

ABSTRACT

Title of Dissertation: WOMEN'S GRIEF EXPERIENCES: THE
DEATH OF A CLOSE FEMALE FRIEND

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Friendship provides women with a plethora of benefits, including reduced physiological and psychological distress (e.g., Martina & Stevens, 2006; Yang et al., 2016). Yet we do not know what happens when women lose their female friends. Previous work conceptualizes friend loss as disenfranchised, which exacerbates grief reactions (Deck & Folta, 1989). Thus, as informed by the individual differences framework of grief reactions (Mancini & Bonanno, 2009), the purpose of this study was to 1) qualitatively describe the bereavement of women who have experienced the death of a close female friend and 2) test an integrative model of grief reactions predicting complicated grief and posttraumatic growth among female friend grievers. For the qualitative portion of the study, seven women were interviewed in three focus groups. Findings from directed content analysis highlighted common grief reactions (e.g., sadness, yearning for their friends), supportive and disenfranchising interactions related to social support, ways of coping (e.g., rituals to stay connect to the deceased),

growth after loss, and ongoing challenges after the friend's death. For the quantitative portion of the study, a path analysis of online survey data obtained from 148 women was conducted using maximum likelihood estimation in Mplus. Analyses suggested that the hypothesized model demonstrated inadequate fit. Modification indices and additional pathways were reviewed for theoretical plausibility, resulting in three additions to the model. The revised final model was a good fit to the data, explaining 55% of the variance in complicated grief and 43% of the variance in post-traumatic growth. Most strikingly, avoidant emotional coping served as a key mediator and predictor of complicated grief, while problem focused coping served as a key mediator and predictor of post-traumatic growth. This has implications for counseling psychologists regarding theory and practice related to bereaved women—in addition to recognizing the significance of female friend grievers' losses, the results can be used to advance outreach and intervention efforts among disenfranchised grievers.

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FRIEND

by

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Dedication

This dissertation is dedicated to the Winick women—I am beyond fortunate to be a part of “the 13.”

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Chapter 1: Introduction

Women's Grief Experiences: The Death of a Close Female Friend

Friendships, or voluntary relationships characterized by symmetrical reciprocity (e.g., loyalty), communion (e.g., self-disclosure), solidarity (e.g., mutual interests), and agency (e.g., status, assistance), have been shown to promote wellness (DuPertuis, Aldwin, & Bosse, 2001; Hall, 2011; Knickmeyer, Sexton, & Nishimura, 2002). However, research over the last 25 years suggests that women and men may construct and benefit differently from friendships. For example, women reported greater intimacy, closeness, and support in their friendships compared to men (Demir & Orthel, 2011). This finding may reflect gender role strain that punishes men for expressing intimacy with other men and views relationships from a women-centric perspective (e.g., Nahon & Lander, 2016). It also could be that the expressiveness in female friendships developed due to women's exclusion from economic and political power—same-sex relationships provided women with a place to cultivate resilience and empowerment in an otherwise resource limited world (Frey et al., 2016; Greif & Sharpe, 2010; Knickmeyer et al., 2002). The current study used a mixed-methods research design to study grief in women after the death of a close female friend.

The documented benefits of friendships for women are numerous: reduced physiological stress and increased oxytocin production (e.g., Taylor et al., 2000), protected physical health (Yang et al., 2016) including lower mortality rates after a breast cancer diagnosis (Kroenke et al., 2013; Beasley et al., 2010), enhanced self-esteem (Theran, 2010), decreased loneliness (Martina & Stevens, 2006), protection

from psychological distress (e.g., depression; Schmidt & Bagwell, 2009), and greater organizational commitment in the workplace (Morrison, 2009). But we do not know what happens when women lose their close female friends. The literature on grief and loss is focused on the loss of spouses and romantic partners, yet notably, women have endorsed their female friendships as equally important for support and encouragement as they do their spousal relationships (Voss, Markiewicz, & Doyle, 1999).

Friend Grievers as Disenfranchised

Generally, while grieving the death of a loved one, people experience an intense, emotional period of bereavement, followed by the gradual restoration of normative functioning (Shear, Ghesquiere, & Glickman, 2013). However, when that loss is disenfranchised (i.e., is not openly acknowledged, publicly mourned, or socially supported), negative grief-related outcomes may be exacerbated (Doka, 2008). We hypothesized that some women grieving the death of their close female friends may experience their loss as disenfranchised. Friend grievers may be disenfranchised because peer relationships are not recognized and valued the way that kin relationships are in Western culture (Deck & Folta, 1989). Friends tend to have their grief minimized and may be left out of important grief traditions, including end-of-life care decisions, death notifications, visitation rights, funeral preparations, and workplace policies related to bereavement leave (Deck & Folta, 1989).

This matters, as the existing research suggests that disenfranchisement contributes to a unique and challenging bereavement process. Other populations (e.g., bereaved parents due to the suicide of a child, women who lose their children during pregnancy, chaplains and nursing home staff who lose clients) have reported

depressed mood, feelings of isolation and resentment, a lack of energy, and low levels of personal growth as a result of disenfranchised grief experiences (e.g., Anderson & Gaugler, 2007; Mulvihill & Walsh, 2014; Spidell et al., 2011). It also has been hypothesized that disenfranchised grief experiences could contribute to the development of complicated grief symptoms, a prolonged and heightened mourning process that interferes with a person's ability to function (Anderson & Gaugler, 2007; Shear & Gribbin Bloom, 2017). Yet our empirical understanding of friend grievers as disenfranchised is limited, particularly the experiences within same-sex female friendships.

A Framework for Predicting Grief Reactions

One potential framework for understanding grief reactions after a loss is the Individual Differences Model (Mancini & Bonanno, 2009). This model assumes that most bereaved individuals report healthy psychological functioning relatively soon after a loss, while a smaller group continues to experience chronic grief reactions (e.g., complicated grief). Their previous research suggested that grievers tend to follow one of three mourning patterns: chronic grief (e.g., persistent symptoms that disrupt functioning), recovery (e.g., moderate distress after the initial loss, followed by a return to normal functioning within 1 to 2 years), and resilience (e.g., minimal disruption of functioning, or even growth, after a loss; Bonanno, Wortman, & Neese, 2004; Mancini, Sinan, & Bonanno, 2015). Resilience in particular is more common among grieving individuals than previously assumed, with nearly half of bereaved spouses demonstrating a resilient grieving pattern at 6 and 18 months post loss (e.g.,

low levels of depressive symptoms and common grief reactions; Bonanno et al., 2004; Spahni, Morselli, Perrig-Chiello, & Bennett, 2015).

The extant research shows that repressive coping, a dismissive avoidant attachment style, self-enhancement (e.g., a bias toward viewing oneself in highly favorable terms), beliefs in a just and fair world, complex identities, and experiences with positive affect/positive memories of the deceased were empirically supported predictors of resilience. Moreover, these individual difference variables appeared to act on resilience through their effects on individuals' appraisal processes (e.g., one's understanding of how the loss will impact her/his life), perceived social support, and coping strategies (Mancini & Bonanno, 2009). Initial support for the Individual Differences Model was found in a sample of 116 bereaved spouses. Mancini and colleagues (2015) compared key predictors from the model (e.g., personality traits, attachment style, dependency in relationships, and perceived social support) across three trajectories of grief: resilient grievers, recovered grievers and prolonged grievers. Of relevance to the current study, the resilient grievers reported lower levels of attachment anxiety and attachment avoidance compared to other groups, as well as higher perceived social support compared to the prolonged grievers (Mancini et al., 2015). There also is evidence to suggest that this model could have relevance for disenfranchised grievers. In one study of 33 mothers who had experienced perinatal loss, researchers evaluated the role of attachment and social support on grief, anxiety, depression, and somatization. Preoccupied attachment was a strong predictor of PTSD symptomology, while social support inversely predicted both grief and depressive symptoms at nine months post-loss (Scheidt et al., 2012).

The current study furthered our understanding of this individual difference model of grief reactions by testing a component of the model with a sample of women who lost a close female friend, specifically examining the role of attachment style on both posttraumatic growth and complicated grief through perceived social support and coping strategies. As this population has been conceptualized as disenfranchised, we also introduced disenfranchised grief experiences as a predictor in the model. Furthermore, this investigation focused on only some of the variables proposed in the framework—mainly those that are relational in nature and show the most robust research findings among populations related to the sample of interest—thus this was not a test of the full model (e.g., the role appraisal processes, personality variables).

Attachment Style. Attachment theory posits that our early experiences with caregivers shape our working models for later relationships, particularly during times of distress (e.g., after a loss; Bowlby, 1980). Individuals with available and responsive caregivers are thought to develop secure attachment (e.g., an ability to develop intimacy in relationships while maintaining a degree of autonomy), while those with inconsistent and/or unavailable caregivers are thought to develop insecure attachment. Insecure attachment is often conceptualized across two dimensions: anxiety and avoidance. Individuals high on attachment anxiety are thought to have an intense desire to be close to others, motivated by a fear of being rejected or abandoned. Individuals high on attachment avoidance are thought to withdraw from others and minimize the importance of relationships (Wei, Russell, Mallinckrodt, & Vogel, 2007). After a death, an individual's attachment style is activated as a coping

response, which subsequently influences one's ability to successfully manage the tasks of grief (e.g., accepting the loss while maintaining an emotional connection to the deceased; Shear & Shair, 2005).

Secure attachment (low avoidance and low anxiety) has buffered against physical and mental health difficulties among grievers (e.g., Meier, Carr, Currier, & Neimeyer, 2013), while some styles of insecure attachment have exacerbated negative outcomes. There is a robust relationship between attachment anxiety and grief reactions, such that high attachment anxiety has predicted poor coping and elevated psychological distress among bereaved populations (e.g., Burke & Neimeyer, 2012; Lobb et al., 2010). Less clear is the relationship between grief outcomes and attachment avoidance. In some situations, dismissive avoidant attachment (high avoidance, low anxiety) predicted individuals' reports of depression and prolonged grief reactions (e.g., Wijngaards-de Meji et al., 2007). In other contexts, general avoidant attachment was a protective factor in adjustment to loss (Fraley & Bonanno, 2004). It may be that dismissively attached individuals are able to direct their mental resources away from painful experiences (e.g., loss) toward more goal directed activities, thus promoting resilience. Given the mixed nature of these findings, additional research is needed to clarify the conditions in which avoidant attachment is protective or detrimental for the psychological well-being of bereaved individuals.

Perceived Social Support. The perception that one has access to care and support from one's social network is a protective factor against negative outcomes in much of the psychological literature. Interestingly, a systematic review of the bereavement literature suggested that social support does not moderate the

relationship between loss and grief reactions (Stroebe, Zech, Stroebe, & Abakoumkin, 2005). Subsequent studies found that social support was negatively related to grief and depressive symptoms (van der Houwen et al., 2010) and perceived life stress (Juth, Smyth, Carey, & Lepore, 2015), but the research remains mixed. Given the nature of disenfranchised grief, however, it may be that having the buffer of supportive individuals within one's social network is particularly important. For example, in several samples of disenfranchised grievers, low social support predicted complicated grief, depression, anxiety, and a lack of resilience post-loss (Bailey, Sharma, & Jubin, 2013; Burke, Neimeyer, & McDevitt-Murphy, 2010; Chapman, 2003; Eilertsen, Eilegård, Steineck, Nyberg, & Kreicbergs, 2013).

Coping Style. Coping refers to the processes, strategies, or styles individuals use to deal with bereavement (Stroebe & Schut, 2010). A large body of literature suggests that the coping strategies used by individuals after a loss play a critical role in the intensity and duration of their grief reactions. Strategies for coping with bereavement distress can be understood as problem-focused coping (e.g., making a plan), emotion-focused coping (e.g., venting), and avoidant coping (e.g., distraction; Folkman, 2001; Stroebe & Schut, 2010). Like perceived social support, the relationship between any given coping strategy and outcome is mixed depending on contextual factors (e.g., type of loss, identity of griever, time since loss). Problem-focused coping has been conceptualized as an adaptive strategy for dealing with distress across many populations, including grievers (Anderson et al., 2005). For example, in a study of parents who had experienced the death of a child, problem-focused strategies such as engaging in service activities and finding replacement roles

outside of parenthood were associated negatively with depressive symptoms (Videka-Sherman, 1982). However, there may be limitations to task-oriented strategies, as death and grief are not events that can be controlled.

Avoidance as a coping strategy has varied consequences. In samples of bereaved college students and parents, avoidant coping was associated with more severe complicated grief, posttraumatic stress symptomatology, and depressive symptoms (Harper, O'Connor, & O'Carroll, 2014; Lawrence, Jeglic, Matthews, & Pepper, 2006; Schnider, Elhai, & Gray, 2007). Yet avoidance also has served an adaptive function for grievers, with avoidance-oriented coping reducing grief intensity (Anderson, Marwit, Vandenberg, & Chibnall, 2005). This may allow individuals to engage with the pragmatic tasks around grief and continue on with the tasks of day-to-day functioning (Bonanno, Keltner, Holen, & Horowitz, 1995; Coifman, Nonanno, Ray, & Gross, 2007).

The relationship between active-emotional coping and outcome is similarly complex, intensifying the grief of bereaved mothers (Anderson et al., 2005; Robinson & Marwit, 2006) while increasing the social functioning and well-being of bereaved college students (Cousins et al., 2017). In a recent systematic review of spousal loss in old age, Naef and colleagues (2013) found that emotion-focused coping was used more commonly by bereaved women compared to bereaved men, and that this strategy was more useful early compared to later in bereavement. It may be that the longer grievers focus on their negative emotions, the more this coping strategy takes on a ruminative, unproductive quality (Anderson et al., 2005). In addition to type of loss and time since loss, this also suggests that the usefulness of a coping style may

depend on individual differences of the griever and the types of stressors encountered post loss (Naef et al., 2013).

Complicated Grief. Complicated grief (similar to prolonged grief or complex grief) refers to chronic, intense symptoms of grief that interfere with a person's ability to function (Maciejewski, Maercker, Boelen, & Prigerson, 2016). These symptoms are distinct from the symptoms associated with depression, anxiety, and posttraumatic stress disorder (e.g., Boelen & van den Bout, 2005; Golden & Dalgleish, 2010). For instance, individuals with complicated grief commonly will express disbelief about the death, experience intense yearning for the deceased, have preoccupied thoughts about the death, and avoid reminders about the loss. This is seen as non-normative if these struggles continue to occur after 6 months post-loss. Complicated grief symptoms have resulted in significant impairments in functioning, including compromised social and relationship functioning, disrupted sleep patterns, increased suicidality, and increased substance use (see Shear et al., 2011 for a review). There is longitudinal evidence to support that complicated grief symptomology uniquely predicts later negative mental health outcomes, including suicidal ideation (Boelen & Prigerson, 2007). Although the direct relationship between disenfranchised grief experiences and complicated grief has not been empirically tested, complicated grief symptoms have been documented in several populations of disenfranchised grievers (e.g., individuals with intellectual disabilities, individuals grieving a death by suicide, and bereaved individuals with serious mental illness; Shear et al., 2011).

Posttraumatic Growth. Posttraumatic growth refers to the positive changes experienced by a person after a distressing event, such as the death of a loved one

(Tedeschi & Calhoun, 2004). These changes often reflect the creation of stronger relationships, a greater appreciation of life, an increased sense of one's strengths, the recognition of new possibilities, and spiritual development. Like resilience, posttraumatic growth reflects persistence in the face of adversity. They differ in that posttraumatic growth has been shown to co-exist with significant psychological distress, while resilience has reflected the avoidance of distress due to adaptation (Tedeschi & Calhoun, 2004).

There is strong support for the relationship between bereavement and posttraumatic growth (Michael & Cooper, 2013). A longitudinal study of adolescents grieving a parent found that when controlling for time since death, appraisal processes (specifically threat appraisals), coping styles (active and avoidant), and social support (from parents/guardians) emerged as predictors of posttraumatic growth six years after the initial data collection (Wolchik, Coxe, Tein, Sandler, & Ayers, 2009). Further, among adults grieving the death of a sibling, securely attached individuals and individuals with flexible coping strategies endorsed high levels of posttraumatic growth. Still, this body of literature can be expanded by exploring how contextual, intrapersonal, and interpersonal factors uniquely affect posttraumatic growth after death.

The Present Study

The purpose of this study was two-fold. First, the grief reactions of women who lost their close female friends was examined qualitatively using focus group methodology. Second, a review of the literature and findings from this investigation informed the test of an integrative model of grief reactions with a sample of women

who lost a close female friend. Disenfranchised grief experiences, attachment style, perceived social support, and coping style were hypothesized as predictors of both complicated grief and posttraumatic growth (see Figure 1). By including posttraumatic growth and complicated grief in the model, we hoped to capture both positive change and prolonged distress occurring in this population.

First, it was hypothesized that disenfranchised grief experiences, attachment anxiety, and attachment avoidance would directly predict perceived social support, avoidant emotional coping, problem focused coping, and active emotional coping. Specifically, high attachment anxiety, attachment avoidance, and disenfranchising experiences would predict low perceived social support, low problem focused coping, low active emotional coping, and high avoidant emotional coping.

Second, it was hypothesized that perceived social support would directly predict avoidant emotional coping, problem focused coping, and active emotional coping. Specifically, low perceived social support would predict low problem focused coping, low active emotional coping, and high avoidant emotional coping.

Third, it was hypothesized that disenfranchised grief experiences, attachment anxiety, and attachment avoidance would indirectly predict complicated grief and posttraumatic growth through its associations with perceived social support and coping style.

Chapter 2: Method

Research Design

A sequential exploratory mixed method design (qual → QUAN) was used to provide both depth and breadth in understanding the grief process of women who lose their close female friends (Hanson, Creswell, Plano Clark, Petska, & Creswell, 2005). Sequential data collection allows qualitative results to inform subsequent quantitative investigation. Participants in the qualitative portion of the study were asked open-ended questions about the variables proposed in the model, with the purpose of understanding how these constructs do or do not play a role in the grief process. Based on the participant responses and qualitative data analyses, adjustments were considered to the proposed model to ensure it accurately reflected their experiences as female friend grievers.

Qualitative Methodology

Participants. Seven women were recruited to participate in small focus groups. Palinkas (2014) recommends that any given focus group should include no more than 10 individuals who have a shared experience with the research topic, but are otherwise heterogeneous and unknown to one another. Participants had to speak English, identify as female, and have experienced the death of a close, non-relative female friend between six and 24 months prior to the interview. This time frame was selected to align with the onset of complicated grief symptoms, which are generally labeled as such after six months of bereavement (Prigerson et al., 2009), and the opportunity for posttraumatic growth, which has occurred in a sample of women within two years of a traumatic loss (Patrick & Henrie, 2016). Participants also had to

be between 20 and 60 years old. These ages correspond to a time period in which most individuals have reached adulthood, but not yet entered the stage where loss is more commonplace.

The seven participants identified as cisgender women and ranged in age from 29 to 55 years old ($M = 40.14$, $SD = 10.14$). Five of the women were heterosexual and two were pan/bisexual. With regard to their racial/ethnic identity, four identified as White/European-American, one as Black/African-American, one as LatiNegra, and one as Asian/Asian-American. On average, the women endorsed practicing their spiritual traditions (Christian, $N = 5$; Hindu, $N = 1$, Agnostic, $N = 1$) to a moderate degree. Most of the participants had children ($N = 6$) and were married ($N = 4$), while others were single ($N = 2$) or separated ($N = 1$). The women had a range of educational experiences: one completed high school, one obtained an associate's degree, two had their bachelor's degree, and three completed their master's degrees. The majority were employed ($N = 5$) and their median household income between \$40,000 and \$59,999 a year. Using a single item measure of self-reported attachment style, three of the women most closely viewed themselves as securely attached, two as dismissive-avoidant, one as anxious-preoccupied, and one as fearful-avoidant.

In describing their deceased friends, all cisgender women, five called the deceased their best friend and two their close friend. Their friendships ranged from 5 to 20 years long ($M = 11.29$, $SD = 5.15$) and most had talked with their deceased friend every day ($N = 3$) or every week ($N = 3$) before her passing. The cause of death for these women varied and included cancer, suicide, accidental overdose, aneurysm, complications from asthma, liver failure, and an unknown cause. Most of the

participants considered their friends' deaths unexpected ($N = 4$) and all of the participants had experienced at least one other significant loss. Some endorsed using formal support services in the aftermath of their losses, including individual counseling ($N = 3$), group counseling ($N = 1$), community support groups ($N = 2$), chaplaincy/religious counseling ($N = 2$).

Procedure. The focus groups were conducted online using video chat for approximately 90 minutes. Participants were recruited through support groups and community agencies for the bereaved, as well as online through blogs, message boards, listservs, personal connections, and social networking sites. Those who met the inclusion criteria and chose to participate were compensated with \$20 for their time. The first author of this study, a White cisgender woman, facilitated the discussions. The three focus groups were audio recorded and transcribed by three trained undergraduate students in preparation for content analysis.

Focus group questions. The focus group protocol was a semi-structured interview, using open-ended questions informed by feedback from grief experts, the existing literature, and the foci of the quantitative study (see Appendix A). Questions were designed to elicit participants' grief reactions, perceptions of social support, and both challenges and growth opportunities in the aftermath of their loss. The proposed questions were general and include the following: (a) How have others responded to your loss? (b) What does your grief look and feel like today?, (c) How have you coped with your loss? (d) In what ways, if any, have you continued to struggle from this difficult experience?, and (e) In what ways, if any, have you grown from this difficult experience?

Analytic strategy. Directed content analysis was used to identify common themes in focus group participant responses (Roberts, 2001). This is a structured form of content analysis in which existing research is used to deductively inform initial coding categories for the data (Hsieh & Shannon, 2005). In this study, Mancini and Bonanno's (2009) Individual Differences Model was used as a lens through which to view the focus group content. The research team conducting the analyses was made up of three cisgender women, including one non-Latina White doctoral student in counseling psychology, one non-Latina White professor of counseling psychology, and one Black psychology undergraduate student.

First, guided by the Individual Differences model, an initial coding scheme was developed to reflect the initial variables of interest. Next, after transcribing the focus groups, two team members (the first author of this manuscript and the undergraduate research assistant) reviewed the discussion content and generated additional sub-themes under the more broad initial categories that emerged in response to the open-ended questions. The same two team members then independently coded transcript segments with these corresponding sub-themes. Multiple themes could be identified for each segment. Subsequently, these responses were audited by the counseling psychology professor to limit bias inherent in deductive category application. In cases where there was a lack of consensus about the appropriate code(s) for a given segment, all three research team members met to discuss the discrepancies and to achieve consensus. This process was consistent with tenants of qualitative research and allowed for triangulation (e.g., Hill et al., 2005;

Roberts, 2001; Palinkas, 2014). All themes endorsed by more than one focus group participant were included in the final analyses.

Quantitative Methodology

Participants. The online survey was accessed by 590 people; 198 gave their consent to participate. Participants had to identify as female, be between 20 and 70 years of age, and have experienced the death of a close, female friend between six and thirty-six months prior to taking the survey. Only women who identified their friends as a “best friend” or a “close friend” were included in the study. Those who identified their friends as romantic partners or family members were excluded from the study. The inclusion criteria related to age range and time frame were expanded from the initial inclusion criteria used in the qualitative portion of the study to improve recruitment efforts. While 60 years old overlaps with Erikson's theory of psychosocial development as the age before individuals start coping with loss more regularly, our life expectancy has increased, which may delay the age at which normative loss occurs. Additionally, while the measures selected for complicated grief symptoms and post-traumatic growth require a minimum of 6 months passing since the traumatic event, there is not an upper limit to the time since the traumatic event, thus allowing the increase in time since loss to 3 years. Sixteen participants failed to answer the validity check item correctly and were removed from the analyses. Another 34 participants were removed for not fitting the inclusion criteria (22 due to time since loss, 6 due to gender identity, 3 due to self-reported relationship closeness, and 3 due to relationship status as romantic partners). As a result, 148 women were included in the final sample.

Participants ranged in age from 20 to 70 years old ($M = 44.78$, $SD = 15.85$). All identified as cisgender women, 62.2% were Non-Hispanic White/European-American, 14.9% Black/Afro-Caribbean/African-American, 5.4% Biracial/Multiracial, 4.7% Latina/Hispanic-American, 2.7% Asian/Asian-American/Pacific Islander, and 10.1% other/unknown. The majority identified as heterosexual (80.4%), in addition to pan/bisexual (8.8%), and lesbian (1.4%). About half of the participants had at least one child (50.1%) and were married (41.2%), while others were single (30.4%), together but never married (11.5%), separated (1.4%), divorced (5.4%), or widowed (2.7%). The sample was highly educated: 19.6% had doctoral degrees, 30.4% had master's degrees, 23% had bachelor's degrees, 4.1% had associate's degrees, 11.5% had attended some college courses, and 3.4% had completed high school/their GED. Most of the women were employed full (48%) or part-time (15.5%) and their median household income was between \$80,000 and \$99,999 a year. On average, the women endorsed practicing their spiritual traditions to a moderate degree (Christian = 47.3%; Agnostic = 6.1%, Jewish = 9.5%, Spiritual but not religious = 14.2%; Atheist = 5.4%, Buddhist = 2.0%, Unitarian Universalist = 1.4%, Other = 6.1%).

Regarding their deceased friends, all cisgender women, 33.8% called the deceased their best friend and the remaining 76.2% called the deceased their close friend. Their friendships ranged from less than a year to 63 years long ($M = 18.38$, $SD = 14.23$). Most participants talked with their friend every day (20.9%), every week (31.8%), or once or twice a month (20.3%) before her passing. The median amount of time passed since their friends' death was between one and two years prior to the

study. The most common cause of death for these women was cancer (43.9%) and just over half of their deaths were considered unexpected (59.5%). Over 75% of the participants had experienced at least one other significant loss. Most of the sample did not use formal support services in the aftermath of their losses (individual counseling = 34.5%, group counseling = 5.4%, community support groups = 8.8%, and chaplaincy/religious counseling = 11.5%).

Procedure. Participants were recruited through support groups and community agencies for the bereaved, as well as online through blogs, message boards, listservs, personal connections, and social networking sites. Those who met inclusion criteria were directed to Qualtrics, an online survey provider. All participants were given a consent form and a questionnaire packet. To protect the confidentiality of the women, personally identifying information was not be collected. Those who completed the survey were given the option to enter a lottery for a chance to win one of five gift cards. They also were given national resources for grief support.

Measures. The following self-report measures were used to assess the variables of interest.

Attachment Style. The Experiences in Close Relationships-Short Form (ECR-SF; Wei et al., 2007; see Appendix C) was used to measure adult attachment style in the context of intimate relationships. This 12-item scale is a psychometrically sound version of the 36-item Experiences in Close Relationships (ECR; Brennan, Clark, & Shaver, 1998). Like its parent scale, the ECR-SF includes two dimensions of attachment: avoidance and anxiety. The anxiety dimension captures fears related to abandonment and rejection, as well as the need for more closeness to their partners

(e.g., “I worry that romantic partners won't care about me as much as I care about them” and “I need a lot of reassurance that I am loved by my partner”). The avoidance dimension captures discomfort with emotional closeness and interdependence in intimate relationships (e.g., “I try to avoid getting too close to my partner”). Each statement was rated on a 7-point Likert scale, ranging from *strongly disagree* to *strongly agree*. A score was calculated for each subscale by adding the scores on each item, with high scores relating to high levels of attachment anxiety and high levels of attachment avoidance. The ECR-S demonstrated adequate test-retest reliability ($r = .80$ — $.89$) and construct validity in multiple samples of college students (Wei et al., 2007). Both subscales demonstrated adequate internal consistency (anxiety, $\alpha = .79$; avoidance, $\alpha = .80$).

Disenfranchised Grief. Disenfranchised grief was measured using the Witnessing of Disenfranchised Grief Scale (WDG; St. Clair, 2013; see Appendix B). The WDG is a 22-item, unidimensional measure. For the scale, disenfranchised grief was conceptualized as any loss that is poorly understood and inadequately witnessed by others. Thus, items ask participants to consider the degree to which they felt that their loss was witnessed (e.g., “The witness could see that I had a right to grieve” and “No one can understand why I still feel the need to talk about the loss”). To clarify these items for participants, we replaced the word “witness” in each item with the phrase “people in my life.” Each statement was rated on a 5-point Likert scale, ranging from *strongly agree* to *strongly disagree*. A total score was calculated by adding the scores on each item, with high scores relating to high levels of disenfranchisement. In a sample of 201 individuals grieving a loss by death or

miscarriage, initial support was found for convergent validity as items on the WDG were related in the hypothesized direction to items on an existing measure of grief reactions, the Texas Revised Inventory of Grief. In this sample, the Cronbach alpha was .95.

Perceived Social Support. The Multidimensional Scale of Perceived Social Support (MPSS; Zimet, Powell, Farley, Werkman, & Berkoff; 1990; see Appendix D) was used to measure perceived social support since the loss of their close female friend. The total scale score was used for this study ($\alpha = .93$), although the MPSS can be divided into three subscales: the Significant Other subscale (4 items, e.g., There is a special person with whom I can share joys and sorrows), the Family subscale (4 items, e.g., I can talk about my problems with my family), and the Friends subscale (4 items, e.g., I can count on my friends when things go wrong). Participants were told that we are interested in how they felt about the listed items in the weeks after the death of their friend. As our participants had been bereaved at the time of this study, the wording of the items was changed to past tense (e.g., There was a special person with whom I could share joys and sorrows). Participants indicated how they felt about each statement on a 7-point Likert scale from 1 (*very strongly disagree*) to 7 (*very strongly agree*). Scores across items were averaged, with high scores relating to high levels of perceived social support. Support was found for convergent validity, with a measure of depression negatively related to the MPSS and a measure of resilience positively related to the MPSS (Bruwer et al., 2008). Internal consistency was adequate ($\alpha = .93$).

Coping Style. Coping styles were assessed using the 28-item Brief COPE Inventory (Carver, 1997; see Appendix E), which uses a 4-point Likert scale from 1 (*I haven't been doing this at all*) to 4 (*I've been doing this a lot*). As done by previous researchers (e.g., Drapeau, Cerel, & Moore, 2016; Schnider et al., 2007), the 14 subscales of the original measure were grouped into three coping categories: problem-focused coping, active emotional coping, and avoidant emotional coping. Responses on each item were added for each subscale, with high scores relating to high levels of use of that coping style. In the instructions, participants were told that the items deal with ways they have been coping with the loss of their close female friend. Example items include, "I've been trying to come up with a strategy about what to do," "I've been saying things to let my unpleasant feelings escape," and "I've been turning to work or other activities to take my mind off things," from the problem-focused, active emotional, and avoidant emotional coping scales respectively. In a sample of 418 bereaved individuals after the suicide of a loved one, adequate internal consistency was found for the three factors (problem-focused, $\alpha = .80$; active emotional, $\alpha = .81$; avoidant emotional, $\alpha = .88$; Drapeau et al., 2016). Convergent validity also was demonstrated; for example, the problem-focused subscale was related positively to a measure of help seeking (Inventory of Attitudes Toward Seeking Mental Health Services) among bereaved adults (Drapeau et al., 2016). The problem-focused coping, active emotional coping, and avoidant emotional coping had reliability estimates of .77, .67, and .84 in this study.

Complicated Grief. Symptoms of complicated grief were evaluated using the 19-item Inventory of Complicated Grief (ICG; Prigerson et al., 1995; see Appendix

F). Participants indicated the frequency of symptoms over the past month on a scale between 0 (*never*) and 4 (*always*). A total severity score was calculated by adding scores on the items, with high scores relating to more complicated grief symptomology. A cutoff score of 25 is generally used to differentiate complicated grievers (greater than 25) from non-complicated grievers (less than or equal to 25). Example items include “I feel I cannot accept the death of the person who died” and “I think about this person so much that it’s hard for me to do the things I normally do.” Support was found for concurrent validity through correlations with the Beck Depression Inventory and the Texas Revised Inventory of Grief in a sample of 97 bereaved elderly individuals (Prigerson et al., 1995). The total scale showed adequate internal consistency ($\alpha = .90$).

Post-Traumatic Growth. Finally, the 21-item Post Traumatic Growth Inventory was used in this study (PTGI; Tedeschi & Calhoun, 1996; see Appendix G). Answers ranged from 0 (*I did not experience this change*) to 5 (*I experienced this change to a very great degree*). Responses on the scale were added, with high scores relating to high levels of post-traumatic growth. While the total score was used for the purpose of this study, the PTGI can be divided into five subscales: Relating to Others (7 items, e.g., I have more compassion for others), New Possibilities (5 items, e.g., I developed new interests), Personal Strength (4 items, e.g., I have a greater feeling of self-reliance), Spiritual Change (2 items, e.g., I have a stronger religious faith) and Appreciation of Life (3 items, e.g., I can better appreciate each day). In a sample of 604 undergraduate students, the total scale showed adequate reliability ($\alpha = .90$; Tedeschi & Calhoun, 1996). The scale also was correlated positively with measures

of optimism and religiosity, providing support for concurrent validity (Tedeschi & Calhoun, 1996). In this study, the reliability estimate for the total score was .96.

Demographics. Several questions were included in the questionnaire to assess gender, age, race/ethnicity, income, employment status, occupation, educational attainment, relationship status, number of children, and bereavement support service utilization. Participants also were asked about their religiosity, whether their friend's death was expected or unexpected, and their friend's cause of death, as the literature suggests that these factors are often predictors of grief reactions (e.g., Michael & Cooper, 2013; see Appendix H).

Analytic strategy. Drawing from Mancini and Bonanno's (2009) individual differences model and a review of the literature, a model of the relationships between disenfranchised grief, attachment, perceived social support, coping style, complicated grief, and post-traumatic growth was conceptualized. The results of the qualitative data from this study provided support for the model as conceptualized; no changes were made to the model prior to engaging in the quantitative component of the study.

Descriptive statistics were calculated for each of the variables using MPlus8.1. The data were examined to determine whether they met the necessary assumptions for statistical analysis. Homoscedasticity and linearity were evaluated using plots of the standardized residuals. Reliability estimates (Cronbach alpha) were calculated for each variable to address reliability, and the skew and kurtosis of each variable was used to assess normality. All assumptions were met, allowing the data to be analyzed using regressions.

Missing data, which did not exceed 3% for any variable in the model, was addressed using full information maximum likelihood (FIML), a preferred method that is comparable to imputation procedures (Schlomer, Bauman, & Card, 2010). Rather than imputing values, FIML estimates parameters based on the available complete data, which helps reduce bias by retaining the sample size.

Path analysis then was conducted using ML estimation in Mplus (Muthén & Muthén, 1998–2018). To obtain adequate power, general guidelines recommended that the sample size when using path analysis should be at least 10 times the number of variables or 5 times the number of parameters, suggesting a sample size between 90 and 190 participants (Bentler & Chou, 1987; Hair, Black, Babin, & Anderson, 2010), consistent with this study. Several fit indices were used to assess model fit, including the comparative fit index (CFI), standardized root mean square residual (SRMR), and root mean square error of approximation (RMSEA). Hu and Bentler (1999) suggested that CFI values $\geq .95$, SRMR $\leq .08$, and RMSEA $\leq .06$ reflected good fit. To test for indirect effects, Mallinckrodt and colleagues (2006) recommended setting an alpha of .05 and drawing 10,000 samples from the original data set (Mallinckrodt, Abraham, Wei, & Russell, 2006). If the 95% confidence interval for the mean indirect effect across samples did not include zero, it would be statistically significant, suggesting mediation.

Chapter 3: Results

Qualitative Results

A summary of the themes derived from the content analyses are reported in Table 1.

Current grief reactions. The seven women in the focus groups described a range of grief reactions in the aftermath of the death of their friends. Many noted the difficulty of being reminded of their deceased friends (71%). One woman stated, “There are just so many memories, whether it’s a song on the radio or picking out makeup... I can’t go to [certain locations] anymore. I haven’t been since she passed away, I can’t. There are too many memories there. Yes, they’re all good memories, for the most part, and yet I can’t go back to that. I can’t. Certain things just, they make the tears flow.” Tearfulness and feelings of sadness also were common (71%; “I just start crying inconsolably”). Four of the women expressed a deep yearning to be with their friends again. For example, one participant explained, “I still have her phone number in my phone, I just want to call her. And I can’t take her phone number out of my phone...sometimes I’ll call the number just to hear it’s disconnected and whatever, you know?” Others discussed stress in their romantic relationships (29%), physical changes (29%; e.g., weight loss), being in denial (29%), and feeling regretful (29%; “We wasted so much time”) and guilty (29%; “I constantly am beating myself up about it because I spent maybe five minutes with her when I should’ve spent a lot more time”).

How others responded to the loss. Regarding participants’ actual social support, three themes were identified. All seven women described receiving unhelpful

feedback after their losses. These statements were reported as trite, such as “You’re in my prayers” or “I know how you feel,” and/or communicated a lack of understanding about their grief. In describing this frustrating experience, one woman exclaimed, “You don’t know how I feel, you don’t know! You could say I can imagine how you would feel, but do not say I know how you feel because you don’t! And I had to tell somebody that. They were like ‘oh, you get over it’ and I am like, ‘it?’ ‘It’ is a person! She has a name!” Another observed, “it was just a handful of people who really knew what I went through, but everyone else it was kind of just like ‘I’m so sorry. I’m here for you, anything you need’...not many people can really grasp it.”

In addition to the unhelpful support, two of the participants described positive, helpful experiences with their networks (29%; “You know, me and her were both veterans so within my community it was very supportive...we were able to link up and share our happy moments”). Another two women noted that their loved ones were unsure how to respond (29%; “My husband, I think maybe he was trying to be strong for me...He tries, it’s just I think maybe he doesn’t know what to do”).

How they wish others responded to the loss. Participants articulated a variety of needs regarding the type of support they wish they had received. Three women expressed being unsure of what they needed after their losses (43%; “I don’t know if there’s anything that anyone could do as far as support to make me feel better”). Two participants wish others had given them more space (29%; “they all be calling me every day, ‘are you okay? Are you okay?’...giving me all kind of advice, ‘you need to get out, you need to walk, you need to go to church’... But I think sometimes it’s too much”).

Another two women wished that they had not gotten so many typical responses from others in reaction to the deaths (29%). For instance, one participant said, “it’s fine to say to me “What does your grief look like today?” and “How is your heart today?” “Tell me a story about [friend] that makes your smile.” Like those are things that I think are acceptable things to say to me or ask me or ask of me about this person versus some Hallmark, cookie cutter line that we hear all the time.” Another stopped saying “my prayers are with you” to others grieving because “I just feel like it’s empty...something to type real quick and then you’re going onto the next status.”

Others wish they had been offered physical comfort (29%; e.g., a hug) or that their communities had talked more openly/honestly about the nature of their losses (29%). This was illustrated by one woman who said, “they were painting a false picture of what happened...[if I have] kids someday I want them to know if there are struggles or [that if] they have to deal with their mental illness, this is how we deal with it. We don’t deal with it with denial, you deal with it by being upfront.”

Coping strategies. Six themes emerged regarding the types of coping strategies used by the participants. The majority of women engaged in continuing bonds—ways of maintaining a connection to their deceased friends (71%). This included activities like talking to her picture, cooking her favorite foods, keeping her possessions, listening to the playlist from her memorial service, and looking at her social media pages. Four women discussed doing things to distract themselves from their grief, such as cleaning or listening to music. Three women noted their connection to their spiritual/religious identity as important in their coping process. For instance, one participant moved to an area in which “a variety of different

complementary spiritual practices” were “deeply rooted” in its culture. She said this “normalized” her grief and allowed her to do “spiritual work and [create] rituals” without being judged. The other coping strategies discussed included getting support from loved ones (29%), crying (29%), and stress eating (29%).

Change and growth from the loss. Participants identified a range of ways in which they changed or grew as a result of the death of their friends. Some women discussed how their losses served as a reminder to cherish their loved ones (43%; “Sometimes you take your loved ones for granted...this just remind me to take every day, every second, and be happy about it that we have one more day to spend with the person”), while others reflected on learning that life is precious (43%; “losing a friend, it just like reminds me that every moment is so precious”). Three women described becoming more preoccupied with death since the loss of their friends (43%), both generally (e.g., “there’s just some weird investment that I have in how we craft conversations about death and dying and talking to the dead. Like I will watch Long Island Medium all day long”) and in terms of their deaths (e.g., “And I think about that as my own, you know if something were to happen to me, I wouldn’t want it to linger. I would just want it to be quick”).

Two participants started to wonder about their legacies after death (29%). For instance, “As far as moving on in life, I think of what would people say about me when I’m gone, what would they put on my wall, what memories would they have of me.” Others learned to refocus their attention on to the present moment and the pursuit of their goals (29%; “I’ve just learned not to try and plan stuff to the T and

give myself some wiggle room and just make the to do list and cross it off as things get done and that's still an accomplishment").

Ongoing challenges. When asked about how they continued to struggle with their losses, two themes emerged. Three of the women talked about the uniqueness of their friendships and the challenge of not having them around (43%). As one woman said, "there will never be another [friend's name], and even if there were, they won't have what we had." This parallels the experience of another participant who stated, "I still feel a disconnect...with other people, I clearly recognize that there's a loss, that I don't have a home girl who understands my style and that I can go shopping with or I can be like, 'Yeah how do we feel about this color this year'". Further, two women reiterated the difficulty of encountering reminders of the deceased (29%). This is captured by one participant who said, "no matter which way I go to get to the store passing by the house where she was living at. So it's a constant, everyday reminder of the fact that I didn't make time for her the day before she passed, so it's a constant everyday reminder of how bad I feel, so it's— it's a constant thing, so it's been with me continuously."

Quantitative Results

Descriptive statistics and correlations. The means, standard deviations, ranges, reliabilities, and correlations among the measures are reported in Table 2.

On average, the women demonstrated moderate levels of attachment anxiety and low levels of attachment avoidance. These women also indicated having a moderate amount of disenfranchised grief experiences, yet still perceived a high amount of social support in the aftermath of their losses. Furthermore, the women

averaged moderate levels of problem-focused coping and active-emotional coping use, as well as low levels of avoidant-emotional coping. They reported moderate levels of post-traumatic growth after their losses, while their average score on the ICG was higher than the commonly used cut-off score (Prigerson et al., 1995). This suggested high levels of complicated grief symptomology in the sample.

Model testing. The hypothesized model demonstrated inadequate fit ($\chi^2(11) = 92.88, p = .00; CFI = .82; RMSEA = .22; SRMR = .08$). Modification indices were reviewed for theoretical plausibility. One modification that was theoretically sound was made to the model to allow active emotional coping and problem focused coping to co-vary. These were highly related constructs—people who cope actively also tend to engage in problem focused coping. After adding this modification index, good fit was evidenced by some fit indices ($CFI = .97; SRMR = .04$) and less so by others ($\chi^2(10) = 23.93, p = .01; RMSEA = .10$).

Upon examination and support of the existing grief literature, additional pathways were included between the attachment variables and complicated grief (Mancini et al., 2015), as well as disenfranchised grief and post-traumatic growth (Valentine, Bauld, & Walter, 2016). The revised final model provided a good fit to the data ($\chi^2(7) = 10.95, p = .14; CFI = .99; RMSEA = .06; SRMR = .03$), explaining 55% of the variance in complicated grief, 43% of the variance in post-traumatic growth, 16% of the variance in problem focused coping, 33% of the variance in active emotional coping, 26% of the variance in avoidant emotional coping, and 45% of the variance in perceived social support. Structural paths representing direct effects

within the model then were reviewed. Significant pathways are illustrated in Figure 2. All standardized path coefficients are presented in Table 3.

Mediation analyses. Estimates of the total effect, the direct effect, and the bootstrapped bias-corrected 95% confidence intervals of the total and specific indirect effects were calculated for all hypothesized paths. A confidence interval that does not contain zero suggested an indirect effect (e.g., mediation). Results of the significant, specific indirect effects are summarized in Table 3.

First, with regard to the total effect of attachment anxiety on complicated grief ($b = .19$, $SE = .07$, $p = .01$, $CI (95) [.05-.33]$), a total indirect effect emerged between attachment anxiety and complicated grief ($b = .25$, $SE = .07$, $p = .00$, $CI (95) [.13-.38]$). A specific indirect effect was found for the relationship between attachment anxiety and complicated grief through avoidant emotional coping ($b = .24$, $SE = .06$, $p = .00$, $CI (95) [.12-.37]$). This means that high attachment anxiety predicted high avoidant emotional coping, which in turn was associated with high levels of complicated grief. The direct effect of attachment anxiety on complicated grief was not significant after accounting for avoidant emotional coping ($b = -.06$, $SE = -.97$, $p = .33$, $CI (95) [-.18-.05]$).

Second, with regard to the total effect of attachment avoidance on complicated grief ($b = .35$, $SE = .08$, $p = .00$, $CI (95) [.17-.49]$), an indirect effect between attachment avoidance and complicated grief was found ($b = .16$, $SE = .06$, $p = .01$, $CI (95) [.03-.27]$). A specific indirect effect emerged for the relationship between attachment avoidance and complicated grief through avoidant emotional coping ($b = .19$, $SE = .07$, $p = .00$, $CI (95) [.05-.31]$). This means that high attachment avoidance

predicted high avoidant emotional coping, which in turn was associated with high levels of complicated grief. The direct effect of attachment avoidance on complicated grief remained significant when accounting for avoidant emotional coping ($b = .19$, $SE = .06$, $p = .00$, $CI (95) [-.06-.31]$).

Third, with regard to the total effect of disenfranchised grief on post-traumatic ($b = -.37$, $SE = .09$, $p = .00$, $CI (95) [-.54-.19]$), a total indirect effect emerged between disenfranchised grief and post-traumatic growth ($b = -.20$, $SE = .06$, $p = .00$, $CI (95) [-.32-.09]$). A specific indirect effect was found for the relationship between disenfranchised grief and post-traumatic growth through problem focused coping ($b = -.20$, $SE = .07$, $p = .00$, $CI (95) [-.33-.06]$). This means that high scores on the disenfranchised grief measure predicted low problem focused coping, which in turn was associated with low post-traumatic growth. The direct effect of disenfranchised grief on post-traumatic growth was not significant after accounting for problem focused coping ($b = -.17$, $SE = .09$, $p = .06$, $CI (95) [-.33-.01]$).

Chapter 4: Discussion

This study advanced knowledge regarding the grief experiences of women who have experienced the death of a close female friend. Qualitative findings using directed content analysis highlighted common grief reactions (e.g., sadness, yearning for their friends), unhelpful and supportive interactions related to social support (e.g., “I know how you feel” versus “What does your grief look like today?”), ways of coping (e.g., rituals to stay connect to the deceased, distraction), lessons learned after loss (e.g., life is precious), and ongoing challenges after a friend’s death. Furthermore, quantitative data showed support for the utility of a model including disenfranchised grief experiences, attachment style, perceived social support, and coping style as predictors of complicated grief and posttraumatic growth after the death of a close female friend. Together, these findings have implications for the development of interventions for the bereaved.

Understanding Disenfranchised Grief

This investigation was one of a few studies to empirically examine disenfranchised grief among a sample of bereaved women. It is worthy to note that 74% of the quantitative sample in this study endorsed at least one disenfranchising experience. For example, one woman wrote to the researchers, “With my friend, my loss was not paid attention to because the loss of the surviving spouse was a greater loss and the support was focused on the widow.” Another wrote, “I saw ways to help ease her suffering, but I wasn't a family member...they refused to acknowledge her situation and impending death. In fact, they only confided in newer friends and never told me about the fatal diagnosis. I had to hear from peripheral friend. I feel like I've

lost a limb. I don't think I'll ever have another friend like her.” In addition to this lack of inclusion of friends in end of life decisions and some mourning rituals, focus group data suggested that disenfranchisement also may come in form of invalidating or non-specific statements (e.g., “just remember the good times,” “you’re in my prayers”). While it remains unclear to what degree the loss of a close friend is disenfranchised and why this might be, the quantitative data suggests that this sample endorsed times in which their grief was not fully recognized or understood. For example, 50% of the women were unsure or disagreed with the statement that “people in my life understood the full extent of my loss,” 48% were unsure or agreed with the statement “no one can understand why I still feel the need to talk about the loss,” and 40% were unsure or disagreed with the statement that “I felt free to express grief in the presence of people in my life 6 months after the loss.”

Predicting Complicated Grief

The women in this sample also endorsed moderate levels of complicated grief—49% of the sample scored at or above the established cutoff on the Inventory of Complicated Grief (Prigerson et al., 1995). This might suggest that the loss of a close friend has a powerful effect on these women’s lives. Yearning for the deceased friend, a hallmark of complicated grief symptoms, was notable in the focus group participants. This was illustrated in one woman’s comment: “When you share so much time with somebody and you talk to them about everything and you do everything with that person, they become an extension of yourself. So, when you have someone that’s so close to your heart...it’s more intense of a loss, I think. It’s still a loss no matter if they’re an acquaintance or a friend, you still feel pain, but

when they're...so close to you, it's like you're losing a part of yourself." This, too, was reflected in the quantitative sample, with 86% of the women stating that they feel themselves longing for the person who died at least sometimes. Further, at least sometimes, 47% of the sample endorsed that it was hard to do things that they normally did because they thought so much about the deceased.

It is also possible that the level of complicated grief in this sample reflected the sample's cumulative grief experiences, rather than just friend-related grief. Although the questions asked the women to reflect specifically about their friend loss, 75% of the women had experienced more than one significant loss in their lifetime—it may have been difficult to separate the effects of each death. Further, it could be that the level of complicated grief in this sample was more reflective of a sampling bias than the actual experiences of friend grievers more broadly. It may be that women with more difficult grief reactions were more likely to participate in the study as a way to have their experiences heard. It is also possible that the women who participated in this study shared some other, unmeasured characteristics (e.g., personality traits, mental health histories) that could explain the level of complicated grief unrelated to friend loss specifically.

In this data, the most robust predictor of complicated grief symptomology was avoidant emotional coping. Prior research was consistent with our findings as avoidant coping has been associated with negative outcomes, including complicated grief, posttraumatic stress, and depressive symptoms (Harper et al., 2014; Lawrence et al., 2006; Schnider et al., 2007). Yet in other studies, avoidant coping was associated with lower levels of grief, possibly allowing grievers to establish a new normal and

continue on with their daily lives (Anderson et al., 2005; Robinson & Marwit, 2006). It has been proposed that avoidant coping strategies vary in usefulness depending on the type of loss and the time since the loss. As all of the women in this sample lost their friends at least six months prior to taking the survey, it may be that avoidance is no longer adaptive.

Further, avoidant emotional coping mediated the relationship between attachment anxiety and complicated grief, as well as partially mediated relationship between attachment avoidance and complicated grief. The relationship between insecure attachment and complicated grief in the literature is robust—resilient grievers, meaning those who do not experience prolonged grief, report lower levels of attachment anxiety and attachment avoidance compared to other kinds of grievers (e.g., Mancini et al., 2015). This study widens our understanding of this relationship, as it suggested that more anxious and more avoidant individuals may use avoidant coping strategies (e.g., denial, distraction, substances), which then may increase complicated grief symptoms. Alternatively, complicated grief symptoms may feel so overwhelming that women engage in avoidance-focused coping that contributes to further withdrawal and loneliness that prolongs their grief.

A direct relationship between disenfranchised grief and complicated grief was not hypothesized in the original model, though an indirect relationship between the constructs was hypothesized. The latter relationship was not supported in the analyses. It seemed other aspects of the grief experience contributed to this sample's risk for chronic grief, namely attachment avoidance. Other important risk factors for complicated grief worthy of exploration that were not investigated in this study

include the role of the type of death (e.g., due to violence), the griever's mental health history, the griever's role in caregiving, personality variables, and a-priori beliefs about the world (Shear et al., 2011; Lobb et al., 2010).

Predicting Post-Traumatic Growth

Furthering our understanding of post-traumatic growth among female friend grievers, problem focused coping emerged as a strong predictor. The posttraumatic growth model asserts that individuals can experience positive change after a painful event if they engage in cognitive work and use their social support (Tedeschi & Calhoun, 2004). In this study, problem focused coping involved these key ingredients, such as asking for help from others, thinking hard about next steps, and developing an action plan to make the situation better. Other data has supported this as well, with active coping predicting posttraumatic growth in a bereaved sample of adolescents (Kolchik et al., 2009). On the other hand, it could be that individuals who demonstrated growth and resilience in the face of stressors were better equipped to use these strategies, which may be cognitively and emotionally demanding.

While there was no direct relationship between disenfranchised grief and post-traumatic growth, there was a small indirect relationship through problem focused coping. Disenfranchising experiences may have discouraged women from using problem focused coping strategies (e.g., asking for help, seeking advice, looking to religion) or may have left women without the energy to problem solve. Without engagement in these tasks, it may have been more challenging to make meaning, change, or grow as a result of the loss. This was consistent with at least one previous study, in which nursing assistants who viewed their losses as unrecognized

experienced less emotional growth than those who saw their losses as witnessed (Anderson & Gaugler, 2007).

Contrary to hypotheses, several of the coping variables were unrelated to both of the outcome measures--active emotional coping and avoidant emotional coping were unrelated to post-traumatic growth, while active emotional coping and problem focused coping were unrelated to complicated grief. One possible explanation is that the type of coping was less important than using these strategies flexibly (Cohen & Katz, 2015). This also would be consistent with the Dual Process Model of bereavement, which posits that an individual's adaptive use of both loss-oriented coping (e.g., actively engaging with painful feelings) and recovery-oriented coping (e.g., looking to the future, reengaging with daily life without the deceased) is important for building resilience—not the use of any one strategy. Additionally, the findings related to active emotional coping may have been limited by measurement concerns, as the internal consistency of the subscale was lower than expected in this study. Future research should consider using alternative measures, such as one of coping flexibility, to better understand the relationship between coping and grief-outcomes.

Predicting Coping Styles

Regarding coping styles, there was a moderate negative relationship between disenfranchised grief and both problem focused coping and active emotional coping. These two coping strategies can involve engaging with one's community (e.g., talking with others, asking for advice, or seeking comfort in religion)—it may be that those who perceived their losses as disenfranchised felt discouraged from actively seeking

emotional or instrumental support. Given that the women in the sample likely lost a major source of social support when their friend died, they also might have lost a mechanism for coping that included interactions with their best friend. Conversely, it could be that women who coped less actively with their distress (e.g., are not playful in their coping or do not rely on others for support) were more likely to view their experience as disenfranchised.

Contrary to hypothesizes, there was no relationship between disenfranchised grief and avoidant emotional coping. This was surprising, as theoretically, disenfranchising messages (e.g., you don't have the right to grieve) might reinforce avoidant coping strategies such as denial or suppression. Rather, it appeared that in this sample, grievers' preexisting attachment style was more important for understanding their use of avoidant coping than disenfranchising responses in the aftermath of the death of a female friend.

Additionally, perceived social support positively predicted avoidant emotional coping and active emotional coping. While the relationship between perceived social support and active emotional coping (e.g., expressing negative feelings and seeking comfort from others) makes theoretical sense, its relationship with avoidant emotional coping was less easily understood. It could be that this reflected the different ways in which grievers use their social networks, as confidants and/or as distractions. It may also be that individuals who used avoidant emotional coping were satisfied with their levels of social support—they may not have needed or wanted as much from their loved ones as they were used to denying, ignoring, or internalizing their feelings.

One form of coping that was mentioned frequently by focus group participants, but not captured in the quantitative model, was the use of continuing bonds (e.g., making the deceased's favorite recipes, talking to pictures of the deceased). Given the specificity of this strategy to grief-related stress, it was not assessed by the coping inventory used in this study. Future researchers might consider incorporating continuing bonds into the individual differences framework, as they have been shown to depend on how the continuing bond is expressed (i.e., externalized versus internalized; Field & Filanosky, 2010), the griever's attachment style (Currier, Irish, Niemeyer, & Foster, 2015), and the griever's meaning making process (Neimeyer, Baldwin, & Gillies, 2006).

Predicting Perceived Social Support

In line with the hypothesized model, disenfranchised grief negatively predicted perceived social support, a strong relationship in the model. One possibility is that disenfranchising experiences taught grievers that their social networks were invalidating or unavailable for support. Conversely, those who perceived less social support could have been more likely to have viewed their interactions as disenfranchising. It also may be that through the death of a close female friend, participants lost access to someone that they historically relied upon for social support.

Attachment avoidance had a small relationship with perceived social support. This was consistent with the hypothesized model and previous literature. By definition, individuals high in attachment avoidance tend to withdraw from others and minimize the importance of relationships (Wei et al., 2007). As a result, it may be that

individuals high in attachment avoidance did not have or did not perceive as much social support as individuals with more secure attachment. Attachment anxiety, but not attachment avoidance, predicted problem focused and active emotional coping. High attachment anxiety can be conceptualized as an intense desire to be close to others, motivated by fears of being rejected or abandoned (Wei et al., 2007). It could be that women who yearned to be close to others engaged in active coping strategies to pull others closer to them. Attachment anxiety, however, was unrelated to perceived social support. It may be that individuals high in attachment anxiety did not easily discriminate the degree to which they were receiving support from others due to feelings of fear or preoccupation.

Limitations

Several limitations should be considered when interpreting the findings of this study. Most notably, this study was cross-sectional in nature. Casual inferences and true mediation cannot be inferred about the highlighted relationships between variables. For example, while attachment theoretically develops in early childhood prior to perceptions of current social support, in reality, we may be measuring a person's way of relating in the present moment with both measures. It also may be that these relationships were bidirectional. For instance, while it was hypothesized that specific coping strategies would predict complicated grief, it is likely that a person's grief reactions also inform the type of coping strategies they are subsequently able to use/choose to use. Further, as data was collected through retrospective self-report questionnaires on experiences up to three years prior to the survey, participant responses may have been affected by memory. Future studies

would benefit from the use of alternative methods of data collection and a prospective design to establish temporal precedence. Other measurement related concerns that limit interpretation of these findings include the lack of psychometric support for the Witnessing of Disenfranchised Grief measure and the low internal consistency of the items used to measure active emotional coping.

The women in this sample were diverse with regard to their age, relationship status, employment status, and to a degree, race/ethnicity, thus capturing a wide range of grief experiences. Still, the sample was mostly White, cisgender, heterosexual, highly educated and well-resourced compared to population estimates, limiting generalizability. This was likely a function of our recruitment efforts. The process primarily targeted women online with access to technology and through college affiliated organizations, such as sororities and their corresponding alumni associations. Participants also were encouraged to share the survey with other women in their networks. It is likely that participants were grieving in overlapping/similar communities. As a result, it cannot be assumed that these women share the same cultural norms as other women regarding expressions of grief or the use of specific coping strategies. For example, the sample may have had access to social support and active coping strategies (e.g., problem solving and active emotional) that were not as readily available to other women.

Furthermore, while its mixed method nature is a strength, the use of a structured interview informed by the literature influenced the themes that emerged in the focus group discussions. Participants may have emphasized our variables of interest more so than they would have naturally in discussing their bereavement.

Despite the representation of diverse identities and bereavement experiences in the focus groups, the data cannot be generalized to all female friend grievers given the small number of participants ($N = 7$).

Implications for Future Research

While the construct of disenfranchised grief was defined theoretically, it remains unclear as to how to identify and discriminate between disenfranchised and non-disenfranchised grievers systematically. To our knowledge, this is the second study to use the Witnessing of Disenfranchised Grief scale. Additional research is needed to explore the psychometric properties of this measure and to establish norms about disenfranchisement across other types of losses and relationships. For example, in this study, disenfranchised grief and attachment avoidance were correlated. It could be useful to investigate perceptions of disenfranchisement across the two dimensions of attachment (avoidance and anxiety) and across the four attachment styles in other samples hypothesized to be disenfranchised to gain a clearer picture about how these variables are connected and to what degree they influence the mourning process.

Another relationship worthy of further investigation is the association between disenfranchised grief and perceived social support. With the current study, it cannot be determined if disenfranchising experiences cause grievers to perceive less social support, if those with less social support tend to view their interactions as disenfranchising, or if disenfranchisement is less relevant than the fact that friend grievers no longer have their friend available for support. Consequently, more research is needed to understand the nature and directionality of this relationship—replicated findings could inform intervention efforts targeting grievers' social

networks. Also, as this population of female friend grievers was generally well-resourced, it seems important for future studies to understand the ways in which grief-related disenfranchisement operates similarly or differently in communities who may already be struggling with other forms of disenfranchisement (e.g., poverty).

To build upon on this promising model, future researchers would benefit from longitudinal data. This could clarify the nature and directionality of the relationships between disenfranchisement and perceived social support, coping and mental health outcomes, etc. Other researchers might consider using alternative measures of coping to understand the degree to which specific coping strategies (e.g., continuing bonds, meaning focused coping, problem focused coping) versus coping flexibility contributes to better mental health outcomes. While beyond the scope of this current study, it would be beneficial to examine the conditions (e.g., time since loss, nature of death) under which specific coping strategies are more or less helpful for female friend grievers.

It is salient to note that around half of the variance explaining complicated grief and post-traumatic growth was unaccounted for in this study. This is unsurprising, given the heterogeneity of grief experiences highlighted in the existing literature. Interestingly, when controlling for common predictors of grief reactions that were measured in this study (i.e., previous loss history, time since loss, the expectedness of the loss, and the degree of a person's religiosity), the relationships between the predictor variables and complicated grief symptomology did not meaningfully change. This may be due to measurement invariance, as most of the control variables were largely single items with binary response choices. However,

this study did not measure several variables hypothesized to be important risk/protective factors (e.g., appraisal processes, physical health, cultural beliefs/practices, a-priori beliefs about the world, capacity for positive emotion, other supportive friendships). For example, future psychologists might consider adding a measure of global functioning or impairment to the model. This might allow us to better understand the degree to which disenfranchised grief experiences or complicated grief symptomology impacts individuals' day to day lives.

These are worthy of future investigation so that we can better target psychological interventions to those at risk for prolonged grief. Other important risk factors for complicated grief worthy of exploration that were not investigated in this study include the role of the type of death (e.g., due to violence), the griever's mental health history, role in caregiving, personality variables, and a-priori beliefs about the world (Shear et al., 2011; Lobb et al., 2010).

Implications for Practice, Policy, and Training

These results have implications for psychologists regarding theory and practice related to bereaved women and friend grievers. In this sample, there was a moderate prevalence of disenfranchisement and complicated grief among female friend grievers. As one participant stated, "I miss her everyday and do not wish this upon even my worst enemy. There are so many things in my life I was expecting to have her at and vice versa." Yet the grief of bereaved friends is not given the same recognition of kin relationships (Deck & Folta, 1989). Subsequently, it may be helpful to educate chronic grievers and/or those at risk of complicated grief about disenfranchisement. Clinicians might develop psycho-educational programming for

loved ones of those grieving friends to educate them about disenfranchising experiences and their possible consequences, particularly decreased perceived social support and use of problem focused coping. Psycho-education efforts also could teach loved ones about helpful ways of supporting grievers. Findings from our qualitative data, while limited in scope, would suggest offering concrete/specific forms of assistance (e.g., I will cook for you tomorrow night), asking open ended questions about the griever's well-being, and allowing the griever to share memories, traditions, and feelings associated with the lost friend.

Further, if the relationship between disenfranchisement and perceived social support were to be replicated in other samples, treatment providers might help grievers at risk for disenfranchisement by connecting them to additional sources of support outside of their lost loved ones/existing communities. This might include spiritual leaders, loss-specific peer support groups, loss-specific online communities, and resources/spaces that align with the grievers' identities (e.g., women/LGBTQ/POC centric-spaces).

Most saliently, this study highlighted problem-focused coping as a possible point of intervention in promoting post-traumatic growth, as well as avoidant-emotional coping in intensifying complicated grief symptoms. Clinicians may want to incorporate coping inventories into measurement-based care. This would allow for the ongoing monitoring of individuals' coping choices in conjunction with their grief symptoms. If grievers appear to be struggling to grow from their loss experience, clinicians could target increasing individuals' knowledge and efficacy using problem focused coping strategies. For example, therapists might help grievers identify when

and how to ask for help, questions to ask themselves in the problem-solving process, and specific short and long term goals for establishing a new normal.

On the other hand, if grievors appear to be relying on avoidant coping without improvements in functioning (e.g., after six to twelve months after the death), clinicians might bring in elements of acceptance-based, emotion-focused, and/or exposure treatments to promote more approach-oriented coping. This is consistent with the growing body of literature regarding evidence-based practices when working with avoidance and complicated grief. One such intervention, Complicated Grief Treatment, has individuals challenge avoidance through grief-related exposures and uses behavioral activation to increase engagement with active coping strategies (Shear et al., 2005).

Coping interventions also may serve to support disenfranchised grievors more broadly if the negative relationship between disenfranchised grief and approach-oriented coping strategies (i.e., active-emotional and problem-focused) were to be replicated. Individuals whose losses are not systematically acknowledged may need encouragement from clinicians to use coping that appears opposite of what cultural messages might be communicating to grievors (e.g., asking for emotional support and comfort, acknowledging the reality of the loss).

Lastly, under the U.S. Fair Labor Standards Act, there are no mandated policies related to bereavement leave (U.S. Department of Labor, 2019). When bereavement benefits are offered by employers, leave often is limited to the death of immediate family members. Mental health providers could advocate for improved bereavement policies on a national level that recognize a wider range of losses and

relationships, including friend grievers. Legislators and employers could be educated about the importance of friendship and the consequences of complicated grief on individuals' professional, academic, and social functioning to increase their willingness to adopt more flexible bereavement-related practices.

To conclude, friendship between women is meaningful and beneficial (e.g., Martina & Stevens, 2006; Schmidt & Bagwell, 2009), and this mixed-methods study suggested that some female friend grievers experienced their loss of these close friendships as unwitnessed. Drawing upon the individual differences model (Mancini & Bonanno, 2009), as well as results from systematic reviews of the literature, disenfranchised grief was related to decreased perceived social support and decreased engagement with active coping strategies among female friend grievers. Most strikingly, avoidant emotional coping served as a key mediator and predictor of complicated grief, while problem focused coping served as a key mediator and predictor of post-traumatic growth. While death and grief cannot be prevented—"you can't replace someone who's been your rock that long"—the results of this study can be used to advance outreach and intervention efforts among disenfranchised grievers and give recognition to the significance of their loss experiences.

Appendices

Appendix A

Literature Review

In this study, the grief experiences of women who have lost a close female friend were described qualitatively and a quantitative model predicting the grief reactions of these women (informed by the literature and qualitative findings) will be tested. In the following sections, research on female friendship, disenfranchised grief, attachment styles, perceived social support, coping styles, complicated grief, and posttraumatic growth were reviewed.

Female Friendship

Friendship refers to voluntary interdependence between two people that allows for both parties to have their socio-emotional goals met (Hays, 1988). Friendships frequently provide individuals with symmetrical reciprocity (e.g., loyalty), communion (e.g., self-disclosure), solidarity (e.g., mutual interests), and agency (e.g., status, assistance) (DuPertuis, Aldwin, & Bosse, 2001; Hall, 2011; Knickmeyer, Sexton, & Nishimura, 2002). While these general characteristics are a part of all friendships, research suggests that women and men may engage in their friendships differently. Female friendships have been described as “face-to-face,” with women reporting greater intimacy, closeness, and support in their friendships compared to men (Demir & Orthel, 2011). As gender role norms allow for less vulnerability and expressiveness between male friends (Gaia, 2013), their same-sex friendships have been characterized as more activity orientated (“side-to-side;” Wright, 1982).

The deep intimacy shared between female friends may have developed as a response to women's exclusion from economic and political power. As Audre Lorde (1979) famously stated, "for women, the need and desire to nurture each other is not pathological but redemptive...It is this real connection which is so feared by a patriarchal world. Only within a patriarchal structure is maternity the only social power open to women." This illustrates how same-sex relationships provided women with a place to cultivate power as resources were systemically conferred to cis-gendered men (Frey et al., 2016; Greif & Sharpe, 2010; Knickmeyer et al., 2002). This may provide insight about why women have endorsed their female friendships as equally important to their spousal relationships (Voss, Markiewicz, & Doyle, 1999).

Beyond support and empowerment, the literature highlights numerous benefits for women with female friendships: reduced physiological stress and increased oxytocin production (e.g., Taylor et al., 2000), protected physical health (Yang et al., 2016) including lower mortality rates after a breast cancer diagnosis (Kroenke et al., 2013; Beasley et al., 2010), enhanced self-esteem (Theran, 2010), decreased loneliness (Martina & Stevens, 2006), protection from psychological distress (e.g., depression; Schmidt & Bagwell, 2009), and greater organizational commitment in the workplace (Morrison, 2009). The perks of these friendships may be more important than ever, as women continue to delay the age of marriage and live further into old age.

Friend Grievors. Unfortunately, a part of all relationships is the inevitable loss that accompanies them, particularly through death. The loss of spousal and kin relationships have a protected status cross-culturally, and are often given high

visibility both socially and academically (Worden, 1991; Deck & Folta, 1989). Yet the average person has between three and five close friends at any given time (average = 4.1; Mac Carron, Kaski & Dunbar, 2016). While these friendships may be just as important or last just as long as kin relationships, they are not given the same kind of recognition, particularly after a death. Deck and Folta (1989) conceptualized the loss of a friendship through death as disenfranchised, meaning not culturally acknowledged. Friends are often excluded from caregiving tasks during the dying process, prevented from participating in grief rituals (e.g., funeral preparations), not afforded bereavement related work benefits, and invalidated by their social networks (Deck & Folta, 1989). For example, in one study of 145 employed individuals who were bereaved, those who were grieving a friend were able to take an average of 2 days off following their loss (Eyetsemitan, 1998).

In reviewing the empirical literature, only one study highlighted the disenfranchisement of male friend griever (Creighton, Oliffe, Butterwick, & Saewyc, 2013). Specifically, 25 bereaved men (between the ages of 19 and 50 years old) participated in semi-structured interviews about their reactions after the death of a friend. Participants reported feeling empty and hollow, as well as pressure to be stoic after the deaths. The authors understood these responses as a result of disenfranchisement, since constructions of masculinity invalidate and restrict the grief expressions available to men (Creighton et al., 2013). However, there is no existing research that centers the experience of female friend grievers.

Disenfranchised Grief

To understand how disenfranchised grief may operate among women grieving their close female friends, the extant literature with other disenfranchised populations will be summarized. Generally, it is understood that there are four ways in which grief can be disenfranchised (i.e., hidden): the relationship is not recognized (e.g., friend grievers), the loss is not recognized (e.g., abortion), the griever is not recognized (e.g., young children), and the death is not recognized (e.g., death by suicide; Corr, 1999; Doka, 2008). While a person may choose to withhold information about their grief or not disclose the occurrence of a death, this is not considered disenfranchised. Rather, there must be a societal unwillingness to validate the griever's experience (Corr, 1999).

Disenfranchised grief has mostly been written about theoretically rather than empirically (Thorton & Zanich, 2002). But of the empirical work, disenfranchised populations have overwhelmingly been studied qualitatively. This includes individuals bereaved due to perinatal loss (Golan & Leichtentritt, 2016; Lang et al., 2011; Mulvihill & Walsh, 2014), families of individuals on death row (Beck & Jones, 2008; Jones & Beck, 2007), descendants of Nazi perpetrations (Livingston, 2010), bereaved sexual minority spouses (Jenkins, Edmundson, Averett, & Yoon, 2014; O'Brien et al., 2002; Walter, 2012; Whipple, 2005), fathers whose children were removed by the court system (Baum & negbi, 2013), teachers grieving the loss of students (Rowling, 1995), and bereaved pet owners (Packman et al., 2014). While encompassing a diverse range of experiences, all of the above studies highlight how disenfranchisement adds challenges to the grieving process (e.g., intensified

emotional reactions) while simultaneously resulting in less social support (e.g., lack of expressions of sympathy from others).

For example, LGBT individuals experience a lack of acceptance, erasure, and/or homophobia from professional, family, and larger societal support networks after the death of a partner (Bristowe, Marshall, & Harding, 2016). A qualitative study of 55 lesbian women found that most participants endorsed emotional obstacles (76%), then social and legal issue (40%), and financial obstacles (30%) after the death of a partner (Jenkins et al., 2014). When prompted to answer an open-ended question about their grief experiences, only two of 45 respondents discussed positive experiences. Instead, four themes emerged from their answers: disenfranchised grief, discrimination, loneliness/isolation, and frustration. Specifically, the women in this sample felt their losses were devalued and disrespected. Some wrote about how their partners' family did not include them in death arrangements or recognize them as widows/romantic partners. Others reflected on how state law did not legally recognize their partnership. This had many consequences, such not being included in the division of their own assets and not being allowed to use their health insurance coverage for their partners' health care bills (Jenkins et al., 2014).

Individuals with intellectual disabilities are also disenfranchised, often judged as being unable to form attachments or process death. Research shows this is not the case, that individuals with intellectual disabilities grieve similarly as other adults (e.g., can acknowledge death, have a range of emotional experiences, maintain a relationship with the deceased through rituals; McRitchie, McKenzie, Quayle, Harlin, & Neumann, 2014). One qualitative study of 12 adults with mild intellectual

disabilities found that all of the participants had experiences with disenfranchisement. Some of the individuals reported feelings of helplessness, as they were denied power in grieving process (e.g., caregivers refused to let them attend the funeral). Others talked about being excluded from communication around their loved ones death, such as not being told that the person was sick (McRitchie et al., 2014). When any individual faces repeated experiences such as those described above, this limits their ability to make meaning from the person's death and continue their relationship with the deceased in an adaptive way (Valentine et al., 2016).

While qualitative studies are the most common methodology for understanding disenfranchised grief, there appear to be three quantitative studies conducted about the construct. Thornton, Robertson, and Mlecko (1991) first assessed 96 college students reactions to disenfranchised deaths versus accepted deaths. They gave participants one of six vignettes that described a person's grief experience, with the only difference being the type of loss mentioned (disenfranchised = abortion, miscarriage, same-sex partner; accepted = loved one, spouse, child). Interestingly, when asked to reflect on the social support that would be provided to the griever, individuals identified the same-sex partner loss, the abortion loss, and the loved one loss as least likely to receive social support. The authors speculated that the generality of the term "loved one" may mean that grief can be disenfranchised if individuals do not have a socially accepted label for the relationship with the deceased (Thornton, Robertson, & Mlecko, 1991).

The other two quantitative studies examined the grief reactions of health care providers. In a survey of 577 hospital chaplains, around 21% of participants stated

that their grief was neither supported nor affirmed in the workplace. This set of respondents reported that talk about death is avoided in hospitals, that they feel pressure to be emotionless as providers, and that others do not offer comfort to them as they are believed to be immune to grief (Spidell et al., 2011). To see how these disenfranchising events influence health care workers' well-being, Anderson and Gaugler (2007) tested two regression models predicting personal growth and complicated grief symptomology. They hypothesized that disenfranchised grief, along with coping efficacy, social support, and attitudes toward death, would predict both outcomes after the deaths of nursing home residents under their care. Of note, disenfranchised grief was a significant predictor of personal growth, but not complicated grief in this sample (Anderson & Gaugler, 2007). Given the sparse amount of literature assessing disenfranchised grief and its relationship with grief related outcomes, the generalizability of these results are limited. Additional research is needed to understand how disenfranchised grief influences the mourning process.

A Framework for Predicting Grief Outcomes

Mancini and Bonanno (2009) proposed a theoretical framework for understanding how individuals differentially move through the grief process. Previous research suggested that grievers tend to follow one of three mourning patterns: chronic grief (e.g., persistent symptoms that disrupt functioning), recovery (e.g., moderate distress after the initial loss, followed by a return to normal functioning within 1 to 2 years), and resilience (e.g., minimal disruption of functioning, or even growth, after a loss; Bonanno, Wortman, & Neese, 2004). Of note, resilience is far more common among grieving individuals than previously assumed, with nearly half

of bereaved spouses demonstrating a resilient grieving pattern at 6 and 18 months post loss (e.g., low levels of depressive symptoms and common grief reactions; Bonanno et al., 2004; Spahni et al., 2015)

Subsequently, Mancini and Bonanno (2009) created an individual differences model for understanding how resilient individuals managed their reactions to loss such that they were able to maintain pre-loss levels of functioning. The extant research shows that repressive coping, a dismissive avoidant attachment style, self-enhancement (e.g., a bias toward viewing oneself in highly favorable terms), beliefs in a just and fair world, complex identities, and experiences with positive affect/positive memories of the deceased were empirically supported predictors of resilience. Moreover, these individual difference variables appeared to act on resilience through their effects on individuals' appraisal processes (e.g., one's understanding of how the loss will impact her/his life), perceived social support, and coping strategies (Mancini & Bonanno, 2009).

Initial support for the theory has been found in a sample of 116 bereaved spouses. Mancini and colleagues (2015) compared key predictors from the model (e.g., personality traits, attachment style, dependency in relationships, and perceived social support) across three trajectories of grief: resilient grievers, recovered grievers and prolonged grievers. Of relevance to the current study, the results showed that resilient grievers reported lower levels of attachment anxiety and attachment avoidance compared to other groups, as well as higher perceived social support compared to the prolonged grievers (Mancini, Sinan, & Bonanno, 2015). There is also evidence to suggest that this model could have relevance for disenfranchised grievers.

In one study of 33 mothers who had experienced perinatal loss, researchers evaluated the role of attachment and social support on grief, anxiety, depression, and somatization. It was found that preoccupied attachment was a strong predictor of PTSD symptomology, while social support inversely predicted both grief and depressive symptoms at nine months post-loss (Scheidt et al., 2012). The current study hopes to further our understanding of this individual difference model of grief reactions by testing components of the model with a sample of women who have lost a close female friend, specifically examining the role of attachment style on both posttraumatic growth and complicated grief through their influences on perceived social support and coping strategies. As friend grievers have been identified as a disenfranchised population, this investigation included experiences with disenfranchisement as a predictor within the existing model.

Attachment Style. Attachment and bereavement have long been linked in the psychological literature. Attachment theory proposed that our early experiences with caregivers, particularly during times of distress, shape our working models for later relationships (Bowlby, 1980). Individuals with available and responsive caregivers are thought to develop secure attachment. Secure individuals are able to develop close, yet differentiated relationships, without engaging in high levels of anxious or avoidant behaviors (Brennan, Clark, & Shaver, 1998). Individuals with inconsistent and/or unavailable caregivers are thought to develop insecure attachment, and subsequently struggle to maintain close relationships due to high levels of anxious behavior, avoidant behavior, or both. High attachment anxiety often manifests as an intense desire to be close to others, motivated by fear of being rejected or abandoned

(Wei et al., 2007). High attachment avoidance, on the other hand, involves a tendency to withdraw from others and minimize the importance of relationships (Wei et al., 2007).

Through the lens of attachment theory, grief is a natural response to the loss of an attachment figure. The grief process is viewed as adaptive if a person comes to recognize that the loss happened, yet still maintains an ongoing emotional connection with the deceased (Bowlby, 1980; Schenck, Eberle, & Rings, 2016). However one's ability to accomplish these tasks post-loss is complicated by the attachment style of the bereaved individual. After a death, individuals' internalized representation of attachment relationships are activated in preparation for coping with the ensuing stress (Shear & Shair, 2005). The grief literature suggested that secure attachment (low avoidance and low anxiety) buffers against negative physical and mental health outcomes (e.g., Meier et al., 2013). For individuals with insecure attachment, death prompts working models of the relationship with the deceased that either intensifies the distress of being separated (as the griever cannot be reunited with the deceased) or minimizes the emotional pain involved with loss.

Research on the relationship between attachment anxiety, coping, and grief outcomes is relatively clear—high attachment anxiety was related to poor coping and elevated grief symptomology (e.g., Burke & Neimeyer, 2012; Lobb et al., 2010). In a two-wave study on 59 bereaved adults, preoccupied (high anxiety, low avoidance) and fearfully (high anxiety, high avoidance) attached adults experienced higher grief, anxiety, depressive, and PTSD symptoms compared to secure and dismissively (low anxiety, high avoidance) attached adults over time (Fraley & Bonanno, 2004). Meier

and colleagues (2013) also found a relationship between attachment style and post-loss adjustment, with higher levels of attachment anxiety related to more symptoms of prolonged grief, poor general physical health, and poor mental health.

Less clear is the relationship between grief outcomes and attachment avoidance. On the one hand, it has been hypothesized that individuals with an avoidant attachment style may be at increased risk for prolonged grieving due to the minimization of their emotional reactions and bonds to the deceased. This hypothesis was supported in a study of 219 Dutch couples grieving the loss of a child, in which the higher a parent scored on avoidant attachment, the more grief and depression they reported (Wijngaards-de Meji et al., 2007). Subsequently, general avoidant attachment style was found to be unrelated to typical grief symptoms, but did predict prolonged grief symptoms (Jerga, Shaver, & Wilkinson, 2011). The researchers concluded that avoidant attachment may buffer individuals from distress in the immediate aftermath of a loss, but increase the risk of difficulties in the long-term.

On the other hand, avoidant attachment also has been conceptualized as protective in the adjustment to loss. Low levels of mental health symptomology (e.g., anxiety, depression, and PTSD) were observed among bereaved individuals with a dismissive-avoidant attachment style (low anxiety, high avoidance; Fraley & Bonanno, 2004). The authors speculated that the resilience demonstrated by dismissively attached individuals resulted from their ability to re-direct their attention and mental resources away from any experience that threatens their independence, such as a loss. Alternatively, they proposed that dismissing adults form weaker emotional attachments to their loved ones compared to secure and anxious adults,

thus tempering the suffering associated with the end of the relationship (Fraley & Bonanno, 2004). Interestingly, no relationship was found between attachment avoidance and prolonged grief symptoms in a sample of 656 bereaved college students, but later a negative relationship between attachment avoidance and well-being in the context of violent death bereavement was observed (Meier et al., 2013). Given the mixed nature of these findings, additional research is needed to clarify the conditions in which avoidant attachment is protective or detrimental for the psychological well-being of bereaved individuals.

Perceived Social Support. This construct refers to the perception that one has access to care and assistance from individuals in one's social network. Social support has been investigated frequently as a protective factor against negative mental health outcomes, including in the bereavement literature. For example, social support negatively related to grief and depressive symptoms for people mourning the death of a first-degree relative (van der Houwen et al., 2010). However, in a systematic review of the bereavement literature, little evidence was found to suggest that social support moderated the relationship between loss and negative outcomes (Stroebe, Zech, Stroebe, & Abakoumkin, 2005). A longitudinal study of bereaved widows was conducted subsequently, investigating the role of social support on psychological well-being across three time points. Two sets of multiple hierarchical regression analyses revealed that high levels of social support did not buffer individuals against the impact of their loss, nor did it speed up their recovery post loss. This finding was similarly replicated in three longitudinal samples of bereaved spouses, such that social relationships established prior to widowhood did not buffer grieving

individuals from distress post loss (Anusic & Lucas, 2013). It was hypothesized that social support, which is often operationalized by having individuals with whom the bereaved can talk about their loss, is only helpful for individuals who suffer from more complicated grief rather than normative grief reactions (Stroebe et al., 2005).

Juth and colleagues (2015) recently distinguished between perceptions of social support (the belief that people are there for you) and experiences with social constraints (interactions within one's support system that limits one's ability to disclose about loss) in a sample of 231 bereaved individuals. They found that perceived social support predicted perceived life stress, but did not relate to any health outcomes (depressive, somatic, or physical symptoms). However, when controlling for social support, social constraints predicted perceived life stress, depression, somatic symptoms, and physical health problems. Social constraints also moderated the relationship between loss-related intrusions and distress (depression and perceived stress), suggesting that intrusive thoughts were more stressful when individuals do not have helpful people with whom to discuss those thoughts (Juth, Smyth, Carey, & Lepore, 2015).

Having supportive individuals to acknowledge one's grief may be particularly important for disenfranchised losses and grievers (Doka, 2008). In one study of 54 African-American grievers, the size of an individual's social network was related negatively to complicated grief and depressive symptoms, but not posttraumatic stress symptoms, after the death of a loved one through homicide (Burke, Neimeyer, & McDevitt-Murphy, 2010). Furthermore, the more negative relationships in an individual's network (as defined by people who had angered the bereaved within the

previous month), the more they reported complicated grief and posttraumatic stress symptoms. Self-report measures of perceived social support, however, were generally unrelated to bereavement outcomes; only grief-specific perceived social support negatively related to depression (Burke et al., 2010). This contrasts with a sample of 48 Black mothers who lost children to gun violence, in which general perceived social support mediated the relationship between traumatic stress and resilience, such that traumatic stress decreased in the presence of social support, which in turn increased mothers' resilience (Bailey, Sharma, & Jubin, 2013). General perceived social support also predicted depressive symptoms and anxiety symptoms for adolescent girls and boys after the loss of a loved one (Chapman, 2003; Eilertsen, Eilegård, Steineck, Nyberg, & Kreicbergs, 2013).

With a different group of disenfranchised grievers, social support buffered against both depression and PTSD symptoms nine months post a perinatal loss (Gold, Leon, Boggs, & Sen, 2016). Yet for women who had an abortion, a group who has been conceptualized as disenfranchised, the role of perceived social support was less clear. While perceived social support predicted PTSD symptoms after controlling for the type of abortion (medical or surgical), it did not remain a significant predictor after adding measures of dissociation experiences, emotional reactions, anxiety symptoms, and depressive symptoms into the model (Rousset, Brulfert, Séjourné, Goutaudier, & Chabrol, 2011). However, this finding may be influenced by the relatively high levels of perceived social support in the sample (median score = 60, possible range = 12 - 84), as previous research suggested that women who have abortions are at risk for low social support (Rousset et al., 2011).

Coping Style. Coping refers to the processes, strategies, or styles individuals use to deal with bereavement (Stroebe & Schut, 2010). A large body of literature suggests that the coping strategies used by individuals after a loss play a critical role in the intensity and duration of their grief reactions. The most widely used model of bereavement-specific coping is the Dual Process Model (Stroebe & Schut, 1991). In the Dual Process Model, adaptation to a loss is predicted by an individual's flexible use of coping strategies that address both loss-oriented stressors (e.g., painful feelings, thoughts associated with absence of the deceased) and recovery-oriented stressors (e.g., having to reengage and plan daily activities in world without the deceased; Stroebe & Schut, 2010). The strategies for coping with these stressors are most commonly divided into task-focused coping (e.g., making a plan), emotion-focused coping (e.g., venting), and avoidant coping (e.g., distraction; Folkman, 2001; Stroebe & Schut, 2010). Religious coping, a frequent construct in the bereavement literature, is not of interest for this study and subsequently was not reviewed.

The research is mixed around the efficacy of avoidance (e.g., denial, self-distraction) as a grief-related coping strategy. In a sample of traumatically bereaved college students, avoidant coping was associated with more severe complicated grief and posttraumatic stress symptomatology (Schnider et al., 2007). Avoidance-focused coping also was the strongest predictor of both grief and depression among bereaved parents and female college students (Harper, O'Connor, & O'Carroll, 2014; Lawrence, Jeglic, Matthews, & Pepper, 2006) and continued to predict depression at 16 to 19 months post-loss in another bereaved sample (Boelen, van den Bout, & van den Hout, 2006). The positive association between avoidant coping and grief held

true in both racial minority and White samples grieving an AIDS-related death, even after controlling for other coping strategies, social support, and depression (Sikkema et al., 2000).

Yet researchers also hypothesized that avoidance coping can serve adaptive functions for those who are grieving, as it allows loved ones to continue with the tasks of daily living, as well as deal with the pragmatic aspects of loss (e.g., making notifications, selling the estate; Bonanno, Keltner, Holen, & Horowitz, 1995; Coifman, Nonanno, Ray, & Gross, 2007). Robinson and Marwit (2006) investigated a model of grief intensity in a sample of 138 bereaved mothers. Along with personality variables (neuroticism and extraversion), emotion-oriented, task-oriented, and avoidance-oriented coping were tested as predictors. Results from a hierarchical multiple regression analysis showed that emotion-oriented coping and avoidance-oriented coping were predictors of grief intensity, with emotion-oriented coping related to higher levels of grief and avoidance-oriented coping related to lower levels of grief. This finding was replicated in another sample of 57 bereaved mothers, in which emotion-oriented coping was related to higher grief levels and avoidance-oriented coping was related to lower grief levels (Anderson et al., 2005). It may be that avoidant coping strategies vary in usefulness depending on the type of loss and the time since the loss.

Like avoidant coping, the literature on emotion-focused strategies is complex. Active emotional coping refers to strategies such as talking about distress and using cognitive restructuring to lessen the impact of a specific stressor (Cousins, Servaty-Seib, & Lockman, 2017). While emotion-focused coping has contributed to increased

grief intensity in studies of bereaved mothers (Anderson et al., 2005; Robinson & Marwit, 2006), active-emotional focused coping was associated positively with social adjustment among bereaved college students (Cousins et al., 2017), and unrelated to mental health outcomes among those who experienced a traumatic loss (Schnider et al., 2007). To account for these mixed findings, researchers have pointed to problems with the measurement of emotion-focused coping (e.g., measures confounding emotion coping with emotional distress; Christiansen, Olf, & Elklit, 2014), hypothesized that emotional coping strategies may not be enough to alleviate distress among populations with heightened psychopathology (Schnider et al., 2007), and questioned how the timing of emotional coping strategies may influence their effectiveness (e.g., Naef, Ward, Mahrer-Imhof, & Grande, 2013). In a recent systematic review of spousal loss in old age, Naef and colleagues (2013) found that emotion-focused coping was used more commonly by bereaved women compared to bereaved men, and that this strategy was more useful early on compared to later in bereavement. It may be that the longer grievers focus on their negative emotions, the more this coping strategy takes on a ruminative, unproductive quality (Anderson et al., 2005). In addition to type of loss and time since loss, this also suggests that a coping style's usefulness may depend on individual differences of the griever the types of stressors encountered post loss (Naef et al., 2013).

Finally, problem-focused or task-oriented coping refers to the use of planning and behavioral strategies to overcome a specific problem (Cousins et al., 2017). Problem-focused coping has been conceptualized as an adaptive strategy for dealing with distress across many populations, including grievers (Anderson et al., 2005). For

example, in a study of parents who had lost a child, problem-focused strategies such as engaging in service activities and finding replacement roles outside of parenthood were negatively associated with depressive symptoms (Videka-Sherman, 1982). However this adaptiveness, like the other coping strategies, may be limited. Among a group of 82 bereaved college students, while problem-focused coping positively predicted academic adjustment, it did not influence their social or emotional well-being (Cousins et al., 2017). It is possible that problem-focusing coping strategies are less helpful for mental health during bereavement compared to other stressors, as death and grief are not controllable problems.

Grief Related Outcomes

Complicated Grief. Complicated or prolonged grief refers to chronic, intense symptoms of grief that interfere with a person's ability to function after 6 months post-loss (Maciejewski, Maercker, Boelen, & Prigerson, 2016). Individuals with complicated grief commonly will express disbelief about the death, experience intense yearning for the deceased, have preoccupied thoughts about the death, and avoid reminders about the loss. It has been demonstrated that between 10% and 20% of bereaved people experience complicated grief (Lobb et al., 2010) and that these symptoms are distinct from the symptoms associated with depression, anxiety, and posttraumatic stress disorder (e.g., Boelen & van den Bout, 2005; Golden & Dalgleish, 2010). Currently, complicated grief is not represented within the DSM-V, although a similar set of criteria have been proposed under the name of persistent complex bereavement disorder in the section on conditions for further study (Maciejewski et al., 2016).

Research shows that complicated grief symptoms can result in clinically significant impairments, such as compromised social and relationship functioning, disrupted sleep patterns, increased suicidality, and increased substance use (see Shear et al., 2011 for a review). For example, Boelen and Prigerson (2007) studied the predictive ability of complicated grief on functioning in a longitudinal sample of 346 griever between 6 months and 2 years post-loss. Complicated grief, depression, and anxiety symptoms were all assessed as predictor variables, while measures capturing quality of life, suicidal ideation, and sleep problems were assessed as outcome variables. After controlling for relevant situational variables, regression analyses showed that complicated grief symptomology at time one, alongside depression anxiety symptoms, uniquely predicted outcome (e.g., mental health, suicidal ideation) at times two and three.

Complicated grief has been documented in a wide range of bereaved individuals (Shear et al., 2011). Of note, many of these populations (e.g., individuals with intellectual disabilities, individuals grieving a death by suicide, bereaved individuals with serious mental illness) have been conceptualized as disenfranchised. Studies with individuals grieving the death of loved one by suicide suggest that complicated grief occurs more frequently in this population compared to general grievers (particularly among individuals closely related to the deceased; Mitchell et al., 2004) and that complicated grief symptomology increased grievers' own risk for suicidal ideation almost ten-fold (Mitchell et al., 2005).

However, the direct relationship between disenfranchised grief experiences and complicated grief has not been empirically tested. Risk factors for complicated

grief with empirical support include the following: insecure attachment style, dependent personality, negative worldview beliefs, grief due to a violent death, being a woman, having a history of mental health concerns, perceiving low amounts of social support, struggling to make meaning or sense of the loss, pessimistic attitudes, and having a positive caregiving experience with the deceased (Shear et al., 2011; Lobb et al., 2010). Given these many situational, intrapersonal, and interpersonal risk factors for complicated grief, future research must identify which predictors are relevant and when across different populations of grievers.

Posttraumatic Growth. Posttraumatic growth refers to the positive changes experienced by a person after a distressing event, such as the death of a loved one (Tedeschi & Calhoun, 2004). It has been proposed that there are five domains of posttraumatic growth: 1) the creation of stronger relationships, 2) experiencing a greater appreciation of life, 3) having an increased sense of one's strengths, 4) recognizing new possibilities for one's life course, and 5) the development of a spiritual identity. Posttraumatic growth is similar to resilience in that both reflect persistence in the face of adversity. They differ in that posttraumatic growth can co-exist with significant psychological distress, while resilience generally suggested the avoidance of distress due to adaptation (Tedeschi & Calhoun, 2004).

The theory behind posttraumatic growth overlaps with Mancini and Bonanno's (2009) individual differences model. Of significance for this study, both theories identify person variables (e.g., attachment style), coping, social support, and cognitive processing style as key predictors of growth and resilience after a traumatic event. Simplified, the posttraumatic growth model specifically asserts that traumatic

events disrupt a person's sense of self and her/his view of the world. As a result, the individual experiences distress, which then must be managed through cognitive work and use of social support. When done successfully, this can result in positive changes despite the devastating nature of trauma (Tedeschi & Calhoun, 2004).

A recent review of the literature suggests that there is a consistent relationship between bereavement and posttraumatic growth (Michael & Cooper, 2013).

Qualitatively, bereaved individuals have reported increases in compassion, independence, confidence, religiosity/spirituality, appreciation for life, and self-awareness as a result of a death. Behavioral changes have occurred as well, such as a willingness to try new things, a commitment to living in the present moment, and a desire to improve their current relationships (e.g., Batten & Oltjenbruns, 1999; Matthews, 1991; Michael & Cooper, 2013; Parappully, Rosenbaum, van den Deale, & Nzewi, 2002).

Quantitative investigations lend additional support for a model of posttraumatic growth fitting with the experiences of the bereaved. For example, a longitudinal study of adolescents grieving a parent found that when controlling for time since death, appraisal processes (specifically threat appraisals), coping styles (active and avoidant), and social support (from parents/guardians) emerged as predictors of posttraumatic growth six years after the initial data collection (Wolchik et al., 2009). Further, Cohen and Katz (2015) examined the influence of attachment style, cause of death, and coping flexibility on the development of post-traumatic growth among adults grieving a sibling in Israel. Their analyses suggested that secure individuals endorse higher levels of posttraumatic growth compared to their insecure

counterparts and that flexible coping predicts growth in the face of bereavement. However, the generalizability of these findings to other bereaved populations, such as disenfranchised grievers, is limited. Researchers must continue to explore the contextual, intrapersonal, and interpersonal factors that affect posttraumatic growth after death.

Summary Statement

Female friendship provides women with a plethora of benefits, including reduced physiological (e.g., Taylor et al., 2000; Yang et al., 2016) and psychological distress (Martina & Stevens, 2006; Schmidt & Bagwell, 2009). But despite the influence close friends have on our lives, we do not know what happens when women lose their close female friends. Previous theoretical work conceptualizes the loss of friends as disenfranchised, or not socially recognized, due to the devaluing of peer relationships in Western culture (Deck & Folta, 1989). Further, disenfranchisement appears to exacerbate grief reactions, such that individuals with disenfranchised losses experience increased feelings of loneliness, sadness, and frustration, as well as decreased social support and personal growth during the bereavement process (e.g., Anderson & Gaugler, 2007; Jenkins et al., 2014). Yet none of these studies have investigated the experience of friend grievers, particularly women mourning the loss of a close female friend. Thus, the first purpose of this study was to qualitatively describe the grief experiences of women who have lost a close female friend using focus group methodology.

Although this population has not yet been studied, existing models of grief may offer insight about critical mediators in the bereavement process for women who

have lost a close female friend. Drawing upon the individual differences model (Mancini & Bonanno, 2009), as well as results from systematic reviews of the literature, attachment style, perceived social support, and coping style all have been identified as robust predictors of grief-related outcomes, such as complicated grief symptomology and posttraumatic growth. Consequently, the second purpose of this study was to test an integrative model of grief reactions that was grounded in the literature and informed by findings from the aforementioned qualitative study. The model included disenfranchised grief experiences, attachment style, perceived social support, and coping style as predictors of both complicated grief and posttraumatic growth among female friend grievers. Hopefully, the model can be used to inform outreach and intervention efforts among a group of disenfranchised women and give recognition to the significance of their loss experiences.

Appendix B

Example Recruitment Email

Dear _____,

We are conducting a study to understand the grief experiences of women whose close female friend has recently died. Would you please forward the following announcement to anyone who might be eligible to participate in our study or can connect us with those eligible to participate? The online survey takes at most 20 minutes to complete and eligible participants will be entered in a raffle to win one of four \$50 gift cards and one \$100 gift card.

Thank you very much,

Lizzie Sauber
University of Maryland

Are you grieving the death of a close female friend? We want to hear your voice!

If you are female, between 20 and 70 years old, and have experienced the death of a non-relative, female friend between 6 months and 3 years ago today, would you be willing to complete a 20 minute survey to help us better understand your mourning process?

If yes, click on the link below. Eligible participants will be entered into a raffle to win one of four \$50 gift cards and one \$100 gift card for their time.

LINK

Please forward this email to other women who might be interested in participating

THANK YOU!

Questions? Contact Lizzie Sauber
University of Maryland, College Park
Department of Psychology, College Park, Maryland 20742

Appendix C

Inclusion Questions

1. Are you a woman between the ages of 20 and 70?

- Yes
 No

2. Have you experienced the death of a **close** or **best** female friend?

- Yes
 No

3. Did your friend die between 6 and 36 months ago?

- Yes
 No

Appendix D

Qualitative Component: Focus Group Questions

Thank you for your participation in this focus group. I look forward to learning about each of you and your friends. As we talk today, I want to let you know that there may be times where I ask you follow up questions or when I interrupt you. This is just to make sure that I am understanding what you are saying.

1. To start, briefly tell me about your friend and the loss of your friend.
2. How are you doing around the loss of your friend?
 - a. What does your grief look like today?
3. How have others responded to your loss?
 - a. Please describe to what degree and how your grief was recognized by others
 - b. What types of support have you received?
 - c. What types of support do you wish you had received?
4. How have you coped with your loss?
 - a. How has this changed over time?
5. In what ways, if any, have you continued to struggle from this difficult experience?
 - a. What has been most difficult or challenging after the loss?
6. In what ways, if any, have you changed from this difficult experience?
 - a. What have you learned from this experience?
 - b. How have you grown from this experience?

Appendix E

Witnessing of Disenfranchised Grief (WDG; St. Clair, 2013)

Consider the extent to which you felt that you had people in your life who understood your loss and answer the following questions regarding that witnessing experience.

	Strongly Agree (1)	Agree (2)	Unsure (3)	Disagree (4)	Strongly Disagree (5)
1. People in my life understood the full extent of my loss.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. People in my life felt sorry for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. People in my life tried to meet my physical needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. People in my life talked about what I had lost.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. People in my life focused on my emotional pain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. People in my life could see that I had a right to grieve.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I felt free to express grief in the presence of people in my life 6 months after the loss.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. People in my life still remember my loss.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. No one can understand why I still feel the	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

need to talk about the loss. (R)					
10. No one remembers my loss. (R)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. People in my life reached out to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I knew that people in my life understood because people in my life had a similar loss.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. The world doesn't want to hear the story of my loss. (R)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. My loss is easier to bear because of the people in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. People in my life can testify to the world that I have a right to grieve the loss.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I knew that people in my life understood my loss just by what they said to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I find comfort in knowing that people in my life want to listen to my story.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I knew that people in my	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

life understood my loss just by what they did for me.					
19. I knew that the people in my life understood when I looked into their eyes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. No one was more helpful to me than the people in my life who understood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Knowing that I had people in my life who understood was a great comfort to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Without the people in my life, I would have carried the emotional pain of my loss alone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix F

The Experiences in Close Relationship Scale-Short Form (ECR-S; Wei, Russell, Mallinckrodt, & Vogel, 2007)

The following statements concern how you feel in romantic relationships. We are interested in how you generally experience relationships, not just in what is happening in a current relationship. Respond to each statement by indicating how much you agree or disagree with it. Write the number in the space provided, using the following rating scale:

	Strongly Disagree (1)	Disagree (2)	Slightly Disagree (3)	Neutral (4)	Slightly Agree (5)	Agree (6)	Strongly Agree (7)
1. It helps to turn to my romantic partner in times of need. (R)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*2. I need a lot of reassurance that I am loved by my partner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I want to get close to my partner, but I keep pulling back.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*4. I find that my partner(s) don't want to get as close as I would like.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I turn to my partner for many things, including comfort and reassurance. (R)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*6. My desire to be very close sometimes scares people away.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I try to avoid getting too close to my partner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*8. I do not often worry about being abandoned. (R)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I usually discuss my problems and concerns with my partner. (R)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*10. I get frustrated if romantic partners are not available when I need them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I am nervous when partners get too close to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*12. I worry that romantic partners won't care about me as much as I care about them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Anxiety dimension items

Appendix G

Multidimensional Scale of Perceived Social Support (MPSS; Zimet, Powell, Farley, Werkman, & Berkoff; 1990)

We are interested in how you felt about the following statements since the death of your friend. Read each statement carefully. Indicate how you felt about each statement.

Circle the “1” if you Very Strongly Disagree

Circle the “2” if you Strongly Disagree

Circle the “3” if you Mildly Disagree

Circle the “4” if you are Neutral

Circle the “5” if you Mildly Agree

Circle the “6” if you Strongly Agree

Circle the “7” if you Very Strongly Agree

	Very Strongly Disagree (1)	Strongly Disagree (2)	Mildly Disagree (3)	Neutral (4)	Mildly Agree (5)	Strongly Agree (6)	Very Strongly Agree (7)
1. There was a special person who was around when I was in need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. There was a special person with whom I could share joys and sorrows.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My family really tried to help me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I got the emotional help & support I needed from my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I had a special person who was a real source of comfort to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My friends really tried to help me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. I could count on my friends when things went wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I could talk about my problems with my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I had friends with whom I could share my joys and sorrows.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. There was a special person in my life who cared about my feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. My family was willing to help me make decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I could talk about my problems with my friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix H

Brief COPE (Carver, 1997)

These items deal with ways you've been coping with the death of your close female friend. There are many ways to try to deal with problems. These items ask what you've been doing to cope with the loss of your close female friend. Obviously, different people deal with things in different ways, but I'm interested in how you've tried to deal with it. Each item says something about a particular way of coping. I want to know to what extent you've been doing what the item says. How much or how frequently. Don't answer on the basis of whether it seems to be working or not—just whether or not you're doing it. Use these response choices. Try to rate each item separately in your mind from the others. Make your answers as true FOR YOU as you can.

- 1 = I haven't been doing this at all
- 2 = I've been doing this a little bit
- 3 = I've been doing this a medium amount
- 4 = I've been doing this a lot

	I haven't been doing this at all (1)	I've been doing this a little bit (2)	I've been doing this a medium amount (3)	I've been doing this a lot (4)
1. I've been turning to work or other activities to take my mind off things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I've been concentrating my efforts on doing something about the situation I'm in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I've been saying to myself "this isn't real."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I've been using alcohol or other drugs to make myself feel better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I've been getting emotional support from others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I've been giving up trying to deal with it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I've been taking action to try to make the situation better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I've been refusing to believe that it has happened.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I've been saying things to let my unpleasant feelings escape.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I've been getting help and advice from other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. I've been using alcohol or other drugs to help me get through it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I've been trying to see it in a different light, to make it seem more positive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I've been criticizing myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I've been trying to come up with a strategy about what to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I've been getting comfort and understanding from someone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I've been giving up the attempt to cope.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I've been looking for something good in what is happening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I've been making jokes about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I've been accepting the reality of the fact that it has happened.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I've been expressing my negative feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I've been trying to find comfort in my religion or spiritual beliefs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I've been trying to get advice or help from other people about what to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I've been learning to live with it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I've been thinking hard about what steps to take.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. I've been blaming myself for things that happened.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. I've been praying or meditating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. I've been making fun of the situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix I

Inventory of Complicated Grief (ICG; Prigerson et al., 1995)

Please fill in the circle next to the answer which best describes how you feel right now.

	Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Always (5)
1. I think about this person so much that it's hard for me to do the things I normally do...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Memories of the person who died upset me...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel I cannot accept the death of the person who died...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I feel myself longing for the person who died...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel drawn to places and things associated with the person who died...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I can't help feeling angry about his/her death...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I feel disbelief over what happened...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I feel stunned or dazed over what happened...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Ever since she died it is hard for me to trust people..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever since she died I feel like I have lost the ability to care about other people or I feel distant from people I care about...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. I have pain in the same area of my body or have some of the same symptoms as the person who died...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I go out of my way to avoid reminders of the person who died...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I feel that life is empty without the person who died...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I hear the voice of the person who died speak to me...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I see the person who died stand before me...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I feel that it is unfair that I should live when this person died...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I feel bitter over this person's death...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I feel envious of others who have not lost someone...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I feel lonely a great deal of the time ever since s/he died..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix J

The Post Traumatic Growth Inventory (PTGI; Tedeschi & Calhoun, 1996)

Indicate for each of the statements below the degree to which this change occurred in your life as a result of the death of your friend, using the following scale.

- 0 = I did not experience this change as a result of my crisis.
- 1 = I experienced this change to a very small degree as a result of my crisis.
- 2 = I experienced this change to a small degree as a result of my crisis.
- 3 = I experienced this change to a moderate degree as a result of my crisis.
- 4 = I experienced this change to a great degree as a result of my crisis.
- 5 = I experienced this change to a very great degree as a result of my crisis.

	Did not (0)	A very small degree (1)	A small degree (2)	A moderate degree (3)	A great degree (4)	A very great degree (5)
1. I changed my priorities about what is important in life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have a greater appreciation for the value of my own life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I developed new interests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I have a greater feeling of self-reliance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I have a better understanding of spiritual matters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I more clearly see that I can count on people in times of trouble.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I established a new path for my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I have a greater sense of closeness with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am more willing to express my emotions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I know better that I can handle difficulties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. I am able to do better things with my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I am better able to accept the way things work out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I can better appreciate each day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. New opportunities are available which wouldn't have been otherwise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I have more compassion for others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I put more effort into my relationships.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I am more likely to try to change things which need changing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I have a stronger religious faith.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I discovered that I'm stronger than I thought I was.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I learned a great deal about how wonderful people are.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I better accept needing others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix K

Demographic Questionnaire

1. Your age: _____
2. What is your current gender identity?
 - Female
 - Trans female/trans woman
 - Male
 - Trans male/trans man
 - Genderqueer/Gender non-conforming
 - Other _____
3. What was your friend's gender identity at death?
 - Female
 - Trans female/trans woman
 - Male
 - Trans male/trans man
 - Genderqueer/Gender non-conforming
 - Other _____
4. Friend's age at death: _____
5. How long had you been friends? _____ Years _____ Months
6. What was the nature of your relationship with this friend? Check all that apply.
 - Best friend
 - Close friend
 - Acquaintance
 - Life partner/romantic partner
 - Sexual partner
 - Other _____
7. How often did you talk to your friend?
 - Every day
 - Every week
 - Once or twice a month
 - Every few months
 - Other _____
8. How much time has passed since the death of your friend?
 - 0 to 3 months
 - 3 to 5 months
 - 6 to 12 months

- 1 to 2 years
- Over 2 years

9. How did your friend die (cause of death)?

- Heart Disease
- Cancer _____
- Accident _____
- Suicide
- Overdose
- Other _____

10. Would you consider her death expected or unexpected?

- Expected
- Unexpected
- Other _____

11. Have you experienced any other significant deaths in your life?

- Yes
- No

12. If yes, please list your relationship(s) with the deceased:

Relationship: _____ Month/Year of Loss: _____
 Relationship: _____ Month/Year of Loss: _____
 Relationship: _____ Month/Year of Loss: _____
 Relationship: _____ Month/Year of Loss: _____
 Relationship: _____ Month/Year of Loss: _____

13. Which of the following best represents your sexual orientation?

- Straight
- Bisexual
- Lesbian, gay, homosexual
- Other _____

14. Which of the following best represents your racial and/or ethnic heritage? Select all that apply.

- Black, Afro-Caribbean, African-American
- Latino, Hispanic-American
- Non-Hispanic White, European-American
- Asian, Asian-American, Pacific Islander
- American Indian
- Biracial/multiracial _____
- Other _____

15. Which of the following best represent(s) your religious or spiritual identity?
Check all that apply.

- Agnostic
- Atheist
- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Spiritual but not religious
- Unitarian Universalist
- Other _____

16. To what degree do you practice the spiritual tradition(s) indicated above?

- Not at all/Not applicable
- To a small degree
- To a moderate degree
- To a considerable degree
- To a great degree

17. Highest level of education completed:

- Did not complete high school
- High school/GED
- Some college
- Associate degree
- Bachelor's degree
- Master's degree
- Doctorate, professional degree

18. Relationship status:

- Single
- Together, never married
- Married
- Separated
- Divorced
- Widowed

19. How many children do you have, if any? _____

20. Employment status:

- Full time employment
- Part time employment
- Unemployed
- Retired
- Student

Other _____

21. If employed, what is your current occupation? _____

22. If unemployed, what was your last occupation? _____

23. If unemployed, when were you last employed? Month _____ Year

24. What is your household income?

- Below \$20,000
- \$20,000-\$39,999
- \$40,000-\$59,999
- \$60,000-\$79,999
- \$80,000-\$99,999
- \$100,000 or more

25. The following are four general relationship styles that people often report. Select the letter corresponding to the style that best describes you or is closest to the way you are.

A. It is easy for me to become emotionally close to others. I am comfortable depending on them and having them depend on me. I don't worry about being alone or having others not accept me.

B. I am uncomfortable getting close to others. I want emotionally close relationships, but I find it difficult to trust others completely, or to depend on them. I worry that I will be hurt if I allow myself to become too close to others.

C. I want to be completely emotionally intimate with others, but I often find that others are reluctant to get as close as I would like. I am uncomfortable being without close relationships, but I sometimes worry that others don't value me as much as I value them.

D. I am comfortable without close emotional relationships. It is very important to me to feel independent and self-sufficient, and I prefer not to depend on others or have others depend on me.

26. What support/treatment services have you used after your loss, if any? Check all that apply.

- Individual counseling
- Group counseling
- Community support groups
- Chaplain/religious counseling
- Other _____

27. Would you like to share anything else with the researchers? (Optional)

28. Would you be willing to be contacted by the researchers for future studies related to loss?

Yes

No

[Link to provide email address](#)

Table 1. *Focus Group Themes, Subthemes and Percentages of Endorsement*

Category	Percentage (N)
<i>Current grief reactions</i>	
Difficulty when reminded of deceased (e.g., anniversaries, memories, possessions)	71% (5)
Sad/depressed/tearful	71% (5)
Yearning for friend	57% (4)
Denial	29% (2)
Regret	29% (2)
Guilt	29% (2)
Stress in romantic relationships	29% (2)
Physical symptoms (e.g., weight loss, loss of appetite)	29% (2)
<i>How others responded to loss</i>	
Unhelpful (e.g., You're in my prayers; I know how you feel; Remember the good times)	100% (7)
Helpful	29% (2)
Unsure what to say/do	29% (2)
<i>How wish others responded to loss</i>	
Not sure	43% (3)
Wish had not said general/non-specific statements	29% (2)
Wish had been offered physical comfort	29% (2)
Wish others had talked about loss more openly/honestly	29% (2)
Wish others had given them more space	29% (2)
<i>Coping strategies</i>	
Continuing bonds (e.g., make friend's favorite recipe, talk to picture of friend, visit grave)	71% (5)
Distraction (e.g., cleaning, staying busy, listening to music)	57% (4)
Prayer/spirituality	43% (3)
Support from loved ones	29% (2)
Cry	29% (2)
Stress related eating	29% (2)
<i>Change/growth from loss</i>	
Reminded to cherish loved ones	43% (3)
Learned life is precious/short	43% (3)
Increased preoccupation with death	43% (3)
Considered own legacy after death	29% (2)
Refocused on present moment/goals	29% (2)
<i>Ongoing challenges</i>	
Miss unique friendship	43% (3)
Encountering reminders of deceased	29% (2)

Note: All subthemes in which N < 2 were not included

Table 2. *Summary of Means, Standard Deviations, Correlations, and Reliability Estimates (N = 148)*

Variable	1	2	3	4	5	6	7	8	9
1. Attachment Anxiety (AA _{Anx})	1								
2. Attachment Avoidance (AA _{vo})	.32*	1							
3. Disenfranchised Grief (DG)	.12	.36*	1						
4. Perceived Social Support (PSS)	-.08	-.41*	-.64*	1					
5. Problem Focused Coping (PFC)	.13	-.05	-.35*	.29*	1				
6. Active Emotional Coping (ActEC)	.15	-.21**	-.50*	.45*	.69*	1			
7. Avoidant Emotional Coping (AvoEC)	.44*	.35*	.13	-.00	.09	.08	1		
8. Complicated Grief (CG)	.30*	.40*	.05	.06	.07	.01	.72*	1	
9. Post Traumatic Growth (PTG)	.00	-.12	-.36*	.33*	.64*	.44*	-.03	.03	1
Mean (SD)	22.88 (7.85)	16.88 (7.18)	54.86 (17.26)	5.24 (1.10)	18.65 (5.11)	23.18 (4.42)	17.82 (5.77)	25.22 (12.44)	73.30 (25.54)
Actual Range	8-40	6-35	23-96	2-7	8-32	14-37	10-39	3-63	25-126
Possible Range	6-42	6-42	22-110	1-7	4-32	10-40	10-40	0-76	21-126
Cronbach Alpha	.79	.80	.95	.93	.77	.67	.84	.90	.96

Note: * $p \leq .01$, ** $p < .05$

Table 3. *Standardized Bootstrap Estimates of Direct and Indirect Effects for Modified Model (N = 148)*

Model results	Standardized estimate	SE	95% CI	R ²
<i>Direct effects</i>				
CG				.55
PFC	.05	.08	-.12; .20	
ActEC	-.03	.08	-.19; .14	
AvoEC	.68*	.05	.57; .78	
AAnx	-.06	.06	-.18; .05	
AAvo	.19*	.06	.06; .31	
PTG on				.43
PFC	.63*	.07	.48; .78	
ActEC	-.08	.09	-.25; .11	
AvoEC	-.05	.07	-.19; .08	
DG	-.17	.09	-.34; .01	
PFC on				.16
PSS	.12	.10	-.08; .31	
AAnx	.16**	.07	.01; .31	
AAvo	.06	.08	-.11; .21	
DG	-.31*	.11	-.52; -.10	
ActEC on				.33
PSS	.20*	.08	.04; .35	
AAnx	.24*	.07	.10; .38	
AAvo	-.07	.07	-.22; .06	
DG	-.38*	.08	-.53; -.22	
AvoEC on				.26
PSS	.22**	.10	.01; .41	
AAnx	.35*	.08	.18; .52	
AAvo	.28*	.09	.08; .43	
DG	.12	.11	-.10; .32	
PSS on				.45
AAnx	.07	.06	-.05; .19	
AAvo	-.24*	.07	-.37; -.10	
DG	-.56*	.07	-.69; -.41	
Correlation b/t ActEC and PFC	.62*	.06	.49; .72	
Correlation b/t AAvo and				
AAnx	.32*	.08	.17; .46	
DG	.36*	.08	.18; .52	
<i>Specific indirect effects</i>				
AAnx → AvoEC → CG	.24*	.06	.12; .37	
AAvo → AvoEC → CG	.19*	.07	.05; .31	
DG → PFC → PTG	-.20*	.07	-.33; -.06	

Note: * $p \leq .01$, ** $p < .05$

CI, confidence interval; R², explained variance; SE, standard error

Figure 1. Hypothesized Model of Grief Reactions

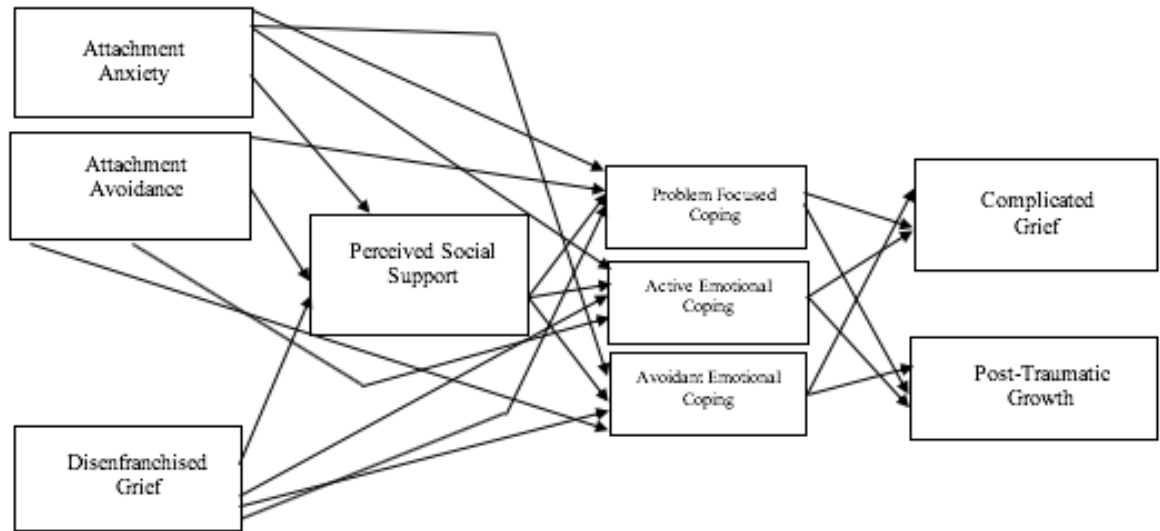
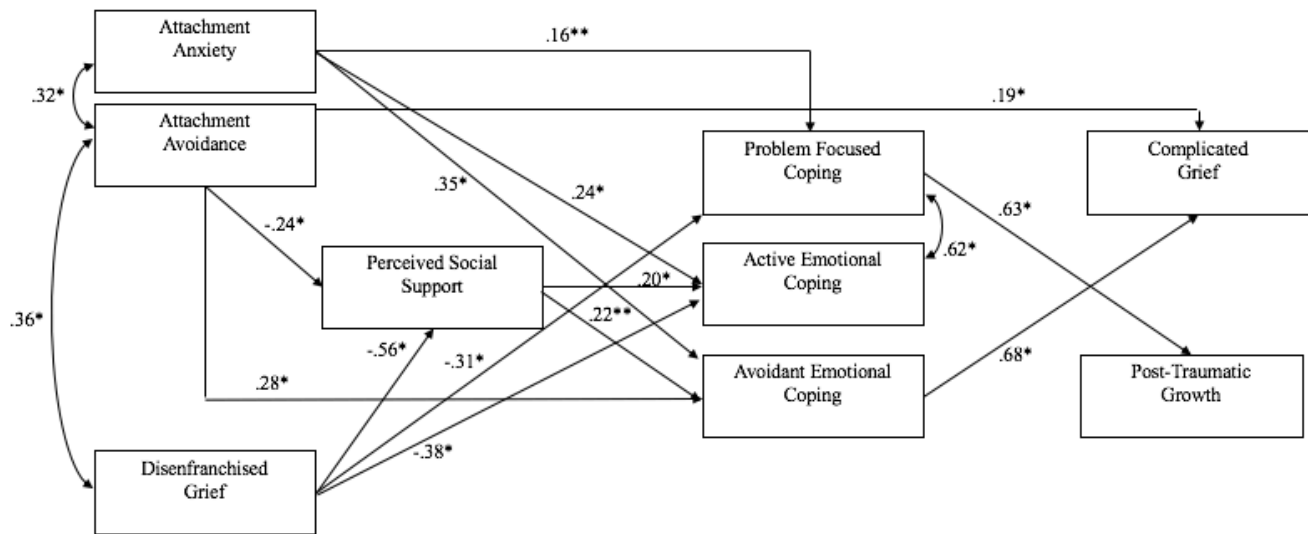


Figure 2. Path Diagram of the Direct Effects, Revised Model (N = 148)



Note: * $p \leq .01$, ** $p < .05$

Standardized coefficients are presented. Nonsignificant path coefficients are not displayed.

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