THE CONTRIBUTORY ROLES OF ATTACHMENT STYLES, COPING AND AFFECT REGULATION STRATEGIES ON BEREAVEMENT

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ABSTRACT

THE CONTRIBUTORY ROLES OF ATTACHMENT STYLES, COPING AND AFFECT REGULATION STRATEGIES ON BEREAVEMENT

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Grieving is a normal reaction to the loss of a loved one. According to the attachment theory, individual's attachment style plays an important role in determining individual differences following loss. Firstly, in the present study, it was aimed to examine the psychometric properties of the Two Track Model of Bereavement Questionnaire (TTBQ). With this aim, the data was collected from 206 individuals who lost a significant one. It was found that Turkish version of the TTBQ(TTBQ-T) had a Cronbach Alpha of .91, which indicates that TTBQ-T has a good internal consistency. Also, factor analysis yieded a 5 factor solution. Secondly, in the main study the mediation role of coping styles and affect regulation strategies were examined. The sample consisted of 200 bereaved individuals who lost a significant loved one. In this study,the role of attachment style on bereavement was supported. However, only anxious attachment style significantly predicted poor social functioning. Also, fatalistic coping style was found to lead to more intense grief, whereas helplessness coping style was found to be related to poor social functioning.

Moreover, it was shown that difficulties in affect regulation mediated the relationship between anxious attachment style and poor social functioning.

Key Words: grief, attachment style, affects regulation, coping strategies.

ÖZ

BAĞLANMA STİLİ, BAŞ ETME VE DUYGU REGÜLASYON STRATEJİLERİNİN YAS ÜZERİNDEKİ ROLÜ

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Yas tutma, sevilen birinin kaybına karşı gösterilen normal bir tepkidir. Bağlanma teorisine gore, kişinin bağlanma stili yakın birinin kaybının ardından gösterilen tepkilerdeki bireysel farklılıkları belirlemede önemli bir rol oynar. İlk olarak bu çalışmada, İki Boyutlu Yas Ölçeği (İBYÖ)'nin psikometrik özelliklerinin incelenmesi amaçlanmıştır. Bu amaçla, yakınını kaybeden 206 kişiden veri toplanmıştım. İki Boyutlu Yas Ölçeği'nin Türkçe versiyonunun Cronbach Alpha değeri .91 olarak bulunmuştur. Ayrıca factor analizi 5 faktör çözümüyle sonuçlanmıştır. Bu da, ölçeğin iyi bir iç tutarlılığa sahip olduğunu göstermektedir. İkinci olarak, ana çalışmada baş etme stillerinin ve duygu regülasyon stratejilerinin bağlanma stili ile yas arasında aracı rolü incelenmiştir. Örneklem yakını kaybeden 200 kişiden oluşmaktadır. Bu çalışmada bağlanma stilinin yas üzerindeki rolü desteklenmiştir. Fakat yalnızca kaygılı bağlanma stili, yetersiz sosyal işlevselliği yordamıştır. Ayrıca kaderci baş etme stilinin daha yoğun bir yas sürecine yol açtığı, buna karşın çaresizlik baş etme stilinin yetersiz sosyal işlevsellikle ilişkili olduğu

bulunmuştur. Bunun ötesinde, duygu regülasyonundaki zorlukların kaygılı bağlanma stili ile yetersiz sosyal işlevsellik arasında aracı bir rol oynadığı gösterilmiştir.

Anahtar kelimeler: *yas, bağlanma stili, duygu regülasyonu, baş etme stili.*

To my lovely mother and sister

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CHAPTER I

1. INTRODUCTION

The death of a loved one is a painful and universally common experience thateventually affectsmany people in the course of their lives. There are significant individual differences in the intensity and the duration of the grieving process (Bonanno and Kaltman,2001; Bonanno,2008).While most people go through this emotionally compelling period without developing any psychological or social adversities (Bonanno, 2005), others have intense or sustained complications that are required to be evaluated under "a mental disorder" classification(Prigerson et.al.1997). To able to determine to what extent individuals experience various grief experiences and of whom need psychological intervention, it is required to make distinctions between normal and pathological grief reactions (Stroebe, van Son, Stroebe, Kleber, Schut and van den Bout, 2000).

In the current study, it was aimed to examine the mechanism by which attachment style contributed to grieving process and functioning, when the factors that are proposed to influence grieving processwere controlled, including type of the death, age, gender, type of the relationship with the deceased. It was suggested that attachment style would determine which coping style will be used while dealing with the loss of a loved one. Also, it was assumed that difficulties in affect regulation would mediate the relationship between attachment style and grieving process and functioning. In the proceeding sections, the related literature will be presented regarding these proposed assumptions about grieving process.

1.2.Complicated Expressions of Grief

Before making a discussionabout grieving process, it is important to describe some concepts that are used in the bereavement literature. *Bereavement* refers to

losing someone significant and *grief* isdefined as *the reaction to the loss of a loved one by death* (Stroebe, Hansson, Stroebe and Schut, 2001; p. 6). Mourning is used to emphasize the adaptation process following death of a significant other (Worden, 2001).

There is considerable interest in defining complications of bereavement under a seperate mental disorder category in DSM –IV-R, which was shown to be a distinct disorder in past decades (Bonanno, 2006; Stroebe et.al, 2000; Lichtental, Cruess & Prigerson, 2004; Jacobs, Mazure and Prigerson, 2000 and Horowitz et.al. 2003).

In DSM-IV, bereavement is conceptualized as a stressor that triggers normal and exceptable reactions. DSM-IV does not suggest a distinct diagnosis which seperate individuals who experience common grief reactions from those who do not. In extreme cases DSM-IV proposed to evaluate people according to existing diagnostic categories that may be relevant to bereavement (American Psychiatric Assocation, 1994). In contrast to DSM-IV's conceptualization, many bereavement theorists offer a seperate diagnostic category todefine bereavement-related symptoms (e.g. Jacobs et.al., 2000; Horowitz et.al., 2003).

Parkes (1965) was the one who proposed one of the earliest distinction between normal versus complicated grief (cited in Bonanno and Kaltman, 2001). Also, he defined different expressions of grieving under three categories: prolonged, inhibited and/or delayed grief (Parkes and Prigerson, 2010).

In his famous book "Loss: Sadness and Depression", Bowlby (1980) has defined two main "disordered variants" of grief. He defined chronic mourning as "more instense and distrupting than healthy mourning"(Bowlby,1980,p.147). Beyond this, he conceptualized chronic mourning as feeling "anger and resentment persisting long after early weeks" (Bowbly, 1980, p.148). According to Bowlby (1980) second variant of grief, namely "prolonged absence of conscious grieving", described a small portion of people who show no overt signs of grieving. Much recent studies conducted by two research groups have extented the studies of Parkes and Bowlby in order to establish a seperate diagnostic criteria for bereavement related symptoms in DSM-IV. However, these research groups have proposed two diagnostic categories, namely complicated grief (Horowitz et. al.,1997) and Traumatic Grief (Prigerson et.al, 1999), of which share common features as well as differences. These two

different diagnostic groups have sets of criteria, both of which emphasize seperation distress evidenced by yearning and searching for the deceased, impairment in functioning, feeling of emptiness and loneliness, loss of interest in usual activities. But there also exists differences between two criteria sets. One of them is about duration of symptoms. While in Traumatic Grief criteria, the duration was two months, for complicated grief criteria it was proposed as one month and at least 14 months after death. However, Prigerson et. al,(2000) has argued that 6 months' duration works well, which will prevent early and false diagnosis. In the literature, there are a number of emprical studies which provide support for the validty of both Traumatic Grief and Complicated Grief diagnostic categories.

In another study conducted with 242 bereaved individuals Boelen and van den Bout (2008) found that symptoms related to Complicated Grief are distinct from those representing Uncomplicated Grief among 242 mourners. Similiarly, Ogrodniczuk et.al.(2003) have provided evidence for Complicated Grief (CG) diagnosis. The authors found that depression symptoms were distinct from CG symptoms. Also, Bonanno et.al. (2007) conducted three studies in which they copared depression, grief and PTSD using a number of measures of functioning. They showed that comparing with depression and PTSD, grief was found to be a reliable predictor of functioning. By this finding, they demonstrated that CG constitutes a seperate diagnosis, different from depression and PTSD. In paralel with these results, Prigerson et.al (1996) examined 150 widowed people and found that CG symptoms were included in complicated grief Category rather than anxiety and depression. Therefore, this result indicated that CG is significantly different from berevament- related depression and anxiety. In support of validation of Traumatic Grief as a possible diagnosis, Boelen, van der Bout and Keijser, (2003) conducted a study with 103 bereaved people. They showed that TG could reliably be seperated from depression and anxiety.

Although the findings of all the research mentioned above, provided a support for the diagnosis of Complicated or Traumatic Grief, there is still controversy about whom will develop a Complicated or Traumatic Grief diagnosis.

In the bereavement literature, there are a number of theories that explain the normative and pathological grieving processes and also, individual differences in

reactions to loss. Since the current study is based on the Two Track Model of the Bereavement (Rubin, 1999,2001), only some of the other theories will be discussed, followed by a more detailed discussion of the Two Track Model.

1.2. The Determinants of Grief

There are a number of factors that determine how individuals go through a grieving process. These are the type of the loss, gender of the bereaved, age of the beceased and the mode of the death, which will be presented in this section.

1.2.1. The Relationship to the Deceased

1.2.1.1. Loss of a Child

Losing one's child is one of the most traumatic and distruptive events for every parent (Rubin & Malkinson, 2001; Neidig and Dalgas, 1991). The loss of a child poses a threat to both mental and physical health (Parkes and Prigerson, 2010). There are a number of predicting factors that lead to detrimental results following loss of a child. For example, Wijngaards-De Meij et al. (2005) showed that individual factors such as gender of the parent, religion and professional help seeking predicted the depression level among parents whose child died. Researchers showed that bereavement-related factors including expectedness and reason of loss, the age of the child, the presence of other surviving children contributed to grief intensity. Accordingly, Keesee, Currier and Neimeyer, (2008) described a number of factors that increase the intensity of loss. The authors concluded that despite the distressing nature of losing a child, some parents are more vulnerable to such an event because of predisposing factors. They found that quality of the bond that was formed with the child, violent nature of the death and lenght of bereavement were associated with grief intensity. It was found that mothers whose child died from violent causes showed more grief than fathers. Similiarly, Lehman, Lang, Wortman and Sorenson (1989) showed that sudden child loss have detrimental effects on parent's fuctioning.

In accordance with the role of individual differences in reaction to loss, Wijngaards-de Meij et. al. (2007) found that parents with anxious attachment styles showed more intense grief reactions and poor adjustment following the loss of a

child. On the other hand, high scores on avoidant dimension were found to be related to emotional difficulties in adapting to loss. The authors interpreted this finding as a result of failure of deactivating strategies in the face of such a stressful life event that exceed the personal resources of people. Barrera et al. (2009) examined reactions of parents whose child died from cancer at 6 months following loss. They found that acceptance of death and integrating loss into one's identity would be crucial for adaptation process. Also, they described a number of factors that protect one from intense grief and any disruption in adaptation, including "overall well-being, preparedness for loss, a supportive social network, and positive pre-loss relationships with others" (p. 513).

1.2.1.2. Loss of a Spouse

Although spousal bereavament is one of the most distressing events in a person's life (Parkes and Prigerson, 2010), there are a number of predisposing factors that make some individuals vulnerable for traumatic grief reactions (Prigerson, et.al., 1997). Accordingly, Ott, Lueger, Kelber and Prigerson (2007) studied 141 older widowed and found that there were certain individual differences in terms of the grieving process. They showed that some individuals could adjust to bereavament without having detrimetal effects, while a small group of people experienced an intense and challenging process. In another study Waskowic and Chartier (2003) conducted a study to examine the relationship between attachment and the reactions to the death of a spouse among seventy seven widowed individuals. They found differences between securely and insecurely attached individuals in terms of grief experiences. They showed that securely attached people felt less negative emotions such as anger, guilt, have less somatic symptoms and did not withdraw themselves from social life than insecure individuals.

Apart from individual differences in grief reactions, there are a number of enviromental factors that determine the intensity of grief symptoms among individuals who loses their spouses. In accordance with this, W.H.C. Chan and Chan (2011) conducted a study among elderly bereaved individuals whose spouses were died. They found that timing of death, whether it was perceived as appropriate or inappropirate, the quality of medical care provided in hospital contributed to making

sense of loss, thus facilitate the acceptance of the death of a spouse. Authors concluded that "managing of time" is important in overcoming grief related feelings and thoughts which lead to acceptance of death (p. 159). Similiarly, Barry, Kasl and Prigerson (2002) examined the effect of preparedness for death and bereaved's perception of death on psychiatric disorders among 122 widowed people. They found that people who perceived death as violent were likely to experience major depression. On the other hand, individuals who thought that they were not prepared enough for such a loss tended to have complicated grief symptoms.

1. 2.1.3. Loss of a Parent

Parkes and Prigerson (2010) suggested that although loss of a parent was a common experience, it would not cause more distress than other types of loss, such as loss of a child. However, the bond that is established with a parent would determine how an individual will go through the grieving process.

In a study Scharlach (1991) examined factors that contributed to the insensity of grief reactions in adult children following the death of a parent. He found that an expected death leads to less distress following loss. He also showed that individuals who tended to rely on parents for approval and emotional support experienced more grief reactions.

1. 2.1.4. Loss of a Sibling

Although there are few studies about the relationship between sibling loss and bereavement, a number of studies showed that sibling loss have negative impacts for people in different life periods. For example, Charles and Charles (2006) in their study, showed that sibling loss in young age poses a number of difficulties for developing child in terms of difficulty in forming attachment bonds with parents effectively and shattered views about self and the world among undergraduate students. Also, Parkes (2006) have found that sibling loss have detrimental impact on older people and showed that 8 per cent of people who lost their sibling seeked psychiatric help.

1.2.2. The type of the Death

People who experience loss of someone significant from violent events such as murder or manslaughter are at higher risk for traumatic bereavement. Because these events pose many risks to bereaved people by shattering their belief system, leading to intense negative emotions such as anger, suspicion, guilt. The horrific nature of the event lead bereaved people to withdraw from social enviroment, be suspicious about others, both of which contributes to depression and grief severity which ends in a vicious cycle (Parkes and Prigerson, 2010).

As Reed (1998) defined sudden bereavament as "a complex, multidimensional process involving physical, psychological, and sociological domains" (p.285). Risk factors should be determined to screen people who may need treatment and design treatments for them (van der Houwen, Stroebe, M. Stroebe, Schut, van der Bout and Wijngaards-De Meij (2010) .Sudden death as the term implies, are conceptualized as a death occurring without any signs or warning accompanying (Hauser, 1987; cited in Reed, 1998).

In a study conducted by Kaltman and Bonanno (2003), they examined the impact of violent and sudden death on PTSD symptoms and depression. They found that violent deaths lead to endurance of depression and PTSD symptom intensity over time both of which may contribute to grief reactions following the death of a loved one due to violence than losing a loved one due to natural causes. Also, researchers found that the suddenness of the death has no significant impact on the presence of PTSD symptoms between bereaved individuals who lost a loved one from natural causes. Another finding of the study is that there were no significant differences among people who lost a significant other from a sudden versus expected natural cause over the 24 months. Similiarly, Burton, Haley, and Small, (2006) have found that unexpected death increases the risk of experiencing depression among bereaved people who lost their spouse. Reed (1998) also found that sudden death has negative impact on grief symptoms. People who lost a significant one from accidental death experienced high levels of seperation anxiety, but losing a close person from suicide leads to a feeling of rejection. Zisook, Chentsova-Dutton, and Shuchter (1998) have shown that the prevelance of PTSD symptoms among bereaved people were higher than it was thought. An interesting finding of this study was that

people suffer from an anticipated death showed PTSD symptoms as much as people who lost their spouses from unexpected or sudden death. However, more intense symptoms were expressed by people who lost their spouse from "unnatural" causes (p.161). Similiarly, Murphy, Braun, Cain, Johnson and Beaton (1999) also supported the relationship between violent death and PTSD symptoms among bereaved parents who lost their children over two years. Also, Green et.al. (2001) showed that traumatic loss increased the risk for general stress and psychological disorder. Moreover, losing a significant one from physical assault was found to be related to impairment. In another study which is conducted on bereaved parents who lost their children from neonatal, accident or illness, Wijngaards-De Meij and collegues (2008) found that parents who lost their child because of a violent event or an accident showed more intense grief reactions than parents who lost their child from an illness or a disorder. They grouped the factors, that are thought to influence giref process as changeable (presenting the body at home, funeral, taking care of the body themselves, saying goodbye to the child) and unchangeable factors (location of the death, present at the moment of the death, discoving the death him or herself, expected or unexpected death, the mode of the death). Apart from the mode of the death, the researchers found that saying goodbye to the child during or after the loss in any way lead to less intense grieving.

Moreover, making meaning of the loss experience is also found to be related to grief intensity. For example, Currier, Holland and Neimeyer (2006) found the mediating effect of sense-making in relationship between violent deaths and grief difficulties. This result indicates that although death from violent causes led to complicated grief reactions, sense- making of the person highly determined the effect of the nature of death on grief intensity.

When the all studies mentioned above were taken into account, it could be suggetsted that sudden and violent nature of the loss was significantly related to grief intensity and PTSD symptoms.

1.2.3. Gender

According to Bowlby (1980) although "the forms taken by disordered mourning in the two sexes are different", research results imply uncertain differences

between man and women in grief symptoms and reactions to loss. Therefore, Bowlby (1980) asserted that while trying to treat bereaved people, professionals should focus on "their personalities and current social and psychological circumstances", because age and sex of the bereaved are untreatable" (p. 179). In contrast to Bowlby's views on nonsignificant effect of gender on bereavement, understanding sex differences in reactions to the loss is *useful* and *necessary* in learning much about dynamics of the grief process (Stroebe, 1998, p.6).

Although it has been shown that women suffer more from mental health problems than men, when it comes to bereavement this picture is relatively different. Due to the lack of control groups and small sample sizes in many studies, there are uncertain results in terms of sex differences in bereavement (Stroebe, M.S. and Stroebe, 1983). In literature, a review by Stroebe, (2001), it was concluded that losing a close person is a major source of distress and impairments in both mental and physical health for both sexes. However, men seemed to be effected much more by bereavement, especially by loss of a spouse than women. For example, van Grootheest, Beekman, van Groenou, and Deeg (1999) showed that widowed individuals, especially men, were at a higher risk for depression for a long time. Similiarly, another study revealed that widowed men experienced more sleep difficulties and suicidal ideation than married men (Byrne and Raphael, 1997). In a longitidunal study conducted with 2626 subjects (778 widowed and 1848 married) by van Grootheest, Beekman, van Groenou and Deeg (1999), it was found that in the married group women were more depressed than men. However, this difference disappeared in the widowed group. Accordingly, when bereaved man and women were compared to married man and women, it was found that men were recovering more slowly than women and had more adjustment difficulties than women (Parkes and Prigerson, 2010).

Moreover, Stroebe and Stroebe (1983) in their study of a widowed group who experienced a loss 4 or more years ago found that men had more depressive symptoms than married man and their symtoms tended to endure over a time, while women being less depressed. They explained this discrepancy in terms of the socieconomic and emotional aspects of marriage which have different reflections for men and women. Because men and women have different roles in marriage, after

losing a spouse men seems to experience more difficulty in maintaining their lives because of the necessity of taking more responsibility and also, they are more deprived from an important source of support. The authors concluded that following loss, men received less emotional support and expressed their feelings less likely. Therefore, they have more dfifficulty in dealing with bereavement than women. In another study, Bennett, Hughes and Smith (2003) showed that both men and women thought that women were dealing much better than men with bereavement. Men attributed this to women's ability in making social contact easily and their domestic skills that enable them to deal with house hold duities. However, when the experiences of men were examined, they found that men were more able to talk about their feelings following loss than women and could establish social relationships. Therefore, there is a discrepancy between men's views and their experiences. The authors have discussed this finding in the light of masculine roles that men have possessed, which expected from men to show less emotion and to be stronger in social context. Byrne and Raphael (1997) showed that elderly widowed man were significantly different from married man on only anxiety measures over 13 months, which supported the hypothesis that widowed man were experiencing intense distress feelings as compared to married man.

Therefore, it could be suggested, based on the results mentioned above, while women experienced more grief reactions and depression than men following loss, this gender differences were likely to change in favor of men in the spouse loss.Widowed men were found to be at a higher risk for grief intensity and depression.

The differences in the response of men and women could be linked to differences in coping styles. In a study van Baarsen and van Groenou (2001) showed that there were differences between widowed men and women in terms of the type of coping style being used. Men tended not to share more emotions later on bereavement in constrast to women, which could be interpreted as women's general predisposition to express their emotions readily. Similiarly, Bennett, Smith and Hughes (2005) revealed a link between coping and depressive feelings in widowed man and women, indicating that men who had difficulty in coping with their bereavement were more likely to show more depressive symptoms.

In the literature many studies examining gender differences usually conducted on widowed groups. Therefore, it is important to explore whether there are any gender differences in other bereaved groups in order to reach a certain conclusion about gender differences. For example, in a study by Lawrence, Jeglic, Matthews and Pepper (2006)examined the associatons between gender, grief reactions and coping styles following loss of a parent, and could find no gender differences in terms of coping styles or distress level. A positive relationship was found between avoidant coping style and psychological distress and depression in females, but not in men.

1.2.4. Age

One of the factors that might affet the intensity of bereavement is losing someone younger or in other words "timeliness or untimeliness of the loss" (Parkes et. al, 2010, p. 148). There are differences in the reactions in the face of death of a young person versus an old person. According to Moss, Moss and Hansson (2001), age-related changes in physiological and functioning in older people should be taken into account while evaluating the responses of old people after bereavement.

Research has shown young bereaved people react to the loss of a close one with more distress and depression (Reed, 1998). For example, Carr, House, Wortman, Nesse and Kessler, (2001) showed that sudden death did not cause a wide deterioration on mental health among elderly widowed people. Accordingly, in a study conducted by Parkes (1964; cited in Parkes and Prigerson, 2010) it was revealed that widowed people under the age of sixty-five years old had more consultations for psychological symptoms, such as insomnia, depression, anxiety, than older widowed. In another study conducted with widowed people, Lichtenstein, Gatz and Berg (1998) found that young people had higher mortality risk after the loss when compared to older people.

However, bereavement could cause a number of problems in the older age groups because of aged-related changes in many respects (Moss, Moss and Hansson, 2001). In older ages, people experience more difficulty in adapting to changes after a traumatic event, because of significant changes in physiological functioning, diminished social support system, and high possibility of experiencing multiple

lossses (Moss, Moss and Hansson, 2001). Schoevers et.al. (2006) showed that people who had physical disability before the loss were at risk in terms of depression when compared to people who were physically healthy before the loss.

After discussing the roles of both attachment styles and other factors related to grief intensity, the ways that people used in dealing with this distressful life event will be presented in the next section.

1.3. General Theories of Bereavement

1.3.1. Psychoanalitic Theory

According to Freud (1915/1957), when a loved one dies, a "reality test" should take place that eventually leads to an acceptance that the deceased person is lost forever(p.253). To be able to complete this mourning process in a non-pathological manner, a bereaved person should work through feelings, thoughts, and memories related to deceased person in a way that leads to a gradual detachment of libido from the loved object which will free the ego for making new attachments to other objects. Freud(1917/1957) defined "the work of mourning", as a process which is now mentioned in the bereavement literature as "grief work", as the only way of adaptation to loss.

Grief work hypothesis, which indicate that one has to face with the reality of loss, review memories of the deceased person and remember the circumstances around the death in order to loosen his/her attachment with the deceased, still has a theoretical and pratical importance in the literature (Bowlby, 1980, Parkes, 2010, Worden, 2001). However, its basic aspects have not been yet empirically tested (M. Stroebe & W. Stroebe, 1991; Wortman & Silver, 1989; Bonanno and Keltner,1997; Bonanno & Kaltman, 1999). Accoring to Stroebe (2001) grief work hypothesis have a number of limitations, including lack of empirical evidence, low generalizability to other cultures, and lack of operational definition and having a narrow perspective on adaptation to bereavement. Bowlby (1980) has integrated grief work concept into attachment theory and contributed to Freud's view on mourning.

1.3.2. Attachment Theory

In attachment theory, Bowlby (1980) stated that after a seperation through death one should work through loss in order to organize memories and thoughts about the loved one. Moreover, to be able to adapt to a new life without the deceased, one should go through certain phases or stages in following order: numbing, yearning and searching, disorganization and despair, reorganization. Bowlby(1980). According to Bowlby, people should go through these stages in order to experience a normal grieving process. However, lack of the one of these stages would lead to a patological form of the grief. Likewise, Bowlby's views on the bereavement provided an important framework for understanding how the bereaved's attachment style would influence the ways of coping wtih the emotions, thoughts, memories that were activated by the loss.

1.3.3. Two Track Model of the Bereavement

The Two Track Model of Bereavement has been developed by Rubin (1999, 2001) with an attempt to integrate two dominant perspectives in the bereavement literature which have specific emphasis on either the relational bond with the deceased or the impact of loss as a traumatic event on functioning. This bifocal approach of the Two Track Model of Bereavement suggested that adaptation to bereavement does not only occur in returning to the preloss level of functioning, but also occurs in the reorganization of the relationship with the deceased (Rubin, 1999,2003). This dual perspective is important in understanding the complicated grief response (Stroebe and Schut, 1999) and in developing interventions (Malkinson, Rubin and Witztum, 2006). Although this model did not identify the processesor themechanisms that would explain how these two distinct dimensions interact with each other, it is important because of its multidimensional focus on many aspects of bereavement(Stroebe &Schut, 1999).

According to this model, all bereavement responses are evaluated as occuring on two distinct but related tracks. The first axis or track is related to how individuals respond to traumatic events and the impacts of this event on the individual's functioning. This aspect also focuses on how one deal with difficulties and changes in many life areas following the loss (Malkinson,et.al. 2006). The second track is

associated with the nature and the quality of the continuing relationship with the deceased, considering the characteristics of the relationship both before and after the loss (Rubin, 1999).

In Track I, labeled as General or Biopsychosocial Functioning, 10 different features, including interpersonal, affective, somatic and psychiatric symptoms are included. These were determined according to the literature and clinical observations. These features are evaluated to understand how one re-arranges his or her roles in many areas of life, how one dealwith the impact of loss in his or her belief system and self esteem (Rubin, 1999,2009).

Track II, labeled as Relational Active Grieving, includes 10 subareas which are thought to assess the basic tenets of the relationship with the deceased (Rubin, 1999). How one imagines or remembers the deceased, the emotional tone accompanying memories and images, the nature of the relationship, features of grief stages and how one reorganizes memories, feelings and thoughts about the deceased in order to form a new affectional bond following loss are covered in this track (Rubin, 1999,2001,2009).

A summary of the model is presented in Figure 1.

Figure 1: The Two Track Model of Bereavement

TRACK I-BIOPSYCHOSOCIAL FUNCTIONING	TRACK II-RELATIONAL ACTIVE GRIEVING
• Anxiety • Depressive Affect and Cognitions • Somatic concerns • Symptoms of a Psychiatric nature • Familial relationships • General interpersonal relations • Self-esteem and Self- worth • Meaning Structure • Work • Investment in life tasks	• Imagery and memory • Emotional distance • Positive affect vis-a-vis deceased • Negative affect vis-a-vis deceased • Preoccupation with loss • Idealization • Conflict • Features of loss (Shock, Searching, Disorganization &Reorganization) • Impact upon Self-perception • Memorialization and Transformation of the loss and the deceased

Source: Rubin, 1999

1.4. TheGrieving Process

The identification of patterns of how one reacts to loss is important, because it gives an idea of the way how people adjust to the loss. Therefore, understanding the general mechanisms by which people adapt to the loss is important in making a distinction between normal bereavement and pathological grief(Maciejewski, Zhang, Block and Prigerson, 2007).

Psychoanalitic view proposed that one should work through his/her loss and gradually relinquish the bonds to the deceased in order to be able to adapt to loss in a healthy manner (Freud, 1917/1957). This view has become a predominant perspective throughout 20th century (Stroebe, Gergen, Gergen, & Stroebe, 1992). Although it has been a widely accepted perspective in the literature (Bowlby, 1980; Parkes and Prigerson, 2010; Worden, 2001), it has yet to receive sufficient support

(Bonanno and Kaltman, 1999). In fact, there are contradictory findings about grief work hypothesis in the literature (Stroebe and Schut, 1999). For example Stroebe and Stroebe (1991) empirically tested the grief work hypothesis. They compared five grief work measures that included "a strategy of confrontation versus avoidance" (p.479) to depression measure among widows and widowers over two years. They found that among only widowers two of the grief work measures, distraction and suppression, predicted depression scores. This result provided a partial support for grief work hypothesis for only widowers but not for widows. Resently, Stroebe, Abakoumkin, Stroebe and Schut (2011) have also provided a partial support for the grief work hypothesis. They have found that young widowed people who have strong ties to the deceased have difficulty in adjustment if they have experienced an unexpected loss over time. In addition to this, in the condition of unexpected loss, people who were not willing to give up their bonds with the deceased experienced more intense grief than people who were willing to relinquish their bonds.

In contrast, Bonanno and Keltner (1997) found no support for grief work hypothesis. They showed that people who showed negative facial expressions while talking about the deceased at 6 months postloss had more grief symptoms over the 25 months of bereavement. In opposition to grief work hypothesis, positive emotions, which was thought to be predictive of delayed grief, was found to be associated with grief resolution. In another study conducted by Bonanno, Keltner, Holen and Horowitz (1995), it was revealed that emotional avoidance during bereavement could be used as an effective way of dealing with painful grief related emotions. Researchers showed that people who use dissociation strategy have elevated somatic complaints at 6 months postloss, but these symptoms did not last after 6 months.

Despite prevailing thinking about necessity of emotional detachment from the deceased in order to adapt to the loss, a continuing bond perspective, which emphasized that an ongoing attachment to the deceased is an important aspect of successful adaptation to the loss,has been proposed (Klass, Silverman and Nickman, 1996; cited in Field, Gaz-Oz and Bonanno, 2003). This perspective is also recognized by Bowlby (1980). According to Bowlby (1980) a person should make necessary arrangements in mental representations of deceased in order to adapt to a life without the deceased. He, also, acknowledged that the continuing bond can be

adaptive in a sense that it helps to maintain "a sense of identity" and find a meaning in the loss experience. According to Field, Gao and Paderna (2005) continuing bond expressions could be perceived as a sign of activation of the attachment system expressions in an attempt to re-establish physical proximity to the deceased following loss. They indicated that these expressions tended to reduce as a part of accepting the permanence of loss. Field (2006) indicated that maintaining bonds with the deceased on representational level could be a source of emotional support. He acknowledged that, although continuing bonds were adaptive in many respects, the way that continuing bonds were expressed was important in determining its effectiveness. He argued that the continuing bonds expressions that did not lead to equilibrium between giving up the efforts to establish physical proximity to the deceased and feeling secure through reorganized mental representations should be seen as a sign of unresolved grief. However, Field, Gaz-Oz and Bonanno(2003) could not find support for this hypothesis in a study investigating the relationships between continuing bond expressions and adjustment at 5 years postloss. They found a relationship between excessive use of continuing bond expressions and grief symptom intensity, independent of which continuing bond expressions were used.

1.4.1. The Grief Stages

In the literature, a number of theories has been proposed in order to understand whether the process of relinquising or maintaining the established bonds with the deceased occur in a number of sequencial stages or not.

In this regard, Bowbly (1980) has proposed a 4-stage model to define how adjustment to loss occurs. In this model, grief symptoms following losing a close relative are expressed sequencially through phases: shock-numbness, yearning-searching, disorganization-despair, and reorganization. According to Bowlby (1980), these phases do not have a clear-cut nature; people in a particular phase may move forward to the next phase or go back to the former phase in a different time. Also, any grief symptoms that belong to different stages could occur at the same time (Parkes, 2010).

Similiarly, Kübler-Ross (2005) has adapted this stage model for people who suffer from a terminal illness. According to Kübler-Ross, people who lost a significant other complete adaptation to loss in five-stages, which are: denial, anger, bargaining, depression and acceptance. Kübler-Ross (2005) stated that these stages are established to present a framework to understand grieving process, while taking individual differences into account. There are few emprical studies that examined stage theories. For example, in one of the comprehensive studies, Maciejewski, Zhang, Block and Prigerson (2007) have examined the course of grief reactions in 3 time periods (i.e., 1-6, 6-12, and 12-24 months post-loss) among elderly bereaved individuals who lost their spouse by natural causes. Authors have found that regardless of the time period, grief indicators have followed a sequence which is consistent with the stage of grief theory (i.e., disbelief- yearning- anger- depression-acceptance). They also revealed that across three time periods the most prominent symptom was acceptance, which is not consistent with the stage theory. Another findng of this study is reporting of yearning with a high frequency as a negative psychological response rather than depression. Also, this study showed that all giref symptoms increase in the 6 months following loss and tend to descrease within 24 months. This finding leads support to the post loss duration criteria of 6 months for complicated giref diagnosis.

In another study, Holland and Neimeyer (2010) have conducted a study which aims to replicate and extend the results of the study by Maciejewski et.al.(2007). Holland and Neimeyer' (2010) findings showed that grief reactions did not occur in a sequencial pattern as Maciejewski and colleagues found. They have shown that disbelief, anger and yearning exist for a shorter time following loss, but acceptance was found to be the most prominent indicator of grief over time among bereaved people. Holland and Neimeyer (2010) found that distress and acceptance tend to fluctuate in an anticipated fashion even among bereaved people who lost a loved one from violent causes. Consistent with this finding, in a model that is developed by Prigerson and Maciejewski (2008), it was shown that manifestations of grief indicators, which were thought to belong to different grief stages in early models, could be defined as different aspects of the grieving process or in other words "grief states" rather than phases or stages.

In general, the nature of grieving process and the relationship between continuing bonds and adjustment have not been clearly understood. Also, whether relinquishing or continuing bonds are adaptive is highly dependent on individual differences (Field, et.al., 2005). According to Stroebe, Schut and Boerner (2010), attachment theory could provide a theoretical framework for understanding this complex relationship and individual differences. Therefore, the attachment framework in the context of the loss is presented in the next section.

1.5. Attachment and Loss

Attachment theory was developed by Bowlby (1969,1973and 1980) to explain affectional bonds that are first formed between mother and infant during childhood. Attachment behavior is defined as any kind of biologically based behavior that aims to establish or maintain proximity to an attachment figure at the times of stress or threat (Bowlby, 1980). All behaviors that serve these goals are organized into an "attachment behavioral system" in order to help infants to arrange behaviors under changing conditions (Cassidy,2008).As Bowlby (1969) proposed, "attachment is presented as a system of a behavior having its own form of internal organization and serving its own function" (p.230). Contrary to Freud's view that the function of the child's tie to his/her mother was a result of her role in providing food, Bowlby (1969) proposed that the primary goal of the attachment system is to establish and maintain close proximity to the caregiver under the conditions of stress. According to him"food plays only a marginal part in the development and maintenance of attachment behavior" (p. 224).

In attachment theory (1969), it has been proposed that attachment system is not only activated by actual threat situations, but also by signs that are implying any impending threat of danger or separation from caregiver (Mikulincer and Shaver, 2003). However, in adulthood, people could reach a feel of comfort not only by actual proximity to the attachment figures, but also by activating mental representations (Mikulincer and Shaver, 2003). According to Bowlby (1973) when the attachment figures are supportive and responsive under conditions of stress, they provide a safe haven to alleviate the infant's distress and a secure base from which infants could discover the world around them while feeling confident. However, felt

security is not only related to physical proximity to the attachment figure, but also depends on attachment figure's responsiveness to the infant's emotional needs (Bartholomew and Horowitz, 1991). When a responsive and available attachment figure met an infant's emotional needs, the infant's sense of confidence in himself and others in terms of availability and responsiveness improves and therefore, the likelihood of using primary attachment strategies increase. However, when proximity seeking behaviors fail in the context of unresponsive and unavailable caregiver interaction, secondary strategies begin to take place of primary attachment strategies (Mikulincer and Shaver, 2003). There are two major secondary strategies, namely hyperactivating and deactivating strategies. In hyperactivating strategies, people maintain proximity seeking behaviors in an attempt to obtain support even in the condition of attachment figure's unavailability and unresponsiveness. People using deactivating strategy try to deal with the stressful situation without activating attachment system and relying on self to comfort themselves (Mikulincer and Shaver, 2003).

Although the need to be close to the attachment figures is thought to be universal (Ainsworth, 1989), there are some individual differences, which are conceptualized under "attachment styles",in dealing with stressful situation and regulating affects (Collins and Feeney, 2000).

Attachment styles reflected a person's typical way of behaving, feeling thinking in close relationships (Mikulincer and Shaver, 2003). According to Bowlby (1970) every child makes bonds even with abusive parents. However, there are differences in the quality of attachment relationships (Cassidy, 2008). Children who experience a relationship with responsive and available parents generate positive mental representations about the availability and responsiveness of attachment figures, whereas insecure infants could not form such representations because of distressful experiences with their parents (Cassidy, 2008). After using a laboratory procedure to observe infants's response to the caregivers in separation- reunion conditions, Ainsworth (Ainsworth et.al., 1978; cited in Mikulincer and Shaver, 2003) has defined three distinctive attachment styles: secure, avoidant and anxious-resistant. Besides that, Bartholomew and Horowitz (1991) improved a four group model of attachment styles according to the working model of self and others:

preoccupied, secure, fearful and dismissing. In preoccupied style, self is evaluated as negative and others as positive. People with dismissing style define themselves as positive, but others as negative. While secure individuals attributed positive valence to both self and other, while fearful individuals are characterized as having negative values for both self and others.

Bowlby (1973) used working models concept to explain how the attachment related cues are processed. According to Bowlby (1973), internal working models, which derive primarily from the nature of the experiences with attachment figures,are established in order to process the attachment related cues in the environment and organize behavior accordingly (Bowlby, 1973; Diamond and Blatt, 1994). According to Bowlby (1973), an infant–mother relationship, based on mother's responsiveness to the infant's needs, becomes internalized over time. These internalized representations or "working models" included two variables: "(a) whether or not the attachment figure is judged to be the sort of person who in general responds to calls for support and protection; [and] (b) whether or not the self is judged to be the sort of person towards whom\anyone, and the attachment figure in particular, is likely to respond in a helpful way" (Bowlby, 1973; p. 204).Working models of the world is based on the notion of availability and responsibility of attachment figures to the needs of infant. Similiarly, working models of self give information about how infant perceives himself/herself "in the eyes of attachment figures" (Bowlby, 1973, p.203). According to Bowlby (1973) working models of the world and the self are interdependent concepts and determine how a person would comprehend a situation, which results in certain kinds of behaviors and emotions.

1.5.1. AttachmentStyles and Grief Reactions

Bowlby (1980) proposed that when a person loses a significant other through death, attachment behavioral system would be activated that results in searching behavior in order to re-establish the proximity to the deceased person. According to Bowlby (1980), whereas in early weeks and months of healthy mourning, a bereaved person's "urge to search" the deceased is intense, it tends to gradually reduce over time when he or she confronts the reality that loss is permanent. Bowlby (1980) suggested that the determinant feature of pathological mourning is "persistence of

this urge which tends to be expressed in a variety of disguised and distorted ways" (p.87). He believed that two insecure attachment styles- avoidant and anxious- were related to disordered mourning. These two attachment styles have distinct mental representations of self and other and ways of dealing with strong negative emotions, which leads to coping with loss in different waysand distinctive course of adaptation (Field and Sundin, 2001).

Bowlby (1980) have assumed that anxiously attached people experience intense distress following bereavement. Due to their difficulties to tolerate separation, they preoccupy with the deceased and experience chronic grief. Also, they would not allow any possibility of loosening bonds, rather they insist on continuing bond in a preoccupied manner which causes intense "yearning, longing, regrets" (Stroebe et al., 2010, p.263).

The other type of disordered mourning is related to delayed reactions to the loss that people with avoidant attachment style have shown. Avoidant individuals tend to show less distress in reaction to loss, which is apparent in the absence of any signs of "searching" behavior. Bowlby (1980) proposed that they experienced a delayed occurrence of intense grief reactions in the presence of any reminder of the deceased person, which he defined as "delayed" or "absent" grief. They are predisposed to suppress any materials related to loss and avoid any reminder of loss. Avoidant people, especially with dismissing type, would not consider maintaining bonds with the deceased as necessary and they tend to relinquish bonds easily byignoring attachment needs (Stroebe etal., 2010).

Contrary to this, securely attached people would be effected by loss without being overwhelmed by it. Also, they could deal with the strong emotions precipitated by loss by both relying on their own resources and by mental representations of the deceased. They could buildan equilibrium between loosening bonds and continuing bonds without having any difficulty (Stroebe et al., 2010).

1.5.1.1.Empirical Support for the Relationship between Attachment Styles and Grief Reactions

In literature, there are a number of studies that provided emprical support for the proposed relationship between attachment style and grief reactions (Shear & Bonanno, 2009; Wayment and Vierthaler, 2002).

For instance, Wayment and Vierthaler(2002) showed that people who have anxious attachment style experienced more grief symptoms and depression. They found that, securely attached people did not show more grief reactions than insecure people, but they experienced less depression following loss. Another finding of this study is that individuals who have avoidant attachment styles experienced more somatic complaints. Furthermore, the authors found differences between general attachment patterns and a specific attachment to a close one. When a secure person, on a general dimension of attachment,lost someone very close, he/she experienced grief symptoms, but showedless depressive symptoms. The findings supported the distinctions between grief, depression and somatic complaints, implying that these symptoms have different implications and specific predictors on bereavement outcome.Similiarly, Field and Sundin (2001) found that compulsive care seeking measure of anxious attachment style was related to inability to cope with loss and general psychological symptoms among bereaved individuals who lost their spouse. Self reliance measure of avoidant attachment style was shown to be positively associated with unwanted thoughts and feelings and was not found to be related to physical and psychological symptoms. This result indicates that not all forms of avoidant style has negative impacts on adjustment to bereavement. In accordance with this study, the different effects of two distinct avoidant attachment styles, namely dismissing and fearful, on grief intensity have been found in some studies. For example, Mancini, Robinaugh, Shear and Bonanno (2009) found that dismissingly avoidant individuals expressed less grief reactions when they lost their spouses with whom they had a marriage with a high quality. This result indicates that when marital quality is high, people with dismissing avoidant attachment style seems to cope better. The findings of this research did not provide support for the predictive relationship of anxious attachment style in increased grief reactions. In another study Fraley and Bonanno (2004) concluded that people using defensive or avoidant

strategies following loss did not show intense grief reactions and disruption in adjustment over time. In this study authors made a distinction between avoidant styles as fearful and dismissing, and showed that people with dismissing attachment style and secure attachment style have experienced less grief symptoms and showed better adjustment. They found that people with anxious and fearful attachment styles showed intense grief reactions and have difficulties in adapting to loss. However, van der Houwen et al. (2010) found that people with avoidant styles was found to be related with worse mental health. Also,they found that anxious attachment style predicted emotional loneliness among bereaved people.

The studies covered above seem to provide that while anxious attachment style was related to intense grief reactions, the relationship between avoidant attachment style and difficuties in adaptation is still controversial, due to the distinction between dismissing and fearful attachment style. The studies found that dismissing attachment style did not lead to a distruption after loss, while fearful attachment style was related to the difficulties in adaptation to the loss.

Furthermore, understanding the mechanisms by which a particular attachment style leads to intense grief reactions is important. Since attachment styles is important in determining the ways by which emotions will be regulated. Therefore, in the next chapter the relation between attachment styles and affect regulation strategies will be presented.

1.5.2. Affect Regulation

According to Bowlby (1970), in the early years, attachment figures play a crucial role in regulating emotions. People who have experiences with responsiveand available attachment figures could easily feel positive feelings towards themself and others. However, children who have interactions with rejecting and unavailable attachment figures would be predisposed to feel more chronic anxiety and distress (Mikulincer and Florian, 2004).

Mikulincer and Florian (2004) have proposed that “a basic component of attachment style is the habitual regulatory strategies employed in coping with different sources of distress “(p. 30). In other words, people who have different attachment styles also have different ways of coping and regulating emotions under

the condition of stress. Also, Mikulincer and Shaver (2008) have suggested that attachment styles contribute to how people appraise and deal with emotions.

People with secure attachment would deal with negative emotions without being ovewhelmed. Also, they would evaluate distressing situations in a way that enhances adjustment by dealing with the situation efficiently without having negative impact on well being (Mikulincer and Florian, 1998). Furthermore, secure people responded to loss of a significant other without feeling too overwhelmed (Stroebe, Schut and Stroebe, 2005). However, avoidant people would keep the negative emotions out of concious, which lowers the possibility of processing emotions. On the other hand, negative emotions were more prominent in anxious people because they intensely involved in rumination (Mikulincer and Florian, 2004). Under the stress condition avoidant people, because of their distrust of significant others in terms of support providing, would distance themselves from significant others and try to cope with the distress with their own resources (Mikulincer and Florian, 1998). Avoidant people try to comfort themselves by depending excessively on their self reseources in face of stress (Mikulincer and Florian, 2004). They use "nondifferentiated defensiveness" thatprevents them from relating to other people and to maintain distance from them emotionally (Mikulincer and Orbach, 1995).They tend to suppress the need to seek proximity, especially in the face of any seperation threats by preventing representations of attachment figures from being concious (Mikulincer,Gillath and Shaver, 2002).

On the other hand, when anxious people confront a stressful event they would react to it with intense distress because of perceiving events in a highly negative manner and a lack of sense of autonomy and self efficacy. Due to their belief that they could not deal with distress effectively on their own, they excessively depend on others (Mikulincer and Florian, 1998). Also, they can easily remember negative memories and let the negative tone of these memories affect them (Mikulincer and Orbach, 1995). Anxious peoples' attachment system is easily activatedin the face of minor threats or stress. Although they can easily reach the representations of attachment figures when they are highly anixous, they could not use these representations for comforting themselves and for preventing themselves fromseeking support excessively (Mikulincer, Gillath and Shaver,2002).

In the context of attachment theory seperation from an attachment figure through death triggers intense emotions. However, emotions that are triggered during bereavement include both negative emotions and positive emotions (Bonanno, 2001).A growing literature began to reveal the importance of understanding deficits in emotion regulation during grieving process (Bonanno, Papa, O'Neill, Westphal, and Coifman, 2004). In bereavement literature, in accordance with this aim, the issue about whether expressing or suppressing emotions is adaptive is widely debated. However, recent research has shown that what is important in adapting to loss is expressing or suppressing emotions in accordance with the context, which is defined as a component of emotion regulation (Coifman and Bonanno, 2010). In this sense, the concept of "expressive flexibility" has been proposed as a component of affect regulation to examine the relationship between affect regulation and adjustment following bereavement (Bonannoet al., 2004).

Gupta and Bonanno (2011) compared widowed individuals with married adults in terms of emotional flexibility. They showed that people experiencing complicated grief have difficulty in changing their emotions, either enhancing or suppressing emotions in the face of changing environment which leads to poor adaptation to loss. Similiarly, Coifman and Bonanno (2010) examined the emotional responses of early bereaved people and followed the change in emotions longitudinally. They showed that people who were able experience emotions congruent with the context experienced improvement in depression, whereas inability to change emotions was found to be related to complicated symptoms. However, this finding was only prominent for negative emotions.

Moreover, interpretation of loss experience is important for experiencing and regulating emotions. Boelen, van den Bout, and van den Hout, (2003) conducted a study with 234 bereaved individuals. They found that if grief reactions are interpreted as a sign of distruption in mental health, incompetence and poor adaptation, it led to more distress and depression. Also, experiencing grief symptoms as distressing was found to be associated with traumatic grief symptoms which in turn lead to an avoidance of signs of beravement-related clues. Although attachment style is important in determining individual diffirences in reaction to the loss, there

are other factors that make some individual vulnerable to the pathologic expressions of grief, which will be presented in the next section.

1.6. Coping with Loss

A Coping style is conceptualized as "broad, pervasive, emcompassing ways of relating to particular types of people .....or to particular types of situations" (Lazarus and Folkman, 1984; p. 120). Lazarus and Folkman (1984) made a distinction between coping strategies that are focused on changing conditions or the problem situation and coping that is based on affect regulation. According to authors, emotion-focused coping is defined as strategies that aim to regulate emotions. However, these strategies,including distancing, minimization or avoiding, are not only directed at reducing emotional distress, but also at increasing emotional distress, for example by self blame or self- punishment. On the other hand, problem-focused solving strategies are designed to make changes on problem situations, generate solutions to solve the problems. However, as Lazarus and Folkman (1984) have indicated, problem-focused strategies are not only focused on the environment, but also on self. The strategies that are aimed to make changes in the environment includes,"altering environmental pressures, barriers, resources, procedures" (p. 152). On the other hand, strategies directed at the self involves "shifting the level of aspiration, reducing ego involvement, finding alternative channels of gratification, developing new standards of behavior or learning new skills and procedures" (p. 152). Problem- focused and emotional-focused strategies interact each other in botha positive and negative ways.

In terms of coping-emotion relationships Folkman and Lazarus (1988) concluded that coping mediates emotion. In other words the type of coping style used is found to be influenctial in changing emotional states. Also authors found that both problem-focused and emotional-focused coping could lead to alterations in emotions. They indicatedthat copingfor problem focused planning is associated with positive emotions, while confrontative coping and distancing were associated with negative emotions. According to Folkman and Lazarus (1986) using planful problem focused coping enables to make people deal with the environment more effectively which in turn leads to an improvement in emotions. On the other hand,confrontive

coping was considered as a maladaptive form of problem focused coping which was not effective in arranging the relationship with the environment. Also, the distancing syle leads one to suspend from the situation which needs a solution.

In the bereavement literature, there are a number of factors that determine how a bereaved person would cope with loss. Therefore, one could not conclude that a particular coping style is effective in adaptation. In a study that examined the relationship between attachment styles and coping strategies in the case of sibling loss, it was found that sibling loss leads to using more support seeking coping strategy regardless of the bereaved persons' attachment style. Also, it was shown that sibling loss poses relational problems for the remaining child (Charles and Charles, 2006). In another study, Ben-Zur (2009) investigated the relationship between affect and coping styles in a large sample. Ben-Zur found that problem-focused coping was positively correlated with positive emotions and negatively correlated with negative emotions. On the other hand, emotion-focused coping was found to be positively associated with negative emotion. Avoidance was shown to be correlated negatively with positive emotions. However, emotion/support coping was positively associated with positive emotions.

Similiarly, Schnider, Elhai and Gray(2007) examined coping styles in a university student sample who experienced a traumatic loss. They found that there was a positive relationship betweencomplicated grief and PTSD and problem-focused coping and active and avoidant emotional coping style. However, when time since loss and trauma frequency was controlled, this relationship was only prominent for avoidant emotional coping. Additionally, they concluded that only avoidant emotional coping explained CG and PTSD variance. This result found that problem-focused coping style could also be associated with grief intensity, especially when time is not considered, which contradicted with the literature.

In addition to consious coping strategies, unconsious coping strategies were found to be associated with depressive symptoms after the loss. In a study, Jacobs, Kasl, Schaefer and Ostfeld (1994) examined both conscious and unconscious coping strategies used by widowed people over 25 months. They found that people who were low on problem-focused coping (planning) experienced intense depressive symptoms. Also, people who used unconscious neurotic ego defenses (defined as

inability to regulate effect, working with internal conflict and maturity) again experienced depression at 13 months. Therefore, the authors concluded that the ability to adapt to bereavement required not only using emotional focused coping, but also problem focused coping strategy (problem-focused planning) in reducing psychological distress after 1 year.

Moreover, some people use rumination in order to deal with loss. Nolen-Hoeksema, McBridge and Larson (1997) showed the detrimental effects of rumination among widowed men. According to authors men who use rumination, described as "passively and repetitively focusing on one's symptoms of distress and circumstances surrounding those symptoms" (p. 855), would experience intense and persisting depression which led to poor adjustment following the death of their spouse.

In relation to the support seeking coping style, the postive effect of this coping style in alleviating feelings of emotional loneliness were found to be dependent on self esteem. Stroebe, Schut and Boerner (2010) in their study with elderly widows found that marital relationship quality has a positive relationship with yearning, which is accepted as a *core symptom* of bereavement. This finding was related to attachment theory which suggested that the death of an important attachment figure will result in *emotional loneliness*. A positive relationship with the deceased would deepen these feelings of loneliness whichwould determine the extent to which one yearns for the lost attachment figure. Similiarly, Van Baarsen (2002) showed that although receiving support from close relationships helps in reducing emotional loneliness in older widowed people in the short term, it also could increase emotional loneliness in the long term in people with low self esteem. Because people with low self esteem tend to become easily dependent on the person who provides support. Therefore, the authors concluded that self esteem and support are complementary. However, Stroebe, Stroebe and Abakoumkin (1996) did not find the buffering effect of social support on emotional loneliness.

Besides the coping styles mentioned above, inthe literature, it was shown that religion helped people to deal with their negative emotions following loss, which will be presented in the proceeding section.

1.6.1 Religion

In bereavement litearture, the positive relationship between religion and adaptation to the loss was shown. For example, Wortmann and Park (2008) reviewed 73 studies that examined the relationship between religion and bereavement. They described religion as a multidimensional concept, which includes the following aspects: *(a) affiliation, (b) attendance, (c) general religiousness, (d) beliefs,(e) intrinsic versus extrinsic motivations, (f) coping, (g) social support, and (h) spiritual experiences (p.705).* The authors concluded that religion/spiritually was positively associated with the adaptation to the loss without indicating a consistent relationship. According to Wortmann and Park (2008), the nature of this relationship depends on a number of factors, including bereavement- specific factors and by which way religion/spiritually was measured. For example, Mclntosh, Silver and Wortman (1993) studied 124 parents who lost their children from asudden infant death syndrome in order to examine the role of both "religious participation" and "religious importance" in coping with bereavement. They showed that being high in religious participation waspositively associated with perceived social support. On the other hand, greater religious importance was found to be positively correelated with the amount of cognitive processing. Both religious participation and religious importance make a positive contribution to making sense of loss. Also, Cicirelli (2011) conducted two studies with elderly bereaved individuals. In these studies elderly people were compared in terms of religious spiritually and nonreligious spiritually. It was revealed that people with religious spirituality have positive attitudes towards accepting the death, whereas people with nonreligious spirituality were prone to rejecting the death.

1.7. Aim of the Study

1.7.1. Aim of the Study I

Consideringthe fact that there are few intruments measuring the grief process comprehensively, this study aimed to adapt theTwo Track Model of the Bereavement Questionnairefor Turkish samples and examine its psychometrics properties. In line

with this aim, the internal consistency of total TTBQ and its subscales, and the test-retest reliability; construct validity and concurrent validity were examined.

1.7.2. Aim of the Study II

In the light of the literature, it was hypothesized that,

1) Both anxious and avoidant attachment styles will lead to grief intensity and poorer social functioning,
2) both avoidant and anxious attachment style will significantly predict Problems in Social functioning and Relationships track (Track I),
3) both avoidant and anxious attachment style will significantly predict Grieving track (Track II),
4) heavy reliance on the emotion-focused coping styles,namely fatalistic and helplessness, will result in both intense grief and problems in social functioning,
5) also, heavy reliance on the emotion-focused coping styles,namely fatalistic and helplessness, will significantly predict Problems in Social functioning and Relationships track (Track I),
6) using emotion-focused coping styles,namely fatalistic and helplessness, will significantly predict Grieving track (Track II),
7) heavy reliance on problem focused coping styles will lead to intense grieving and problems in social functioning, and will significantly predict both Track I and Track II,
8) difficulties in affect regulation will result in intense grieving and poorer functioning,
9) emotion focused coping styles will mediate intense grieving, problems in poorer social functioning, Track I and Track II through both anxious and avoidant attachment styles,
10) Difficulties in affect regulation will mediate intense grieving and poorer social functioning through both anxious and avoidant attachment styles.

CHAPTER II

STUDY I

"Psychometric properties of the Two Track Model Bereavement Questionnaire in a Turkish sample"

This chapter presents the method and results for the first study of the thesis, which is the examination of the psychometric properties of the Two Track Model of Bereavement Questionnaire- Turkish in a Turkish sample.

2.1. METHOD

2.1.1. Participants

The sample consisted of 206bereaved individuals, recruited from a community sample (68,8% or 142 of 206 subjects) and undergraduate students (%31,2 or 64 of 206 subjects). The average age of the sample was 31.95 (SD= 11.86). The majority of the participants were women (160 of 206 or 77.7 %).The average time since loss was 31.46 months (SD=21.48). The average age of the deceased was 59.57 years (SD= 22.12). Some features of the participants including education, the relationship to the deceased and circumstances of the loss are presented in Table 1.

Table 1: Characteristics of the Participants

Variables	Frequency	%	Mean	Std
Age			31.95	11.86
Gender				
Female	160	77.7		
Male	45	21.8		
Education				
Primary	5	2.4		
Secondary	1	.5		
High	13	6.3		
College	107	52.2		
Master or PhD	79	38.5		
Loss of				
Parent	66	32.0		
Partner	2	1.0		
Sibling	15	7.3		
Child	3	1.5		
Other Relatives	90	43.7		
Close Friend	21	10.2		
Work colleagues	3	1.5		
Other	2	1.0		
Circumstances of Loss				
Disease	99	48.1		
Medical Sudden	59	28.6		
Old Age	13	6.3		
Accident	19	9.2		
Suicide	9	4.4		
Other	4	1.9		
Total	**206**			

2.1.2. Instruments

2.1.2.1. Demographic Information Form

Demographic information form consisted of questions on the relationship with the deceased, time since loss, general socio-demographic characteristics of the participants (i.e.age, education, work status, religious commitment- rated on a 5 point likert scale, ranging from 1, very religious to 5, not at all religious- presence of any psychiatric treatment history) (see appendix B).

2.1.2.2. The Two Track Model of Bereavement Questionnaire (TTBQ-T)

The Two Track Model of Bereavement Questionnaire (TTBQ) was developed by Rubin, Bar Nadav, Malkinson, Koren, Goffer-Shnarch and Michaeli (2009). The scale has 70 items, rated on a five point likert scale. The items were constructed in accordance with theTwo Track Model of Bereavement. Track I, "general functioning", is generally related to biopsychological functioning of the bereaved, whereas Track II, "the attachment dimension" focuses on ongoing relationships and associated memories, feelings and thoughts about the deceased. The factor analysis of the scale yielded 5 factors that accounted for 51% of the variance. Three factors, namely Active Relational Grieving, Close and Positive Relationships and Conflictual Relationship to the deceased were associated with the attachment dimension (Track II) and two factors called General Biopsychological Functionaing and Traumatic Perception of loss were related to general functioning (Track I). The reliability of the whole scale with a Cronbach Alpha coefficient of .94 showed that it had high internal consistency. Correlations of five factors of TTBQ and the total score with scales measuring clinically relevant constructs revealed significant association patterns supporting the scale's construct validity (Rubin et.al. 2009) .

2.1.2.3. The Turkish version of TTBQ (TTBQ-T)

TTBQ-T was translated into Turkish by Aker and his colleagues (unpublished) from the psychiatry department of Kocaeli University. The Turkish version of the scale was used in a small sample of bereaved individuals, in the psychiatry clinic of Kocaeli University. In the current study, in order to evaluate the psychometric

properties of the TTBQ and validate it for a larger sample of bereaved individuals, a bilingual psychiatry assistant translated the scale back into English. The original scale and the back translation were compared and reorganised by two bilingual professionals from psychiatry and psychology field according to following criteria: 1) If backtranslations were approximately similiar to the original scale, the item was kept in the Turkish form, 2) If the backtranslations did not have the same meaning with the original items, the translation was modified by two bilingual professionals until it gave a similar meaning with the original, which were written in the alternative form with the initial Turkish item to make a further decision, 3) If the initial Turkish translation were considered as the best alternative, although backtranslation was not exactly the same with the original item, the item was kept in its original form. Finally, the alternative forms that included both initial Turkish items and alternative translations were reevaluated with thesis supervisor to reach a final decision (see Appendix C).

2.1.2.4.The Impact of Event Scale-Revised (IES-R)

The Impact of Event Scale was developed by Horowitz, Wilner and Alvarez (1979). The scale has two dimensions, namely intrusion and avoidance basedon Horowitz's view on traumatic stress reactions. Weiss and Marmar (1997) revised the original scale in order to include hyperarousal dimension. The revised IES-R consists of 22 items in which hyperarousal subscale contains 6 items and both avoidance and intrusion subscales have 8 items. The respondents indicate the frequency of each symptom's occurence over the past week on 5 point Likert scales with a 0-4 format, with minimum and maximum scores ranging from 0-88. The IES-R was adapted into Turkish by Corapcıoglu, Yargıc, Geyran and Kocabasoglu(2006). It was found that IES-R has a high internal consistency with coefficient alpha of .94. For the aim of this study, the scale was modified in a way that make people think about their loss while responding to the items. The cronbach alpha of IES-R for the current sample was. 95 (see Appendix D).

2.1.2.5.Beck Depression Inventory (BDI)

Beck Depression Inventory was developed by Beck and his colleagues (Ward, Mendelson, Mock ve Erbaugh, 1961; Beck, Rush, Shaw ve Emery, 1979; Beck, Steer ve Garbin, 1988)**.** It has 21 questions presented in multiple-choice self report format, designed to evaluate the degree of depression symptoms. It was adapted into Turkish by Hisli-Şahin (1988, 1989). For each item, the statements are given a value from 0 to 3. The minimum score is 0 the maximum score is 63. The reliability analysis was conducted by Tegın (1980), who has found coefficient alpha of. 65 by using test-retest technique. The cronbach alpha of BDI for the current sample was. 94 (see Appendix E).

2.1.3. Procedure

Some of the data were collected from individuals who had experienced a loss in the last 5 years, through an internet survey, which was sent to the different mailing lists. The remaining data were collected by using the snowball method, from individuals who were known to have lost a significant one over the last 5 years. Individuals who participated in the study through internet were presented a general description of the study at the beginning of the study and were informed that participation is voluntary. Other individuals who were administered the instruments directly signed an informed consent form which indicated their agreement to participate in the study. It took approximately 35-40 minutes to complete the instruments. Also, the TTBQ were re-administered to 16 participants two weeks later to examine the test-retest reliability.

2.1.4. Statistical Analysis

Prior to the analyses, the data was controled for the accuracy and missing values. Six cases that included more than 10% missing in a certain scale were excluded from the analyses. Moreover, the data was screened for any possible univariate and multivariate outliers. Considering z-values and mahalanobis distance, the cases which exceeded the acceptable limits were excluded. Besides, the data was

tested for normality assumption and it was found that skewness and kurtosis values were within acceptable limits. Finally, multicollinearity was not observed.
All statistical analyses were conducted using Statistical Package for the Social Sciences (SPSS) version 18.0.

2.2. RESULTS

2.2.1. Factor Analysis of TTBQ

Factor analysis was conducted to determine the factor structure of the 70 items of TTBQ-T using an oblique rotation (direct oblimin) principal component analysis, as in the original study (Rubin et al., 2009). The initial solution yielded 18 factors with eigenvalues larger that 1, which explained 70.25% of the variance. When the scree-plot was examined, it was found that the distribution of the items supported five factors solutions, which is consistent with the results of the original study. The five factors explained 44% of the variance. The five factors were labeled with the same names, which were assigned by Rubin et al. (2009), in the current study. These factors were as follows: *Relational Active Grieving, Close and Positive Relationship to the Deceased, Conflictual Relationship with the Deceased, Traumatic Perception of Loss* and *General Functioning. G*enerally, the results showed a similiar factor pattern to the original version of the scale. However, some differences were found in terms of the loadings of the items in the five factors.

The first factor, *Relational Active Grieving, consisted* of 25 items. This factor was found to have a similiar item composition to the original version. However, 6 items (A2, A6, A11, A8, A9, A12) which originally belonged to the factor called General Functioning, were loaded under this factor. Due to having loadings larger than. 40 and with loadings lower than. 30 under the General Functioning factor, it was decided to keep these 6 items in this factor. Also, one item (B17), which originally belonged to Traumatic Perception of Loss factor, as kept in this factor for having a loading lower than. 30 under its original factor. In addition to this, 4 items (A3, A20, D12, D4), which had a loading larger than. 40 were included in this factor, differently from the original scale. Thus, this factor was found to be related to the difficulties about adjustment to life without the deceased either emotionally or functionally. It involves items revolving around changes in the self and meaning of life after the loss in negative direction. Also, it includes items related to painful emotions that loss activated, depressive mood, anxiety, health status, suicide ideation after the loss.

The second factor was labelled as *Close and Positive Relationship with the Deceased*. It contains 13 items. In this factor 7 items which were exactly the same with the original version of the scale had high loadings. However, one item (B18) which originally belonged to the first factor were kept in this factor becasuse of having a loading larger than .50 and having a loading of less than .30 under its original factor. Also, one item (D17), which had a loading lower than .30 under its original factor named as Traumatic Perception of the Loss, was kept in this factor. Besides, 4 items (D15, D5, B12, B9) were found to have loadings larger than .40, as differently from the original scale. Considering their content consistency with the factor and their considerably higher loadings, it was decided to keep them under this factor. Thereby, items in this factor indicate positive quality of the relationship with the deceased. Also, higher scoresreflect perceptions of the relationship as mutually trusting, a source of emotional support and soothing quality of the imagined presence of the loved one.

The third factor was labelled as *Conflictual Relationship with the Deceased,* which contains 7 items. This factor included exactly the same items with the original version of the scale; except for one item (B8). This item originally belonged to the first factor, however in the current study it had a loading lower than.30 and had a.44 loading in the this factor. Therefore, it was decided to keep this item in third factor. Thus, this factor reflected negative and conflictual aspects of the relationship that were present in both pre- loss and post- loss, avoidance of the remainders of the deceased and feelings of guilt towards the deceased.

Thefourth factor was labeled as *Traumatic Perception of Loss.* It consists of 10 items, which were exactly the same with the original scale. However, only, one item (A4) with a loading of. 47 was decided to be kept in this factor as in the original version of the scale, despite having a loading of .63 under the second factor. Thereby, this factor indicates the difficulty of the circumstances of the loss, sudden and unexpected nature of the loss and the perception of the loss as traumatic. Also, higher scores are related to the changes in self perception and perception of world in a negative direction and difficulties in dealing with the loss.

The fifth factor was labeled as *Problems in Social Functioning* different from the original version of the scale. Since 7 items loaded under this factor were found to be related with the difficulties in social functioning. 7 items (A2, A11, A9, A12, A6, A8, A1), which originally belonged to this factor in the original study, had a loading lower than. 30 under this factor, and they had higher loadings, which was larger than. 40 under the first factor. Therefore, it was decided to place these items in the first factor instead of the original factor. Also, 2 items (A15, D18), which had lower loadings in the original scale were found to have a loading larger than. 30 under this factor. Regarding the content and loadings of these factors, it was decided to include them in this factor. Thus, higher scores in this factor is related to problematic relationships with close family and non-family members, distrust in the abilities to cope with loss, difficulty in sharing emotions about loss, receiving help from other people and perceiving values and beliefs as a source of support.

Table 2. Factor loadings of the TTBQ-T

Factors and items	Factor1	Factor2	Factor3	Factor4	Factor5
Factor 1: General Active Grieving (variance explained of 21.44 %) (cronbach alpha = .91)					
D13. I am tense and not relaxed*.	**.70**	-.21	-.27	-.12	-.30
A7. Thoughts and feelings flood and confuse me*.	**.69**	-.17	-.22	-.09	-.14
A2.My mood is*.	**.66**	-.04	-.07	.01	-.00
B16. I feel pain whenever I recall*.	**.66**	-.44	-.24	-.27	-.07
A3.I feel (Anxiety)*.	**.65**	-.05	-08	-.15	-.22
D14. I am flooded by thoughts and feelings about the death of*.	**.64**	-.41	-.22	-.34	.05
A11. My self-perception this week has been*.	**.64**	-.06	-.05	-.04	-.23
B4. Occasionally, I believe or act emotionally, as if I don't believe that __ is gone. This happens to me*.	**.62**	-.29	-.08	-.12	.01
B20. It's possible to define my situation today, following loss as(need for help)*.	**.61**	-.60	-.12	-.43	-.06
B13. Life without __is too hard to bear*.	**.60**	-.62	.00	-.31	-.06
A9. I function at work.	**.59**	.03	-.16	.17	-.34
A12. I find it difficult to function socially.	**.59**	-.07	-.07	.14	-.26
A20. Following the loss, it is fair to describe my current situation as (the need to receive help)*.	**.57**	-.25	-.23	-.15	-.42

*Reverse coded items.The responses for these items were reverse scored in order to match the label of the factor.

Table 2. (continued)

Factors and items	Factor1	Factor2	Factor3	Factor4	Factor5
B17. Now I understand people who think about putting an end to their own life after losing a close person*.	**.57**	-.18	-.09	-.21	-.28
A6. The directions of the changes in the meaning of my life have been*.	**.57**	-.21	-.03	-.33	-.22
D11. I see images or pictures of ___in my head.*	**.57**	-.50	-.15	-.28	.07
B15.I yearn strongly for__and miss him/her deeply*.	**.55**	-.71	-.01	-.34	.06
B5.I notice things that remind me of___. For example, people that look like him/her, voices, or a feeling that he/she's around. This happens to me (frequency)*.	**.55**	-.48	.06	-.18	.12
B6.I think of __all the time*.	**.54**	-.62	-.06	-.18	.08
D12.I find myself actively avoiding thoughts of_____*.	**.52**	-.08	-.39	-.17	-.08
A8.I am involved and participate in various activities and tasks*.	**.51**	.03	-.21	.19	-.21
D10.I see images or pictures from the death scene that enter my thoughts*.	**.50**	-.49	-.18	-.34	-.14
D4.I am angry because of the loss*.	**.47**	-.21	-.29	-.46	-.35
B10. I remember__*	**.47**	-.57	.09	-.29	.19

*Reverse coded items.The responses for these items were reverse scored in order to match the label of the factor.

Table 2. (continued)

Factors and items	Factor1	Factor2	Factor3	Factor4	Factor5
A1. My health is.	**.41**	-.08	-.06	-.12	-.03
Factor 2: Close and Positive Relationship to the Deceased (variance of explained 11.06 %) (cronbach alpha =.88)					
C8.___was the person (closeness)*.	-.22	**.82**	-.11	.09	-.10
C2. During his/her life,__was a major source of emotional support for me*.	-.13	**.82**	-.24	.08	-.09
C3.I was emotionally dependent on ____*.	-.22	**.79**	-.02	.11	-.05
C1. My relationship with___was (closeness)*.	-.07	**.78**	-.31	.08	-.22
C6.I was emotionally dependent on__*.	-.18	**.76**	.06	.04	-.07
C9. Overall, my relationship with ___was based on a sense of mutual trust*.	.01	**.69**	-.28	-.01	-.20
C10. The relationship between ___and I was based on mutual understanding, freedom, and a sense of comfort or "flow"*.	-.03	**.66**	-.43	-.04	-.25
B18.I do things to keep alive and maintain the memory of___*.	-.26	**.59**	-.18	.36	-.08
D15. People who are not family is aware of how great my loss is*.	-.30	**.51**	.04	.48	-.24
B12. Thinking of and remembering _significantly calms me*.	.16	**.48**	-.52	.04	-.20

*Reverse coded items.The responses for these items were reverse scored in order to match the label of the factor.

Table 2. (continued)

Factors and items	Factor1	Factor2	Factor3	Factor4	Factor5
D5.I witnessed the death of__*.	-.05	**.44**	.03	.12	-.06
D17. Before the loss, difficult events affected me for a short while only*.	-.27	**.43**	.37	.26	.16
B9. Thoughts about ___bring up positive feelings in me*.	.09	**.37**	-.59	.03	-.12
Factor 3: Conflictual relationship to the deceased (variance of explained 4.80 %) (cronbach alpha = .78)					
C7. My relationship with__was characterized by sharp changes between being close to being angry and/or the wish to be distant*.	-.13	-.00	**.78**	.07	.12
C5. My relationship with __ had much avoidance and distance*.	-.07	-.31	**.75**	-.03	.19
C4. My relationship with ___ had many and strong ups and downs*.	-.19	.17	**.72**	-.08	.07
B2.Our relationship was such that when I think about ___, I usually remember our disagreements.	-.12	-.23	**.63**	-.08	.14

*Reverse coded items.The responses for these items were reverse scored in order to match the label of the factor.

Table 2. (continued)

Factors and items	Factor1	Factor2	Factor3	Factor4	Factor5
B11.I avoid things that remind me of___*.	-.35	-.07	**.41**	.06	.17
B14. Since the loss, I've discovered some negative things about ___ that I didn't know before. Those things changed what I thought of him/her for the worse*.	.09	-.14	**.38**	.04	.22
Factor 4: Traumatic Perception of Loss (variance of explained 3.46%) (cronbach alpha=.82)					
A5. Since the loss, the meaning of my life and the world around me has(change)*.	-.40	.51	.15	**.60**	.19
D9. The circumstances that caused the loss I experienced are usually considered as extremely difficult*.	-.37	.34	.29	**.55**	.13
D8. Loss of the kind I encountered is usually experienced as a most difficult event*.	-.44	.44	.28	**.53**	.05
D1.The loss was traumatic for me*.	-.47	.54	.09	**.52**	.13
D7.I keep on experiencing the loss as a shocking and traumatic event in my life*.	-.53	.40	.26	**.51**	.23
A4. Since the loss, life seems to me*.	-.38	.63	.07	**.47**	.09

*Reverse coded items.The responses for these items were reverse scored in order to match the label of the factor.

Table 2. (continued)

Factors and items	Factor1	Factor2	Factor3	Factor4	Factor5
A.10. Following the loss, how I think of myself (myself perception) has (Degree of change)*.	-.39	.44	.25	**.40**	.16
D2.The loss happened suddenly and unexpectedly*.	-.22	-.00	.24	**.32**	-.08
D3. The loss took place under circumstances of violence or horror (such as accident, terror, or self-harm) or other difficult circumstances*.	-.08	-.08	.37	**.32**	.29
D20.I believe that I am capable of handling my feelings and reactions to the loss without the support and help of others.	-.26	.05	-.11	**.32**	.38
Factor 5: Problems in Social Functioning (variance of explained 3.25 %) (cronbach alpha = .65)					
A13.My connections with close family are.	-.17	-.11	.19	-.04	**.71**
A14. My relationship with close family is a significant source of support for me*.	-.12	-.02	.19	-.02	**.69**
D19.I have managed to overcome difficult events in my life.	-.35	-.07	-.10	.08	**.58**
A18. My values and beliefs are a significant source of support for me*.	.08	-.09	.09	.04	**.57**

*Reverse coded items.The responses for these items were reverse scored in order to match the label of the factor.

Table 2. (continued)

Factors and items	Factor1	Factor2	Factor3	Factor4	Factor5
A19.I believe and trust in my abilities to cope on my own with the tasks of life.	-.46	-.05	.00	.04	**.51**
A15.Connections with others outside the family is a significant source of support for me*.	-.14	-.06	.20	-.35	**.37**
D18.I am able to talk and share my feelings with other people and to receive their help and support.	-.08	-.15	.02	-.25	**.30**
Excluded items					
D6. My life was in danger when__died.	-.02	.09	-.15	-.18	-.08
B7. I've reached a degree of acceptance of the loss of ___	-.13	.10	-.11	.25	.06
B3. Because of __ virtues and unique qualities, it's very hard to have negative thoughts about him/her.	-.06	-.18	.23	-.20	-.05
B19.Since the loss I've discovered some positive things about __that I didn't know before. Those things changed what I thought of him/her for the better.	.20	-.25	.01	-.21	.11
B1.I find it hard to recollect memories of ___even when I try to	.00	.29	-.25	.05	-.26
D16.In facing life's difficulties, I usually trust only myself.	-.02	-.41	-.29	.03	.15

*Reverse coded items.The responses for these items were reverse scored in order to match the label of the factor.

2.2.2. Higher-order Analysis of the factors of the TTBQ-T

In order to examine whether five factors of the TTBQ-T will be divided into two factors or Tracks as in the original study, a second-order factor analysis with principal component was conducted. The scree plot suggested a 2-factor solution. Relational Active Grieving, Close and Positive Relationship with the Deceased and Traumatic Perception of the Loss factors loaded under the first factor, which was named as Track II. This factor had an eigenvalue of 2.13 and explained 42.57 % of the total variance. However, in the original study Conflictual Relationship with the Deceased was included in Track II instead of Traumatic Perception of the Loss. Besides, Conflictual Relationship with the Deceased and General Functioning factors were grouped under Track I, with an eigenvalue of 1.40 and explained 28.01 % the total variance. Thereby, two higher order factors explained 70.58% of the total variance. The two higher-order factors internal consistency coefficients were as follows: .74 for Track I and. 96 for Track II.

Table 3. Factor Loadings of the subscales of the TTBQ-T

Factors	**Track I** (Problems in Social Functioning and Relationships)	**Track II** Grieving
Traumatic Perception of the Loss	.21	**.89**
Reliational Active Grieving	.34	**.85**
Close and Positive Relationship with the Deceased	-.45	**.74**
Conflictual Relationship with the Deceased	**.74**	.19
Problems in Social Functioning	**.74**	.05
Eigenvalues	1.40	2.13
Explained variance	28.01%	42.57%

2.2.3. Reliability of the TTBQ-T

With the aim of examining the internal consistency of the TTBQ-T, reliability analysis was conducted. The internal consistency of TTBQ-T was found to be .91, which indicates that the scale has a good internal consistency.

When the reliability of the subscales of the TTBQ-T were examined, it was found that each had considerably good and similiar internal consistency, except one factor, named as Problems in Social Functioning. Specifially, the alpha coefficients of the subscales of the TTBQ were found as follows: .91 for Relational Active Grieving, .88 for Close and Positive Relationship with the Deceased, .78 for Conflictual Relationship with the Deceased, .82 for Traumatic Perception of Loss and .65 for Problems in Social Functioning (see Table 2).

The test-retest reliability for the TTBQ-T was found to be .88. Also, the test-retest reliability coefficients for all subscales were found as following: .80 for Relational Active Grieving, .83 for Close and Positive Relationship with the deceased, .76 for Conflictual Relationship with the Deceased, .78 for Traumatic Perception of Loss and .62 for Problems in Social Functioning.

2.2.4. Construct Validity

In order to determine the construct validity of the TTBQ-T, the correlations between BDI scores, IES-R scores and five subscales of TTBQ-T and two tracks of the TTBQ-T were examined. As expected, total IES-R scores were found to be positively associated with Relational Active Grieving subscale of the TTBQ-T ($r = .69$, $p < .001$). Also, Relational Active Grieving subscale of the TTBQ-T was found to be associated with total BDI scores ($r = .46$, $p < .001$). Additionally, Relational Active Grieving subscale was found to be positively associated with Close and Positive Relationship with the Deceased subscale, indicating that higher scores in Close and Positive Relationship with the Deceased subscale, which is related to the positive quality of the relationship, was associated intense grieving ($r = .40$, $p < .001$). Similiarly, Relational Active Grieving subscale was positively correlated with Traumatic Perception of the Loss subscale. Considering higher scores in Traumatic Perception of the Loss subscale, indicating traumatic nature of the experience of loss, people who experienced loss as traumatic showed intense grief reactions ($r = .69$,

p<.001). Also, Relational Active Grieving subscale was found to be positively associated with Track II (r = .90, p<.001).

Besides, Close and Positive Relationship with the Deceased subscale was positively associated with Traumatic Perception of the Loss subscale (r = .48, p<.001), indicating that people who had a close relationship with the deceased experienced the loss as traumatic.

In addition, Conflictual Relationship with the Deceased subscale was found to be positively correlated with total IES-R score (r = .34, p<.001). Therefore, a person who receives higher scores, which is related to negative quality of the relationship tended to experience more intense symptoms. Also, Conflictual Relationship with the Deceased subscale was positively associated with Track I (r = .84, p<.001). Traumatic Perception of the Loss subscale was found to be positively associated with total IES-R score, indicating that people who experienced loss as traumatic showed more intense reactions. Finally, Problems in Social Functioning subscale was positively associated with total BDI score (r = .41, p<.001). Thus, people who received higher scores from this subscale, which indicated difficulty in coping showed more depressive symptoms. The all the correlations between TTBQ-T and its subscales and total BDI and IES-R scores were presented in Table 4.

Table 4. Corrlelations among TTBQ, its subscale, IES-R and BDI

Variables	1	2	3	4	5	Track I (Problems in Social Functioning and Relationships)	Track II (Grieving)	BDI	IES-R-R
1. Relational Active Grieving		.40**	.24**	.69**	.24**	.31**	.90**	.46**	.69**
2. Close and Positive Relationship with the Deceased			-.18*	.48**	-.20**	-.24**	.74**	.07	.17
3. Conflictual Relationship with the Deceased				.22**	.21**	.84**	.14	.16*	.34**
4.Traumatic Perception of Loss					.10	.22**	.83**	.22**	.45**
5. Problems in Social Functioning						.71**	.08	.41**	.29**
Track I							.15*	.34**	.44**
Track II								.36**	.57**

3. RESULTS OF THE MAIN STUDY

"The contributory roles of attachment styles, affect regulation strategies and coping styles on bereavement"

This chapter presents the method, results and discussion for the main study of the thesis, which is the examination of the mediating roles of coping styles and affect regulation strategies between attachment styles and the subsclaes and higher order factors of the TTBQ.

3. 1. METHOD

3.2. Participants

The sample comprised of 200 bereaved individuals above 18 years old, who lost a close familiy member or a friend in the last 5 years. The average age of the sample was 42.13 (SD=11.89) ranging from 17 to 79. The average time since loss was 40.64 months (SD= 37.45). 64.8% of the sample consisted of women (127 of 200). 70% of the participants were married. Also, the average age of the deceased was 59.38 (SD= 20.67). Only 10% of the sample consulted a psychiatric service in the past. 8% of the sample took a psychiatric medication. Among this participants, 45% of the sample continue taking a professional help for any psychiatric conditions either specific to bereavement or not. Majority of the sample lost a parent (48%). 42.9% of the sample lost a significant one from a sudden medical cause, while 41%.9 of the sample lost their loved ones as a result of an illness. Demographic characteristics of the sample are presented in Table 5.

Table 5. Demographic Characteristics of the Sample

Variables	**Frequency**	**%**	**Mean**	**Std**
Age			42.13	11.89
Gender				
Female	*127*	64.8		
Male	*68*	34.7		
Education				
Literate	2	1		
Primary	31	15.7		
Secondary	21	10.7		
High	57	28.9		
College	76	38.5		
Master/PhD	10	5		
Psychiatric Help				
Medication	16	80		
Psychotherapy	1	5		
Other	3	15		
Continueto treatment				
Yes	9	45		
No	11	55		
Loss of				
Parent	96	48		
Relatives	47	23.5		
Sibling	25	12.5		
Partner	19	9.5		
Child	10	5		
Friend	3	1.5		

Table. 5. cont.

Variables	Frequency	%	Mean	Std
Circumstances of Loss				
Sudden Medical	85	42.9		
Disease	83	41.9		
Accident	13	6.6		
Old age	5	5.6		
Suicide	1	5		
Other	5	2.5		

3.3. Instruments

3.3.1. Demographic Information Form

Demographic information form consisted of questions concerning the relationship with the deceased, time since loss, general socio-demographic characteristics of the participants (i.e.age, marital status, education, work status, religious commitment ratedon a 5 point likert scale- ranging from 1, very religious to 5, not at all religious-, presence of any psychiatric treatment history).

3.3.2. Experiences in Close Relationships-Revised (ECR-R)

Experiences in close relationships is developed by Brennan, Clark and Shaver (1998). It was revised by Fraley, Waller, N. G., & Brennan, K. A. (2000).This scale aims to assess two dimensions of attachment security: attachment anxiety and attachment avoidance. The scale comprises of two subscales, each having 18 items that assess two dimensions. Participants indicate their level of agreement with each item on a 7-point Likert-type scale, where 1 = *strongly disagree* and 7 = *strongly agree*. It has been adapted into Turkish by Sümer and Güngör (1999). With the Turkish form, in accordance with the original form, two dimensions- anxiety and avoidance- were found. The reliability scores of the ECR for each dimension, with Cronbach Alpha coefficients were. 86 for anxiety dimension and. 90 for avoidance

dimension, implying that the Turkish version of the scale has high internal consistency. The associations of the two dimensions with related constructs indicated that the scale has adequate construct validity. The test-retest reliability of The scale was reported to be. 82 for anxiety dimension and. 81 for avoidance dimension. For the present study cronbach alpha coefficient was found to be. 60 for avoidance and . 73 for anxiety dimension (see Appendix F).

3.3.3. Difficulties in Emotion Regulation (DERS)

The DERS has been developed by Gratz & Roemer (2004) including 6 subscales, namely 1.lack of awareness of emotional responses (AWARENESS) 2. lack of clarity of emotional responses (CLARITY), 3.nonacceptance of emotional responses (NONACCEPTANCE) ,4. limited access to effective strategies (STRATEGIES), 5. difficulties in controlling impulses when experiencing negative affect (IMPULSE), 6. difficulties in engaging in goal directed behaviour when experiencing negative affect (GOALS) (Gratz and Gomer, 2004). The scale is composed of 36 items which are rated on a Likert type scale, ranging from 1 (almost never) to 5 (almost always). DERS was translated into Turkish by Rugancı and Gencoz (2010). The Turkish version of the DERS was found to have a Cronbach Alpha coefficient of .93. The subscales of the DERS revealed considerably high internal consistencies with alpha coefficients ranging from .75 to .90. The test-retest reliability of the DERS was found as .83. For the current study cronbach alpha coefficient was found to be .85 (see Appendix G).

3.3.4. The Ways of Coping Inventory (WCI)

Folkman and Lazarus (1985) developed a 68-item checklist consisting of problem-focused and emotion-focused coping strategies. Turkish adoptation of the scale was conducted by Siva (1991).Due to Turkish people' reliance on supertitious beliefs and fatalism, Siva added 6 items to the scale. So, the Turkish form includes 74 items. Also, Siva changed the response style into a 5-point Likert scale in the TWCI. The overall TWCI revealed a Cronbach alpha coefficient of. 90 (Siva, 1991). In her study, Siva obtained 7

factors from the Turkish version of the Ways of Coping Inventory (TWCI) namely, planned behavior, fatalism, mood regulation, being reserved, acceptance, maturation, and helplessness-seeking help. In the current study, the 42-item format, which wasadopted by Dirik (2006) from the study conducted by Karanci et al. (1999), was used. The result of the study by Dirik (2006) resulted in a 4 factor solution, namely fatalistic coping (Cronbach alpha of. 80), optimistic/seeking social support (Cronbach alpha of. 73), problem solving (Cronbach alpha of. 73) and helplessness coping (Cronbach alpha of. 77). The four factors were used in the current study. The cronbach alpha coefficients for the present study was as follows: .84 for fatalistic coping, .47 for optimistic/seeking social support, .67 for problem solving and. 71 for helplessness coping (see Appendix H).

3.3.5. The Two Track Model of Bereavement (TTBQ-T)

The Two Track Model of Bereavement Questionnaire (TTBQ) was developed by Rubin, Bar Nadav, Malkinson, Koren, Goffer-Shnarch and Michaeli (2009). The scale has 70 items, rated on five point likert scales which are constructed in accordance with the Two Track Model of Bereavement. Track –I, "General functioning", is generally related to biopsychological functioning of the bereaved, whereas Track- II, "attachment dimension" focusess on ongoing relationships and associated memories, feelings and thoughts about the deceased. The factor analysis of the scale yielded 5 factors that accounted for 51% of the variance. Three factors, namely Active Relational Grieving, Close and Positive Relationships and Conflictual Relationship to the deceased were associated with the attachment dimension (Track II) and two factors called Problems in Social Functionaing and Traumatic Perception of Loss are related to general functioning (Track I). The reliability of the whole scale with Cronbach Alpha coefficient of. 94, showed high internal consistency. The Turkish translation was made, and then initial application of the scale was conducted by (Aker and his colleagues, 2011, unpublished). The other details about the adaptation of the scale were described in the Study I. The Turkish version of the TTBQ-T was found to have a Cronbach Alpha coefficient of. 91. The subscales of the TTBQ-T revealed considerably high internal consistency with alpha coefficients

ranging from. 64 to. 93. The test-retest reliability of the TTBQ-T was found as. 88. The detailed information about the intenal consistency and the test-retest reliability of the scale were given in the Study I.

3.1.3. Procedure

The data were collected from individuals, using a snowball method,who were known to loss a significant one in the last 5 years. All participants signed an informed consent which indicated their agreement to the participate in the present study voluntarily. The administrationtookapproximately 35-50 minutes.

3.1.4. Statistical Analysis

Prior to the analyses, the data was controled for the accuracy and missing values. Ten Cases that included more than 10% missing in a certain scale were excluded from the analyses. Moreover, the data was screened for any possible univariate and multivariate outliers. Considering z-values and mahalanobis distance, the cases which exceeded the acceptable limits were excluded. Besides, the data was tested for normality assumption and it was found that skewness and kurtosis values were within acceptable limits. Finally, multicollinearity was not observed.
All statistical analyses were conducted using Statistical Package for the Social Sciences (SPSS) version 18.0.

3.2. RESULTS

3.2.1. Descriptive Statistics and Intercorrelations

The descriptive information for all the scales are peresented in Table 5. When the associations between the demographic variables and the study variables were examined, only the age of the deceased was found to be signicifantly associated with Traumatic Perception of the Loss. The correlations between the demographic variables and between study variables are presented in Table 6. Therefore, for further regression analysis, only the age of the deceased was controlled in the regression analysis of Traumatic Perception of the Loss.

Table 6. Descriptive information regarding the measures of the study

	Alpha Coefficient	**Mean**		**Min-Max**
ECR-R	.72	144.00	22.53	88-225
Anxious	.73	61.40	15.83	29-112
Avoidant	.60	82.47	12.79	37-117
DERS	.85	68.99	7.15	54-89
Goal		13.19	2.70	9-25
Awareness		13.15	2.89	5-22
Clarity		10.20	3.22	5-21
Impulsive		16.15	2.38	11-25
Nonacceptance		16.16	2.79	10-27
The Ways of Coping Style	.79	87.47	7.84	68-110
	.84	..47	4.33	20-40
Fatalistic	.71	11.53	2.42	6-18
Helplessness	.47	21.81	2.63	13-27
Support seeking	.67	22.68	3.26	13-27
Problem Solving				
TTBQ-T	.91			
Relational Active Grieving	.80	64.26		5-108
Close and Positive Relationship	.83	48.32		3-65
Conflictual Relationship	.76	14.37		0
Traumatic Perception of the Loss	.78	30.54		46
Problems in Social Functioning	.62	13.93		1

3.2.2.Group Comprasions

3.2.2.1. Differences in bereavement between groups who had different relationships to the Deceased

A2(The relationship to the Deceased) X 5 (Bereavement) between subjects MANOVA was conducted, in which the dimensions of bereavement measured by TTBQ (Relational Active Grieving, Close and Positive Relationships, Conflictual Relationship with the Deceased, Problems in Social Functioning and Traumatic Perception of the Loss) were used as dependent variables. Before the analysis, participants were divided into groups considering the closeness of the relationship to the deceased.

As seen in Table 7, MANOVA results yielded a significant main effect for Relationship to the Deceased, Multivariate $\underline{F}$ (1,199) = 10.28, $\underline{p}$< .001, η^2 = .21, Wilk's Lambda = .79. Therefore, when the univariate analyses with Bonferroni correction ($\underline{p}$ value = .05 / 5 = .01) were examined, people who lost a significant other (i.e. parent, sibling, partner, children) comparing to relatives or friends were found to differ significantly in terms of Relational Active Grieving, $\underline{F}$ (1, 199) = 30.85, $\underline{p}$<.008, indicating that people who lost a significant one ($\underline{M}$ = 3.11) experienced more grieving than people who lost a relative or a friend ($\underline{M}$ = 2.37). Also, people who lost a significant other (i.e. parent, sibling, partner, children) compared to those who lost relatives or friends were observed to be significantly different in terms of Close and Positive Relationships to the Deceased, $\underline{F}$ (1, 199) = 24.69, $\underline{p}$<.008, suggesting that people who lost a significant one reported to be closer to the deceased ($\underline{M}$ = 4.09) as compared to those who lost relatives or friends ($\underline{M}$ = 3.42). Moreover, people who lost a very close person significantly differe in terms of Traumatic perception of the loss $\underline{F}$ (1, 199) = 23.66, $\underline{p}$<.008, suggesting people who lost a significant one perceived the experience of the loss as more traumatic ($\underline{M}$ = 3.06), than people who lost a relative or a friend ($\underline{M}$ = 2.54).

Table 7: MANOVA results of relationship type in terms of subsclaes of the TTBQ

IV	Groups	1	2	3	4	5	Multivariate F	df	Univariate F	df	η^2	Wilk's Lambda
Type of relationship	close	3.11					10.28**	1,199	30.85**	1,199	.21	.79
	distant	2.37					10.28**	1,199	30.85**	1,199	.21	.79
Type of relationship	close		4.09				10.28**	1,199	24.69**	1,199	.21	.79
	distant		3.42				10.28**	1,199	24.69**	1,199	.21	.79
Type of relationship	close			2.30			10.28**	1,199	.26	1,199	.21	.79
	distant			2.36			10.28**	1,199	.26	1,199	.21	.79
Type of relationship	close				2.27		10.28**	1,199	.21	1,199	.21	.79
	distant				2.31		10.28**	1,199	.21	1,199	.21	.79
Type of relationship	close					3.06	10.28**	1,199	23.66**	1,199	.21	.79
	distant					2.54	10.28**	1,199	23.69**	1,199	.21	.79

*p< .05,**p< .001

Note: 1:Relational active grieving, 2.Close and positive relationship with the deceased, 3. Conflictual relationships with the deceased, 4. Problems is Social Funcioning, 5. Traumatic Perception of the Loss

Table 8: Correlations among demographic and dependent variables

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1.Age	1														
2.Religion	-.11	1													
3.The age of the deceased	.22**	.12	1												
4.Time since loss	-.17*	.01	-.05	1											
5.The circustances of the loss	-.08	.07	-.02	-.09	1										
6.The relationship with the deceased	-29**	-.03	-.26**	.13	.21**										
7.Problems in social functioning	-.24**	.27**	.11	-.04	.06	.10	1								
8.Relational Active grieving	-.04	-.10	-.27**	-.20**	.02	-.06	.22**	1							
9.Close relationship	.05	-.15*	-.17*	-.07	-.04	-.28**	-.31**	.48**	1						
10.Conflictual relationship	.04	.06	.05	.10	-.08	-.14	.24**	.24*	-.25**	1					
11.Traumatic perception of the loss	-.06	-.03	-.39**	-.04	-.03	.06	.08	.71**	.56**	.07	1				
12.Track1	.11	.19**	.10	-.01	-.01	-.13	.74**	.27**	-.36	.84**	.02	1			
13. Track 2	-.04	-.13	-.31**	-.16*	-.06	-.02	.01	.92**	.76**	-.04	-.01	-.16*	1		
14.Avoidant attachment style	.03	-.11	-.23**	-.04	-.05	.05	-.04	-.20**	-.07	.15*	-.12	.19*	-.04	1	
15.Anxious attachment style	.03	-.22**	-.04	-.01	.07	.04	.22**	.15**	.20**	.18*	.15*	.30**	-.03	.22*	1

3.2.3. Model Testing

In the present study, the role of attachment style on bereavement, which was measured by the Two Track Model of Bereavement Questionnaire (TTBQ-T), through coping styles and affect regulation were examined through 14 seperate mediation models. First of all, the mediator role of coping styles between attachment style and subscales of TTBQ-T were investigated in 7 seperate hierarchical regression analyses. Secondly, the mediator role of affect regulation strategies between attachment style and subscales of TTBQ-T was examined in 7 seperate hierarchical regression analyses.

Mediation analysis was conducted according to Baron and Kenny's (1986) four steps.

3.2.3.1. Mediator Role of the Coping Styles between Attachment Style and Relational Active Grieving subscale of TTBQ-T

Due to the zero order nonsignificant relationships between demographic variables and study variables, no control variables was entered in the first step. Two dimensions of attachment style were entered in the first step and the explained variance was found to be 11 % (F [2,197] = 12.16, $p < .001$). A significant relationship was found between avoidant attachment style and Relational Active Grieving subscale of TTBQ-T ($pr = .13$, $\beta = .16$, t [197] = 1.96, $p < .05$). Moreover, anxious dimension was found to be significantly associated with Relational Active Grieving subscale of the TTBQ-T ($pr = .27$, $\beta = .27$, t [197] = 3.99, $p < .001$), indicating anxious attachment style had a positive contribution to Relational Active Grieving.

When coping styles were entered in the second step, the explained variance increased to 20% (Fchange [4, 193] = 5.33, $p < .001$). In addition to this, a significant association was observed between fatalistic coping styles and Relational Active Grieving ($pr = .20$, $\beta = .63$, t [193] = 3.06, $p < .05$), indicating that fatalistic coping style contributed positively to Relational Active Grieving. Problem solving coping style was also found to be significantly associated with Relational Active Grieving ($pr = -.13$, $\beta = -.43$, t [193] = -1.95, $p < .05$), which suggested a negative relationship with Relational Active Grieving.

Moreover, it was observed that after controlling for fatalistic coping style, Anxious attachment style lost its significance, (pr = .13, β = .14, t [193] = 1.93, p = n.s.). The sobel test confirmed the significance of this change (z =2.46, p< .001).

With the aim of supporting the mediation model, the association between anxious attachment style and fatalistic coping were further analysed. Regression equation suggested that anxious attachment style accounted for 8 % of the variance on fatalistic coping style. Moreover, a significant association between anxious attachment style and fatalistic coping was observed, (pr = .29, β = .10, t [198] = 4.19, p< .001). Therefore, the mediator role of fatalistic coping style between anxious attachment style and Relational Active Grieving was supported.

In addition, when problem solving coping style was controlled, it was observed that Anxious attachment style lost its significance, (pr = .13, β = .14, t [193] = 1.93, p = n.s.). However, the sobel test did not confirm this. Thus, the mediation model was not supported.

Table 9. Summary of Regression Models Testing for the Mediator Role of Coping Styles between Attachment Styles and Relational Active Grieving

IV	**df**	**F**	**β**	**t**	**pr**	**R^2**
1. Attachment Style	2, 197	12.16**				.11
Avoidant			.16	1.96*	.13	
Anxious			.27	3.99**	.27	
2. Coping styles	4,193	5.33**				.20
Fatalistic			.63	3.06*	.20	
Problem solving			-.43	-1.95*	-.13	
Support seeking			-.13	-.49	-.03	
Helplessness			.20	1.29	.08	
3. Anxious			.14	1.93	.13	
Avoidant			.21	2.55	.16	

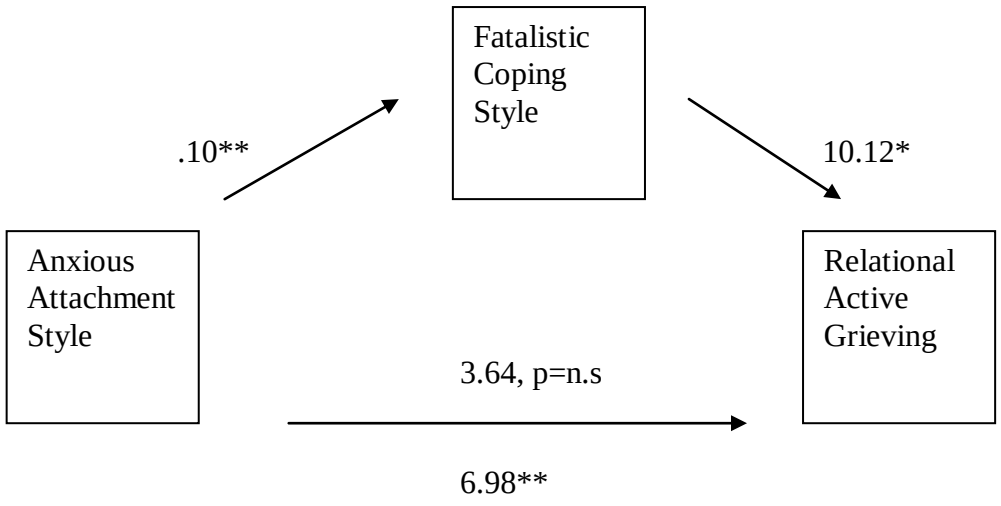
*p< .05,**p< .001

Table 10. Summary of Regression Model Testing for the Mediator Role of Fatalistic Coping styles: The Role of Anxious Attachment Style on Fatalistic Coping Style

IV	df	F	β	t	pr	R^2
1. Anxious Attachment	1, 198	17.55**	.10	4.19**	.29	.08

*p< .05, **p< .001

Figure 2: The mediation model of Fatalistic Coping style on Relational Active Grieving



*p < .05, **p< .001

3.2.3.2. Mediator Role of the Coping Styles between Attachment Style and Close and Positive Relationships with the Deceased subscale of the TTBQ-T

As discussed earlier, no control variables were entered in the first step due to the lack of significant relationships of these variables with the relevant TTBQ-T subscale.

Both anxious and avoidant attachment styles were entered in the first step and the explained variance was 3 % ($\underline{F}$ [2,197] = 3.39, $\underline{p}$< .05) of the variance. Moreover, avoidant attachment style was found to be significantly associated with Close and Positive Relationship to the Deceased ($\underline{pr}$ = .15, β = .18, $\underline{t}$ [197] = 2.12, p<.05), indicating avoidant attachment style has a positive contribution to Close and

Positive Relationships with the Deceased. However, no significant relationship was found between Anxious attachment style and Close and Positive Relationships with the Deceased.

When coping styles were entered in the second step, the explained variance did not increase, which indicated that the mediation model was not supported.

Table 11. Summary of Regression Models Testing for the Mediator Role of Coping Styles between Anxious Attachment Style and Close and Positive Relationship to the Deceased

IV	**df**	**F**	**β**	**t**	**pr**	**R^2**
1. Attachment Style	2, 197	3.39*				.03
Anxious			.07	1.02	.07	
Avoidant			.18	2.12*	.15	
2. Coping styles	4,193	1.29				.06
Fatalistic			.21	.94	.07	
Problem solving			-.17	-.73	-.05	
Support seeking			.50	1.68	.12	
Helplessness			.01	.05	.004	

*p< .05, **p< .001

3.2.3.3.Mediator Role of the Coping Styles between Attachment Style and Conflictual Relationships to the Deceased subscale of TTBQ-T

As discussed earlier, no control variables were entered in the first step due to the lack of significant relationships of these variables with the conflictual relationships to the deceased subscale of the TTBQ-T.

Both anxious and avoidant attachment styles were entered in the first step and it was found that neither avoidant nor anxious attachment style explained the variance on Conflictual Relationships to the Deceased.

When coping styles were entered in the second step, the explained variance did not increase, which indicated that the mediation model was not supported.

Table 12. Summary of Regression Models Testing for the Mediator Role of Coping Styles between Attachment Style and Conflictual Relationships to the Deceased

IV	Df	F	β	t	pr	R^2
1. Attachment Style	2, 197	1.74				.02
Anxious			.08	1.52	.11	
Avoidant			-.09	-1.39	-.10	
2. Coping styles	4,193	.81				.03
Fatalistic			-.24	-1.41	-.10	
Problem solving			.03	.19	.01	
Support seeking			-.05	-.21	-.02	
Helplessness			.15	1.20	.09	

*p< .05, **p< .001

3.2.3.4.Mediator Role of the Coping Styles between Attachment Style and Problems in Social Functioning subscale of TTBQ-T

As discussed earlier, no control variables were used due to the lack of significant relationships of these variables with Problems in Social Functioning subscale of TTBQ-T.

Two dimensions of attachment style were entered in the first step and they explained 8 % ($F[2,197] = 8.20$, $p < .001$) of the variance. No significant relationship was found between avoidant attachment style and Problems in Social Functioning subscale of the TTBQ-T. However, anxious dimension was found to be significantly associated with Problems in Social Functioning ($pr = .27$, $\beta = .18$, $t\ [197] = 3.97$, $p < .001$), indicating anxious attachment style has a positive contribution to poor social functioning.

When coping styles were entered in the second step, the explained variance increased to 27% (Fchange $[4, 193] = 12.75$, $p < .001$). In addition to this, a significant association was observed between support seeking coping style and Problems in Social Functioning ($pr = -.17$, $\beta = -.45$, $t\ [193] = -2.71$, $p < .05$), which indicated that support seeking coping style negatively contributed to poor social functioning. Besides, helplessness coping style was found to be related to Problems in Social Functioning ($pr = .19$, $\beta = .29$, $t\ [193] = 3.14$, $p < .05$), which showed that

helplessness coping style had a positive contribution to poor social functioning. Also, problem solving coping style was observed to be negatively associated with poor social functioning (pr = -.12, β = -.26, t [193] = -1.96, p< .05).

Moreover, it was observed that after controlling for support seeking coping style, anxious attachment style lost its significance, (pr = .12, β = .09, t [193] = 2.02, p = n.s.). The sobel test did not confirm the significant of this decrease. Therefore, the mediation model was not confirmed.

Likewise, it was observed that after controlling for Problem Solving coping style, anxious attachment style lost its significance, (pr = .12, β = .09, t [193] = 2.02, p = n.s.). The sobel test did not confirm the significance of this descrease. Therefore, the mediation model was not confirmed.

Besides, after controlling helplessness coping style it was shown that anxious attachment style lost its significance (pr = .12, β = .09, t [193] = 2.02, p = n.s.). The sobel test confirmed the signficance of this change (z=2.60, p<.001).

With the aim of supporting the mediation model, the association between anxious attachment style and helplessness coping style were further analysed. Regression equation suggested that anxious attachment style accounted for 10 % of the variance on helplessness coping style. Moreover, a significant association between anxious attachment style and helplessness coping style was observed, (pr = .32, β = .15, t [198] = 4.72, p< .001). Therefore, the mediator role of helplessness coping style between anxious attachment style and Problems in Social Functioning was supported.

Table 13. Summary of Regression Models Testing for the Mediator Role of Coping Styles between Attachment Style and Problems in Social Functioning

IV	df	F	β	t	pr	R^2
1. Attachment Style	2,197	8.20**				.07
Anxious			.18	.97**	.27	
Avoidant			-.09	-1.65	-.11	
2. Coping styles	4,193	12.75**				.27
Fatalistic			.01	.05	.00	
Problem solving			-.26	-1.96*	-12	
Support seeking			-.45	-2.71*	-17	
Helplessness			.29	3.14*	.19	
3. Anxious			.07	1.24	.08	
Avoidant			.09	1.36	.09	

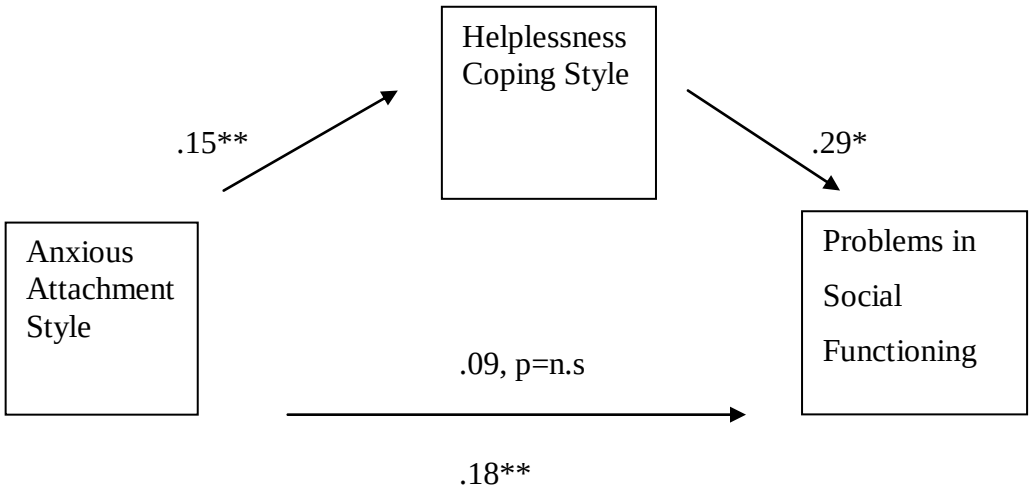
*p< .05, **p< .001

Table14. Summary of Regression Model Testing for the Mediator Role of Helplessness Coping style: The Role of Attachment Style on Helplessness Coping Style

IV	df	F	β	t	pr	R^2
1. Anxious Attachment	1, 198	22.24**	.15	4.72**	.32	.10

*p< .05, **p< .001

Figure 3: The mediation model of Helplessness/Self Blaming Coping style on Problems in Social Functioning



*p< .05, **p< .001

3.2.3.5. Mediator Role of the Coping Styles between Attachment Style and Traumatic Perception of the Loss subscale of TTBQ-T

From among the demographic variables, only the age of the deceased was found to be significantly related to Traumatic Perception of the Loss. Therefore, the age of the deceased was entered in the first step and explained 13 % of the variance on Traumatic Perception of the Loss (F [1, 196] = 28.96, p< .001). Besides, the age of the Deceased was found to have a significant association with Traumatic Perception of the Loss (pr = -.34, β = -.01, t [196] = -.5.11, p< .001), which showed that the age of the deceased contributed negatively to deceased contributed negatively to Traumatic Perception of the Loss.

In the second step, attachment styles were entered and the explained variance increased to 16 % (Fchange [2,194] = 3.95, p< .05). A significant association was observed between anxious attachment style and Traumatic Perception of the Loss (pr =.17 , β = .14, t [194] =2.60, p< .05).

When coping styles were entered in the third step, the explained variance increased to 23% (Fchange [4,190] =3.86, p< .05). A significant association was observed between problem solving coping style and Traumatic Perception of the

Loss (pr = -.14, β =-.37, t [190] = -2.14, p< .05), which indicated that problem solving coping style contributed negatively to Traumatic Perception of the Loss.

Besides, it was observed that after controlling for problem solving coping style, anxious attachment style lost its significance, (pr = .08 , β =.07, t [190] =1.24, p = n.s.). The sobel test did not confirm the significance of this change.

Table 15. Summary of Regression Models Testing for the Mediator Role of Coping Styles between Attachment Style and Traumatic Perception of the Loss.

IV	**df**	**F**	**β**	**t**	**pr**	**R^2**
1.Age	1,196	28.96**	-.01	-5.11**	-.34	.13
2.Attachment Style	2,194	3.95*				.16
Anxious			.14	2.60*	.17	
Avoidant			.03	.46	.03	
2. Coping styles	4,190	3.86*				.23
Fatalistic			.01	.05	.00	
Problem solving			-.37	-2.14*	-14	
Support seeking			-.07	-.34	-02	
Helplessness			.21	1.72	.11	
3.Anxious			.07	1.24	.08	

*p< .05, **p< .001

3.2.3.6. Mediator Role of the Coping Styles between Attachment Style and Track I (Problems is Social Functioning and Relationships) Subscale of the TTBQ-T

As discussed earlier, no control variables were used due to the lack of significant relationships of these variables with the Track I subscale of TTBQ-T. Two dimensions of attachment style were entered in the first step and they explained 5 % (F[2,191] = 4.84, p < .05) of the variance. A significant relationship was found between avoidant attachment style and Track I subscale of the TTBQ-T (pr = -.16, β = -1.65, t [191] = -2.56, p< .05), suggesting that avoidant attachment style negatively contributed to Track I. Moreover, anxious dimension was found to be significantly

associated with Track I (pr = 18, β = 1.59, t [191] = 2.59, p< .05), indicating anxious attachment style had a positive contribution to Track I.

When coping styles were entered in the second step, the explained variance increased to 18% (Fchange [4, 187] = 7.34, p< .001). A significant association was observed between support seeking coping style and Track I (pr = -.17, β = -6.31, t [187] = - 2.62, p< .05), which indicated that support seeking coping style negatively contributed to Track I. Besides, helplessness coping style was found to be related to Track I (pr = .20, β = 4.09, t [187] = 3.03, p< .05), which showed that helplessness coping style had a positive contribution to Track I.

Moreover, it was observed that after controlling for support seeking coping style, anxious attachment style did not lose its significance, so the mediation model was not supported.

It was observed that after controlling for Helplessness coping style, anxious attachment style lost its significance, (pr = .11, β = 1.07, t [187] = 1.71, p = n.s.). The sobel test confirmed the significance of this descrease (z= 2.54, p<.001).

With the aim of supporting the mediation model, the association between anxious attachment style and helplessness coping style were further analysed. Regression equation suggested that anxious attachment style accounted for 10 % of the variance on helplessness coping style. Moreover, a significant association between anxious attachment style and helplessness coping style was observed, (pr = .32, β = .15, t [198] = 4.72, p< .001). Therefore, the mediator role of helplessness coping style between anxious attachment style and Track I was supported.

Table 16. Summary of Regression Models Testing for the Mediator Role of Coping Style between Attachment Style and Track I.

IV	df	F	β	t	pr	R^2
1.Attachment styles	2.191	4.84*				.05
Anxious			1.59	2.59*	.18	
Avoidant			-.16	-2.56*	-.16	
2. Coping Styles	4.187	7.34**				.18
Fatalistic			-3.47	-1.93	-.13	
Problem Solving			.27	.14	-.13	
Support Seeking			-6.31	-2.62*	-.17	
Helplessness			4.09	3.03*	.20	
3.Anxious			1.07	1.71	.11	
Avoidant			-1.86	-2.30	-.17	

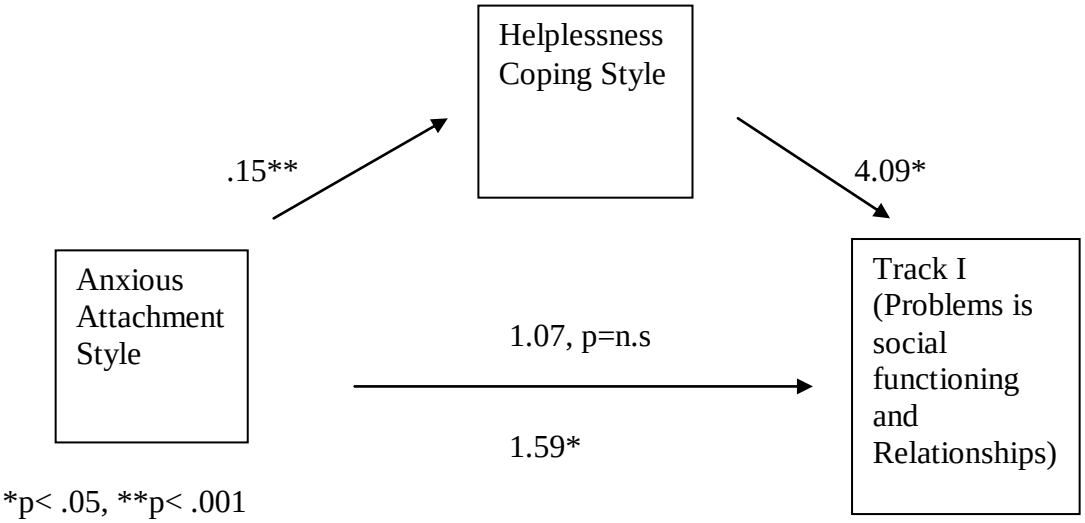
*p< .05, **p< .001

Table 17. Summary of Regression Model Testing for the Mediator Role of Helplessness Coping style: The Role of Anxious Attachment Style on Helplessness Coping Style

IV	df	F	β	t	pr	R^2
1.Anxious attachment	1,198	22.24**	.15	4.72**	.32	.10

*p< .05, **p< .001

Figure 4: The mediation model of Helplessness/Self Blaming Coping style onTrack I



*p< .05, **p< .001

3.2.3.7. Mediator Role of the Coping Styles between Attachment Style and Track II (Grieving) Subscale of the TTBQ-T

As discussed earlier, no control variables were used due to the lack of significant relationships of these variables with Track II.

Two dimensions of attachment style were entered in the first step and they explained 11 % (F[2,160] = 9.49, p < .001) of the variance. No significant relationship was found between avoidant attachment style and Track II subscale of the TTBQ-T. However, anxious dimension was found to be significantly associated with Track II (pr = .26, β = 9.44, t [160] = 3.50, p< .05), indicating anxious attachment style had a positive contribution to Track II.

When coping styles were entered in the second step, the explained variance increased to 18% (Fchange [4, 156] = 3.61, p< .05). A significant association was observed between fatalistic coping style and Track II (pr = .16, β = 17.43, t [156] = 2.25, p< .05), which indicated that fatalistic coping style positively contributed to Track II. Besides, problem solving coping style was also found to be related to Track II (pr = -.18, β = -22.54, t [156] = -2.41, p< .05), which showed that problem solving coping style had a negative contribution to Track II.

Moreover, it was observed that after controlling for fatalistic coping style, anxious attachment style lost its significance (pr = .15, β = 5.84, t [156] = 2.08, p = n.s.). The sobel test confirmed this descrease (z = 1.97, p< .05).

With the aim of supporting the mediation model, the association between anxious attachment style and fatalistic coping style were further analysed. Regression equation suggested that anxious attachment style accounted for 8 % of the variance on fatalistic coping style. Moreover, a significant association between anxious attachment style and fatalistic coping style was observed, (pr = .29, β = .10, t [198] = 4.19, p< .001). Therefore, the mediator role of fatalistic coping style between anxious attachment style and Track II was supported.

Likewise, it was observed that after controlling for Problem Solving coping style, anxious attachment style lost its significance, (pr = .15, β = 5.84, t [156] = 2.08, p = n.s.). The sobel test confirmed this descrease (z= 1.72, p<.05).

With the aim of supporting the mediation model, the association between anxious attachment style and problem solving coping style were further analysed. Regression equation suggested that anxious attachment style accounted for 3 % of the variance on problem solving coping style. Moreover, a significant association between anxious attachment style and problem solving coping style was observed, (pr = -.17, β = -.07, t [198] = -2.49, p< .05). Therefore, the mediator role of problem solving coping style between anxious attachment style and Track II was supported.

Table 18. Summary of Regression Models Testing for the Mediator Role of Coping Style between Attachment Style and Track II.

IV	df	F	β	t	pr	R^2
1.Attachment styles	2,160	9.49**				.11
Anxious			9.44	3.50*	26	
Avoidant			5.62	1.79	.13	
2.Coping Styles	4,156	3.61*				.18
Fatalistic			17.43	2.25*	.16	
Problem Solving			-22.54	-2.41*	-.18	
Support Seeking			10.29	.92	.07	
Helplessness			6.42	1.07	.08	
3.Anxious			5.84	2.08	.15	
Avoidant			6.68	2.09	.15	

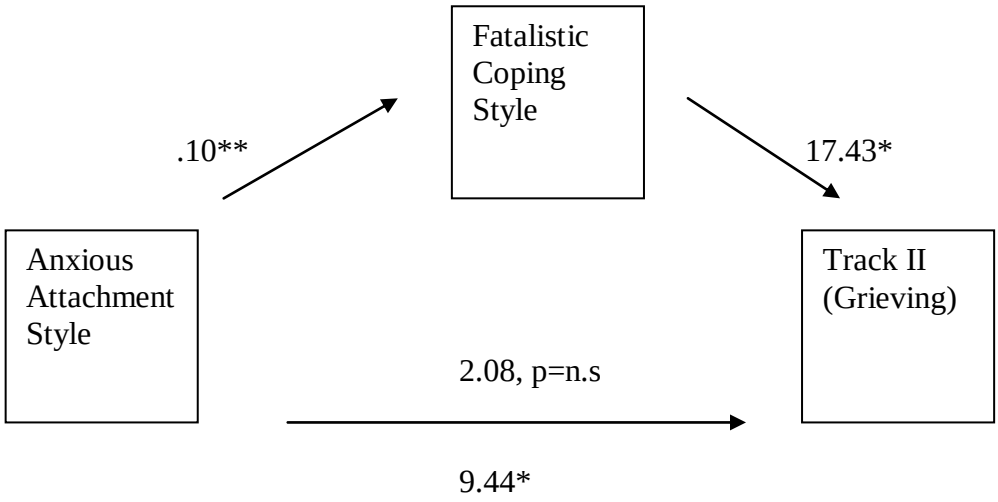
*p< .05, **p< .001

Table 19. Summary of Regression Model Testing for the Mediator Role of Fatalistic Coping style: The Role of Anxious Attachment Style on Fatalistic Coping Style

IV	df	F	β	t	pr	R^2
1.Anxious attachment	1,198	17.56**	.10	4.19**	.29	.08

*p< .05, **p< .001

Figure 5: The mediation model of Fatalistic Coping style on Track II



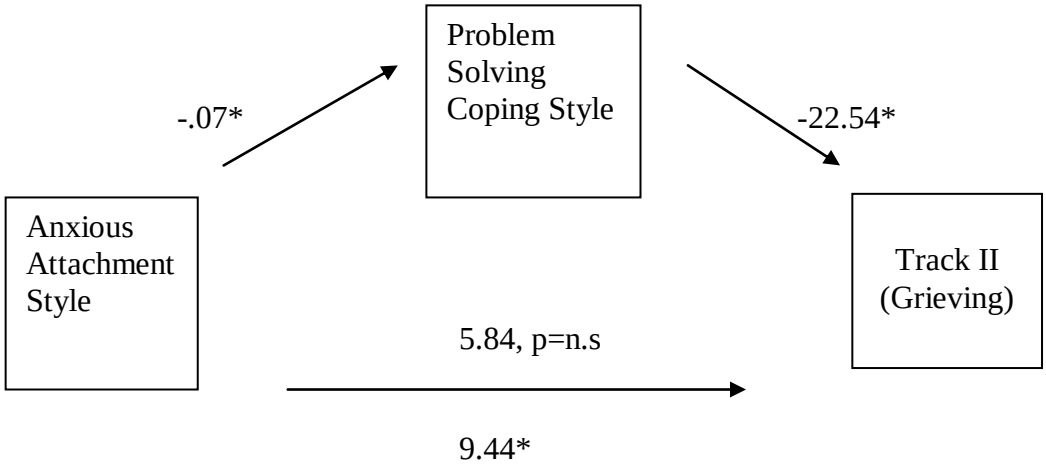
*p< .05, **p< .001

Table 20. Summary of Regression Model Testing for the Mediator Role of Problem Solving Coping style: The Role of Anxious Attachment Style on Problem Solving Coping Style

IV	df	F	β	t	pr	R^2
1.Anxious attachment	1,198	6.19*	-.07	-2.49*	-.17	.03

*p< .05, **p< .001

Figure 6:The mediation model of Problem solving Coping style on Track II



*p< .05, **p< .001

3.2.3.8. Mediator Role of Affect Regulation Strategies between Attachment Style and Relational Active Grieving subscale of TTBQ-T

As discussed earlier, no control variables were used due to the lack of significant relationships of these variables with Relational Active Grieving subscale of the TTBQ-T.

Both anxious and avoidant attachment styles were entered in the first step and they explained 11 % (F [2,197] = 12.16, p< .001) of the variance. Anxious attachment style was found to be significantly associated with Relational Active Grieving (pr = .27, β = .27, t [197] = 3.99, p< .001), indicating anxious style had a positive contribution to Relational Active Grieving. Also, a positive relationship was found between Avoidant attachment style and Relational Active Grieving (pr = .13, β = .16, t [197] = 1.96, p < .05).

When affect regulation strategies were entered in the second step, the explained variance did not increase, which indicated that the mediation model was not supported.

Table 21. Summary of Regression Models Testing for the Mediator Role of Affect Regulation Strategies between Attachment Style and Relational Active Grieving.

IV	Df	F	β	t	pr	R^2
1. Attachment Style	2,197	12.16**				.11
Anxious			.27	.3.99**	.27	
Avoidant			.16	1.96*	.13	
2. Affect Regulation	6,191	2.29				.17
Awareness			-.09	-.76	-.05	
Clarity			.01	.08	.01	
Nonacceptance			-.10	-.72	-.05	
Strategies			-.08	.51	.03	
Impulse			.31	1.60	.11	
Goals			.16	1.15	.08	

*p< .05, **p<.001

3.2.3.9. Mediator Role of the Affect Regulation Strategies between Attachment Style and Close and Positive Relationships to the Deceased subscale of TTBQ-T

As discussed earlier, no control variables were used due to the lack of significant relationships of these variables with Close and Positive Relationship with the deceased.

Two dimensions of attachment style were entered in the first step and the explained 3 % ($\underline{F}[2,197] = 3.39$, $p < .05$) of the variance. No significant relationship was found between anxious attachment style and Close and Positive Relationship to the Deceased. However, avoidant dimension was found to be significantly associated with Close and Positive Relationship to the Deceased ($\underline{pr} = -.15$, $\beta = -.18$, $\underline{t}\ [197] = -2.12$, $\underline{p} < .05$), indicating that the avoidant attachment style has a positive contribution to Close and Positive Relationship to the Deceased.

When Affect Regulation Strategies were entered in the second step, the explained variance did not increase, which suggested that the mediation model was not supported.

Table 22:Summary of Regression Models Testing for the Mediator Role of Affect Regulation Strategies between Attachment Style and Close and Positive Relationship to the Deceased.

IV	df	F	B	t	pr	R^2
1. Attachment Style	2,197	3.39*				.03
Anxious			.07	1.02	.07	
Avoidant			-.18	-2.12*	-.15	
2. Affect Regulation	6,191	1.55				.08
Awareness			-.26	-2	-.14	
Clarity			-.13	-1.13	-.08	
Nonacceptance			-.14	-.93	-.07	
Strategies			.08	.48	.03	
Impulse			-.12	-.57	-.04	
Goals			-.13	-.89	-.06	

*p< .05, **p< .001

3.2.3.10. Mediator Role of Affect Regulation Strategies between Attachment Style and Conflictual Relationships to the Deceased subscale of TTBQ

As discussed earlier, no control variables were used due to the lack of significant relationships of these variables with Conflictual Relationships with the deceased subscale of the TTBQ-T.

Both anxious and avoidant attachment styles were entered in the first step and they explained 2% of the variance. Thus, anxious and avoidant attachment style were not observed to be associated with Conflictual Relationships to the Deceased, therefore the mediation model was not supported.

When Affect Regulation Strategies were entered into the equation in the second step, the explained variance increased to 14 % (Fchange [6,191] = 4.71, p< .001). A significant association was observed between Awareness and Conflictual Relationships to the Deceased (pr = .15, β = .20, t [191] = 2.16, p< .05), indicating that lack of emotional awareness positively contributed to Conflictual Relationships with the Deceased. Moreover, Goals was found to be associated with Conflictual Relationships to the Deceased (pr = .14, β = .22, t [191] = 2.12, p< .05), suggesting that difficulties in engaging in goal directed behavior positively contributed to Conflictual Relationships to the Deceased.

Table 23. Summary of Regression Models Testing for the Mediator Role of Affect Regulation Strategies between Attachment Style and Conflictual Relationship to the Deceased.

IV	df	F	β	t	pr	R^2
1. Attachment Style	2,197	1.74				.02
Anxious			.08	1.52	.11	
Avoidant			-.09	-1.39	-.10	
2. Affect Regulation	6,191	4.71**				.14
Awareness			.20	2.16*	.15	
Clarity			.05	.56	.04	
Nonacceptance			.15	1.37	.09	
Strategies			.23	1.81	.12	
Impulse			.12	.81	.05	
Goals			.22	2.12*	.14	

*p< .05, **p< .001

3.2.3.11. Mediator Role of Affect Regulation Strategies between Attachment Style and Problems in Social Functioning subscale of TTBQ-T

As discussed earlier, no control variables were used due to the lack of significant relationships of these variables with General Biopsychosocial Functioning subscale of the TTBQ-T.

In the first step attachment styles were entered and they explained 8 % of the variance (Fchange [2,197] = 8.20, p< .001). A significant association was observed between anxious attachment style and poor functioning (pr =.27 , β = .18, t [197] = 3.97, p< .001).

When Affect Regulation Strategies were entered in the second step, the explained variance increased to 20 % (Fchange [6,191] = 4.97, p< .001). A significant association was observed between Clarity Strategy and Problems in Social Functioning (pr = .23, β = .24, t [191] = 3.57, p< .001), which suggested that lack of clarity of emotional responses positively contributed to poor social functioning. Moreover, Impulse strategy was found to be significantly associated with Problems in Social Functioning (pr = .13, β = .24, t [191] = 2.04, p< .05),

indicating that difficulties in impulse control was positively associated with poor social functioning.

Besides, it was observed that after controlling for Clarity Strategy, anxious attachment style lost its significance, (pr = .15, β = .11, t [191] = 2.35,p = n.s.). The sobel test confirmed this descrease (z= 1.81, p<.05).

With the aim of supporting the mediation model, the association between anxious attachment style and Clarity Strategy were further analysed. Regression equation suggested that anxious attachment style accounted for 7% of the variance on Clarity Strategy. Moreover, a significant association between anxious attachment style and lack of clarity of emotions was observed, (pr = .27, β = .20, t [198] = 3.97, p< .001). Therefore, the mediator role of Clarity Strategy between anxious attachment style and Problems in Social Functioning was supported.

Moreover, when Impulsive strategy was controlled, anxious attachment style lost its significance, (pr = .15, β = .11, t [191] = 2.35, p = n.s.). The sobel test confirmed this descrease (z= 2.65,p<.001).

With the aim of supporting the mediation model, the association between anxious attachment style and Impulse Strategy were further analysed. Regression equation suggested that anxious attachment style accounted for 10% of the variance on Impulsive Strategy. Moreover, a significant association between anxious attachment style and impulsiveness was observed, (pr = .31, β = .14, t [198] = 4.55, p< .001). Therefore, the mediator role of Impulsive Strategy between anxious attachment style and General Biopsychosocial Functioning was supported.

Table 24. Summary of Regression Models Testing for the Mediator Role of Affcet Regulation Strategies between Attachment Style and Problems in Social Functioning.

IV	df	F	β	t	pr	R^2
1. Attachment Style	2,197	8.20**				.08
Anxious			.18	.3.97**	.27	
Avoidant			- 09	-1.65	-.11	
2. Affect Regulation	6,191	4.97*				.20
Awareness			.02	.25	.02	
Clarity			.24	3.57**	.23	
Nonacceptance			-.08	-.96	-.06	
Strategies			-.08	. -.77	-.05	
Impulse			.24	2.04*	.13	
Goals			.08	.98	.06	
3. Anxious			.11	2.35	.15	
Avoidant			-.10	-1.69	-.12	

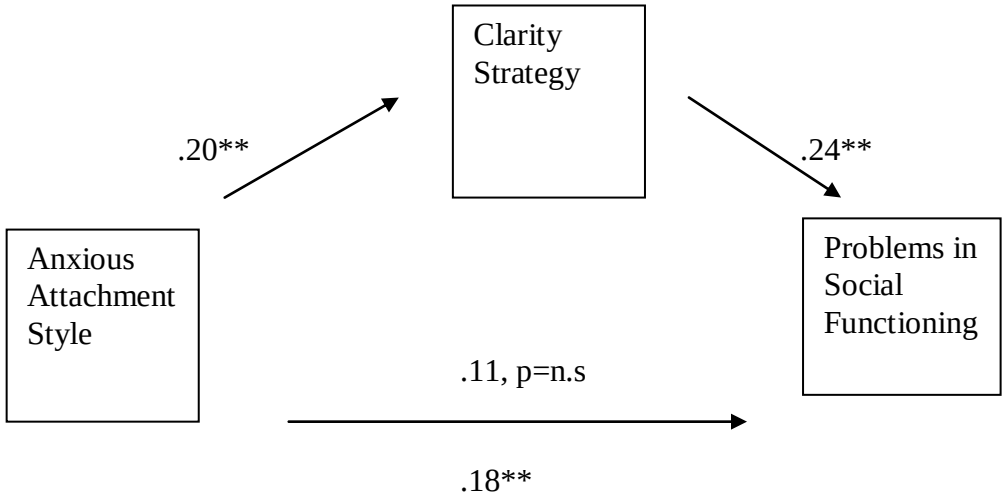
*p < .05, **p<.001

Table 25. Summary of Regression Model Testing for the Mediator Role of Clarity Strategy: The Role of Attachment Style on Clarity Strategy.

IV	df	F	β	t	pr	R^2
1. Anxious Attachment	1,198	15.76**	.20	3.97**	.27	.07

*p< .05, **p< .001

Figure 7:The mediation model of Clarity Strategy on General Biopsychosocial Functioning



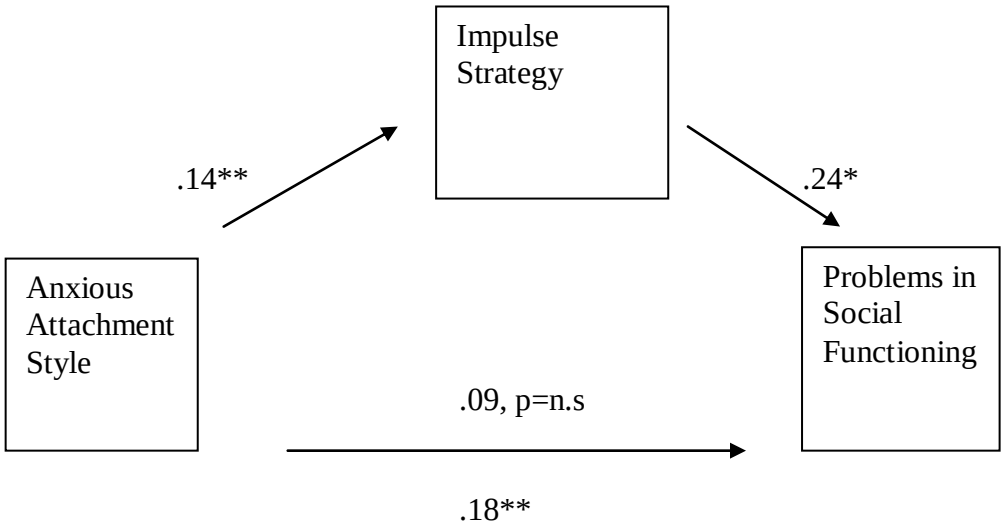
*p< .05, **p< .001

Table 26. Summary of Regression Model Testing for the Mediator Role of Impulsive Strategy: The Role of Attachment Style on Impulsive Strategy.

IV	df	F	β	t	pr	R^2
1. Anxious Attachment	1,198	20.74**	.14	4.55**	.31	-.10

*p< .05, **p< .001

Figure 8: The mediation model of Impulse Strategy on General Biopsychosocial Functioning



*p< .05, **p< .001

3.2.3.12. Mediator Role of Affect Regulation Strategies between Attachment Style and Traumatic Perception of Loss subscale of the TTBQ-T

As the associations between study variables and demographic variables indicated, only the age of the deceased was found significantly related to Traumatic Perception of the Loss. Therefore, the age of the deceased was entered in the first step and explained 13 % of the variance on Traumatic Perception of the Loss (F [1, 196] = 28.96, p< .001).

In the second step attachment styles were entered and the explained variance increased to 16 % (Fchange [2,194] = 3.95, p< .05). A significant association was observed between anxious attachment style and Traumatic Perception of the Loss (pr=.17, β = .14, t [194] =2.60, p< .05).

When Affect Regulation Strategies were entered in the third step, the explained variance increased to 24% (Fchange [6,188] =3.25, p< .05). Howeever, no significant relationships were found between different affect regulation strategies and Traumatic Perception of the Loss.

Table 27: Summary of Regression Models Testing for the Mediator Role of Affect Regulation Strategies between Attachment Style and Traumatic Perception of the Loss

IV	df	F	β	t	pr	R^2
1. Age	1,196	28.96**				.13
2. Attachment Style	2,194	3.95*	.14	2.60**	.17	.16
Anxious			.03	.46	.03	
Avoidant						
2. Affect Regulation	6,188	3.25*				.24
Awareness			-.09	-1.00	-.06	
Clarity			-.05	.65	.04	
Nonacceptance			-.08	-.75	-05	
Strategies			.18	1.44	.09	
Impulse			.23	1.55	.10	
Goals			.07	.63	.04	

*p< .05, **p< .001

3.2.3.13. Mediator Role of the Affect Regulation Strategies between Attachment Style and Track I (Problems in Social Functioning and Relationships) Subscale of the TTBQ-T

As discussed earlier, no control variables were used due to the lack of significant relationships of these variables with the Track I subscale of TTBQ-T. Two dimensions of attachment style were entered in the first step and they explained 5% of the variance ($\underline{F}[2,191] = 4.84$, $p < .05$) of the variance. A significant relationship was found between anxious attachment style and Track I subscale of the TTBQ ($\underline{pr} = .18$, $\beta = 1.59$, $\underline{t}\ [191] = 2.59$, $\underline{p} < .05$), suggesting that anxious attachment style positively contributed to Track I. Moreover, avoidant attachment style was found to be negatively associated with Track I($\underline{pr} = -.16$, $\beta = -1.65$, $\underline{t}\ [191] = -2.26$, $\underline{p} < .05$).

When affect regulation strategies were entered in the second step, the explained variance increased to 23% (Fchange [6, 185] = 7.01, p< .001). A significant association was observed between awareness strategy and Track I (pr =.23, β = 3.78, t [185] = 3.59, p< .001), which indicated that Awareness strategy positively contributed to Track I. Besides, Clarity Strategy was also found to be positively associated with Track I (pr = .14, β = 1.90, t [185] = 2.15, p< .05). Moreover, it was observed that after controlling for Awareness Strategy, anxious attachment style lost its significance (pr = .08, β = .77, t [185] = 1.22, p = n.s.). The Sobel test confirmed this descrease (z= -2.27, p< .05).

With the aim of supporting the mediation model, the association between anxious attachment style and Awareness strategy were further analysed. Regression equation suggested that anxious attachment style accounted for 4 % of the variance on Awareness strategy. Moreover, a significant association between anxious attachment style and Awareness strategy was observed, (pr = -.21, β = -.14, t [198] = -2.95, p< .05). Therefore, the mediator role of Awareness strategy between anxious attachment style and Track I was supported.

Likewise, it was observed that after controlling for Clarity strategy, anxious attachment style lost its significance, (pr = .08, β = .77, t [185] = 1.22, p = n.s.). The Sobel test confirmed this descrease (z= 1.89, p< .05).

With the aim of supporting the mediation model, the association between anxious attachment style and Clarity strategy were further analysed. Regression equation suggested that anxious attachment style accounted for 7 % of the variance on Clarity strategy. Moreover, a significant association between anxious attachment style and clarity strategy was observed, (pr = .27, β = .20, t [198] = 3.97, p< .001). Therefore, the mediator role of Clarity strategy between anxious attachment style and Track I was supported.

Table 28: Summary of Regression Models Testing for the Mediator Role of Affect Regulation Strategies between Attachment Style and Track I.

IV	df	F	β	T	pr	R^2
1.Attachment styles	2.191	4.84*				.05
Anxious			1.59	2.59*	.18	
Avoidant			-1.65	-2.26*	-.16	
2.Affect Regulation	6,185	7.01**				.23
Awareness			3.78	3.59**	.23	
Clarity			1.90	2.15*	.14	
Nonacceptance			.95	.81	.05	
Strategies			.40	.29	.02	
Impulse			3.01	1.91	.12	
Goals			2.39	2.07*	.13	
3.Anxious			.77	1.22	.08	
Avoidant			-1.85	-2.09	-.14	

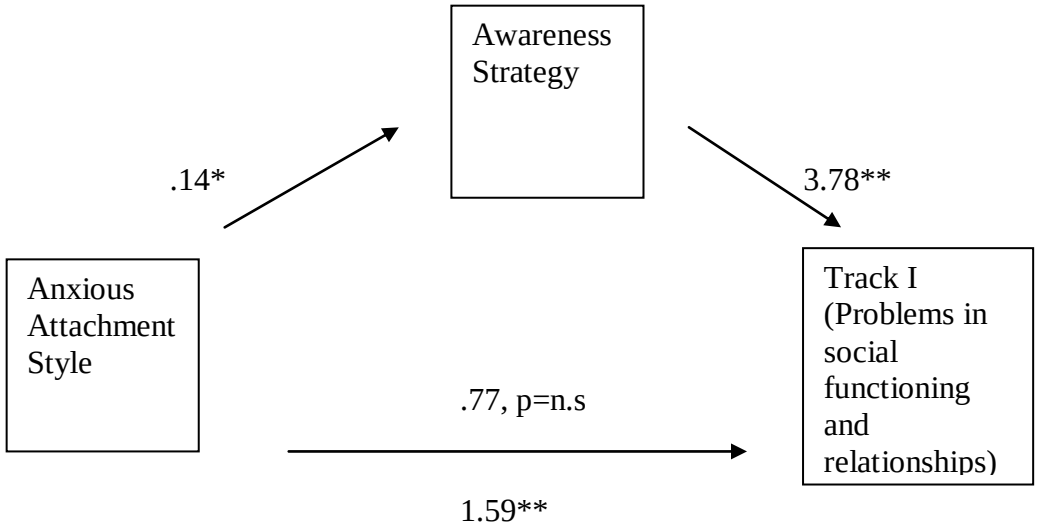
*p< .05, **p< .001

Table29. Summary of Regression Model Testing for the Mediator Role of Awareness strategy: The Role of Anxious Attachment Style on Awareness Strategy.

IV	Df	F	β	T	pr	R^2
1.Anxious attachment	1,198	8.68*	.14	-2.95*	-.21	.04

*p< .05, **p< .001

Figure 9: The mediation model of Awareness Strategy on Track I



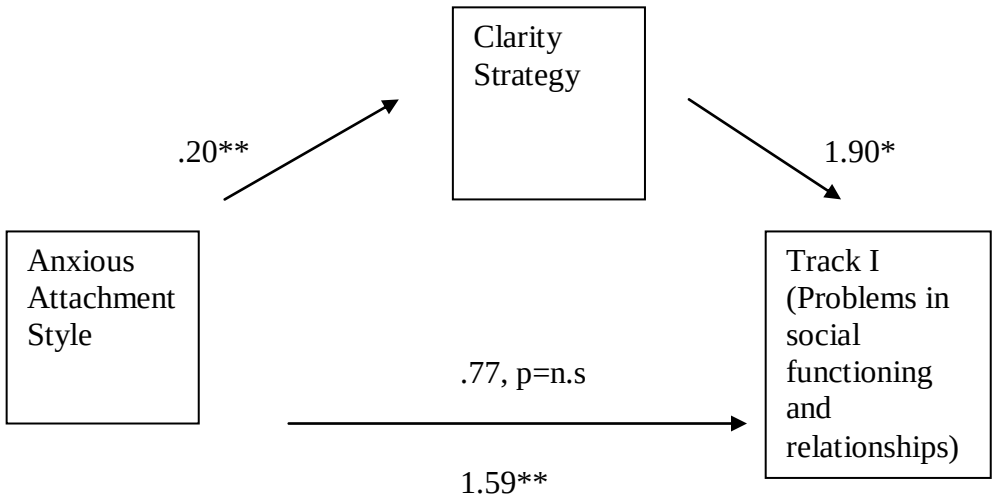
*p< .05, **p< .001

Table 30: Summary of Regression Model Testing for the Mediator Role of Clarity strategy: The Role of Anxious Attachment Style on Clarity Strategy.

IV	df	F	β	T	pr	R^2
1.Anxious attachment	1,198	15.76**	.20	3.97**	.27	.07

*p< .05, **p< .001

Figure 10: The mediation model of Clarity Strategy on Track I



*p< .05, **p< .001

3.2.3.14.Mediator Role of the Affect Regulation strategies between Attachment Style and Track II Subscale of the TTBQ-T

As discussed earlier, no control variables used due to lack of insignificant relationships of these variables with Track II subscale of the TTBQ-T.

Two dimensions of attachment style were entered in the first step and they explained 11 % of the variance ($\underline{F}$ [2,160] = 9.49, $p < .001$) of the variance. No significant relationship was found between avoidant attachment style and Track II subscale of the TTBQ. However, anxious dimension was found to be significantly associated with Track 2 ($\underline{pr} = .26$, $\beta = 9.44$, $\underline{t}$ [160] = 3.50, $\underline{p} < .05$), indicating anxious attachment style also have a positive contribution to Track II.

When affect regulation strategies were entered in the second step, the explained variance did not increase. Therefore, the mediation model was not supported.

Table 31. Summary of Regression Models Testing for the Mediator Role of Affect Regulation strategies between Attachment Style and Track II.

IV	df	F	β	T	pr	R^2
1.Attachment styles	2.160	9.49**				.11
Anxious			9.44	3.50*	.26	
Avoidant			5.62	1.79	.13	
2.Afect Regulation	6,154	1.45				.15
Awareness			-7.37	-1.36	-.10	
Clarity			.10	.02	.02	
Nonacceptance			5.77	-1.07	-.08	
Strategies			4.82	.72	.05	
Impulse			2.94	.39	.03	
Goals			3.88	.70	.05	

*p< .05, **p< .001

Table 32. Summary of Significant Mediations

IV		Mediator		DV
Anxious attachment Style	+ →	Fatalistic Coping style	+ →	Relational Active Grieving
Anxious attachment Style	+ →	Helplessness Coping style	+ →	Problems in Social Functioning
Anxious attachment Style	+ →	Clarity Strategy	+ →	Problems in Social Functioning
Anxious attachment Style	+ →	Impulse Strategy	+ →	Problems in Social Functioning
Anxious attachment Style	+ →	Helplessness Coping style	+ →	Track I
Anxious attachment Style	+ →	Awareness Strategy	+ →	Track I
Anxious attachment Style	+ →	Clarity Strategy	+ →	Track I
Anxious attachment Style	- →	Problem Solving coping style	- →	Track II
Anxious attachment Style	+ →	Fatalistic coping style	+ →	Track II

CHAPTER III

4. DISCUSSION

Attachment theory has provided a framework for understanding individual differences in the ways of coping with stressful events and regulating related emotions (Mikulincer, Florian and Weller, 1993). Therefore, the present study was aimed to examine the role of the attachment styles in reaction to the loss of a significant other. Also, it was aimed to explore the role of attachment styles in detemining which coping styles will be used and how the negative emotions will be regulated. Thus,the study also aimed to explore the mediator roles of coping styles and affect regulation strategies between attachment styles and bereavement..

In the following sections, the psychometric properties of the TTBQ-T as evaluated in the first study will first be discussed, followed by the discussion of the role of attachment styles and the mediator roles of coping styles and affect regulation skills in the light of the literature.

4.1. Psychometric Properties of the Two track Model of the Bereavement-Turkish (TTBQ-T)

Considering the aims of the main study, the TTBQ, developed by Rubin et.al. (2009), was considered to be an appropriate scale to be used, since the scale contains items measuring both attachment and functioning dimensions of bereavement. Therefore, study 1, aimed to examine the psychometrics properties of the TTBQ-T, which was originally translated into Turkish by Aker (unpublished). The findings of study I revealed that the scale has sound psychometric properties. The subscales of the TTBQ-T were found to have good internal consistency. The test-retest reliability of the total TTBQ-T and its subscales confirmed the stability of the scores obtained from the scale. Although the Turkish version of the scale showed a similiar factor pattern to the original version, some items did not show the expected loadings

under the factors in which they loaded in the original study. In the current study, 17 items, did not load under their original factors as in the original scale. Also, in the current study 9 items with loadings larger than .40 were placed under one of the five factors, despite having lower loadings in the original study.

When closely examined, it was found that some items of the Problems in Social Functioning that were tapping depression and anxiety symptoms loaded under the Relational Active Grieving factor. In other words, the current symptoms of the bereaved and his/her functioning at work and in social life after the loss were found to be highly related to grieving process in the present study. In accordance with this finding, in the literature, it has been reported that intense grieving was related to depressive symptoms (Stroebe & Stroebe, 1993; Zisook, Shuchter, Sledge, Paulus, & Judd, 1994), anxiety- related problems (Schut, deKeijser, Van den Bout,& Dykhius, 1991; Zisook, Mulvihill, & Shuchter, 1990), and health problems (Stroebe & Stroebe,1993; Parkes and Prigerson, 2010). Therefore, it seems that the items reflecting the levels of psychological functioning and the ability to work and participate in social life effectively were perceived as a part of the grieving process by the Turkish sample. The effects of role of cultural factors on the differences in the expression of grief was proposed in the literature (Parkes and Prigerson, 2010). Therefore, based on the present results, it seems that Turkish people are more likely to view pscyhological symptoms after the loss of a loved one, as indication of their grief reactions. However, this finding needs to be examined further in other samples from Turkey.

Relational Active Grieving, Close and Positive Relationship with the Deceased and Traumatic Perception of Loss factors had cross loading items. For example, an item (B15) loaded under Relational Active Grieving, however it also had high loadings under the Close and Positive Relationship with the Deceased factor. Although this item, "I yearn strongly for__and miss him/her deeply" refers to the attachment quality of the realtionship with the deceased, it also seems to reflect positive quality of the relationship. A strong attachment bond with the deceased also reflects the positive quality of the relationship, and therefore, leads to intense grieving (Bonanno, 2001; Shaver & Fraley, 2008). Besides, the items which were assumed to measure Traumatic Perception of Loss also overlapped with Relational

Active Grieving factor. This result seems to be related to the role of the type of the death on the intensity of grief reactions (Kaltman & Bonanno, 2003; Murphy, Braun, Cain, Johnson and Beaton, 1999).

Moreover, higher order factor structure of the scale yielded a two factors solution, as in the original version of the scale. However, there are slight differences in the loadings of the factors under the two higher order factor. In the original study, Relational active grieving, Close and Positive Relationships with the Deceased and Conflictual Relationships with the Deceased factors were loaded under Track II.(Grieving) The other two factors, namely Traumatic Perception of the Loss and Problems in Social Functioning factors were loaded under Track I.(Problems in Social Functioning and Relationships) However, in the current study Traumatic Perception of the Loss factor loaded under Track II and Conflictual Relationships with the Deceased factor loaded under Track I, as different from the original study. In the present study, Problems in Social Functioning factor was found to reflect problematic relationships with close family and non-family members, distrust in the abilities to cope with loss, difficulty in sharing emotions about loss, receiving help from other people and perceiving values and beliefs as a source of support. Considering the content of this factor, it could be suggested that people who report to have had conflictual relationships with the deceased experience difficulties in overcomig relational problems with the deceased after the loss, which may also effect their relationships with other people, especially their family members (Miles and Demi, 1992).Therefore, the loading of the conflictual relationship factor with Social functioning may reflect the difficulties of individuals with relationships and to function adequately after the loss.

Traumatic Perception of the Loss loaded under Track II, as differently from the original study. Considering the content of this factor, this finding is consistent with the literature suggeting that the traumatic nature of the loss experience was related to compicated grief reactions (Parkes and Prigerson, 2010; Van der Houwen , et.al., 2010; Kaltman and Bonanno, 2003; Kersting et.al., 2007). Also, people who lost a person with whom the relationship was positive are more likely to experience the loss as traumatic (Kaltman and Bonanno, 2003).

With regards to the construct validity of the scale, the present study showed that people who had a close relationship with the deceased (i.e. parent, partner, child and sibling) tended to experience more grief symptoms and perceived the loss experience as more traumatic than people who lost a distant family member or a close friend. This finding lends support for the validity of the TTBQ-T, since it has been shown that loosing a close person leads to more intense grieving . In accordance with this result, Ringdal, Jordhøy, Ringdal and Kaasa (2001) found that losing a close family member, especially at a younger age, was related to stronger grief reactions. Additionally, people who grieve more intensely had received higher scores from BDI and IES-R. Besides, people who had difficulty in functioning and had a negative relationship with the deceased showed more depressive symptoms. These results supported the validity of the TTBQ-T and thus we have proceeded to conduct the main study. Future work with more homogeneous groups of bereaved, using larger samples is needed to confirm the findings of the present study. If the present results are replicated, the TTBQ-T, can facilitate the study of grief in Turkish samples and enrich the findings in the area of bereavement in Turkey. Furthermore, it can be utilised in clinical assessment.

4.2. Main Study: The Effects of Demographic Variables on Bereavement

In the main study, the predictive roles of some demographic variables (e.g. age and gender of the bereaved, the age of the deceased, time since loss, the relationship with the deceased, the circumstances of the loss) on bereavement were examined. Among these variables, only the age of the deceased was found to be negatively associated with Traumatic Perception of the Loss, suggesting that the loss of a young significant other was related to the experience of the loss as traumatic. In the literature, death of a child was reported to be associated with an increased risk for complicated reactions in the bereaved (Murhpy, Johnson and Lohan, 2002 and Parkes and Prigerson, 2010) and mortality (Li, Precht, Mortensen and Olsen, 2003). However, the other variables of the main study did not relate significantly to the bereavement outcomes. Feigelman, Jordan and Gorman (2008) found that as more time passed, the differences amongst the modes of the death were overshadowed. They reported that 3 to 5 years is a time threshold, in which the intensity of the grief

reactions tended to descrease. In the present study, the average time since loss was about 3 years. Thus, for the present study it could be assumed that the intensity of grief for people who lost a close one may have decreased and therefore no significant relationship was found between the demographic variables and other TTBQ-T factors.

4.3.The predictors of the subscales of the TTBQ-T in the main study

In the main study, the first hypothesis which assumed that both anxious and avoidant attachment styles will lead to grief intensity and poorer social functioning was supported. In the present study, it was found that both anxious attachment style and avoidant attachment style significantly predicted Relational Active Grieving. However, only anxious attachment style significantly predicted Problems in Social functioning. In accordance with second hypothesis both anxious and avoidant attachment styles significantly predicted Problems in Social Functioning and Relationships (Track I). However, third hypothesis, which assumed that both anxious and avoidant attachment styles will predict Grieving (Track II), was partially supported. In the present study, only anxious attachment style significantly predicted Grieving (Track II).According to fourth hypothesis, it was assumed that people who used emotion focused coping styles more frequently will experience intense grief and have poorer social functioning. However, in the present study, while Fatalistic coping style led to grief intensity, helplessness coping style resulted in Problems in social functioning. In the present study it was hypothesized that heavy reliance on the emotion-focused coping styles, namely fatalistic and helplessness, will significantly predict Problems in Social functioning and Relationships track (Track I) and Grieving track (Track II)(hypothesis 5 and 6). However, in the present study, while Fatalistic coping style significantly predicted Track II, helplessness coping style significantly predicted Track I. Moreover, the effect of Problem focused coping style was only found for Track II (hypothesis 7).

The mediator role of the fatalistic between only anxious attachment style and Relational active grieving and Track I was supported (hypothesis 9). Also, the results of the present study confirmed the mediator role of helplessness role between anxious attachment style and Problems in social functioning and Track I(hypothesis

9).Problem focused coping style was significantly predicted Track II through anxious attachment style (hypothesis 9). The mediator role of difficulties in affect regulation between anxious attachment style and Problems in social functioning and Track I was supported ((hypothesis 10). While lack of clarity and difficulty in impulse control mediated the relationship between anxious attachment style and Problems in social functioning, lack of clarity and lack of awareness mediated the relationship between anxious attachment style and Track I.

4.3.1. Attachment styles

In the present study, seven regression analyses were conducted in order to examine the contributory roles of the attachment styles on bereavement. While in four regression analyses anxious attachment style was found as a significant predictor of outcome variables (Relational Active Grieving, Problems in Social Functioning, Track I and Track II), in two regression analyses avoidant attachment style significantly predicted outcome variables(Relational Active Grieving and Track I). Also, in two regression analyses both anxious and avoidant attachment styles were found as significant (Relational Active Grieving and Track I). According to the results of the regression analyses, it was found that both avoidant and anxious attachment styles significantly predicted Relational Active Grieving subscale. Consistent with this result, in the literature, it was found that people who had anxious attachment style experienced more grief reactions (Wayment and Vierthaler, 2002) and were likely to experience the complications of grief (Stroebe, Schut and Stroebe, 2005). Also, Field and Sundin (2001) conducted a study with people who lost their spouses.They found that anxiously attached people had difficulties in coping with loss. However, studies that examined the effects of avoidant attachment style yielded inconsistent results. These inconsistent results derive from the distinctions between different avoidant attachment styles, namely dismissing and fearful. For example, Shear and Bonanno (2009) found that dismissing avoidant style led to less grief reactions. However, Wijngaards-de Meij e.al. (2007) found that parents who had either avoidance or anxiety attachment style showed more grief symptoms and depression after losing their child.

In relation to Problems in Social funtioning subscale, anxious attachment style was found as a significant predictor. Supporting this finding, Fraley and Bonanno (2004) found that people with anxious attachment style had difficulties in adapting to the loss. Also, Waskowic and Chartier (2003) found that people with an anxious attachment style were more socially isolated and had more guilt feelings after losing their spouses.

When the results of the higher order tracks were examined, it was found that only anxious attachment style significantly predicted Grieving subscale (Track II). This result suggested that anxious attachment style rather than avoidant attachment style played an important role in grief intensity, which was supported by the studies mentioned above.

Also in relation to higher order tracks, both avoidant and anxious attachment styles were found to be as significant predictors of Problems in Social Functioning and Relationships subscale (Track I). In other words, people who had both avoidant and anxious attachment styles had dificulty in maintaining interpersonal relationships and resolving relational problems. According to Mikulincer and Shaver (2007), people who had both anxious and avoidant attachment styles had difficulty in regulating interactions with other people. They suggeted that both avoidant and anxious people were unable to resolve interpersonal conflicts and regulate negative emotions that were activated in the relationships.

So, the present results supported the toxic effect of especially anxious attachment style in determining grief intensity. Also, the findings confirmed the deterious effect of anxious attachment style on Social functioning.

4.3.2. Coping styles as mediators

The Mediating effects of Coping styles between attachment styles (anxious and avoidant) and outcome variables (Relational Active Grieving, Close and Positive Relationships with the Deceased, Conflictual Relationships with the Deceased, Traumatic Perception of the Loss and Problems is Social Functioning factors, and Track I and Track II higher order subscales) of the TTBQ were investigated through seven mediation models. Only four regression analyses supported the mediator effects of coping styles on bereavement. In the following sections, coping styles that

mediated the relationship between attachment styles and bereavement will be presented and will be discussed in the light of the literature.

4.3.2.1. Fatalistic Coping style as a mediator

In the present study it was found that fatalistic coping style mediated the relationship between anxious attachment style and Relational active grieving factor. When we examined the higher order subscales, fatalistic coping also mediated the relationship between anxious attachment style and Track II (Grieving).In other words, anxious attachment style facilitates fatalistic coping which increases both relational active grieving and general grieving.

In the literature fatalistic coping style is conceptualized as an emoton-focused coping style (Dirik, 2001; Gencoz, Gencoz and Bozo, 2006). Moreover, fatalistic coping style includes a religous aspect, which was found to be important in making sense of the loss experience (Parkes and Prigerson,2010) and accepting the death (Cicirelli, 2011). Also, among Turkish people, fatalistic coping was found to be most frequently used coping style when dealing with negative events (Dirik, 2001).Therefore, considering the importance of religion for Turkish people, it could be suggested that people with anxious attachment style were more likely to rely on fatalistic coping style in order to adapt to the loss. In the study I, fatalistic coping style was found to be positively associated with religious commitment. There are indirect evidence for this result. In the literature, it was found that heavy reliance on emotion-focused coping style was related to negative emotions (BenZur, 2009; Schnider, Elhai and Gray,2007). For example, Schnider, Elhai and Gray (2007) found that active and avoidant coping style use were related to grief intensity grief and PTSD severity among college students.

4.3.2.1. Helplessness/Self Blaiming Coping style as a mediator

In the present study, it was found that helplessness coping style mediated the relationships between anxious attachment style and Problems in Social Functioning. When the results of the higher order tracks were examined, it was found that helplessness coping style also mediated the relationship between anxious attachment

and Track I, namely Problems in Social Functioning and Relationships. This finding suggested that people who had an anxious attachment style would use helplessness coping style more frequently, and in turn would report more problems in terms of social functioning. Also, intensive use of helplessness coping style would also lead to increase in problems related to social functionin and relationships with others.

In the literature, helplessness coping style is considered as an emotion focused coping style (Ucman, 1993). Although the effect of emotion focused coping style on grief intensty was shown in the literature (BenZur, 2009; Schnider, Elhai and Gray,2007), its effect on social functioning has not been reported. However, it could be suggested that feeling helpless in the face of the loss would lead to difficulties in handling negative emotions, which may result in poorer social functioning. Also, the literature provided indirect evidence for this result. For example, Field, Eval Gal-Oz and Bonanno (2003) found that bereaved individuals who expressed more helplessness had more difficulty in relinquising bonds with the deceased, which was considered as an indication of difficultiy in adapting to loss. However, they did not provide support for its impact on ongoing social relationships.

4.3.2.1. Problem-Focused Coping style as a mediator

As consistent with the study's seven hypothesis, problem focused coping style was found to be mediator between anxious attachment style and Grieving (Track II).This finding indicates that anxious attachment style leads to a reduction of the protective problem focused coping and thus indirectly leads to increasing relational grieving. Considering the nature of grief, there are additional changes occuring in the bereaved's life after the loss, in terms of roles, identities and life changes. In the literature, it was proposed that dealing with additional changes effectively would lessen grieving (Stroebe and Schut, 1999; Rubin, 1999). For example, Rubin (1999) suggested that people should be able to deal with the new challenges that arise after the loss in order to adapt to a new life without the deceased. It could be suggested that in this coping process, using problem-focused coping style would be more effective in adapting to new changes, which in turn effects grieving process (Stroebe and Schut, 2010). However, in the literature there are inconsistent results for the role of Problem focused coping style on grief

intensity. While some research found this coping style to be related with positive outcomes (e.g. Ben Zur, 2009), others found it to be related to grief severity (e.g. Schnider et.al. 2007). The present results pointed out that anxious attachment decreases the use of problem –focused coping and this in turn increases grieving. Thus, it seems important to encourage problem-focused coping in dealing with the problems of adaptation after the loss.

4.3.3. Affect regulation strategies as mediators

In the present study, difficulties in affect regulation mediated the relationship between anxious attachment style and Problems in Social Functioning subscale and Problems in Social Functioning and Relationships track (Track I). Speficially, the difficulties in affect regulation were seen in areas of being clear about and being aware of the negative emotions and difficulty in controlling them.

4.3.4. Lack of Awareness of Emotions as a mediator

In relation to higher order tracks, it was found that lack of awareness mediated the relationship between anxious attachment atyle and Problems in social functioning and relationships (Track I). In other words, people who had anxious attachment style were less aware of their emotions, which in turn lead to difficulties in social functioning and problems in relationships.

This result is supported in the literature. For example, according to Gross and John (2003) "shutting down" emotions interferes with the process of emotion reappraisal which results in lack of clarity and lack of awareness about emotions (p.354). They suggest that people who reappraise their emotions in the face of a stressful event could efficently regulate their negative mood. In other words, people who are aware of and express their upset could repair their mood and make changes in the environment for better. However, people who suppress their emotions are not aware of their emotions which results in difficulty in mood repair and increased rumination. According to Gross (2002), lack of awareness of emotions leads to difficulties in sharing emotions in close relationships. This reluctance to share emotions could have deleterious effects on social functioning. Consistent with Gross and John's (2003) study, functioning was also found to be associated with the ability

of sharing negative emotions with other people and efficancy in social functioning in the current study. Therefore, people who are anxiously attached are less likely apply useful and adaptive emotion regulation strategies, which results in a better social functioning.

4.3.5. Lack of Clarity of Emotions as a mediator

In the present study, the mediator effect of lack of clarity about emotions between anxious attachment style and Problems in Social Functioning was found. Also, it was found that anxious attachment style significantly predicted Problems in Social Functioning and Relationships through clarity skill.

According to this result, people who lacked clarity of their emotional responses when experiencing negative events would experience more problems in their social functioning . Also, lack of clarity about emotions would lead to difficulties in relationships. In the grieving process a wide range of emotions arise including sadness, anger, guilt,distress etc. Therefore, it is important to be able to distinquish these emotions in order to work through them. According to Bonanno (2001), particularly, people who had conflictual relationships with the deceased should need to experience and express negative emotions in order to regulate their negative emotions. Stroebe, Schut and Stroebe (2005) also showed that anxiously attached people had difficulty in talking about their emotions with others, which in turn effected their social relationships negatively. As Gross (2002) indicated, difficulty in expressing emotions would lead to problems in social funtioning and relationships.

4.3.6. Lack of Impulse control as a mediator

In the present study, the mediator effect of difficulty in impulse control about negative emotions between anxious attachment style and Problems in Social Functioning was found. In the literature, Krakowski (2003) found that difficulties in impulse control leads to impaired social fuctioning. Consistent with this finding, it could be suggested that people who showed an inability in impulse control after experienceing loss-related negative emotions could have difficulty in relating to others, which in turn leads to social problems.

4.4. Limitations

The present study has some shortcomings which needs to be considered. Firstly, sample size is relatively small for a reliability and validity study. Thus, it needs to be replicated in a larger sample who experience the loss of different types of significant others.

For the main study, data was collected from participants who lost parent, partner, sibling, friend or other relatives. Therefore, it is difficult to make a clear conclusion from the results about the impact of loss in different kinds relationships. In the literature, it was proposed that the type of the relationship is important in grieving process (Parkes and Prigerson, 2010). For example, child loss is usually considered as more traumatic compared to other kind of losses and it is found to be related more to complicated grief (Rubin and Malkinson, 2001). In future, it would be useful to conduct research among people who experienced a particular relationship loss.

In the present study, the mediator role of coping styles or affect regulation strategies was not found between avoidant attachment style and grief and functioning. In the literature, there are studies that suggested that people who had an avoidant attachment style could easily relinquish their attachment bonds with the deceased without experiencing any deleterious effects (Mikuliencer and Florian, 1994). Although this study measured avoidant attachment style dimensionally, it would be useful to investigate the proposed mechanism in bereavement for different avoidant attachment style categories, namely dismissing and fearful. Because it was suggested that these two avoidant styles may have different consequences in terms of bereavement outcomes (Bonanno, Keltner, Holen and Horowitz, 1995).

4.5. Clinical Implications

The psychometric qualities of the TTBQ-T lend preliminary support for its use for examining functioning and grief in Turkish samples. Therefore, it will be fruitful to conduct clinical assessment using the scale in Turkish clinical contexts in order to understand specific difficulties of the bereaved and to focus on them during the psychotherapy process.

Anxious attachmet style poses a risk for poor functioning and intense grieving. Therefore, for clinical interventions it is important to take into account the attachment style of the clients. Moreover, the activation of intense emotions by the loss experience needs to be regulated in order to deal with it efficently. In order to regulate these negative emotions, it is important to help people to be aware of and have clartiy about their loss -related emotions, which may lead to better functioning and prevent complicated grief reactions. Thus, treatment programs for this populations should be planned to help these people to obtain a clear understanding about their feelings. Considering the nature of the loss, it is important to teach clients who use emotion focused coping style intensively to use more adaptive coping styles in dealing with the changes that emerge after loss and negative emotions. Specifically, fatalistic and helplessness coping styles should be focused on and descreased by empowering the bereaved with more active coping styles which may help them to deal with loss related emotions and changes.

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APPENDICES

APPENDIX A:Informed Consent

Bu tez çalışması, Prof. Dr. A. Nuray Karancı'nın danışmanlığında Orta Doğu Teknik Üniversitesi'nde Yüksek Lisans öğrencisi olan Tuğba Ayaz tarafından yürütülmektedir. Bu çalışmanın amacı, yakınını kaybeden katılımcıların bu süreçte yaşadıkları duygu ve düşüncelerle ilgili bilgi toplamaktır. Ankette, sizden kimliğinizi belirten hiçbir bilgi istenmemektedir. Sonuçlar grup olarak değerlendirilecek olup, kişisel bilgileriniz kullanılmayacaktır.

Ankette kişisel olarak rahatsızlık verecek sorular yer almamaktadır. Ancak anket sorularını cevaplarken herhangi bir nedenle kendinizi rahatsız hissederseniz, cevaplamayı bırakabilirsiniz. Böyle bir durumda anketi uygulayan kişiye, anketi tamamlamadığınızı söylemeniz yeterli olacaktır. Anketi tamamladıktan sonra, bu çalışmayla ilgili sorularınız cevaplanacaktır.

Bu araştırmaya katıldığınız için şimdiden teşekkür ederiz.

Araştırma hakkında daha fazla bilgi almak için:

Tuğba Ayaz (ODTÜ, Klinik Psikoloji Yüksek Lisans, Tel: 0536 9449993; tugbayaz17@hotmail.com) ile iletişim kurabilirsiniz.

Bu çalışmaya tamamen gönüllü olarak katılıyorum ve istediğim zaman yarıda kesip anketi iade edebileceğimi biliyorum. Verdiğim bilgilerin, kimliğim belirtilmeden bilimsel amaçlı yayımlarda kullanılmasını kabul ediyorum. (Formu doldurup imzaladıktan sonra uygulayıcıya geri veriniz).

APPENDIX B:Demographic Information Form

Sayın Katılımcı,

Bu araştırmanın amacı, daha önce okuduğunuz gönüllü katılım formunda anlatılmıştır. Yas sürecindeki kişilerin yaşadıklarını anlamak açısından sizin vereceğiniz bilgiler çok değerli olacaktır. Bu nedenle, lütfen cevaplarınızı durumunuzu yansıtacak şekilde titizlikle ve samimiyetle vermeye özen gösteriniz.

Anket formuna isminizi yazmanıza gerek yoktur.

Lütfen her soru grubundan önce verilen açıklamaları dikkatlice okuyunuz ve bu açıklamalar temelinde işaretlemelerinizi yapınız.

Araştırmaya katkılarınızdan dolayı teşekkür ederiz.

---

1. Yaşınız? _____

2. Cinsiyetiniz? Kadın ☐ Erkek ☐

3. Medeni Durumunuz?

Bekar ☐ Nişanlı/Sözlü ☐ Evli ☐ Dul ☐ Boşanmış ☐
Birlikte Yaşıyor ☐ Diğer: ☐ _____

4. Eğitim durumunuz nedir? *(Son aldığınız diplomaya göre belirtiniz)*

Okur-yazar değil ☐ Okur-yazar ☐ İlkokul ☐ Ortaokul ☐ Lise ☐
Yüksekokul ☐ Üniversite ☐ Yüksek Lisans ☐ Doktora ☐

6. Mesleğiniz nedir?_____

7. Halen para veya mal karşılığı bir işte çalışıyor musunuz?
Çalışıyorum ☐ Çalışmıyorum ☐ Diğer: ☐ _____

8. Tedavi gerektiren ruhsal bir rahatsızlık geçirdiniz mi? Evet ☐ Hayır ☐

Evet ise, bu rahatsızlık nedeniyle nasıl bir tedavi gördünüz?
Psikolojik tedavi ☐ İlaç tedavisi ☐ Diğer (lütfen belirtiniz): _____

Halen bu ruhsal sorun nedeniyle tedavi görüyor musunuz? Evet ☐ Hayır ☐

APPENDIX C:Two Track Model of the Bereavement (Turkish Version)

Aşağıdaki anket, sizin için önemli olan bir kişiyi kaybettikten sonraki Yaşamınızla ilgili soruları içermektedir. Bu anketin amacı insanların, kendileri için önemli olan bir kişinin ölümüne verdikleri tepkileri öğrenmektir. Lütfen soruları okuyunuz ve size en uygun gelen cevabı işaretleyiniz. Anketin sonunda yorumlarınızı ekleyebileceğiniz bir bölüm bulunmaktadır.

Dini gerekleri ne kadar yerine getirirsiniz ?
(lütfen daire içine alınız)

1. Çok dindarım
2. Dindarım
3. Orta derecede dindarım
4. Pek dindar değilim
5. Hiç dindar değilim
6. Diğer (lütfen açıklayınız) :

Kaybedilen kişiyle ilgili detaylar

Ölüm tarihi:_____/_____/_____

Öldüğünde kaç yaşındaydı? _____

Ölüm sebebi _____

Ölen kişiye yakınlığınız (kaybettiklerinizin sayısı birden fazla ise lütfen aşağıdakisoruları en önemli kaybınızı düşünerek cevaplayınız):
(lütfen daire içine alınız)

1. Annem/babam
2. Eşim
3. Kardeşim
4. Çocuğum
5. Diğer akrabalar (lütfen belirtiniz)_____
6. Yakın arkadaşım
7. İş arkadaşım
8. Diğer (lütfen _____

1. Aksi belirtilmediği takdirde lütfen aşağıdaki soruları geçen haftanızı düşünerek değerlendiriniz.

1. Sağlığım:

1-çok iyi	2- iyi	3-orta	4-pek iyi değil	5-hiç iyi değil

2. Ruh halim:

1-çok üzgün ve çökkün	2-üzgün ve çökkün	3-orta	4-pek üzgün ve çökkün değil	5-hiç üzgün ve çökkün değil

3. Kendimi:

1-çok kaygılı hissediyorum	2-kaygılı hissediyorum	3-orta	4-pek kaygılı hissetmiyorum	5-hiç kaygılı hissetmiyorum

4. O öldüğünden beri benim için hayat:

1-çok farklı	2-oldukça farklı	3-orta	4-çok farklı değil	5-hiç farklı değil

Lütfen kısaca açıklayınız ve bir örnek veriniz::

_____

_____

5. O öldüğünden beri hayatımın anlamı ve etrafımdaki dünya:

1-oldukça değişti	2-değişti	3- kısmen değişti	4-pek değişmedi	5-hiç değişmedi

6. Hayatımın anlamında değişikliklerin yönü:

1-sadece kötü	2-çoğunlukla kötü	3-biraz kötü,biraz iyi	4-çoğunlukla iyi	5-sadece iyi

7. Düşünceler ve duygular beynime hücum ediyor ve aklımı karıştırıyorlar:

1-gün içinde pek çok kere	2-neredeyse her gün	3-neredeyse her hafta	4-neredeyse her ay	5-hiçbir zaman

8. Çeşitli etkinliklere katılıyorum ve günlük işlerimi yerine getiriyorum:

1-hiç	2-biraz	3-orta	4- oldukça çok	5- çok fazla

9. İşimi_____ yapabiliyorum.

1-çok iyi	2-iyi	3-orta	4-pek iyi değil	5-hiç iyi değil	6-bu cevaplar bana uymuyor. Lütfen nedenini belirtiniz_____

10. Onun ölümünün ardından kendimle ilgili düşüncelerim (kendimi algılamam):

1-çok değişti	2-oldukça değişti	3-orta derecede değişti	4-pek değişmedi	5-hiç değişmedi

11. Bu hafta kendi hakkımdaki düşüncelerim:

1-sadece olumsuz	2-çoğunlukla olumsuz	3-ne olumlu, ne olumsuz	4-çoğunlukla olumlu	5-sadece olumlu

12. Sosyalleşmeyi / sosyal aktivitelere katılmayı zor buluyorum:

1- doğru değil	2-çoğunlukla doğru değil	3-kısmen doğru	4-çoğunlukla doğru	5-doğru

13. Ailemle bağım:

1-çok iyi	2-iyi	3-orta	4-çok iyi değil	5-hiç iyi değil	6-bu cevaplar bana uymuyor. Lütfen nedenini belirtiniz_____

14. Ailemle ilişkilerim benim için büyük bir destek kaynağı:

1- doğru değil	2-çoğunlukla doğru değil	3-kısmen doğru	4-çoğunlukla doğru	5-doğru	6-bu cevaplar bana uymuyor Lütfen nedenini belirtiniz_____

15. Aile dışındaki kişilerle bağlarım benim için büyük bir destek kaynağı:

1-doğru değil	2-çoğunlukla doğru değil	3-kısmen doğru	4-çoğunlukla doğru	5-doğru

16. Eş olarak gerekenleri yapabilmem:

1-çok iyi	2-iyi	3-orta	4-pek iyi değil	5-hiç iyi değil	6-bu cevaplar bana uymuyor.Lütfen nedenini belirtiniz_____

17. Ebeveyn olarak gerekenleri yapabilmem:

1-çok iyi	2-iyi	3-orta	4-çok iyi değil	5-hiç iyi değil	6-bu cevaplar bana uymuyor. Lütfen nedenini belirtiniz_____

18. Değerlerim ve inançlarım benim için önemli bir destek kaynağı:

1- doğru değil	2-çoğunlukla doğru değil	3-kısmen doğru	4-çoğunlukla doğru	5-doğru

19. Kendi başıma hayatın gerektirdikleriyle başa çıkabileceğime inanıyorum ve bu konuda kendime güveniyorum:

1-doğru	2-çoğunlukla doğru	3-kısmen doğru	4-çoğunlukla doğru değil	5- doğru değil

20.Kayıptan sonra, bugünkü durumum en doğru şöyle ifade edilebilir:

1-yardıma çok ihtiyacım var	2-yardıma ihtiyacım var	3-biraz yardıma ihtiyacım var	4-yardıma pek ihtiyacım yok	5-yardıma hiç ihtiyacım yok

II. Lütfen sonraki bölüm için aşağıdaki yönergeyi okuyunuz ve devam ediniz. Aşağıdaki sorularda bir çizgi (_____) gördüğünüz zaman, lütfen bu soruları çizginin olduğu yerde kaybettiğiniz yakınınızın adı yazılıymış gibi cevaplayınız. Aksi belirtilmediği takdirde bütün soruları geçen haftanızı düşünerek yanıtlayınız.

1. Uğraşsam bile, _____ 'nunla ilgili hatıraları anımsamakta güçlük çekiyorum:

1- doğru değil	2-çoğunlukla doğru değil	3-kısmen doğru	4-çoğunlukla doğru	5-doğru

2. Öyle bir ilişkimiz vardı ki, ne zaman_____'nu düşünsem genellikle anlaşmazlıklarımızı hatırlıyorum:

1- doğru değil	2-çoğunlukla doğru değil	3-kısmen doğru	4-çoğunlukla doğru	5-doğru

3. _____'nun meziyetleri ve kendine özgü özelliklerinden dolayı onunla ilgili olumsuz düşüncelere sahip olmak çok zor geliyor:

1-doğru	2-çoğunlukla doğru	3-kısmen doğru	4-çoğunlukla doğru değil	5- doğru değil

4. Bazen, sanki _____'nun öldüğüne inanmıyormuşum gibi davranıyorum ya da duygusal tepkiler veriyorum.Bu bana:

1-gün içinde pek çok kere	2-neredeyse her gün	3-neredeyse her hafta	4-neredeyse her ay	5-hiçbir zaman

5. Bana _____'nu hatırlatan şeyleri fark ediyorum. Mesela; ona benzeyen insanlar, sesler ya da sanki o yakınımdaymış hissi. Bu bana:

1-gün içinde pek çok kere	2-neredeyse her gün	3-neredeyse her hafta	4-neredeyse her ay	5- neredeyse hiçbir zaman

6. Her zaman _____'nu düşünüyorum:

1-doğru	2-çoğunlukla doğru	3-kısmen doğru	4-çoğunlukla doğru değil	5- doğru değil

7. _____'nun kaybını bir dereceye kadar kabullenebildim:

1-doğru	2-çoğunlukla doğru	3-kısmen doğru	4-çoğunlukla doğru değil	5- doğru değil

8._____'nu düşündüğümde, bazı şeyleri daha farklı yapmadığım için kendimi çok suçlu hissediyorum ve pişmanlık duyuyorum:

1-doğru	2-çoğunlukla doğru	3-kısmen doğru	4-çoğunlukla doğru değil	5- doğru değil

9. _____'nunla ilgili düşünceler bende olumlu hisler uyandırıyor:

1-doğru	2-çoğunlukla doğru	3-kısmen doğru	4-çoğunlukla doğru değil	5- doğru değil

10._____'nu hatırlıyorum:

1-gün içinde pek çok kere	2-neredeyse her gün	3-neredeyse her hafta	4-neredeyse her ay	5- hiçbir zaman

11._____'nu hatırlatan şeylerden kaçınıyorum:

1-doğru	2-çoğunlukla doğru	3-kısmen doğru	4-çoğunlukla doğru değil	5- doğru değil

12. _____'nu düşünmek ve hatırlamak bana huzur veriyor.

1-doğru	2-çoğunlukla doğru	3-kısmen doğru	4-çoğunlukla doğru değil	5- doğru değil

13. _____'nsuz hayata katlanmak çok zor:

1-doğru	2-çoğunlukla doğru	3-kısmen doğru	4-çoğunlukla doğru değil	5- doğru değil

14._____'nun ölümünden bu yana onunla ilgili daha önceden bilmediğim bazı olumsuz şeyler keşfettim. Keşfettiklerim onun hakkındaki düşüncelerimi olumsuz yönde değiştirdi:

1-doğru	2-çoğunlukla doğru	3-kısmen doğru	4-çoğunlukla doğru değil	5- doğru değil

15.Şiddetli bir şekilde _____'nun yanımda olmasını istiyorum ve çok fazla özlüyorum:

1-gün içinde pek çok kere	2-neredeyse her gün	3-neredeyse her hafta	4-neredeyse her ay	5-hiçbir zaman

16. _____'nu her hatırladığımda acı çekiyorum:

1-doğru	2-çoğunlukla doğru	3-kısmen doğru	4-çoğunlukla doğru değil	5- doğru değil

17.Yakınını kaybeden insanların neden hayatlarına son vermeyi düşündüklerini şimdi anlıyorum:

1-doğru	2-çoğunlukla doğru	3-kısmen doğru	4-çoğunlukla doğru değil	5- doğru değil

18. _____'nun hatırasını yaşatmak ve devam ettirmek için bir şeyler yapıyorum:

1-doğru	2-çoğunlukla doğru	3-kısmen doğru	4-çoğunlukla doğru değil	5- doğru değil

(Lütfen_____'nun hatırasını canlı tutmak ve yaşatmak için neler yaptığınıza dair 3 örnek veriniz)

1) _____
2) _____
3) _____

19. O öldüğünden bu yana _____'nunla ilgili daha önceden bilmediğim bazı olumlu şeyler keşfettim. Bu şeyler benim onunla ilgili düşüncelerimi olumlu yönde değiştirdi:

1-doğru	2-çoğunlukla doğru	3-kısmen doğru	4-çoğunlukla doğru değil	5- doğru değil

20. Bugün onun ölümünden sonraki durumumu şöyle tarif etmek mümkün:

1-çok acı çekiyorum	2-acı çekiyorum	3-biraz acı çekiyorum	4-pek acı çekmiyorum	5- hiç acı çekmiyorum

III. Lütfen sonraki bölüm için yönergeyi okuyunuz ve devam ediniz. Aşağıdaki sorular _____ hayattayken, onunla sizin aranızdaki ilişkinin son iki yılıyla ilgilidir.

1._____'nunla ilişkim:

1-çok yakındı	2-yakındı	3-hem yakın hem yakın değildi	4-yakın değildi	5-hiç yakın değildi

2.Hayatı boyunca, _____ benim için başlıca manevi destek kaynağıydı.

1-doğru	2-çoğunlukla doğru	3-kısmen doğru	4-çoğunlukla doğru değil	5- doğru değil

3. Duygusal olarak _____'na bağımlıydım:

1-doğru	2-çoğunlukla doğru	3-kısmen doğru	4-çoğunlukla doğru değil	5- doğru değil

4. _____ 'nunla ilişkimde çok fazla, güçlü iniş çıkışlar vardı:

1-doğru	2-çoğunlukla doğru	3-kısmen doğru	4-çoğunlukla doğru değil	5- doğru değil

5. _____'nunla ilişkimde çok fazla kaçınma ve mesafe vardı:

1-doğru	2-çoğunlukla doğru	3-kısmen doğru	4-çoğunlukla doğru değil	5- doğru değil

6. _____ bana duygusal olarak bağımlıydı:

1-doğru	2-çoğunlukla doğru	3-kısmen doğru	4-çoğunlukla doğru değil	5- doğru değil

7. _____'nunla çok yakın olmakla çok kızgın ve/veya uzak olma isteği arasında gidip gelen bir ilişkimiz vardı:

1-doğru	2-çoğunlukla doğru	3-kısmen doğru	4-çoğunlukla doğru değil	5- doğru değil

8. _____, bana:

1-en yakın insandı	2-en yakın insanlardan biriydi	3-yakındı	4-pek yakın değildi	5-hiç yakın değildi

9.Genel olarak _____'nunla ilişkim karşılıklı güven duygusuna dayalıydı:

1-doğru	2-çoğunlukla doğru	3-kısmen doğru	4-çoğunlukla doğru değil	5- doğru değil

10. _____'nunla aramızdaki ilişkide karşılıklı anlayış, özgürlük ve huzur vardı:

1-doğru	2-çoğunlukla doğru	3-kısmen doğru	4-çoğunlukla doğru değil	5- doğru değil

IV. Lütfen devam ediniz. Aşağıdaki sorular sizin bugünkü duygu ve düşüncelerinizle ilgilidir.1. Bu kayıp benim için travmatikti (acı verici ve yıkıcıydı):

1-doğru	2-çoğunlukla doğru	3-kısmen doğru	4-çoğunlukla doğru değil	5- doğru değil

2. Bu kayıp çok ani ve beklenmedik bir şekilde gerçekleşti:

1-doğru	2-çoğunlukla doğru	3-kısmen doğru	4- çoğunlukla doğru değil	5- doğru değil

3. Bu kayıp şiddet veya dehşet içeren koşullar altında (kaza, terör veya kendine zarar verme gibi) veya başka zor koşullarda gerçekleşti:

1-doğru	2-çoğunlukla doğru	3-kısmen doğru	4-çoğunlukla doğru değil	5- doğru değil

Lütfen açıklayınız :_____

Bu kaybı yaşamaktan dolayı öfkeliyim:

1-doğru	2-çoğunlukla doğru	3-kısmen doğru	4-çoğunlukla doğru değil	5- doğru değil

Kime öfkelisiniz, neden?
A)_____
B)_____

5. _____'nun ölümüne şahit oldum:

1-doğru	2-çoğunlukla doğru	3-kısmen doğru	4-çoğunlukla doğru değil	5- doğru değil

6. _____ öldüğü sırada benim hayatım da tehlikedeydi:

1-doğru	2-çoğunlukla doğru	3-kısmen doğru	4-çoğunlukla doğru değil	5- doğru değil

7. Bu kaybı, hayatımda şok edici ve travmatik bir olay olarak yaşamaya devam ediyorum:

1-doğru	2-çoğunlukla doğru	3-kısmen doğru	4-çoğunlukla doğru değil	5- doğru değil

Nedenini lütfen açıklayınız……..

8. Benim yaşadığım şekilde birisini kaybetmek genellikle yaşanan en zor olaylardan biridir:

1-doğru	2-çoğunlukla doğru	3-kısmen doğru	4-çoğunlukla doğru değil	5- doğru değil

9. Benim yaşadığım gibi bir kayba sebep olan durumlar genellikle son derece güç koşullar olarak görülür:

1-doğru	2-çoğunlukla doğru	3-kısmen doğru	4-çoğunlukla doğru değil	5- doğru değil

10. Ölüm anına ilişkin görüntüler ve resimler düşüncelerime giriyor:

1-gün içinde pek çok kere	2-neredeyse her gün	3-neredeyse her hafta	4-neredeyse her ay	5-hiçbir zaman

11. Kafamın içinde _____'nunla ilgili resimler ve görüntüler görüyorum:

1- gün içinde pek çok kere	2-neredeyse her gün	3-neredeyse her hafta	4-neredeyse her ay	5-hiçbir zaman

12. Kendimi _____'nunla ilgili düşüncelerden kaçınmaya çalışırken buluyorum:

1- gün içinde pek çok kere	2-neredeyse her gün	3-neredeyse her hafta	4-neredeyse her ay	5-hiçbir zaman

13. Gerginim ve rahat değilim:

1- gün içinde pek çok kere	2-neredeyse her gün	3-neredeyse her hafta	4-neredeyse her ay	5-hiçbir zaman

14. _____'nun ölümüyle ilgili düşünceler ve duygular zihnimi dolduruyor:

1- gün içinde pek çok kere	2-neredeyse her gün	3-neredeyse her hafta	4-neredeyse her ay	5-hiçbir zaman

15. Ailem dışındaki insanlar da kaybımın ne kadar büyük olduğunun farkındalar:

1-doğru	2-çoğunlukla doğru	3-kısmen doğru	4-çoğunlukla doğru değil	5- doğru değil

16. Hayatın güçlükleriyle yüzleştiğimde genellikle sadece kendime güvenirim:

1-doğru	2-çoğunlukla doğru	3-kısmen doğru	4-çoğunlukla doğru değil	5- doğru değil

17. Onun kaybetmeden önce, zor olaylar beni sadece kısa süre etkilerdi:

1-doğru	2-çoğunlukla doğru	3-kısmen doğru	4-çoğunlukla doğru değil	5- doğru değil

18. Başkalarıyla konuşup duygularımı paylaşabiliyor ve onların yardımını ile desteğini alabiliyorum:

1-doğru	2-çoğunlukla doğru	3-kısmen doğru	4-çoğunlukla doğru değil	5- doğru değil

19. Yaşamımdaki zorlukların üstesinde gelebilmişimdir:

1-doğru	2-çoğunlukla doğru	3-kısmen doğru	4-çoğunlukla doğru değil	5- doğru değil

20. Başkalarının desteğini ve yardımını almadan kayıpla ilgili duygularımla ve tepkilerimle başa çıkabileceğime inanıyorum:

1-doğru	2-çoğunlukla doğru	3-kısmen doğru	4-çoğunlukla doğru değil	5- doğru değil

Yaşadığınız kayıpla nasıl başa çıktığınızla ilgili eklemek istediğiniz bir şey varsa veya ilave yorumlarda bulunmak isterseniz lütfen belirtiniz.

APPENDIX D:The impact of the Event Scale-Revised

Aşağıda, stresli bir yaşam olayından sonra insanların yaşayabileceği bazı zorlukların bir listesi sunulmuştur. Her cümleyi dikkatlice okuyunuz. **SİZİN İÇİN ÖNEMLİ OLAN KİŞİNİN KAYBINI** düşünerek, **GEÇTİĞİMİZ YEDİ GÜN İÇERİSİNDE** bu zorlukların sizi ne kadar rahatsız ettiğini cümlelerin sağındaki beş kutucuktan yalnızca birini işaretleyerek belirtiniz.

	Hiç 0	**Biraz 1**	**Orta Düzeyde 2**	**Fazla 3**	**Çok fazla 4**
1. Onun kaybını hatırlatan her türlü şey, bu kayıpla ilgili duygularımı yeniden ortaya çıkardı	*0*	*1*	*2*	*3*	*4*
2. Uykuyu sürdürmekte güçlük çektim	*0*	*1*	*2*	*3*	*4*
3. Başka şeyler benim onun kaybı hakkında düşünmeyi sürdürmeme neden oldu	*0*	*1*	*2*	*3*	*4*
4. Alıngan ve kızgın hissettim.	*0*	*1*	*2*	*3*	*4*
5. Onun kaybını düşündüğümde ya da hatırladığımda, bu konunun beni üzmesine izin vermedim.	*0*	*1*	*2*	*3*	*4*
6. Düşünmek istemediğim halde onun kaybını düşündüm	*0*	*1*	*2*	*3*	*4*
7. Bu kayıp hiç olmamış ya da gerçek değilmiş gibi hissettim	*0*	*1*	*2*	*3*	*4*
8. Onun kaybını hatırlatan şeylerden uzak durdum	*0*	*1*	*2*	*3*	*4*
9. Onun kaybıyla ilgili görüntüler aniden zihnimde canlandı	*0*	*1*	*2*	*3*	*4*
10. Ürkek ve diken üstünde hissettim	*0*	*1*	*2*	*3*	*4*
11. Onun kaybı hakkında düşünmemeye çalıştım	*0*	*1*	*2*	*3*	*4*
12. Onun kaybıyla ilgili olarak hala pek çok duygum vardı, ancak bunlarla hiç ilgilenmedim	*0*	*1*	*2*	*3*	*4*
13. Onun kaybıyla ilgili hissizleşmiş gibiydim	*0*	*1*	*2*	*3*	*4*

	Hiç 0	**Biraz 1**	**Orta Düzeyde 2**	**Fazla 3**	**Çok fazla 4**
14. Kendimi kaybın olduğu andaki gibi davranırken veya hissederken bulduğum oldu.	*0*	*1*	*2*	*3*	*4*
15. Uykuya dalmakta güçlük çektim.	*0*	*1*	*2*	*3*	*4*
16. Onun kaybıyla ilgili çok yoğun duygu değişiklikleri yaşadım.	*0*	*1*	*2*	*3*	*4*
17. Onun kaybını hafızamdan (belleğimden) silmeye çalıştım	*0*	*1*	*2*	*3*	*4*
18. Dikkatimi toplamakta zorlandım.	*0*	*1*	*2*	*3*	*4*
19. Onun kaybını hatırlatan şeyler fiziksel tepkiler göstermeme neden oldu (örneğin terleme, nefes almada güçlük, baş dönmesi, kalp çarpıntısı, gibi).	*0*	*1*	*2*	*3*	*4*
20. Onun kaybıyla ilgili rüyalar gördüm	*0*	*1*	*2*	*3*	*4*
21. Kendimi tetikte ve savunma durumunda hissettim.	*0*	*1*	*2*	*3*	*4*
22. Onun kaybı hakkında konuşmamaya çalıştım	*0*	*1*	*2*	*3*	*4*

APPENDIX E:Beck Depression Inventory

Sayın cevaplayıcı aşağıda gruplar halinde cümleler verilmektedir. Öncelikle her gruptaki cümleleri dikkatle okuyarak, **BUGÜN DAHİL GEÇEN HAFTA** içinde kendinizi nasıl hissettiğini en iyi anlatan cümleyi seçiniz. Eğer bir grupta durumunuzu, duygularınızı tarif eden birden fazla cümle varsa her birini daire içine alarak işaretleyiniz.

A- 0.Kendimi üzüntülü ve sıkıntılı hissetmiyorum.

1. Kendimi üzüntülü ve sıkıntılı hissediyorum.
2. Hep üzüntülü ve sıkıntılıyım. Bundan kurtulamıyorum.
3. O kadar üzüntülü ve sıkıntılıyım ki artık dayanamıyorum.

B- 0.Gelecek hakkında mutsuz ve karamsar değilim.

1. Gelecek hakkında karamsarım.
2. Gelecekten beklediğim hiçbir şey yok.
3. Geleceğim hakkında umutsuzum ve sanki hiçbir şey düzelmeyecekmiş gibi geliyor.

C- 0. Kendimi başarısız bir insan olarak görmüyorum.

1. Çevremdeki birçok kişiden daha çok başarısızlıklarım olmuş gibi hissediyorum.
2. Geçmişe baktığımda başarısızlıklarla dolu olduğunu görüyorum.
3. Kendimi tümüyle başarısız biri olarak görüyorum.

D- 0.Birçok şeyden eskisi kadar zevk alıyorum.

1. Eskiden olduğu gibi her şeyden hoşlanmıyorum.
2. Artık hiçbir şey bana tam anlamıyla zevk vermiyor.
3. Her şeyden sıkılıyorum.

E- 0. Kendimi herhangi bir şekilde suçlu hissetmiyorum.
1. Kendimi zaman zaman suçlu hissediyorum.
2. Çoğu zaman kendimi suçlu hissediyorum.
3. Kendimi her zaman suçlu hissediyorum.

F- 0.Bana cezalandırılmışım gibi geliyor.
1. Cezalandırılabileceğimi hissediyorum.
2. Cezalandırılmayı bekliyorum.
3. Cezalandırıldığımı hissediyorum.

G- 0.Kendimden memnunum.
1. Kendi kendimden pek memnun değilim.
2. Kendime çok kızıyorum.
3. Kendimden nefret ediyorum.

H- 0. Başkalarından daha kötü olduğumu sanmıyorum.
1. Zayıf yanların veya hatalarım için kendi kendimi eleştiririm.
2. Hatalarımdan dolayı ve her zaman kendimi kabahatli bulurum.
3. Her aksilik karşısında kendimi hatalı bulurum.

I- 0.Kendimi öldürmek gibi düşüncelerim yok.
1. Zaman zaman kendimi öldürmeyi düşündüğüm olur. Fakat yapmıyorum.
2. Kendimi öldürmek isterdim.
3. Fırsatını bulsam kendimi öldürürdüm.

J- 0.Her zamankinden fazla içimden ağlamak gelmiyor.
1. Zaman zaman içimden ağlamak geliyor.
2. Çoğu zaman ağlıyorum.
3. Eskiden ağlayabilirdim şimdi istesem de ağlayamıyorum.

K- 0.Şimdi her zaman olduğumdan daha sinirli değilim.

1. Eskisine kıyasla daha kolay kızıyor ya da sinirleniyorum.
2. Şimdi hep sinirliyim.
3. Bir zamanlar beni sinirlendiren şeyler şimdi hiç sinirlendirmiyor.

L. 0. Başkaları ile görüşmek, konuşmak isteğimi kaybetmedim.

1. Başkaları ile eskiden daha az konuşmak, görüşmek istiyorum.
2. Başkaları ile konuşma ve görüşme isteğimi kaybetmedim.
3. Hiç kimseyle konuşmak görüşmek istemiyorum.

M. 0.Eskiden olduğu gibi kolay karar verebiliyorum.

1. Eskiden olduğu kadar kolay karar veremiyorum.
2. Karar verirken eskisine kıyasla çok güçlük çekiyorum.
3. Artık hiç karar veremiyorum.

N- 0.Aynada kendime baktığımda değişiklik görmüyorum.

1. Daha yaşlanmış ve çirkinleşmişim gibi geliyor.
2. Görünüşümün çok değiştiğini ve çirkinleştiğimi hissediyorum.
3. Kendimi çok çirkin buluyorum.

O- 0. Eskisi kadar iyi çalışabiliyorum.

1. Bir şeyler yapabilmek için gayret göstermem gerekiyor.
2. Herhangi bir şeyi yapabilmek için kendimi çok zorlamam gerekiyor.
3. Hiçbir şey yapamıyorum.

P- 0.Her zamanki gibi iyi uyuyabiliyorum.

1. Eskiden olduğu gibi iyi uyuyamıyorum.
2. Her zamankinden 1-2 saat daha erken uyanıyorum ve tekrar uyuyamıyorum.
3. Her zamankinden çok daha erken uyanıyor ve tekrar uyuyamıyorum.

R- 0.Her zamankinden daha çabuk yorulmuyorum.

1. Her zamankinden daha çabuk yoruluyorum.
2. Yaptığım her şey beni yoruyor.
3. Kendimi hemen hiçbir şey yapamayacak kadar yorgun hissediyorum.

S- 0. İştahım her zamanki gibi.

1. iştahım her zamanki kadar iyi değil.
2. İştahım çok azaldı.
3. Artık hiç iştahım yok.

T- 0.Son zamanlarda kilo vermedim.

1. İki kilodan fazla kilo verdim.
2. Dört kilodan fazla kilo verdim.
3. Altı kilodan fazla kilo vermeye çalışıyorum.

U- 0. Sağlığım beni fazla endişelendirmiyor.

1. Ağrı, sancı, mide bozukluğu veya kabızlık gibi rahatsızlıklar beni endişelendirmiyor.
2. Sağlığım beni endişelendirdiği için başka şeyleri düşünmek zorlaşıyor.
3. Sağlığım hakkında o kadar endişeliyim ki başka hiçbir şey düşünemiyorum.

V- 0. Son zamanlarda cinsel konulara olan ilgimde bir değişme fark etmedim.

1. Cinsel konularla eskisinden daha az ilgiliyim.
2. Cinsel konularla şimdi çok daha az ilgiliyim.
3. Cinsel konular olan ilgimi tamamen kaybettim.

APPENDIX F:Experiences in Close Relationships-Revised (ECR-R)

Aşağıdaki maddeler özel ilişkilerinizde hissettiğiniz duygularla ilgilidir. **Evliliğinizde ya da özel ilişkinizde sadece şu an değil, genel olarak neler olduğuyla ya da neler yaşadığınızla ilgilenmekteyiz.** Maddelerde sözü geçen **"birlikte olduğum kişi" ve "romantik ilişkide olduğum kişi" ifadeleri ile evli olduğunuz ya da özel bir ilişki içerisinde olduğunuz kişi kastedilmektedir. Eğer halihazırda özel bir ilişki içerisinde değilseniz, aşağıdaki maddeleri bir ilişki içinde olduğunuzu varsayarak cevaplandırınız**. Her bir maddenin ilişkilerinizdeki duygu ve düşüncelerinizi ne oranda yansıttığını karşılarındaki 7 aralıklı ölçek üzerinde, ilgili rakam üzerine çarpı (X) koyarak gösteriniz.

1----------2----------3----------4----------5----------6----------7

Hiç katılmıyorum **Kararsızım/fikrim yok katılıyorum** **Tamamen**

1. Birlikte olduğum kişinin sevgisini kaybetmekten korkarım.	1	2	3	4	5	6	7
2. Gerçekte ne hissettiğimi birlikte olduğum kişiye göstermemeyi tercih ederim.	1	2	3	4	5	6	7
3. Sıklıkla, birlikte olduğum kişinin artık benimle olmak istemeyeceği korkusuna kapılırım.	1	2	3	4	5	6	7
4. Özel duygu ve düşüncelerimi birlikte olduğum kişiyle paylaşmak konusunda kendimi rahat hissederim.	1	2	3	4	5	6	7
5. Sıklıkla, birlikte olduğum kişinin beni gerçekten sevmediği kaygısına kapılırım.	1	2	3	4	5	6	7
6. Romantik ilişkide olduğum kişilere güvenip inanmak konusunda kendimi rahat bırakmakta zorlanırım.	1	2	3	4	5	6	7
7. Romantik ilişkide olduğum kişilerin beni, benim onları önemsediğim kadar önemsemeyeceklerinden endişe duyarım.	1	2	3	4	5	6	7
8. Romantik ilişkide olduğum kişilere yakın olma konusunda çok rahatımdır.	1	2	3	4	5	6	7
9. Sıklıkla, birlikte olduğum kişinin bana duyduğu hislerin benim ona duyduğum hisler kadar güçlü olmasını isterim.	1	2	3	4	5	6	7
10. Romantik ilişkide olduğum kişilere açılma konusunda kendimi rahat hissetmem.	1	2	3	4	5	6	7
11. İlişkilerimi kafama çok takarım.	1	2	3	4	5	6	7
12. Romantik ilişkide olduğum kişilere fazla yakın olmamayı tercih ederim.	1	2	3	4	5	6	7
13. Benden uzakta olduğunda, birlikte olduğum kişinin başka birine ilgi duyabileceği korkusuna kapılırım.	1	2	3	4	5	6	7
14. Romantik ilişkide olduğum kişi benimle çok yakın olmak istediğinde rahatsızlık duyarım.	1	2	3	4	5	6	7
15. Romantik ilişkide olduğum kişilere duygularımı gösterdiğimde, onların benim için aynı şeyleri hissetmeyeceğinden korkarım.	1	2	3	4	5	6	7
16. Birlikte olduğum kişiyle kolayca yakınlaşabilirim.	1	2	3	4	5	6	7

1----------2----------3----------4----------5----------6----------7 **Hiç katılmıyorum** **Kararsızım/ fikrim yok** **Tamamen katılıyorum**							
17.Birlikte olduğum kişinin beni terk edeceğinden pek endişe duymam.	1	2	3	4	5	6	7
18.Birlikte olduğum kişiyle yakınlaşmak bana zor gelmez.	1	2	3	4	5	6	7
19.Romantik ilişkide olduğum kişi kendimden şüphe etmeme neden olur.	1	2	3	4	5	6	7
20.Genellikle, birlikte olduğum kişiyle sorunlarımı ve kaygılarımı tartışırım.	1	2	3	4	5	6	7
21.Terk edilmekten pek korkmam.	1	2	3	4	5	6	7
22.Zor zamanlarımda, romantik ilişkide olduğum kişiden yardım istemek bana iyi gelir.	1	2	3	4	5	6	7
23.Birlikte olduğum kişinin, bana benim istediğim kadar yakınlaşmak istemediğini düşünürüm.	1	2	3	4	5	6	7
24.Birlikte olduğum kişiye hemen hemen her şeyi anlatırım.	1	2	3	4	5	6	7
25.Romantik ilişkide olduğum kişiler bazen bana olan duygularını sebepsiz yere değiştirirler.	1	2	3	4	5	6	7
26.Başımdan geçenleri birlikte olduğum kişiyle konuşurum.	1	2	3	4	5	6	7
27.Çok yakın olma arzum bazen insanları korkutup uzaklaştırır.	1	2	3	4	5	6	7
28.Birlikte olduğum kişiler benimle çok yakınlaştığında gergin hissederim.	1	2	3	4	5	6	7
29.Romantik ilişkide olduğum bir kişi beni yakından tanıdıkça, "gerçek ben"den hoşlanmayacağından korkarım.	1	2	3	4	5	6	7
30.Romantik ilişkide olduğum kişilere güvenip inanma konusunda rahatımdır.	1	2	3	4	5	6	7
31.Birlikte olduğum kişiden ihtiyaç duyduğum şefkat ve desteği görememek beni öfkelendirir.	1	2	3	4	5	6	7
32.Romantik ilişkide olduğum kişiye güvenip inanmak benim için kolaydır.	1	2	3	4	5	6	7
33.Başka insanlara denk olamamaktan endişe duyarım	1	2	3	4	5	6	7
34.Birlikte olduğum kişiye şefkat göstermek benim için kolaydır.	1	2	3	4	5	6	7
35.Birlikte olduğum kişi beni sadece kızgın olduğumda önemser.	1	2	3	4	5	6	7
36.Birlikte olduğum kişi beni ve ihtiyaçlarımı gerçekten anlar.	1	2	3	4	5	6	7

APPENDIX G:Difficulties in Emotion Regulation

Aşağıdaki cümlelerin size ne kadar uyduğunu altlarında belirtilen 5 dereceli ölçek üzerinde değerlendiriniz ve yalnızca tek bir rakamı yuvarlak içine alarak işaretleyiniz.

1. **Ne hissettiğim konusunda netimdir**.

1.Hemen hemen hiç	**2. Bazen**	**3.Yaklaşık yarı yarıya**	**4.Çoğu zaman**	**5. Hemen hemen her zaman**

Ne hissettiğimi dikkate alırım.

1.Hemen hemen hiç	**2. Bazen**	**3.Yaklaşık yarı yarıya**	**4.Çoğu zaman**	**5. Hemen hemen her zaman**

2. **Duygularım bana dayanılmaz ve kontrolsüz gelir.**

1.Hemen hemen hiç	**2. Bazen**	**3.Yaklaşık yarı yarıya**	**4.Çoğu zaman**	**5. Hemen hemen her zaman**

3. **Ne hissettiğim konusunda hiçbir fikrim yoktur**.

1.Hemen hemen hiç	**2. Bazen**	**3.Yaklaşık yarı yarıya**	**4.Çoğu zaman**	**5. Hemen hemen her zaman**

4. **Duygularıma bir anlam vermekte zorlanırım.**

1.Hemen hemen hiç	**2. Bazen**	**3.Yaklaşık yarı yarıya**	**4.Çoğu zaman**	**5. Hemen hemen her zaman**

5. **Ne hissettiğime dikkat ederim.**

1.Hemen hemen hiç	**2. Bazen**	**3.Yaklaşık yarı yarıya**	**4.Çoğu zaman**	**5. Hemen hemen her zaman**

6. **Ne hissettiğimi tam olarak bilirim.**

1.Hemen hemen hiç	**2. Bazen**	**3.Yaklaşık yarı yarıya**	**4.Çoğu zaman**	**5. Hemen hemen her zaman**

7. **Ne hissettiğimi önemserim.**

1.Hemen hemen hiç	**2. Bazen**	**3.Yaklaşık yarı yarıya**	**4.Çoğu zaman**	**5. Hemen hemen her zaman**

8. **Ne hissettiğim konusunda karmaşa yaşarım.**

1.Hemen hemen hiç	**2. Bazen**	**3.Yaklaşık yarı yarıya**	**4.Çoğu zaman**	**5. Hemen hemen her zaman**

9. **Kendimi kötü hissettiğimde böyle hissettiğim için kendime kızarım.**

1.Hemen hemen hiç	**2. Bazen**	**3.Yaklaşık yarı yarıya**	**4.Çoğu zaman**	**5. Hemen hemen her zaman**

10. Kendimi kötü hissettiğim için utanırım.

1.Hemen hemen hiç	**2. Bazen**	**3.Yaklaşık yarı yarıya**	**4.Çoğu zaman**	**5. Hemen hemen her zaman**

11. Kendimi kötü hissettiğimde işlerimi bitirmekte zorlanırım.

1.Hemen hemen hiç	**2. Bazen**	**3.Yaklaşık yarı yarıya**	**4.Çoğu zaman**	**5. Hemen hemen her zaman**

12. Kendimi kötü hissettiğimde kontrolden çıkarım.

1.Hemen hemen hiç	**2. Bazen**	**3.Yaklaşık yarı yarıya**	**4.Çoğu zaman**	**5. Hemen hemen her zaman**

13. **Kendimi kötü hissettiğimde uzun süre böyle kalacağıma inanırım.**

1.Hemen hemen hiç	**2. Bazen**	**3.Yaklaşık yarı yarıya**	**4.Çoğu zaman**	**5. Hemen hemen her zaman**

14. **Kendimi kötü hissetmemin yoğun depresif duyguyla sonuçlanacağına inanırım.**

1.Hemen hemen hiç	**2. Bazen**	**3.Yaklaşık yarı yarıya**	**4.Çoğu zaman**	**5. Hemen hemen her zaman**

15. Kendimi kötü hissettiğimde duygularımın yerinde ve önemli olduğuna inanırım.

1.Hemen hemen hiç	**2. Bazen**	**3.Yaklaşık yarı yarıya**	**4.Çoğu zaman**	**5. Hemen hemen her zaman**

16. Kendimi kötü hissederken başka şeylere odaklanmakta zorlanırım.

1.Hemen hemen hiç	**2. Bazen**	**3.Yaklaşık yarı yarıya**	**4.Çoğu zaman**	**5. Hemen hemen her zaman**

17. Kendimi kötü hissederken kontrolden çıktığım duygusu yaşarım.

1.Hemen hemen hiç	**2. Bazen**	**3.Yaklaşık yarı yarıya**	**4.Çoğu zaman**	**5. Hemen hemen her zaman**

18. Kendimi kötü hissediyor olsam da çalışmayı sürdürebilirim.

1.Hemen hemen hiç	**2. Bazen**	**3.Yaklaşık yarı yarıya**	**4.Çoğu zaman**	**5. Hemen hemen her zaman**

19. **Kendimi kötü hissettiğimde bu duygumdan dolayı kendimden utanırım.**

1.Hemen hemen hiç	**2. Bazen**	**3.Yaklaşık yarı yarıya**	**4.Çoğu zaman**	**5. Hemen hemen her zaman**

20. Kendimi kötü hissettiğimde eninde sonunda kendimi daha iyi hissetmenin bir yolunu bulacağımı bilirim.

1.Hemen hemen hiç	**2. Bazen**	**3.Yaklaşık yarı yarıya**	**4.Çoğu zaman**	**5. Hemen hemen her zaman**

21. Kendimi kötü hissettiğimde zayıf biri olduğum duygusuna kapılırım.

1.Hemen hemen hiç	**2. Bazen**	**3.Yaklaşık yarı yarıya**	**4.Çoğu zaman**	**5. Hemen hemen her zaman**

22. Kendimi kötü hissettiğimde de davranışlarım kontrolüm altındadır.

1.Hemen hemen hiç	**2. Bazen**	**3.Yaklaşık yarı yarıya**	**4.Çoğu zaman**	**5. Hemen hemen her zaman**

23. Kendimi kötü hissettiğim için suçluluk duyarım.

1.Hemen hemen hiç	**2. Bazen**	**3.Yaklaşık yarı yarıya**	**4.Çoğu zaman**	**5. Hemen hemen her zaman**

24. Kendimi kötü hissettiğimde konsantre olmakta zorlanırım.

1.Hemen hemen hiç	**2. Bazen**	**3.Yaklaşık yarı yarıya**	**4.Çoğu zaman**	**5. Hemen hemen her zaman**

25. Kendimi kötü hissettiğimde davranışlarımı kontrol etmekte zorlanırım.

1.Hemen hemen hiç	**2. Bazen**	**3.Yaklaşık yarı yarıya**	**4.Çoğu zaman**	**5. Hemen hemen her zaman**

26. Kendimi kötü hissettiğimde daha iyi hissetmem için yapacağım hiçbir şey olmadığına inanırım.

1.Hemen hemen hiç	**2. Bazen**	**3.Yaklaşık yarı yarıya**	**4.Çoğu zaman**	**5. Hemen hemen her zaman**

27. Kendimi kötü hissettiğimde böyle hissettiğim için kendimden rahatsız olurum.

1.Hemen hemen hiç	**2. Bazen**	**3.Yaklaşık yarı yarıya**	**4.Çoğu zaman**	**5. Hemen hemen her zaman**

28. Kendimi kötü hissettiğimde, kendimle ilgili olarak çok fazla endişelenmeye başlarım.

1.Hemen hemen hiç	**2. Bazen**	**3.Yaklaşık yarı yarıya**	**4.Çoğu zaman**	**5. Hemen hemen her zaman**

29. Kendimi kötü hissettiğimde kendimi bu duyguya bırakmaktan başka çıkar yol olmadığına inanırım.

1.Hemen hemen hiç	**2. Bazen**	**3.Yaklaşık yarı yarıya**	**4.Çoğu zaman**	**5. Hemen hemen her zaman**

30. Kendimi kötü hissettiğimde davranışlarım üzerindeki kontrolümü kaybederim.

1.Hemen hemen hiç	**2. Bazen**	**3.Yaklaşık yarı yarıya**	**4.Çoğu zaman**	**5. Hemen hemen her zaman**

31. Kendimi kötü hissettiğimde başka bir şey düşünmekte zorlanırım.

1.Hemen hemen hiç	**2. Bazen**	**3.Yaklaşık yarı yarıya**	**4.Çoğu zaman**	**5. Hemen hemen her zaman**

32. Kendimi kötü hissettiğimde duygumun gerçekte ne olduğunu anlamak için zaman ayırırım.

1.Hemen hemen hiç	**2. Bazen**	**3.Yaklaşık yarı yarıya**	**4.Çoğu zaman**	**5. Hemen hemen her zaman**

33. Kendimi kötü hissettiğimde, kendimi daha iyi hissetmem uzun zaman alır.

1.Hemen hemen hiç	**2. Bazen**	**3.Yaklaşık yarı yarıya**	**4.Çoğu zaman**	**5. Hemen hemen her zaman**

34. Kendimi kötü hissettiğimde duygularım dayanılmaz olur.

1.Hemen hemen hiç	**2. Bazen**	**3.Yaklaşık yarı yarıya**	**4.Çoğu zaman**	**5. Hemen hemen her zaman**

35. Olumsuz duyguların hayatımda yeri yoktur.

Bazen □ Çoğu zaman □

APPENDIX H:Ways of Coping Styles Inventory

Hayatınızda karşılaştığınız zorluklarla nasıl başa çıktığınızı düşünün. Aşağıda cümlelerin her birini dikkatlice okuduktan sonra, kendi sıkıntılarınızı düşünerek, ***bu yolları hiç kullanmıyorsanız*****hiçbir zaman**, ***kimi zaman kullanıyorsanız*****bazen**,***çok sık kullanıyorsanız*****her zaman**seçeneğini işaretleyiniz.

	Hiçbir zaman	**Bazen**	**Her zaman**
1. Aklımı kurcalayan şeylerden kurtulmak için değişik işlerle uğraştım.			
2. Bir mucize olmasını bekledim.			
3. İyimser olmaya çalıştım.			
4. Çevremdeki insanlardan sorunlarımı çözmemde bana yardımcı olmalarını bekledim.			
5. Bazı şeyleri büyütmeyip üzerinde durmamaya çalışırım.			
6. Sakin kafayla düşünmeye ve öfkelenmemeye çalışırım.			
7. Durumun değerlendirilmesini yaparak en iyi kararı vermeye çalıştım.			
8. Ne olursa olsun direnme ve mücadele etme gücünü kendimde hissederim.			
9. Olanları unutmaya çalıştım.			
10. Başa gelen çekilir diye düşündüm.			
11. Durumun ciddiyetini anlamaya çalıştım.			
12. Kendimi kapana sıkışmış hissederim.			

	Hiçbir zaman	**Bazen**	**Her zaman**
13. Duygularımı paylaştığım kişilerin bana hak vermesini istedim.			
14. "Her işte bir hayır var" diye düşünürüm.			
15. Dua ederek Allah'tan yardım diledim.			
16. Elimde olanlarla yetinmeye çalıştım.			
17. Olanları kafama takıp sürekli düşünmekten kendimi alamadım.			
18. Sıkıntılarımı içimde tutmaktansa paylaşmayı tercih ederim.			
19. Mutlaka bir çözüm yolu bulabileceğime inanıp bu yolda uğraştım.			
20. "İş olacağına varır" diye düşündüm.			
21. Ne yapacağıma karar vermeden önce arkadaşlarımın fikrini aldım.			
22. Kendimde her şeye yeniden başlayacak gücü buldum.			
23. Olanlardan olumlu bir şeyler çıkarmaya çalıştım.			
24. Bunun alın yazım olduğunu ve değişmeyeceğini düşündüm.			
25. Sorunlarıma farklı çözüm yolları aradım.			
26. "Olanları keşke değiştirebilseydim" diye düşündüm.			
27. Hayatla ilgili yeni bir bakış açısı geliştirmeye çalıştım.			

	Hiçbir zaman	**Bazen**	**Her zaman**
28. Sorunlarımı adım adım çözmeye çalıştım.			
29. Her şeyin istediğim gibi olmayacağını düşünüyorum.			
30. Dertlerimden kurtulayım diye fakir fukaraya sadaka verdim.			
31. Ne yapacağımı planlayıp ona göre davrandım.			
32. Mücadele etmekten vazgeçtim.			
33. Sıkıntılarımın kendimden kaynaklandığını düşündüm.			
34. Olanlar karşısında "Kaderim buymuş" dedim.			
35. "Keşke daha güçlü bir insan olsaydım" diye düşündüm.			
36. "Benim suçum ne" diye düşündüm.			
37. "Allah'ın takdiri buymuş deyip" kendi kendimi teselli etmeye çalıştım.			
38. Temkinli olmaya ve yanlış yapmamaya çalıştım.			
39. Çözüm için kendim bir şeyler yapmak istedim.			
40. Hep benim yüzümden oldu diye düşündüm.			
41. Hakkımı savunmaya çalıştım.			
42. Bir kişi olarak olgunlaştığımı ve iyi yönde geliştiğimi hissettim.			