

8-1-2014

Unfinished Business in Bereavement: A Mixed Methods Study

Kara Lee Klingspon

University of Nevada, Las Vegas, klingspn@unlv.nevada.edu

Follow this and additional works at: <https://digitalscholarship.unlv.edu/thesesdissertations>



Part of the [Clinical Psychology Commons](#)

Repository Citation

Klingspon, Kara Lee, "Unfinished Business in Bereavement: A Mixed Methods Study" (2014). *UNLV Theses, Dissertations, Professional Papers, and Capstones*. 2188.
<https://digitalscholarship.unlv.edu/thesesdissertations/2188>

This Thesis is protected by copyright and/or related rights. It has been brought to you by Digital Scholarship@UNLV with permission from the rights-holder(s). You are free to use this Thesis in any way that is permitted by the copyright and related rights legislation that applies to your use. For other uses you need to obtain permission from the rights-holder(s) directly, unless additional rights are indicated by a Creative Commons license in the record and/or on the work itself.

This Thesis has been accepted for inclusion in UNLV Theses, Dissertations, Professional Papers, and Capstones by an authorized administrator of Digital Scholarship@UNLV. For more information, please contact digitalscholarship@unlv.edu.

UNFINISHED BUSINESS IN BEREAVEMENT:
A MIXED METHODS STUDY

By

Kara Lee Klingspon

Bachelor of Arts - Psychology

University of Nevada, Las Vegas

2009

Master of Science - Marriage and Family Therapy

University of Nevada, Las Vegas

2011

A thesis submitted in partial fulfillment of the requirements for the

Master of Arts - Psychology

Department of Psychology

College of Liberal Arts

The Graduate College

University of Nevada, Las Vegas

August 2014



THE GRADUATE COLLEGE

We recommend the thesis prepared under our supervision by

Kara Klingspon

entitled

Unfinished Business in Bereavement: A Mixed Methods Study

is approved in partial fulfillment of the requirements for the degree of

Master of Arts - Psychology

Department of Psychology

Jason M. Holland, Ph.D., Committee Chair

Stephen Benning, Ph.D., Committee Member

Murray Millar, Ph.D., Committee Member

Jennifer Keene, Ph.D., Graduate College Representative

Kathryn Hausbeck Korgan, Ph.D., Interim Dean of the Graduate College

August 2014

Abstract

Unfinished business (incomplete, unexpressed or unresolved relationship issues with the deceased) is frequently discussed as a risk factor for chronic and severe grief reactions. However, few empirical studies have examined this construct. The present study aimed to address this gap in the literature by examining the presence and severity of unfinished business as well as common themes of unfinished business reported in open-ended qualitative narratives among a sample of 256 bereaved individuals. In bivariate analyses, self-reported presence of unfinished business and the severity of distress due to unfinished business were both found to be associated with higher levels of distress and poorer outcomes. However, after controlling for potential confounds, distress related to unfinished business emerged as a more robust correlate of bereavement outcomes. Qualitative responses were categorized and the type of reported unfinished business was not significantly related to the degree of unfinished business distress or other bereavement outcomes. Implications of these findings for clinical practice and future research are discussed.

Acknowledgements

Dr. Jason Holland, your belief in my academic and research ability has allowed my confidence to grow and I am grateful that you have let me ride on the coattails of your conviction, especially on the days that mine has wavered. You are what one hopes for in an advisor, and I look forward to your continued mentorship in the future.

To Kari and Christine, my dearest dears - you have always told me I can do it and you have stood by me while I have tried - I couldn't ask for better. That goes for Rebecca, Carey, and Colleen as well – my cup is full. To my supportive parents, Norman and Leona, who have always provided an anchor for me amidst life's storms: thank you for believing, hoping and celebrating with me. Lastly, to my loves, Kristi, Kyle, Cody and Cady, who have given me purpose, meaning and lots of laughs - thank you for letting me be different and for letting me exercise my brain. It thanks you. Each one of you shares in this project by your commitment to me and I am humbled by such a rich circle of connection.

Table of Contents

ABSTRACT.....	iii
ACKNOWLEDGMENTS.....	iv
LIST OF TABLES.....	vii
CHAPTER 1: INTRODUCTION.....	1
CHAPTER 2: LITERATURE REVIEW.....	4
Prolonged Grief.....	4
Attachment Theory.....	6
Continuing Bonds.....	8
Unfinished Business.....	10
CHAPTER 3: AIMS AND HYPOTHESES.....	13
CHAPTER 4: METHODS.....	14
Participants and Procedures.....	14
Measures.....	15
Unfinished Business.....	15
Inventory of Complicated Grief - Revised (ICG-R).....	15
Symptom Checklist-10 Revised (SCL-10-R).....	16
Integration of Stressful Life Experiences Scale (ISLES).....	16
Positive and Negative Affect Schedule - Expanded (PANAS-X): Guilt Assessment.....	17
Continuing Bonds Scale (CBS).....	18
CHAPTER 5: PLAN OF ANALYSIS.....	19
Mixed Methods Analysis.....	19
Quantitative Analysis.....	20
CHAPTER 6: RESULTS.....	22
Preliminary Analysis.....	22
Tests of Normality.....	22
Missing Data Analysis.....	22
Findings From the Mixed Method Analysis.....	23
Categorizing Narrative Responses.....	23
Categories of Unfinished Business.....	24
Statements of Admiration and Value.....	24
Missed Opportunities and Intentions.....	24
Unresolved Confessions and Disclosures.....	25
Higher Order Categories and Outcome Measures.....	25
Quantitative Findings.....	26
Results for Presence/Absence of Unfinished Business.....	26

Results for Distress Regarding Unfinished Business.....	27
CHAPTER 7: DISCUSSION.....	29
Limitations and Future Directions.....	31
Clinical Implications.....	33
Conclusion.....	34
APPENDIX.....	43
A: PROPOSED DIAGNOSTIC CRITERIA FOR PROLONGED GRIEF DISORDER	43
B: UNFINISHED BUSINESS.....	44
C: INVENTORY OF COMPLICATED GRIEF - REVISED.....	45
D: SYMPTOM CHECKLIST-10 REVISED.....	47
E: THE INTEGRATION OF STRESSFUL LIFE EXPERIENCES SCALE.....	48
F: POSITIVE AND NEGATIVE AFFECT SCHEDULE - EXPANDED.....	50
G: CONTINUING BONDS SCALE.....	52
H: UNFINISHED BUSINESS SUBCATEGORY CODEBOOK.....	56
I: UNFINISHED BUSINESS HIGHER ORDER CATEGORY CODEBOOK.....	59
J: UNFINISHED BUSINESS HIGHER ORDER AND SUBCATEGORIES.....	60
REFERENCES.....	63
VITA.....	76

LIST OF TABLES

Table 1	Demographic and Loss Information for the Bereaved Sample and for Participants Endorsing and Qualifying Unfinished Business with the Deceased.....	35
Table 2	Tests of Normality.....	36
Table 3	Means, Standard Deviations, and One-Way Analyses of Variance (ANOVA) for Higher Order Categories and Six Dependent Variables.....	37
Table 4	Means, Standard Deviations and One-Way Analyses of Variance (ANOVA) for Higher Order Categories and Six Dependent Variables (Log Transformed).....	38
Table 5	Pearson Correlations Between Presence/Absence of Unfinished Business, Unfinished Business Distress, Demographic Variables of Interest, and Outcome Variables.....	39
Table 6	Pearson Correlations Between Presence/Absence of Unfinished Business, Log Transformed Unfinished Business Distress, Log Transformed Demographic Variables of Interest, and Log Transformed Outcome Variables.....	40
Table 7	Partial Correlations Between Presence/Absence of Unfinished Business, Unfinished Business Distress, and Outcome Variables.....	41
Table 8	Partial Correlations Between Presence/Absence of Unfinished Business, Log Transformed Unfinished Business Distress, and Log Transformed Outcome Variables.....	42

Chapter 1: Introduction

Bereavement is considered one of the most stressful life events (Holmes & Rahe, 1967). Although resilience is the most common response to loss, a small subset (roughly 10-20%) will exhibit chronic and severe grief reactions, which have been labeled *prolonged grief disorder* (Prigerson, Vanderwerker, & Maciejewski, 2008). Notably, prolonged grief disorder, characterized primarily by intense separation distress, lack of meaning/purpose after the loss, and impairments in day-to-day functioning, has been shown to be distinct from other overlapping disorders (e.g., major depressive disorder; Boelen & van den Bout, 2005; Boelen, van den Bout, & de Keijser, 2003) and uniquely predictive of a number of negative mental and physical health outcomes (Boelen, van den Bout, & de Keijser, 2003; Bonanno et al., 2007; Maercker et al., 2013; Ogrodniczuk et al., 2003; Prigerson et al., 1996; Prigerson et al., 1995). The ability to identify predictors of prolonged grief can help inform etiological models, pinpoint who may be at greatest risk, and guide the development of novel interventions for the disorder (Burke & Neimeyer, 2013; Currier, Neimeyer, & Berman, 2008). One prominent risk factor that has been routinely discussed in the theoretical and clinical literature is *unfinished business*, which refers to incomplete, unexpressed or unresolved relationship issues with the deceased (Holland, Thompson, Rozalski, & Lichtenthal, 2013). As there has been little empirical examination of this construct, the purpose of this study is to identify commonly endorsed types of unfinished business and to examine the connection between unfinished business and prolonged grief, psychiatric distress, and other mental health outcomes.

Unfinished business may signal a problem with the sustained attachment to the

deceased. Developed early in life, attachment style influences one's approach to relating throughout the lifespan, including reaction to the loss of an attachment figure, such as a spouse (Bonanno et al., 2002; Stroebe, 2002; Van Doorn, Kasl, Beery, Jacobs, & Prigerson, 1998). Separation distress, a primary feature of prolonged grief, may indicate some failure to find a functional, empowered sustained attachment to the loved one after death (Field & Filanosky, 2010; Field, Gao, & Paderna, 2005; Klass, Silverman, & Nickman, 1996). Early theorists such as Freud believed this bond hindered post-loss adjustment (e.g. Freud, 1917/1957), though current bereavement theories suggest that, depending on the nature of the continuing bond, its presence can be pivotal in the journey toward healthy adaptation (Klass, Silverman, & Nickman, 1996; Fraley & Shaver, 1999). Of course, the presence of unfinished business is one possible manifestation of difficulties in the continued bond, and numerous bereavement interventions explicitly focus on providing some resolution to these lingering issues with the deceased (Armstrong, 2012; Jordan, 2012; Neimeyer, 2012b).

Despite this focus on resolving unfinished business as a unique treatment objective, there has been little specific investigation of this construct. The few empirical investigations of this construct have generally shown that unfinished business is associated with more difficult post-loss outcomes (Bonanno, Wortman & Neese, 2004; Holland et al., 2013). For example, in one study greater unresolved issues reported 6 months after spousal loss uniquely predicted depression and grief 18 months after the death (Field & Horowitz, 1998). Other studies have looked at particular types of unfinished business, most notably lingering regrets after the loss. Reports of the ability to resolve bereavement regret at 6 months after loss have been shown to predict lower levels

of depression and ruminative thoughts and a higher overall sense of well-being at 18 months after the death (Torges, Stewart, & Nolen-Hoeksema, 2008). Further, progressively worsening bereavement regrets over time have been linked with particularly severe grief symptoms (Holland et al., 2013).

In an effort to expand on the existing body of work, the present study seeks to examine unfinished business and its presence or absence, the severity of distress associated with it, and commonly reported themes or types of unfinished business. The association between these components and prolonged grief symptoms, overall psychiatric distress, presence of guilt, sense made of the loss, and strength of the continuing bond will then be examined.

It is hypothesized that those who endorse having unfinished business as well as those who rate the distress related to these experiences more highly will tend to have more severe prolonged grief symptomatology, psychiatric distress, and feelings of guilt. It is also expected that these individuals will report stronger continuing bonds with the deceased as well as less meaning made of the loss—a combination which has been shown in past research to be associated with poorer bereavement outcomes (Neimeyer, Baldwin, & Gillies, 2006).

A discussion of prolonged grief as a construct and related attachment theory follows, with an examination of the constructs of continuing bonds and unfinished business, to serve as an adequate frame for the present study. A full description of aims and hypotheses follows.

Chapter 2: Literature Review

Prolonged Grief

The loss of a loved one is a universal experience that has been rated as one of the most stressful events that can occur in one's life (Holmes & Rahe, 1967). Although most individuals are fairly resilient after such a loss, returning to pre-loss levels of functioning within a matter of weeks or months, a sizeable minority exhibits chronic and severe problems (Galatzer-Levy & Bonanno, 2012). This chronic and severe form of grieving has been termed *complicated grief* or *prolonged grief* (Prigerson, Vanderwerker, & Maciejewski, 2008).

Prolonged grief is characterized by a chronic set of grief symptoms persisting six months or longer after a loss. In particular, prolonged grief symptoms include impairments in daily function, intense separation distress, mistrust, lack of acceptance regarding the loss, feeling numb, a sense of meaninglessness/purposelessness, avoidance of reminders of the death, and difficulties "moving on" after the loss (Prigerson et al., 2008; Prigerson et al., 2009). Proposed diagnostic criteria for Prolonged Grief Disorder are listed in Appendix A, which are currently under consideration for the International Classification of Diseases, 11th edition (ICD-11; Maercker et al., 2013). Estimated prevalence of prolonged grief in the general bereaved population is about 10-15% (Ott, 2003; Prigerson et al., 2008).

Prolonged grief is primarily distinguished by its emphasis on separation distress (e.g., yearning, longing, pining for the lost relationship), and therefore may be conceptualized as an attachment-based disorder. Notably, separation distress is not currently captured in any existing psychiatric disorder. In addition, factor analytic studies

have found that prolonged grief symptoms make up a distinct cluster that are, for the most part, unique from depressive, anxiety, and posttraumatic stress symptoms (Boelen, van den Bout, & de Keijser, 2003; Bonanno et al., 2007; Chen et al., 1999; Ogradniczuk et al., 2003; Prigerson et al 1996; Prigerson et al., 1995). Studies have also found that many individuals who meet criteria for prolonged grief disorder do not necessarily meet criteria for other psychiatric problems. For example, in one study of older bereaved individuals, rates of comorbidity with depression (9.7%) and anxiety (17.2%) were higher than the general population rates, but most prolonged grievers remained free of related disorders (Newson et al., 2011).

When prolonged grief symptoms are present six months or later post-loss, cross-sectional and longitudinal studies provide support for prolonged grief as a reliable incremental predictor of lowered global functioning and subjective well-being as evidenced by more chronic and persistent mental health concerns and lowered current life functioning (e.g., more life stressors, a perception of less social support; Ott, 2003; Bonanno et al., 2007). When depression, anxiety, age, gender, and prior medical history are controlled for, longitudinal data also illustrate the incremental validity of prolonged grief symptoms at six months post-loss as a predictor of adverse health behavior (e.g. changes in eating habits) and physical health issues (e.g., high blood pressure, heart issues, cancer) at 13 and 25 months post-loss (Prigerson et al., 1997). In addition, bereaved individuals with elevated prolonged grief symptoms have been shown to be 8.21 times more likely to endorse suicidal thoughts, even after controlling for depressive and posttraumatic stress symptoms (Latham & Prigerson, 2004).

Identifying those grievers with more severe prolonged grief symptoms may also

help guide interventions. Currier, Neimeyer and Berman's (2008) meta-analysis showed that targeted interventions with individuals with more severe grief reactions exhibited larger effect sizes than interventions that were offered to all bereaved participants irrespective of symptoms. There is also some preliminary evidence to suggest that different intervention techniques may differentially impact symptoms of prolonged grief and depression, further highlighting the potential clinical utility of this construct (Holland, Currier, & Gallagher-Thompson, 2009).

Attachment Theory

Attachment theory is one lens from which to view prolonged grief reactions. This theory posits that early interaction with others, especially those of primary relational importance, shapes and guides expectations and behaviors with others throughout the lifespan (Bowlby, 1969, 1973, 1980). Recent empirical work defines attachment style along two dimensions, that of attachment anxiety and attachment avoidance. Attachment anxiety refers to a preoccupation with the attachment figure that is characterized by emotional and behavioral hyper-vigilance in order to increase perceived security and achieve a sense of availability of support in times of need (Mikulincer & Shaver, 2008; Fraley & Bonanno, 2004). Conversely, attachment avoidance refers to a pattern of self-reliance and denial or suppression of attachment thoughts and feelings to minimize the connection and create emotional distance (Mikulincer & Shaver, 2008; Fraley & Bonanno, 2004).

Attachment style, developed in interaction with early caregivers, may influence how we handle loss. It may explain the ways in which we approach relationships as they are formed, maintained, and reorganized, even after the death of a loved one (Stroebe,

2002). In support of this view, greater attachment anxiety has been shown to be associated with more severe prolonged grief reactions as well as other psychiatric concerns, in both cross-sectional (Boelen & Klugkist, 2011; Meier et al., 2013; Wayment & Vierthaler, 2002) and longitudinal studies (Field & Sundin, 2001; Griffin & Bartholomew, 1994; Wijngaards-de Meij et al., 2007). Further, there appears to be preliminary evidence that attachment insecurity is a unique risk factor for prolonged grief, more so than for chronic depression (Bonanno et al., 2002; Van Doorn et al., 1998).

Current literature regarding attachment avoidance and grief shows more mixed results. On the one hand, cross-sectional research has found that grievers with an avoidant attachment orientation tend to have higher levels of somatization (Wayment & Vierthaler, 2002) and higher levels of prolonged grief and depression (Wijngaards-de Meij et al., 2007), in one case even more so than for those with elevated attachment anxiety (Boelen & Klugkist, 2011). However, other cross-sectional research has noted the lack of a significant association between attachment avoidance and post-loss outcomes (Meier et al., 2013). In addition, a longitudinal study found that attachment avoidance was not significantly associated with significant symptoms of crying, yearning and/or preoccupation with the loss (Field & Sundin, 2001). Some longitudinal evidence also suggests that avoidant grievers displaying a dismissive attitude may have better outcomes than bereaved individuals with a fearful-avoidant attachment orientation (Fraley & Bonanno, 2004). Thus it appears that the independence and emotional distance that attachment-avoidant individuals display could in some cases even play a protective role (Fraley & Bonanno, 2004).

Continuing Bonds

Extending attachment theory to loss, recent bereavement theorists use the term *continuing bond* to emphasize the important role of the sustained attachment with a loved one after their death (Schuchter & Zisook, 1993). Early models of grief, including Freud's, posited that a complete severing of the emotional bond with the deceased is most adaptive for the griever (e.g. Freud, 1917/1957; Lindemann, 1944). Other theorists, such as Bowlby (1980) and Volkan (1981), also viewed continued attachment to the deceased as generally unhelpful and regarded it as an indication of non-acceptance of the loss. However, more recent bereavement theorists have emphasized that a continuing attachment or bond with the deceased can in some cases provide a means of healthy adaptation after the loss of a loved one (Klass, Silverman, & Nickman, 1996; Fraley & Shaver, 1999).

A continuing bond can be defined as a griever's ongoing internalized relationship with the deceased (Shuchter & Zisook, 1993). Much like the *Dual Process Model* of adaptive bereavement, which emphasizes that healthy grievers "oscillate" between confronting and avoiding loss-oriented and restoration-oriented stressors (DPM; Stroebe & Schut, 1999), these bonds are thought to be dynamic in nature, in that they are negotiated and renegotiated over time (Klass et al., 1996). Unique to each individual, continuing bonds may serve as a comforting and continuing presence that brings peace to the griever, or they may emerge as distressing, intrusive images or memories that rigidly mire them in the past.

In support of this view, research on continuing bonds has shown that these ongoing attachments may show different kinds of associations with prolonged grief and other

outcomes, depending on the specific nature of the bond. For example, more concrete continuing bonds, such as clinging to the deceased's possessions six months post-loss, was found to be associated with poorer outcomes over a 25-month period for the conjugally bereaved (Field et al., 1999). However, more abstract bonds (e.g. recalling warm memories) seemed to allow the griever to internalize and represent the loved one emotionally and/or spiritually and were found to be associated with more adaptive functioning in daily living (Field et al., 1999; Field, Gao, & Paderna, 2005; Field, 2006a).

This general pattern of findings has been replicated in several studies. One study found that "internalized" continuing bonds (characterized by a comforting internal representation of the deceased) were positively associated with perceptions of growth and inversely related to bereavement risk factors (e.g., feeling responsible for the death); whereas, "externalized" continuing bonds (involving intrusive hallucinations and illusions) were positively correlated with these same risk factors and not significantly linked with growth experiences (Field & Filanosky, 2010). However, results have contradicted this pattern in smaller studies (Boelen, Stroebe, Schut, & Zijerveld, 2006). A separate investigation has also suggested that continuing bonds play a relatively benign role when in the context of having "made sense" of the loss. However, when a bereaved individual reported a low degree of sense-making, higher levels of continuing bonds were found to be linked with more severe prolonged grief symptomatology (Neimeyer, Baldwin, & Gillies, 2006).

In sum, it appears that depending on the nature of the relationship, continuing bonds can serve as an adaptive or benign means for staying connected with the deceased, or can take the form of unhelpful rumination and/or "clinging" to the lost relationship

(Field, 2006b). Thus, identifying how things potentially "go wrong" in the negotiation and re-negotiation of these continued relationships with the deceased has salient clinical implications. One specific aspect of the continuing bond that is frequently mentioned as being problematic is the bereaved person's perception of having "unfinished business" with the deceased.

Unfinished Business

Unfinished business refers to a sense that something was unfinished, unsaid, or unresolved in the relationship with the deceased, or that the bereaved wishes some issue in the relationship had been addressed while their loved one was still alive (Holland et al., 2013). Although unfinished business is frequently discussed in theoretical and clinical writings on bereavement (Klass et al., 1996; Montross, Winters, & Irwin, 2011; Neimeyer, 2012, Payne et al., 2002; Székely, 1978), empirical investigation of this construct remains limited, despite being rated by dying patients, bereaved family members, and healthcare providers as one of the most crucial facets of end-of-life completion events (Steinhauser et al., 2000). Though limited, the existing evidence does preliminarily suggest that persistent unfinished business is associated with poorer bereavement outcomes, and the resolution of unfinished business concerns is an important component of the grieving process for many bereaved individuals. For instance, Field and Horowitz (1998) found that greater unresolved issues (e.g., self-blame, blame toward the deceased, non-acceptance) expressed during an empty-chair exercise with one's deceased spouse 6 months after the loss uniquely predicted grief and depressive symptoms at 18 months post-loss, even after statistically accounting for initial symptom severity.

Other studies have also indirectly looked at this topic by examining bereavement-related regrets, which are one type of unfinished business. Specifically, grief-related regret has been shown to be one of the most challenging of all life regrets (Choi & Jun, 2009). In addition, in a longitudinal study, individuals that experienced increasing levels of bereavement-related regret over time were found to have the most severe grief responses (Holland et al., 2013). Another longitudinal study similarly found that those who resolved bereavement-related regrets 6 months after their loss were most likely to report lower levels of depression and rumination as well as higher overall well-being at 18 months post-loss (Torges et al., 2008). There is also some evidence to suggest that certain types of regret may be more problematic than others. In particular, inaction has been shown in a number of studies to result in more regret throughout the lifespan (Jokisaari, 2004; Wrosch & Heckhausen, 2002). Another investigation indicated that self-blame may be more highly correlated with elevated grief symptoms than blame directed at others (Field, Bonanno, Williams, & Horowitz, 2000).

It is also worth noting that many bereavement interventions are based on the concept of unfinished business and conceptualize the resolution of unfinished, lingering issues with the deceased as a central mechanism of change. For example, the *empty-chair* dialogue intervention addresses unfinished business by employing a guided imaginary dialogue with the significant other that focuses on unresolved feelings (Paivio & Greenberg, 1995). In one study, higher resolution of unfinished business via this type of intervention was found to be a more salient predictor of outcome than the quality of the working alliance (Greenberg & Malcolm, 2002). Empty chair work has also been shown to be superior to psychoeducation in promoting improvements in overall global

symptoms, negative emotion, forgiveness, and target complaints (Greenberg, Warwar, & Malcolm, 2008). Although these studies did not focus exclusively on bereaved individuals but on unresolved interpersonal issues in general, they provide preliminary evidence that supports focusing on unfinished business as a target for intervention.

In addition, one of the most researched bereavement interventions is *Complicated Grief Treatment*, which is broadly based on cognitive-behavioral principles and includes components such as imagined dialogues with the deceased to address unfinished business (Shear, Frank, Houck, & Reynolds, 2005). Complicated Grief Treatment has been shown to yield improvements in prolonged grief symptoms over the use of Interpersonal Therapy alone (Shear et al., 2005).

Chapter 3: Aims and Hypotheses

In an effort to address the dearth of empirical research on unfinished business, the current study has two primary aims. The first aim is to categorize qualitative responses of bereaved participants who have endorsed having unfinished business and have provided a brief description of what they perceive to be "unfinished" in their grieving process. Once responses have been coded in a reliable and meaningful way, as an exploratory question, categories of responses will be compared in terms of distress related to unfinished business, prolonged grief symptoms, global psychiatric distress, feelings of guilt, meaning made of the loss, and strength of the continuing bond.

The second aim of this study is to examine correlates of experiencing unfinished business and self-reported severity of distress related to unfinished business. It is hypothesized that those who endorse having unfinished business as well as those who rate the distress related to these experiences more highly will tend to have more severe prolonged grief symptomatology, psychiatric distress, and feelings of guilt. It is also expected that these individuals will report stronger continuing bonds with the deceased as well as less meaning made of the loss—a combination which has been shown in past research to be associated with poorer bereavement outcomes (Neimeyer et al., 2006).

Chapter 4: Methods

Participants and Procedures

Undergraduate participants were recruited at a large southern research university after institutional review board approval of the research project. Recruitment procedures included posted fliers, university-based online notices, and in-person class announcements by research assistants. Research credits were offered for participation. An online university-sponsored software program was used for the survey. Prospective participants were issued a unique identification code to prevent taking the survey twice.

In order to be eligible for the study, participants needed to (1) report having a loved one die in the past 2 years, (2) be 18 years or older, and (3) be willing to complete online surveys about their loss experience. Demographic breakdown of the 256 participants that completed the bereavement survey was 77.0 % women, 23.0 % men, which is similar to the gender distribution (78.4% women, 21.6 % men) for psychology majors in the fall of 2013 at the institution where the data were collected but somewhat different from the undergraduate population as a whole (60.4% women, 39.6 % men; W. Zachry, personal communication, January 2, 2014). Ethnic/racial composition of the sample was as follows: 48.4% Caucasian, 25.8% African American, 18.0% Latino/Hispanic, and 3.1% Asian. In the psychology undergraduate population, distribution of Caucasian respondents in the sample matched well (46.9%), with an under-representation of African American respondents (43.9%) and an over-representation of Hispanic (3.8%) and Asian (1.5%) students. In the current sample, an average participant was likely to be about 22 years of age, Caucasian or African American, with a loss in their extended family from a natural (anticipated or sudden) death. Additional details about the socio-demographic

characteristics of the sample and background information regarding participants' losses are presented in Table 1.

It should be noted that some analyses in this study were restricted to 97 participants who endorsed unfinished business with the deceased. Of this subset, 74 provided a qualitative example of their self-reported unfinished business with the deceased.

Measures

Unfinished Business. The presence or absence of unfinished business was assessed with the following question:

Sometimes people who have lost a loved one are left with a sense that something was unfinished, unsaid, or unresolved in the relationship with the deceased loved one or wish some issue in the relationship had been addressed while they were still alive. Do you feel that anything was unfinished, unsaid, or unresolved in your relationship with your loved one?

Those who answered "yes" to this question were then asked to provide a description of "the most troubling example" of unfinished business with the deceased. Distress related to unfinished business was also rated using a ten-point scale ranging from *not at all distressed* (1) to *extremely distressed* (10). Questions that assess unfinished business can be found in Appendix B.

Inventory of Complicated Grief—Revised (ICG-R). Prolonged grief was assessed using the Inventory of Complicated Grief-Revised (ICG-R; Prigerson & Jacobs, 2001). This instrument is comprised of 30 declarative statements to which the respondent indicates agreement with the described symptoms using a 5-point scale. Answers range from *never* (1) to *always* (5) with higher scores representing more severe prolonged grief

symptoms. The ICG-R reflects the symptoms that have been identified with prolonged grief, such as intense and excessive yearning and longing for the deceased, inability to carry on with life, a sense that life is meaningless/purposeless after the loss, and intrusive thoughts regarding the lost loved one (Prigerson, Vanderwerker, & Maciejewski, 2008). In previous research, the ICG-R has displayed high internal consistency (Cronbach's $\alpha \geq 0.90$; Guldin et al, 2001; Holland, Neimeyer, Boelen & Prigerson, 2009; Prigerson et al., 1995), good test-retest reliability ($r = 0.80-0.92$; Prigerson et al., 1995; Boelen et al., 2003), and convergent validity with other established grief measures (Burke, Neimeyer & McDevitt-Murphy, 2010; Guldin et al., 2011; Prigerson et al., 1995). In the current study, the ICG-R displayed strong internal consistency (Cronbach's $\alpha = 0.96$). This measure can be found in Appendix C.

Symptom Checklist-10 Revised (SCL-10-R). The revised Symptom Checklist 10 (SCL-10-R; Rosen et al, 2000) is a brief 10-item measure of emotional distress that addresses a broad range of global psychiatric concerns. The frequency of psychiatric distress experiences (e.g., "Feeling blue" and "Feeling tense or keyed up") are indicated on a 5-point scale from *not at all* (1) to *extremely* (4), with higher scores representing greater psychiatric distress. The SCL-10-R is highly correlated with the full 90-item version of the scale ($r = 0.95$), and shows good internal consistency (Cronbach's $\alpha = .87$) and convergent validity with established measures of depression and posttraumatic stress (Rosen et al., 2000). For the current study, the SCL-10-R showed good internal consistency (Cronbach's $\alpha = 0.89$). This measure can be found in Appendix D.

Integration of Stressful Life Experiences Scale (ISLES). The Integration of Stressful Life Experiences Scale (ISLES; Holland, Currier, Coleman, & Neimeyer, 2010)

is a 16-item measure that assesses the degree to which participants made meaning from a stressful life event. A 5-point scale from *strongly agree* (1) to *strongly disagree* (5) is used to respond to declarative statements, such as "I have made sense of this event" and "I have difficulty integrating this event into my understanding about the world." In this study, participants responded to this measure with regard to their loss, and items were scored so that higher scores indicated greater meaning made of the event. ISLES scores have been shown to have strong internal consistency in a bereaved sample (Cronbach's $\alpha = 0.94$), moderate test-retest reliability after a 3-month interval ($r = .57$), and concurrent validity with relevant mental health outcomes (Holland et al., 2010). In particular, higher scores on the ISLES (indicating greater meaning made of a stressful life event) have been found to be associated with less prolonged grief and psychiatric distress (Holland et al., 2010). In the current study, the ISLES displayed strong internal consistency (Cronbach's $\alpha = 0.94$). This measure can be found in Appendix E.

Positive and Negative Affect Schedule—Expanded (PANAS-X): Guilt

Assessment.

The Guilt scale of the PANAS-X was used to assess feelings of guilt in this study, with higher scores indicating stronger feelings of guilt (Watson & Clark, 1994). This scale involves indicating the extent to which a list of emotions are experienced "right now" using a 5-point scale ranging from *very slightly or not at all* (1) to *extremely* (5). Some examples from the Guilt scale include words such as "ashamed" and "angry at self" (Watson & Clark, 1994). The PANAS-X Guilt scale has shown excellent internal consistency (Cronbach's $\alpha = 0.86 - 0.91$) and test-retest reliability across a 2-month test interval ($r = 0.65-0.68$; Watson & Clark, 1994). In the current study, the PANAS-X Guilt

scale displayed good internal consistency (Cronbach's $\alpha = 0.88$). This measure can be found in Appendix F.

Continuing Bonds Scale (CBS). In this 11-item measure, participants are instructed to think of a deceased loved one that they are grieving and to respond with respect to that individual (Field, Gal-Oz, & Bonanno et al., 2003). Declarative items such as "I am aware of taking on many of _____'s habits, values, or interests" and "I experience _____ as continuing to live on through me" are assessed with a 5 point scale ranging from *not at all true*(1) to *very true* (5), with higher scores indicating a stronger continued connection with the deceased (Field et al., 2003). The scale has yielded good internal consistency (Cronbach's $\alpha = 0.87$; Field et al, 2003), and higher scores on the CBS have generally been shown to be associated with more severe grief reactions (Neimeyer et al., 2006). The CBS displayed strong internal consistency (Cronbach's $\alpha = 0.92$) in the present study. This measure can be found in Appendix G.

Chapter 5: Plan of Analysis

Mixed Methods Analysis

The participants' responses to the specific nature of their subjective unfinished business were initially categorized based on shared content using an inductive process with two independent raters. In some cases qualitative responses appeared to include more than one distinct idea or theme, and in this case, raters were instructed to categorize responses using the first idea or theme that was expressed. Using separate pieces of paper for each response, raters individually clustered responses into groups with similar content. At this stage, the purpose was primarily to gauge the extent to which two people may identify similar categories without being biased by prior consultation with one another. Thus, these raters did not establish any rules for how responses should be sorted. Sorting decisions for each rater was entered into the database and the level of agreement was assessed with a chi square test.

Following this initial process, a decision was made to require a minimum of four responses in each subcategory (5.4% of sample), which assisted in the collapse of some categories which were discrepant between raters. Any additional disagreements in categorization were discussed in light of each rater's perceived definition of the cluster, and thus were resolved through consensus. A codebook was created using these clusters and definitions.

A third rater then used the codebook created from this process to independently categorize the responses. Kappa was used to assess for inter-rater reliability. Inter-rater reliability was assessed between the codes assigned by the third rater (using the codebook) and the codes that were arrived at by consensus between the first two raters.

This same 2-step procedure was used to group the subcategories from this process into higher-order categories of unfinished business.

To investigate the higher-order thematic categories identified in the qualitative analysis and their relationship to the outcome measures, a one-way analysis of variance (ANOVA) test was utilized. In this analysis, the type of unfinished business served as the independent variable (as determined by the higher-order categories in the qualitative analysis). Each participant who endorsed the presence of unfinished business was assigned to only one higher order category group and was therefore only assigned one code. The dependent variables in these analyses were the degree of unfinished business distress, prolonged grief symptoms, global psychiatric distress, feelings of guilt, meaning made of the loss, and strength of the continuing bond.

Quantitative Analysis

A bivariate analysis was conducted to assess the association between the unfinished business variables (i.e., presence/absence of unfinished business, severity of distress related to unfinished business), demographic and background variables of interest (i.e., age, gender, ethnicity/race, educational attainment, relationship to the deceased, cause of death, and months since loss), and the outcome variables (i.e., prolonged grief symptoms, global psychiatric distress, feelings of guilt, meaning made of the loss, and strength of the continuing bond). Pearson correlations were used to gauge the association between continuous measures, and point biserial correlations were employed when one or both variables were dichotomous (e.g., gender, presence/absence of unfinished business).

Partial Pearson correlations were then used to examine the relationship between presence/absence of unfinished business, unfinished business distress, and the five

outcome variables, controlling for age, gender, race/ethnicity, education level, cause of death (violent vs. natural causes), relationship to the deceased (immediate family vs. extended family/friends), and months since the loss.

Chapter 6: Results

Preliminary Analyses

Tests of Normality. Continuous variables were checked for normality. Age, education level, distress related to unfinished business as well as scores on the ICG-R, SCL-10-R, PANAS-X:Guilt, CBS, and ISLES were all found to deviate significantly from normal according to the Kolmogorov-Smirnov Test and/or Shapiro-Wilk Test. Results regarding Tests of Normality can be found in Table 2. Thus, all analyses were performed with both raw and log-transformed scores for these variables.

Missing Data Analysis. Two hundred seventeen of 256 participants completed the survey in full with no missing data. Of the 39 participants with missing information, 24 were missing data for one variable, 14 were missing two variables, and only 1 participant was missing three variables. Notably, 32 of these participants did not answer the question regarding the presence/absence of unfinished business, and 16 of these participants failed to fill out the ISLES. Additionally, one individual did not provide his/her age, and six did not indicate how many months had passed since the death occurred. All 256 participants filled out the ICG-R, SCL-10-R, PANAS-X: Guilt, and CBS measures. Missing data was handled using list-wise deletion.

To examine possible differences between those who provided a full and partial response to the survey, a series of t-tests and chi square tests were conducted comparing these two groups on all variables examined in this study. These results indicated that those who had lower levels of meaning made of loss ($t(238) = -2.291, p = .023$) were somewhat more likely to provide a partial response to the survey. However, those who provided full and partial responses did not significantly differ in terms of demographics,

circumstances of their loss, unfinished business, or any of the other outcome variables.

Some analyses were restricted to 97 participants who endorsed unfinished business with the deceased. Of this subset, only 74 provided a qualitative example of their unfinished business. A series of t-test and chi square tests revealed that those who indicated the presence of unfinished business but did not provide a qualitative example reported significantly less distress related to their unfinished business than those who provided an example ($t(82) = -2.176, p = .032$). Ethnic/racial minorities individuals were also less likely to provide a qualitative example of unfinished business compared to Caucasian participants ($\chi^2(1) = 5.38, p = .031$). No other significant differences were observed between those who provided an example of unfinished business and those who did not in terms of demographics, circumstances of the loss, and the five outcome measures examined in this study.

Findings from the Mixed Methods Analysis

Categorizing Narrative Responses. Initially, two raters independently compared and contrasted each response to other responses without a codebook or consultation. The results indicated that these two raters grouped responses in similar ways ($\chi^2(96) = 324.029, p < .001$). Once consensus was reached between these two raters, a codebook was created with definitions formulated for 10 subcategories of unfinished business (see Appendix H). In the second step of this process, this codebook was given to a third naïve independent rater who categorized each response according to the 10 subcategories. A kappa of .80 was obtained, which is indicative of excellent agreement (Fleiss, 1981).

The 10 subcategories were compared and contrasted using the same process as indicated previously to arrive at several higher-order categories. Raters clustered

subcategories together in a similar manner ($\chi^2(9) = 19.583, p = .021$). A manual of 3 higher-order categories was created after reaching consensus for all subcategories (see Appendix I). A third naïve and independent rater used the code book to sort the 10 subcategories into the 3 higher-order categories, yielding excellent agreement between raters with a kappa of 1.0.

Categories of Unfinished Business. Appendix J presents the higher-order and subcategories, with definitions and exemplars. The higher-order categories and subcategories of unfinished business responses were defined and categorized as follows.

Statements of Admiration and Value. These responses indicated a desire to express the emotional connection that the griever felt toward the deceased, and/or the impact that the person had on his or her life. Subcategories that made up this higher order category included: "Recognition of the Deceased's Worth" and "Declaration of Love".

Missed Opportunities and Intentions. Responses that comprised this category were the most numerous, and included 5 of the 10 subcategories. Individuals cited some event or plan, whether past or future, that would not take place as a result of the passing of the loved one. Responses were both localized to the time of death or more long term and general in nature, with some narratives indicating that the relationship ended in a state of disconnection and/or that the timing of the loss was a point of distress for the griever. Subcategories that made up this higher order category included: "Missed Connection Opportunities," "Untimeliness and Lacking Good-byes," "Loss of Presence in Future Life Events," "Fruitless Specific Plans," and "Unresolved Disconnection with a Previously Connected Other."

Unresolved Confessions and Disclosures. This group of responses involved the expression of a need to give or receive forgiveness. Some participants referenced undisclosed confidences or circumstances where the deceased other, or the respondent, had no knowledge of something, based on the deceased or the griever keeping this information to him or herself. The respondent may be reflective about what might have been different had the information been shared. Subcategories that made up this higher order category included: "Extending Forgiveness and Lack of Closure," "Stated Need to Apologize," and "Secrets and Speculations."

Higher Order Categories and Outcome Measures. A one-way analysis of variance (ANOVA) test was employed to investigate the higher-order thematic categories and their relationship to the outcome measures. Higher order category types served as the independent variable, with unfinished business distress and the five outcome measures as dependent variables. One-way ANOVAs did not show any significant differences for any of the outcomes when treated as raw scores or log-transformed variables. These ANOVA results can be found in Tables 3 and 4. As a subsidiary analysis, these ANOVAs were repeated using the participants who endorsed the presence of unfinished business but did not provide a qualitative example as a fourth category of unfinished business. Results were highly similar to those reported in Tables 3 and 4. The only test that approached statistical significance was for the ANOVA that used unfinished business distress (log-transformed) as the dependent variable ($p = .05$). Examination of Tukey's posthoc test revealed that this finding was largely due to the *Missed Opportunities and Intentions* higher order category being associated with significantly greater unfinished business-related distress compared to the *Non-Responders* category.

Quantitative Findings

Results for Presence/Absence of Unfinished Business. A bivariate analysis was used to assess the relationship between presence/absence of unfinished business, demographic variables of interest (age, gender, ethnicity, educational attainment), circumstances of loss (relationship to the deceased, cause of death, and months since loss), and the five outcome variables (see Table 5). The loss of an immediate family member ($r = .158, p = .018$) and violent death ($r = .172, p = .010$) were associated with a significantly greater likelihood of endorsing unfinished business. Consistent with the stated hypotheses, the presence of unfinished business was associated with more severe prolonged grief symptoms ($r = .236, p < .001$), more severe psychiatric distress ($r = .132, p = .048$), less meaning made of the loss ($r = -.173, p = .010$), and greater strength of the continuing bond with the deceased ($r = .193, p = .004$). However, contrary to expectations, feelings of guilt ($r = -.151, p = .447$) were not significantly associated with the endorsement of unfinished business. Given that the outcome variables deviated from normality, the analysis was repeated with log transformations. The results of this analysis were virtually identical to the one that utilized raw scores (see Tables 5 and 6).

As shown in Table 7, partial correlations were then conducted for the relationship between presence/absence of unfinished business and the five outcome variables, controlling for demographic variables (age, gender, race/ethnicity, education level), cause of death (violent vs. natural causes), relationship to the deceased (immediate family vs. extended family/friends), and months since the loss. When controlling for these variables, the presence of unfinished business was associated with higher prolonged grief symptoms ($r = .179, p = .009$) and stronger continuing bonds ($r = .151, p = .029$) with the deceased.

When confounding variables were taken into account, the presence/absence of unfinished business was not significantly associated with global psychiatric symptoms, meaning made of the loss, or guilt. The pattern of statistical significance for partial correlations was identical when log-transformed values for the measures were used (see Table 8).

Results for Distress Regarding Unfinished Business. A bivariate analysis was used to assess the relationship between demographic variables of interest (age, gender, ethnicity, educational attainment), circumstances of the loss (relationship to the deceased, cause of death, and months since loss), the five outcome variables, and the severity of distress regarding unfinished business (see Table 5). Gender was found to be significantly correlated with unfinished business distress ($r = .216, p = .048$) with women showing greater unfinished business distress. However, gender was no longer significantly correlated with unfinished business distress ($r = .206, p = .061$) when this analysis was repeated using unfinished business distress as a log-transformed variable (see Table 6). Consistent with our hypotheses, the association between unfinished business distress, both with the raw (see Table 5) and log-transformed variables (see Table 6), showed that grievers with higher unfinished business distress tended to report greater prolonged grief symptoms ($r = .479, p < .001$), greater global psychiatric distress ($r = .278, p = .011$), less meaning made of their loss ($r = -.273, p = .012$), and stronger continuing bonds ($r = .415, p < .001$). Feelings of guilt were not significantly associated with unfinished business distress.

Partial correlations were also calculated to assess the association between reported unfinished business distress and the five outcome variables, controlling for age, gender, race/ethnicity, education level, cause of death (violent vs. natural causes), relationship to

the deceased (immediate family vs. extended family/friends), and months since the loss (see Table 7). When controlling for these variables, unfinished business distress was associated with higher reported prolonged grief symptoms ($r = .502, p < .001$), greater global psychiatric symptoms ($r = .227, p = .050$), less meaning made of the loss ($r = -.383, p = .001$), and stronger continuing bonds with the deceased ($r = .390, p = .001$). Partial correlations with log-transformed variables (Table 8) revealed a highly similar pattern of results, except in this analysis the association between unfinished business distress and global psychiatric symptoms was no longer statistically significant ($r = .147, p = .219$).

Chapter 7: Discussion

Results from this study contribute to the limited body of empirical literature regarding unfinished business (e.g., Choi & Jun, 2009; Field et al., 2000; Field & Horowitz, 1998; Holland et al., 2013; Torges et al., 2008). Three major findings emerged. First, the presence of unfinished business was generally found to be associated with poorer outcomes, though these effects were diminished in the presence of confounding variables. Second, distress related to unfinished business appeared to be a more reliable and robust predictor of outcomes, which remained significant even after controlling for demographic variables and circumstances of the loss. Lastly, different types of unfinished business (as revealed by the qualitative responses) were not found to significantly differ in terms of unfinished business distress or other outcome variables.

Consistent with our hypotheses, in the bivariate analyses, those who endorsed experiencing unfinished business showed poorer bereavement outcomes as indicated by more severe prolonged grief symptoms, greater psychiatric symptoms, and lower meaning made of the loss coupled with stronger continuing bonds. However, when possible confounding variables (e.g., demographic factors and circumstances of the loss) were taken into account, the strength of the association between the presence of unfinished business and bereavement outcome variables was weakened. Specifically, when potential confounds were controlled for, the presence of unfinished business was only found to still be significantly correlated with more severe prolonged grief symptoms and stronger continuing bonds.

The weakening of the association between the presence of unfinished business and poor bereavement outcomes is likely due to two well-studied confounding variables.

Specifically, presence of unfinished business was correlated with loss by violent means, which has been shown in a number of studies to be a salient risk factor for prolonged grief and other negative outcomes (Currier, Holland, Coleman, & Neimeyer, 2008; Currier, Holland, & Neimeyer, 2006; Holland & Neimeyer, 2011). Unfinished business was also more likely to be present for losses of immediate family members (vs. extended family members or friends), and the loss of primary attachment figures is generally experienced as more distressful (Holland & Neimeyer, 2011; Meert, et al., 2001; Ott, 2003; Schultz, 2007). Thus, it could be that the presence of unfinished business is associated with poorer bereavement outcomes partly because unfinished business is more likely to stem from longer-term relationships with greater emotional investment that come to a sudden and violent end.

A somewhat different pattern of results emerged when distress related to unfinished business was examined. Consistent with our hypotheses, higher unfinished business distress ratings were associated with more severe prolonged grief symptoms, greater psychiatric symptoms, lowered meaning made of the loss, and stronger continuing bonds. These associations largely remained intact when confounding variables were taken into account, indicating that unfinished business distress is uniquely associated with the bereavement outcomes examined in this study. This finding suggests that the assessment of unfinished business should concentrate less on the mere presence of unresolved relational issues, and focus more on the distress that a griever experiences as a result of it.

This study also identified three different types or themes of unfinished business that emerged from participants' qualitative responses. These themes included statements of admiration and value, missed opportunities and intentions, and unresolved confessions

and disclosures. The type of unfinished business was not found to be reliably associated with any of the bereavement outcomes examined in this study. Thus, it appears that the specific content or type of unfinished business may also be less important than the distress rating that the griever assigns to it.

Limitations and Future Directions

The conclusions drawn from this study are tempered by several limitations. First, the sample was predominantly made up of women and younger adults, which is typical of studies with college students. As a result the generalizability of the findings is limited. Race/ethnicity was also disproportionate in the sample, with less African American participants and more Hispanic/Latino and Asian participants than the psychology department population. This indicates a need to explore these constructs with other relevant populations. For instance, spousal loss and parental experience after the loss of a child are two populations that may yield very different thematic types of unfinished business.

Another limitation is that the majority of losses involved an extended family member (e.g., grandparent) or a friend. These losses are less likely to result in prolonged grief symptoms (Currier et al., 2006; 2008; Holland & Neimeyer, 2011). For instance, the death of an aged grandparent is often experienced as an expected and normative life event in younger adulthood (Hatter, 1996; Stroebe, Abakoumkin, Stroebe, & Schut, 2012). Future research should focus on replicating these findings with a more diverse sample in terms of gender, age, ethnicity, and relationship to the deceased.

This study is also limited by its cross-sectional design. Future studies would do well to examine the temporal relationships between unfinished business and bereavement

outcomes using a longitudinal design. Although in the present study unfinished business-related problems were conceptualized as preceding negative bereavement outcomes (e.g., more severe prolonged grief symptoms, less meaning made of the loss), it is possible that the sequence is reversed. For instance, prolonged grief symptoms may provide the catalyst for a person to reflect on their relationship with the deceased in a more negative fashion or in a more cognitively distorted way, which could increase the likelihood of experiencing unfinished business. Indeed, there is some evidence to suggest that recollections of the quality of the relationship with a deceased loved one are fluid in nature and may change over time (Futterman et al., 1990).

Missing data presents another limitation of the present study. Participants with partial responses made less sense of their loss. In addition, those who reported higher levels of unfinished business distress and ethnic/racial minority individuals were more likely to report unfinished business but not provide a qualitative response describing their experience. The present literature on non-participation in bereavement research is limited, and it is unclear whether willing participants are more or less healthy than those who declined participation altogether (Hayslip, McCoy-Roberts, & Pavur, 1998; Stroebe & Stroebe, 1989). In either case, however, the results from the present study should be interpreted with caution given the possibility of sample bias.

It is also notable that there is currently no validated measure of unfinished business. Thus, in this investigation, we relied on one-item measures with face validity designed specifically for this study. These items, which showed some predictive value, could be used as a template for future formulation of an unfinished business measure. Development of an item pool based on the thematic types from this study and other

studies with relevant populations could be used to test and assess the type and nature of unfinished business, in order to create a multidimensional unfinished business assessment tool. The results of this study would suggest that an assessment tool that focuses primarily on distress related to different kinds of unfinished business, rather than their mere presence, would have the most predictive utility. If such an instrument could pinpoint an area of concern early on in the bereavement process, it may provide the basis for sound treatment decisions on the part of the clinician and a greater positive outcome for the client.

Clinical Implications

These results provide preliminary justification for assessing and treating unfinished business in a clinical context. Notably, the resolution of unfinished business is already a common focus of bereavement interventions despite minimal empirical examination of this construct. For instance, a form of treatment for prolonged grief reactions (Complicated Grief Treatment) that has gained empirical support uses specific techniques to address unfinished business, such as imagined dialogues with the deceased (Shear et al., 2005). Likewise, emotion focused therapy for bereavement-related problems utilizes *empty-chair* work, which hones in on unresolved feelings with the deceased (Paivio & Greenberg, 1995). Though the findings of the present study provide some empirical justification for treating unfinished business as a target of intervention, there is also support for the idea that it may not always be the cause of significant distress. Given the moderate correlation between the presence of unfinished business and prolonged grief symptoms, it would also seem that a subset of individuals may have elevated prolonged grief symptoms without endorsing any unfinished business. Thus, a one-size-fits-all

approach to bereavement intervention that assumes the need for unfinished business-oriented exercises would not be advisable. In contrast, it may be prudent for clinicians to target unfinished business only when it is identified as a notable source of subjective distress for the individual.

Conclusion

The frequent discussion of unfinished business as a risk factor for poorer outcomes and target of intervention highlights the importance of conducting additional research regarding this construct. The finding that subjective distress regarding unfinished business is a unique predictor of bereavement outcome adds to the current body of literature and provides impetus for further study. Future research may draw upon the present findings to develop validated tools to assess unfinished business in clinical practice, in the hope that bereavement outcomes can be improved.

Table 1
Demographic and Loss Information for the Bereaved Sample and for Participants Endorsing and Qualifying Unfinished Business with the Deceased

	Bereaved Sample (n = 256)		Unfinished Business Sample (n = 97)	
Age (years)	M = 21.92 SD = 5.91		M = 22.09 SD = 5.76	
Women	197	77.0%	80	82.5%
Men	59	23.0%	17	17.5%
Race/Ethnicity:				
Caucasian	124	48.4%	50	51.6%
African American	66	25.8%	19	19.6%
Asian	8	3.1%	1	1.0%
Hispanic/Latino	46	18.0%	21	21.6%
Other	12	4.7%	6	6.2%
Education Level:				
Finished Grade School	1	0.4%	0	0.0%
Attended High School	10	3.9%	5	5.2%
High School	83	32.4%	37	38.0%
Equivalency				
High School Graduate	39	15.2%	16	16.5%
Some College/ Trade School	55	21.5%	18	18.6%
Associates Degree	12	4.7%	5	5.2%
Bachelors Degree	36	14.1%	11	11.3%
Graduate School	20	7.8%	5	5.2%
Relationship to the Deceased:				
Immediate Family	35	13.67%	20	20.6%
Extended Family	156	60.94%	49	50.5%
Friend	41	16.01%	23	23.7%
Other Non-Family	24	9.38%	5	5.2%
Cause of Death:				
Natural Anticipated	108	42.2%	28	28.9%
Natural Sudden	55	21.5%	24	24.7%
Accident	39	15.2%	20	20.6%
Suicide	11	4.3%	7	7.2%
Homicide	18	7.0%	6	6.2%
Other (e.g. perinatal)	25	9.8%	12	12.4%

Table 2
Tests of Normality

	Kolmogorov-Smirnov		Shapiro-Wilk	
	Statistic	df	Statistic	df
Age	.253***	255	.648***	255
Education Level	.192***	256	.893***	256
Months Since Loss	.130***	250	.924***	250
Unfinished Business Distress	.145***	84	.927***	84
Inventory of Complicated Grief - Revised	.106***	256	.929***	256
Symptom Checklist -10 - Revised	.110***	256	.947***	256
Integration of Stressful Life Experiences Scale	.058	240	.978***	240
PANAS - Expanded: Guilt	.139***	256	.905***	256
Continuing Bonds Scale	.092***	256	.971***	256

Note. *** p < .001.

Table 3

Means, Standard Deviations, and One-Way Analyses of Variance (ANOVA) for Higher Order Categories on Six Dependent Variables

Variable	Higher-Order Cat. 1 M	Higher-Order Cat. 1 SD	Higher-Order Cat. 2 M	Higher-Order Cat. 2 SD	Higher Order-Cat. 3 M	Higher Order-Cat. 3 SD	ANOVA F(2,71)	Sig
1. Unfinished Business Distress	6.125	2.576	6.743	2.525	6.800	2.210	0.533	0.589
2. Inventory of Complicated Grief - R	65.708	21.886	68.086	25.100	69.067	21.959	0.114	0.892
3. Symptom Checklist-10 Revised	10.875	6.340	13.600	7.539	10.533	8.999	1.348	0.266
4. Integration of Stressful Life Experiences Scale	56.103	7.853	57.543	12.425	53.867	11.581	0.597	0.553
5. PANAS - Expanded: Guilt	11.542	4.662	11.457	5.204	10.400	4.579	0.297	0.744
6. Continuing Bonds Scale	29.958	9.158	34.143	12.367	32.000	9.008	1.081	0.345

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

Table 4

Means, Standard Deviations, and One-Way Analyses of Variance (ANOVA) for Higher-Order Categories on Six Dependent Variables (Log Transformed)

Variable	Higher-Order Cat. 1		Higher-Order Cat. 2		Higher Order-Cat. 3		ANOVA	Sig
	M	SD	M	SD	M	SD	F(2,71)	
1. Unfinished Business Distress	1.702	0.518	1.824	0.442	1.852	0.408	0.670	0.515
2. Inventory of Complicated Grief - R	4.130	0.347	4.151	0.389	4.194	0.288	0.152	0.859
3. Symptom Checklist-10 Revised	2.183	0.708	2.436	0.636	2.226	0.832	1.070	0.349
4. Integration of Stressful Life Experiences Scale	4.018	0.140	4.027	0.237	3.961	0.246	0.531	0.590
5. PANAS - Expanded: Guilt	2.366	0.413	2.344	0.436	2.248	0.449	0.370	0.692
6. Continuing Bonds Scale	3.353	0.316	3.449	0.439	3.430	0.278	0.480	0.620

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

Table 5

Pearson Correlations Between Presence/Absence of Unfinished Business, Unfinished Business Distress, Demographic Variables of Interest and Outcome Variables

Demographic Variable or Measure	Presence/Absence of Unfinished Business (n=224)	Unfinished Business Distress (n=84)
Age	.004	.133
Gender	.109	.216*
Race/Ethnicity (Caucasian/Other)	-.027	.003
Education Level	-.115	.059
Relationship To Deceased (Immediate v. Extended/Other)	.158*	.004
Cause of Death (Accident/Suicide/Homicide v. Other)	.172**	-.114
Months Since Loss	.119	-.187
Inventory of Complicated Grief - Revised	.236***	.479***
Symptom Checklist 10 - Revised	.132*	.278*
Integration of Stressful Life Experiences Scale	-.173**	-.273*
PANAS - Expanded: Guilt	-.051	.085
Continuing Bonds Scale	.193**	.415***

Note. *** p < .001. ** p < .01. * p < .05.

Table 6

Pearson Correlations Between Presence/Absence of Unfinished Business, Log Transformed Unfinished Business Distress, Log Transformed Demographic Variables of Interest, and Log Transformed Outcome Variables

Demographic Variable or Measure	Presence/Absence of Unfinished Business (n=224)	Unfinished Business Distress (Log Transformed) (n=84)
Age	.010	.101
Gender	.109	.206
Race/Ethnicity (Caucasian/Other)	-.027	-.048
Education Level	-.110	.072
Relationship To Deceased (Immediate v. Extended/Other)	.158*	-.001
Cause of Death (Accident/Suicide/Homicide v. Other)	.172**	-.090
Months Since Loss	.114	-.135
Inventory of Complicated Grief - Revised	.262***	.435***
Symptom Checklist 10 - Revised	.153*	.226*
Integration of Stressful Life Experiences Scale	-.151*	-.222*
PANAS - Expanded: Guilt	-.041	.056
Continuing Bonds Scale	.214***	.382***

Note. *** p < .001. ** p < .01. * p < .05.

Table 7

Partial Correlations Between Presence/Absence of Unfinished Business, Unfinished Business Distress, and Outcome Variables

Measure	Presence/Absence Of Unfinished Business (n=224)	Unfinished Business Distress (n=84)
1. Inventory of Complicated Grief - Revised	.179**	.502***
2. Symptom Checklist - 10 Revised	.076	.227*
3. Integration of Stressful Life Experiences Scale	-.096	-.383***
4. PANAS-Expanded: Guilt	-.112	.059
5. Continuing Bonds Scale	.151*	.390***

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

Partial correlations controlled for: age, gender, race, education level, relationship to the deceased, cause of death, and months since the death occurred.

Table 8

Partial Correlations Between Presence/Absence of Unfinished Business, Log Transformed Unfinished Business Distress, and Log Transformed Outcome Variables

Log Transformed Measures	Presence/Absence of Unfinished Business (n=224)	Unfinished Business Distress (Log Transformed) n=84)
1. Inventory of Complicated Grief - Revised	.204**	.448***
2. Symptom Checklist - 10 Revised	.127	.147
3. Integration of Stressful Life Experiences Scale	-.085	-.318**
4. PANAS-Expanded: Guilt	-.089	.061
5. Continuing Bonds Scale	.166*	.342**

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

Partial correlations controlled for: age, gender, race, education level, relationship to the deceased, cause of death, and months since the death occurred.

Appendix A

Proposed Diagnostic Criteria for Prolonged Grief Disorder (Prigerson et al., 2009, p. 9)

<p>A. Separation Distress: The bereaved person experiences yearning (e.g., craving, pining, or longing for the deceased; physical or emotional suffering as a result of the desired, but unfulfilled, reunion with the deceased) daily or to a disabling degree.</p>
<p>B. Cognitive, Emotional, and Behavioral Symptoms: The bereaved person must have five (or more) of the following symptoms experienced daily or to a disabling degree:</p> <ol style="list-style-type: none">1. Confusion about one's role in life or diminished sense of self.2. Difficulty accepting the loss.3. Avoidance of reminders of the reality of the loss.4. Inability to trust others since the loss.5. Bitterness or anger related to the loss.6. Difficulty moving on with life (e.g., making new friends, pursuing interests).7. Numbness (absence of emotion) since the loss.8. Feeling that life is unfulfilling, empty, or meaningless since the loss.9. Feeling stunned, dazed, or shocked by the loss.
<p>C. Timing: Diagnosis should not be made until at least six months have elapsed since the death.</p>
<p>D. Impairment: The disturbance causes clinically significant impairment in social, occupational, or other important areas of functioning (e.g., domestic responsibilities).</p>
<p>E. Relation to Other Mental Disorders: The disturbance is not better accounted for by major depressive disorder, generalized anxiety disorder, or posttraumatic stress disorder.</p>

Appendix C

Inventory of Complicated Grief - Revised (Prigerson, Kasl, & Jacobs, 2001).

Please mark the box next to the answer that best describes how you have been feeling over the past month. The blanks refer to the deceased person over whom you are grieving.

- | | |
|------------------|--|
| 1 = Almost never | - less than once a month |
| 2 = Rarely | - one a month or more, less than once a week |
| 3 = Sometimes | - one a week or more, less than once a day |
| 4 = Often | - once every day |
| 5 = Always | - several times every day |

1. The death of _____ feels overwhelming or devastating.
2. I think about _____ so much that it can be hard for me to do the things I normally do.
3. Memories of _____ upset me.
4. I feel that I have trouble accepting the death.
5. I feel myself longing and yearning for _____.
6. I feel drawn to places and things associated with _____.
7. I can't help feeling angry about _____'s death.
8. I feel disbelief over _____'s death.
9. I feel stunned, dazed or shocked over _____'s death.
10. Ever since _____ died it is hard for me to trust people.
11. Ever since _____ died I feel like I have lost the ability to care about other people or I feel distant from people I care about.
12. I have pain in the same area of my body, some of the same symptoms, or have assumed some of the behaviors or characteristics of _____.
13. I go out of my way to avoid reminders that _____ is gone.
14. I feel that life is empty or meaningless without _____.
15. I hear the voice of _____ speak to me.
16. I see _____ stand before me.
17. I feel like I have become numb since the death of _____.
18. I feel that it is unfair that I should live when _____ died.

19. I am bitter over _____'s death.
 20. I feel envious of others who have not lost someone close.
 21. I feel like the future holds no meaning or purpose without _____.
 22. I feel lonely ever since _____ died.
 23. I feel unable to imagine life being fulfilled without _____.
 24. I feel that a part of myself died along with the deceased.
 25. I feel that the death has changed my view of the world.
 26. I have lost my sense of security and safety since the death of _____.
 27. I have lost my sense of control since the death of _____.
 28. I believe that my grief has resulted in significant impairment in my social, occupational or other areas of functioning.
 29. I have felt on edge, jumpy or easily startled since the death.
 30. Since the death, my sleep has been.... 1 = Basically okay; 2 = Slightly disturbed; 3 = Moderately disturbed; 4 = Very disturbed; 5 = Extremely disturbed
-
31. How many months after your loss did these feeling begin?
 32. How many months have you been experiencing these feelings? (0 = Never)
 33. Have there been times when you did not have pangs of grief and then these feelings began to bother you again? Yes/No
 34. Can you describe how your feelings of grief have changed over time?

Appendix D

Symptom Checklist-10 Revised (SCL-10-R; Rosen et al, 2000).

Patient ID: _____ Date:
Month Day Year

SCL-10-R

During the **past 30 days**, how much have you been distressed by:

	NOT AT ALL 0	A LITTLE BIT 1	MODER- ATELY 2	QUITE A BIT 3	EXTREMELY 4
1. Feeling blue.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Feeling afraid in open spaces or on the streets.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Temper outbursts that you could not control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Your feelings being easily hurt.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Feeling that you are watched or talked about by others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Difficulty making decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Trouble getting your breath.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Feeling hopeless about the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Feeling tense or keyed up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The idea that something is wrong with your mind.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This checklist, based on items from the SCL-90, was developed by C. Rosen, K. Drescher, R. Moos, J. Finney, R. Murphy, and F. Gusman at the Center for Health Care Evaluation and the National Center for PTSD, VA Palo Alto Health Care System (152-MPD), 795 Willow Road, Menlo Park, CA 94025. See Rosen, Drescher et al. (2000: [Assessment, 7](#), 103-111) for information on this checklist and Derogatis, Lipman, & Covi (1973: [Psychopharmacology Bulletin, 9](#), 13-28) for information on the SCL-90.

Appendix E

The Integration of Stressful Life Experiences Scale (ISLES; Holland, Currier, Coleman, & Neimeyer, 2010).

Please indicate the extent to which you agree or disagree with the following statements with regard to (the most stressful life event you experienced in the past two years). Read each statement carefully and be aware that a response of agreement or disagreement may not have the same meaning across all items.

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
1. Since this event, the world seems like a confusing and scary place.	1	2	3	4	5
2. I have made sense of this event.	1	2	3	4	5
3. If or when I talk about this event, I believe people see me differently.	1	2	3	4	5
4. I have difficulty integrating this event into my understanding about the world.	1	2	3	4	5
5. Since this event, I feel like I'm in a crisis of faith.	1	2	3	4	5
6. This event is incomprehensible to me.	1	2	3	4	5
7. My previous goals and hopes for the future don't make sense anymore since this event.	1	2	3	4	5
8. I am perplexed by what happened.	1	2	3	4	5
9. Since this event happened, I don't know where to go next in my life.	1	2	3	4	5
10. I would have an easier time talking about my life if I left this event out.	1	2	3	4	5
11. My beliefs and values are					

less clear since this event.	1	2	3	4	5
12. I don't understand myself anymore since this event.	1	2	3	4	5
13. Since this event, I have a harder time feeling like I'm part of something larger than myself.	1	2	3	4	5
14. This event has made me feel less purposeful.	1	2	3	4	5
15. I haven't been able to put the pieces of my life back together since this event.	1	2	3	4	5
16. After this event, life seems more random.	1	2	3	4	5

Note: With the exception of item 2 (which should be reverse scored), all items should be scored using the 1 (Strongly agree) to 5 (Strongly disagree) format presented above. A sum of all items can be taken to compute a total ISLES score. Likewise, items 1, 3, 5, 7, 9, 11, 12, 13, 14, 15, and 16 can be summed to compute the Footing in the World subscale, and items 2, 4, 6, 8, and 10 can be summed to compute the Comprehensibility subscale. The portion of the instructions in parentheses may be altered to make the measure applicable to different groups of interest.

Appendix F

Positive and Negative Affect Schedule - Expanded (PANAS-X; Watson & Clark, 1994)

This scale consists of a number of words and phrases that describe different feelings and emotions. Read each item and then mark the appropriate answer in the space next to that word. Indicate to what extent you feel this way *right now*. Use the following scale to record your answers:

1	2	3	4	5
very slightly or not at all	a little	moderately	quite a bit	extremely
1. _____ cheerful	18. _____ afraid	35. _____ lonely	52. _____ determined	
2. _____ disgusted	19. _____ tired	36. _____ sleepy	53. _____ frightened	
3. _____ attentive	20. _____ amazed	37. _____ excited	54. _____ astonished	
4. _____ bashful	21. _____ shaky	38. _____ hostile	55. _____ interested	
5. _____ sluggish	22. _____ happy	39. _____ proud	56. _____ loathing	
6. _____ daring	23. _____ timid	40. _____ jittery	57. _____ confident	
7. _____ surprised	24. _____ alone	41. _____ lively	58. _____ energetic	
8. _____ strong	25. _____ alert	42. _____ ashamed	59. _____ concentrating	
9. _____ scornful	26. _____ upset	43. _____ at ease	60. _____ dissatisfied	
10. _____ relaxed	27. _____ angry	44. _____ scared	with self	
11. _____ irritable	28. _____ bold	45. _____ drowsy		
12. _____ delighted	29. _____ blue	46. _____ angry at self		
13. _____ inspired	30. _____ shy	47. _____ enthusiastic		
14. _____ fearless	31. _____ active	48. _____ downhearted		
15. _____ disgusted	32. _____ guilty	49. _____ sheepish		
with self	33. _____ joyful	50. _____ distressed		
16. _____ sad	34. _____ nervous	51. _____ blameworthy		
17. _____ calm				

Scales:

General Positive Emotion = p31 + p25 + p3 + p52 + p47 + p37 + p13 + p55 + p39 + p8

General Negative Emotion = p18 + p44 + p34 + p40 + p11 + p38 + p32 + p42 + p26 + p50

Fear = p18 + p44 + p53 + p34 + p40 + p21

Hostility = p37 + p38 + p11 + p9 + p2 + p56

Guilt = p32 + p42 + p51 + p46 + p15 + p60

Sadness = p16 + p29 + p48 + p24 + p35

Joviality = p22 + p33 + p12 + p1 + p37 + p47 + p41 + p58

Self-assurance = p39 + p3 + p57 + p28 + p6 + p14

Attentiveness = p25 + p3 + p59 + p52

Shyness = p30 + p4 + p49 + p23

Fatigue = p36 + p19 + p5 + p45

Serenity = p17 + p10 + p43

Surprise = p20 + p7 + p54

Basic Positive Affect = (Joviality + Self-Assurance + Attentiveness) / 3

Basic Negative Affect = (Sadness + Guilt + Hostility + Fear) / 4

Appendix G

Continuing Bonds Scale (CBS; Field, Gal-Oz & Bonanno, 2003)

This section should only be completed if YOU HAVE LOST A LOVED ONE (a close friend or member of your family) through death IN THE PAST 2 YEARS.

Please choose your responses by considering the loss that has had the greatest impact on you.

PLEASE NOTE: If you have not lost a loved one (a close friend or member of your family) through death in the past two years, you are done with this phase of the survey.

Rate the extent to which each of the statements below is true for you with respect to the person for whom you are grieving by circling the appropriate number:

Listed below are questions for this section of the survey. **You must provide a response for every question.** If you are given the option to decline to answer a question, then declining to answer is considered a response.

1. I seek out things to remind me of _____.

- Not at all true
- Slightly true
- Moderately true
- Considerably true
- Very true

2. I keep items that belonged to or were closely associated with _____ as a reminder of him or her.

- Not at all true
- Slightly true
- Moderately true
- Considerably true
- Very true

3. I like to reminisce with others about _____.

- Not at all true
- Slightly true
- Moderately true
- Considerably true
- Very true

4. I have inner conversations with _____ where I turn to him or her for comfort or advice.

- Not at all true
- Slightly true
- Moderately true
- Considerably true
- Very true

5. Even though no longer physically present, _____ continues to be a loving presence in my life.

- Not at all true
- Slightly true
- Moderately true
- Considerably true
- Very true

6. I am aware of having taken on many of _____'s habits, values, or interests.

- Not at all true
- Slightly true
- Moderately true
- Considerably true
- Very true

7. I am aware of the positive influence of _____ on who I am today.

- Not at all true
- Slightly true
- Moderately true
- Considerably true
- Very true

8. I attempt to carry out _____'s wishes.

- Not at all true
- Slightly true
- Moderately true
- Considerably true
- Very true

9. I have many fond memories of _____ that bring joy to me.

- Not at all true
- Slightly true
- Moderately true
- Considerably true
- Very true

10. When making decisions, I imagine _____'s viewpoint and use this as a guide in deciding what to do.

- Not at all true
- Slightly true
- Moderately true
- Considerably true
- Very true

11. I experience _____ as continuing to live on through me.

- Not at all true
- Slightly true

- Moderately true
- Considerably true
- Very true

Appendix H

Unfinished Business Subcategory Codebook

Responses should be coded according to the following ten categories.

If there is material in the response that seems to fall into two or more categories, then the response should be coded according to the first part of the response ("whatever comes first").

1. Recognition of the Deceased's Worth

Response indicates a desire to tell the deceased of his/her impact on the respondent's life, how much he/she was appreciated, how much he/she meant and/or helped the respondent. This includes responses that indicate events (general and specific) that may be assumed were appreciated or meant a great deal to the respondent, but may not have been communicated to the deceased as being important or meaningful.

For example:

I wish I had said how I felt and how much he meant to me.

She was such a help.

Those picnics we took.

He was like family and I should have told him

2. Missed Connection Opportunities

Respondent expresses a desire to have spent more time or simply express that the relationship was not what it could have been in some way, with an assumption that there was opportunity to know and learn about the deceased in a meaningful way that has now been lost, though this was not a deliberate action on the respondent's part.

For example:

We should have hung out more.

I never really got to know him.

I'll never learn about what life was like back in her day.

3. Declaration of Love

Respondent explicitly states a desire to have told the deceased that he/she is loved; this may or may not include a desire to express a behavioral manifestation of love.

For example:

I never got to say that I loved her.

I would give anything for one last time to hug and say I love you.

4. Untimeliness and Lacking Good-byes

Respondent explicitly states unfinished business having to do with the missed opportunity to say good-bye or see the loved one prior to death and/or that the death was too sudden or too early in the life of the deceased, and that there should have been more time.

For example:

No good-bye.

She died too soon.

I couldn't make it to the hospice though I tried.

I missed that last time to look him in the eye and see his approval.

5. Loss of Presence in Future Life Events

Response reflects on future life events that will now be without the loved one, both specific (e.g. milestones: graduations, weddings, births) and general (e.g. overall lack of presence in the respondent's future).

For example:

He was supposed to walk me down the aisle.

I wanted him to be involved in my life.

6. Extending Forgiveness and Lack of Closure

Unresolved relationship concerns that represent a desire to extend forgiveness to the deceased and/or have opportunity to discuss a lack of understanding or negative emotion regarding the deceased's actions. There may be a sense that such a conversation would have changed the outcome regarding the loved one's death. There appears an unspoken desire to finish the matter and have closure.

For example:

I forgive her.

How could you?

We're not done.

7. Fruitless Specific Plans

Specific plans made to do something with and/or for the deceased that did not come to fruition. The phrase “never did” may or may not be present; however, it is implied. Response may or may not have a sense of loss regarding the lack of execution.

For example:

We had planned to go back to her childhood home and didn't make it.

He had wanted to teach me his carpentry skills.

8. Stated Need to Apologize

Respondent explicitly expresses a need to verbally ask for forgiveness from the deceased, with or without an explanation of the circumstances for which he/she is sorry.

For example:

I want to say I'm sorry.

I did a bad thing and I wish I could have apologized before he died.

9. Unresolved Disconnection With a Previously Connected Other

Explicitly or implicitly stated disconnection that was not resolved prior to the death of the loved one. The statement in some way allows the reader to assume there was a meaningful prior connection.

For example:

I couldn't handle seeing him waste away so I didn't visit.

We lost touch so never really sorted it out.

10. Secrets and Speculations

Things that the respondent had kept from the loved one or the loved one had kept from the respondent. These responses may also begin with a statement that gives context to an explicit or implied reflection on wondering what could have been, had the stated situation been discussed prior to the death.

For example:

Didn't say he was the father of my son and I think about how things would have been different if I had told.

She never told me she wanted to leave me.

Appendix I

Unfinished Business Higher Order Category Codebook

Responses should be coded according to the following three categories.

A. Statements of Admiration and Value.

Statements indicate a desire to express to the deceased their impact and the felt emotional connection.

B. Missed Opportunities and Intentions

Response indicates some event or plan, past or future, of which the opportunity has been lost as a result of the death. The response may be localized to the time of the death or be more long term in its expression and not specific to the event of the death itself. It may indicate an issue with the timing of the loss, or disconnection that went unresolved.

C. Unresolved Confessions and Disclosures

Response indicates a need to express or receive forgiveness. It may be based on undisclosed confidences or unadmitted circumstances where the deceased other, or the respondent, had no knowledge of something. The respondent may be reflective about what might have been different had the information been shared.

Appendix J

Unfinished Business Higher Order and Subcategories

Categories	Definition	Exemplar(s)
Statements of Admiration and Value	Statements that indicate a desire to express to the deceased their impact and the felt emotional connection.	
Recognition of the Deceased's Worth	Response indicates a desire to tell the deceased of his/her impact on the respondent's life, how much he/she was appreciated, how much he/she meant and/or helped the respondent. This includes responses that indicate events (general and specific) that may be assumed were appreciated or meant a great deal to the respondent, but may not have been communicated to the deceased as being important or meaningful.	<p>I wish I had said how I felt and how much he meant to me.</p> <p>She was such a help.</p> <p>Those picnics we took.</p> <p>He was like family and I should have told him</p>
Declaration of Love	Respondent explicitly states a desire to have told the deceased that he/she is loved; this may or may not include a desire to express a behavioral manifestation of love.	<p>I never got to say that I loved her.</p> <p>I would give anything for one last time to hug and say I love you.</p>
Missed Opportunities and Intentions	Response indicates some event or plan, past or future, of which the opportunity has been lost as a result of the death. The response may be more long term in it's expression and not specific to the event of the death itself.	
Missed Connection	Respondent expresses a desire to have	We should have hung

Opportunities	spent more time or simply express that the relationship was not what it could have been in some way, with an assumption that there was opportunity to know and learn about the deceased in a meaningful way that has now been lost, though this was not a deliberate action on the respondent's part.	out more. I never really got to know him. I'll never learn about what life was like back in her day.
Untimeliness and Lacking Good-byes	Respondent explicitly states unfinished business having to do with the missed opportunity to say good-bye or see the loved one prior to death and/or that the death was too sudden or too early in the life of the deceased, and that there should have been more time.	No good-bye. She died too soon. I couldn't make it to the hospice though I tried. I missed that last time to look him in the eye and see his approval.
Loss of Presence in Future Life Events	Response reflects on future life events that will now be without the loved one, both specific (e.g. milestones: graduations, weddings, births) and general (e.g. overall lack of presence in the respondent's future).	He was supposed to walk me down the aisle. I wanted him to be involved in my life.
Fruitless Specific Plans	Specific plans made to do something with and/or for the deceased that did not come to fruition. The phrase "never did" may or may not be present; however, it is implied. Response may or may not have a sense of loss regarding the lack of execution.	We had planned to go back to her childhood home and didn't make it. He had wanted to teach me his carpentry skills.
Unresolved Disconnection With A Previously Connected Other	Explicitly or implicitly stated disconnection that was not resolved prior to the death of the loved one. The statement in some way allows the reader	I couldn't handle seeing him waste away so I didn't visit. We lost touch so

	to assume there was a meaningful prior connection.	never really sorted it out.
Unresolved Confessions and Disclosures	Response indicates a need to express or receive forgiveness based on disconnection or undisclosed confidences.	
Extending Forgiveness and Lack of Closure	Unresolved relationship concerns that represent a desire to extend forgiveness to the deceased and/or have opportunity to discuss a lack of understanding or negative emotion regarding the deceased's actions. There may be a sense that such a conversation would have changed the outcome regarding the loved one's death. There appears an unspoken desire to finish the matter and have closure.	I forgive her. How could you? We're not done.
Stated Need to Apologize	Respondent explicitly expresses a need to verbally ask for forgiveness from the deceased, with or without an explanation of the circumstances for which he/she is sorry.	I want to say I'm sorry. I did a bad thing and I wish I could have apologized before he died.
Secrets and Speculations	Things that the respondent had kept from the loved one or the loved one had kept from the respondent. These responses may also begin with a statement that gives context to an explicit or implied reflection on wondering what could have been, had the stated situation been discussed prior to the death.	Didn't say he was the father of my son and I think about how things would have been different if I had told. She never told me she wanted to leave me.

References

- Armstrong, C. (2012). Envisioning connection through guided imagery. In R. A. Neimeyer (Ed.), *Techniques of grief therapy: Creative practices for counseling the bereaved* (pp. 256-258). New York, NY: Routledge.
- Boelen, P. A., Stroebe, M. A., Schut, H., & Zijerveld, A. M. (2006). Continuing bonds and grief: A prospective analysis. *Death Studies, 30*, 767-776. doi: 10.1080/07481180600852936
- Boelen, P. A., & Klugkist, I. (2011). Cognitive behavioral variables mediate the associations of neuroticism and attachment insecurity with Prolonged Grief Disorder severity. *Anxiety, Stress, & Coping, 24* (3), 291-307. doi: 10.1080/10615806.2010.527335
- Boelen, P. A., & Prigerson, H. G. (2012). Commentary on the inclusion of persistent complex bereavement-related disorder in DSM-5. *Death Studies, 36*, 771-794. doi: 10.1080/07481187.2012.706982
- Boelen, P. A., & van den Bout, J. (2005). Complicated grief, depression, and anxiety as distinct post-loss syndromes: A confirmatory factor analysis study. *American Journal of Psychiatry, 162* (11), 2175-2177. doi: 10.1176/appi.ajp.162.11.2175
- Boelen, P. A., van den Bout, J., de Keijser, J. (2003). Traumatic grief as a disorder distinct from bereavement-related depression and anxiety: A replication study with bereaved mental health care patients. *American Journal of Psychiatry, 160* (7), 1339-1341. doi: 10.1176/appi.ajp.160.7.1339
- Bonanno, G. A., Neria, Y., Macini, A., Coifman, K. G., Litz, B., & Insel, B. (2007). Is there more to complicated grief than depression and posttraumatic stress disorder?

- A test of incremental validity. *Journal of Abnormal Psychology*, 116(2), 342-352.
doi: 10.1037/0021-843X.116.2.342
- Bonanno, G. A., Wortman, C. B., Lehman, D. R., Tweed, R. G., Haring, M., Sonnega, J., Carr, D., & Nesse, R. M. (2002). Resilience to loss and chronic grief: A prospective study from preloss to 18-months postloss. *Journal of Personality and Social Psychology*, 83(5), 1150-1164. doi: 10.1037/00222-3514.83.5.1150
- Bonanno, G. A., Wortman, C. B., & Nesse, R. M. (2004). Prospective patterns of resilience and maladjustment during widowhood. *Psychology and Aging*, 19(2), 260-271. doi: 10.1037/0882-7974.19.2.260
- Bowlby, J. (1969). *Attachment and loss*. Vol. 1, *Attachment*. London: Hogarth Press.
- Bowlby, J. (1973). *Attachment and loss*. Vol. 2, *Separation: Anxiety and anger*. London: Hogarth Press.
- Bowlby, J. (1980). *Attachment and loss*. Vol. 3, *Loss: Sadness and depression*. London: Hogarth Press.
- Burke, L. A., & Neimeyer, R. A. (2013). Prospective risk factors for complicated grief: A review of the empirical literature. In M. Stroebe, H. Schut, J. van den Bout (Eds.), *Complicated grief: Scientific foundations for health care professionals* (pp. 145-161). New York, NY, US: Routledge/Taylor & Francis Group.
- Burke, L. A., Neimeyer, R. A., & McDevitt-Murphy, M. E. (2010). African American homicide bereavement: Aspects of social support that predict complicated grief, PTSD and depression, *Omega*, 61(1) 1-24. doi 10.2190/OM.61.1a
- Chen, J. H., Bierhals, A. J., Prigerson, H. G., Kasl, S. V., Mazure, C. M., & Jacobs, S. (1999). Gender differences in the effects of bereavement-related psychological

- distress in health outcomes. *Psychological Medicine*, 29, 367-380. doi:
10.1017/S0033291798008137
- Choi, N. G., & Jun, J. (2009). Life regrets and pride among low-income older adults: Relationships with depressive symptoms, current life stressors and coping resources. *Aging & Mental Health*, 13(2), 213-225. doi:
10.1080/13607860802342235
- Currier, J. M., Holland, J. M., & Neimeyer, R. A. (2006). Sense-making, grief, and the experience of violent loss: Toward a mediational model. *Death Studies*, 30(5), 403-428. doi:10.1080/07481180600614351
- Currier, J. M., Holland, J. M., Coleman, R. A., & Neimeyer, R. A. (2008). Bereavement following violent death: An assault on life and meaning. In R. G. Stevenson, G. R. Cox (Eds.), *Perspectives on violence and violent death* (pp. 177-202). Amityville, NY, US: Baywood Publishing Co.
- Currier, J. M., Neimeyer, R. A., & Berman, J. S. (2008). The effectiveness of psychotherapeutic interventions for bereaved persons: A comprehensive quantitative review. *Psychological Bulletin*, 134 (5), 648-661. doi: 10.1037/0033-2909.134.5.648
- Field, N. P. (2006a). Continuing bonds in adaptation to bereavement: Introduction. *Death Studies*, 30(8), 709-714. doi: 10.1080/07481180600848090
- Field, N. P. (2006b). Unresolved grief and continuing bonds: An attachment perspective. *Death Studies*, 30, 739-756. doi: 10.1080/07481180600850518

- Field, N. P., Bonanno, G. A., Williams, P., & Horowitz, M. J. (2000). Appraisals of blame in adjustment in conjugal bereavement. *Cognitive Therapy and Research*, 24(5), 551-569. doi:10.1023/A:1005514128798
- Field, N. J., & Filanosky, C. (2010). Continuing bonds, risk factors for complicated grief, and adjustment to bereavement. *Death Studies*, 34(1), 1-29. doi: 10.1080/07481180903372269
- Field, N. J., Gal-Oz, E., & Bonanno, G. A. (2003). Continuing bonds and adjustment at five years after the death of a spouse. *Journal of Consulting and Clinical Psychology*, 71(1), 110-117. doi: 10.1037/0022-006X.71.1.110
- Field, N. P., Gao, B., & Paderna, L. (2005). Continuing bonds in bereavement: An attachment theory based perspective. *Death Studies*, 29, 1-23. doi: 10.1080/07481180590923689
- Field, N. P., & Horowitz, M. J. (1998). Applying an empty-chair monologue paradigm to examine unresolved grief. *Psychiatry*, 61, 279-287.
- Field, N. P., Nichols, C., Holen, A., & Horowitz, M. J. (1999). The relation of continuing attachment to adjustment in conjugal bereavement. *Journal of Consulting and Clinical Psychology*, 67(2), 212-218. doi: 10.1037//0022-006X.67.2.212
- Field, N. P., & Sundin, E. C. (2001). Attachment style in adjustment to conjugal bereavement. *Journal of Social and Personal Relationships*, 18 (3), 347-361. doi: 10.1177/0265407501183003
- Fleiss, J. L. (1981). *Statistical methods for rates and proportions*. New York, NY: Wiley.
- Fraley, R. C., & Bonanno, G. A. (2004). Attachment and loss: A test of three competing models on the association between attachment-related avoidance and adaption to

- bereavement. *Personality and Social Psychology Bulletin*, 30 (7), 878-890. doi:
10.1177/0146167204264289
- Fraley, R. C., & Shaver, P. R. (1999). Loss and bereavement: Bowlby's theory and recent controversies concerning grief work and the nature of detachment. In J. Cassidy and R. R. Shaver (Eds.), *Handbook of attachment theory and research* (pp. 735-759). New York, NY: Guilford Press.
- Freud, S. (1957). Mourning and melancholia. In J. Strachey (Ed.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 14, pp 152-170). London, UK: Hogarth. (Original work published 1917).
- Futterman, A., Gallagher, D., Thompson, L. W., Lovett, S., & Gilewski, M. (1990). Retrospective assessment of marital adjustment and depression during the first 2 years of spousal bereavement. *Psychology and Aging*, 5(2), 277-283.
doi:10.1037/0882-7974.5.2.277
- Galatzer-Levy, I. R., & Bonnano, G. A. (2012). Beyond normality in the study of bereavement: Heterogeneity in depression outcomes following loss in older adults. *Social Science & Medicine*, 74, 1987-1994. doi: 10.1016/j.socscimed.2012.02.022
- Greenberg, L. S., & Malcolm, W. (2002). Resolving unfinished business: Relating process to outcome. *Journal of Consulting and Clinical Psychology*, 70 (2), 406-416. doi: 10.1037//0022-006X.70.2.406
- Greenberg, L. S., Warwar, S. H., & Malcolm, W. A. (2008). Differential effects of emotion-focused therapy and psychoeducation in facilitating forgiveness and letting go of emotional injuries. *Journal of Counseling Psychology*, 55 (2), 185-196. doi: 10.1037/0022-0167.55.2.185

- Griffin, D., & Bartholomew, K. (1994). Models of the self and other: Fundamental dimensions underlying measures of adult attachment. *Journal of Personality and Social Psychology, 67*, 430-445. doi: 10.1037/0022-3514.67.3.430
- Guldin, M., O'Connor, M., Sokolowski, I., Jensen, A. B., & Vedsted, P. (2011). Identifying bereaved subjects at risk of complicated grief: Predictive value of questionnaire items in a cohort study. *BMC Palliative Care, 10*(1), 9-15. doi: 10.1186/1472-684X-10-9
- Hatter, B. S. (1996). Children and the death of a parent or grandparent. In C.A. Corr & D. M. Corr (Eds.), *Handbook of childhood death and bereavement* (pp. 131-148). New York, NY: Springer.
- Hayslip, B. R., McCoy-Roberts, L., & Pavur, R. (1998). Selective attrition effects in bereavement research: A three-year longitudinal analysis. *Omega: Journal Of Death And Dying, 38*(1), 21-35. doi:10.2190/68WT-ELDF-FWGT-YTM7
- Holland, J. M., Currier, J. M., Coleman, R. A., & Neimeyer, R. A. (2010). The Integration of Stressful Life Experiences Scale (ISLES): Development and initial validation of a new measure. *International Journal of Stress Management, 17*, 325-352. doi: 10.1037/a0020892
- Holland, J. M., Currier, J. M., Gallagher-Thompson, D. (2009). Outcomes from the Resources for Enhancing Alzheimer's Caregiver Health (REACH) program for bereaved caregivers. *Psychology of Aging, 24*, 190-202. doi: 10.1037/a0014303
- Holland, J. M., & Neimeyer, R. A. (2011). Separation and traumatic distress in prolonged grief: The role of cause of death and relationship to the deceased. *Journal of*

Psychopathology and Behavioral Assessment, 33(2), 254-263. doi:10.1007/s10862-010-9214-5

Holland, J. M., Neimeyer, R. A., Boelen, P. A., & Prigerson, H. G. (2009). The underlying structure of grief: A taxometric investigation of prolonged and normal reactions to loss. *Journal of Psychopathology and Behavioral Assessment*, 31(3), 190-201. doi: 10.1007/s10862-008-9113-1

Holland, J. M., Thompson, K. L., Rozalski, V., & Lichtenthal, W. G. (2013). Bereavement-related regret trajectories among widowed older adults. *Journal of Gerontology. Journals of Gerontology: Series B: Psychological Sciences and Social Sciences*, Advance Access. doi: 10.1093/geronb/gbt050

Holmes, T. H., & Rahe, R. H. (1967). The Social Readjustment rating scale. *Journal of Psychosomatic Research*, 11, 213-218. doi: 10.1016/0022-3999(67)90010-4

Jokisaari, M. (2004). Regrets and subjective well-being: A life-course approach. *Journal of Adult Development*, 11, 281-288. doi: 10.1023/B:JADE.0000044531.11605.d5

Jordan, J. R. (2012). Guided imaginal conversations with the deceased. In R. A. Neimeyer (Ed.), *Techniques of grief therapy: Creative practices for counseling the bereaved* (pp. 262-265). New York, NY: Routledge.

Klass, D., Silverman, P., & Nickman, S. G. (Eds.) (1996). *Continuing bonds: New understandings of grief*. Washington, DC: Taylor & Francis.

Latham, A. E., & Prigerson, H. G. (2004). Suicidality and bereavement: Complicated grief as psychiatric disorder presenting greatest risk for suicidality. *Suicide and Life-Threatening Behavior*, 34 (4), 350-362. doi: 10.1521/suli.34.4.350.53737

- Lindemann, E. (1944). The symptomatology and management of acute grief. *American Journal of Psychiatry*, *101*, 141-148.
- Maercker, A., Brewin, C. R., Bryant, R. A., Cloitre, M., Reed, G. M., van Ommeren, M., Humayun, M., Jones, A., Kagee, L. M., Llosa, A., Rousseau, A. E., Somasundaram, C., Souza, D. J., Suzuki, R., Weissbecker, Y., Wessely, I., First, S.C., & Saxena, S. (2013). Proposals for mental disorders specifically associated with stress in the International Classification of Diseases - 11. *The Lancet*, *381*, 1683-1685. doi: 10.1016/S0140-6736(12)62191-6
- Meert, K. L., Shear, K., Newth, C. L., Harrison, R., Berger, J., Zimmerman, J., & ... Nicholson, C. (2011). Follow-up study of complicated grief among parents eighteen months after a child's death in the pediatric intensive care unit. *Journal Of Palliative Medicine*, *14*(2), 207-214. doi:10.1089/jpm.2010.0291
- Meier, A. M., Carr, D. R., Currier, J. M., & Neimeyer, R. A. (2013). Attachment anxiety and avoidance in coping with bereavement: Two studies. *Journal of Social and Clinical Psychology*, *32* (3), 315-334. doi: 10.1521/jscp.2013.32.3.315
- Mikulincer, M., & Shaver, P. R. (2008). An attachment perspective on bereavement. In M.S. Stroebe, R.O. Hansen, H. Schut, & W. Stroebe (Eds.), *Handbook of Bereavement Research and Practice: Advances in Theory and Intervention* (pp. 87-112). American Psychological Association: Washington, D.C.
- Montross, L., Winters, K. D., & Irwin, S. A. (2011). Dignity therapy implementation in a community-based hospice setting. *Journal Of Palliative Medicine*, *14* (6), 729-734. doi:10.1089/jpm.2010.0449

- Neimeyer, R. A. (Ed.). (2012). *Techniques of grief therapy: Creative practices for counseling the bereaved*. New York, NY: Routledge.
- Neimeyer, R. A. (2012). Correspondence with the deceased. In R. A. Neimeyer (Ed.), *Techniques of grief therapy: Creative practices for counseling the bereaved* (pp. 259-261). New York, NY: Routledge.
- Neimeyer, R. A. (2006). Re-storying loss: Fostering growth in the post-traumatic narrative. In L. Calhoun & R. Tedeschi (Eds.), *Handbook of posttraumatic growth: Research and practice* (pp. 66-80). Mahwah, NJ: Lawrence Erlbaum.
- Neimeyer, R. A., Baldwin, S. A., Gillies, J. (2006). Continuing bonds and reconstructing meaning: Mitigating complications in bereavement. *Death Studies, 30*, 715-738.
doi: 10.1080/07481180600848322
- Newson, R. S., Boelen, P. A., Hek, K., Hofman, A., & Tiemeier, H. (2011). The prevalence and characteristics of complicated grief in older adults. *Journal of Affective Disorders, 132*(1/2), 231-238. doi:10.1016/j.jad.2011.02.021
- Ogrodniczuk, J. S., Piper, W. E., Joyce, A.S., Weideman, R., McCallum, M., Azim, H. F., & Rosie, J. S. (2003). Differentiating symptoms of complicated grief and depression among psychiatric outpatients. *Canadian Journal of Psychiatry, 48* (2), 87-93.
- Ott, C. H. (2003). The impact of complicated grief on mental and physical health at various points in the bereavement process. *Death Studies, 27*, 249-272. doi: 10.1080/07481180302887

- Paivio, S. C., & Greenberg, L.S. (1995). Resolving “unfinished business”: Efficacy of experiential therapy using empty chair dialogue. *Journal of Consulting and Clinical Psychology, 63*(3), 419-425. doi: 10.1037//0022-006X.63.3.419
- Payne, S., Jarrett, N., Wiles, R., & Field, D. (2002). Counseling strategies for bereaved people offered in primary care. *Counseling Psychology Quarterly, 15*(2), 161-177. doi: 10.1080/09515070110115680
- Prigerson, H. G., Bierhals, A. J., Kasl, S. V., Reynolds III, C. F., Shear, K., Day, N., Beery, L. C., Newsom, J. T., & Jacobs, S. (1997). Traumatic grief as a risk factor for mental and physical morbidity. *American Journal of Psychiatry, 154* (5), 616-623.
- Prigerson, H. G., Bierhals, A. J., Kasl, S. V., Reynolds III, C.F., Shear, M. K., Newsom, J. T., & Jacobs, S. (1996). Complicated grief as a disorder distinct from bereavement-related depression and anxiety: A replication study. *American Journal of Psychiatry, 153* (11), 1484-1486.
- Prigerson, H. G., Frank, E., Kasl, S. V., Reynolds III, C. F., Anderson, B., Zubenko, G. S., Houck, P. R., George C. J., & Kupfer, D. J. (1995). Complicated grief and bereavement-related depression as distinct disorders: preliminary empirical validation in elderly bereaved spouses. *American Journal of Psychiatry, 152* (1), 22-30.
- Prigerson, H. G., Horowitz, M. J., Jacobs, S. C., Parkes, C. M., Aslan, M., Goodkin, K., Raphael, B., Marwit, S. J., Wortman, C., Neimeyer, R. A., Bonanno, G., Block, S. D., Kissane, D., Boelen, P., Maercker, A., Litz, B. T., Johnson, J. G., First, M. B., & Maciejewski, P. K. (2009). Prolonged grief disorder: Psychometric validation of

criteria proposed for DSM-V and ICD-11. *PLoS Medicine*, 6 (8), e1000121.

doi:10.1371/journal.pmed.1000121

- Prigerson, H. G., & Jacobs, S. C. (2001). Traumatic grief as a distinct disorder: A rationale, consensus, criteria, and a preliminary empirical test. In M.S. Stroebe, R.O. Hansson, W. Stroebe, & H. Schut (Eds.), *Handbook of bereavement research: Consequences, coping and care* (pp. 613-645). Washington, DC: American Psychological Association.
- Prigerson, H. G., Maciejewski, P. K., Reynolds III, C. F., Bierhals, A. J., Newsom, J.T., Fasiczka, A., Frank, E., Doman, J., & Miller, M. (1995). Inventory of Complicated Grief: A scale to measure maladaptive symptoms of loss. *Psychiatry Research*, 59, 65-79. doi: 10.1016/0165-1781(95)02757-2
- Prigerson, H. G., Vanderwerker, L. C., & Maciejewski, P. K. (2008). A case for inclusion of prolonged grief disorder in DSM-V. In M. Stroebe, R. Hansson, H. Schut, & W. Stroebe (Eds.), *Handbook of bereavement research and practice: Advances in theory and intervention* (pp. 154-186). Washington, DC: American Psychological Association.
- Rosen, C. S., Drescher, K. D., Moos, R. H., Finney, J. W., Murphy, R. T., & Gusman, F. (2000). Six - and ten-item indexes of psychological distress based on the Symptom Checklist-90. *Assessment*, 7, 103-111. doi:10.1177/107319110000700201
- Schuchter, S., & Zisook, S. (1993). The course of normal grief. In M. Stroebe, W. Stroebe, & R. O. Hansson (Eds.), *Handbook of bereavement: Theory, research, and intervention*, (pp. 23-43). New York, NY: Cambridge University Press.
- Schultz, L. A. (2007). The influence of maternal loss on young women's experience of

- identity development in emerging adulthood. *Death Studies*, 31, 17-43. doi:
10.1080/07481180600925401
- Shear, K., Frank, E., Houck, P. R., & Reynolds III, C. F. (2005). Treatment of
complicated grief: A randomized controlled trial. *JAMA*, 293(21), 2601-2608. doi:
10.1001/jama.293.21.2601
- Steinhauser, K. E., Christakis, N. A., Clipp, E. C., McNeilly, M., McIntyre, L., & Tulsky,
J. A. (2000). Factors considered important at the end of life by patients, family,
physicians, and other care providers. *JAMA*, 284(19), 2476-2482. doi:
10.1001/jama.284.19.2476
- Stroebe, M. (2002). Paving the way: from early attachment theory to contemporary
bereavement research. *Mortality: Promoting the Interdisciplinary Study of Death
and Dying*, 7 (2), 127-138. doi: 10.1080/13576270220136267
- Stroebe, M. S., Abakoumkin, G., Stroebe, W., & Schut, H. (2012). Continuing bonds in
adjustment to bereavement: Impact of abrupt versus gradual separation. *Personal
Relationships*, 19(2), 255-266. doi:10.1111/j.1475-6811.2011.01352.x
- Stroebe, M., & Schut, H. (1999). The Dual Process Model of coping with bereavement:
Rationale and description. *Death Studies*, 23, 197-224.
- Stroebe, M. S., & Stroebe, W. (1989). Who participates in bereavement research? A
review and empirical study. *Omega: Journal Of Death And Dying*, 20(1), 1-29.
doi:10.2190/C3JE-C9L1-5R91-DWDU
- Székely, L. (1978). Anniversaries, unfinished mourning, time and the invention of the
calendar: A psychoanalytic 'aperçu.'. *The Scandinavian Psychoanalytic Review*,
1115-146.

- Torges, C. M., Stewart, A. J., & Nolen-Hoeksema, S. (2008). Regret resolution, aging, and adapting to loss. *Psychology and Aging, 23*(1), 169-180. doi: 10.1037/0882-7974.23.1.169
- Van Doorn, C., Kasl, S. V., Beery, L. C., Jacobs, S. C., Prigerson, H. G. (1998). The influence of marital quality and attachment styles on traumatic grief and depressive symptoms. *The Journal of Nervous and Mental Diseases, 186* (9), 566-573. doi: 10.1097/00005053-199809000-00008
- Volkan, V. D. (1981). *Linking objects and linking phenomena*. New York, NY: International Universities Press.
- Watson, D., & Clark, L. A. (1994). *The PANAS-X: Manual for the positive and negative affect schedule - expanded form*. Iowa City: University of Iowa. Retrieved from <http://www2.psychology.uiowa.edu/Faculty/Watson/PANAS-X.pdf>
- Wayment, H. A., & Vierthaler, J. (2002). Attachment style and bereavement reactions. *Journal of Loss and Trauma, 7*, 129-149. doi: 10.10880/153250202753472291
- Wijngaards-de Mei, L., Stroebe, M., Schut, H., Stroebe, W., van den Bout, J., van der Heijden, P., & Dijkstra, I. (2007). Patterns of attachment and parents' adjustment to the death of their child. *Personality and Social Psychology Bulletin, 33* (4), 537-548. doi: 10.1177/0146167206297400
- Wrosch, C., & Heckhausen, J. (2002). Perceived control of life regrets: Good for young and bad for old adults. *Psychology and Aging, 17*, 340-350. doi: 10.1037//0882-7974.17.2.340

KARA LEE KLINGSPON

DEPARTMENT OF PSYCHOLOGY ■ UNIVERSITY OF NEVADA, LAS VEGAS
4505 S. MARYLAND PARKWAY ■ BOX 455030 ■ LAS VEGAS, NV 89154-5030
PHONE: (702) 496-1478 ■ EMAIL: klingspn@unlv.nevada.edu

EDUCATIONAL HISTORY

UNIVERSITY OF NEVADA, LAS VEGAS 2012-Present

Department: Psychology
Degree: Ph.D.; Expected Graduation Date June 2018
Program: Clinical Psychology Doctoral Program

Advisor: Dr. Jason M. Holland, Ph. D.

Thesis: Unfinished Business in Bereavement:
A Mixed Methods Study

UNIVERSITY OF NEVADA, LAS VEGAS 2009-2011

Degree: Master of Science
Major: Marriage and Family Therapy

Advisor: Dr. Katherine M. Hertlein, Ph.D.

Professional Paper: Working With Adult Survivors of Early
Parental Loss: An Intersystems Approach
Integrating a Forgiveness Component

UNIVERSITY OF NEVADA, LAS VEGAS 2007-2009

Degree: Bachelor of Arts
Major: Psychology

COMMUNITY COLLEGE OF SOUTHERN NEVADA 2005-2007

Degree: Associate of Arts, High Honors
Major: Psychology

PROFESSIONAL LICENSE

Licensed Marriage and Family Therapist Intern - State License #MI0329

PROFESSIONAL MEMBERSHIPS

Psi Chi National Honors Society
Delta Kappa Zeta Chapter - International Honors Society in Marriage and Family Therapy
Association for Psychological Science - Graduate Student Affiliate
American Association for Marriage and Family Therapy
Nevada Association for Marriage and Family Therapy
American Psychological Association - Graduate Student Affiliate

RESEARCH INTERESTS

My research interests focus on grief and loss as experienced by individuals who are bereaved, coping with a serious illness, or undergoing other major life transitions. In particular, I am interested in understanding how people make meaning out of these experiences and how the outcome of this process impacts mental health, work and social functioning, and the ability to look toward a purposeful and hopeful future. More broadly, I am also interested in identifying risk and protective factors for individuals who have experienced major losses, with the goal of ultimately improving therapeutic interventions for this population.

PEER-REVIEWED PUBLICATIONS

Currier, J. M., Holland, J. M., Rozalski, V., **Thompson, K. L.**, Rojas-Flores, L., & Herrera, S. (2013). Teaching in violent communities: The contribution of meaning made of stress on psychiatric distress and burnout. *International Journal of Stress Management, 20*(3), 254-277. doi:10.1037/a0033985

Holland, J. M., Rozalski, V., **Thompson, K. L.**, Tiongson, R., Schatzberg, A., O'Hara, R., & Gallagher-Thompson, D. (2012). The unique impact of late-life bereavement and prolonged grief on diurnal cortisol. *Journals of Gerontology: Series B: Psychological Sciences and Social Sciences*. doi:10.1093/geronb/gbt051

Holland, J. M., **Thompson, K. L.**, Rozalski, V., & Lichtenthal, W. G. (2013). Bereavement-related regret trajectories among widowed older adults. *Journals of Gerontology: Series B: Psychological Sciences and Social Sciences*. doi:10.1093/geronb/gbt050

Louder, M. A., **Thompson, K. L.**, & de Battista, J. (2012). The King's Speech. *Journal of Feminist Family Therapy, 24*(2), 174-179. doi:10.1080/08952833.2012.648130

Thompson, K. L., Devis, K. Z. & Louder, M. A. (2012). The Roving Reporter. *Journal of Family Psychotherapy, 23*(4), doi:10.1080/08975353.2012.735603

MANUSCRIPTS UNDER REVIEW

- Benning, S. D., Rozalski, V., & **Thompson, K. L.** (2013). *Trait absorption is related to enhanced emotional picture processing and reduced reactivity to secondary acoustic probes*. Manuscript submitted for publication.
- Holland, J. M., Graves, S., **Klingspon, K. L.**, & Rozalski, V. (2014). *Prolonged Grief Symptoms Related to Loss of Physical Functioning: Examining Unique Associations with Medical Service Utilization*. Manuscript submitted for publication
- Klingspon, K. L.**, Holland, J. M., Neimeyer, R. A., & Lichtenthal, W. G. (2014). *Unfinished business in bereavement: A mixed methods study*. Manuscript submitted for publication.

CONFERENCE AND OTHER PRESENTATIONS

- Thompson, K. L.**, & Holland, J. M. (2014, February). *Unfinished business in bereavement: A mixed methods study*. Lecture presentation presented at the 17th annual American Association of Behavioral and Social Sciences Conference, Las Vegas, NV.
- Holland, J. M., & **Thompson, K. L.** (2013, November). *Unfinished business and grief*. Lecture presentation presented at Osher Lifelong Learning Institute (OLLI), University of Nevada, Las Vegas.
- Thompson, K. L.** (2012). *Strategic family therapy and Satir's experiential approach to therapy*. Presentation at the Systemic Approach to Counseling School, Youth with a Mission, University of the Nations, Chatel, Switzerland.
- Devis, K. Z., **Thompson, K. L.**, Louder, M.A., & Hertlein, K. M. (2011, April). *Attachment and couple sexual functioning*. Poster session presented at the 43rd annual American Association of Sexuality Educators, Counselors, and Therapists Conference, San Diego, CA.

AD HOC REVIEWER

Death Studies	2013-2014
Comprehensive Psychiatry	2013
International Journal of Therapy and Rehabilitation	2013

RESEARCH EXPERIENCE

GRADUATE RESEARCH LAB ASSISTANT 2012-2013

UNLV Stressful Transitions and Aging Research Laboratory
Supervisor: Dr. Jason M. Holland, Ph.D.

Co-author manuscripts, assist with literature reviews and data analysis, co-supervise undergraduate research assistants, and attend didactic seminars on a variety of topics (e.g., related to data analysis, APA style).

UNDERGRADUATE RESEARCH LAB ASSISTANT 2007-2009

UNLV Behavioral Neuroscience Laboratory
Supervisor: Dr. Jefferson Kinney, Ph.D.

Conducted animal research on rats and mice, administering injections, running animals in experimental mazes, collecting data and euthanizing animals for brain tissue study. Performed data entry and wrote a research proposal. Reviewed current and past literature with a particular emphasis on Alzheimer's and schizophrenia research.

CLINICAL EXPERIENCE

CLINICAL DOCTORAL STUDENT GRADUATE CLINICIAN 2013-Present

The PRACTICE Clinic
University of Nevada, Las Vegas
Supervisor: Dr. Noelle Lefforge, Ph.D.

This 12-month practicum placement provides low cost behavioral, cognitive and mental health assessment and therapy services to the university population and the community at large. Clients are primarily adult individuals who are diverse in socioeconomic status and ethnicity. A weekly caseload of approximate five therapy clients and one assessment client is maintained, with weekly individual and group supervision.

LICENSED MARRIAGE AND FAMILY THERAPY (MFT) INTERN 2012-2013

Renewing Life Center
Non-Profit Family Counseling Center
Supervisors: Dr. Colleen Peterson, Ph.D., Mark Welchel, M.S., MFT

This site offers faith-based community service on a sliding scale. Clients were referred through partnering organizations and churches. Mostly individuals and couples were seen at this location, for relationship issues, infidelity, and trauma. A caseload of one-two cases per week was maintained.

MFT GRADUATE CLINICIAN (PRACTICUM STUDENT)

2011

Comprehensive Cancer Center of Nevada
Supervisor: Dr. Colleen Peterson, Ph.D.

This 9-month internship placement was on-site. Clients were referred through their oncology doctor for services, either in active treatment or follow-up from cancer treatment. Approximately two cases (individuals, couples, families) were seen per week.

MFT GRADUATE CLINICIAN (PRACTICUM STUDENT)

2010-2011

Center for Individual, Couple and Family Counseling
University of Nevada, Las Vegas
Supervisor: Dr. Colleen Peterson, Ph.D.

This 20-month practicum placement offered both student and community services on a sliding scale through a university clinic. Clients included individuals, couples, and families, who were diverse in terms of age (children to elder adults), socioeconomic status, and ethnicity. A weekly caseload of approximately eight clients was maintained, with weekly practicum and individual supervision sessions.