improvement as a function of time experienced in all intervention groups.

Finally, because no differences existed between groups in the demographic variables of sex, race, marital status, number of health center/physician visits, closeness

to the deceased significant other, degree of emotional upset over significant other's death, failure to detect significant differences between groups in reduction of negative grief reaction cannot be attributed to these factors. However, there were significant differences between groups for the demographic variables of college classification (freshman, sophomore, junior, senior, or graduate) and receipt of professional counseling. It is possible that these significant differences between groups affected internal validity, therefore decreasing the ability to detect significant differences between groups. The modified control group contained a significantly higher proportion of freshman than the other groups. Furthermore, the standard group contained a significantly higher proportion of individuals who had received prior professional counseling than the other intervention groups. It is possible that the standard group's participants' prior experience with professional counseling increased the degree to which they had engaged in prior disclosure about the loss. This increased degree of prior disclosure would thereby minimize the impact that the current intervention could have on the participants' grief reaction. In addition to accounting for the failure of the current study to detect differences in grief reaction between writing conditions, the aforementioned may also account for the reduction of participants' ratings of emotional upset as a function of time, but not writing intervention.

### Personal Growth

The second hypothesis of the current study was that writing about the loss using Pennebaker's writing paradigm combined with review of previously written material would yield a significant increase in personal growth, as measured by the *Hogan Grief Reaction Checklist* Personal Growth subscale, when compared to Pennebaker's standard

writing paradigm (with no opportunity to review previously written material), Pennebaker's control writing condition (with no opportunity to review previously written material), and Pennebaker's control writing condition combined with review of previously written material. This hypothesis was not fully supported as participants who wrote about the loss of a loved one and reviewed their writings, as well as participants who wrote about the loss of a loved one without opportunity to review prior writings, both reported significant increases in personal growth as a function of time when compared to participants who wrote about a trivial topic (control and modified control groups).

Although the experimental group (write about the loss with opportunity to review) was not significantly different over time from the standard group (write about the loss with no opportunity for review), there was a significant increase in personal growth as a function of time for participants who wrote about the loss when compared to participants who wrote about a trivial topic. This finding that writing about loss facilitates adjustment lends support to narrative and constructivist theories of grieving, as narrative construction and reconstruction are viewed as cardinal to the personal growth process following a stressful life event, such as bereavement (Calhoun & Tedeschi, 2004; Neimeyer, 2004; Pals & McAdams, 2004; Tedeschi & Calhoun, 2004).

Narrative approaches to bereavement are based on the contention that bereaved individuals make meaning in loss and create new identities following the death of a significant other (Neimeyer, 1998). These approaches emphasize the ability of the individual to be transformed by the feelings of emotional disorder and disorganization that may result from bereavement. The changes that interpersonal loss brings to the

bereaved individual's identity, social network, and assumptions about the world provide the opportunity for reorganization and growth to occur (Mahoney & Moes, 1997; Masterpasqua, 1997). This narrative perspective is theoretically consistent with that of personal growth following stressful or difficult life circumstances. Personal growth, the positive psychological change and an increased appreciation of life, relationships, and self that results following an individual's experience of events that challenge his or her understanding of the world, occurs as the individual contends with the negative emotions and violated assumptions concomitant to stressful life events (Tedeschi & Calhoun, 2004). The change in personal growth as a function of time found in this study is consistent with results of other studies documenting personal growth following stressful life events in bereaved men with HIV (Bower, Kemeny, Taylor, & Fahey, 1998), bereaved caregivers (Cadell, Regehr, & Hemsworth, 2003), bereaved family members (Davis et al., 1998), deployed U.S. soldiers (Britt, Adler, & Bartone, 2001), and rheumatoid arthritis patients (Danoff-Burg & Revenson, 2005).

“Cognitive rebuilding” is a central component of personal growth and it occurs as the bereaved individual adapts following interpersonal loss by creating a new narrative with new assumptions about the world (Tedeschi & Calhoun, 2004, p. 5). According to Tedeschi and Calhoun (2004), emotional processing is a key to cognitive rebuilding. Given that some participants were prompted to write about their feelings associated with the loss, while others were prompted to write about facts associated with a trivial topic, engagement in emotional processing may account for the significant difference in personal growth between participants in the current study. Participants in the experimental and standard writing conditions had the opportunity to reap the

transformative benefits of emotional processing, thus facilitating their increase in personal growth over time. Participants in the control and modified control writing conditions, however, did not have this opportunity.

The degree of self-disclosure participants engaged in may have also accounted for the significant difference in personal growth between participants as a function of time. In addition to emotional processing, personal growth is also effected by the extent to which one engages in self-disclosure (Hogan & Schmidt, 2002; Tedeschi & Calhoun, 2004). Self-disclosure, such as the expressive writing intervention employed in the current study, facilitates the process of creating growth from stressful life circumstances such as bereavement. Self-disclosure is considered critical because it requires that individuals craft narratives of the stressful event. This process of narrative creation, particularly when the narrative incorporates emotional aspects of the death, can generate meaning in the event, thereby fostering a sense of strength and growth in the bereaved individual (Hogan & Schmidt, 2002; Tedeschi & Calhoun, 2004). Variations in self-disclosure about the loss may account for the significant difference in personal growth between groups across time in the current study, given that participants in the experimental and standard writing conditions were directed to self-disclose about the loss, while participants in the control and modified control writing conditions were not.

Furthermore, the change in personal growth associated with self-disclosure found in the current study is consistent with Ullrich and Lutgendorf 's (2002) findings that journaling about stressful life events increases personal growth. According to Ullrich and Lutgendorf (2002), "journaling about a stressful traumatic event can raise awareness of the benefits of that event," (p. 248). Heightened attentiveness to the positive effects that

emerged from bereavement may serve as an explanation for the increase in personal growth reported by the participants who wrote about the loss when compared to participants who wrote about a trivial topic.

Another explanation for the difference in personal growth between groups writing about the loss and groups writing about a trivial topic is an increase of narrative coherence. Given that bereavement can challenge an individual's assumptive world and challenge one's sense of identity and relationship with self and others, the bereaved may experience distress following a loss. These alterations in one's assumptions about the world can lead to a disruption on the coherence of the self-story (Gillies & Neimeyer, 2006). Self-story incoherence can precipitate compromised psychological functioning in the wake of loss (Lysaker et al., 2001). In turn, an increase in the coherence of one's self-narrative may be of benefit by increasing personal growth and adjustment following a loss. Given that Gilbert (2002) suggests that the coherence of the self's narrative may be increased through repeated exposure to the narrative, such as repeatedly reading or retelling the story of the loss, a possible explanation for the experimental and standard groups' increase in personal growth across time when compared with the control and modified control groups may be that the provision of the opportunity to write about the loss aided in the continual reconstruction of the self-narrative, thereby increasing its coherence. This increased narrative coherence, which has been associated with an increased sense of meaning in the loss as well as identity continuity, may account for the increase in personal growth. This is also supported by the significant difference in self-reported meaningfulness of the experiment between individuals who wrote about the loss versus individuals who wrote about a trivial topic. Individuals who wrote about the loss

rated the experiment as more meaningful than individuals wrote about a trivial topic, possibly because the experience allowed the former individuals with the opportunity to make greater sense and meaning out of loss. These factors may also account for the significant difference in ratings of meaningful of the study between participants who wrote about the loss and participants who wrote about a trivial topic.

Although increased narrative coherence may explain the significant difference in personal growth between individuals who wrote about the loss when compared to individuals who wrote about a trivial topic, it is contradicted by the relative equivalence of experimental (write about loss with opportunity to review) and standard writing (write about loss with no opportunity to review) groups in the current study. This unanticipated finding may imply that review of previously constructed narratives is not a necessary process for increasing narrative coherence in bereaved individuals. Self-disclosure and emotional processing about the loss may be the necessary and sufficient factors to foster narrative coherence.

#### Health Visits

At pre-test and follow-up, participants provided information about the number of health center visits they had made, excluding routine visits. Contrary to the results of other studies employing a similar intervention, the current study failed to yield significant differences in health center visits between the experimental, standard, control, and modified control writing groups. For example, disclosure and expressive writing interventions have produced improved health in freshman adjusting to college (Pennebaker et al., 1990), students who have experienced traumatic events (Pennebaker & Beall, 1986), and individuals receiving hepatitis B vaccinations (Petrie et al., 1995).

However, other studies utilizing the same methodology conducted at the same university have also failed to yield significant effects of student health visits (Kovac & Range, 2000; Range et al., 2000).

The failure of the present study to yield significant differences in health center visits between the experimental, standard, control, and modified control groups may have been related to each group's composition of relatively healthy university students. The majority of participants (64.4%) reported no medical appointments in the two months preceding the beginning of the study. Mean numbers of health center visits reported at both pre-test (Experimental  $M = .448$ , Standard  $M = .652$ , Control  $M = .724$ , Modified Control  $M = .650$ ) and follow-up (Experimental  $M = .724$ , Standard  $M = .522$ , Control  $M = .690$ , Modified Control  $M = .750$ ) were below one for all groups. The health of the participants in each group may have created a floor effect, thus decreasing the ability to detect significant differences between writing conditions.

#### Limitations

The present study was likely affected by limitations that may be addressed in future research. One limitation of the current study is the composition of the participant pool. Generalizability of results may be limited by participant pool's composition of all university students, the majority of whom were Caucasian (68.3%), unmarried (80.2%) and female (85.1%). Strong efforts should be made to conduct future research in which the participant pool is more diversified along lines of race, marital status, and gender to determine how these factors affect the impact of expressive writing interventions on grief reaction and personal growth.



Second, the nature of the recruitment process may have also been a limiting factor in the current study. According to Schut et al. (2001) expressive writing interventions generally have limited impact in individuals who were recruited to participate, rather than those who have sought participation volitionally. Given that the participants were recruited, the current study may be limited in its ability to elucidate the impact of expressive writing on grief reaction. Future research should investigate the impact of expressive writing in individuals who voluntarily sought assistance coping with grief. For example, the impact of expressive writing may be studied within the context of a professional therapeutic relationship. In particular, future research may compare the effect of expressive writing in individuals reporting normal grief to those reporting complicated grief. This implication for future research is particularly relevant because expressive writing tends to be most effective for individuals who are experiencing difficulties coping with bereavement (Pennebaker et al., 2001; Stroebe et al., 2002).

Third, the current study was also limited by the inability to make comparisons between individuals whose bereavements were expected and those whose bereavements were unexpected. Future studies may gather data on the type of the bereavement to determine if this impacts the efficacy of expressive writing interventions.

APPENDIX A  
SCREENING FORM

NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

All of your responses will be kept confidential. All forms will be shredded within 72 hours of completion. Place your form in the envelope provided and seal the envelope when you finish.

Have you experience the loss of a loved on in the past five years? (Circle one)    Yes  
No

If yes, please provide the month and year when you experienced the loss (ex: March 2001) If you have suffered more than one loss, please focus on the most important.

Month of loss: \_\_\_\_\_                      Year of loss: \_\_\_\_\_

How close did you feel to your loved one? (Circle one)

1	2	3	4	5
Not close at all	A little close	Somewhat close	Quite close	Very close

How upset are you by the death (circle one)

1	2	3	4	5
Not at all	Very Little	Somewhat	Quite a lot	Very much

Would you be willing to participate in a study about grief? (Circle one)    Yes    No

If you are upset enough that you need to be contacted right away, check this box.

APPENDIX B  
DEMOGRAPHIC QUESTIONNAIRE

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Gender (circle one): Male      Female

Race: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Year in College: \_\_\_\_\_

Have you previously received or are you currently receiving any professional counseling?  
(Circle one) Yes    No

If yes, what was the reason for seeking professional counseling? \_\_\_\_\_

Do you regularly write in a diary or journal? (Circle one) Yes    No

If yes, how frequently?

\_\_\_\_\_

Have you experienced the loss of a loved one in the past five years? (Circle one)  
Yes    No

If yes, please provide the month and year when you experienced the loss (ex: March 2001) If you have suffered more than one loss, please focus on the most important.

Month of loss: \_\_\_\_\_      Year of loss: \_\_\_\_\_

How many times have you gone to the Student Health Center and/or to your family doctor in the past two months (other than routine check-ups)? \_\_\_\_\_

How close did you feel to your loved one? (Circle one)

1	2	3	4	5
Not close at all	A little close	Somewhat close	Quite close	Very close

How upset are you by the death (circle one)

1	2	3	4	5
Not at all	Very Little	Somewhat	Quite a lot	Very much

If you are upset enough that you need to be contacted right away, check this box.

Code Name/Number: \_\_\_\_\_

APPENDIX C  
HOGAN GRIEF REACTION CHECKLIST

*This questionnaire consists of a list of thoughts and feelings that you may have had **since your loved one died**. Please read each statement carefully, and choose the number that best describes the way you have been feeling **during the past two weeks, including today**. Circle the number beside the statement that best describes you. Please do not skip any items.*

- 1 = Does not describe me at all  
2 = Does not quite describe me  
3 = Describes me fairly well  
4 = Describes me well  
5 = Describes me very well

1. My hopes are shattered ..... 1 2 3 4 5
2. I have learned to cope better with life ..... 1 2 3 4 5
3. I have little control over my sadness ..... 1 2 3 4 5
4. I worry excessively ..... 1 2 3 4 5
5. I frequently feel bitter ..... 1 2 3 4 5
6. I feel like I am in shock..... 1 2 3 4 5
7. Sometimes my heart beats faster than it normally does for no reason..... 1 2 3 4 5
8. I am resentful..... 1 2 3 4 5
9. I am preoccupied with feeling worthless..... 1 2 3 4 5
10. I feel as though I am a better person..... 1 2 3 4 5
11. I believe I should have died and he or she should have lived ..... 1 2 3 4 5
12. I have a better outlook on life ..... 1 2 3 4 5
13. I often have headaches..... 1 2 3 4 5
14. I feel a heaviness in my heart ..... 1 2 3 4 5
15. I feel revengeful ..... 1 2 3 4 5
16. I have burning in my stomach..... 1 2 3 4 5
17. I want to die to be with him or her ..... 1 2 3 4 5
18. I frequently have muscle tension..... 1 2 3 4 5
19. I have more compassion for others..... 1 2 3 4 5
20. I forget things easily, e.g. names, telephone numbers..... 1 2 3 4 5
21. I feel shaky..... 1 2 3 4 5

22. I am confused about who I am ..... 1 2 3 4 5
23. I have lost my confidence ..... 1 2 3 4 5
24. I am stronger because of the grief I have experienced..... 1 2 3 4 5
25. I don't believe I will ever be happy again ..... 1 2 3 4 5
26. I have difficulty remembering things from the past ..... 1 2 3 4 5
27. I frequently feel frightened ..... 1 2 3 4 5
28. I feel unable to cope..... 1 2 3 4 5
29. I agonize over his or her death ..... 1 2 3 4 5
30. I am a more forgiving person..... 1 2 3 4 5
31. I have panic attacks over nothing ..... 1 2 3 4 5
32. I have difficulty concentrating ..... 1 2 3 4 5
33. I feel like I am walking in my sleep ..... 1 2 3 4 5
34. I have shortness of breath..... 1 2 3 4 5
35. I avoid tenderness ..... 1 2 3 4 5
36. I am more tolerant of myself..... 1 2 3 4 5
37. I have hostile feelings..... 1 2 3 4 5
38. I am experiencing periods of dizziness ..... 1 2 3 4 5
39. I have difficulty learning new things..... 1 2 3 4 5
40. I have difficulty accepting the permanence of the death..... 1 2 3 4 5
41. I am more tolerant of others ..... 1 2 3 4 5
42. I blame others ..... 1 2 3 4 5
43. I feel like I don't know myself ..... 1 2 3 4 5
44. I am frequently fatigued ..... 1 2 3 4 5
45. I have hope for the future ..... 1 2 3 4 5
46. I have difficulty with abstract thinking ..... 1 2 3 4 5
47. I feel hopeless..... 1 2 3 4 5
48. I want to harm others ..... 1 2 3 4 5
49. I have difficulty remembering new information..... 1 2 3 4 5
50. I feel sick more often..... 1 2 3 4 5
51. I reached a turning point where I began to let  
go of some of my grief..... 1 2 3 4 5

- 52.I often have back pain..... 1 2 3 4 5
- 53.I am afraid that I will lose control .....1 2 3 4 5
- 54.I feel detached from others .....1 2 3 4 5
55. I frequently cry.....1 2 3 4 5
56. I startle easily .....1 2 3 4 5
57. Tasks seem insurmountable ..... 1 2 3 4 5
- 58.I get angry often .....1 2 3 4 5
- 59.I ache with loneliness.....1 2 3 4 5
60. I am having more good days than bad.....1 2 3 4 5
- 61.I care more deeply for others ..... 1 2 3 4 5

Code Name/Number: \_\_\_\_\_

APPENDIX D  
RATING FORM

CODE NAME/NUMBER: \_\_\_\_\_

**How close did you feel to your loved one? (Circle one)**

1	2	3	4	5
Not close at all	A little close	Somewhat close	Quite close	Very close

**How upset are you by the death (circle one)**

1	2	3	4	5
Not at all	Very Little	Somewhat	Quite a lot	Very much

Did you expect this writing exercise to have some benefit? YES or NO (circle one)

If you are upset enough that you need to be contacted right away, check this box.

## APPENDIX E

## FOLLOW-UP FORM

The following questions pertain to the experiment that you have just completed. Please answer these questions as honestly as possible.

	Not at all						A great Deal
1. How much have you thought about the experiment since it ended?	1	2	3	4	5	6	7
2. How much have you discussed the experiment with others since it ended?	1	2	3	4	5	6	7
3. How meaningful was this experiment to you?	1	2	3	4	5	6	7

4. Do you expect this experiment to have some benefit? YES or NO

5. How many times have you gone to the Student Health Center and/or to your family doctor in the past two months (other than routine check-ups)? \_\_\_\_\_

6. How close did you feel to your loved one? (Circle one)

1	2	3	4	5
Not close at all	A little close	Somewhat close	Quite close	Very close

7. How upset are you by the death (Circle one)

1	2	3	4	5
Not at all	Very Little	Somewhat	Quite a lot	Very much

8. . Please make any comments/recommendations about the study. You may use back of this sheet if necessary.

If you are upset enough that you need to be contacted right away, check this box.

Code Name/Number: \_\_\_\_\_



APPENDIX F  
STANDARD WRITING PARADIGM INSTRUCTIONS

When experiencing difficult times, some people find it beneficial to write about those times. For the next 20 minutes, please write about the loss of your loved one. When writing about this experience, use as much detail as you can. Please freely express any thoughts or feelings that you have associated with the loss. Sometimes people find it helpful to write about the loss many times, each time including more detail.

Please do not worry about grammar, spelling, sentence structure, or sentence organization. Please just focus on writing about the loss, including your thoughts and emotions about the loss. Please write for the entire 20 minutes.

If you are upset enough that you need to be contacted right away, check this box.

Code Name/Number: \_\_\_\_\_

APPENDIX G  
MODIFIED STANDARD WRITING PARADIGM INSTRUCTIONS

When experiencing difficult times, some people find it beneficial to write about those times. For the next 30 minutes, please write about the loss of your loved one. When writing about this experience, use as much detail as you can. Please freely express any thoughts or feelings that you have associated with the loss. Sometimes people find it helpful to write about the loss many times, each time including more detail.

Please do not worry about grammar, spelling, sentence structure, or sentence organization. Please just focus on writing about the loss, including your thoughts and emotions about the loss. Please write for the entire 30 minutes.

If you are upset enough that you need to be contacted right away, check this box.

Code Name/Number: \_\_\_\_\_

APPENDIX H  
CONTROL WRITING PARADIGM INSTRUCTIONS

When experiencing difficult times, some people find it beneficial to write. Sometimes people find it helpful to write about unrelated events. This may help people focus on other thoughts and feelings during difficult times. For the next 20 minutes, please write objectively and describe one of the following: your bedroom or dorm room, write about what you ate yesterday, write about what you plan to do today, or write about what you have done today. When writing, describe these events using as much detail as you can.

Please do not worry about grammar, spelling, sentence structure, or sentence organization. Please just focus on writing about your bedroom or dorm room, about what you ate yesterday, about what you plan to do today, or about what you have done today. Please write for the entire 20 minutes.

If you are upset enough that you need to be contacted right away, check this box.

Code Name/Number: \_\_\_\_\_

APPENDIX I  
MODIFIED CONTROL WRITING PARADIGM INSTRUCTIONS

When experiencing difficult times, some people find it beneficial to read what they have written about unrelated events and then write some more. This may help people focus on other thoughts and feelings during difficult times. During the next 30 minutes, please review what you have previously written about an unrelated event and then write objectively about that unrelated event or another unrelated event such as your bedroom or dorm room, about what you ate yesterday, what you plan to do today, or what you have done today. When writing about this, use as much detail as you can.

Please do not worry about grammar, spelling, sentence structure, or sentence organization. Please just focus on reading and writing about your bedroom or dorm room, about what you ate yesterday, about what you plan to do today, or about what you have done today. Please read and write for the entire 30 minutes.

If you are upset enough that you need to be contacted right away, check this box.

Code Name/Number: \_\_\_\_\_

APPENDIX J  
PRESCREENING CONSENT LETTER

Dear Student:

I am a doctoral counseling psychology student in the Department of Psychology at The University of Southern Mississippi. I am conducting a research study for my dissertation and am looking for people to participate. Please complete the attached form which will be used to determine if you qualify for this study. Your completion of this form indicates that I have permission to contact you by e-mail or telephone to provide you with more information about the study. Your questionnaire will be destroyed and you will not be contacted if you do not have the necessary characteristics.

No direct benefits or risks are anticipated to occur from completion of the questionnaire. Completion of the questionnaire is voluntary. If you choose not to complete it, your class grade will be unaffected. Completing the following measure indicates consent to participate in the screening. This project and this consent form have been reviewed by the Institutional Review Board, which ensures that research projects involving human subjects follow federal regulations. Any questions or concerns about rights as a research subject should be directed to the Chair of the Institutional Review Board, The University of Southern Mississippi, 118 College Drive #5147, Hattiesburg, MS 39406-0001, (601) 266-6820. Questions concerning the research should be directed to Stefanie Boswell, M.S. or William J. Lyddon, Ph.D. at (601) 266-4602.

Thank you,  
Stefanie Boswell, M.S.

## COUNSELING RESOURCES

### Campus Resources

University Counseling Center:	601-266-4829
Community Counseling and Assessment Clinic:	601-266-4602
Psychology Clinic:	601-266-4588
Student Health Services:	601-266-5390

### Community Resources

Pine Belt Mental Health Resources (24 hours):	601-544-4641
Pine Grove Life Focus Center:	601-288-4900

APPENDIX K  
DAY 1 GREETING

Welcome to the writing study. I appreciate your participation today and will be happy to answer any questions you may have. Today you will be filling out some forms. Then you will write for 20 minutes. Everything you need to today's session is in your folder so please follow along with me.

## APPENDIX L ORAL PRESENTATION

This study is intended to assess the effect of writing on psychological well being. Some of the writing topics may include personally sensitive material. You will be randomly assigned to one of the writing groups. First, you will be asked to complete a few questionnaires. Then you will be asked to attend four meetings. The first and last meeting should last approximately 45 minutes while the second and third should last about 30 minutes. You will be asked to complete some questionnaires and write about a specific topic for 20 minutes on the first day. You will be asked to write or read and write for 30 minutes on the second, third, and fourth days. Your completed essays will be stored in a secure location. Four weeks after your last writing day you will attend a 10-minute follow-up meeting to complete a few questionnaires.

Confidentiality will be maintained throughout the study. You will be asked to write a digit/letter code known only to you on your questionnaires. No names will be used on the questionnaires. Questionnaires and writings will be kept in a secure location. During the study, your writings will be read by a counseling psychology graduate student to ensure the safety to you and others. Your identity will remain confidential unless you indicate in your writings or verbally state current intent to harm yourself or someone else. If this occurs, your code will be matched with your name and confidentiality will be broken. The researcher and a licensed psychologist from the Department of Psychology will meet with you to determine how best to ensure safety. Similar studies indicate that this risk is extremely small. At the end of the study, you will be asked to print your name on a sign-out sheet. This sign-out sheet will be kept separate from the questionnaires and no attempt will be made to match your name with your response. Completed writing



assignments and questionnaires will be stored in a secure location. After six years, they will be destroyed.

You may experience increased self understanding. However, it is possible that you may not experience direct benefits from your participation in the study. The predictable risks of participation are minimal. Immediately after writing, you may experience feelings of sadness or negative mood. You will be provided with a handout of counseling service provider phone numbers should you become upset at any time during the study. Should you feel distressed during the study, someone will meet with you to ensure your safety. The University of Southern Mississippi has no mechanism to provide compensation for subjects who may incur injuries as a result of participating in research projects. However, efforts will be made to make available the facilities and professional skills at the University. At the end of the study, you will be given information about where you can obtain counseling if you are interested. Any new information that may affect your willingness to participate in the study will be provided to you.

Participation in this project is completely voluntary, and subjects may withdraw from this study at any time without penalty, prejudice, or loss of benefits. Questions concerning the research should be directed to Stefanie Boswell, M.S. or William J. Lyddon, Ph.D. at (601) 266-4602. This project and this consent form have been reviewed by the Institutional Review Board, which ensures that research projects involving human subjects follow federal regulations. Any questions or concerns about rights as a research subject should be directed to the Chair of the Institutional Review Board, The University of Southern Mississippi, 118 College Drive #5147, Hattiesburg, MS 39406-0001, (601) 266-6820.

APPENDIX M  
THE UNIVERSITY OF SOUTHERN MISSISSIPPI  
AUTHORIZATION TO PARTICIPATE IN RESEARCH PROJECT  
Informed Consent

Purpose: This study is designed to study the relationship between specific psychological variables and writing. You may be asked to write about personally sensitive material.

Description of Study: Following completion of some questionnaires, you will be asked to attend two meetings per week for two weeks (four meetings). The first and fourth meetings will last approximately 45 minutes while the second and third meetings will last 30 minutes. You will be randomly assigned to one of three writings groups in the study. You will be asked to complete some questionnaires and write about a specific topic for 20 minutes on the first day, and then 30 minutes on the second, third, and fourth days. Your completed essays will be stored in a secure location. Four weeks after your last writing day you will attend a 10-minute follow-up meeting to complete a few questionnaires.

Benefits: You may experience increased self-understanding. However, it is also possible that you may not experience direct benefits from your participation in the study.

Risks: Immediately after writing, you may experience feelings of sadness or negative mood. You will be provided with a handout of counseling service provider phone numbers should you become upset at any time during the study. Should you feel distressed during the study, someone will meet with you to ensure your safety. The University of Southern Mississippi has no mechanism to provide compensation for subjects who may incur injuries as a result of participating in research projects. However, efforts will be made to make available the facilities and professional skills at the

University. At the end of the study, you will be given information about where you can obtain counseling if you are interested. Any new information that may affect your willingness to participate in the study will be provided to you.

Confidentiality: Confidentiality will be maintained throughout the study. You will be asked to write a code name/number known only to you on your questionnaires. No names will be used on the questionnaires. Questionnaires and writings will be kept in a secure location. During the study, your writings will be read by a counseling psychology graduate student to ensure the safety to you and others. Your identity will remain confidential unless you indicate in your writings or verbally state current intent to harm yourself or someone else. If this occurs, your code will be matched with your name and confidentiality will be broken. The researcher and a licensed psychologist from the Department of Psychology will meet with you to determine how best to ensure safety. Similar studies indicate that this risk is extremely small. At the end of the study, you will be asked to print your name on a sign-out sheet. This sign-out sheet will be kept separate from the questionnaires and no attempt will be made to match your name with your response. Completed writing assignments and questionnaires will be stored in a secure location. After six years, they will be destroyed.

Participant's Assurance: Whereas no assurance can be made concerning results that may be obtained (since results from investigational studies cannot be predicted) the researcher will take every precaution consistent with the best scientific practice. Participation in this project is completely voluntary, and subjects may withdraw from this study at any time without penalty, prejudice, or loss of benefits. Questions concerning the research should be directed to Stefanie Boswell, M.S. or William J. Lyddon, Ph.D. at

(601) 266-4602. This project and this consent form have been reviewed by the Institutional Review Board, which ensures that research projects involving human subjects follow federal regulations. Any questions or concerns about rights as a research subject should be directed to the Chair of the Institutional Review Board, The University of Southern Mississippi, 118 College Drive #5147, Hattiesburg, MS 39406-0001, (601) 266-6820.

I have been informed of the purpose, benefits, and risks of participating in this study. I have been given the opportunity to ask questions and have them answered to my satisfaction. I am at least 18 years of age and am interested in participating in this study.

---

Signature of Research Participant

---

Date

---

Signature of Person Explaining the Study

---

Date

APPENDIX N  
CODE NAME CREATION VERBAL INSTRUCTIONS

Take out the sheet that says “Your Name and Code Name” on it, as well as the envelope. Please write your name and the code name that you will be using for this study. Your code name should be something unique to you, but also something that you can remember. If your code name is a word, it is a good idea to add a number or two to the end of it to make it more unique. When you have finished, please seal this sheet in the envelope and place it back in your folder. Please write your code name on your folder’s label and place the folder face down on your desk to prevent others from seeing your code name. Each day you will get your folder from the Start Box. It will contain the materials you need to participate that day.

APPENDIX O  
DAY 1 FORM-COMPLETION INSTRUCTIONS

Please take out the *Demographic Questionnaire* and *Hogan Grief Reaction Checklist* from your folder. Please complete these forms. Please write your code name on the bottom of these forms in the blank marked Code Name. Please make sure to complete both sides of your forms. When you have finished, please place these forms in your folder. If you have any questions when filling these out, please raise your hand.

APPENDIX P  
DAY 1 INSTRUCTIONS TO BEGIN WRITING

Please remove the slip that says *Writing Assignment Instructions* as well as your loose-leaf paper. Please read your writing assignment instructions and write on your paper for 20 minutes. If you have any questions, please raise your hand and I will come over to you.

APPENDIX Q  
DAY 1 END OF WRITING SESSION INSTRUCTIONS

Thank you for writing for 20 minutes. Please remember to mark your code name on your Writing Assignment Instruction slip and your papers and place them in your folder. Thank you for your participation today. Please place your folder in the Finish Box as you leave. I look forward to seeing you for your second meeting time. Please sign one of the sign-out sheets so you can get credit for your participation today.



APPENDIX R  
SIGN-OUT SHEET

Date: \_\_\_\_\_

Class Number/Instructor Name  
For Which You Wish to Receive

Name  
Credit

1.	
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APPENDIX S  
UNIVERSITY AND COMMUNITY COUNSELING RESOURCES

Campus Resources

Community Counseling and Assessment Clinic:	601-266-4601
University Counseling Center:	601-266-4829
Psychology Clinic:	601-266-4588
Student Health Services:	601-266-5390

Community Resources

Pine Belt Mental Health Resources (24 hours):	601-544-4641
Pine Grove Life Focus Center:	601-288-4900

APPENDIX T  
DAYS 2, 3, & 4 VERBAL GREETING AND INSTRUCTIONS

Thank you for returning for meeting two/three/four of the writing study. I appreciate your participation today. You will find everything you need for today in your folder. Please open your folder, take out your Writing Assignment Instruction slip and sheets of loose-leaf paper to read and/or write on, and begin. If you have any questions, please raise your hand and I will come over to you.

APPENDIX U  
DAYS 2 & 3 END OF WRITING SESSION INSTRUCTIONS

Thank you for your participation today. Please remember to mark your code name on your Writing Assignment Instruction Slip and your papers. Please place all of your materials for today in your folder. Thank you again for participating. I look forward to seeing you for your third/fourth meeting time. Please place your folder in the Finish Box as you leave. Please sign one of the sign-out sheets so you can get credit for your participation today.

APPENDIX V  
DAY 4 END OF WRITING SESSION INSTRUCTIONS

Thank you for writing or reading and writing for 30 minutes. Please mark your code name on your Writing Assignment Instruction Slip and your papers. Please place these materials in your folder. Please remove the Rating Form and Hogan Grief Reaction Checklist from your folder. Please fill these out, making sure to write your code name on them. When you have finished, please place them back in your folder.

APPENDIX W  
DAY 4 FOLDER RETURN INSTRUCTIONS/FOLLOW-UP REMINDER

Thank you for your participation today. We will be contacting you to remind you of your 4-week follow-up meeting that will last about 15 minutes. Please place your folder in the Finish Box as you leave. Please sign one of the sign-out sheets so you can get credit for your participation today. I will contact you to schedule the follow-up meeting. Thank you.

APPENDIX X  
FOLLOW-UP GREETING AND INSTRUCTIONS

Welcome to the follow-up session. I appreciate your participation today and will be happy to answer any questions you may have. Today you will be filling out some forms. Everything you need to today's session is in your folder. Please take out the *Follow-Up Form* and *Hogan Grief Reaction Checklist* from your folder. Please complete these forms. Please write your code name on the bottom of these forms in the blank marked *Code Name*. Please make sure to complete both sides of your forms. When you have finished, please these forms in your folder. If you have any questions when filling these out, please raise your hand.

APPENDIX Y  
FOLLOW-UP SIGN-OUT INSTRUCTIONS

Thank you for your participation. Please sign one of the sign-out sheets so you can get credit for your participation today. After completion of the study, a brief summary of the study will be e-mailed to you. Thank you again for your participation.



APPENDIX Z  
PILOT STUDY CONTROL WRITING INSTRUCTIONS (DAY 1)

When experiencing difficult times, some people find it beneficial to write.

Sometimes people find it helpful to write about unrelated events. This may help people focus on other thoughts and feelings during difficult times. For the next 20 minutes, please write objectively and describe one of the following: your bedroom or dorm room, write about what you ate yesterday, write about what you plan to do today, or write about what you have done today. When writing, describe these events using as much detail as you can.

Please do not worry about grammar, spelling, sentence structure, or sentence organization. Please just focus on writing about your bedroom or dorm room, about what you ate yesterday, about what you plan to do today, or about what you have done today. Please write for the entire 20 minutes.

If you are upset enough that you need to be contacted right away, check this box.

Code # \_\_\_\_\_

APPENDIX AA  
PILOT STUDY CONTROL WRITING INSTRUCTIONS (DAYS 2, 3, & 4)

When experiencing difficult times, some people find it beneficial to write.

Sometimes people find it helpful to write about unrelated events. This may help people focus on other thoughts and feelings during difficult times. For the next 30 minutes, please write objectively and describe one of the following: your bedroom or dorm room, write about what you ate yesterday, write about what you plan to do today, or write about what you have done today. When writing, describe these events using as much detail as you can.

Please do not worry about grammar, spelling, sentence structure, or sentence organization. Please just focus on writing about your bedroom or dorm room, about what you ate yesterday, about what you plan to do today, or about what you have done today. Please write for the entire 30 minutes.

If you are upset enough that you need to be contacted right away, check this box.

Code # \_\_\_\_\_

APPENDIX BB  
PILOT STUDY EXPERIMENTAL WRITING INSTRUCTIONS (DAY 1)

When experiencing difficult times, some people find it beneficial to write about those times. For the next 20 minutes, please write about the loss of your loved one. When writing about this experience, use as much detail as you can. Please freely express any thoughts or feelings that you have associated with the loss. Sometimes people find it helpful to write about the loss many times, each time including more detail.

Please do not worry about grammar, spelling, sentence structure, or sentence organization. Please just focus on writing about the loss, including your thoughts and emotions about the loss. Please write for the entire 20 minutes.

If you are upset enough that you need to be contacted right away, check this box.

Code Name \_\_\_\_\_

APPENDIX CC  
PILOT STUDY MODIFIED EXPERIMENTAL WRITING INSTRUCTIONS  
(DAYS 2, 3, & 4)

When experiencing difficult times, some people find it beneficial to write about those times. For the next 30 minutes, please write about the loss of your loved one. When writing about this experience, use as much detail as you can. Please freely express any thoughts or feelings that you have associated with the loss. Sometimes people find it helpful to write about the loss many times, each time including more detail.

Please do not worry about grammar, spelling, sentence structure, or sentence organization. Please just focus on writing about the loss, including your thoughts and emotions about the loss. Please write for the entire 30 minutes.

If you are upset enough that you need to be contacted right away, check this box.

Code Name \_\_\_\_\_

APPENDIX DD  
FIRST INSTITUTIONAL REVIEW BOARD APPROVAL FORM



The University of  
Southern Mississippi

Institutional Review Board

118 College Drive #5147  
Hattiesburg, MS 39406-0001  
Tel: 601.266.6820  
Fax: 601.266.5509  
www.usm.edu/irb

**HUMAN SUBJECTS PROTECTION REVIEW COMMITTEE  
NOTICE OF COMMITTEE ACTION**

The project has been reviewed by The University of Southern Mississippi Human Subjects Protection Review Committee in accordance with Federal Drug Administration regulations (21 CFR 26, 111), Department of Health and Human Services (45 CFR Part 46), and university guidelines to ensure adherence to the following criteria:

- The risks to subjects are minimized.
- The risks to subjects are reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered regarding risks to subjects must be reported immediately, but not later than 10 days following the event. This should be reported to the IRB Office via the "Adverse Effect Report Form".
- If approved, the maximum period of approval is limited to twelve months. Projects that exceed this period must submit an application for renewal or continuation.

PROTOCOL NUMBER: **25063001**

PROJECT TITLE: **The Effect of Narrative Review on Grief Reactions**

PROPOSED PROJECT DATES: **07/01/05 to 12/31/05**

PROJECT TYPE: **Dissertation or Thesis**

PRINCIPAL INVESTIGATORS: **Stefanie Boswell**

COLLEGE/DIVISION: **College of Education & Psychology**

DEPARTMENT: **Psychology**

FUNDING AGENCY: **N/A**

HSPRC COMMITTEE ACTION: **Expedited Review Approval**

PERIOD OF APPROVAL: **08/02/05 to 08/01/06**

Lawrence A. Hosman  
Lawrence A. Hosman, Ph.D.  
HSPRC Chair

8-05-05  
Date

APPENDIX EE  
SECOND INSTITUTIONAL REVIEW BOARD APPROVAL FORM



The University of  
Southern Mississippi

Institutional Review Board

118 College Drive #5147  
Hattiesburg, MS 39406-0001  
Tel: 601.266.6820  
Fax: 601.266.5509  
www.usm.edu/irb

**HUMAN SUBJECTS PROTECTION REVIEW COMMITTEE  
NOTICE OF COMMITTEE ACTION**

The project has been reviewed by The University of Southern Mississippi Human Subjects Protection Review Committee in accordance with Federal Drug Administration regulations (21 CFR 26, 111), Department of Health and Human Services (45 CFR Part 46), and university guidelines to ensure adherence to the following criteria:

- The risks to subjects are minimized.
- The risks to subjects are reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered regarding risks to subjects must be reported immediately, but not later than 10 days following the event. This should be reported to the IRB Office via the "Adverse Effect Report Form".
- If approved, the maximum period of approval is limited to twelve months.  
Projects that exceed this period must submit an application for renewal or continuation.

PROTOCOL NUMBER: **26120401**

PROJECT TITLE: **Increasing Narrative Coherence in the Bereaved: The Effect of Narrative Review on Grief Reactions**

PROPOSED PROJECT DATES: **01/15/07 to 12/31/07**

PROJECT TYPE: **Dissertation or Thesis**

PRINCIPAL INVESTIGATORS: **Stefanie Boswell**

COLLEGE/DIVISION: **College of Education & Psychology**

DEPARTMENT: **Psychology**

FUNDING AGENCY: **N/A**

HSPRC COMMITTEE ACTION: **Expedited Review Approval**

PERIOD OF APPROVAL: **12/04/06 to 12/03/07**

*Lawrence A. Hosman*  
Lawrence A. Hosman, Ph.D.  
HSPRC Chair

12-11-06  
Date

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