

Coping flexibility, forward focus and trauma focus in older widows and widowers



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Abstract: Coping strategies play a significant role in overall adjustment to bereavement, and recent emphasis has been placed on flexibility in coping versus unilateral strategies that are seemingly beneficial or maladaptive. The Dual Process Model of coping informed the conceptualisation of coping flexibility as the oscillation between 'trauma focus' and 'forward focus' coping strategies. The primary aim of the present study was to assess whether trauma focus and forward focus coping strategies, and using strategies from both flexibly, would predict grief severity. Trauma focus and forward focus were assessed using the Perceived Ability to Cope with Trauma (PACT) scale, measured cross-sectionally in older widows and widowers. In addition, we modeled symptoms of loneliness, yearning and perceived stress from PACT scale scores. Results showed that greater forward focus and coping flexibility predicted lower grief severity, and also predicted lower yearning, loneliness, and perceived stress. Additionally, length of time that participants were bereaved moderated the relationships of forward focus coping and coping flexibility to grief symptoms, such that having greater forward focused coping and coping flexibility matter the most early in bereavement.

Keywords: aging, widow, bereavement, grief, coping, complicated grief

Stressful events are an inevitable reality of human life, and most American adults face at least one highly aversive stressor over the course of their lives (Kessler *et al*, 1995). Bereavement is one of the most common aversive events, affecting roughly 8 million people per year in the United States (Hobson *et al*, 1998; McIlwain, 2005). Grief is associated with declines in physical and mental health, and individuals frequently report difficulties adapting to the loss even years after bereavement (Stroebe, Schut & Stroebe, 2007). In addition, although most people adapt to loss successfully, a substantial minority develop Complicated Grief (Ott *et al*, 2007). Complicated Grief, also known as Persistent Complex Bereavement Disorder, is listed as a condition for further study in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), and is characterised by persistent yearning/longing for the deceased, intense sorrow, preoccupation with the deceased and/or the

circumstances of death, as well as reactive distress to the death and social/identity disruption (American Psychiatric Association, 2013).

Coping flexibility

Individuals differ in their response to stressful life events like bereavement, and although most people adjust within expectation, others fail to cope with the stressor effectively. This can impact a person's psychological and physical well-being, and quality of life. There is considerable evidence that coping and emotion regulation strategies play a significant role in overall adjustment, in both the short- and long-term (Folkman & Moskowitz, 2004; Gross, 1998; Gross, 1999; Gross, 2002; Lazarus & Folkman, 1984). Specific to bereavement, literature has historically favored emotional processing of the loss through an effortful focus on the thoughts, images and memories associated with

the deceased (Stroebe, 1992). However, recent research supports the effectiveness of behaviours aimed at reducing one's focus on the loss, such as planning for the future, optimism, distraction, and avoidance (Bonanno & Burton, 2013). Stroebe and Schut's (1999) Dual Process Model of coping posits that individuals are best served when they combine both foci by oscillating between behaviours and thoughts that focus on the loss, as well as those that distract from loss and aim toward restoration of one's self and life. There is evidence supporting the Dual Process Model which shows that the combination of loss and restoration-oriented activities predict well-being (Caserta & Lund, 2007; Richardson, 2006).

Drawing on the conceptualisation of coping flexibility in the Dual Process Model (Stroebe & Schut, 1999; 2010), Bonanno and colleagues (2011) created a self-report measure called the Perceived Ability to Cope with Trauma (PACT) scale. The PACT assesses one's perceived ability to use two opposing types of coping, a focus on processing the trauma (trauma focus) and a focus on moving beyond the trauma (forward focus). Importantly, the PACT also yields a coping and emotion regulation flexibility score, which estimates the extent to which individuals engage in both trauma focus and forward focus coping. The greater the score on both trauma focus and forward focus coping, the greater the coping flexibility score will be. The concept of coping flexibility aims to capture the dynamic person-situation interactions that occur over time and across multiple contexts as people respond to stressful life events (Bonanno *et al*, 2004; Bonanno & Burton, 2013; Cheng, 2001; Kashdan & Rottenberg, 2010). Recent literature suggests that flexibility in coping and emotion regulation is a significant predictor of positive outcomes following potentially traumatic life events such as bereavement (Bonanno & Burton, 2013). For example, Burton and colleagues (2012) found that widows and widowers high in flexibility, as measured by the PACT scale, reported little to no symptoms of grief and were similar to a comparable group of married nonbereaved individuals; in contrast, bereaved individuals meeting diagnostic criteria for Complicated Grief had lower flexibility scores, with a specific deficit in forward focus coping. These results are consistent with findings from a prospective longitudinal study that most widows and widowers with uncomplicated grief report both focusing on the loss (eg. finding meaning in the death) and focusing on restoration (eg. perceived benefits of loss) (Bonanno, Wortman, & Nesse 2004). In contrast, those with chronic grief were more likely to report a loss-oriented focus (eg. talking about the deceased, searching for meaning in the death, perceived difficulties brought about by widowhood; Bonanno, Wortman, & Nesse 2004).

Factors affecting adjustment following loss

In addition, evidence demonstrates that circumstances surrounding the loss can impact an individual's adaptation

and recovery. Length of bereavement is one such important factor. In the first twelve months following bereavement, more recently widowed women were more likely than longer-term widows (bereaved for over twelve months) to report poor physical functioning, negative general health, low social functioning, current depressed mood, and poor overall mental health (Wilcox *et al*, 2003). Likewise, widowers are at increased risk for death in the first six months following the loss; in fact, 40% above the expected rate for married men of the same age (Parkes, Benjamin, & Fitzgerald, 1969). Expectedness of the death represents another factor impacting widows' and widowers' mental and physical health. Byrne and Raphael (1994) found that older adult widowers who reported their wives' deaths as 'unexpected' or 'fairly unexpected' reported a higher frequency of bereavement-specific phenomena six weeks after the loss. These included feelings of unreality about the loss, physical pain and other somatic symptoms, and acting as though their wives were still alive.

Current study

The primary aim of the present study was to assess trauma focus and forward focus coping, and coping flexibility, cross-sectionally following spousal loss in a sample of older widows and widowers. Specifically, we hypothesised that:

1. Greater trauma focus (TF) coping and forward focus (FF) coping will predict lower levels of grief symptoms, yearning, loneliness, and perceived stress.
2. Coping flexibility, or the balance of TF and FF coping, will predict lower levels of grief symptoms, yearning, loneliness, and perceived stress.
3. If the death is unexpected, greater TF coping will predict higher levels of grief severity, yearning, loneliness, and perceived stress as compared to expected deaths.
4. Earlier in bereavement, higher FF coping and coping flexibility will be associated with lower levels of grief symptoms, yearning, loneliness, and perceived stress.

Method

Participants and procedure

One hundred and six older adults who had experienced the death of their spouse or life partner in the past three years were recruited to participate in an online survey in February 2014. Participants were recruited using an online survey panel (Qualtrics Online Survey Software, 2014). The panel members received an email with the link to the online survey. Panel members used an online survey study consent form. Participants were excluded if they were outside the age range of 65 to 80 years of age, currently in individual/group therapy, in a bereavement support group, or if they lost their spouse more than three years prior to the survey date. Participants who agreed to participate in the study and did not endorse any of the exclusion criteria continued

with the online survey consisting of five scales, measuring grief severity, loneliness, perceived stress, yearning, as well as coping strategies and coping flexibility. In addition, participants were asked if they would like to receive feedback on the research laboratory or the results of the study. The University of Arizona Institutional Review Board approved the study and all participants gave informed consent online before beginning the survey.

Measures

Predictor variables: trauma focus and forward focus coping, and coping flexibility

The use of coping strategies and coping flexibility were measured using the Perceived Ability to Cope with Trauma Scale (PACT; Bonanno, Pat-Horenczyk & Noll, 2011). The PACT is comprised of two subscales that assess distinct and fundamental modes of coping. The trauma focus subscale assesses the use of engaging coping strategies, such as fully experiencing the event's cognitive and emotional significance (eg. 'Let myself fully experience some of the painful emotions linked with the event'). The forward focus subscale measures the use of disengaging coping strategies, such as using distraction and amusement, maintaining previous goals and plans, and caring for others (eg. 'Distract myself to keep from thinking about the event'). Items are rated using a 1 (*Not at all able*) to 7 (*Extremely able*) scale. The current investigation analyses the subscales individually to assess each dimension of participant's coping and its relationship with symptoms of grief, loneliness, and perceived stress. In addition, we combined the subscales using Bonanno and colleagues' (2011) algorithm index of flexibility to estimate the ability to engage in both types of coping. Specifically, the coping flexibility score is created by (1) creating a sum score by adding the standardised scores for the trauma focus and forward focus subscales, (2) creating a polarity score by taking the absolute values of the discrepancy between the standardised trauma focus and forward focus subscale scores, and (3) subtracting the polarity score from the sum score to yield a coping flexibility score (Bonanno *et al*, 2011).

Primary outcome variable: grief severity

Grief severity was measured using the TRAumatic Grief evaluation of Response to Loss (TRGR2L; Prigerson & Jacobs, 2001). This scale assesses the presence of grief symptoms indicative of complicated grief reactions based on the consensus criteria for Complicated Grief. The TRGR2L is a validated measure of two categories of indicators of pathological grief: separation distress (eg. preoccupation, upsetting memories, longing and searching) and traumatic distress (eg. disbelief, mistrust, anger, detachment). Thus a high score indicates poor adjustment following loss as reflected by more symptoms of grief. The TRGR2L consists of fifteen statements regarding the frequency of bereavement-

related thoughts and behaviors (eg. Felt disbelief over ___'s death?) with five response options, ranging from '1 = *once a month or less*' to '4 = *several times a day*.' In contrast to a diagnostic and categorical approach to grief severity (Shear *et al*, 2005), we used grief severity as a continuous dimension and assessed symptoms of grief on a continuous scale, thereby increasing statistical power (Bonanno & Diminich, 2013; Carr, 2010).

Ancillary outcome variables: yearning, loneliness, perceived stress

Consideration of multiple outcomes that affect adjustment following bereavement is important (Carr, 2010; Stroebe & Schut, 2010). In addition to grief severity, we assessed symptoms of yearning, loneliness, and perceived stress. Yearning was assessed using the Yearning in Situations of Loss scale for bereavement (YSL-Bereaved; O'Connor & Sussman, 2013). The YSL scale for bereavement consists of 21 items, and participants rate how often they feel yearning on a Likert-type scale from 1 (*never*) to 5 (*always*). Examples of YSL-Bereaved items include 'I day dream about _____' and 'I find myself wishing that things could be the way they were when I was with _____', and the blanks refer to the deceased loved one. Perceived stress was assessed using the Perceived Stress Scale (Cohen, Kamarck, & Mermelstein, 1983). The PSS is a 10-item scale that measures the degree to which situations in one's life are appraised as stressful on a Likert-type scale from 0 (*never*) to 4 (*very often*) (eg. 'In the last month, how often have you been upset because of something that happened unexpectedly?'). Loneliness was measured using the UCLA Loneliness Scale, which consists of 20 items. Participants rate how often they felt loneliness or social isolation on a Likert-type scale from 1 (*never*) to 4 (*always*) (Russell, 1996). Examples of UCLA Loneliness Scale items include 'How often do you feel that you are "in tune" with the people around you?' and 'How often do you feel that you lack companionship?'

Loss-related variables

Length of bereavement was a continuous variable reflecting time since the death of the participant's spouse or romantic partner and was measured in months. Expectedness of death was assessed by a binary item with response options of 'Yes' and 'No' and was therefore a categorical variable for the purpose of data analyses.

Data analysis

A series of regressions were conducted to test whether higher TF coping, FF coping, and coping flexibility predicted lower levels of grief, yearning, loneliness, and perceived stress following spousal bereavement. For each analysis, length of bereavement was added as a control variable. To test the first hypothesis, TF coping, FF coping, and length of bereavement

Table 1: Demographic characteristics

Characteristic	Mean/N	SD/%
Age	70.17	4.23
Gender (female)	77	73%
Ethnicity (non-Caucasian)	10	9%
Employment (retired)	77	73%
Education (high school)	72	68%
Years together (marriage, partnership and/or dating)	38.42	14.68
Expected death	62	58%
Length of bereavement (months)	22.76	13.49

Note: Continuous variables: mean (\pm SD); categorical variables: n (%).

Table 2: Mean and standard deviation in coping and mental health outcome variables

Measure	Mean	SD
UCLA Loneliness Total (possible range 20 to 80)	46.82	11.94
TRGR2L Total (possible range 15 to 60)	28.14	11.90
YSL-Bereaved Total (possible range 21 to 105)	63.79	19.60
PSS Total (possible range 0 to 40)	15.57	8.50
PACT Forward Focus Mean (possible range 1 to 7)	5.34	1.25
PACT Trauma Focus Mean (possible range 1 to 7)	5.57	0.85
PACT Flexibility (actual range -6.98 to 2.66)	-0.69	2.10

Note: TRGR2L = TRAumatic Grief evaluation of Response to Loss, YSL = Yearning in Situations of Loss, PSS = Perceived Stress Scale, PACT = Perceived Ability to Cope with Trauma scale.

were regressed as a model predicting grief severity. Likewise, TF coping, FF coping, and length of bereavement were regressed as three models predicting yearning, loneliness, and perceived stress, respectively, for the next three regression models. To test the second hypothesis, coping flexibility was entered into the four regression models described above in place of TF coping and FF coping.

To test the third hypothesis, TF coping, expectedness of the death, and the interaction term were regressed as four models on grief severity, yearning, loneliness, and perceived stress, respectively. For the fourth hypothesis, FF coping, length of bereavement, and the interaction term were regressed as four models on grief severity, yearning, loneliness, and perceived stress, respectively. Next, coping

flexibility, length of bereavement, and the interaction term were regressed as four models on grief severity, yearning, loneliness, and perceived stress.

Results

One hundred and six older adults were assessed (mean age = 70.13, $SD = 4.23$). Additional descriptive statistics are summarised in Table 1. The TF and FF coping means were moderately correlated ($r = .56$, $p < .001$).

Hypothesis 1

Greater trauma focus (TF) coping and forward focus (FF) coping will predict lower levels of grief symptoms, yearning, loneliness, and perceived stress. The results for a multiple regression predicting symptoms of grief, yearning, loneliness, and perceived stress from FF and TF coping are shown in Table 3. As predicted, greater FF coping predicted lower levels of grief symptoms, even after controlling for TF coping and length of bereavement. Likewise, greater FF coping predicted lower levels of yearning, loneliness, and perceived stress. Contrary to the first hypothesis, greater TF coping predicted higher levels of grief symptoms and was not a significant predictor of yearning, loneliness, or perceived stress. As a control variable, greater length of bereavement predicted lower levels of loneliness and perceived stress.

Hypothesis 2

Coping flexibility, or the balance of TF and FF coping, will predict lower levels of grief symptoms, yearning, loneliness, and perceived stress. The results for a multiple regression predicting symptoms of grief, yearning, loneliness, and perceived stress from coping flexibility are shown in Table 4. As predicted, greater coping flexibility predicted lower levels of grief symptoms, even after controlling for length of bereavement. Likewise, greater coping flexibility predicted lower levels of yearning, loneliness, and perceived stress.

Hypothesis 3

If the death is unexpected, greater TF coping will predict higher levels of grief severity, yearning, loneliness, and perceived stress as compared to expected deaths. Contrary to the third hypothesis, unexpected death did not interact with TF coping to predict higher levels of grief severity, yearning, loneliness, or perceived stress. These results suggest that the relationship between coping strategies and mental health outcomes is not affected by whether the death was expected or unexpected. In addition, as an independent predictor, expectedness of death did not predict levels of grief severity, yearning, loneliness, or perceived stress.

Hypothesis 4

Earlier in bereavement, higher FF coping and coping flexibility will be associated with lower levels of grief

Table 3: Summary of unstandardised regression coefficients testing predictions on outcomes of grief severity, yearning, loneliness, and perceived stress from forward focus and trauma focus coping

Variable	Grief Severity		Yearning		Loneliness		Perceived Stress	
	β	SE	β	SE	β	SE	β	SE
Length of bereavement	-.02	.076	.16	.13	.20	.07**	.13	.05*
Forward Focus	-5.91	.98***	-9.45	1.62***	-6.07	.90***	-4.16	.68***
Trauma Focus	3.48	1.45*	4.10	2.39	.66	1.34	1.41	1.01
R^2	.28		.28		.40		.32	
$F(3,100)$	12.81***		12.75***		22.08***		15.55***	

* $p < .05$. ** $p < .01$. *** $p < .001$.

Table 4: Summary of unstandardised regression coefficients testing predictions on outcomes of grief severity, yearning, loneliness, and perceived stress from coping flexibility

Variable	Grief Severity		Yearning		Loneliness		Perceived Stress	
	β	SE	β	SE	β	SE	β	SE
Length of bereavement	-.071	.082	.084	.136	.16	.07*	.099	.057
Coping flexibility	-2.034	.528***	-3.268	.872***	-2.98	.48***	-1.570	.370***
R^2	.12		.13		.30		.17	
$F(2,101)$	7.784**		7.229**		21.950***		10.567***	

* $p < .05$. ** $p < .01$. *** $p < .001$.

symptoms, yearning, loneliness, and perceived stress. The interaction results for FF coping and length of bereavement for the prediction of grief severity are illustrated in Figure 1; length of bereavement was a continuous variable (months) in statistical analyses, but for the purposes of illustration early and late bereavement groups represent a median split in length of bereavement (median = 22.5 months). Results indicate that higher FF coping earlier in bereavement predicts fewer symptoms of grief, yearning, loneliness, and perceived stress; however, this relationship is not significant later in bereavement (F 's between 12.6 and 27.5, p 's < .001).

The interaction results for coping flexibility and length of bereavement for the prediction of grief severity are illustrated in Figure 2; early and late bereavement groups represent a median split in length of bereavement (median = 22.5 months). Similar to FF coping, greater coping flexibility earlier in bereavement predicts fewer symptoms of grief, yearning, loneliness and perceived stress; however, this relationship is not significant later in bereavement (F 's between 7.0 and 17.8, p 's < .001).

Discussion

The present study investigated the use of trauma focus coping (TF), forward focus coping (FF), and coping flexibility in a sample of older widows and widowers. The first hypothesis was partially supported in our analysis, such that greater FF coping predicted lower grief severity, and also predicted lower yearning, loneliness, and perceived stress.

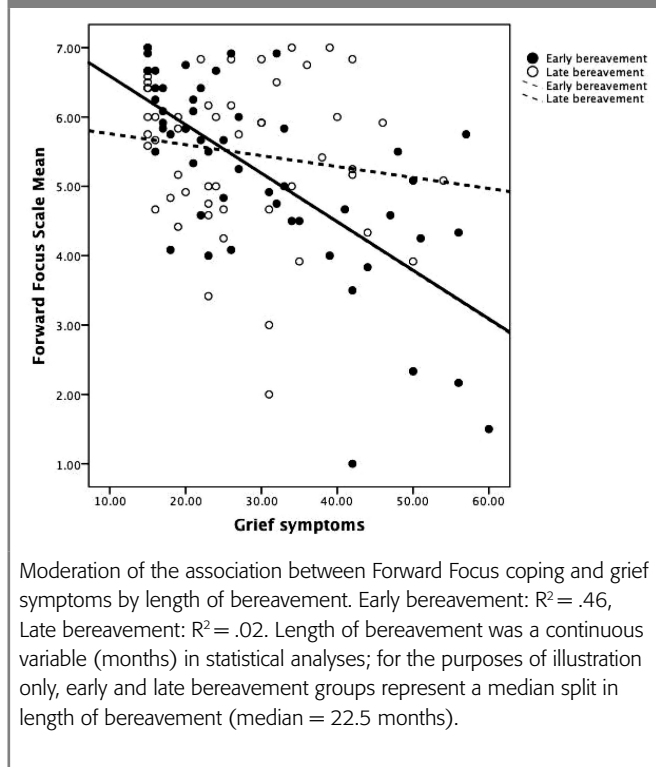
In contrast, higher levels of TF coping predicted higher levels of grief symptoms. The second hypothesis, that coping flexibility predicts lower grief severity, yearning, loneliness, and perceived stress, was supported in our analysis.

The third hypothesis, that 'expectedness' would moderate the relationship between trauma focus and grief severity, yearning, loneliness, and perceived stress, was not supported. However, the length of time that participants were bereaved did moderate the relationships of FF coping and coping flexibility to grief severity. In separate regression analyses, greater use of FF coping and coping flexibility earlier in bereavement predicted lower levels of grief symptoms. Of note, the interaction between TF coping and length of time that participants were bereaved was not a significant predictor of greater grief symptoms.

Our results are consistent with existing literature on coping and grief severity. For example, using FF coping such as distraction and amusement predicts fewer grief symptoms (Burton *et al*, 2012). Burton and colleagues (2012) also found that individuals with Complicated Grief were less flexible, which is in agreement with the present finding that coping flexibility predicts lower grief severity.

In addition, the present findings on the beneficial effect of coping flexibility, especially early in bereavement, are consistent with the small but growing literature on coping flexibility. For example, in a study of breast cancer patients by Rousi and colleagues (2007) higher coping flexibility predicted lower levels of distress three months post-surgery; likewise greater use of FF coping strategies such as self-

Figure 1



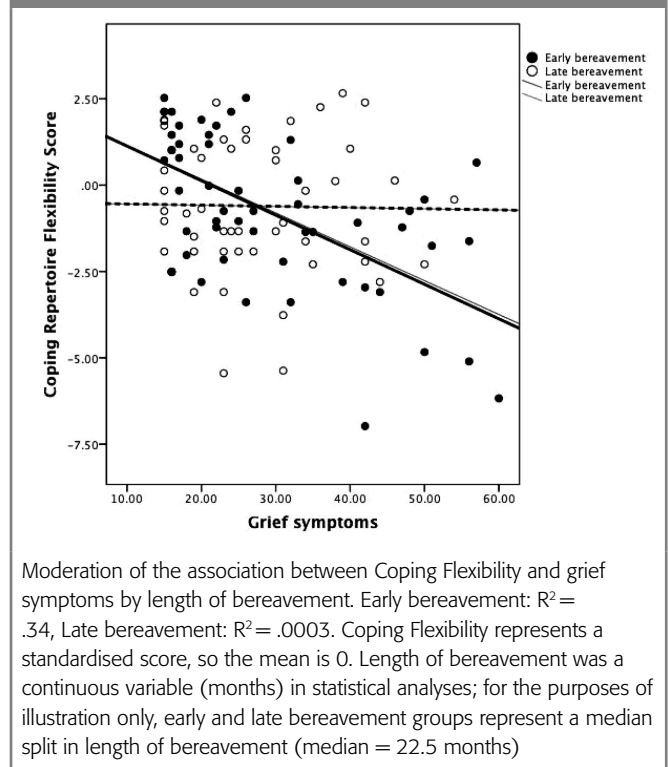
distraction and humor, predicted lower levels of distress. Additionally, Katz and colleagues (2005) found a similar interaction between coping flexibility and time on the perceived burden of wives' of spouses with traumatic brain injury (TBI), such that wives with spouses of longer duration TBI reported a higher level of burden compared with short duration TBI wives, only if the former were characterised by low coping flexibility.

Limitations and strengths

It is not possible in a cross-sectional study such as the present one to determine whether using FF coping strategies causes less grief severity, or whether an individual can use more FF coping because one is experiencing fewer grief symptoms. Future research should investigate longitudinal assessments of coping and grief symptomatology to clarify their relationship, including potential moderators and mediators such as time since the death event. In addition, the PACT flexibility score does not capture potentially important dimensions of coping flexibility such as awareness, control, and intent of an individual's use of coping strategies. Examining dimensions of coping flexibility that may moderate or mediate its effect on grief outcomes is an important area for future investigation (Bonanno & Burton, 2013; Caserta & Lund, 2007).

A strength of the present study is the use of a novel measure, the PACT scale, to examine coping strategies as well as coping flexibility for multiple psychosocial outcomes in a large cohort of widows and widowers. The present

Figure 2



findings suggest that the effectiveness of different types of coping strategies vary in a similar way for multiple psychosocial outcomes as time since the stressor increases. One possible explanation is that the demands of a stressor like bereavement evolve over time, and individuals with greater coping flexibility are better able to meet these shifting demands. The current investigation underscores the importance of coping flexibility, especially FF coping early in bereavement.

Conclusion

Within the context of the study limitations, the findings from the current investigation suggest that the ability to flexibly engage in dual process coping behaviors (Stroebe & Schut, 1999; 2010) predicts adjustment following the death of a loved one (for further review, see Richardson, 2010). Indeed, there are current therapeutic approaches for grief that seek to counter the dominant grief orientation seen early in bereavement by helping individuals develop adaptive strategies that foster resilience (Machin, 2014). Complicated Grief Treatment (Shear *et al*, 2005; CGT) also strikes a balance between focusing on grief (eg. exposure-based practices such as retelling the most distressing elements of the death event) and fostering restoration (eg. setting goals for an adjusted and satisfying life). Importantly, the current investigation suggests that the effectiveness of different coping strategies vary as time since the stressor increases. Therefore, therapeutic approaches for grief and interventions for Complicated Grief like CGT may be improved through

further research on coping flexibility, specifically elucidation of optimal timing for coping strategies in the grief process, potential moderators of individual differences in coping flexibility, and possible moderators and mediators of the relationship between coping flexibility and adjustment following bereavement.

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