

The Relationship between Resilience and Grief Symptomatology

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ABSTRACT

There is a need for more insight on the interplay between resilience and its effects on grief symptomatology. The relationship between resilience, hardiness, and grief symptomatology was explored in a convenient sample of bereaved individuals ($n = 114$). Participants were recruited via fliers distributed on social media sites, Facebook and Twitter, and to hospices and hospitals in the southeastern state of Georgia. The participants completed the Demographics Questionnaire, Texas Revised Inventory of Grief, Resilience Scale for Adults, and Lang and Goulet Hardiness Scale. Resilience and hardiness were both inversely correlated to past grief symptomatology; however, resilience and hardiness were both positively correlated with present grief symptomatology. Closeness, Adjustment since Death, Time since Death, Death Anniversary Grief, and Type of Death were other independent variables used to fully explore past and present grief symptomatology. Hierarchical regression analyses indicated that a particular component of resilience, RSA Personal Strength/Perception of Future, and hardiness, LGHS Making Sense, were good predictors of grief symptomatology. Practical application of the results suggest the resilience skills training should be included in bereavement support groups in addition to emotional support.

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DEDICATION

In loving memory of my Mum, Joni Alberta Elliott Clements. You inspired me to always treasure the beauty in life just as you inspired many others to find happiness within their circumstances. Your selflessness, genuine love, compassion, and nonjudgmental demeanor were a guiding light and some of the many qualities you embodied that I will forever cherish. Thank-you for always encouraging and supporting my aspirations without reservation. You are deeply loved and forever missed.

Chapter I

INTRODUCTION

Purpose of the Study

Resilience research in relation to bereavement is prudent. Most researchers assess resilience as a response trajectory of grief (Bonanno et al., 2002; Greff & Human, 2004; Hurd, 2004; Boerner & Jopp, 2010; Mancini & Bonanno, 2010; Bonanno & Diminich, 2013). There is little research focused on the interaction of resilience and grief expression. The aim of this study is to add to the understanding of the relationship between grief symptomatology and resilience with in bereaved individuals. A secondary aim of this study is to address the lack of research on the relationship between resilience and grief symptomatology.

Statement of the Problem

Despite the heightened interest in resilience within bereavement research, there is an absence of research assessing resilience in conjunction with grief symptomatology. Most research assesses resilience as a trajectory of grief outcomes, a response to loss, or as a trait grief (Bonanno et al., 2002; Greff & Human, 2004; Hurd, 2004; Boerner & Jopp, 2010; Mancini & Bonanno, 2010; Ong, Fuller-Rowell, & Bonanno, 2010; Skodol, 2010; Bonanno & Diminich, 2013). While the research on these different characteristics of resilience adds to the overall knowledge of the concept, there is a need for more insight on the interplay between resilience and its effects on grief symptoms expressed by individuals. This insight will allow for a better understanding of the grief process.

Definitions

Bereavement: the process of grieving.

Grief: the emotional affects expressed by individuals in response to a loss.

Loss: for the purpose of this study, the death of an individual.

Resilience: a consequence of successful adaptation to adversity (Zautra, Hall, & Murray, 2010).

Trajectory: a path of movement that determines how the individual deals with traumatic event or loss.

Data Collection

Fliers were distributed to hospices and hospitals as well as electronically via Facebook and Twitter to recruit participants. A total of 114 participants were recruited for participation in this study. The ages range between 21 to 70 years old. Participants completed the following measures: The Texas Revised Inventory of Grief, the Adult Resilience Scale, and the Lang and Goulet Hardiness Scale. On average, it took the participants between 30 to 45 minutes to complete the survey. The participants were not provided any compensation.

Research Hypotheses

H0: There is no relationship between resilience and grief symptomatology.

H1: There is a significant inverse relationship between resilience and grief symptomatology.

H2: Resilience will be a significant predictor of grief symptomatology.

H2a: Individuals high in resilience will display low grief symptomatology.

H2b: Individuals low in resilience will display high grief symptomatology.

Significance of Study

The data was analyzed using bivariate correlations and hierarchical regressions. The results indicated that resilience is significantly inversely related to grief symptomatology. These findings suggest that resilience training or the promotion of resilience in bereavement support could help alleviate individuals' distress who are low in innate resilience. The results also indicate that further research needs to be conducted to further determine the relationship between resilience and grief symptomatology in regards to how bereaved individuals cope familial death versus friend death.

Chapter II

REVIEW OF LITERATURE

The loss of a loved one is an emotionally charged and distressing time in individual's lives. Weiss (2002) proposed that grief takes on two forms, protest and despair, in bereaved individuals. Grief manifests in the protest form via the characteristics of preoccupation with loss, waves of pain, agitation, and tension. In the despair form of grief, the individual demonstrates decreased attentiveness to the environment and decreased physiological arousal. While grief is associated with a myriad of negative and positive emotions, it is important to note that grief is different from emotion (Bonanno, 2002). The most notable difference is that emotions are frequent and have short durations where grief can last for months to several years in bereaved individuals. Grief is a unique construct in the universe of concepts of affective states (Weiss, 2008). Because grief has the capacity to encompass many emotions, identifying the condition as grief is characterized as a response to loss. Bonanno (2002) further indicated that grief surpasses being simply an emotion because it encompasses the grieving individual's identity and cognitive understanding of the world and future. Weiss (2008) concluded that grief is expressive of a persistent awareness to a disruption in an individual's life thus further distinguishing it is not simply an emotion.

Bereavement disturbs physical functioning; individuals express reactions such as chills, diarrhea, fatigue and profuse sweating (Balk, 1999). The emotional effects of bereavement manifests through intense, long-lasting reactions such as fear, anger, and

sorrow. Further, bereavement can affect an individual's cognitive functioning, such as low self-esteem, memory distortions, and attention deficits (Balk, 1999; Friedman, 2013). Individuals who are grief stricken typically report symptoms that are similar to a depressive episode, such as sadness, tearfulness, insomnia, and decreased appetite (Friedman, 2013). Just as there are several different ways in which grief can manifest within individuals, there are numerous trajectories in which a bereaved individual can cope and adapt to the loss of a loved one. While some bereaved individuals journey through years of intense physical, psychological, and existential suffering, others who are bereaved respond with extraordinary resilience (Bergman, Haley, & Small, 2010).

Kowalski and Bondmass (2008) examined physiological and psychological symptoms of grief in widows. The participants were administered the Revised Grief Expression Inventory and an open ended demographics questionnaire. The researchers found that most participants reported experiencing one to three physical grief symptoms, most frequently pain, gastrointestinal issues, medical/surgical conditions, sleep disturbances, and neurological/circulatory problems (Kowalski & Bondmass, 2008). The researchers indicated that these findings are consistent with past research signifying that spousal death is an intense psychosocial stressor.

Utz, Caserta, and Lund (2011) assessed grief symptoms in recently bereaved spouses, exploring health changes during the first year and a half of widowhood. They found that the greatest improvement in psychological well-being occurs early in the bereavement process and the improvement slows over time (Utz, Caserta, & Lund, 2011). The researchers also found that the individuals all started at a different base level of grief and depressive symptoms. They assessed physical health at the time of widowhood and

how changes in physical health modify the individual trajectory of grief and depressive symptoms overtime (Utz, Caserta, & Lund, 2011). They found that individuals in better physical health had lower levels of grief and depressive symptoms, and individuals with poor physical health had higher levels of grief and depressive symptoms. This suggests that the relationship between physical health and psychological well-being may be the strongest during the early months of bereavement, meaning that individuals who have good physical health will initially cope effectively through their grief (Utz, Caserta, & Lund, 2011). However, the researchers noted that despite the significance of the relationship between physical health and psychological well-being, over time, all of the widowed individuals followed a similar decelerating trajectory of grief and depressive symptoms (Utz, Caserta, & Lund, 2011).

Jacobsen, Zhang, Block, Maciejewski, and Prigerson (2010) found that patient grief symptoms differed distinctly from Major Depressive Disorder. The researchers found that advanced terminal cancer patients have multiple symptoms of grief that are distinct from symptoms of depression. These symptoms are significantly associated with morbidity such as wish to die and mental health service use (Jacobsen et al., 2010). This suggested that there is substantial distress and impairment associated with severe grief symptoms among patients. Jacobsen et al. (2010) made the distinction that the treatment of bereaved individuals and depressed individuals is different. Treatment to relieve depression includes interpersonal psychotherapy and possibly the use of antidepressants where it does not relieve the bereavement related grief. Jacobsen et al. (2010) indicated that psychotherapy aimed at prolonged grief has demonstrated efficacy in treating bereavement related grief. For individuals who are experiencing prolonged grief, there

are deficiencies in the acceptance of the death and withdrawal (Jacobsen et al., 2010). In order to better assist individuals who are experiencing prolonged grief, targeted psychotherapy focused on the individuals accepting the death of their loved one and helping them cope with their withdrawal would help alleviate their symptoms.

Bereavement Coping Styles

Dutton and Zisook (2005) reviewed elements of successful adaptation to spousal bereavement. They found that the multidimensional model of bereavement adaptation and the Duel Process Model of coping with bereavement share several features. Within the multidimensional model, there are six dimensions of grief: emotional and cognitive experiences, coping with loss, the continuing relationship with the deceased spouse, functioning, social and intimate relationships, and identity (Dutton & Zisook, 2005). Within this context, bereavement adaptation is a complex process that requires adjustment to the multitudes of secondary stressors while adjusting to the loss itself (Dutton & Zisook, 2005). The multidimensional model also posits that levels of adaptation vary across the dimensions of bereavement; therefore, Dutton and Zisook (2005) indicated that successful adaptation strategies show considerable levels of unity and effectiveness across bereaved individuals. In comparison, the Duel Process Model posits that bereaved individuals oscillate between attending to and coping with loss oriented and restoration oriented tasks and stressors (Dutton & Zisook, 2005). Oscillation between the regulatory mechanisms allows the bereaved to confront or avoid stressors based on their levels of emotional functioning and/or circumstances (Dutton & Zisook, 2005). This model stresses that bereavement coping strategies occur on both the interpersonal and intrapersonal domains.

Dutton and Zisook (2005) indicated that commonalities of these models is the focus on resilience and attempt to identify the characteristics of effective coping. The researchers found that these models recognize that the loss of a spouse is complex and requires a myriad of adaptive strategies across different life domains and situations. These models also share the concept that adaptation to bereavement can take many shapes based on sociocultural contexts (Dutton & Zisook, 2005). The researchers found that these models identify key aspects of adaptation to the loss. These key aspects are coping strategies, emotional regulation, change in survivor's identity, and the negotiation the lost relationship of the deceased spouse. Finally, Dutton and Zisook (2005) found these models to acknowledge bereavement as shaped in a sociocultural context. These findings are consistent with the notion that one's ability to focus on the positive aspects of life during bereavement marks successful adaptation. Dutton and Zisook (2005) also reviewed literature on emotional and cognitive adaptation to bereavement and found that positive emotions and positive information processing schemas are a critical component to healthy adjustment after experiencing loss.

The cognitive stress theory incorporates principles of coping that are useful for the analysis of grieving (Stroebe & Schut, 2002). Bereavement is viewed as a stressor that taxes or exceeds the resources available to the individual to cope, which, in turn, endangers the individual's wellbeing and health. Problem-focused coping and emotion-focused coping are utilized when coping with bereavement. In this theory, problem-focused coping is directed at managing and changing the problem causing the stress, where emotion-focused coping is directed at managing the resulting emotion. Stroebe and Schut (2002) indicated that for individuals to successfully cope with bereavement,

they must employ both emotion-focused and problem-focused coping strategies. Emotion-focused coping revolves around the individual's coming to terms with the inability to change the loss and its emotional ramifications, while the problem-focused coping focuses on the aspects of the grieving process that are within the individual's control. In contrast, the cognitive process model indicates that individuals cope with bereavement on an intrapersonal level via rumination, positive affect, and confrontation-avoidance (Stroebe & Schut, 2002).

Sandler, Wolchik, and Ayers (2008) proposed a concept of adaptation following a death: where a resilient trajectory is the process of change and is deemed the desired movement through the bereavement process. The researchers considered this model to be contextual resilience. This model focuses on the adaptation to changes that take place within the post-death environment while placing greater prominence on the function of coping that enables children to adapt both behaviorally and cognitively to the environmental stressors and feelings of grief in ways that meet motivational needs and facilitate developmental competencies (Sandler, Wolchik, & Ayers, 2008). Contextual resilience framework considers making meaning of loss as an interpersonal as well as an intrapersonal process rooted in cultural beliefs, roles, and rituals. For example, Sandler, Wolchik, and Ayers (2008) found that several factors contributed to a resilient outcome in children post loss. These factors include family-level variables of caregiver warmth, caregiver mental health problems, and child-level variables of coping efficacy and appraisal of risks. The researchers indicated that these findings suggest that cumulative risk and protection model, the contextual resilient framework, provides several

prospective routes for the strengths of the family or the individual to be activated towards a resilient outcome post-loss.

Tebes, Irish, Vasquez, and Perkins (2004) conducted a study to investigate the relationship of transformation to successful adaptation post-loss. The researchers focused on young adults' adaptation after losing a parent. They expected to find that cognitive transformation among acutely bereaved young adults would be indicative of successful adaptation. A cognitive transformation is defined by focus on the participant's conscious awareness and self-reported changes in the post-loss experience. They found that cognitive transformation does predict grief resolution and the presence of psychiatric symptoms, suggesting that participants scoring higher in cognitive transformation demonstrate significantly better grief resolution and fewer psychiatric symptoms. The researchers indicated that these results suggest that cognitive transformation is a positive marker for a resilient outcome or trajectory.

Resilience

Resilience is best defined as a consequence of successful adaptation to adversity (Zautra, Hall, & Murray, 2010). Individuals who are resilient demonstrate a higher capacity to a swift return to normal functioning while continuing to move forward in the face of adversity. Bonanno, Boerner, and Wortman (2008) indicate that resilient people have an outlook on life that may make them less vulnerable to outside stressors, but, in consequence, may make them less attentive to other's concerns. While the resilient response is sought, the researchers also suggest that it may elicit a negative response from others if they appear to have recovered too quickly from their loss.

Zautra, Hall, and Murray (2010) indicate that a resilient recovery is not without emotional difficulties, but the return to health is swift. While the resilient response is more common than previously thought, individuals differ in their resilient characteristics, such as inner strength, flexibility, and reserve capacity. However, others define resilience as its capacity to absorb perturbations/disturbances before fundamental changes result (Zautra, Hall, & Murray, 2010). Under this general rubric, resilience can be defined as the amount of stress that a person can endure without a fundamental change in capacity to pursuit of life goals and meaning. In contrast, resilient recovery focuses on aspects of healing wounds and maintenance of sustainability of personal, occupational, and social life. Skodol (2010) defined resilience as individual differences that help individuals cope positively with adversity, making them better able to deal with stress in the future. All definitions of resilience, hold a fundamental similarity: Resilience is viewed as a positive response to adverse life events.

The use of the term resilient recovery has sparked an interesting take on the traditional view of recovery. Balk (2008) suggested that there is an instinctive denotation to the term recovery from bereavement which allows individuals to recover and ground their humanity, meaning these individuals recognize their mortality. He urged that the term resiliency be used in place of recovery. The term resiliency denotes a competency to withstand the issues or problems that others fall prey. With resiliency, there is emphasis on positive outcomes despite extraordinary adverse circumstances. Balk (2008) also indicated that recovery is viewed as a period of time in which an individual demonstrates consistent and measurable progress or return following illness or injury. He suggested that psychologists view resilience as a form of resistance to symptoms and

adverse outcomes typical of individuals (Balk, 2008, p. 86). He thought that resilience should be understood as quickly returning to baseline functioning while not denoting the positive outcomes typically viewed in recovery trajectory. The term trajectory is defined as a path of movement that determines how the individual deals with the traumatic event or loss. This falls more in accord with the research on resilience as a trajectory of bereavement.

Some individuals respond to loss with remarkable resilience while others are plagued with overwhelming grief. This indicates that resilient individuals are less affected by loss; therefore, they are better able to limit the negative impact of that loss (Boerner & Jopp, 2010). More common than previously thought, research indicates that most individuals experience minimal grief in response to loss. Boerner and Jopp (2010) indicated that individuals who experience minimal grief are experiencing a resilient trajectory. This trajectory indicates that despite brief spikes in distress around the time of the loss, these individuals were able to function at or near their normal levels. The researchers also found that bereaved individuals who demonstrate resilience were also more likely to experience and express positive emotion while reminiscing about the loss. To assess what contributes to resilience when experiencing loss, Boerner and Jopp (2010) looked at cause of death and circumstances around the death which are considered important predictors in bereavement outcomes. They found that resilience is unlikely if the death of a loved one is sudden and/or violent. This is congruent with previous research conducted on resilience and traumatic death.

Mancini and Bonanno (2010) examined the different trajectories of response to potentially traumatic events. They indicated that there are four prototypical trajectories:

chronic dysfunction, delayed reactions, recovery, and resilience. The chronic dysfunction trajectory is characterized by the development of chronic pathology, such as posttraumatic stress disorder (Mancini & Bonanno, 2010; Bonanno & Diminich, 2013). The recovery trajectory is characterized by readily observable elevations in psychological symptoms that persist for at least several months before gradually returning to baseline functioning. In contrast to the recovery trajectory, the resilience trajectory is the individual's ability to maintain normal functioning while coping with loss (Mancini & Bonoanno, 2010; Bonanno & Diminich, 2013). These individuals experience a short term transient stress reaction that does not interfere with their ability to function. Individuals who experience a resilient trajectory when coping with loss or other adverse events demonstrate a high capacity for behavioral elasticity to impending challenges.

Bonanno et al. (2002) assessed factors to distinguish groups of patterns of grief and a resilient pattern of improved functioning. The researchers placed the individuals in who were low in pre-loss depression into one of the four following patterns: common grief, resilient, delayed grief, and chronic grief. Individuals in the common grief pattern had grief reactions at six months post loss, but did not differ from their pre-loss levels at eighteen months post loss (Bonanno et al., 2002). Resilient pattern individuals demonstrated no change at 6 or 18 months post loss (Bonanno et al., 2002). Delayed Grief pattern was assigned to individuals who did not demonstrate change at 6 months post loss, but did demonstrate grief reactions 18 months post loss (Bonanno et al., 2002). Chronic Grief pattern was indicative of individuals who showed grief reactions at both six and eighteen months post loss (Bonanno et al., 2002). Individuals who had high preloss depression scores were sorted into the following four patterns: chronic

depression, depressed-improved, delayed-improved, and improved-relapse. Those who did not demonstrate any change at 6 and 18 months postloss were considered chronic depression pattern (Bonanno et al., 2002). Depressed-improved pattern individuals demonstrated marked improvements in functioning at both 6 and 18 months (Bonanno et al., 2002). Delayed-improved pattern individuals experienced positive changes in functioning at 18 months, and improved-relapse pattern individuals showed marked improvements in functioning at 6 months but were no longer different than preloss levels of depression at 18 months (Bonanno et al., 2002).

Bonanno et al. (2002) found within the different grief trajectories, chronically depressed; chronic grief, common grief, depressed-improved and resilience, there were significantly different levels of depression within groups at 6 months post loss. The resilient group demonstrated the lowest level of depression followed by depressed-improved, common grievers, chronic grievers, and chronically depressed. Bonanno et al. (2002) found at 18 months post-loss, the resilient and common grievers had the lowest depression and did not differ significantly from each other. The researchers also found that resilient individuals were significantly more accepting of death than both common grievers and chronic grievers, and endorsed significantly greater belief in a just world than common grievers.

Bonanno and Diminich (2013) reviewed several studies that assessed resilience as the ability to favorably adjust in the face of chronically adverse circumstances. Chronically stressful circumstances typically produce more enduring patterns of variability and lead to more enduring change in a wide range of psychological and physiological functioning. The researchers found that the distinction between resilience

and maladjustment is often not evident until the chronically stressful circumstance has abated to some degree. Bonanno and Diminich (2013) also found that individuals who demonstrated little or no lasting impact on functioning and a relatively stable trajectory of continuous healthy adjustment from before to after the potentially traumatic events are following a more resilient trajectory of bereavement.

de Tychey and Dollander (2007) assessed resilience and chronic depression in mothers who had experienced the death of a child. The researchers recruited 10 resilient mothers and 10 chronically depressed mothers to who lost a child to a violent accident, homicide, suicide, or illness participate in their study. The mothers were clinically interviewed and administered a Rorschach test with indicators taken from the French version of the test (de Tychey & Dollander, 2007). The researchers found that the clinically depressed mothers indicated they were lacking in support where resilient mothers did not feel they had more support than normal from their families and socio-medical circle. The resilient mothers did not often engage in conversations about the deceased to the people around them, tried not to cry in front of their support group, and tried to minimize the grief felt in their support group by not disclosing their own pain (de Tychey & Dollander, 2007). The resilient mothers did stress the importance of having quickly found another in the psycho-medical sector to express their grief and listen. de Tychey and Dollander (2007) also found that all of the mothers felt guilt in regards to their child's death, but resilient mothers were able to free themselves from this guilt which allowed for them to recover.

While most resilient and bereavement research focuses on the individual, there are studies that assess bereavement in conjunction with family resilience. Family resilience

models have a two pronged process. First, adjustment involves the influence of protective factors to maintain homeostatic functioning in the face of risk factors (Greeff & Human, 2004; Hurd, 2004). Second, adjustment involves the adaptation of recovery factors that promote and enhance the family's ability to bounce back in the face of crisis situations (Greeff & Human, 2004; Hurd, 2004). A critical component of family resilience is cohesion within the system. This allows the family to make sense of the loss and gather meaning from it. Greeff and Human (2004) assessed factors that facilitate family adjustment and adaptation to the death of a parent. The researchers used the following scales to assess family adjustment and adaptation: Family Hardiness Index, Family Sense of Coherence Scale, Relative and Friend Support Index, Social Support Index, Family Crises Oriented Personal Evaluation Scales. The Family Hardiness Index was employed to measure the internal strengths and durability of the familial unit. The Family Sense of Coherence Scale assesses the orientation between family members that internal and external stimuli are structured and predictable, that resistance resources are available for handling the stimuli, and that life's challenges are meaningful. The Family Crises Oriented Personal Evaluation Scales assessed the problem solving and behavioral strategies utilized by families in crises situations, and high scores are an indication of effective positive coping behaviors.

The researchers placed the families' responses into two categories: internal resources and external resources. Internal factors included support obtained within the immediate family and external resource factors include support obtained outside of the immediate family. Greeff and Human (2004) found that the primary resource that helped families cope with loss was the social support obtained from extended family and friends.

The social support provides the practical assistance, companionship, and a sense of security and solidarity for the family to adjust to the loss. Greeff and Human (2004) also found that the second most important recovery-enhancing resource was the intrafamilial emotional and practical support. More specifically, the researchers found that Family Sense of Coherence is positively correlated to the family hardiness index for the parents whereas the Family Sense of Coherence is positively correlated to the Family Hardiness Index, community as a sense of support, and the passive appraisal coping style as measured by the Family Crises Oriented Personal Evaluation Scales for the children (Greeff & Human, 2004, p. 36). These results indicate that while individuals grieve separately from their families, there is an impact on the individual as the family unit navigates through their bereavement.

Hurd (2004) examined how resilience pertains to existing theories of grief work of parentally bereaved children and adolescents, how resilience relates to healthy mourning, and to what extent resilience research and theory contributes to childhood bereavement theory and practice via a case study. The results revealed strong positive indicators of both internal and external protective factors at play within the participant's life. In addition to the protective factors, there were also ambiguous indicators at work; though, these ambiguous factors did not interfere or contradict the protective factors. Overall, Hurd (2004) found that despite the participant's potential vulnerability to psychological or emotional problems affected by the death of her father during childhood, the internal and external protective factors were in place for the participant to become a resilient adolescent able to experience healthy mourning and to develop an

identity relatively unaltered by the psychological and emotional trauma that accompanies a major loss.

While a good deal of research focused on resilience as a recovery trajectory, or as a familial response to loss, trait resilience is defined as the capacity to transcend, navigate through, and spring back from adversity (Ong, Fuller-Rowell, & Bonanno, 2010). The ability to utilize flexibility by employing active coping strategies when facing stressful life events or hardships protects individuals from the adverse effects while working through these stressful events or hardships. Ong, Fuller-Rowell, and Boanno (2010) suggest that trait resilience assists bereaved individuals via buffering the loss-related stressors. Ong, Fuller-Rowell, and Bonanno (2010) conducted a study that assessed trait resilience and marital equality on positive emotions following conjugal loss. The researchers examined whether trait resilience and marital strain would have an incremental effect on positive emotions. The results indicated that trait resilience plays an important role in explaining variability in widowed persons' level of positive emotions following loss. Lower trait resilience scores prior to loss were associated with reduced levels of positive emotion following loss over the levels of post-loss depression. Ong, Fuller-Rowell, and Bonanno (2010) indicated that these findings replicate and extend prior research by demonstrating the long-range consequences of trait resilience for well-being and for positive emotions.

Positive emotions play a role in resilience. Coifman, Bonanno, and Rafaeli (2007) examined the inter-correlation of positive and negative affect in recently bereaved middle-aged adults via a course of standardized interviews. The researchers derived the interaffect from self-reported positive and negative affective states measures which were

obtained after the interview segments. It was expected that resilient individuals would evidence more complex affective dynamics and would continue to be apparent when controlling for concurrent distress. The researchers found that the interaffect correlation was significantly weaker among resilient bereaved than among symptomatic bereaved, meaning resilient individuals retained their capacity for affective complexity regardless of their level of concurrent distress. This indicated that individuals categorized as resilient following the untimely loss of a loved one demonstrated a greater capacity for affective complexity, specifically the ability to experience positive and negative affect. These findings are consistent with previous bereavement research linking resilience with stable patterns of emotion self-regulation in individuals showing a resilient outcome trajectory. Bonanno, Moskowitz, and Folkman (2005) assessed the relationship between adjustment and resilience. The researchers found that bereaved individuals' friends rated them as better adjusted than symptomatic bereaved individuals. These findings are consistent with previous research linking resilience with higher adjustment outcomes following loss.

Lin, Sandler, Ayers, Wolchik, and Luecken (2004) conducted a study to assess resilience and bereavement research in five ways. They sought to test multivariate models comprised of environmental stress, family, and child variables to differentiate between children who demonstrate some inclination of clinical levels of mental health problems versus those who do not. The researchers examined a broad array of potential resilience resources at the child and family level and incorporated reports from multiple raters of bereaved children's mental health problems. The study included a heterogeneous sample and is the first to examine predictors of clinical levels of mental

health problems in bereaved children. Lin et al. (2004) found that children's resilience following parental death was positively predicted by their surviving caregiver's provision of warmth and discipline and negatively predicted by caregiver mental health problems. The researchers found at an individual level that bereaved children who appraised negative events as less threatening to their wellbeing were less likely to have clinically significant mental health problems than those who perceived high levels of threat.

Cohen, Meek, and Lieberman (2010) examined memory and resilience in Holocaust survivors. Memory is based on an individual's mental capacity, personality tendencies, previous experiences, cultural and social situations, and personal contacts with others (Cohen, Meek, & Lieberman, 2010). It is socially constructed, present-oriented, and experientially based. The researchers found that Holocaust survivors remembered their loved ones and the pain they felt and continued to feel because their loved ones did not survive. They also found that the Jewish memory helps expound both risk and protective factors of resilience for older Holocaust survivors. More specifically, if survivors of the Holocaust only have memories demonstrating loss and violence, if they have only learned of the injustice while lacking to learn of the survival, and if they cannot make meaning out of the events that occurred, these memories become risk factors and barriers to resilience (Cohen, Meek, & Lieberman, 2010).

Although most resilience research focuses on the resilient trajectory, positive emotions, or the family's effect on resilience, Skodol (2010) proposed the resilient personality. He suggested that resilient personalities are characterized by traits that reflect a sound, well-differentiated, and amalgamated sense of self. The characteristics that make up the self are self-esteem, self-confidence, self-understanding, positive future

orientation, control of negative behavior and emotion, hardiness, ego resilience, and defense mechanisms. A resilient personality is characterized by one's belief in his or her ability to manage life's challenges; self-confidence is a prerequisite to a resilient personality (Skodol, 2010). These individuals have an internal locus of control, defined by the belief that events occurring in their lives are influenced by their own behaviors and not a result of environmental factors. The resilient personality is characterized as having self-understanding and these individuals have insight into their motives, emotions, strengths, and weaknesses. They plan for the future and are responsible, meticulous, and generally exhibit an extraordinary degree of moral integrity. Skodol (2010) indicated that ego resilience encompasses the traits of social poise and presence, curiosity, competence, insight, and humor. Resilient personality defense mechanisms of affliction, altruism, self-assertion, self-observation, and sublimation are used to protect against anxiety and internal or external stressors or dangers. Hardiness is a key element of the resilient personality. This is a construct that comprises control, commitment, and challenge. Skodol (2010) suggested that the resilient personality is what allows individuals to cope effectively with adversity.

Recently, Kristensen, Weisæth, and Heir (2012) reviewed literature on the psychological consequences of sudden or violent loss and resilient factors for grief and mental health outcomes. The researchers found a consensus among the literature that suddenness of a loss hinders bereaved relatives from bidding a final farewell and carrying out any last services for the loved one. They also found a consensus that the bereaved individuals can suffer from sleep problems, ruminations about what caused the death and how it may have been prevented, and the individuals may find difficulties in making

meaning after the loss. They found within the literature that individuals who have experienced a violent loss rather than a natural loss have greater difficulties in making meaning from their loss and engage in more time discussing their loss. The researchers discovered a consensus in the literature that individuals who have experienced a natural loss have a decline in depressive symptoms six months post loss where individuals who have experienced a sudden or violent loss did not experience a decline in depressive symptoms until a year after their loss.

Hardiness

Hardiness is a characteristic of resilience. It allows for individuals to feel and act as if they are influential in the face of external forces, to be involved and find purpose in life, and to accept that change is normal in life, and that change promotes growth. Lang et al. (2008) defined hardiness as an effective personal resource that can help diminish negative effects of life stresses. This resource is characterized by a sense of personal control over the outcome of life events and hardships, an active orientation towards meeting the challenges due to the life stress or hardship, and a belief in the ability to make sense of one's existence following the life stress or hardship. The researchers assessed hardiness in the context of parental loss and expected to find that parents who are able to utilize hardiness during their difficult time after their loss will remain proactive and gain a sense of personal control over their hardships. Lang et al. (2008) found that hardiness, depending on the situation, may be difficult to discern. It may not be evident at first but become more discernible as time passes after the loss.

Mathews and Servaty-Seib (2007) explored the relationship between hardiness and grief misery in bereaved college students. It was expected that hardiness would be

negatively associated with grief symptoms. The researchers recruited 88 college students who were enrolled in an undergraduate introductory communications class at a large midwestern university. The participants responded to basic demographic questions, the Hogan Grief Reaction Checklist, the Psychological Hardiness Scale, and Closeness to the Deceased and Preventability of the Death Questionnaire designed by the researchers. Mathews and Servaty-Seib (2007) used a preliminary correlation analyses and hierarchical regression analysis to assess the data. The researchers found that hardiness was inversely associated with grief misery, meaning that individuals who scored high in hardiness had lower scores on the grief misery index. These findings are consistent with past research in the field of thanatology and bereavement.

Purpose of Study

While there is good research on resilience as a trajectory in response to grief, there are a few studies aimed at elucidating the relationship between grief symptomatology and resilience as a trait. Most of the studies that examine the relationship of grief symptoms and resilience only assess this relationship through the limited component of hardiness within the resilient construct and symptomatology. Due to the growing interest in the role of resilience in the bereavement process, this study will seek to address this lack of research by exploring the relationship between grief symptoms, resilience, and hardiness. It is hypothesized that resilience will be inversely associated with grief symptoms, i.e., the more resilient the individual the less grief symptoms will be evident. In contrast, the null hypothesis states that there will be no significant relationship between resilience and grief symptomatology. Since hardiness is

a component of resilience, it can be implied that personal resilience may be inversely related with grief symptoms, which is consistent with previous research.

Chapter III

MATERIALS AND METHODS

Participants

There were 114 participants recruited with 78.07 % ($n = 89$) being female, 15.79 % ($n = 18$) being male, and 6.14 % ($n = 7$) not reporting their gender. However, seven surveys were not included in the study due to large amounts of missing data; therefore, 107 participants' data was analyzed. The participants ages ranged between 21 to 70 years old ($M = 44.56$; $SD = 15.03$). Participants were recruited via fliers that requested voluntary participation focused at targeting only individuals who had experienced the loss of a loved one (see Appendix B). The fliers were distributed to hospices and hospitals in the southeastern state of Georgia. Also, the fliers were distributed via social media sites, such as Facebook and Twitter. These participants were not representative sample of the general bereavement population of men and women; however, these results can be generalized to this population. No compensation was provided for the participants. Their participation was on a completely voluntary basis. All participants were given an informed consent, resources to contact if they experienced any emotional or psychological distress while completing the survey, and an opportunity to ask questions about the study as well as request a summary of the results. Due to the requirements of the Institutional Review Board (IRB) as well as the potential for emotional and psychological distress while completing the survey, participants were not

required to answer every single question. Please refer to Appendix A to see the IRB approval.

Instruments

Demographic Questionnaire (DQ): This is a questionnaire that asked basic information about the participant. Individuals will respond to questions asking for information pertaining to age, gender, and race/ethnicity. They will also respond to questions pertaining to their loss, such as how close they were to the individual, their relation to the lost individual, and the period of time that has passed since their loss. It is projected that it will take between 5 to 10 minutes to complete this questionnaire.

Texas Revised Inventory of Grief (TRIG): The TRIG is a 21 item self-report measurement of grief. The scale is divided into two separate subscales assessing Past Behavior (Pt. I) and Present Feelings (Pt. II). The Past Behavior subscale is comprised of eight items and Present Feeling subscale is comprised of 13 items. Respondents are asked to indicate on a 5-point Likert scale from “*completely true*” to “*completely false*.” The Cronbach’s alpha ranged between .77 and .89 for TRIG Pt. I and it ranged between .69 and .89 for TRIG Pt. II (Neimeyer & Hogan, 2002; Neimeyer, Hogan, & Laurie, 2008). It is projected that it will only take between 10 to 15 minutes for participants to complete this inventory.

Resilience Scale for Adults (RSA): The RSA contains 33 items and comprises five factors: Personal Strength, Social Competence, Family Cohesion, Social Resources, and Structural Style. The Personal Self factor is broken into two subscales: Personal Strength/Perception of Self and Personal Strength/Perception of Future. Respondents were asked to indicate their responses on a 5-point scale where each item has a positive

and negative attribute at each end of the scale continuum. The positive attributes were keyed to the left for the first half of the items and the right for the second half to reduce acquisition bias. It is projected that it will only take between 15 to 20 minutes for participants to complete this inventory.

Lang and Goulet Hardiness Scale (LGHS): The LGHS is a 45 item self-report measure of hardiness. Respondents were asked to indicate their responses on a 5-point Likert scale ranging from “*strongly agree*” to “*strongly disagree*.” The LGHS has three subscales: sense of personal control, active orientation, and sense of meaning. Scoring for the instrument included reverse scoring for 15 of the 45 items (Lang, Goulet, & Amsel, 2003). A higher score indicates a higher degree of hardiness.

Procedure

The participants were assessed one time via the administration of the DQ, TRIG, RSA, and LGHS through an online service called Qualtrics. This ensured that the participants’ information remained confidential and free of identifying information linking the responses back to the participants. It took the participants between 15 and 45 minutes to complete the survey, with five participants taking an hour and a 30 minutes to 2 hours and 15 minutes to complete the survey.

Chapter IV

RESULTS

Reliability testing for the TRIG, RSA, and LGHS was conducted from the responses in this study using Cronbach's alpha. TRIG Past indicated a good reliability α of .87, and TRIG Present indicated an excellent reliability ($\alpha = .91$). Five of the RSA subscales had good reliability, .87, .72, .85, .87, and .87, for RSA Personal Strength/ Perception of Self, RSA Structure Style, RSA Social Competence, RSA Family Cohesion and RSA Social Resources respectively. RSA Personal Strength/ Perception of Future had excellent reliability ($\alpha = .91$). LGHS subscales demonstrated acceptable reliability, .73, .82, .75, for LGHS Personal Control, LGHS Making Sense, and LGHS Active Orientation. The total n for the following analyses varied slightly as a result of missing data. The means and standard deviations of all measures are provided in Table 1.

Table 1

Number, Means, and Standard Deviations of Variables

Variable	n	M	SD
TRIG Past	100	2.95	1.01
TRIG Present	94	2.61	0.87
RSA Personal Strength/ Perception of Self	86	2.69	0.29
RSA Personal Strength/ Perception of Future	84	3.84	1.15
RSA Structure Style	86	3.52	1.01
RSA Social Competence	83	3.45	0.98

Variable	<i>n</i>	<i>M</i>	<i>SD</i>
RSA Family Cohesion	84	3.80	.94
RSA Social Resources	86	4.00	0.72
LGHS Personal Control	76	3.72	0.45
LGHS Active Orientation	66	3.98	0.56
LGHS Making Sense	74	3.92	0.56
Closeness	107	4.04	1.03
Adjustment since Death	99	1.33	0.47
Death Anniversary Grief	94	1.40	0.49
Expected	107	0.21	0.41
Unexpected	107	0.34	0.47
Sudden	107	0.19	0.39
Slow	107	0.27	0.45

Correlation Analyses of Resilience and Grief

A bivariate correlation analysis indicated that the following variables were significantly inversely correlated with TRIG Past: RSA Personal Strength/Perception of Future, RSA Structure Styles, RSA Social Competence, RSA Family Cohesion, RSA Social Resources, LGHS Personal Control, LGHS Active Orientation, LGHS Making Sense, Closeness, Anniversary of Death Grief, Expected Death, and Unexpected Death. A preliminary bivariate correlation analyses indicated the following variables were not significantly correlated with TRIG Past: RSA Personal Strength/Perception of Self, gender, years of schooling, time since death, funeral attendance, adjustment since death,

perceiving the same illness, type of death: slow, type of death: sudden, and who died: spouse, sibling, friend, and other. Table 2 displays the bivariate correlations that were found to be significantly correlated with TRIG Past and the correlations between the variables.

Table 2

Significant Intercorrelations between Past Grief and Independent Variables

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13
1. TRIG Past	—	-.27*	-.23*	-.35**	-.29**	-.26**	-.40**	-.32**	-.45**	.40**	-.53**	-.35**	.20*
2. RSA Personal Strength/ Perception of Future		—	.53**	.29**	.41**	.39	.45**	.49**	.53**	-.09	.36**	.20	-.10
3. RSA Structure Style			—	.22*	.27*	.31**	.25*	.42**	.31**	-.02	.20	.11	-.11
4. RSA Social Competence				—	.16	.54**	.41**	.54**	.40**	-.14	.24*	.04	.07
5. RSA Family Cohesion					—	.60**	.37**	.25*	.34**	-.16	.22*	.04	.02
6. RSA Social Resources						—	.40**	.48**	.39**	-.06	.21	.19	.08
7. LGHS Personal Control							—	-.62**	.71**	-.14	.30*	-.08	.03
8. LGHS Active Orientation								—	.74**	.00	.36**	.03	-.06
9. LGHS Making Sense									—	-.11	.41**	.06	-.04
10. Closeness										—	-.28	-.09	.05
11. Death Anniversary Grief											—	.31**	-.11
12. Expected												—	-.36**
13. Unexpected													—

* The correlation is significant at the .05 level (two-tailed), $p < .05$

** The correlation is significant at the .01 level (two-tailed), $p < .01$

Another bivariate correlation analysis indicated that the following variables were significantly correlated with TRIG: Present: RSA Personal Strength/Perception of Future, RSA Structure Styles, RSA Social Competence, LGHS Personal Control, LGHS Active Orientation, LGHS Making Sense, Closeness, Adjustment since Death, Time since Death, Expected Death, and Anniversary of Death Grief. Preliminary bivariate correlation analyses indicated that the following variables were not significantly correlated with TRIG Present: RSA Personal Strength/Perception of Self, RSA Family Cohesion, RSA Social Resources, Gender, schooling completed, time since death, funeral attendance, perceiving the same illness, type of death: slow, type of death: sudden, type of death: unexpected, and who died: spouse, sibling, friend, and other. Table 3 illustrates the correlations that were found to be significantly correlated with TRIG Present and the correlations between the variables.

Table 3

Intercorrelations between Present Grief and Independent Variables

Variable	1	2	3	4	5	6	7	8	9	10	11	12
1. TRIG Present	—	.50**	.31**	.32**	.46**	.43**	.59**	-.35**	-.56**	.33**	.33**	.64**
2. RSA Personal Strength/ Perception of Future		—	.53**	.29**	.45**	.49**	.53**	-.09	-.56**	.35**	.19	.36**
3. RSA Structure Style			—	.22*	.25*	.41**	.31**	-.02	-.47**	.04	.11	.20
4. RSA Social Competence				—	.41**	.54**	.40**	-.14	-.37**	.08	.4	.24*
5. LGHS Personal Control					—	.62**	.71**	-.14	-.51**	.19	-.08	.30*
6. LGHS Active Orientation						—	.73**	.00	-.49**	.20	.03	.36**
7. LGHS Making							—	-.11	-.54**	.19	.06	.41**

Sense						
8.	Closeness	—	.27**	-.17	-.09	-.28**
9.	Adjustment since Death		—	-.28**	-.16	-.37
10.	Time since Death			—	-.04	.26*
11.	Expected Death				—	.31**
12.	Anniversary Death					—
Grief						

* The correlation is significant at the .05 level (two-tailed), $p < .05$

** The correlation is significant at the .01 level (two-tailed), $p < .01$

Resilience and Past Grief Analyses

Hierarchical regression was used to analyze the relationship that RSA Social Competence, Adjustment since Death, and Expected Death had on past grief symptomatology. After step one, the model predicting past grief symptomatology by RSA Social Competence was significant, $R^2 = .35$, $F(1, 81) = 11.14$, $p = .001$. Step two, with the following independent variables in the equation, RSA Social Competence, Adjustment since Death, and Expected Death, RSA Social Competence was no longer a significant predictor of past grief symptomatology. RSA Social Competence, Adjustment since Death, and Expected Death added to the prediction of past grief symptomatology, $R^2 = .60$, $F(3, 79) = 14.57$, $p < .001$. Table 4 displays the unstandardized regression coefficients (B), the error terms, the standardized regression coefficients (β), the t test (t), and the semipartial correlations (sr^2) after steps one and two.

Table 4

Hierarchical Regression Analysis for Variables Predicting Past Grief (n = 83)

Variable	<i>B</i>	SE <i>B</i>	β	<i>t</i>	Sr ²
Step 1					
RSA Social Competence	-0.36	0.11	-0.35	-3.33	-0.35**
Step 2					
RSA Social Competence	-0.18	0.10	-0.18	-1.81	-0.20
Adjustment since Death	0.93	0.21	0.44	4.44	0.45***
Expected Death	-0.52	0.22	-0.22	-2.36	-0.26*

Note. $R^2 = .12$ for Step 1 ($p = .001$); $\Delta R^2 = .36$ for Step 2 ($p < .001$).

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

Hierarchical regression was used to analyze and determine the relationship that resilience and hardiness had on grief symptomatology. The model predicting past grief symptomatology by RSA Personal Strength/Perception of Future and LGHS Making Sense was significant, $R^2 = .44$, $F(2, 68) = 8.13$, $p = .001$. LGHS Making Sense contributed significantly to the prediction of past grief symptomatology in step one, $\beta = -.44$, $t(-3.42)$, $p = .001$. Step two of the model predicting past grief symptomatology by LGHS Making Sense, RSA Personal Strength/Perception of Future, Closeness, Adjustment since Death, and Expected Death was significant, $R^2 = .72$, $F(5, 65) = 13.66$, $p < .001$. LGHS Making Sense, RSA Personal Strength/Perception of Future, Closeness, Adjustment since Death, and Expected Death added significantly to the prediction of past grief symptomatology. With hardiness included, a greater amount of grief symptomatology was accounted for than when just using resilience, $\Delta R^2 = .51$. Table 5

displays the unstandardized regression coefficients (B), the error terms, the standardized regression coefficients (β), the *t* test (*t*), and the semipartial correlations (*sr*²) after steps one and two.

Table 5

Hierarchical Regression Analysis for Variables Predicting Past Grief Including Hardiness (n = 71)

Variable	<i>B</i>	SE <i>B</i>	β	<i>t</i>	<i>Sr</i> ²
Step 1					
LGHS Making Sense	-.76	.22	-.44	-3.42	-.38***
RSA Personal Strength/ Perception of Future	-.001	.11	-.002	-.01	-.001
Step 2					
LHGS Making Sense	-.47	.19	-.27	-2.50	-.30*
RSA Personal Strength/ Perception of Future	.21	.20	.25	2.20	.26*
Closeness	.24	.20	.24	2.54	.39**
Adjustment since Death	1.02	.25	.49	4.12	.59***
Expected Death	-.61	.21	-.26	-2.93	-.34***

Note. $R^2 = .19$ for Step 1 ($p = .001$); $\Delta R^2 = .51$ for Step 2 ($p < .001$).

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

Resilience and Present Grief Analyses

Hierarchical regression was used to determine the relationship that resilience and hardiness had on present grief symptomatology. After step one, the model predicting

present grief symptomatology by with RSA Personal Strength/Perception of Future was significant, $R^2 = .51$, $F(1, 75) = 26.54$, $p < .001$. RSA Personal Strength/Perception of Future contributed to the prediction of present grief symptomatology, $\beta = -.51$, $t(5.15)$, $p < .001$. Step two of the model predicting present grief symptomatology by RSA Personal Strength/Perception of Future, Adjustment since Death, and Anniversary of Death Grief was significant, $R^2 = .75$, $F(3, 73) = 30.66$, $p < .001$. RSA Personal Strength/ Perception of Future, Adjustment since Death, and Death Anniversary Grief significantly added to the prediction of present grief symptomatology. Adding hardiness to the model did not add significantly to the prediction of present grief symptomatology; however the model did significantly account for more variance, $R^2 = .81$, $F(6, 55) = 15.64$, $p < .001$. Table 6 displays the unstandardized regression coefficients (B), the error terms, the standardized regression coefficients (β), the t test (t), and the semipartial correlations (sr^2) after steps one and two.

Table 6

Hierarchical Regression Analysis for Variables Predicting Present Grief (n = 71)

Variable	B	SE B	β	t	Sr ²
Step 1					
RSA Personal Strength/ Perception of Future	.40	.08	.51	5.15	.51**
Step 2					
RSA Personal Strength/ Perception of Future	.16	.07	.21	2.20	.25*
Adjustment since Death	-.45	.19	-.24	-2.42	-.27**
Anniversary Death Grief	.85	.16	.47	5.28	.53***

Note. $R^2 = .26$ for Step 1 ($p < .001$); $\Delta R^2 = .54$ for Step 2 ($p < .001$)

Chapter V

DISCUSSION

Researchers' concern in how resilience and grief symptomatology interact is of keen interest in how individuals experience bereavement. Resilient responses to grief suggest that individuals who experience more grief symptomatology are lacking certain resilient coping schemas and characteristics. Zatura, Hall, and Murray (2010) found that the resilient response is more common than previously thought, and that individuals differ in their resilient characteristics, such as inner strength, flexibility, and reserve capacity. While resilience has been investigated as a trajectory of bereavement, this study aimed at exploring resilience and grief symptomatology. The present findings support the stated hypotheses. More specifically, resilience is inversely associated with past grief.

Resilience and Past Grief

The bivariate correlation indicated that five of the six of the subscales of resilience are significant predictors of past grief symptomatology. The social competence construct of resilience was found to be the most inversely correlated predictor of past grief symptomatology with the family cohesion of resilience being the second. These results indicate that the more individuals like being around people, are flexible in social settings, easily meet new people and make new friends, engage in conversation easily, and laugh the higher they are in the social competence construct of resilience which

means they are more likely to have experienced low grief symptomatology at the time of their loss.

The bivariate correlation assessing hardiness in conjunction with resilience and past grief indicated that all of the subscales of hardiness were significant predictors of past grief with the active orientation of hardiness being the most correlated predictor of past grief. Individuals who have an active orientation of hardiness are more likely to seek support, find meaning in the activities they engage in, are open to adapting to difficult situations, look forward to daily activities, and spend time with individuals who are important to them. This indicates that individuals who are high in this component of hardiness will have experienced low grief symptomatology at the time of their loss. Additionally, this bivariate analysis indicated that individuals who are high in the social competence component of resilience are also high in the active orientation component of hardiness.

Two hierarchical regression analyses were conducted to determine the best predictors of past grief with the first analysis excluding hardiness and the second analysis including hardiness. The first hierarchical regression model indicated that the social competence construct of resilience is a good predictor of past grief symptomatology. This supported the hypothesis that individuals who are high in resilience will experience less grief symptomatology. In addition to the social competence construct of resilience, adjustment since death, and if the death was expected were also good predictors of past grief symptomatology. The second hierarchical regression model indicated that individuals who are high in the making sense component of hardiness and the personal strength/ perception of future component of resilience are good predictors of grief. This

indicates that individuals who are able to look towards the future, reach their goals, believe they have inner strength and can return to inner peace, have a strong sense of religious beliefs, and believe that they make a difference in other people's lives will have experienced less grief symptomatology at the time of their loss.

Resilience and Present Grief

The bivariate correlation indicated that three of the six subscales of resilience are good predictors of present grief symptomatology. The personal strength/perception of future construct of resilience was found to be the most correlated predictor of present grief, with social competence construct and structure style construct coming in second and third, respectively. This means that the lower level of grief experienced by the individuals the higher they are in resilience. This indicates that individuals who are able to look towards the future, reach their goals, believe they have inner strength and can return to inner peace, have a strong sense of religious beliefs, and believe that they make a difference in other people's lives are higher in personal strength/perception of future construct of resilience which means they are less likely to experience high levels of present grief four to six months post loss.

The bivariate correlations also assessed hardiness in conjunction to resilience and present grief indicated that all of the subscales of hardiness are good predictors of present grief symptomatology with the making sense component of hardiness the most correlated predictor of present grief. Individuals who are engaged in the making sense component of hardiness believe they have inner strength and can return to inner peace, have a strong sense of religious beliefs, and believe that they make a difference in other people's lives. This indicates that individuals who are high in this component of hardiness will have

experienced low grief symptomatology four to six months post loss. Additionally, this bivariate analysis indicated that individuals who are high in the personal strength/perception of future component of resilience are also high in the making sense component of hardiness.

Two hierarchical regression analyses were conducted to determine the best predictors of present grief with the first model excluding hardiness and the second model including hardiness. The first hierarchical regression indicated that the personal strength/perception of future construct of resilience is a good predictor of present grief symptomatology. This supports the hypothesis that individuals who are high in resilience will experience less grief symptomatology and individuals who are low in resilience will experience higher grief symptomatology. In addition to the personal strength/perception of future construct of resilience, adjustment since death, and anniversary death grief were also good predictors of present grief symptomatology. This indicates that individuals who are able to look towards the future, believe they can reach their goals, and believe that their future is promising will have experienced less grief symptomatology for to six months post loss. The second hierarchical regression did not yield significant results of hardiness being a good predictor of present grief symptomatology, however, the model did account for more variance with hardiness included.

Implications

The results of resilience being inversely related to grief symptomatology further indicates that the promotion of resilience should be a part of bereavement support. Walijarvi, Weiss, and Weinman (2012) indicate that the nature of help offered to the bereaved varies widely. The content, structure, curriculum, and duration of different

bereavement programs differ due to goals, resources, and theoretical orientations of the organizations providing the services. The existential theory encourages meaning making which relates to promoting resilience (Walijarvi, Weiss, & Weinman, 2012). The promotion of resilience through making meaning is consistent with Peterson's (2006) suggestion that resilient individuals have a sense of coherence. He also suggested that resilient individuals are persistent, hardy, goal-directed, have achievement – motivation, have educational aspirations, a belief in the future, a sense of anticipation, and a sense of purpose. Implementing resilience in cognitive – behavioral therapy can be done via the dual process model. The dual process model allows for individuals to engage in restoration activities that promote effective daily functioning and a loss orientation that entails working through the emotions occurring from the death experience (Walijarvi, Weiss, & Weinman, 2012).

In addition to promoting resilience in adult bereavement support, the results of this study may apply to children's bereavement support as well. Brown, Sandler, Tein, Liu, and Haine (2007) investigated programs that offer promote resilience for suicidally and non-suicidally bereaved children. The researchers found that resilience can be promoted in suicidally bereaved children via planned activities to reduce risk factors and strengthen protective factors to promote positive outcomes overtime. Positive parenting post loss were found to be related to the adjustment outcomes of the bereaved children. Brown et al. (2007) found that factors such as caregiver warmth and discipline, lower caregiver mental health issues, and lower levels of appraisals of threats from events that occurred discriminated between resilient children and those who experienced clinical levels of distress.

The Seasons for Growth programme was designed to educate children who had experienced a significant loss due to a death or family breakdown (Riley, 2012). The programme aims to normalize grief within the school setting (Riley, 2012). The core aims of this programme are to promote resilience and build self-esteem (Riley, 2012). Riley (2012) found that the implementation of resilience in the seasons for growth construct helped bereaved individuals as well as those having difficulty adjusting to change. Overall, while Riley (2012) did not find statistically significant improvements in resilience, they did find that the children were able to utilize a wider range of coping skills in dealing with their loss. This suggests that while resilience may not significantly increase with implementation into bereavement education and therapy groups, the overall principles of resilience do assist individuals with coping from their loss.

A resilient response is not exclusive to bereavement, rather, a resilient response can be utilized when coping with all aspects of stress. Ong, Bergeman, Bisconti, and Wallace (2006) reported that psychological resilience may account for the various ways individuals cope effectively with life stressors. The researchers assessed the ways in which positive emotions foster a resilient response when coping with daily stress (Ong et al., 2006). The researchers found that individuals who were higher in resilience accounted for meaningful differences in emotional responses to daily stressors (Ong et al., 2006). The promotion of resilience and positive emotions would allow for the individuals to have greater flexibility in utilizing their problem solving skills when coping with stressful situations (Coifman, Bonanno, and Rafaeli, 2007; Ong et al., 2006). This indicates that resilience helps individuals cope more effectively with daily stressors,

thus the promotion of resilience would assist individuals with coping more effectively with daily stressors.

Limitations and Future Research

The primary limitation of this study is the missing data from the respondents. Due to the nature of the study and its perceived potential to cause emotional distress, the IRB determined that it was not within the best interest of the participants to be required to answer every question if they were feeling emotionally distressed. The addition of this missing data could have skewed the results to represent a more resilient population versus a more bereaved sample. However, while there is absent data the results are consistent with previous research that resilient response tends to be the more normalized response to grief (Boerner & Jopp, 2010; Mancini & Bonanno, 2010; Bonanno & Diminich, 2013).

Also, the order in which the survey was administered is another limitation. The comment section presented at the end of the TRIG before the RSA and LGHS was administered could have caused some of the participants to think the survey was completed. This could have contributed to the missing data within the self-report nature of the survey. A smaller sample size of reliable data was utilized due to the missing pieces. With the self-report nature of the survey, there is also room for individuals to have exaggerated their bereavement experiences as well as a memory bias. This has the potential to have skewed the results. However, due to the nature of the survey, this potential for bias could not be avoided.

Despite these limitations, the results yielded were significant. The results indicates that further investigation of the relationship between resilience and grief symptomatology is warranted. Future studies could aim at obtaining a more extensive

understanding of how resilient factors affect grief symptomatology when the bereaved is mourning a family member versus a friend. This would allow for a better understanding of how closeness mediates a resilient grief response. The results of this study indicated that for past grief, closeness was a factor that predicted grief; therefore, further investigation of how this variable interacts with resilience would help practitioners have a better understanding of how to counsel the bereaved.

Additionally, the relationship between grief, hardiness, and grief symptomatology merits further study. There is a relationship between hardiness and grief within this study. For past grief, hardiness was a better predictor of grief. This relationship merits further investigation in order to understand the role of hardiness in regards to bereavement. Also, the nature in which hardiness and resilience are related needs to be investigated. Both of these variables predict grief symptomatology; however, the relationship of these two variables on present and past grief in this study indicates a complexity that needs to be investigated.

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APPENDIX A

Institutional Review Board Approval Form



**Institutional Review Board (IRB)
for the Protection of Human Research Participants**

PROTOCOL EXEMPTION REPORT

PROTOCOL NUMBER: IRB-03025-2014 INVESTIGATOR: Jorden Anne Clements
PROJECT TITLE: The Relationship between Resilience & Grief Symptomatology

INSTITUTIONAL REVIEW BOARD DETERMINATION:

This research protocol is exempt from Institutional Review Board oversight under Exemption Category(ies) :2. You may begin your study immediately. If the nature of the research project changes such that exemption criteria may no longer apply, please consult with the IRB Administrator (irb@valdosta.edu) before continuing your research.

ADDITIONAL COMMENTS/SUGGESTIONS:

Although not a requirement for exemption, the following suggestions are offered by the IRB Administrator to enhance the protection of participants and/or strengthen the research proposal:

NONE

If this box is checked, please submit any documents you revise to the IRB Administrator at irb@valdosta.edu to ensure an updated record of your exemption.

Elizabeth W. Olfie *3/13/14*
Elizabeth W. Olfie, IRB Administrator Date

*Thank you for submitting an IRB application.
Please direct questions to irb@valdosta.edu or 229-259-5045.*

Revised: 12.13.12

APPENDIX B

Participant Recruitment Flier



Volunteer Today for a Better Understanding of Grief and Resiliency Tomorrow

Resiliency & Grief Symptomatology Study

Have you ever wondered why you grieved differently than your family members or friends? Have you ever wondered how some people seem to keep going while they are grieving? Have you ever wondered why some people become depressed where others do not while they are grieving?

This study is to help provide a better understanding of grief symptomatology and resiliency. The data gathered in this study will help answer those questions.

Who can join the study?

The study is open to anyone who is 18 years of age or older and has experienced the death of a loved one. The study requires 30 minutes to 45 minutes of your time.

How can you participate?

The enrollment process is very simple and quick. You will be asked to read and sign an informed consent form, complete a demographics questionnaire, and complete 3 brief surveys.

Where do you go to participate in the study?

Please go to the following link to complete the survey.

https://valdosta.co1.qualtrics.com/SE/?SID=SV_5hzDKRytOzS9DN3

What else can you do?

Please share this study with your friends. This will allow for a better understanding between resiliency and grief symptomatology to be obtained.

Your Participation is Greatly Appreciated.

