

Bereavement during motherhood: a mixed method pilot study exploring bereavement while parenting



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Abstract: This mixed method retrospective pilot study empirically investigated the grief experience of mothers of small children who were bereaved during motherhood. Prolonged Grief Disorder (PGD), life satisfaction, and attachment styles were measured among a web-based sample of 37 mothers using quantitative measures, and essay questions were used to gather qualitative data. Results indicated that while none of the mothers met the complete criteria for PGD, 49% endorsed presently experiencing separation distress, 24% endorsed frequently experiencing psychological symptoms and 14% reported current impairment in daily living. Insecure attachment style was positively correlated with higher PGD scores. Qualitative findings also indicated that although challenging, motherhood offered a distraction from grief, and provided a sense of meaning and purpose in life. Motherhood seems to have helped them to be less susceptible to prolonged grief complications. This was also responsible for their low scores on the PG-13, since a lack of purpose and identity in life are paramount in meeting criteria for complicated grief. Mothers also scored high on overall life satisfaction on the Satisfaction with Life Scale (SWLS) despite their loss.

Key words: bereavement, motherhood, attachment, bereavement, prolonged grief

Introduction

Of the 12.5 million people who are bereaved every year in the United States (Shear *et al.*, 2005), approximately 10-20% experience complications with grief (Boelen & Prigerson, 2007; Latham & Prigerson, 2004). Although the grief and bereavement literature has expanded significantly over the past decade (Dillen,

Fontaine, & Verhofstadt-Denève, 2008), few empirical studies have addressed the experience of grief among women during motherhood (Farnsworth & Allen, 1996). Motherhood alone is a challenging, paradoxical (Murray, 1990; Nicholson, 1999), and poorly understood period of transition (Hoffenaar, van Balen, & Hermanns, 2010; Winson, 2009). Additionally, the death of a loved one can be the most excruciating experience in one's lifetime

(Bowlby, 1980; Parkes, 1998; Shear & Mulhare, 2008) but very little is known about the co-occurrence of these two events and whether it would increase the incidence of complicated and prolonged grief among this group.

Grief reactions that persist and continue to interfere with individuals' overall level of functioning (Schaal *et al*, 2010) have been studied in relation to attachment style and quality of life. Findings suggest that securely attached individuals are less likely to show elevated symptoms of prolonged grief disorder (PGD), post-traumatic stress disorder, and depression (Fraley *et al*, 2006; Fraley & Bonanno, 2004). Life satisfaction is regarded as a protective cognitive component influencing the degree to which people positively or negatively evaluate their lives (Compton *et al*, 1996). Individuals who report satisfaction with their lives tend to be well adjusted and psychologically healthy (Diener *et al*, 1985). Furthermore, literature has also shown that securely attached individuals are overall more satisfied with life despite experiencing severe life stressors (Bartholomew & Shaver, 1998) and are less likely to exhibit symptoms of prolonged grief (Boelen & Prigerson, 2007). The aim of this study was to learn more about the overall experience of mothers who were bereaved while parenting a young child, and to specifically explore how grief intersects with motherhood, attachment, and life satisfaction.

Complicated grief

Persistent suffering beyond six months of the death of a loved one, originally labeled complicated grief (CG) (Horowitz *et al*, 1997; Prigerson & Jacobs, 2001), has since been redefined as prolonged grief (Prigerson *et al*, 2009). Since the Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition – Text Revision (DSM-IV-TR) listed bereavement as merely a 'V Code', Prigerson and others (2009) conducted extensive research on prolonged grief and recently proposed Prolonged Grief Disorder (PGD) for inclusion in the Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition (DSM-5; APA, 2013). Ongoing debates pertaining to pathological grief as a distinct psychiatric syndrome have resulted in modifications in the diagnostic criteria for atypical grief now included in the DSM-5.

While the bereaved naturally struggle with the vacillation of emotions and reactions often felt in grief and might seek professional assistance, such responses are not always indicative of mental illness. The DSM-IV included the 'bereavement exclusion', which specified that neither adjustment disorders nor depression should be diagnosed following a significant death. The DSM-5 editors cited that there is no current consensus for the addition of prolonged grief disorder and complicated grief and removed the bereavement exclusion from both depressive and adjustment disorders. Thus, currently a person who is grieving a loss may be diagnosed with depression or

an adjustment disorder. However, the removal of the bereavement exclusion from these diagnoses remains controversial.

Hypotheses

The first hypothesis of this study was that bereaved mothers would have a higher prevalence of complicated grief as compared to the bereaved population, which in the United States has a prevalence rate of 10-20% (Boelen & Prigerson, 2007; Latham & Prigerson, 2004). This hypothesis was based on the assumption that since motherhood itself is a stressful life event, therefore, the increased and persistent stress of parenthood would correlate with increased vulnerability to prolonged grief. Furthermore, motherhood was hypothesised to be associated with avoidance of grief, which has been shown to precipitate prolonged grief reactions and psychological distress (Prigerson, *et al*, 2001/2006/2009). Researchers also anticipated that complicated grief among this unique sample of mothers would correspond with poor life satisfaction and insecure attachment since previous findings have suggested that attachment styles contribute to grief reactions (Bolwby, 1980; Fraley *et al*, 2006).

Methods

Research design and procedures

Both quantitative and qualitative research methods were employed for this study. Recruitment was completed in the United States through advertising on hospice, parenting and grief counselling websites, parenting blogs, and by word-of-mouth. Data collection was conducted for six months (March through September 2011) entirely via the Internet using the website <https://alliant.qualtrics.com>. Participants were directed to a website, which explained the study and outlined the inclusion and exclusion criteria. A component of the demographic questionnaire served as a screening tool to determine eligibility for participation. After the review of the Internal Review Board (IRB) approved informed consent and meeting eligibility requirements, participants completed the anonymous online survey, which consisted of a demographic questionnaire, and three measures (Prolonged Grief – 13 (PG-13), Relationships Scale Questionnaire (RSQ), and Satisfaction With Life Scale (SWLS), see Appendix). Subjects also completed four qualitative essay questions to examine the subjective bereavement experience of each participant, since qualitative methods are recommended for research that is exploratory in nature and when little is known about a phenomenon (Creswell, 2005). The qualitative protocol was designed from a review of the literature pertaining to bereavement, grief, motherhood, and attachment. A qualitative exploratory descriptive design was employed in order to uncover and understand the perceptions and

insights of bereaved mothers. The following questions were included at the end of the online survey: 1) How would you describe life as a mother before the death of your loved one? 2) What was your experience of grief and loss while also a mother parenting a young child? 3) How have you emerged differently as a result of experiencing the death of a loved one during motherhood? and, 4) In terms of support and coping with the death of your loved one during motherhood, what was most helpful or unhelpful?

Qualitative analysis included thoroughly reading and re-reading each participant’s responses, and a physical manipulation of the text using a cut and paste technique to sort responses into themes. Initially, words and phrases were organised into groups by themes. Themes and significant quotes were extracted and then analysed once more by repeating the steps referenced above. Themes were named and ranked in the order of significance based on the percentage of endorsement from mothers.

Participants

Out of 121 voluntary and interested participants, 40 mothers met inclusion criteria and of those, 37 completed the survey in its entirety (Table 1). Of these, 35 also completed the qualitative study. Convenience sampling was implemented. A breakdown of demographic variables is provided (Table 1). The sample was comprised of 28 Caucasian women (75%), four Hispanic or Latina (11%), four African-American (9%) and one participant who identified as Bi-Racial or Hawaiian/ Pacific Islander (4%).

As a group, the women in this sample were highly educated, not particularly religious with high socioeconomic status (SES). The majority of mothers were biological mothers, while the rest were either stepmothers or adoptive mothers. The vast majority of participants were currently married and half mothered two children. Sixty-five percent of the mothers (n=25) encountered the death of a loved one before turning forty.

Over half of this sample (54%), experienced the death of a parent; 38% (n=14) experienced the death of their mother while 16% experienced the death of their father (n=6) (Table 2). The amount of time since the death of the loved one varied among this sample with 24% experiencing the death of a loved one six months to a year before completing this survey; 27% of the deaths occurred one to two years ago; and 38% of loved ones died over two years ago. The sudden death of a loved one was experienced by 30% of participants. Forty-four percent of this sample reported struggling currently with or feeling overwhelmed by the death of their loved one.

Results and discussion

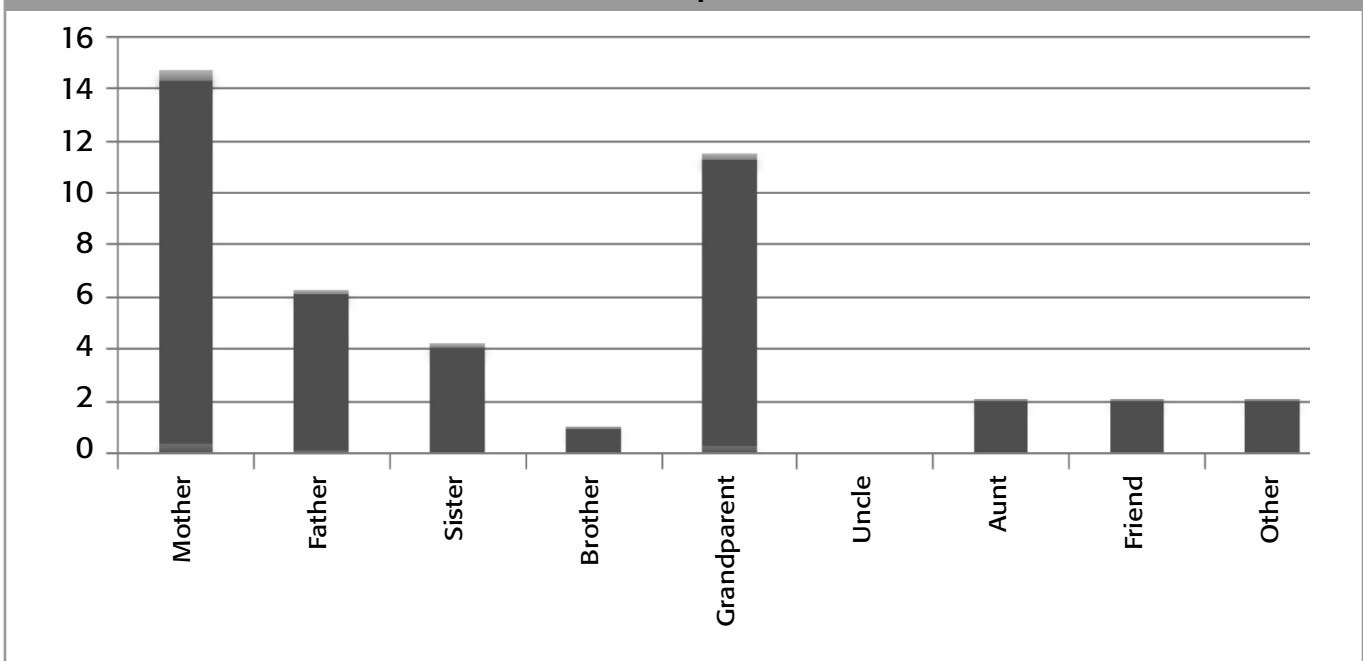
Contrary to the hypothesis, none of the 37 mothers in our sample met the criteria for complicated grief as

Table 1: Sample characteristics of the bereaved women mothering a young child

Demographics	n	Percentage (N=37)
Ethnicity		
Caucasian	28	75%
Hispanic	4	11%
African American	4	11%
Bi-racial	1	3%
Religious affiliation		
Catholic	9	24%
Protestant	8	22%
Evangelical Christian	2	5%
Jewish	2	5%
Buddhist	1	2%
Other	4	11%
Unaffiliated	14	38%
Level of education		
Some high-school	2	5%
Some college	11	30%
4 Year college degree	8	22%
Graduate degree	16	43%
Annual household income		
\$0 – 29,000	7	19%
\$30,000 – 44,000	2	5%
\$60,000 – 89,000	10	27%
\$90,000 - 119,000	8	22%
\$120,000 – 150,000	3	8%
\$151,000 - 200,000	5	14%
> \$250,000	2	5%
Caretaker status		
Biological mother	33	90%
Adoptive mother	3	8%
Stepmother	1	2%
Number of children		
One	9	24%
Two	18	49%
Three	6	16%
Four	3	8%

measured by the PG-13, even though they clearly found the experience of mothering and grief both emotionally difficult and overwhelming. Higher life satisfaction was strongly correlated to secure attachment, which corroborated previous research findings. In fact, based on the reported low scores on the PG-13 measure and the high scores on overall satisfaction with life, it appeared that motherhood served as a protective factor against prolonged grief, which the results from both the qualitative and quantitative data further highlight below.

Qualitative analysis of the responses to the open-ended essay questions encapsulated the subjective experience of the bereaved mothers confronted with the demands of

Table 2: Who died and the nature of the mother's relationship to the deceased

parenthood. Although challenging, motherhood appeared to have offered a primary distraction from grief, in addition to providing a sense of meaning and purpose in life. Motherhood seems to have helped them to be less susceptible to prolonged grief complications since, given their identity as a mother, they were less likely to feel defined by their significant loss. This was also responsible for their low scores on the PG-13, since a lack of purpose and identity in life are paramount in meeting criteria for complicated grief. Mothers also scored high on overall life satisfaction on the SWLS despite their loss.

Quantitative analyses

All quantitative analyses were conducted using the Statistical Package for the Social Sciences v17.0 (SPSS). Alpha levels for statistical significance were set at .05 as the criterion to determine statistically significant differences, except where otherwise indicated. Only questionnaires completed in their entirety were used for final analyses conducted using SPSS.

The total grief score was calculated from the PG-13 measure and included the sum of the scores from each of the 11 grief symptoms; total PG-13 scores ranged from 11 to 55. A score above 45 is considered to warrant a diagnosis of Prolonged Grief. None of the mothers in this sample met the complete criteria for Prolonged Grief. Furthermore, an exploratory analysis conducted to examine the Satisfaction With Life Scale (SWLS) scores of this sample revealed that 78% ($n=27$) of this population endorsed SWLS scores above fifteen, indicating overall life satisfaction despite experiencing the death of a loved one. It should be noted however, that separation distress assessed by questions such as, 'In the past month, how often have you felt yourself longing or yearning

for the person you lost?' was endorsed by 49% ($n=17$) of the participants. Also, 14% ($n=5$) of bereaved mothers in this study responded 'yes' to the question, 'Have you experienced a significant reduction in social, occupational, or other important areas of functioning?'

A *post-hoc* analysis explored the relationship between attachment, satisfaction with life and prolonged grief. Results demonstrated a statistically significant negative correlation between insecure attachment and higher satisfaction with life ($r = -.512, p < .01$). In other words, higher life satisfaction was related strongly to secure attachment. Pearson correlations were executed to determine if a relationship existed between the Relationships Scale Questionnaire (RSQ), and the PG-13. A significant, positive correlation was found ($r = .38, p < .05$), demonstrating insecure attachment patterns were associated with increased incidence of symptoms consistent with prolonged grief. This finding is congruent with existing research indicating that securely attached individuals are less likely to show elevated symptoms of prolonged grief, post-traumatic stress disorder, and depression, and thus are more likely to have more typical symptoms of bereavement (Fraley *et al*, 2006; Fraley & Bonanno, 2004).

Qualitative analyses

Overall, qualitative analysis of the text indicated that motherhood served as a protective factor against prolonged grief despite being an overwhelming and difficult experience. Motherhood appeared to serve as a protective factor offering a distraction from grief while confirming a mother's identity and a sense of purpose, which in turn illuminated the mothers' personal resilience. Mothers also noted that their experience of motherhood changed after their loss.

Theme 1: Motherhood served as the primary distraction from grief

Nearly all mothers in this study (91%) shared their attempt and struggle to reclaim a semblance of a normal life after the death of a loved one. Twenty-two mothers (67%) reported motherhood to have been a distraction from grief. One participant emphasised:

'I believe that mothering did help...My intense focus on my son, although at times difficult, ultimately gave me a wonderful and fulfilling distraction from my grief...my grief really surfaced the most when I had breaks from mothering (eg. driving, using the restroom, showers, when he was sleeping).'

Another described her experience as: '[I] was forced to see some joy in each day because 22 months is simply a fabulous age to watch.'

One mother noted: 'There was no option for freaking out or staying in bed for days at a time. I had responsibilities and actual people depending on me including the baby who was exclusively nursing at the time.'

Another participant shared that: 'Children love to laugh and have fun, they say funny things and that helped to cheer me up. It helped to be focused on them and their care so I wasn't overwhelmed with thoughts about my sister's death.'

Theme 2: Motherhood confirmed a sense of purpose in life during bereavement

Qualitative results demonstrated that motherhood offered a sense of purpose and reaffirmed an identity, which corroborates previous literature that has found a sense of purpose in life is associated with improved functioning, particularly for bereaved parents (Floyd *et al*, 2013). Mothering provided the participants with a purpose for life, one mother stated: 'Knowing my kids depended on me helped me get out of bed in the morning.'

Another shared: 'Feeling [my] children depended on me helped me to feel less hopeless than I might have felt otherwise.'

One mother shared that: 'Losing myself to grief was not an option because I had to be present and emotionally available to my child.'

Thus, instead of holding on to their relationship with the deceased as the bereaved naturally do, bereaved mothers reported devoting their time and energy into childrearing. This could explain the low scores on the PG-13, which directly asks 'Do you feel confused about your role in life or feel like you don't know who you are?'

Motherhood remained a protective factor even among the mothers who endorsed the presence of suicidal ideation during their grief ($n=2$; 17%) and had higher scores on the PG-13, which indicates increased symptoms related to prolonged grief. For example, one mother stated: 'I was actually contemplating getting my husband's gun and shooting myself, but at that moment my daughter cried and she had awakened from her nap.' This mother remembered that when contemplating suicide she had forgotten about her daughter, although when her daughter cried she had: 'Felt life again.'

Another mother identified that: 'The scariest aspect of the grief and depression was feeling suicidal and the worry that I might hurt my son.'

Individuals unable to identify a sense of purpose in their life (Neimeyer, 2001) coupled with insecure attachment styles may be predisposed to more chronic and severe forms of grief after the death of a loved one (Fraleigh *et al*, 2006). Attachment styles among the respondents were also analysed and demonstrated mothers with higher secure attachment scores on the RSQ were more likely to identify their personal strength. These findings could help explain why they endorsed less severe symptoms of prolonged grief.

Theme 3: Childcare as a form of social support for mothers bereaved and parenting

Social support is generally defined as the perception of support that results in one feeling cared for, and can be classified into three types: informational, which consists of guidance and advice; instrumental, which comprises the provision of tangible assistance including goods, services and money; and emotional, which includes communication of warmth and empathy (Taylor, 2007). Specifically, this study found that receiving helpful support from partners, children, friends, family, therapists, and wider social and community networks were endorsed by 85% ($n = 30$) of mothers, corroborating previous bereavement literature which found that the majority of bereaved people find social support useful during intense grief (Taylor, 2007).

A component of social support that was unique to this sample of bereaved mothers was their strong emphasis on the importance of receiving assistance with childrearing. This help with childrearing seems to have enabled the mothers to extend their support network and connect with friends, counsellors, and support groups.

One mother shared: 'Having my spouse there to handle the children when I just couldn't was supportive.'

Another mother reported that: 'In therapy, I did not have to worry about anyone else'. Another participant pointed out that 'Indulging in the little things' was also fruitful. The 'Little things' included: 'A walk with a neighbor, a mid morning nap, long bubble baths, and staying busy.'

Other mothers described seeking counselling, support from a local Hospice, and a Motherless Daughters support group, which they reported to be beneficial. Lack of support with childcare responsibilities could serve as unique barriers to receiving such support for mothers.

Family dynamics can serve to either help or hinder the individual's experiences of grief. As the bereavement literature highlights, whether familial relationships assist or exacerbate the distress associated with grief is dependent upon the roles and responsibilities of each member, including the deceased. The extent to which the family members are close to one another, and the family's emotional expression and communication patterns have the potential to assuage or trigger emotional distress (Breen & O'Connor, 2011; Walsh & McGoldrick, 2004). In this study, five out of 35 mothers (14%) noted a lack of support. One participant specified: 'I couldn't find any resources that really supported me'. Some participants expressed feeling that 'They needed to be the family glue and support everyone else, while at the same time feeling alone inside'. One mother shared that: 'The most unhelpful form of coping came from grieving family members who came to me for [their] support'. One mother also noted 'Fighting family members' and another mother remembered constant 'Silence from others because they did not know what to say'.

Theme 4: Changes in the experience of motherhood following loss

Participants reflected on the changes in their experience of motherhood following their loss. Thirty-three out of 35 mothers (94%) noted significant changes followed the death of a loved one. Some mothers noted logistical and geographic changes ($n=4$), while many noted that losing a loved one changed their perspective about themselves, their families, and their children ($n=6$). The loss of a significant relationship through death illuminated how 'Precious' and 'Unpredictable' life can be, which positively and negatively influenced how they perceived motherhood following the death of a loved one.

Twenty-five percent of participants ($n=9$) identified a positive change resulting from their loss. Although overall they indicated it to have been, 'terrible', 'overwhelming', and even the worst experience of [their] lives, positive changes were noted by the nine mothers with statements such as: 'The death of a loved one led me to be more vigilant in loving my children as well as with guiding and disciplining them.'

Another participant mentioned: 'I think that the death [of loved one] has made me become a more open and loving person.'

Another participant shared: 'I think it has opened my eyes to see my children in a more positive light'. She went on to say: 'I want to be able to raise my children with the same love and patience my father always showed me.'

One mother stated candidly that she: 'Cherished motherhood more so now', while another mother stated that the death of a loved one allowed her to have: 'Empathy for her children for their losses by just being there as a solid presence'. One participant reflected on her relationships before the death of her loved one and mentioned:

'I do not waste energy on relationships that do not feel mutually beneficial, and I do not value my work as much...I know that life can change quickly and I try to live each day with that motto...I strive not to worry about the little things and just spend time enjoying loved ones.'

Negative changes for mothers also followed the death of a loved one. Five mothers (14%) reported a heightened sense of anxiety associated with enhanced awareness of their own mortality, and worries about their children's wellbeing should something happen to them. Three mothers (12%) emphasised their perspective on the adverse consequences of bereavement during motherhood. One participant expressed that the death of a loved one fostered a: 'Harder attitude, emotionally isolated with difficulty maintaining relationships and bonding.'

One mother endorsed feeling: 'Distracted and in emotional pain over the last two years and that has had an impact on the kids'. A third mother shared living: 'More in fear of losing them [the children] so I am overprotective'. Another participant felt the death of a loved one during motherhood 'has hardened' her.

Summary

Quantitative analyses demonstrated that none of the participants met the complete PGD criteria as measured by the PG-13. Additionally, the majority of mothers (79%) endorsed feeling satisfied with life despite experiencing two of life's most severe stressors simultaneously. A post-hoc analysis also demonstrated a significant negative correlation between high satisfaction with life and low RSQ-Insecure scores. Findings from both the RSQ and the thematic analysis of the meanings extracted from the qualitative data supported conclusions drawn from previous research that attachment style plays a significant role in the grief process (Fraley *et al*, 2006). This study suggests that attachment plays an integral role in influencing the grief process for bereaved mothers raising young children.

Mothers oscillated between their need to grieve and their responsibility to 'be there' for their children

Qualitative analysis derived from four open-ended questions revealed that motherhood served as a protective factor to prolonged grief as it solidified a mother's sense of purpose and role in life and distracted them from their grief. The common expressions included: 'Even though I felt dazed, knowing my children depended on me helped me get out of bed in the morning.' Mothers oscillated between their need to grieve and their responsibility to 'be there' for their children. Findings from this study illuminated that their role as a mother gave them a sense of purpose and may have possibly protected them from prolonged grief.

The combined quantitative and qualitative results of this study suggest that 85% of mothers appear to have adapted to life and their role as a mother without daily interference in their level of functioning at least six months after the death of a loved one. The higher secure attachment scores on the RSQ correlated with lower PG-13 scores for those mothers with secure attachment scores ($n=21$), thus a secure attachment style seems to have also served to protect against the development of prolonged grief, which is congruent with previous findings.

Limitations and future directions

The first limitation of this pilot study is that the sample was comprised of highly-educated Caucasian mothers with high SES. Given the homogenous sample combined with sampling bias that occurred as the result of recruiting the

sample via online support resources the findings cannot be generalised to less educated mothers from more diverse cultural backgrounds and lower SES. Another limitation of this study was its retrospective design and the use of self-report measures. Social desirability is a frequent concern attached to the use of self-report measures; however, individuals in this study may have felt more inclined to disclose honest information given they did not know the researcher (McCabe *et al*, 2002).

Another limitation relates to the collective use of the measures and the use of PG-13 in particular. PG-13 is a survey designed as an assessment for a mental health professional. Although the measures used throughout this study have been previously validated as individual measures, the validity when used collectively has not been determined. Therefore it is difficult to ascertain the collective impact of these combined measures on the validity of this study. Additionally, even though the PG-13 score was the primary dependent variable, the within subjects and retrospective design employed in this study prevented definitive causal claims from being substantiated.

Limitations of the qualitative analyses relate to the largely interpretive nature of the analysis. As the researchers analysed the data for themes and categories to draw conclusions they understood that their own life experiences may impact the research, and that personal experience may impact the way they understood and interpreted the data (Maykut & Morehouse, 1994).

The goals of treatment with bereaved yet parenting mothers may include helping these women reduce their overall level of distress and assist them in finding a balance between grief and mothering

Future research could expand upon this study by increasing the sample size, as well as the ethnic, social, and socioeconomic diversity of mothers. Additionally, assessing the attachment styles of bereaved parents and their children may help decipher whether bereavement during parenthood can jeopardise the attachment to these mothers' children. Since research indicates that significant losses in childhood are related to anxiety and insecure attachment, future investigations assessing the attachment styles of children of parents who experienced the death of a loved one could better explain the generational interaction between attachment style and grief.

Clinical implications

The results from this study have clinical implications for therapists working with bereaved mothers. While these grieving mothers appear to be protected from prolonged grief as compared to the general bereaved population, they nonetheless suffered from several grief-related symptoms that impacted their daily lives. The goals of treatment with bereaved yet parenting mothers may include helping these women reduce their overall level of distress and assist them in finding a balance between grief and mothering. These women also experienced specific anxiety related to future losses of their children and their own mortality. The data indicated that securely attached mothers had a realistic view of their relationship with the deceased and used several means of coping, which were helpful to them. Treatment providers of bereaved mothers can acknowledge the various aspects of the emotional relationship to the deceased and encourage mothers to seek more interpersonal support. Additionally, providers may also consider offering practical suggestions to bereaved mothers, such as requesting help with childcare. Support and resources such as a motherless mothers' group can be crucial should loneliness and isolation persist. Support groups and therapy can assist in decreasing the inherent isolation and loneliness that accompanies both motherhood and grief. Clinicians treating fathers and caregivers may consider extrapolating the clinical implications delineated above. ■

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Appendix: quantitative measures

The Prolonged Grief – 13

The Prolonged Grief – 13 (PG-13) is the latest structured diagnostic tool to assess prolonged grief by detecting prolonged impairment within social and occupational functioning (Prigerson & Maciejewski, 2006; Prigerson *et al*, 2009). The PG-13 assesses 11 potential PGD symptoms in the previous month. Each of these items is answered on a 5-point scale ranging from 1 (never/not at all) to 5 (several times a day/severe) to represent increasing levels of symptom severity. A PGD diagnosis requires that 1 of the proposed 2 'separation distress' symptoms and 5 of the 9 proposed 'cognitive, emotional and behavioral' symptoms receive a score of at least 4 (at least once a day or marked). The grief-score includes the sum of the score of each of the 11 grief symptoms and ranges from 11 to 55. The PG-13 has demonstrated predictive and criterion validity with good internal consistency ($\alpha = .82$) (Prigerson *et al*, 2009).

The Relationship Scale Questionnaire (RSQ)

The Relationship Scale Questionnaire (RSQ) is a 30-item self-report measure that assesses adult attachment style based on Bartholomew and Horowitz's (1991) four-category adult attachment model. The four-category model includes secure, preoccupied, dismissing and fearful attachment style. Participants respond to each question using a 5-point Likert scale based on the extent to which each statement best describes their characteristic style in both past and present relationships (1=not at all like me to 5=very much like me). Attachment scores are determined by taking the mean score of the items that represented each attachment style.

Griffin and Bartholomew (1994) found strong support and construct validity for the use of the RSQ. Kurdek (2002) found that the RSQ yielded psychometrically sound scores of attachment styles and Muller, Lemeux and Sicoli (2001) reported moderate to high test-retest reliability and stability of the RSQ. LeGrand, Snell and Zlokovich (2002) assessed the internal reliability of the RSQ, and found Cronbach alphas for men that ranged from .39 to .58 and slightly higher in women, .45 to .58. A study by Vacha-Hassa, Murphy, Rotzien, and Davenport, (1994) yielded similar results with Cronbach alpha for the measure ranging between .36 and .57.

The Satisfaction with Life Scale (SWLS)

The Satisfaction with Life Scale (SWLS; Diener *et al*, 1985) is a 5-item scale, which measures a person's overall satisfaction with life. Participants indicate their degree of agreement on a 7-point Likert-type scale and scores range from five to 35. Higher scores indicate greater life satisfaction. The SWLS specifically focuses on global life satisfaction, which is distinguished from affective appraisal in that it is driven more by cognitions than emotions. The SWLS has been shown to have favorable psychometric properties, including high internal consistency and high reliability (i.e. a two-month test-retest correlation coefficient of .82 and a coefficient alpha of .87). Additionally, convergent validity is reported to be high as scores on the SWLS were found to correlate moderately to high with other measures of subjective well-being (Diener *et al*, 1985). This measure was selected because life satisfaction was seen as a related construct to quality of life, for which the other measures do not adequately assess.