

GROWTH THROUGH TRAUMATIC LOSS:  
THE EFFECT  
OF GRIEF RELATED FACTORS, COPING AND PERSONALITY  
ON POSTTRAUMATIC GROWTH

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Growth through Traumatic Loss: The Effect of Grief Related Factors,  
Coping and Personality on Posttraumatic Growth

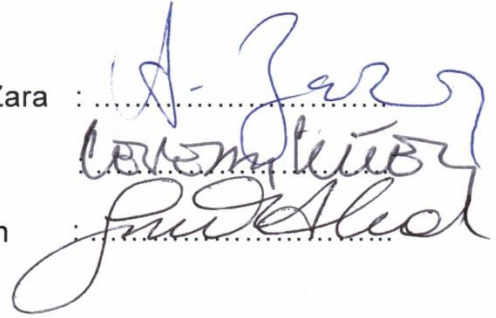
Travmatik Kayıplar Sonrası Gelişim: Yas Süreci ile ilgili Faktörlerin, Baş  
Etme Stilleri ve Kişilik Özelliklerinin Travma Sonrası Gelişim Üzerindeki  
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- 3) Grief
- 4) Personality Traits
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## ABSTRACT

The aim of the present study was to investigate the experience of posttraumatic growth (PTG) in bereaved individuals. The contributory role of socio-demographic variables, death specific factors, grief related factors, personality traits and coping styles in the development of PTG were explored. One-hundred and thirty two bereaved individuals who lost a first degree relative or a romantic partner between 5 to 17 months ago took part in the study. The results showed that gender of the bereaved participants and time since loss significantly influenced the grief related factors as well as the experience of PTG. Perceiving the loss as more traumatic was found to be significantly related with higher levels of PTG. A curvilinear relationship between grief intensity and growth was also found. Contrary to expectations, findings indicated that there was no relationship between basic personality traits and PTG. In terms of coping styles, PTG were positively correlated with engaging in problem-focused, social support seeking, religious coping and avoidance. Hierarchical multiple regression analyses indicated that traumatic perception of loss and coping styles (problem-focused, social support, religious coping) explained 32 % of the variance in PTG. The implications of the findings on PTG in bereaved individuals were discussed. Clinical insights regarding to the transformative power of bereavement and future directions were elaborated in the last section.

## ÖZET

Bu çalışmanın amacı ani kayıplar sonrası oluşabilecek travma sonrası gelişim (TSG) deneyimini incelemektir. Çalışmada, sosyo-demografik özelliklerin, kayıp ve yas süreci ile ilgili faktörlerin, baş etme stilleri ve kişilik özelliklerinin, TSG üzerindeki etkisi ve yordayıcılık gücü araştırılmıştır. Çalışmaya, ani veya travmatik koşullar sebebiyle birinci dereceden akraba veya romantik partnerini kaybeden 132 kişi katılmıştır. Katılımcılar, yakınlarını 5 ile 17 ay arasındaki süreçte kaybetmiştir. Çalışmanın bulguları, katılımcıların cinsiyetinin ve kayıp üzerinden geçen zamanın TSG ve yas süreci üzerinde anlamlı bir etkisi olduğunu göstermiştir. Yas süreci ile ilgili faktörler incelendiğinde, yas yoğunluğu ile TSG arasında anlamlı bir kurvilineer ilişki bulunurken, kayba dair travmatik algı düzeyleri ile TSG düzeyleri arasında pozitif bir ilişki olduğu gözlemlenmiştir. Beklentilerin aksine, kayıp yaşayan kişilerde kişilik özellikleri ile TSG arasında anlamlı bir ilişki bulunamamıştır. Baş etme stilleri incelendiğinde, problem odaklı baş etme, sosyal destek alma, dini yönden baş etme ve görmezden gelme baş etme stillerinin, TSG ile pozitif yönde anlamlı ilişkisi bulunmuştur. Yapılan hiyerarşik regresyon analizi sonucu, kayba yönelik travmatik algı düzeyinin, problem odaklı baş etme, dini yönden baş etme ve sosyal destek ile baş etme yollarının, TSG düzeylerindeki varyansın %32'sini açıkladığı bulunmuştur. Çalışmanın bulguları, sınırlılıkları ve kayıpların dönüştürücü gücü literatür ışığında tartışılmıştır.

## DEDICATION

Dedicated to my father, *İsmail Hakkı Yılmaz*  
For the things of his *presence* and *absence* have contributed  
to my life...

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Last, but not least, I should add that this thesis is grown out of my own grief process that tickled my own curiosity of loss and its consequences. Thereby, I would like to finish this part with a quote from Abraham Heschel that might represent the meaning of this thesis to me, as he said:

“There are three ascending levels of how one mourns:

With tears—that is the lowest

With silence—that is higher

And with a song—that is the highest”

In the end, I’m happy to be able to sing...

## TABLE OF CONTENTS

Title Page .....	i
Approval .....	ii
Abstract.....	iii
Özet.....	iv
Dedication.....	v
Acknowledgments .....	vii
Table of Contents.....	xi
List of Tables .....	xiii
List of Figures.....	xvi
1. INTRODUCTION .....	1
1.1. Traumatic Loss .....	2
1.1.2. Normal vs. Pathological Grief .....	3
1.1.3. Theories of Mourning .....	4
1.1.3.1. Post –Modern Perspectives on Loss.....	6
1.1.3.2. Two-Track Model of Bereavement.....	7
1.1.3.3. Dual Process Model of Coping with Bereavement.....	9
1.1.4. Life after Loss: A Pathway for Growth .....	10
1.1.4.1. Meaning-Reconstruction and Growth.....	10
1.1.4. 2. Empirical Studies on Growth in Bereavement.....	12
1.2. Posttraumatic Growth and Its Implications .....	13
1.2.1. Trauma: Is positive transformation possible?.....	13
1.2.2. Posttraumatic Growth .....	14
1.2.3. Theoretical Framework of Posttraumatic Growth.....	16

1.2.3.1.	Tedeschi & Calhoun’s (1995) Model of PTG .....	16
1.2.3.2.	Schaefer and Moos’s (1998) Conceptual Model for Understanding Life Crises and Transitions .....	17
1.2.3.3.	Affective-Cognitive Processing Model of PTG (Joseph, Murphy & Regel, 2012).....	19
1.3.	Related factors with PTG .....	21
1.3.1.	Personality .....	22
1.3.2.	Coping .....	24
1.3.2.1.	Coping Styles .....	24
1.3.2.2.	Coping and PTG .....	25
1.3.2.3.	Social Support.....	27
1.3.2.4.	Religion and Spirituality.....	28
1.4.	The Aims of the Study.....	30
1.4.1.	The Hypotheses of the Study.....	30
2.	METHOD .....	31
2.1.	Participants .....	31
2.2.	Instruments .....	33
2.2.1.	Demographic Information .....	33
2.2.2.	Two Track Model of Bereavement Questionnaire (TTBQ-T) .....	34
2.2.3.	Posttraumatic Growth Inventory (PTG) .....	35
2.2.4.	Adjective Based Personality Inventory (ABPI) .....	36
2.2.5.	Turkish Ways of Coping Inventory (TWCI) .....	37
2.3.	Procedure.....	38

2.4. Statistical Analysis .....	39
3. RESULTS .....	41
3.1. Descriptive Statistics for Loss Related Variables.....	41
3.2. Descriptive Characteristics of all Measures used in the Study.....	43
3.3. Relationships among Predictor Variables of PTG.....	45
3.4. Relationship between Grief Intensity and Posttraumatic Growth .	47
3.5. Predictor Variables of PTG .....	48
3.6. Relationship between the Subscales of PTG, Coping Styles and Personality Traits.....	52
3.7. The Effect of Personal Variables on Grief Reactions and PTG ....	54
3.7.1. The Role of Gender on the Measures of Relational Active Grieving, Traumatic Perception of Loss and PTG .....	54
3.7.2. The Role of Prior Traumatic Event on Relational Active Grieving, Traumatic Perception of Loss and PTG .....	55
3.8. The Effect of Loss Related Variables on Grief Reactions and PTG .....	56
3.8.1. The Role of the Cause of the Death on the Measures of Relational Active Grieving, Traumatic Perception of Loss and PTG .....	56
3.8.2. The Role of the Closeness to the Deceased on the Measures of Relational Active Grieving, Traumatic Perception of Loss and PTG.....	59

3.8.3. The Role of Time since the Loss on the measures of Relational Active Grieving, Traumatic Perception of Loss and PTG .....	61
3.8.4. The Role of Received Professional Help after the Loss on the measures of Relational Active Grieving, Traumatic Perception of Loss and PTG .....	63
4. DISCUSSION .....	66
4.1. Predictors of Posttraumatic Growth in Bereavement.....	66
4.1.1 Gender .....	66
4.1.2. Prior Traumatic Experience .....	67
4.1.3. The Role of Loss-Related Variables on Grief and PTG.....	68
4.1.3.1. Time since Loss .....	68
4.1.3.2. Cause of Death.....	70
4.1.3.3. Closeness to the Deceased .....	72
4.1.3.4. Received Professional Help after Loss .....	73
4.1.4. The Role of Grief- Related Variables on PTG.....	74
4.1.5. Personality and PTG.....	77
4.1.6. Coping and PTG .....	77
4.1.6.1. Problem-Focused Coping .....	78
4.1.6.2. Religious Coping .....	79
4.1.6.3. Social Support.....	81
4.1.6.4. Avoidance Coping .....	82
4.2. Clinical Implications.....	83
4.3. Limitations of the Study and Future Directions .....	85

4.4. Conclusion .....	88
5. REREFENCES .....	89
6. APPENDICES .....	110

## LIST OF TABLES

Table 1. Demographic Characteristics of the Sample .....	31
Table 2. Descriptive Information Regarding the Loss Related Variables ...	42
Table 3. Descriptive Information Regarding the Measures of Study .....	44
Table 4. Correlations among Variables Related with PTG .....	46
Table 5. Predictor Variables Entered in the Blocks of Regression Analysis .....	49
Table 6. Hierarchical Regression Model with Predictors of PTG .....	52
Table 7. Correlations among the subscales of PTG, Coping and Personality .....	54
Table 8. Descriptive Statistics of Relational Active Grieving, Traumatic Perception of Loss and Posttraumatic Growth based on the Gender.....	55
Table 9. Descriptive Statistics of Relational Active Grieving, Traumatic Perception of Loss and Posttraumatic Growth based on Prior Traumatic Experience .....	56
Table 10. Group Comparisons of the scores of Relational Active Grieving, Traumatic Perception of Loss and Posttraumatic Growth based on the Cause of Death .....	57
Table 11. Group comparisons of the scores of Relational Active Grieving, Traumatic Perception of Loss and PTG based on the Closeness to the Deceased.....	60
Table 12. Group Comparisons of Relational Active Grieving, Traumatic Perception of Loss and PTG based on the Closeness to the Deceased.....	61

Table 13. Group Comparisons on the scores of Relational Active Grieving,  
Traumatic Perception of Loss and PTG based on Received Professional  
Help.....63

Table 14. Group Comparisons on the scores of Relational Active Grieving,  
Traumatic Perception of Loss and PTG based on the Type of Received  
Professional Help.....65

## LIST OF FIGURES

Figure 1. A conceptual model for understanding positive outcomes of life crises and transitions.....	18
Figure 2. The curvilinear association between Grief Intensity and Posttraumatic Growth.....	47

## 1. INTRODUCTION

Traumatic losses are sudden deaths that are prevalent in our daily lives. Especially Turkey is a place where the number of traumatic losses is high due to varied conditions. For instance, a recent massive earthquake in 2011 occurred in Van and resulted in death of over 600 people. A couple of months ago, another sudden loss has experienced due to a mine disaster occurred in Soma which caused the death of more than 300 workers. Besides collective losses, sudden deaths through terror, traffic accidents, murders and medical conditions also occur frequently. Through reading newspapers or watching the news, we may witness or share the pain of collective or individual losses; however personal experiences of the bereaved individuals have not been heard and investigated widely yet in Turkey.

After traumatic losses, bereaved people do not only struggle with emotional aspects of the loss, but they also struggle with the adaptation to a new life without the deceased. Emotional burden of a sudden loss and trying to adapt a new way of life can initiate many changes in bereaved people. Literature on traumatic loss usually focuses on the negative outcomes of the loss such as experiencing PTSD symptoms or depression. However, it has been also widely known that critical life events like bereavement could also initiate positive changes, termed as posttraumatic growth (PTG), in many people (Tedeschi, Park & Calhoun, 1998). In Turkey, empirical studies on PTG has mostly centered on the survivors of cancer (Büyükaşık-Çolak, Gündoğdu & Bozo, 2012; Önder, 2012), traffic

accidents (Tüfekçi, 2011), earthquake (Sümer, Karancı, Berument & Güneş, 2005) and divorce (Keskin, 2013) with very few examining the bereaved individuals (Arıkan & Karancı, 2012; Cesur, 2012). Therefore, this study aimed at investigating the experience of posttraumatic growth among bereaved people after a traumatic loss. Posttraumatic growth related factors such as grief intensity, personality and coping were also examined.

### **1.1. Traumatic Loss**

Traumatic loss is defined as unanticipated death of a person (Pivar & Prigerson, 2004). Unexpected situations that involve death of a child at young age or shocking and violent conditions such as traffic accidents or unexpected medical conditions may cause traumatic deaths. Although the nature of all kind of deaths are overwhelming, bereavement that occur through unexpected and usually in violent conditions bring their own issues and pain for the bereaved (De Leo & Cimitan, 2013). Green (2000) proposes that traumatic bereavement initiates the similar processes like traumatic experiences. If the loss is natural or expected, basic assumptions about the world's way of working such as safety and predictability may not be demolished. However, losing someone in an unexpected way is likely to result in a disruption in the basic beliefs regard to the predictability of the world as the same as with the experience of trauma. Intrusions of the death related scenes as well as avoidance of the reality are seen as common to both traumatic losses and other types of trauma (Currier, Holland, & Neimeyer, 2006). Rubin, Malkinson and Witztum (2003) also support this notion suggesting that bereavement and trauma interact with each other,

especially the trauma, they imply, is considered as a direct result of the loss itself. Because, they theorize that although the bereaved individuals are not being exposed to a life-threat or a risk individually, the burden of a sudden loss and its consequences are quite difficult to handle, that initiate a traumatic process in the aftermath of loss. Yet, it is also important to see how the traumatic nature of loss influences the reactions of bereaved individuals in the process of grief.

### **1.1.2. Normal vs. Complicated Grief**

In general, the process of grief can be conceptualized as physical, emotional and cognitive acute reactions to loss that is accepted as normal in the state of bereavement (Worden, 2008). The griever may feel an intense yearning for the deceased and intrusive thoughts and images of the deceased may come to mind repeatedly. Many other distressing emotional responses such as sadness, anger and guilt can be felt intensely. They may also experience physical changes such as sleepless, numbing, disbelief and disorganization about the loss (Sanders, 1993). The intensity and the patterns of these reactions are varied in terms of the death related factors such age of the deceased, the closeness of the deceased, type of the death, personal and environmental factors of the bereaved (Worden, 2008). Even though some empirical studies did not found any difference on bereavement outcome as they compared different types of deaths (Range & Niss, 1990), a large number of studies propose that ‘violent’ and ‘unexpected’ nature of the death pave the way for more complicated grief processes in bereaved individuals (Bonanno & Kaltman, 2003; Houck, 2007).

Research on death indicates that ‘sudden’ and ‘unexpected’ nature of traumatic losses give rise to poor bereavement outcomes such as increased posttrauma reactions in a similar way experienced in the aftermath of trauma (Green, 2000). Prigerson et al. (1999) implies that complicated grief occurs as a result of unresolved grief processes. According to their definition, complicated grief is conceptualized as prolonged grief reactions accompanied by impairments in resuming daily functioning as well as carrying out responsibilities that remain more than six months after the loss. Research indicates that there is a link between the severity of complicated grief reactions and poor quality of post-loss life (Monk, Houck, & Shear, 2006). Having sleep disturbances, developing addictions and even increased risk on physiological health issues are found as some of the areas influenced by the grief intensity (Currier et al., 2012). Therefore, complicated grief reactions might impede the outcome of bereavement and might prevent the griever to adapt to new changes and life that the loss has brought.

### **1.1.3. Theories of Mourning**

While grief is defined as both physical and psychological reactions occur after a loss, similarly, mourning covers the expressions of grief in varied cultural and individual terms (Mallon, 2008). In “Mourning and Melancholia” written by Freud (1917), mourning is first described as a process that consisted of painful feelings and loss of interest in the outside world. Freud proposes that in mourning, all psychic energy becomes devoted to the lost person and his memories; thereby it does not leave any room to get into other interests for the bereaved. However, as the reality

overcomes and the bereaved comes to terms with the fact that the lost object does not exist anymore, all attached energy to the lost object get started to withdrawn, like Freud calls, de cathexis starts to occur. In Freud's view, all cathetic energy to the loved object should be withdrawn in order to complete the work of mourning.

Another influential theory of loss was proposed by Bowlby (1961) as he suggests that in all humans losing a loved one proceeds, although can be varied, some expected sequence of behaviors. He devised his theory in the light of his observations of the infants' reactions upon their mother's absence. The focus of Bowlby's (1961) work emphasizes the importance of the early 'internal models' that are formed through interactions with the care taker. His theory of loss and attachment proposes four stages of grief. While the first phase of mourning involves feelings of anger and worry with the hope of getting the lost one back, the following phases involve feelings of disappointment and depression that eventually lead the mourner to re-organize the experience of the loss.

Kubler-Ross (1969) also devised a model of grief that resembles with Bowlby's observations on the experience of loss. This model identifies five stages of grief process that are gradually experienced by the bereaved. The stages are:

- (1) Denial of the death
- (2) Anger toward the reality
- (3) Bargaining about the death in the hope of reversing the deceased back
- (4) Feelings of hopeless that lead to disappointment and depression

#### (5) Acceptance of the reality and loss

Horowitz (1990) also has formed his theory based on the internal changes occur as a result of losing a loved one. In Horowitz's model, the death of a loved one brings along a conflict for the bereaved as the bereaved does not want to let go of the old self-schemas regarding to the deceased. However, Horowitz's model of mourning has a 'working through' phase in which the bereaved comes to terms with the reality and the old schemas are changed with the new ones.

#### **1.1.3.1. Post-Modern Theories of Loss**

From Freud to post-modern theories, there has been a great change in the direction of ideas about the nature of bereavement. For example, early theories suggest that healthy mourning requires relinquishing the all affective bonds to the deceased, however post-modern theories imply that remaining a continuing bond with the deceased can be helpful for mourners' to adapt to the bereavement (Baker, 2001). Despite the directional change, the common theme in all theories is that losing a loved one can transform the internal world of the bereaved (Berzoff, 2003). As Kogan (2007) refers that loss invites the bereaved to a process of acceptance of the reality and re-adaptation to it in which some sort of transformation in the sense of self is inevitable.

Constructivist theories have recently contributed to new emerging theories of loss suggesting that grief is a personal and life-long process rather than being experienced only around pre-defined universal stages (Neimeyer, 2001). According to this perspective, people strive for meaning

in life because they want to organize their lives and want to have a predictable and controllable environment around them. To achieve this, people construct personal meanings, in other words, a self-narrative, that forms their sense of self which is related with others and the world through their experiences in life (Kelly, 1955). Neimeyer (2001) posits that death is an experience that lead people seek to find meaning or purpose in the loss. He also suggests that loss disrupts the integrated self-narrative of the bereaved people who has a coherent life story related with the deceased. As a consequence of this disruption, the bereaved reflects on their experiences, look for a meaning in their loss and try to assimilate the new meanings into their sense of world and themselves in the process of grief (Neimeyer & Gillies, 2006). Therefore, it has been suggested that mourning turns into a process that evolves over time through constructing new meanings rather than being only an outcome that the reality of the loss accepted in the end (Davis & Nolen- Hoeksema, 2001).

#### **1.1.3.2. Two-Track Model of Bereavement**

Many widely used assessment instruments of bereavement usually devote attention to only symptomatic reactions after the loss (e.g. Hogan Grief Reaction Checklist, Core Bereavement Items). However, leading theories of bereavement emphasize the significance of the relationship with the deceased since the loss of a loved one also brings along the loss of representational ties to the deceased (Freud, 1917; Bowlby, 1961; Rubin, et al., 2009). Two-Track Model of Bereavement (TTBQ) represents a combination of the two domains of the loss experience: the nature of bio-

psychological functioning and the nature of the remaining relationship with the deceased (Rubin, 1981). Additionally, this model also demonstrates the interplay between bereavement and trauma, indicating that all kinds of experiences of loss are traumatic since losing a significant one is distressing and disrupting to the relational world of the bereaved (Rubin, Malkinson, & Witztum, 2003).

Rubin (1981) devised a comprehensive theory of bereavement that takes into consideration of the relational part of grieving as well as its traumatic nature that has been ignored for so long by many theoreticians. The assessment instrument (TTBQ) that he established in the light of his theory, has four different domains that hypothesized to be interrelated with each other. First domain, labeled Relational Active Grieving, assesses the difficulty adjusting to the life without the deceased. Second and third domain involve items that examine the quality of pre-loss relationship with the deceased as well as remaining relationship based on the levels of closeness and conflictual qualities. Fourth domain involves questions regarding to the general bio-psychosocial functioning of the bereaved person in terms of how the bereaved experiences the problems and changes within family and non-family environment as well as their own sense of self. The last fifth factor, labeled as Traumatic Perception of the Loss, contains the items that assesses the traumatic nature of the loss regarding to whether the experience of loss as sudden and unexpected and occur under difficult circumstances. This domain also assesses how the bereaved one

perceives that the loss as a traumatic event in his/her life story (Rubin, 1981; Rubin, Malkinson, & Witztum, 2003).

### **1.1.3.3. Dual Process Model of Coping with Bereavement**

Dual process model (DPM, Stroebe & Schut, 1999) is another emerging theory that helps to gain new insights about the experience of loss. Stroebe and Schut's model proposes that 'grief work' is an oscillating process that the bereaved cope with two types of stressors: One is the loss itself and second one is the secondary stressors that the loss create such as adapting new roles or arranging life in the absence of the deceased. Therefore, dual process model of loss has two dimensions: Loss-oriented and Restoration-oriented coping with loss. Loss-oriented coping involves struggling with the experience of the loss directly. It covers reactions like yearning for the lost one, ruminating about the death, having emotional reactions that consisting of either pleasurable memory of the deceased and painful experience of the loss. Restoration-oriented coping refers to struggling with the secondary consequences of the loss such as attending new roles and doing new things in the absence of the deceased (Stroebe & Schut, 1999). Stroebe and Schut (2010) indicate that although it seems that loss-orientation coping dominates the process of grieving more in the beginning, as the time passes, the griever turns to other sources of stressors to deal, which creates an oscillating process between yearning for the loss and orienting life after the loss.

It seems that post-modern theories are likely to create a new focus on the theories of grief, suggesting that the experience of loss is not limited to

only symptomology but is a multidimensional process that includes restorative changes and experiences, too.

#### **1.1.4. Life after Loss: A Pathway for Growth**

Struggling with irreversible loss and its consequences can initiate changes in the life of bereaved and these changes include both positive and negative qualities that coexist (Balk, 2004). The process of grief is mostly recognized with negative outcomes that resembles with the clinical expressions of depression. Tedeschi and Calhoun (2008) emphasize that personal growth occurs as a result of struggling with the demands of the loss along with a broken bond with the deceased and through a demolished assumptive world. Therefore, the word, personal growth in the context of bereavement, should not be denoted as 'only a positive term', psychological distress thought to be an unavoidable tool of this transforming phase of grieving (Tedeschi & Calhoun, 2008).

##### **1.1.4.1. Meaning-Reconstruction and Growth**

Meaning reconstruction is seen as a central part of transformation through loss as the bereaved constructs a new reality in their view of themselves and their assumptive world. According to Gillies and Neimeyer (2006), it involves three main activities in the aftermath of the loss: sense making, benefit finding and identity change. Sense making refers to a process in which the bereaved try to find answers and meaning in the death as they ask questions of 'why' such as why the death has occurred, why it happens to them, what the experience tell them about life and death. Finding benefits out of loss is also another component of meaning reconstruction

process. According to Gillies and Neimeyer (2006), benefit finding occurs through constructing new meaning structures in terms of loss and it takes some time from months to years to experience. Loss also challenges the pre-defined attributions of identity related with the deceased. While reconstructing new meanings regarding to life, bereaved individuals also reconstruct themselves since they try to adapt new roles and take on new responsibilities after the bereaved (Stroebe & Schut, 1999). Calhoun and Tedeschi (1989-1990) interviewed 52 bereaved individuals with the aim of investigating positive changes that occur through loss. They found out that most of the bereaved individuals were likely to define themselves as being more mature and competent after the loss. They also reported an increased sense of strength and independency as they handled with the loss and try to adapt new roles related with it.

Meaning reconstruction also plays a contributing role on adaptation to loss (Neimeyer & Gillies, 2006). Previous research suggests that grief intensity might impede the process of meaning making and growth (Engelkemeyer & Marwit, 2008). A longitudinal study with widows proposes that finding meaning in loss of their spouses within the first 6 months of loss were associated with increased levels of positive affect and well-being (Holland, Currier & Neimeyer, 2006). Another study with bereaved parents who lost their children also proposes that grief intensity was associated with making little to no sense of their losses (Keesee, Currier & Neimeyer, 2008). However, in a recent finding by Currier, Holland and Neimeyer (2012) proposes a curvilinear relationship between growth

through loss and grief intensity. In their study intermediate levels of grief intensity were found as highly associated with the levels of growth, but lower and higher levels of intensity of grief were correlated with decreased levels of growth.

#### **1.1.4.2. Empirical Studies of Growth in Bereavement**

Although the number of empirical studies of personal growth in bereavement is limited, findings on PTG in bereaved individuals suggest that positive changes occur in the aftermath of loss tend to be reflected through realizing personal strength, appreciating the role of close relationships and experiencing an evolved philosophy of life such as gaining new spiritual insights (Cadell & Sullivan, 2006; Calhoun, Tedeschi, Cann & Hanks, 2010; Michael & Cooper, 2013). Kessler's phenomenological study (1987) with individuals who lost their partners revealed that these individuals reported more heightened sense of self-reliance as they became more adapted to live alone. Another study that interviewed seventy bereaved individuals who lost their parents in their childhood also found out that these individuals demonstrated more understanding to others in their adult life as well as feeling more self-efficient (Simon & Drantell, 1998). The bereaved adolescent siblings in another study reported that death made them more mature, leading them to see the world in different angles when they compare themselves with their peers. They also expressed more appreciation of life and others, letting their family know how much they love them more, living the life to its fullest and taking fewer risks in daily life (Forward & Garlie, 2003). In the same study, it was also explored that

finding meaning in the loss of their sibling and re-defining themselves in the light of the loss were found as important predictors of personal growth. In another study with bereaved parents who lost their children in murder, personal growth was expressed through feeling stronger and discovering their capacity to live through the depths of despair (Parappully, Rosenbaum, Daele & Nzewi, 2002).

In order to understand the process of potential transformative changes occur through the experience of traumatic loss, I am going to explore the term post traumatic growth , theories of growth and related concepts in the context of trauma in the next chapter.

## **1.2. Posttraumatic Growth and Its Implications**

### **1.2.1. Trauma: Is positive transformation possible?**

Psychological trauma can be seen as a type of wound that is experienced in the psychological world of the survivor in the aftermath of highly stressful life events (Tedeschi & Calhoun, 1995). These kinds of stressful life experiences such as wars, natural disasters, sexual and physical assaults and traumatic deaths are extraordinary in their nature, because they challenge the ordinary belief system of people which gives them a feeling of control, connection and meaning about the world (Herman, 1992). Another quality of these events that make them traumatic is that they can result in irreversible changes for the survivor. Therefore, their uncontrollable and overwhelming qualities usually lead to negative influences on people who are exposed to them (Tedeschi & Calhoun, 1995). The shocking experience of the trauma can initiate a feeling of numbness, anxiety and depression in

many trauma survivors. The adaptation to daily life, to world and to people can disappear; thereby the survivors can lose interest in the outside world. They may also re- experience the traumatic scenes intrusively or may try to avoid trauma-related experience (Van der Kolk, McFarlane & Weisaeth, 2007)

Despite the negative changes occur through the trauma, it has been also suggested that highly stressful life events might also initiate positive outcomes in the trauma survivors (Tedeschi & Calhoun, 1995; Park, Cohen & Murch, 1996). As a matter of fact, psychological growth following the stressful life events is not a new born idea. From Kierkegaard to Nietzsche, old cultural and religious beliefs emphasize the transformative role of the hardiness and suffering on bringing people closer to wisdom (Tedeschi, Park & Calhoun, 1998). However, scholarly interest in the area of growth has increased as many empirical studies and clinical work with the trauma survivors report positive changes along with the negative ones in the aftermath of traumatic experiences (Werdel & Wicks, 2012).

### **1.2.2. Posttraumatic Growth**

Post traumatic growth is first conceptualized as positive changes emerge through struggling with highly challenging life events by Tedeschi and Calhoun (1996). Positive changes are suggested to occur through cognitive and emotional processes that the trauma initiates in the individual. Calhoun (Tedeschi et al., 1998) approaches this process in similarity with the occurrence of earthquakes, suggesting that traumatic events also cause ‘seismic’ movements in the psychological world of the survivor. He

suggests that damaged or weak structures that occur after earthquakes are mostly renovated or replaced with new and stronger ones. In traumatic experience, too, existing cognitive structures of the individual are also shaken by the impact of the trauma. However, some individuals are able to rebuild new and improved cognitive schemas in the aftermath of anxiety and chaos that the trauma triggers. The outcomes of this process as a growth occur in many different ways. According to Tedeschi and Calhoun (1995) many trauma survivors report changes usually in three broad areas of life: *change in perception regard to self, in interpersonal relationships and in philosophy of life*. Change in perception of self usually reported as having a heightened sense of being stronger and relying on personal coping strategies more. Trauma survivors also report changes in their need to be open and expressive among interpersonal relationships. They become more sensitive to feelings and needs of other people; in turn they offer more support and empathy to other people as well as they are apt to rely more on others (Tedeschi & Calhoun, 1995). Growth is also observed in the domain of spirituality as people start to question the existential matters within the context of the traumatic event (Park, 2005).

In trauma literature, there are many different terms to describe the experience of post traumatic growth such as benefit finding (Affleck & Tennen, 1996) , stress-related growth (Park et al., 1996 ) and growth through adversity (Linley & Joseph, 2004). The context that the growth occurs is also diverse. Many empirical studies indicate that different samples including cancer patients (Svetina & Nastran, 2012), bereaved

individuals (Engelkemeyer & Marwit, 2008), survivors of disasters such as hurricanes (Lowe, Manove, & Rhodes, 2013), combat veterans (Tedeschi, 2011), accidents survivors (Salter & Stallard, 2004) and heart disease patients (Sheikh, 2004) are likely to report experiencing PTG.

### **1.2.3. Theoretical Framework of Posttraumatic Growth**

There are many different perspectives explaining the process of positive changes. Yet, most of the theories base their ideas on the same foundation that the experience of growth requires a working through process on the traumatic event in which the pain and the distress of the trauma still exist (Tedeschi & Calhoun, 1995; Linley & Joseph, 2004; Park & Helgeson, 2006).

#### **1.2.3.1. Tedeschi and Calhoun's (1995) Model of PTG**

Tedeschi and Calhoun (1995) mostly benefit from the cognitive restructuring model as they explain the process of growth. According to their model, psychological growth only occurs when the schemas are challenged, reshaped and changed by the process of working through with the traumatic reality. As they also explain the schematic change with the earthquake metaphor, they also benefit from the shattered assumptions theory of Janoff-Bullman. Janoff-Bullman's theory (Janoff-Bulman, 2004) emphasizes that people have basic assumptions about the world in terms of its predictability, safety and controllability. However, any traumatic event initiates a psychological crisis in many people as it challenges the basic assumptions regard to the world's expected way of working (Janoff-Bulman, 2004). Therefore, as the discrepancy between basic assumptions

and the shattering reality of the trauma bring highly stressful emotions and thoughts along, people struggle to reconstruct their basic assumptions, ruminate about the nature of unexpected event and try to accommodate the changed reality into their basic cognitive schemas (Taylor, 1983). Post-traumatic growth is suggested to be experienced as a result of this process while incorporating the trauma into the psychological world and reshaping basic assumptions. The schematic change provides a more profound understanding in the view of self and the world which helps the survivor to perceive the world as a comprehensible place again (Calhoun & Tedeschi, 2006).

Additionally, this model of Tedeschi and Calhoun (1995) emphasizes the influential role of the variables such as personality traits, coping patterns and social support that help the survivor to reflect and ruminate about the traumatic event. Personal variables such as optimism, self-control and feelings of self-efficacy are likely to lead survivors to engage in more effective coping activities in the aftermath of trauma.

#### **1.2.3.2. Schaefer and Moos's (1998) Conceptual Model for Understanding Life Crises and Transitions**

Schaefer and Moos (1998) conceptualize the varied factors promoting the personal growth. This model implies that the reactions to life crises such as disasters, illnesses or bereavement are shaped by the environmental and personal factors. While environmental system covers social support and community resources, personal system includes the

resources such as socio-demographic characteristics, resiliency and dispositional factors of the survivor.

These factors also affect the individual's psychological processing on how to deal with the stressful life event such as influencing the way of appraising the event and coping with it (Figure 1).

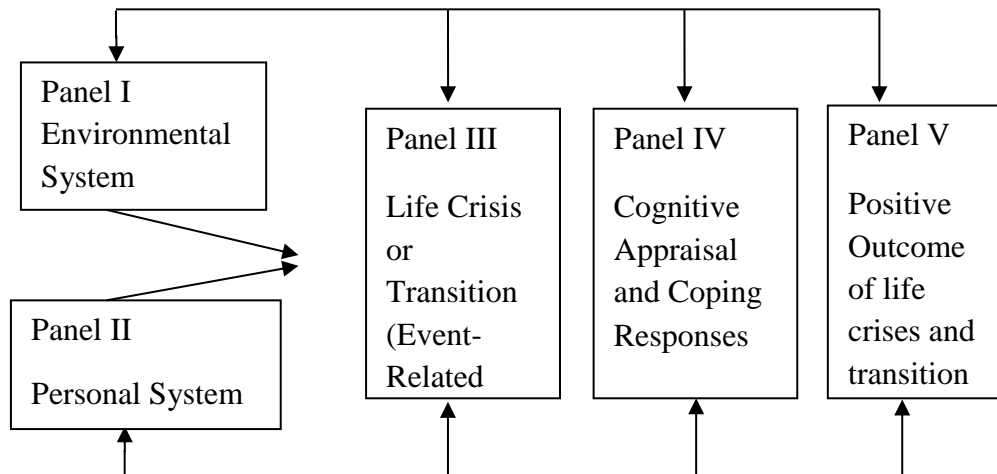


Figure 1: A conceptual model for understanding positive outcomes of life crises and transitions (Schaefer & Moos, 1998)

All factors of this model are related with each other based on a feedback model. Every factor affects and is affected by each other at the same time. This feedback model defines the nature of the outcome of the stressful event and how it promotes the psychological change in the individual. In this model, the event-related factors such as the type, the intensity and the duration of the trauma have a determining role on the outcome of the crisis. The quality of the event is also influenced by environmental and personal system (Schaefer & Moos, 1998).

### **1.2.3.3. Affective-Cognitive Processing Model of PTG (Joseph, Murphy & Regel, 2012)**

This model is recently conceptualized by Joseph, Murphy and Regel (2012) as an expansion of the organismic valuing theory of growth (OV) formed by Linley and Joseph (2005). OV theory, in consistency with person-centered perspective, basically emphasizes that people have an innate ability to move in the direction of growth and improvement (Joseph, 2009). However, they posit that although this movement toward growth is perceived as universal, environmental factors seem to either impede or facilitate the direction of growth. They define the process of growth as ‘*a shift toward more optimal functioning as a result of adverse experience*’ (Linley & Joseph, 2005).

Affective-Cognitive processing model can be thought as a combination of other theories mentioned above. Yet, this model emphasizes the determining role of posttraumatic stress as a basic tool for the development of growth. Although there has been a common notion that increased intrusions and ruminations about the traumatic event is thought to be associated with negative outcomes, recent studies found out that greater ruminations and intrusions related with the traumatic event can be associated with better adjustment for the survivor (Creamer, Burgess, & Pattison, 1992; Helgeson, Reynolds & Tomich, 2006). Joseph and his colleagues (2012) explain this notion as that intrusive thoughts or ruminative acts about the distressing event can be the indicators of working through process of the trauma.

The relationship between traumatic stress and psychological growth seems to be curvilinear as it is suggested that the low levels of distress do not trigger the process of working through, and high levels of distress also diminish the growth related processing (Joseph, Murphy, & Regel, 2012). Therefore, moderate levels of distress are beneficial to the process of growth, because the ruminative acts and thoughts that the distress triggers help the survivor to conduct the necessary cognitive work (Joseph et al., 2012). Cognitive processing such as thinking reflectively about the distressing event, ruminating about the possibilities, trying to find a meaning out of it also precede the changes in the emotional world of survivor. Emotional affectivity might lead to new coping ways such as feelings of guilt might initiate reparative acts through ruminating on the traumatic event (Joseph et al., 2012). According to Affective- Cognitive Processing model (Joseph et al., 2012) discrepancies between the assumptive thoughts and the shattering reality of the trauma are solved with either assimilative or accommodative processes. In assimilative phase, the survivor still feels the need to go back to the previous reality before the trauma. This process might involve defensive acts in order to distort the traumatic reality (Joseph, 2009). Besides, accommodation phase covers reactions in which the new trauma-related reality is revised and shaped. The survivor transforms his assumptive world in the light of new traumatic information that he faced. This transformative process can be either negative or positive. While on the negative side, the survivor can develop beliefs such as ‘the world is not secure’. On the positive side, the survivor can

experience changes through a great appreciation of life, improved relationships with family and friends, finding new meanings in life (Joseph et al., 2012). In the context of bereavement, in a recent study of Currier and his colleagues (2012) also found out a curvilinear relationship between grief intensity and post traumatic growth.

Additionally, it is also noticeable that empirical studies examine the relationship between PTG and distress propose conflicting implications. Some amount of studies implicates a linear relationship between levels of distress and posttraumatic growth (Zoelner & Maecker, 2006 ; Taku, Cann, Calhoun, & Tedeschi, 2008). They emphasize the fact that the more distressing an event is felt, the greater positive changes are experienced. Nevertheless, there are also some evidence suggesting that PTG and distress levels are related with each other inversely (Davis, Nolen-Hoeksema, & Larson, 1998; Frazier, Conlon, & Glaser, 2001). These conflictual findings may indicate that the development of PTG seems to be not only influenced by distress but there may be many other factors that should be considered in the development of PTG. Therefore, longitudinal studies are critical to understand the underlying mechanism behind PTG. In the next section, factors associated with PTG will be covered in detail.

### **1.3. Related Factors with Posttraumatic Growth**

As it is explained in the theories above, the development of PTG depends on several tasks such as engaging with the traumatic experience and working through it via cognitive and emotional processing (Tedeschi & Calhoun, 1996). Thereby, it seems impossible to experience growth without

working throughout the stressor. However, while some people engage in these tasks in a way they can experience growth, but some others do not. Apart from cognitive and emotional processing, several multi-faceted factors such as event related factors, environmental and personal resources are found to be important determinants on the experience of PTG (Tedeschi & Calhoun, 1995). Event-related factors comprise the qualities of the crisis such as the duration, the intensity and the nature of the traumatic event. While personal resources cover personality traits, demographic qualities and the prior experiences of trauma, environmental resources involve the systems of social and family support (Tedeschi & Calhoun, 1995). For the specific purposes of this study, the role of coping styles and personality traits on PTG will be examined in details in the next sections.

### **1.3.1. Personality**

Research on personality suggests that the attributes of personality can determine how we perceive and interpret our world (Connor-Smith & Flachsbart, 2007). Hence, characteristics of personality can also determine the way of perceiving the traumatic event and finding benefit out of it (Watson & Hubbard, 1996; Linley & Joseph, 2004). Five-factor model (FFM) is a widely used model among researchers that provides a useful perspective on the relationship between PTG and personality factors (Tedeschi & Calhoun, 1996). The model is consisted of five major dimensions that each individual can acquire some degree of these major components (McCrae & Costa, 1987). Neuroticism generally covers negative effects that are expressed in neurotic people through being anxious,

having fluctuating moods and concerning with adequacy. It is thought to be a significant predictor of experiencing adjustment difficulties in stressful life events (Whitelock, Lamb, & Rentfrow, 2013). On the other hand; extraversion is associated with being active, outgoing, and energetic and having positive emotions (McCrae & Costa, 1987). Openness dimension of FFM covers factors such as being open to world and willingness to experience new situations and being curious about the world. Agreeableness involves attributes such as altruism, modesty and helpfulness to others. Lastly, conscientiousness involves having self-discipline, being determined and carrying out duties in a reliable way (McCrae & Costa, 1987).

Empirical studies on the relationship between PTG and personality indicate that the occurrence of growth is highly associated with the dimension of extraversion whereas neuroticism did not predict any outcome of growth (e.g. Helgeson, Reynolds, & Tomich, 2006; Wilson & Boden, 2008). In a study done with people who experienced a major life stressor, individuals who are likely to be active and open to their internal and external world reported exploring more new possibilities (Tedeschi & Calhoun, 1996). People with similar characteristics also reported that they do not feel hopeless in the face of adversity, but feel more adequate to handle. In the same study, openness to experience is also found to be highly correlated with only one subscale of PTG, which is named as 'new possibilities' that covers engaging in new interests. In the light of these findings, Tennen and Affleck (1998) hypothesized that people who are more extraverted, may be able to see the positive consequences of the trauma and

may involve in working through process more efficiently. Since the survivor should tolerate some degree of emotional pain and distress through cognitive work on the trauma, people who are more extraverted may become more open to speculate about the experience of the traumatic event. They also argue that people who are high on the dimension, “open to new experiences”, may approach the stressful event from a philosophical perspective in which they can create new plans in the future. There are also some studies indicating that extraversion is significantly related with growth but openness to experience was not found as significantly related to any outcomes of growth (e.g. Sheikh, 2004; Zoellner, Rabe, Karl, & Maercker, 2008). Unlike many other findings imply that extraversion as the most significant predictor of PTG, Karancı and her colleagues (2012) also stated that conscientiousness, agreeableness and openness to experience were the significant predictors of PTG in a community sample who experienced different kind of traumas. In another study with university students, when the mediating role of religion was added to the relationship of agreeableness and PTG, the relationship was found as significant (Wilson & Boden, 2008). Additionally, in the same study, conscientiousness was not related with PTG.

### **1.3.2. Coping**

#### **1.3.2.1. Coping Styles**

Stressful situations lead people to engage in different cognitive and behavioral activities in order to cope with the conflict (Lazarus & Folkman, 1984). Coping ways are primarily conceptualized under two main headings:

problem focused and emotion-focused coping (Lazarus & Folkman, 1984). Problem focused coping involves activities aimed at changing the effect of the stressor directly or eliminating it. It covers acts such as defining the problem and offering new ways to resolve the distress directly. However, emotion-focused coping usually covers acts that aim at reducing the distress of the stressor through avoiding the situation or distancing oneself from it.

In trauma literature, Roth and Cohen (1986) suggest that unexpected and distressing reality of the trauma may lead people either avoid anxiety-arousing stimuli or approach to it in order to come to terms with the reality. Engaging in problem-focused actions, seeking support from others or looking for a meaning through spiritual beliefs and positive reframing are some of the ways that can be seen as approach oriented ways. However, being in denial of the situation, behavioral disengagement and self-blame are considered to be avoidance-oriented ways of coping which thought to be ineffective in dealing with the stressor (Littleton, Horsley, John, & Nelson, 2007).

#### **1.3.2.2. Coping and PTG**

Previous research on coping and trauma points out that the ways of handling with the distressing situation are crucial predictors of the survivor's well-being (Littleton et al., 2007). Rohen and Cohen (1986) imply that taking appropriate actions in the face of trauma can provide possibilities to change the outset of trauma if it is possible, or it may lead people to express their emotions fully that can facilitate the assimilation of the traumatic reality. In a meta-analysis on the relationship between the

trauma and coping, it was revealed that avoidance-oriented coping styles were maladaptive as it was highly related with psychological distress in trauma-survivors (Littleton et al., 2007). A study done with trauma survivors who applied to a stress clinic revealed that avoidance related coping strategies were highly associated with increased levels of distress (Charlton & Thompson, 1996). In a longitudinal study with sheltered battered women, it is found out that women, who were denying the violence, engaging in wishful thinking, drinking alcohol or using drugs to cope, were likely to have high levels of PTSD (Krause, Kaltman, Goodman, & Dutton, 2008). In one study done with women who lost their babies in prenatal phase, women's level of grief were predicted positively by the use of coping ways such as self-blame, behavioral-disengagement and religion, however accepting the reality and positive reframing were inversely correlated with grief intensity (Lafarge, Mitchell, & Fox, 2013).

Since ways of coping with the trauma determine the well-being of the survivor and the direction of outcome experienced, it is also an important predictor of experiencing positive changes (Armeli, Gunther, & Cohen, 2001). Schafer and Moos (1998) hypothesize that active or problem-focused strategies of coping are likely to facilitate personal growth after stressful life events, because they may allow the person to come to terms with their changed lives through ruminating, actively seeking help or accommodating reality with active efforts. A meta-analysis of 39 studies done by Linley and Joseph (2004) propose that among many other variables related to PTG, problem-focused, acceptance and positive-reinterpretation

were the significant predictors of stress-related growth. In a longitudinal study of Bussell and Naus (2010) with breast cancer patients, emotion-focused strategies of denial, self-blame and behavioral disengagement were found to be inversely correlated with posttraumatic growth, however positive reframing was related with growth more among other coping strategies. In Turkey, Karancı and Erkam's study with cancer patients (2007) also found out that problem-solving coping strategies were highly correlated with increased level of stress-related growth. Another study with breast cancer patients also revealed that problem-focused coping was an important moderator in relation to post traumatic growth and personality, unlike emotion-focused coping (Büyükaşık-Çolak et al., 2012).

In bereavement literature, the role of social support and religious coping are widely emphasized on the quality of life and the outcome after loss (Bonanno & Kaltman, 1999; Mallon, 2008). With this emphasis in mind, I would like to focus on social support and religious coping and their relation with PTG in detail.

### **1.3.2.3. Social Support**

Coping through social support is often characterized with positive affect that is received from the relationships with others such as close friends and family members (Cohen & Wills, 1985). The quality of these relationships before and after the trauma is found to be influential on adjustment to stressful situations (Tedeschi & Calhoun, 2008). It is also an important predictor of experiencing positive changes through adverse situations (Park et al., 1996; Schaefer & Moos, 1998). Cohen and Wills

(1985) propose that getting in touch with others and receiving support from them play a stress-buffering role in people's wellbeing and it decreases the negative affectivity in people. Through this role, social networks provide a secure and predictable environment in which the survivor can express themselves more openly, ruminate about the event more effectively and obtain new coping skills (Werdel & Wicks, 2012).

There are many empirical studies with cancer survivors emphasized that relating and sharing with others were associated with increased personal strength and growth (Schmidt, Blank, Bellizzi, & Park, 2012; Tanrıverdi, Savaş, & Can, 2012). For example, in one study with breast cancer patients, the quality of family relationship, the degree of communication and cohesiveness in the family were found as important determinants of PTG (Svetina & Nastran, 2012). In genocide survivors, participating in social rituals after genocide, were also found to be related with receiving higher social support (Gasparre, Bosco, & Bellelli, 2010). Additionally, being involved in rituals was associated with higher levels of PTG and positive beliefs about themselves, others and society in the same study.

#### **1.3.2.2. Religion and Spirituality**

Religion and spiritual beliefs can offer meaning and order to the world's way of working. Meanwhile many people turn to spiritual beliefs to find comfort in the face of ambiguity and distress (Wortmann & Park, 2009). Previous research emphasizes the critical role of religion and spirituality in coping with traumatic experiences (Tedeschi & Calhoun, 1996; Shaw, Joseph, & Linley, 2005; Park, 2006). Pargament and his

colleagues (2006) emphasize that spirituality can serve as a comforting bond with the divine in which the survivor feels supported and empowered in stressful situations. Since trauma initiates meaning making processes as the survivor questions the traumatic reality, spirituality and religion can help to make attributions to an unexpected event that minimize the effects of trauma (Park, 2006). In addition to that, the occurrence of traumatic events can be interpreted as a sign from the divine, a test or as a message to care and yet, the survivor finds meaning in their suffering (Tedeschi & Calhoun, 2008). Religious gatherings, rituals, praying and spiritual activities are also engagements that can provide an environment in which people can express their emotions, receive support and make the crises more bearable (Tedeschi & Calhoun, 2008).

Relying on religion and spiritual beliefs were found as related with PTG in coping and trauma literature (Calhoun, Cann, Tedeschi, & McMillan, 2000; Linley & Joseph, 2004; Shaw, Joseph, & Linley, 2005). A study with hurricane survivors found out that religious participation after hurricane was found to be related with higher levels of PTG (Chan & Rhodes, 2013). In a meta-analysis done by Prati and Pietrantonio (2009), it was found that religious coping was found one of the strongest predictor of PTG with the largest effect size among many other factors. Despite the coping function of spiritual beliefs that may lead to PTG, spirituality and religion may also function as a source of conflict in the time of distress. The survivor may perceive the crises as a sin or punishment or they may feel threatened as their trust in the divine or God is damaged (Pargament, Desai,

& McConnell, 2006). Therefore, finding ‘good’ in ‘bad’ may be impeded by the struggle with religious beliefs.

#### **1.4. The Aims of the Study**

The present study firstly aims to investigate the experience of PTG in bereaved individuals in a relation with their grief processes. Secondly, in the light of Schaefer and Moos’s (1998) conceptual model for understanding life crises and transitions, the contributory role of gender, prior traumatic experiences, loss related variables (time since loss, type of loss, the degree of closeness to the deceased, received professional help after loss), grief related variables (grief intensity and traumatic perception of loss), personality traits and coping styles in the development of post traumatic growth will be explored.

##### **1.4.1. The Hypotheses of the Study**

The hypotheses of the present study are:

- 1) A curvilinear relationship between PTG and grief intensity is expected. As grief intensity increases, levels of PTG is expected to increase but only up to a certain point – above that point, further increases in grief intensity is expected to reduce PTG.
- 2) There will be a positive correlation between traumatic perception of loss and PTG.
- 3) Tendency on the personality traits, extraversion or openness to experience, are expected to be positively associated with PTG levels.
- 4) Levels of religious coping, social support seeking or problem-focused coping are expected to be positively be related with PTG levels.

## 2. METHOD

### 2.1. Participants

The current study was conducted with 132 bereaved individuals who lost first degree relatives or a romantic partner from 5 to 17 months prior to the study. In the initial phase of the data analysis, there were 140 participants that took part in the study; however 8 of them were excluded from the data due to having systematic missing values. The mean age of participants were 37.43 ( $SD= 11.75$ ). The females represented 65% ( $N= 85$ ) of participants and the males ( $N= 47$ ) represented 35 % of the sample. While 68 % ( $N=90$ ) of the participants took part in the study via completing online questionnaires, 17 % ( $N= 22$ ) of the participants were collected with snowball technique and 15 % ( $N=20$ ) of them were the patients of Küçükçekmece Municipality Psychological Counseling Center. Detailed information based on further demographic information is presented in the Table 1.

Table 1. *Demographic Characteristics of the Sample (N=132)*

<i>Variables</i>	<i>M</i>	<i>SD</i>	<i>N</i>	<i>%</i>
<i>Age</i>	37.43	11.75		
<i>Gender</i>				
Female			85	64.4
Male			47	35.6
<i>Marital Status</i>				
Single			48	36.4
Married			67	50.8
Widow			9	6.8
Divorced			8	6.1
<i>Education</i>				
Doctorate Degree			6	4.5
Master's Degree			22	16.7
Bachelor			74	56.1
High School			18	13.6
Secondary School			10	7.6
Primary School			2	1.5
<i>Income Level</i>				
High			7	5.3
High-Middle			29	22.0
Middle			79	59.8
Middle-Low			14	10.6
Low			3	2.3
<i>History of Prior Traumatic Event</i>				
Yes			95	71.9
No			37	28.0
<i>Type of Prior Traumatic Event(s)</i>				
Natural Disaster (Earthquake, etc.)			48	33.8
Accidents (Traffic, work, home etc.)			26	18.3
Physical Violence/injury			12	8.4

Table 1. *Demographic Characteristics of the Sample (N=132)*

<i>Variables</i>	<i>M</i>	<i>SD</i>	<i>N</i>	<i>%</i>
<i>Type of Prior Traumatic Event(s)</i>				
Sexual Abuse			3	2.1
Being Witnessed to Death Other			53	37.3

## **2.2. Instruments**

The present study was conducted with the following instruments:

Demographic Information Form that includes detailed questions regarding to the participant, to the deceased and to the characteristics of loss.

Secondly, Two-Track Model of Bereavement Scale, Post Traumatic Growth Inventory, Adjective Based Personality Inventory and Turkish Ways of Coping Inventory were used. (See Appendix C)

### **2.2.1. Demographic Information Form**

Demographic Information Form was consisted of two parts. One part was used to gather information about socio-demographic characteristics of each participant. This part consisted of questions about age, gender, education level, income level of participants. The participants were also asked whether they had a history of any traumatic event. Second part consisted of questions regarding the significant one they lost within past 1 to 1, 5 years. The type of death, the time passed since death, the deceased's age at death and gender and whether they received professional help after the loss was asked. (See Appendix B)

### 2.2.2. Two Track Model of Bereavement Questionnaire (TTBQ-T)

Two Track Model of Bereavement Questionnaire (TTBQ), which was developed by Rubin and colleagues (2009), aims at evaluating the process of bereavement in a comprehensive way. The questionnaire is a 70-item self-report questionnaire and participants are expected to rate their experiences regarding to the loss on a 5- point scale. TTBQ is designed based on a Two Track Model of Bereavement. One track aims at assessing bereaved individuals' bio-psychosocial functioning. Second track aims at assessing the nature of ongoing relationship between the bereaved and the deceased in terms of memories, images, thoughts and feelings. The internal consistency of full TTBQ was found as .94. Factor analysis of the original study revealed five factors and each factor has high reliability coefficients. (*Relational Active Grieving,  $\alpha = .94$ ; Close and Positive Relationship with the deceased,  $\alpha = .85$ ; Conflictual Relationship with the deceased  $\alpha = .75$ ; General Bio psychosocial Functioning  $\alpha = .87$ ; Traumatic Perception of the Loss  $\alpha = .88$* ). Higher scores on each factor's subscale indicate more problematic issues related with grief process.

Turkish adaptation of TTBQ was conducted by Ayaz, Karanci and Aker (2011). The internal consistency of TTBQ-T was found as  $\alpha = .91$ . Cronbach's Alpha coefficients of each 5 factors were found as .91; .88; .82; .78 and .65 respectively. Test- retest reliability of TTBQ-T is also found as .88. In order to evaluate construct validity of TTBQ-T, the relationship between Beck Depression Inventory (BDI), Impact of Events Scale-Revised (IES-R) and TTBQ was examined. The results indicated that

TTBQ-T has construct validity (Ayaz, Karanci, & Aker, 2011). In the current study, only two subscales of TTBQ: Relational Active Grieving for examining the grief intensity and Traumatic Perception of Loss were used in the analyses with regard to hypothesis of the study. Reliability levels of these subscales in the current study were found as .91 for Relational Active Grieving and .81 for Traumatic Perception of the Loss.

### **2.2.3. Post Traumatic Growth Inventory (PTG)**

Post Traumatic Growth Inventory (PTG) is constructed by Tedeschi and Calhoun (1996) in order to assess positive changes that occur as a result of coping with highly challenging life events. It has five subscales that measure different areas of positive change (New Possibilities, Relating to Others, Personal Strength, Spiritual Change and Appreciation of Life). It is a 6 point Likert scale ranging from 0 (*I did not experience this change as a result of my crisis*) to 5 (*I experienced this change to a very great degree*) and has 21 items. Reliability and validity study of PTG which was conducted by Tedeschi and Calhoun (1996) revealed that the internal consistency of PTG was .90 and its test- retest reliability was also .71. The reliability coefficients of each subscale were also found satisfactory as following: New possibilities,  $\alpha = .84$ ; Relating to others,  $\alpha = .85$ ; Personal Strength,  $\alpha = .72$ ; Spiritual Change,  $\alpha = .85$ ; Appreciation of Life,  $\alpha = .67$ . Construct validity of PTG were also found to be satisfactory and acceptable. Turkish adaptation of PTG was performed by Dirik and Karancı (2008). The internal consistency of the full scale was .94. Factor analysis of the adaptation study revealed three factors with satisfactory levels of internal

consistency (Relationship with Others,  $\alpha = .86$ ; Philosophy of Life,  $\alpha = .87$ , and Self-Perception,  $\alpha = .88$ ). The overall reliability of PTG scale was .94 in the current study. The Cronbach alpha values of the subscales in the present study were as follows: New possibilities, ( $\alpha = .81$ ), Relating to others ( $\alpha = .88$ ), Personal Strength ( $\alpha = .77$ ), Spiritual Change ( $\alpha = .80$ ) and Appreciation of Life ( $\alpha = .89$ ).

#### **2.2.4. Adjective Based Personality Inventory (ABPI)**

Adjective Based Personality Inventory was developed by Bacanlı, İlhan and Aslan (2007) to assess basic personality traits based on Five Factor theory of Catell. ABPI consists of 40 items based on opposing pairs of adjectives. These pairs of adjectives that define personality traits in Turkish were utilized in the development process of the scale by the researchers. Participants are asked to rate adjective pairs on a 7 point scale in terms of how close they feel to each adjective pair as a representative aspect of their personality (e.g., *Relax- Anxious*). Factor analysis of ABPI revealed five subscales in accordance with Five Factor Theory (Neuroticism, Extraversion, and Openness to Experience, Agreeableness and Conscientiousness). The reliability of ABPT was examined by calculating each subscale's internal consistency coefficients. The Cronbach alpha coefficients of each subscale (Neuroticism, Extraversion, Openness to Experience, Agreeableness and Conscientiousness) were found as, .73, .89, .80, .87, .88 respectively; and test-retest coefficients were also found as .85, .85, .68, .86, .71 respectively. The evaluation of concurrent validity was performed with Sociotrophy Scale, Reaction to Conflicts Scale, Negative-

Positive, Emotion Schedule (PANAS), and Trait Anxiety Inventory and revealed acceptable results. In the current study, the Cronbach alpha coefficients of each subscale (Neuroticism, Extraversion, Openness to Experience, Agreeableness and Conscientiousness) were found as .65, .84, .80, .82 and .18 respectively.

### **2.2.5 Turkish Ways of Coping Inventory (TWCI)**

The original Coping Inventory was first constructed by Lazarus and Folkman (1984). It is used to assess people's ways of coping with stressful life events. The original inventory has 77 items and has two subscales based on problem focused and emotional focused coping. However, Folkman and Lazarus (1985) made some changes on the inventory and reduced the item number to 68. Turkish translation of the original scale was performed by Siva (1991). Since Turkish people use fatalistic and superstitious beliefs more, 6 more items that were related with these areas were added to the scale, because, the original scale did not assess these areas in a comprehensive way. Turkish Ways of Coping Inventory (TWCI) has 74 items and is a 5 point Likert scale. Factor analysis of TWCI revealed 7 factors that include, planned behavior, fatalism, mood regulation, being reserved, acceptance, maturation and helplessness- seeking help. The hierarchical dimensions of TWCI were measured by Gençöz, Gençöz and Bozo (2006) in a Turkish sample. The researchers have found that varimax rotation analysis revealed 5 factors. Cronbach coefficients of 5 factors were found as following: problem-focused coping ( $\alpha = .90$ ), seeking social support ( $\alpha = .84$ ), religious coping ( $\alpha = .89$ ), distancing ( $\alpha = .76$ ) and self-

blame/helplessness ( $\alpha = .83$ ). The researchers also applied a second order analysis of 5 factors of TWCI and the results revealed 3 factors: Problem-focused coping ( $\alpha = .90$ ), Emotion-focused coping ( $\alpha = .88$ ), Seeking social support: indirect coping ( $\alpha = .84$ ). Concurrent validity of the scale was examined with Sociotropy, Submissiveness, Trait Anxiety and External locus of control scales and the results indicated that TWCI is a valid scale to assess coping styles (Gençöz et al., 2006).

The internal reliability levels of each subscale in the present study were as follows: Problem-focused coping ( $\alpha = .92$ ), Social Support ( $\alpha = .72$ ), Religious coping ( $\alpha = .82$ ), Avoidance/Distancing ( $\alpha = .77$ ) and Self-blame ( $\alpha = .76$ ).

## **2.2. Procedure**

The full battery was administered after getting the approval of the Ethics Committee of İstanbul Bilgi University. The data was collected via convenient sampling through both online and individual resources. The purpose of the study was firstly shared with the acquaintances who can contact with eligible participants. An invitation for taking part in the study was also posted on the e-mail groups such as Psiko-bilgi, Psiko-alan and PSY-list. An announcement was also made to the patients of Küçükçekmece Municipality Psychological Counseling Center with the permission taken from the head of the counseling center. An online link was prepared and the full battery was uploaded to the specific link. 68 % ( $N=90$ ) of the participants took part in the study via completing the form through online participation. The approximate time of completion was between 20 to 40

minutes on the web page. 15 % ( $N=20$ ) of the participants were contacted through Küçükçekmece Municipality Psychological Counseling Center as they completed the questionnaires in the center when they came to their individual therapy sessions. 17 % ( $N= 22$ ) of the participants took part in the study individually as the close friends and acquaintances distributed the forms to the participants who were eligible to take part in the study. This group of participants filled a hard-copy of the questionnaire individually.

Initially, all participants were presented with a consent form and it was followed by a demographic information form, Two-Track Model of Bereavement Questionnaire, Posttraumatic Growth Inventory, Adjective Based Personality Inventory, Turkish Ways of Coping Inventory that were presented to the participants in the same order. Upon the completion of the study, participants were presented with a debriefing form. This form consisted of two parts. One part included information about the aim and the importance of the study. Second part provided useful tips about how to deal with their loss and contact information of health institutions in case of professional help. (See Appendix D)

### **2.3. Statistical Analysis**

Firstly, all variables were examined in terms of their accuracy for the analysis, missing variables and outliers. Data from 8 participants were excluded from the data due to having systematic missing values.

For the analyses, a common used Statistical Package for the Social Sciences (SPSS) version 17.0 was used. Before conducting main analyses, reliability analyses of all scales and their subscales were obtained. Multiple

correlation analyses were used to examine the relationship of grief related factors, personality traits and coping styles with PTG were examined. In order to see the contributory role of personal variables, loss related variables, grief related factors, personality traits and coping styles on PTG, hierarchical regression analysis was conducted to see the power of the relationships have found. Group comparisons based on the effect of personal factors, loss-related variables and grief related variables on PTG were also examined with the help of several T-tests and MANOVAs.

### 3. RESULTS

#### 3.1. Descriptive Statistics of Loss Related Variables

The current study was conducted with bereaved individuals ( $N = 132$ ) who had lost a first degree relative or romantic partner. The closeness to the deceased of the participants were varied as mother ( $N = 32$ ), father ( $N = 65$ ), sibling ( $N = 15$ ), daughter/son ( $N = 8$ ), spouse ( $N = 7$ ) and romantic partner ( $N = 5$ ). The mean age of the deceased individuals was 53.84 ( $SD = 16.75$ ). 45 of the deceased were females and 87 of them were males. The causes of traumatic losses were due to five specific factors: unexpected medical conditions ( $N = 88$ ), traffic accidents ( $N = 27$ ), other type of accidents ( $N = 4$ ), suicide ( $N = 5$ ), death by another person ( $N = 3$ ), natural disaster ( $N = 0$ ), other ( $N = 5$ ). The time passed since the death was ranged from 5 months to 17 months ( $M = 10.86$ ,  $SD = 3.61$ ). Detailed information can be seen in the Table 2.

Table 2. *Characteristics of Loss Related Variables of Participants (N=132)*

<i>Variables</i>	<i>M</i>	<i>SD</i>	<i>N</i>	<i>%</i>
<i>Age of the Deceased</i>	53.84	16.75		
<i>Gender of the Deceased</i>				
Female			45	34.1
Male			87	65.9
<i>Closeness to the Deceased</i>				
Mother			32	24.2
Father			65	49.2
Sister/Brother			15	11.4
Son/ Daughter			8	6.1
Spouse			7	5.3
Romantic Partner			5	3.8
<i>Type of the Loss</i>				
Unexpected Medical Condition			88	66.7
Traffic accident			27	20.5
Other type of accident/s			4	3.0
Suicide			5	3.8
Death by another person			3	2.3
Other			5	3.8
<i>Time passed since loss (Month)</i>				
5-8 Months	10.86	3.61	43	32.6
9-12 Months			36	27.3
13-17 Months			53	40.2
<i>Received Professional Help after the Loss</i>				
Yes			39	29.5
No			93	70.5

Table 2. (continued)

<i>Variables</i>	<i>M</i>	<i>SD</i>	<i>N</i>	<i>%</i>
<i>Type of Professional Help after the Loss</i>				
Psychotherapy			12	9.1
Psychiatric Treatment			22	16.7
Psychotherapy & Drug Usage			6	4.5

### **3.2. Descriptive Characteristics of the All Measures used in the Study**

All measures and subscales used in the study (Two-Track Model of Bereavement Questionnaire: Relational Active Grieving and Traumatic Perception of the Loss; Posttraumatic Growth Inventory (PTG): New Possibilities, Relating to Others, Personal Strength, Spiritual Change and Appreciation of Life; Adjective Based Personality Inventory: Extraversion, Openness to Experience, Conscientiousness, Neuroticism, Agreeableness; Turkish Ways of Coping Inventory (TWCI): Problem-focused Coping, Social Support Seeking, Religious Coping, Avoidance and Self-blame/helplessness) were presented.

Table 3. *Descriptive Characteristics of the Measures used in the Study*

<i>Measures</i>	<i>M</i>	<i>SD</i>
<i>Two-Track Model of Bereavement Questionnaire</i>		
Relational Active Grieving	62.00	14.73
Traumatic Perception of the Loss	33.48	7.51
<i>Posttraumatic Growth</i>		
New Possibilities	15.97	6.47
Relating to Others	23.08	8.99
Personal Strength	14.70	5.35
Spiritual Change	7.43	3.52
Appreciation of Life	10.35	4.96
<i>Adjective Based Personality Inventory</i>		
Extraversion	43.78	8.75
Openness to Experience	40.93	8.01
Conscientiousness	32.42	4.21
Neuroticism	25.80	6.36
Agreeableness	48.17	8.41
<i>Turkish Ways of Coping Inventory (TWCI)</i>		
Problem-focused Coping	69.75	13.36
Social Support	37.30	7.39
Religious coping	23.55	7.51
Avoidance	32.04	6.90
Self-blame/helplessness	27.01	6.62

### **3.3. Relationships among Predictor Variables of PTG**

Relationship between predictor variables (gender, time since loss, grief intensity, traumatic perception of loss, coping styles and personality traits) of PTG and PTG, as the dependent variable, were examined through Pearson correlation analysis (See Table 4). Gender as a sociodemographic variable (1=female, 2= male) was found negatively correlated with PTG. As a loss related factor, time since loss (5-8 Months=1, 9-12 Months=2, and 13-17 Months=3) was also found positively associated with PTG. In terms of grief related factors, grief intensity was not significantly correlated with PTG, however traumatic perception of loss was positively associated with PTG. PTG was also positively correlated with problem-focused coping, social support seeking, religious coping and avoidance. However, there were no relationship between personality traits and PTG. (See Table 4)

Table 4. Correlations among Variables Related with PTG

<i>Variables</i>	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1. Gender	.03	-.20*	-.18*	-.23**	-.13	-.26**	-.18	-.13	-.22*	-.12	-.05	-.13	-.22	.10
2. Time since Loss		-.13	-.02	.21*	.25**	.13	-.02	-.18*	-.09	-.07	.15	.09	.16	.13
3. Grief Intensity			.75**	.11	-.11	.08	.05	.47**	.27**	.33**	-.26**	-.28**	-.12	-.16
4. Traumatic Perception				.25**	-.02	-.03	.09	.36**	.14	.29**	-.09	-.15	-.05	-.01
5. PTG					.38**	.30**	.28**	.16	.23**	.02	.16	.09	.04	.12
6. Problem-Focused Coping						.57**	.21*	.11	.02	-.17*	.48**	.45**	.34**	.45**
7. Avoidance							.08	.32**	.42**	-.13	.05	.08	.19*	.11
8. Social Support Seeking								.14	.10	-.04	.27**	.22*	.15	.26**
9. Self-Blame									.49**	.37**	-.09	-.12	-.07	-.12
10. Religious Coping										.09	-.30**	-.23**	-.09	-.16
11. Neuroticism											-.09	-.19*	-.24**	-.16
12. Openness to Experience												.75**	.49**	.48**
13. Extraversion													.38**	.47**
14. Agreeableness														.38**
15. Conscientiousness														

Note: \*\* $p < .01$ , \*  $p < .05$

### 3.4. Relationship between Grief Intensity and Posttraumatic Growth

In order to examine whether there is a curvilinear association between PTG and grief intensity, a quadratic regression analysis were conducted. As it can be seen in the scatter plot at Figure 2, grief intensity levels were significant predictor of PTG levels based on a curvilinear model. ( $R^2 = .06$ ,  $F(1,129) = 4.11$ ,  $p < .05$ ). The regression equation model explained that, although it is quiet low, 6% of the variance in the levels of PTG can be accounted by the variability of grief intensity levels.

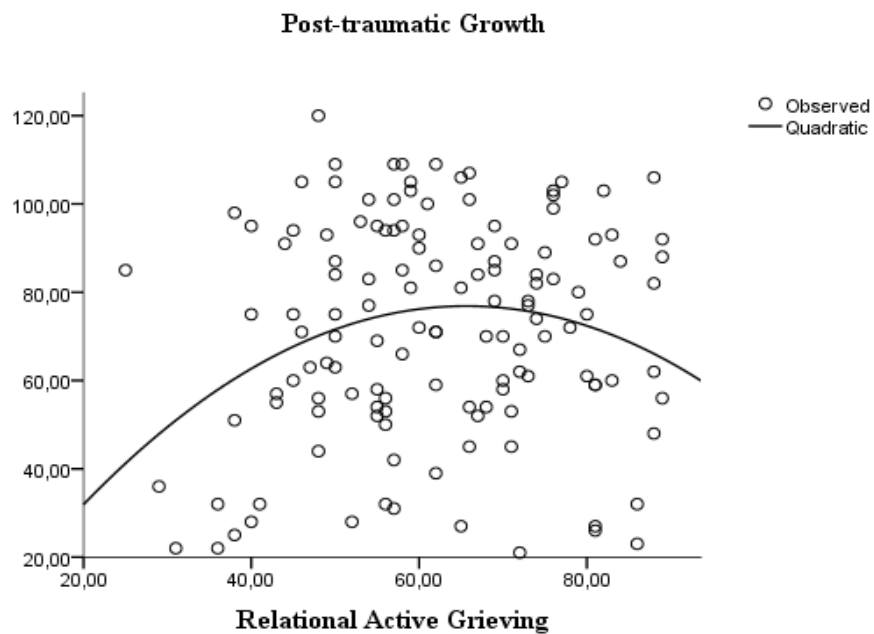


Figure 2. The curvilinear association between Grief Intensity and Posttraumatic Growth

### **3.5. Predictor Variables of PTG**

After examining the relationship between gender, time since loss, grief related factors, personality traits, coping styles and PTG, the contributory role of these multifaceted variables were analyzed in this part. A four stage hierarchical multiple regression analysis was conducted with PTG as the dependent variable. The blocks of this regression model were formed through following Schaefer and Moos's transformation model (1998). Gender (female=1, male=2) was entered at stage one of the regression model to control for Socio-demographic variable that is considered as the contributory to the model. Loss Related Variable, time since loss (5-8 Months=1, 9-12 Months=2, 13-17 Months=3) was entered at stage two, Grief Related Variables (Grief Intensity and Traumatic Perception of Loss) were entered at stage three and lastly, Coping Styles (Problem-Focused, Social Support Seekin, Religious Coping and Avoidance) were entered at the last stage four. These variables were chosen to take part in the regression model since they were significantly correlated with the levels of PTG. Another interested variable of the study, personality traits, were not included in the regression model since the relationship between PTG and personality traits was not found as significant in the present study. In the Table 5, the order of added variables in all stages can be seen.

Table 5. *Predictor Variables Entered in the Blocks of Regression Analysis*

<i>Block</i>	<i>Predictor Variables</i>	<i>Method</i>
1	Personal Variables	
	Gender (female=1, male=2)	Enter
2	Loss Related Variables	
	Time since Death	Enter
3	Grief Related Variables	
	Relational Active Grieving	
	Traumatic Perception of Loss	Enter
4	Coping Styles	
	Problem-Focused Coping	
	Social Support	Enter
	Religious Coping	
	Avoidance	

In the first stage of hierarchical multiple regressions, Gender was entered. This model was statistically significant  $F(1,130) = 6.98, p < .001$  and explained 5 % variance in PTG. After entry of elapsed time since death at Stage 2, the total variance explained by the model as a whole was 10 % ( $F(2, 129) = 7.00, p < .001$ ). Introduction of time since death explained additional 5% variance in PTG after controlling for gender ( $R^2 \text{ Change} = .05$ ;

$F(1,129) = 6.71, p < .05$ ). In the third stage, Traumatic Perception of Loss and Relational Active Grieving were added to the model, addition of this grief related variables also explained an additional 6% variance in PTG after controlling for gender and elapsed time since death ( $R^2 \text{ Change} = .06; F(2, 127) = 4.63, p < .05$ ). Finally, addition of coping styles explained an additional % 16 variance in PTG and this change in the  $R^2$  was significant when personal, loss-related and grief-related factors were controlled ( $R^2 \text{ Change} = .16, F(4,123) = 7.29, p < .001$ ). In the final model, four out of eight variables were statistically significant in predicting PTG: traumatic perception of loss ( $\beta = .35, p < .01$ ), problem focused coping ( $\beta = .25, p < .05$ ), religious coping ( $\beta = .18, p < .05$ ) and social support ( $\beta = .17, p < .05$ ). All in all, the final model explained % 32 of the variance in the scores of PTG. (See Table 6)

These results can be interpreted as perceiving the loss in higher traumatic levels as well as coping with it through engaging in problem-focused ways, religious coping and seeking social support carry quiet large amount of weight in predicting higher levels of PTG. However, the contribution power of gender and time since loss decreased throughout the model. Avoidance coping did not contribute to this model. It might be inferred that the power of coping styles and perceptions regarding to the loss had much more influential on the occurrence of PTG compare to other variables.

Table 6. Hierarchical Regression Model with Predictors of PTG

	<i>R</i>	<i>R</i> <sup>2</sup>	<i>R</i> <sup>2</sup> <sub>Change</sub>	<i>B</i>	<i>SE</i>	$\beta$	<i>T</i>
<i>Step 1</i>	.23	.05	.05				
Gender				-11.52	4.36	-.23	-2.64**
<i>Step 2</i>	.31	.10	.05				
Gender				-11.82	4.27	-.23	-2.77**
Time since Loss				6.23	2.41	.22	2.59*
<i>Step 3</i>	.40	.16	.06				
Gender				-10.35	4.24	-.20	-2.44*
Time since Loss				5.81	2.38	.20	2.45*
Grief Intensity				-.28	.21	-.17	-1.33
Traumatic Perception of Loss				1.13	.40	.35	2.83**
<i>Step 4</i>	.57	.32	.16				
Gender				-4.58	4.07	-.09	-1.13
Time since Loss				4.21	2.24	.15	1.87
Grief Intensity				-.31	.20	-.19	-1.57
Traumatic Perception of Loss				1.15	.38	.35	3.01**
Problem-Focused				.45	.19	.25	2.42*
Social Support				.56	.26	.17	2.18*
Religious Coping				.59	.29	.18	2.00*
Avoidance				.21	.39	.06	.54

Note: \*\*  $p < .01$ , \*  $p < .05$

### **3.6. Relationship between the Subscales of PTG, Coping Styles and Personality Traits**

The subscales of PTG and their relationship with coping styles and personality traits were examined through the Pearson Correlation analysis. In terms of personality traits, only the scores of Openness to Experience subscale were significantly correlated with the scores of New Possibilities subscale of PTG ( $r = .22, p < .05$ ).

When the subscales of PTG and their relationship with coping styles examined, the scores of Problem-focused Coping and surprisingly, Avoidance were significantly correlated with all subscales of the PTG. Social Support were only correlated with Personal Strength ( $r = .18, p < .05$ ), Spiritual Change ( $r = .18, p < .04$ ) and Relating with others ( $r = .38, p < .01$ ). There was a significant relationship with the scores of Religious Coping and the subscales of PTG: Spiritual Change ( $r = .40, p < .01$ ) and Relating with others ( $r = .24, p < .01$ ). Contrary to expectations, Self-Blame coping were also significantly correlated with Spiritual Change ( $r = .23, p < .01$ ) and Relating with others ( $r = .21, p < .05$ ). (See Table 7 for further detail)

Table 7. Correlations among the subscales of PTG, Coping and Personality

<i>Variables</i>	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1. Appreciation of Life	.71**	.56**	.45**	.55**	.34**	.26*	.15	-.02	.08	-.01	.13	.07	.03	.10
2. New Possibilities		.67**	.52**	.71**	.35**	.22*	.17	.12	.12	.07	.22*	.12	-.02	.09
3. Personal Strength			.51**	.68**	.41**	.30**	.18*	.12	.17	-.10	.16	.13	.03	.07
4. Spiritual Change				.57**	.25**	.28**	.18*	.23**	.40**	.05	.08	.11	.11	.13
5. Relating with Others					.25**	.24**	.38**	.21*	.24**	.06	.09	.02	.05	.13
6. Problem-focused						.57**	.21*	.11	.02	-.17*	.48**	.45**	.34**	.45**
7. Avoidance							.08	.31**	.42**	-.13	.05	.08	.19*	.11
8. Social Support								.14	.10	-.04	.27**	.22*	.15	.26**
9. Self-Blame									.49**	.37**	-.08	-.12	-.07	-.12
10. Religious Coping										.10	-.30**	-.23**	-.09	-.16
11. Neuroticism											-.08	-.19*	-.24**	-.16
12. Openness to Experience												.75**	.49**	.47**
13. Extraversion													.38**	.47**
14. Agreeableness														.38**
15. Conscientiousness														

Note: \*\*  $p < .01$   
 \*  $p < .05$

### **3.7. The Effect of Personal Variables of Bereaved Individuals on Grief Reactions and Posttraumatic Growth**

In this part, the role of gender and prior traumatic experiences of the participants on PTG and grief related factors were examined through several Independent T-tests. As it was expressed in the method section, the main focus of this study was the traumatic deaths and death related distress that can be referred as grief intensity. For this reason, only the scores of Relational Active Grieving and Traumatic Perception of Loss subscales of TTMBQ were interested and used in the study as the measures of grief related reactions. The total scores of Posttraumatic Growth Inventory were also used as a measure for growth after loss.

#### **3.7.1. The Role of Gender on the Measures of Relational Active Grieving, Traumatic Perception of Loss and Posttraumatic Growth**

In order to investigate whether the scores of Relational Active Grieving, Traumatic Perception of Loss and Posttraumatic Growth differ based on the gender of the participants, Independent Samples T-tests were conducted. When the grief experiences were examined with respect to the gender of the participants, it was found out that female bereaved participants experienced increased levels of grief intensity ( $M = 64.21$ ,  $SD = 13.27$ ) compare to male participants ( $M = 58.02$ ,  $SD = 16.45$ ),  $t(130) = 2.35$ ,  $p < .05$ . Female participants were also found as perceiving their losses more traumatic compare to men ( $M = 34.47$ ,  $SD = 6.62$ ),  $t(130) = 2.07$ ,  $p < .05$ . In terms of personal growth, female participants reported higher levels of post

traumatic growth, ( $M = 76.03$ ,  $SD = 22.68$ ) than male bereaved participants ( $M = 64.51$ ,  $SD = 24.53$ ),  $t(130) = 2.64$ ,  $p < .01$ . Table 8 represents the group comparisons with respect to gender.

Table 8. *Descriptive Statistics of Relational Active Grieving, Traumatic Perception of Loss and Posttraumatic Growth based on the Gender*

<i>Variables</i>	<i>Gender</i>	<i>M</i>	<i>SD</i>	<i>N</i>
<i>Relational Active Grieving</i>	Female	64.21 <sub>a</sub>	13.27	85
	Male	58.02 <sub>b</sub>	16.45	47
<i>Traumatic Perception of the Loss</i>	Female	34.47 <sub>a</sub>	6.62	85
	Male	31.68 <sub>b</sub>	8.70	47
<i>Posttraumatic Growth</i>	Female	76.03 <sub>a</sub>	22.68	85
	Male	64.51 <sub>b</sub>	24.53	47

a-b= means are significantly different ( $p < .05$ )

### **3.7.2. The Role of Prior Traumatic Experience on Relational Active Grieving, Traumatic Perception of Loss and Posttraumatic Growth**

Independent Sample T-test has been conducted in order to compare the group differences based on experiencing prior traumatic experience. Having a past traumatic experience did not reveal any significant difference on the scores of Relational Active Grieving ( $t(130) = 1.96$ ,  $p > .05$ ), Traumatic Perception of Loss ( $t(130) = 1.55$ ,  $p > .05$ ) and Posttraumatic Growth ( $t(130) = .70$ ,  $p > .05$ ). Detailed information based on prior traumatic experience can be seen in Table 9.

Table 9. *Descriptive Statistics of Relational Active Grieving, Traumatic Perception of Loss and Posttraumatic Growth based on Prior Traumatic Experience*

<i>Variables</i>	<i>Prior Traumatic Event</i>	<i>M</i>	<i>SD</i>	<i>N</i>
<i>Relational Active Grieving</i>	Yes	63.56	14.62	95
	No	58.03	14.43	37
<i>Traumatic Perception of the Loss</i>	Yes	34.10	7.09	95
	No	31.86	8.40	37
<i>Posttraumatic Growth</i>	Yes	72.86	23.77	95
	No	69.54	26.58	37

### **3.8. The Effect of Loss Related Variables on Grief Reactions and PTG**

#### **3.8.1. The Role of the Cause of the Death on the Measures of Relational Active Grieving, Traumatic Perception of Loss and Posttraumatic Growth**

In order to investigate whether the scores of Relational Active Grieving, Traumatic Perception of Loss and Posttraumatic Growth differ based on the type of loss the bereaved individuals had, MANOVA was conducted. In the analysis, the scores of Relational Active Grieving, Traumatic Perception of Loss and Posttraumatic Growth were entered as dependent variables, whereas the cause of death (unexpected medical conditions, traffic accident, and accidents, suicide, death by another and other) was entered as independent variable. Table 10 represents the descriptive statistics for the dependent variables used in the analysis.

Table 10. *Group Comparisons of the scores of Relational Active Grieving, Traumatic Perception of Loss and Posttraumatic Growth based on the Cause of Death*

<i>Variables</i>	<i>Cause of Death</i>	<i>M</i>	<i>SD</i>	<i>N</i>
<i>Relational Active Grieving</i>	Unexpected			
	Medical Conditions	60.10	14.96	88
	Traffic Accidents	66.63	11.99	27
	Accidents	55.75	15.94	4
	Suicide	71.20	18.73	5
	Death by Another	75.00	12.29	3
	Other	58.60	13.16	5
<i>Traumatic Perception of the Loss</i>	Unexpected			
	Medical Conditions	31.72 <sub>b</sub>	7.02	88
	Traffic Accidents	37.4 <sub>a</sub>	6.09	27
	Accidents	34.00 <sub>a</sub>	12.03	4
	Suicide	43.40 <sub>a</sub>	2.89	5
	Death by Another	41.00	4.36	3
	Other	28.20	5.89	5
<i>Posttraumatic Growth</i>	Unexpected			
	Medical Conditions	69.77	25.00	88
	Traffic Accidents	78.55	22.34	27
	Accidents	76.75	36.83	4

Table 10. (continued)

<i>Variable</i>	<i>Cause of Death</i>	<i>M</i>	<i>SD</i>	<i>N</i>
	Suicide	70.00	28.52	5
	Death by Another	86.33	15.57	3
	Other	63.60	15.66	5

Note. The mean scores that share the same subscripts (a) on the same row are significantly different from the mean score that has subscript 'b'. ( $p < .01$ )

Findings of MANOVA indicated that the cause of the death had a significant effect on the scores of Relational Active Grieving, Traumatic Perception of the Loss and Posttraumatic Growth (Wilks'  $\Lambda = .748$ ,  $F(15,342) = 2.54$ ,  $p < .01$ ,  $\eta^2_p = .092$ ). In order to see the specific contributions of the type of the loss on the dependent variables, several one way analysis of variance (ANOVA) analyses had conducted. It was found that the type of the traumatic loss had only a significant effect on the scores of Traumatic Perception of Loss ( $F(5,126) = 6.41$ ,  $p < .01$ ), whereas the type of loss did not have any significant effect on the scores of Relational Active Grieving ( $F(5,126) = 1.95$ ,  $p > .05$ ) and Posttraumatic Growth ( $F(5,126) = .88$ ,  $p > .05$ ). In order to see the significant role of the type of loss on the scores of Traumatic Perception of Loss, Post-Hoc analysis was used and it revealed that the mean scores of bereaved participants who lost their close one due to *traffic accident* ( $M = 37.4$ ,  $SD = 6.09$ ) and *suicide* ( $M = 43.40$ ,  $SD = 2.89$ ) were significantly higher than the mean scores of the

participants who lost their close one due to *sudden medical conditions* ( $M = 31.72$ ,  $SD = 7.02$ ).

### **3.8.2. The Role of the Closeness to the Deceased on the Measures of Relational Active Grieving, Traumatic Perception of Loss and Posttraumatic Growth**

Findings of MANOVA indicated the scores of Relational Active Grieving, Traumatic Perception of the Loss and Posttraumatic Growth were significantly differed in terms of the closeness to the deceased (Wilks'  $\Lambda = .783$ ,  $F(15,342) = 2.121$ ,  $p < .01$ ,  $\eta^2_p = .078$ ). Further investigation revealed that the closeness to the deceased had a significant effect on the scores of Relational Active Grieving ( $F(5,126) = 3.287$ ,  $p < .01$ ) and Traumatic Perception of Loss ( $F(5,126) = 5.115$ ,  $p < .01$ ). Post-Hoc Analysis revealed that the scores on Traumatic Perception of Loss were significantly higher on the death of *sibling* ( $M = 37.27$ ,  $SD = 7.96$ ), *spouse* ( $M = 39.00$ ,  $SD = 73.41$ ) and *daughter/son* ( $M = 39.75$ ,  $SD = 8.05$ ) compare to the death of *father* ( $M = 30.78$ ,  $SD = 7.18$ ). Participants who experienced the death of *daughter/son* ( $M = 73.00$ ,  $SD = 12.47$ ) had higher levels of grief intensity compare to the ones who experienced the death of *father* ( $M = 57.51$ ,  $SD = 14.09$ ). (See Table 11)

Table 11. *Group comparisons of the scores of Relational Active Grieving, Traumatic Perception of Loss and PTG based on the Closeness to the Deceased*

<i>Variables</i>	<i>Closeness to the Deceased</i>			
	<i>Deceased</i>	<i>M</i>	<i>SD</i>	<i>N</i>
<i>Relational Active Grieving</i>	Mother	63.94	14.27	32
	Father	57.51 <sub>a</sub>	14.09	65
	Sibling	66.53	16.34	15
	Spouse	70.71	7.22	7
	Romantic Partner	64.80	15.71	5
	Son/ Daughter	73.00 <sub>b</sub>	12.47	8
<i>Traumatic Perception of the Loss</i>	Mother	34.06	6.17	32
	Father	30.78 <sub>a</sub>	7.18	65
	Sibling	37.27 <sub>b</sub>	7.95	15
	Spouse	39.00 <sub>b</sub>	3.42	7
	Romantic Partner	35.60	8.05	5
	Son/ Daughter	39.75 <sub>b</sub>	8.04	8
<i>Posttraumatic Growth</i>	Mother	68.25	26.59	32
	Father	73.65	23.67	65
	Sibling	64.33	29.02	15
	Spouse	75.71	15.50	7
	Romantic Partner	78.40	21.58	5
	Son/ Daughter	79.63	22.89	8

a-b means are different at  $p < .01$ .

### 3.8.3. The Role of Time since Loss on the Measures of Relational Active Grieving, Traumatic Perception of Loss and Posttraumatic Growth

The role of time since loss on the scores of Relational Active Grieving, Traumatic Perception of Loss and Posttraumatic Growth was examined through MANOVA. Bereaved individuals were categorized into three groups based on 3 to 4 months interval. Means and standard deviations were presented in Table 12.

Table 12. *Group Comparisons of Relational Active Grieving, Traumatic Perception of Loss and PTG based on the Closeness to the Deceased*

<i>Variables</i>	<i>Time Since</i>			
	<i>Loss</i>	<i>M</i>	<i>SD</i>	<i>N</i>
<i>Relational Active Grieving</i>	5-8 Months	66.83 <sub>a</sub>	14.78	43
	9-12 Months	56.39 <sub>b</sub>	15.47	36
	13-17 Months	61.91	12.96	53
<i>Traumatic Perception of the Loss</i>	5-8 Months	35.21 <sub>a</sub>	6.83	43
	9-12 Months	29.86 <sub>b</sub>	8.40	36
	13-17 Months	34.53 <sub>a</sub>	6.67	53
<i>Posttraumatic Growth</i>	5-8 Months	67.72 <sub>c</sub>	23.68	43
	9-12 Months	65.97 <sub>c</sub>	25.59	36
	13-17 Months	79.40 <sub>d</sub>	22.96	53

a-b is significantly different at  $p < .01$ , c-d is significantly different at  $p < .05$

The findings revealed that elapsed time since loss had a significant effect on the scores of Relational Active Grieving, Traumatic Perception of Loss and Posttraumatic Growth (Wilks'  $\Lambda = .842$ ,  $F(6, 254) = 3.803$ ,  $p < .01$ ,  $\eta^2_p = .08$ ). As a result of a series of ANOVA analyses, time since loss had significant effect on the scores of Relational Active Grieving ( $F(2, 129) = 5.253$ ,  $p < .01$ ), Traumatic Perception of Loss ( $F(2, 129) = 6.299$ ,  $p < .01$ ) and Posttraumatic Growth ( $F(2, 129) = 4.362$ ,  $p < .05$ ). In order to see the significant group comparisons, Post-Hoc analysis was used. It was found that bereaved individuals who lost their significant ones 5-8 months ago ( $M = 66.83$ ,  $SD = 14.78$ ) significantly had higher grief intensity levels compare to the ones who lost 9-12 months ago ( $M = 56.39$ ,  $SD = 15.47$ ). When the traumatic perception regardless of the loss investigated in group comparisons, it was found out that bereaved individuals who experienced their losses 5-8 months ago ( $M = 35.21$ ,  $SD = 6.83$ ) perceived their losses as more traumatic compare to bereaved individuals who lost their closed one 9-12 months ago ( $M = 29.89$ ,  $SD = 8.40$ ). Interestingly, participants who experienced loss 13-17 months ago ( $M = 34.53$ ,  $SD = 6.67$ ) were, too, significantly had higher levels of traumatic perception of loss compare to the ones who experienced loss 9-12 months ago. When the effect of elapsed time since loss on PTG was examined, it was revealed that bereaved ones experienced the death of their loved one 13-17 months ago ( $M = 79.40$ ,  $SD = 22.96$ ) had significantly higher scores on their levels of PTG compare to the ones who had lost 5-8 months ago ( $M = 67.72$ ,  $SD = 23.68$ ) and 9-12 months ago ( $M = 65.97$ ,  $SD = 25.59$ ).

### 3.8.4. The Role of Received Professional Help after the Loss on the measures of Relational Active Grieving, Traumatic Perception of Loss and Posttraumatic Growth

The effect of getting psychological or psychiatric help after the loss on the scores of Relational Active Grieving, Traumatic Perception of Loss and Posttraumatic Growth was examined through several Independent t-tests. The findings revealed that bereaved individuals who received professional help after their loss ( $M=36.26$ ,  $SD= 6.52$ ) were significantly perceiving their experience of loss as more traumatic ( $t(130)=2.82$ ,  $p<.005$ ), compare to bereaved ones who had no professional help in the aftermath of loss ( $M= 32.31$ ,  $SD= 7.63$ ). Additionally, there was no significant effect of getting help on the scores of Relational Active Grieving ( $t(130)=1.69$ ,  $p=.09$ ) and Posttraumatic Growth ( $t(130)=1.28$ ,  $p=.20$ ).

Table 13. *Group Comparisons on the scores of Relational Active Grieving, Traumatic Perception of Loss and PTG based on Received Professional Help*

<i>Variables</i>	<i>Received Professional Help after Loss</i>			
	<i>Yes</i>	<i>M</i>	<i>SD</i>	<i>N</i>
<i>Relational Active Grieving</i>	Yes	65.33	13.47	39
	No	60.61	15.07	93
<i>Traumatic Perception of the Loss</i>	Yes	36.26 <sub>a</sub>	6.52	39
	No	32.31 <sub>b</sub>	7.63	93

Table 13. (continued)

<i>Variables</i>	<i>Received Professional Help after Loss</i>	<i>M</i>	<i>SD</i>	<i>N</i>
	<i>Posttraumatic Growth</i>	Yes	76.13	24.76
	No	70.17	24.35	93

a-b means are significantly different,  $p < .01$

Addition to this findings, there was no effect of the type of the professional help on the scores of Relational Active Grieving, Traumatic Perception of Loss and Posttraumatic Growth (Wilks'  $\Lambda = .838$ ,  $F(6, 70) = 1.082$ ,  $p > .05$ ). The mean and standard deviation scores of the bereaved individuals based on their type of received professional help were presented in Table 14.

Table 14. *Group Comparisons on the scores of Relational Active Grieving, Traumatic Perception of Loss and PTG based on the Type of Received Professional Help*

<i>Variables</i>	<i>Type of Professional Help</i>	<i>M</i>	<i>SD</i>	<i>N</i>
<i>Relational Active Grieving</i>	Psychotherapy/Psychological Counseling	59.08	10.76	12
	Use of Psychiatric Drug	68.27	12.47	22
	Psychotherapy & Drug Usage			
	Combined	68.83	18.65	6

Table 14 (cont.)

<i>Variables</i>	<i>Type of Professional Help</i>	<i>M</i>	<i>SD</i>	<i>N</i>
<i>Traumatic Perception of the Loss</i>	Psychotherapy/Psychological Counseling	34.50	5.58	12
	Use of Psychiatric Drug	39.27	5.82	22
	Psychotherapy & Drug Usage			
	Combined	39.67	9.52	6
<i>Posttraumatic Growth</i>	Psychotherapy/Psychological Counseling	73.75	29.35	12
	Use of Psychiatric Drug	75.68	22.52	22
	Psychotherapy & Drug Usage			
	Combined	83.67	23.72	6

## **4. DISCUSSION**

The present study investigated the experience of PTG in bereaved individuals in a relation with their grief processes. It was aimed at reaching comprehensive findings by examining several interrelated factors that can contribute to the development of PTG in the context of bereavement. Therefore, the role of personal variables, loss-related factors and grief related factors on PTG were examined closely. The role of coping strategies and basic personality traits on PTG were also investigated in order to see whether they would contribute to the process of PTG. The implications of the study findings will be discussed in the next sections.

### **4.1. Predictors of Posttraumatic Growth in Bereavement**

#### **4.1.1. Gender**

The findings on gender revealed that the levels of PTG and grief intensity differed in terms of gender in line with the study expectations. It was found out that women reported higher levels of PTG compare to men. Previous studies also demonstrate that women were more likely to report experiencing PTG in a comparison with men (Park et al., 1996; Tolin & Edna, 2006; Swickert, Hittner, & Foster, 2012) and this conclusion was also supported by a recent meta-analysis by Vishnevsky, Cann, Calhoun, Tedeschi and Demakis (2010). In the present study, women's grief intensity and traumatic perception on loss were also higher compare to men. In line with these findings, trauma literature indicates that women are more likely to report having distress and higher levels of PTSD after traumatic incidents compare to men and this might have been contributed to their approach to

the loss as perceiving it more traumatic compare to men in the present study (Anderson & Manuel, 1994; Tolin & Edna, 2006). Another possible explanation could be that cultural factors might influence the expression of emotions while women are more likely to express their distress and feelings through disclosing them, men are more likely to show their sadness or anger through behavioral engagements rather than expressing them explicitly. Mallon (2008) proposes that this difference can be arisen from gender-appropriate roles that impose men to be stronger and should not be overwhelmed by the loss and distress. Higher levels of PTG in women might be also explained as that women are more likely to be in touch with their feelings and their distress which might lead them to be more aware of their changed life and improved skills in the aftermath of loss, while men might prefer to be unaware of both 'distress' and 'benefit' of it. The study of Carr and his colleagues (2000) with widowed individuals support this notion and add another possible explanation. According to him, widowed women might be engaging in new skills to deal with the life challenges they never did before while involving in situations such as house-holding or rearing children alone, whereas the changes occur in men's life after loss might be less likely to influence their sense of competence and strength.

#### **4.1.2. Prior Trauma Experience**

Many studies examining the effect of the trauma usually focuses on a single event, but traumatic or adverse situations usually co-occur and interact with the subsequent traumas (Herman, 1992). There are also some empirical studies indicating that previous exposure to trauma is influential

on the outcome of the subsequent trauma in a negative way (Brewin, Andrews & Valentine, 2000; Norris et al., 2003). Another important finding also suggests that although cumulative adversities contributed to the negative view of the past, it has a positive effect on the future expectations of traumatized individuals, which might be contributing to the occurrence of growth (Schafer, Ferraro, & Mustillo, 2011). Therefore, exploring the role of previous adverse situations was vital in this research. However, the findings with respect to prior traumatic experiences fail to find influential role of prior traumatic incidents on the PTG as well as grief processes in the present study. When the distribution of prior traumatic incidents was examined, natural disasters and being witnessed to someone's death were the highest ones that the participants experienced. It might be interpreted that prior traumas might have already been processed and their effect might have not interfered with the subsequent loss.

#### **4.1.3 The Role of Loss-Related Variables on Grief and PTG**

##### **4.1.3.1. Time since Loss**

Many clinical and empirical studies point out the role of time in bereavement outcome as bereaved individuals are expected to adjust the daily life better without the deceased as the time passes (Green, 2000; Mallon, 2008). In the present study, too, bereaved individuals who lost their significant ones 5 to 8 months ago were more likely to report higher levels of active grief reactions compare to the ones who experienced lost 9 to 12 months ago. Additionally, the levels of traumatic perception regarding to the loss were significantly higher in the group that experienced lost between 5-

to 8 months compare to 9-12 months group which might be related with the interaction effect of acute grief process. But, surprisingly, bereaved ones who lost their significant ones within 13 to 17 months were also significantly higher on their levels of traumatic perception on loss compare to the group who experience lost 9-12 months ago. It might be inferred that although the time lessens the intensity of the distress of bereavement, it does not lessen the unexpected and shocking quality of the traumatic reality.

The role of time on the experience of personal growth was also interested in the current study. Because, many theories of PTG hypothesize that growth requires some amount of time as well as taking a step back from the traumatic reality to occur (Tedeschi & Calhoun, 1996; Park & Helgeson, 2006). Although there is not a certain amount of time that should be passed to experience growth, it is emphasized that growth is not an instant outcome of the trauma, but the survivor should cope with the initial distressing demands of the trauma in an effective way at first hand (Gillies & Neimeyer, 2006). For example, in a study with breast cancer patients, it was found out that time since diagnosis of the cancer was positively correlated with PTG levels (Cordova, Cunningham, Carlson, & Andrykowski, 2001). Another study's findings with bereaved individuals suggest that finding meaning as well as exploring benefits after the loss increase as the amount of time since death increases (Boyraz, Horne, & Sayger, 2012). Contrary to these findings, a longitudinal study with bereaved adolescents and young adults who lost their parents in childhood found that as the elapsed time since the loss increased, the levels of two specific domains of PTG

(appreciation of life and relating to others) decreased, which did not express the effect of time (Wolchik, Coxe, Tein, Sandler, & Ayers, 2008). The findings of this study supports some of the research findings as it was found that bereaved individuals who had lost their significant ones 13-17 months ago had significantly higher levels of PTG compare to other groups. In the current study, the time since loss was also a significant contributor to PTG in the regression model which can be inferred that the time since the loss is a significant contributor factor on the occurrence of PTG that should be taken into consideration.

#### **4.1.3.2. Cause of Death**

Bereavement literature points out that unexpected and violent death increase the likelihood of complicated grief reactions in bereaved people compare to the expected and natural ones (Bonanno & Kaltman, 2001). In this study, the type of unexpected death had also a significant effect on the levels of traumatic perception of loss. It was found out that bereaved participants who lost their significant ones due to traffic accidents and suicide had significantly perceived their losses as more traumatic compare to the ones who lost their relatives due to sudden medical conditions. These findings can be seen as parallel with the findings of another study conducted with widows and widowers within 2 years following the loss of their spouses by Zisook, Chentsova- Dutton and Schuchter (1998). This previous study also pointed out that widows and widowers who lost their spouses through suicide or accidents were at higher risk for developing PTSD as well as having increased trauma related symptoms and thoughts compare to

those who lost their spouses due to other sudden causes. Meanwhile, suicide and traffic accidents are among the most violent deaths that diminish the bereaved one's assumptive world and increase the risk for pathological grief reactions (Dyregrov, Nordanger, & Dyregrov, 2003). It might be inferred that while unexpected medical conditions or complications on the body may give the bereaved an acceptable explanation in the end, however both suicide and traffic accidents had qualities that are open for many questioning that may remain unanswered forever. These modes of deaths, especially suicide, might also bring along many conflictual feelings such as anger to the deceased or regret for not being able to prevent it (Bailey, Kral & Dunham, 1999). These qualities may increase the traumatic perception of the loss while leaving the bereaved more vulnerable to make meaning out of the loss. Additionally, the type of death in this study did not reveal any impact on the occurrence of growth. This finding might be evaluated with the emphasis of Rubin (1993) and Neimeyer (2001) in which they suggest all kind of deaths, and even all kind of losses are traumatic in their nature that should not be treated differently. Yet, the consequences of the loss might not be expected to differ among bereaved individuals. Therefore, all losses in this study can be generalized as traumas that are not expected to differ in their nature. On the other hand, it should be also taken into consideration cautiously that the indifference on PTG with respect to the type of death can be a result of unbalanced distribution of the type of death in each group which will be discussed in the limitation section.

#### **4.1.3.3. Closeness to the Deceased**

The type of the closeness to the deceased is thought to be influential on the bereavement outcome (Rando, 1985; Sanders, 1993). Especially, death of a child is described as being the most significant and devastating traumatic death within a family (Rubin, 1993; Dijkstra & Stroebe, 1998; Mallon, 2008). For instance, in a study by Sanders (1980) losing a child compare to other losses such as losing a parent or spouse predicted more intense grief reactions as many of them reported feeling no strength to keep on. The findings of the present study are also partially consistent with the literature, suggesting that bereaved parents who lost their child had significantly higher grief intensity compare to bereaved individuals who lost their fathers. The loss of a child becomes more complicated because it disrupts the predictable life cycle of the death order in the family (Rubin, 1993; Hendrickson, 2009). Additionally, a parent does not only lose his child but also a part of the parent's identity as well as future expectations related with this significant relationship also become lost (Dijkstra & Stroebe, 1998; Keese et al., 2008).

Another note-worthy finding of this study was that bereaved participants who experienced the death of a sibling, a spouse or a child were significantly perceived the death as more traumatic compare to the ones who lost their fathers. As discussed above, the child- parent bond is suggested to have the unique qualities. Studies on the loss of a sibling (e.g. Robinson & Mahon, 1997; Packman, Horsley, Forward, & Garlie, 2003) and a spouse (e.g. Carr et al., 2000; Fujisawa et al., 2010) also indicated that the

relationships with siblings as well as spouses are the source of support and comfort within the family, whose absence might be felt more intensely for the bereaved one. Like it has been considered in the death of a child, losing a sibling or a spouse might also disrupt the bereaved individuals' sense of safety since it demolishes the nature of death cycle by these deaths compare to loss a father. All of these factors might have been contributed to the quality of loss as perceiving it more traumatic in the death of a sibling, child and spouse compare to the loss of a father. Besides these findings, the occurrence of growth did not differ based on the closeness to the deceased in the present study. It might be interpreted as that the sample were chosen from the ones who lost first degree relative or a romantic partner in which emotional bonding might be at similar levels compare to losing a friend or an acquaintances. Therefore, meaning making processes of these losses might not have been differed based on the degree of closeness to the deceased in this sample.

#### **4.1.3.4. Received Professional Help after Loss**

In the current study, receiving professional help after the loss were found as only related with increased traumatic perception with respect to the loss, but grief intensity and personal growth were not related with any type of professional help after loss. These findings might be interpreted in two ways. On one hand, these individuals might be affected by their losses in a more complicated way whose perception regarding to the loss is highly captured by the traumatic qualities of the loss, and this might have led them to get a professional help to deal with it. On the other hand, receiving

psychological or psychiatric help from a professional might be also challenging to the bereaved individuals. Since working with a professional on the grief process might lead the bereaved to think, ruminate or reflect back on their losses in a more detailed way. Neimeyer, Herrero and Boetalla (2006) indicate that grief counseling is a process in which the bereaved work through the changed reality in which he/she experiences disruptions and disorganization regarding to its life assumptions. However, they suggest that chaos is necessary in the therapeutic process to reach coherence in the meaning system of the bereaved individual. In the light of this notion, it can be inferred that receiving professional help might come along with increased traumatic perceptions on the loss. Additionally, the type of help, whether it is psychological or based on a drug treatment, did not reveal any difference on the outcomes of grief related factors as well as growth. Unfortunately, no empirical study on the effect of the type of professional help after loss on the PTG reached out in the literature. Further studies are needed to see the effect of professional help on PTG.

#### **4.1.4. The Role of Grief- Related Variables on PTG**

Many theories of PTG emphasize the role of distress as initiating the working through process of the trauma. In the context of bereavement, many studies regard the levels of grief intensity as the indicator of distress (Gerrish, Dyck, & Marsh, 2009). Nonetheless, the intensity of grief reactions is also thought to be associated with the quality of adjusting to the bereavement, and the terms, 'grief intensity' and 'adjustment' is used interchangeably in the literature.

As it was expected, the current study found out that there was a curvilinear relationship between grief intensity and PTG levels which can be interpreted as that bereaved individuals who had moderate levels of grief intensity, had higher levels of personal growth compare to the bereaved individuals who had lower as well as higher levels of grief intensity. This finding is parallel to a number of studies indicated that a substantial amount of distress related with the trauma is suggested to be contributory in the experience of growth. However, lower or higher levels of distress are suggested to disrupt the cognitive processing involved in the occurrence of PTG (Tedeschi & Calhoun, 1996; Currier et al., 2012). It can be inferred that while lower levels of grief intensity might not initiate any working through process related with the bereavement, higher levels of grief intensity might hinder the process of working effectively through of changes in the new life of the bereaved. Still, bereavement literature demonstrates inconsistent findings regarding to the relationship between distress and growth. In literature, some studies argue that improved adjustment to the loss was positively significant in predicting PTG (i.e. Hogan, Greenfield, & Schmidt, 2001; Matthews & Servaty-Seib, 2007; Keesee et al., 2008; Marwit & Engelkemeyer, 2008), yet, some other studies argue that PTG and levels of grief reactions were independent from each other suggesting that better adjustment to the bereavement does not necessarily predict PTG (i.e. Caserta, Lund, Utz, & de Vries, 2009; Tedeschi & Calhoun, 2008). Gerrish, Dyck and Marsh (2009) also propose that it is not reliable to associate PTG

with the opposite side of distress arisen from grief without differentiating normal grief from the pathological reactions to bereavement.

Another grief related finding in the present study was that traumatic perception regard to the loss was significantly predicted PTG as it was hypothesized. In another words, traumatic qualities of the loss such as being unexpected, occurring under violent conditions as well as bringing irreversible changes in the bereaved one's sense of self and the world were found as contributed to the process of PTG. A study by Armstrong and Shakespeare-Finch (2010) also had similar implications with this finding suggesting that perceptions regarding to the severity of the trauma were linked to higher levels of growth. This finding of the current study might be related with the notion that the traumatic nature of the loss are suggested to lead the bereaved individuals to ruminate about the loss more compare to expected deaths (Parappully, Rosenbaum, Daele, & Nzewi, 2002). Werdel and Wicks (2012) emphasize the importance of deliberate ruminations that take place as the bereaved work through the challenges of the expected loss. These ruminations might be related with dealing questions such as 'why or how' the death occurred and the bereaved may be reflecting on the event, trying to understand it. Neimeyer (2001) suggests that through reflecting back about the loss and its consequences might lead bereaved individuals to make meaning out of their loss as well as finding benefits. Therefore, perceiving the loss in traumatic manner might trigger purposeful ruminations that facilitate the process of working through and meaning making out of the loss.

#### **4.1.5. Personality and PTG**

Personality traits are suggested to be another influential factor on the occurrence of PTG. Contrary to the expectations of this study, no significant relationship between PTG and personality traits was found. Only, the traits of openness to experience were significantly associated with New Possibilities subscale of PTG. People who are high on openness to experience dimension tend to be flexible and curious about the world and are able to adapt the change easily (Tedeschi & Calhoun, 1996). Therefore, being open to the world and what it has brought might be considered as to give rise to exploring new possibilities in the aftermath of the loss. Failing to find the contributing role of the personality traits on PTG in bereaved individuals might depend on several limitations of this study which will be discussed later in this chapter.

#### **4.1.6. Coping and PTG**

There are many studies examining the relationship between coping and PTG (e.g. Schaefer & Moos, 1992; Linley & Joseph, 2004). However, there is limited number of studies examining this relationship within the context of bereavement. Since coping is also a part of grief process that influences the outcome and the quality of adjustment to the loss, its relation with the occurrence of PTG is also important to explore. In the light of this notion, this study found out that coping styles, specifically problem-focused, religious coping and social support were the strongest predictors of experiencing positive changes through the loss when they were added to the regression model along with other variables. Avoidance coping was also

positively correlated with PTG levels of the participants; however these types of coping style did not contribute to the occurrence of PTG in the regression model. Implications of these findings will be elaborated through next sections.

#### **4.1.6.1. Problem-Focused Coping and PTG**

Problem-focused coping is strongly contributed to the occurrence of PTG is consistent with earlier findings that examined PTG within different contexts (i.e. Wild & Paivio, 2004; Karancı & Erkam, 2007; Loiselle, Devine, Reed-Knight, & Blount, 2011; Silva, Crespo, & Canavarro, 2012; Tallman, 2013). These studies support the view that personal growth takes a process of cognitive restructuring in which the old schemas are replaced with the new ones in the aftermath of traumatic experiences (Tedeschi & Calhoun, 2008). Problem focused coping is suggested to enhance this process as the survivors take active actions to deal with the distress and the demands of the trauma. Actively seeking solutions, devising a plan for dealing with stressor or thinking about new possibilities as well as taking new perspectives are some of the ways that problem-focused coping covers (Loiselle et al., 2011). Calhoun and Tedeschi (1999) proposes that the survivors who are more actively working on the stressor tend to process and incorporate the traumatic reality more efficiently which may lead them to come to terms with the conflict and irreversible changes that the trauma brings their lives. Bereavement is also an important state that brings along many changes into the bereaved life that should be incorporated to the life of the bereaved (Chentsova-Dutton & Zisook, 2005). Although Stroebe and

Schut (1999) claim that problem-focused strategies are not applicable to cope with the death of a significant one since the bereavement is not a circumstance that can be dealt with focusing on the loss since its nature is irreversible. However, it might be considered that the life conditions that change after the death can be handled through problem focused ways after the bereaved come to terms with the loss. Through handling with the changed circumstances both cognitively and emotionally with active steps, personal growth might be enhanced among bereaved individuals. Gallagher-Thompson, Futterman and Farberow (1993) emphasize that bereaved people are expected to re-construct their daily life routine which might require them to plan their future life with constructive acts, and yet their sense of strength as well as exploring new ways of living might be facilitated through taking responsibility to handle with their changed circumstances.

#### **4.1.6.3. Religious Coping and PTG**

Religious coping were also an important contributor of PTG as it was expected in the study. These finding is in line with the findings of the other studies (i.e. Kesimci, Göral, & Gençöz, 2005; Znoj, 2006; Arıkan & Karancı, 2012) suggesting that religious and spiritual beliefs might promote personal growth in the aftermath the traumatic incidents. Literature implies that losing a significant one leads the bereaved people to face with the reality of death that may trigger existential questioning regarding to the nature of death (Balk, 1999). Especially, traumatic deaths are more likely to disrupt the bereaved people's meaning system regarding to their sense of self and the world as it challenges the predictable assumptions about the life.

On the other hand, religion may also serve as a source of coping with the distress of the death by serving as a comforting zone for the bereaved ones (Park & Cohen, 1993). For instance, unexplainable nature of the death can be attributed to a divine source, or a God, which may lessen the distress of the loss, lead the bereaved accepting the loss and process the bereavement in a more efficient way. Engaging in rituals, relying on religious beliefs such as believing in after- life and praying for the deceased's soul after the death are some the components that might help the bereaved people to give meaning and re-construct their demolished life narrative related with the deceased (Neimeyer & Gillies, 2006). All of these processes might have facilitated the growth through the loss in the current study. Another explanation for this finding could be that the sample of the current study was drawn from a Turkish sample whose culture is mostly influenced by the religion of Islam. Since Islam, with its many aspects, emphasizes the belief in after-life and benefits of praying for the deceased, feeling connected to the deceased through spiritual beliefs as well as believing in reuniting after the death might promote the spiritual growth in the bereaved individuals. Additionally, religious coping was also significantly related with the spiritual change and relating with others subscales of PTG in the study. This might be interpreted as that religion or spirituality might also play an influential role on bringing people closer to others as they might attend religious rituals for the bereaved together.

#### **4.1.6.2. Social Support and PTG**

Social support was also one of the strongest predictor of PTG in the present study as expected. This finding is consistent with previous empirical studies that demonstrated seeking and receiving social support in the aftermath of traumatic incidents influenced PTG levels (i.e. Prati & Pietrantonio, 2009; Schmidt et al., 2012; Tanrıverdi, Savaş, & Can, 2012). In the context of bereavement, past research also demonstrated the power of relating with others and sharing the thoughts and feelings related with the deceased on bereaved individuals' adjustment to the loss (i.e. Bath, 2009; Schoenfelder, Sandler, Wolchik, & MacKinnon, 2011). There are also some studies found out a link between PTG and social support in bereaved individuals (Kessler, 1987; Hogan et al., 2001). Receiving social support in the aftermath of trauma is proposed to be an important stress-reducing tool as it provides a secure and predictable environment to the survivor (Cohen & Wills, 1985). When losing a significant one, the bereaved person may acknowledge the distressing reality of loss within a social exchange and companionship whose affection and humor might provide a sense of well-being as well as a source of reliance that function as a soother from the debilitating effect of loss (Stylianios & Vachon, 1988). All of these factors can be thought as functional sources that contribute PTG.

Along with the implications above, in the current study, social support was also significantly correlated with PTG domains; personal strength, spiritual change and relating with others. It might be inferred that receiving support from others might also prevent grieving people from

feeling weak and incapable of dealing with the demands of the loss, on the contrary they may feel more encouraged to deal with their loss feeling as more powerful. In Turkish culture, religious and spiritual rituals on the death are diverse that may promote gatherings with relatives and close ones. For example, praying for the bereaved through gatherings in different periods of time at the home of the deceased is a quiet common ritual in Turkish culture. Many relatives and friends of the deceased visit the home of the deceased bring foods and share their feelings about the deceased. These kinds of engagements might promote more spiritual change in bereaved individuals as well as encouraging them to relate and share their feelings with others.

#### **4.1.6.4. Avoidance and PTG**

Most of the findings in the past studies demonstrate an inverse relationship between PTG and avoidance coping (i.e. Kinsinger et al., 2006; Bussel & Naus, 2010). However, PTG and avoidance coping were found as positively correlated in the current study. But, it should be noted that avoidance coping was not found as a significant contributor of PTG when other factors related with PTG were controlled. Therefore, the implication of this finding is questionable in the light of literature. Avoidance coping usually refers to engagements such as denying or ignoring the stressor, thinking wishfully or distorting its consequences which are considered as maladaptive on dealing with the trauma (Roth & Cohen, 1986). Maercker and Zoellner (2004) suggest that this kind of disengagements from the traumatic stress may allow the survivor to feel relieved for a short time as a

possible illusory effect and the survivor might feel an increased sense of efficiency in dealing with it, but when the illusory effect of avoidant acts lessens, the survivor is likely to turn back to lower levels of adjustment. In line with this notion, avoidance can be also seen as a normal reaction as the bereaved individuals yearn for the loss one through unbelieving the reality of loss as well as being in the hope of reversing the loss one back. This kind of denial might help the bereaved person adjust to the bereavement in short term, but it might be also possible to turn into pathological states in the long term. Therefore, although avoidance acts seem to be useful and natural in bereaved people at the earlier times of grieving and avoidant acts might contribute to PTG at some degree for a short term, but the nature of its effect seems to be questionable in a long term.

#### **4.2. Clinical Implications**

This study demonstrates some valuable insights and implications for professionals who are working with bereaved individuals. Since clinical studies as well as clinicians working in the area are mostly on psychopathology or symptom focused rather than acknowledging the strengths and potentials of the patient, investigating the positive transformation that shed a light on the change following of traumatic incidents seems to be crucial for future studies. Especially, personal growth in the aftermath of loss is not widely studied in Turkey. Therefore, the findings of this study might provide some additional insight for the future research and clinical practice in terms of the transformative role of bereavement.

Many theories emphasize the experience of loss as an individual process, rather than being defined in terms of pre-defined stages, it is crucial to be aware of multifaceted factors influencing bereavement and PTG. The findings of this study implies that while working with bereaved individuals, helping them to improve their ways of coping through encouraging them to explore different ways of dealing with their loss and their changed life might contribute the adaptation to loss and PTG. Clinicians can also emphasize the function of social support that their bereaved patients receive, hence they may also lead them to seek and share more of their process of grief within social contexts. In terms of personality factors, bereaved patients might be also encouraged to enhance and work on their tendency of being open to new possibilities in the process of dealing with the life after loss. It is also important to be aware of the role of gender, cultural rituals and spiritual beliefs of the bereaved person in the clinical work, because it plays a determining role on how they react to loss and deal with it.

Hence, this study displays a comprehensive perspective on the role of contributory factors in personal growth through bereavement. Clinicians and intervention programs supporting the bereaved ones may take notice of these different factors that are effective on the process of bereavement and PTG as the current study highlighted. Through this way, they may help the bereaved individuals to facilitate their own growth process as they have knowledge about the areas of growth.

It should be also noticed that growth does not come along only positive changes for many survivors. The bereaved might suffer and long

for the deceased as well as trying to assimilate the changes into their new life in the absence of the deceased. Therefore, clinicians should be also aware of the vulnerabilities of the grieving individuals and they ought to understand that these vulnerabilities may prevent them from experiencing growth. Since higher or lower levels of distress related with bereavement seem to impede PTG as this study found, clinicians should be able to differentiate the kind of post-bereavement distress whether is facilitator or interfering to growth.

#### **4.3. Limitations of the Study and Future Directions**

There are major limitations of this study that should be considered closely. Firstly, the sample related factors might have been interfered with the findings of the study. One major limitation can be that having a sample size of only 132 participants, might have limited the representativeness of the study. Additionally, variability in the loss related factors were also quite limited. Especially the present sample was consisted of few examples of violent deaths as most of the mode of death was due to unexpected medical conditions. Therefore, failing to reach a comprehensive data that involve different types of traumatic losses might have been prevented the researcher from examining the real effect of type of death on PTG. Similarly, the degree of closeness to the deceased was not also varied at similar levels throughout the sample while most of the bereaved individuals lost their fathers. Therefore, the findings based on the type of loss and the degree of the closeness to the deceased should be examined and interpreted cautiously. Although the size of each different group were not sufficient to

examine the real effect, it was important to see the implications of this group differences for a further study which can be improved through including larger group sizes. Therefore, in a future research, a larger sample size with an increased variability of the loss-related factors should be studied to be able to have a representative sample as well as being able to generalize the findings to a larger population.

Another limitation is that the most of the participants of the study took part via online survey which might compromise the accuracy of the findings. Especially, many of the participants were the ones who lost their significant one due to unexpected medical conditions on the online database. Some of these types of deaths due to medical conditions might have not been as 'traumatic' when compared with other types of deaths. Despite the fact that this study follows a theoretical assumption that all losses are traumatic in individual base, it is important to reach out a representative sample with a more appropriate and reliable sampling method in a further study. Reaching out more bereaved individuals individually might have improved the accuracy of the findings.

Thirdly, the conclusions of the study were drawn from a correlational study model. Therefore, making causal inferences seems impossible. A longitudinal study for a future study might be more appropriate to reach more confidential conclusions.

In terms of the accuracy of the scales used, although most of the measures used in the study had relatively high reliability levels, Conscientiousness subscale of Basic Personality Traits were quiet low in

terms of its reliability which might have impeded the relationship between PTG and personality traits. Therefore, the implications related with PTG and personality relationship should be interpreted cautiously.

Lastly, the experience of bereavement is a quiet sensitive topic to express and reflect back on it. Therefore, it might have been very hard to reveal true emotions as well as thoughts regarding to the loss for the bereaved people. Some participants might have chosen to give misleading or inaccurate answers to some questions. On the other hand, reports of growth might be also questionable in terms of their authenticity. There are some researchers proposing that reports of positive changes might be an illusory concept in which the survivor report growth as a defensive act in the aftermath of adversity (Wortman, 2004). Bereaved individuals in the study might have been also in need of feeling more capable of handling through their loss as well as convincing themselves that 'everything is okey'. These factors might have been contradicted with the implications of the findings.

#### **4.4. Conclusion**

In the present study, the experience of growth in the aftermath of a traumatic loss was examined. The grief experiences of bereaved individuals regarding to the grief intensity and the traumatic perception of the loss were also investigated. PTG through trauma is suggested to occur through multiple interrelated factors; hence this study explored many different facets of the growth. The findings of the study implicate that gender of the bereaved individuals, time since loss, moderate levels of grief intensity, traumatic perception of loss, ways of problem-focused coping, social

support and religious coping were the contributory factors for posttraumatic growth, nonetheless personality traits were not found as related with PTG. In conclusion, these findings highlight the interplay between multi-faceted factors that might pave the way for a better understanding of PTG in the context of traumatic bereavement and provide a fruitful area- that has not been focused widely- for clinicians to work with bereaved individuals.

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## APPENDIX A

### Bilgilendirilmiş Olur Formu

#### (Informed Consent)

Bu araştırma Yrd. Doç. Dr. Ayten Zara danışmanlığında, İstanbul Bilgi Üniversitesi Klinik Psikoloji Yüksek Lisans öğrencisi Merve Yılmaz tarafından yürütülen bir tez çalışmasıdır. Çalışmanın amacı, katılımcıların yakınlarından birinin kaybı sonrası yaşayabilecekleri olumlu değişim ve gelişimi incelemek, kayıp sonrası gelişime etki edebilecek faktörleri araştırmaktır. Araştırma kapsamında sizden herhangi bir kimlik bilgisi istenmeyecektir. Elde edilen tüm bilgiler bilimsel amaçlarla kullanılmak üzere, araştırmacı tarafından değerlendirilecek ve gizli tutulacaktır. Çalışma sorularını cevaplandırma süresi yaklaşık 20 dakikadır. Araştırmanın güvenilir ve geçerli sonuçlar ortaya koyabilmesi için sizin samimi ve gerçek cevaplar vermenize ihtiyaç duymaktayız.

Araştırmaya katılım tamamıyla gönüllülük çevresindedir. Gönüllü olarak katılacağınız bu çalışmada sizlere yakın zamanda kaybettiğiniz yakınınız ile ilgili sorular sorulacaktır. Soruları cevaplarken, kendinizi sorulardan dolayı veya herhangi bir başka nedenden dolayı rahatsız hissederseniz, soruları cevaplamayı sonlandırabilirsiniz. Bu durumda anketi uygulayan araştırmacıya çalışmayı tamamlamadığınızı söylemeniz yeterli olacaktır. Araştırma hakkında daha fazla bilgi almak için araştırmacı Merve Yılmaz ([merveyilmz@gmail.com](mailto:merveyilmz@gmail.com)) ile iletişim kurabilirsiniz. Tez çalışmaya göstermiş olduğunuz ilgi ve cevaplarınız ile sunacağınız katkı için şimdiden teşekkür ederim.

*Bu çalışmaya tamamen gönüllü olarak katılıyorum ve istediğim zaman yarıda kesip anketi iade edebileceğimi biliyorum. Verdiğim bilgilerin bilimsel amaçlı yayımlarda kullanılmasını kabul ediyorum.*

Tarih:

Katılımcı Ad Soyad:

Katılımcı İmza:

## APPENDIX B

### Demografik Bilgi Formu

1. Yaşınız: \_\_\_\_\_
2. Cinsiyetiniz: Kadın ( ) Erkek ( )
3. Eğitim durumunuz: İlkokul ( ) Ortaokul ( ) Lise ( )  
Üniversite ( ) Yüksek Lisans ( ) Doktora ( )
4. Ekonomik gelir düzeyiniz: Alt ( ) Alt-Orta ( ) Orta ( )  
Orta-Üst ( ) Üst ( )
5. Medeni durumunuz: Bekar ( )  
Evli ( )  
Eşini kaybetmiş ( )  
Boşanmış ( )

6. Yaşantımız olağan akışında ilerlerken aniden meydana gelen, yaşamımızı alt üst eden, bizde dehşet, korku, endişe ve çaresizlik yaşatan olayları travmatik olaylar olarak adlandırırız. Bu olaylara örnek olarak, depremler, trafik kazaları, fiziksel şiddete maruz kalma/tehdit altında kalma/tanık olma gibi durumlar örnek verilebilir.

Bu tanıma göre şimdiye kadar yaşamınızda deneyimlediğiniz bir veya birden fazla travmatik yaşantınız var mıdır?

Evet ( ) Hayır ( )

#### **Evet ise,**

7. Başınızdan ne tür bir olay/olaylar geçtiğini lütfen belirtiniz.

- \_\_\_ Doğal afet (Deprem, yangın, sel vb.)
- \_\_\_ Kazalar (Trafik, iş, ev kazası vb.)
- \_\_\_ Fiziksel şiddet/işkenceye maruz kalma/tehdit altında kalma/tanık olma
- \_\_\_ Cinsel istismar (maruz kalma veya tehdit altında kalma)
- \_\_\_ Birinin ölümüne yakından şahit olmak
- \_\_\_ Diğer (belirtiniz \_\_\_\_\_)

## II. Bölüm

Hepimiz yaşantımız boyunca farklı zamanlarda sevdiğimiz bir yakınımızı ölüm sebebi ile kaybedebiliriz. Bu bölümde sorulacak sorular sizlerin ölüm sebebi ile kaybettiğiniz yakınlarınız hakkında olacaktır.

9. Bugüne kadar aşağıdaki yakınlarınızdan ölüm sebebi ile kaybettiğiniz kişileri işaretleyiniz.

Anne( )      Baba( )      Kardeş( )      Eş( )      Sevgili ( )  
Çocuk ( )

10. Yukarıda işaretlediğiniz yakınlarınızdan **18 AY (en az 5 ay önce vefat etmiş olmalıdır)** içerisinde ölüm sebebi ile kaybettiğiniz yakınlarınızı veya yakınınızı işaretleyiniz

Anne( )      Baba( )      Kardeş( )      Eş( )      Sevgili ( )  
Çocuk ( )

11. Yukarıda işaretlediğiniz, **SON 18 AY** içerisinde kaybettiğiniz yakınınız veya yakınlarınızdan, kaybı sizi **EN ÇOK ETKİLEYEN** kişiyi lütfen işaretleyiniz.

Sadece **bir** kişiyi işaretleyiniz.

Anne( )      Baba( )      Kardeş( )      Eş( )      Sevgili ( )  
Çocuk ( )

### III. Bölüm

**Bu bölümde yukarıda işaretlediğiniz, SON 1,5 SENE (18 AY) içerisinde ölüm sebebi ile kaybettiğiniz ve kaybının sizi EN ÇOK ETKİLEDİĞİNİ düşündüğünüz yakınınız ile ilgili sorular yer almaktadır.**

**Lütfen bir sonraki bölümlerde kaybınız ile ilgili soruları bu yakınınızı düşünerek cevaplandırınız.**

Kaybettiğiniz yakınınızın;

14. Ölüm yaşı: \_\_\_\_\_

15. Ölüm tarihi: (Ay)\_\_\_\_\_ (Yıl)\_\_\_\_\_

16. Cinsiyeti: Kadın( ) Erkek ( )

17. Ölüm nedeni: Ani hastalık (Kalp krizi, beyin kanaması, kanser vb.) ( )  
Trafik kazası ( )  
Kaza (Ev kazası, iş kazası, boğulma vb. ) ( )  
İntihar ( )  
İnsan eliyle ölüm ( terör, saldırı, soygun vb.) ( )  
Doğal afet (Sel, deprem vb.) ( )  
Diğer(Belirtiniz) \_\_\_\_\_

18. Yakınınızın kaybı sonrası herhangi bir profesyonelden psikolojik/psikiyatrik yardım aldınız mı?

Evet ( ) Hayır ( )

19. Evet ise, yardım türünü belirtiniz.

Psikoterapi/ Psikolojik danışma ( )  
Psikiyatrik yardım/ İlaç kullanımı ( )  
Psikoterapi ve ilaç yardımı bir arada ( )

**APPENDIX C**  
**(All Questionnaires)**  
**Two Track Model of Bereavement Questionnaire (TTBQ-T)**

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 yukarıda belirttiğiniz, sizi en çok etkilediğini düşündüğünüz yakınınızın kaybına göre okuyunuz ve size en uygun gelen cevabı işaretleyiniz.

1. Sağlığım

1-Çok iyi	2-İyi	3-Orta	4-Pek iyi değil	5-Hiç iyi değil
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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
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3. Kendimi

1-Çok kaygılı hissediyorum	2-Kaygılı hissediyorum	3-Orta	4-Pek kaygılı hissetmiyorum	5-Hiç kaygılı hissetmiyorum
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4. O öldüğünden beri benim için hayat

1-Çok farklı	2-Oldukça farklı	3-Orta	4-Çok farklı değil	5-Hiç farklı değil
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5. O öldüğünden beri hayatımın anlamı ve etrafımdaki dünya

1-Oldukça değişti	2-Değişti	3-Kısmen değişti	4-Pek değişmedi	5-Hiç değişmedi
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6. Hayatımın anlamında değişikliklerin yönü

1-Sadece kötü	2-Çoğunlukla kötü	3-Biraz kötü, biraz iyi	4-Çoğunlukla iyi	5-Sadece iyi
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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
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8. Çeşitli etkinliklere katılıyorum ve günlük işlerimi yerine getiriyorum

1-Hiç	2-Biraz	3-Orta	4-Oldukça çok	5-Çok fazla
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9. İşimi yapabiliyorum

1-Çok iyi	2-İyi	3-Orta	4-Pek iyi değil	5-Hiç iyi değil	6-Bu cevaplar bana uymuyor (
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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
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12. Sosyalleşmeyi/sosyal aktivitelere katılmayı zor buluyorum

1-Doğru değil	2-Çoğunlukla doğru değil	3-Kısmen doğru	4-Çoğunlukla doğru	5-Doğru
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13. Ailemle bağım

1-Çok iyi	2-İyi	3-Orta	4-Çok iyi değil	5-Hiç iyi değil	6-Bu cevaplar bana uymuyor (Lütfen nedenini belirtiniz):
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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-İyi	3-Orta	4-Pek iyi değil	5-Hiç iyi değil	6-Bu cevaplar bana uymuyor (Lütfen nedenini belirtiniz): _____
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17. Ebeveyn olarak gerekenleri yapabilmem

1-Çok iyi	2-İyi	3-Orta	4-Pek iyi değil	5-Hiç iyi değil	6-Bu cevaplar bana uymuyor (Lütfen nedenini belirtiniz): _____
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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
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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
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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
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II. Lütfen sonraki bölüm için aşağıdaki yönergeyi okuyunuz ve devam ediniz. Aşağıdaki sorularda bu işareti “( )” gördüğünüz zaman, lütfen bu soruları bu işaretin 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
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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
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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
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4. Bazen, sanki ( ) ’nun öldüğüne inanmıyormuş gibi davranıyorum ya da duygusal tepkiler veriyorum. Bu bana \_\_\_\_\_ oluyor

1-Gün içinde pek çok kere	2-Neredeyse her gün	3-Neredeyse her hafta	4-Neredeyse her ay	5-Hiçbir zaman
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5. Bana ( ) ’nu hatırlatan şeyleri fark ediyorum. Mesela; ona benzeyen insanlar, sesler ya da sanki o yakınımıdaymış hissi. Bu bana \_\_\_\_\_ oluyor

1-Gün içinde pek çok kere	2-Neredeyse her gün	3-Neredeyse her hafta	4-Neredeyse her ay	5-Neredeyse hiçbir zaman
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6. Her zaman ( ) ’nu düşünüyorum

1-Doğru	2-Çoğunlukla doğru	3-Kısmen doğru	4-Çoğunlukla doğru değil	5-Doğru değil
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7. ( ) 'nun kaybını bir dereceye kadar kabullenebildim

1-Doğru	2- Çoğunlukla doğru	3-Kısmen doğru	4- Çoğunlukla doğru değil	5-Doğru değil
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8. ( ) 'nu düşündüğümden, 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
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9. ( ) 'nunla ilgili düşünceler bende olumlu hisler uyandırıyor

1-Doğru	2- Çoğunlukla doğru	3-Kısmen doğru	4- Çoğunlukla doğru değil	5-Doğru değil
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10. ( ) 'nu hatırlıyorum

1-Gün içinde pek çok kere	2- Neredeyse her gün	3- Neredeyse her hafta	4- Neredeyse her ay	5-Hiçbir zaman
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11. ( ) 'nu hatırlatan şeylerden kaçınıyorum

1- Doğru	2- Çoğunlukla doğru	3-Kısmen doğru	4- Çoğunlukla doğru değil	5- Doğru değil
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12. ( ) 'nu düşünmek ve hatırlamak bana huzur veriyor

1-Doğru	2- Çoğunlukla doğru	3-Kısmen doğru	4- Çoğunlukla doğru değil	5-Doğru değil
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13. ( ) 'nsuz hayata katlanmak çok zor

1-Doğru	2- Çoğunlukla doğru	3-Kısmen doğru	4- Çoğunlukla doğru değil	5-Doğru değil
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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
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15. Şiddetli bir şekilde ( )'nin yanımda olmasını istiyorum ve ( )'nu çok fazla özleyorum

1-Gün içinde pek çok kere	2- Neredeyse her gün	3- Neredeyse her hafta	4- Neredeyse her ay	5-Hiçbir zaman
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16. ( )'nu her hatırladığımda acı çekiyorum

1-Doğru	2- Çoğunlukla doğru	3-Kısmen doğru	4- Çoğunlukla doğru değil	5-Doğru değil
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17. Yakınımı kaybeden insanların neden hayatlarına son vermeyi düşündüklerini şimdi anlıyorum

1-Doğru	2- Çoğunlukla doğru	3-Kısmen doğru	4- Çoğunlukla doğru değil	5-Doğru değil
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18. ( )'nin hatırasını yaşatmak ve devam ettirmek için bir şeyler yapıyorum

1-Doğru	2- Çoğunlukla doğru	3-Kısmen doğru	4- Çoğunlukla doğru değil	5-Doğru değil
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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
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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
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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
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2. Hayatı boyunca ( ) benim için başlıca manevi destek kaynağıydı

1-Doğru	2-Çoğunlukla doğru	3-Kısmen doğru	4-Çoğunlukla doğru değil	5-Doğru değil
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3. Duygusal olarak ben ( ) ’na bağılıydım

1-Doğru	2-Çoğunlukla doğru	3-Kısmen doğru	4-Çoğunlukla doğru değil	5-Doğru değil
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4. ( ) ’nunla ilişkimde çok fazla, güçlü iniş çıkışlar vardı

1-Doğru	2-Çoğunlukla doğru	3-Kısmen doğru	4-Çoğunlukla doğru değil	5-Doğru değil
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5. ( ) ’nunla ilişkimde çok fazla kaçınma ve mesafe vardı

1-Doğru	2-Çoğunlukla doğru	3-Kısmen doğru	4-Çoğunlukla doğru değil	5-Doğru değil
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6. ( ) bana duygusal olarak bağımlıydı

1-Doğru	2-Çoğunlukla doğru	3-Kısmen doğru	4-Çoğunlukla doğru değil	5-Doğru değil
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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
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8. ( ), bana

1-En yakın insandı	2-En yakın insanlardan biriydi	3-Yakındı	4-Pek yakın değildi	5-Hiç yakın değildi
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9. Genel olarak ( ) 'nunla ilişkim karşılıklı güven duygusuna dayalıydı

1-Doğru	2- Çoğunlukla doğru	3- Kısmen doğru	4- Çoğunlukla doğru değil	5-Doğru değil
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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
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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
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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
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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
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4. Bu kaybı yaşamaktan dolayı öfkeliyim.

1-Doğru	2- Çoğunlukla doğru	3-Kısmen doğru	4- Çoğunlukla doğru değil	5-Doğru değil
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5. ( )'nin ölümüne şahit oldum.

1-Doğru	2- Çoğunlukla doğru	3-Kısmen doğru	4- Çoğunlukla doğru değil	5-Doğru değil
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6. ( ) öldüğü sırada benim hayatım da tehlikedeydi.

1-Doğru	2- Çoğunlukla doğru	3-Kısmen doğru	4- Çoğunlukla doğru değil	5-Doğru değil
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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
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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
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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
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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
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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
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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
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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
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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
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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
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16. Hayatın güçlükleriyle yüzleştüğimde genellikle sadece kendime güvenirim

1-Doğru	2-Çoğunlukla doğru	3-Kısmen doğru	4-Çoğunlukla doğru değil	5-Doğru değil
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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
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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
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19. Yaşamımdaki zorlukların üstesinde gelebilmişimdir

1-Doğru	2-Çoğunlukla doğru	3-Kısmen doğru	4-Çoğunlukla doğru değil	5-Doğru değil
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20. Başkalarının desteğini ve yardımını almadan kayıpla ilgili duygularıyla ve tepkileriyle başa çıkabileceğine inanıyorum

1-Doğru	2- Çoğunlukla doğru	3-Kısmen doğru	4- Çoğunlukla doğru değil	5-Doğru değil
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## Post Traumatic Growth Inventory

Aşağıda yer alan her cümleyi dikkatle okuyunuz. **Yukarıdaki sorularda bahsettiğiniz yakınınızın kaybından sora, kayba bağlı olarak ne derece değiştiğinizi**, aşağıdaki ölçekte uygun rakama karşılık gelen boşluğu işaretleyiniz.

- 0 = Kayıptan dolayı böyle bir değişiklik yaşamadım  
1 = Kayıptan dolayı bu değişikliği çok az yaşadım  
2 = Kayıptan dolayı bu değişikliği az derecede yaşadım  
3 = Kayıptan dolayı bu değişikliği orta derecede yaşadım  
4 = Kayıptan dolayı bu değişikliği oldukça fazla derecede yaşadım  
5 = Kayıptan dolayı bu değişikliği aşırı derecede yaşadım

		0	1	2	3	4	5
1	Hayatıma verdiğim değer arttı						
2	Hayatımın kıymetini anladım						
3	Yeni ilgi alanları geliştirdim						
4	Kendime güvenim arttı						
5	Manevi konuları daha iyi anladım						
6	Zor zamanlarda başkalarına güvенеbileceğimi anladım						
7	Hayatıma yeni bir yön verdim						
8	Kendimi diğer insanlara daha yakın hissetmeye başladım						
9	Duygularımı ifade etme isteğim arttı						
10	Zorluklarla başa çıkabileceğimi anladım						
11	Hayatımı daha iyi şeyler yaparak geçirebileceğimi anladım						
12	Olayları olduğu gibi kabullenmeyi öğrendim						
13	Yaşadığım her günün değerini anladım						
14	Yaşadığım olaydan (kayıptan) sonra benim için yeni fırsatlar doğdu						
15	Başkalarına karşı şefkat hislerim arttı						
16	İnsanlarla ilişkilerimde daha fazla						

		0	1	2	3	4	5
	gayret göstermeye başladım						
17	Değişmesi gereken şeyleri değiştirmek için daha fazla gayret göstermeye başladım						
18	Dini inancım daha da güçlendi						
19	Düşündüğümden daha güçlü olduğumu anladım						
20	İnsanların ne kadar iyi olduğu konusunda çok şey öğrendim						
21	Başkalarına ihtiyacım olabileceğini kabul etmeyi öğrendim						

### Turkish Ways of Coping Inventory (TWCI)

Hepimiz zaman zaman çeşitli sorunlarla karşılaşılıyor ve bu sorunlarla başa çıkabilmek için çeşitli duygu, düşünce ve davranışlardan yararlanıyoruz.

Sizden istenilen karşılaştığınız sorunlarla başa çıkabilmek için neler yaptığınızı göz önünde bulundurarak, aşağıdaki maddeleri cevap kâğıdı üzerinde işaretlemenizdir. Lütfen her bir maddeyi dikkatle okuyunuz ve cevap formu üzerinde size uygun gelen cevap şıklarından **bir tanesini** işaretleyiniz.

- 1 = Hiç uygun değil  
2 = Pek uygun değil  
3 = Uygun  
4 = Oldukça uygun  
5 = Çok uygun

		1	2	3	4	5
1	Aklımı kurcalayan şeylerden kurtulmak için değişik işlerle uğraşırım					
2	Bir sıkıntı olduğumu kimsenin bilmesini istemem					
3	Bir mucize olmasını beklerim					
4	İyimser olmaya çalışırım					
5	“Bunu da atlattıysam sırtım yere gelmez” diye düşünürüm					
6	Çevremdeki insanlardan problemi çözmeye bana yardımcı olmalarını beklerim					
7	Bazı şeyleri büyütmemeye üzerinde durmamaya çalışırım					
8	Sakin kafayla düşünmeye ve öfkelenmemeye çalışırım					
9	Bu sıkıntılı dönem bir an önce geçsin isterim					
10	Olayın değerlendirmesini yaparak en iyi kararı vermeye çalışırım					
11	Konuyla ilgili olarak başkalarının ne					

		1	2	3	4	5
	düşündüğünü anlamaya çalışırım					
12	Problemin kendiliğinden hallolacağına inanırım					
13	Ne olursa olsun kendimde direnme ve mücadele etme gücü hissederim					
14	Başkalarının rahatlamama yardımcı olmalarını beklerim					
15	Kendime karşı hoşgörülü olmaya çalışırım					
16	Olanları unutmaya çalışırım					
17	Telaşımı belli etmemeye ve sakin olmaya çalışırım					
18	“Başa gelen çekilir” diye düşünürüm					
19	Problemin ciddiyetini anlamaya çalışırım					
20	Kendimi kapana sıkışmış gibi hissederim					
21	Duygularımı paylaştığım kişilerin bana hak vermesini isterim					
22	Hayatta neyin önemli olduğunu keşfederim					
23	“Her işte bir hayır vardır ” diye düşünürüm					
24	Sıkıntılı olduğumda her zamankinden fazla uyurum					
25	İçinde bulunduğum kötü durumu kimsenin bilmesini istemem					
26	Dua ederek Allah’tan yardım dilerim					
27	Olayı yavaşlatmaya ve böylece kararı ertelemeye çalışırım					
28	Olanla yetinmeye çalışırım					
29	Olanları kafama takıp sürekli düşünmekten kendimi alamam					
30	İçimde tutmaktansa paylaşmayı tercih ederim					
31	Mutlaka bir yol bulabileceğime inanır, bu yolda uğraşırım					

		1	2	3	4	5
32	Sanki bu bir sorun değilmiş gibi davranırım					
33	Olanlardan kimseye söz etmemeyi tercih ederim					
34	“İş olacağına varır” diye düşünürüm					
35	Neler olabileceğini düşünüp ona göre davranmaya çalışırım					
36	İşin içinden çıkamayınca “Elimden bir şey gelmiyor” der, durumu olduğu gibi kabullenirim					
37	İlk anda aklıma gelen kararı uygulamam					
38	Ne yapacağıma karar vermeden önce arkadaşlarımdan fikrini alırım					
39	Her şeye yeniden başlayacak gücü bulurum					
40	Problemin çözümü için adanırım					
41	Olaylardan olumlu bir şey çıkarmaya çalışırım					
42	Kırgınlığımı belirtirsem kendimi rahatlamış hissederim					
43	Alın yazısına ve bunun değişmeyeceğine inanırım					
44	Soruna birkaç farklı çözüm yolu ararım					
45	Başıma gelenlerin herkesin başına gelebilecek şeyler olduğuna inanırım					
46	“Olanları keşke değiştirebilseydim” derim					
47	Aile büyüklerine danışmayı tercih ederim					
48	Yaşamla ilgili yeni bir inanç geliştirmeye çalışırım					
49	“Her şeye rağmen elde ettiğim bir kazanç vardır” diye düşünürüm					
50	Gururumu koruyup güçlü görünmeye çalışırım					

		1	2	3	4	5
51	Bu işin kefarecini (bedelini) ödemeye çalışırım					
52	Problemi adım adım çözmeye çalışırım					
53	Elimden hiç bir şeyin gelmeyeceğine inanırım					
54	Problemin çözümü için bir uzmana danışmanın en iyi yol olacağına inanırım					
55	Problemin çözümü için hocaya okunurum					
56	Her şeyin istediğim gibi olmayacağına inanırım					
57	Bu dertten kurtulayım diye fakir fukaraya sadaka veririm					
58	Ne yapılacağını planlayıp ona göre davranırım					
59	Mücadeleden vazgeçerim					
60	Sorunun benden kaynaklandığını düşünürüm					
61	Olaylar karşısında “Kaderim buymuş” derim					
62	Sorunun gerçek nedenini anlayabilmek için başkalarına danışırım					
63	“Keşke daha güçlü bir insan olsaydım” diye düşünürüm					
64	Nazarlık takarak, muska taşıyarak benzer olayların olmaması için önlemler alırım					
65	Ne olup bittiğini anlayabilmek için sorunu enine boyuna düşünürüm					
66	“Benim suçum ne?” diye düşünürüm					
67	“Allah’ın takdiri buymuş” diye kendimi teselli ederim					
68	Temkinli olmaya ve yanlış yapmamaya çalışırım					
69	Bana destek olabilecek kişilerin					

		1	2	3	4	5
	varlığını bilmek beni rahatlatır					
70	Çözüm için kendim bir şeyler yapmak istemem					
71	“Hep benim yüzümden oldu” diye düşünürüm					
72	Mutlu olmak için başka yollar ararım					
73	Hakkımı savunabileceğime inanırım					
74	Bir kişi olarak iyi yönde değiştiğimi ve olgunlaştığımı hissedirim					

### Adjective Based Personality Inventory

Aşağıda bireyleri tanımak için kullanılan sıfat çiftleri verilmektedir. Sizden istenen, her bir sıfat çiftini okuyarak size uygunluk derecesine karar vermenizdir. Her sıfat çifti için bir kutuyu işaretleyiniz.

Doğru cevap yoktur, size uygun cevap vardır. Lütfen bunu dikkate alarak cevaplamaya çalışınız.

0 = Ne uygun, ne uygun değil

1 = Biraz uygun

2 = Oldukça uygun

3 = Çok uygun

		3	2	1	0	1	2	3	
1	Sakin								Sinirli
2	Yalnızlığı tercih eden								Sosyal (Topluluğu seven)
3	Sanata ilgisiz								Sanata ilgili
4	Kindar								Affedici
5	Düzenli								Düzensiz
6	Sabırlı								Sabırsız
7	Silik								Atak
8	Hayal gücü zayıf								Hayal gücü kuvvetli
9	(Başkalarına) kayıtsız								Yardımsız
10	Sorumsuz								Sorumluluk sahibi
11	Rahat								Tedirgin
12	Uyuşuk, eli ağır								Canlı
13	Dar görüşlü								Geniş görüşlü
14	Rekabetçi								İşbirliği yapan
15	Hırslı değil								Hırslı
16	Tutarlı								Tutarsız
17	Durgun								Deli dolu
18	Alışılmış								Yenilikçi

		3	2	1	0	1	2	3	
19	Kibirli								Alçak gönüllü
20	Dikkatsiz								Dikkatli
21	İyimser								Karamsar
22	Neşesiz								Neşeli
23	Meraksız								Meraklı
24	Asi								Uysal, yumuşak başlı
25	Gayretsiz								Gayretli
26	Huzurlu								Huzursuz
27	Arka planda kalan								Öne çıkan
28	Tutucu								Liberal
29	Acımasız								Merhametli
30	Hazırlıksız								Hazırlıklı
31	Kaygısız								Kaygılı
32	Dikkat çekmeyen								Baskın, belirgin
33	İlgileri dar								İlgileri geniş
34	Bencil								Fedakâr
35	Disiplinli								Disiplinsiz
36	Yeni ilişkilere kapalı								Yeni ilişkilere açık
37	Etkisiz								Etkili
38	Hoşgörüsüz								Hoşgörülü
39	Donuk								Coşkulu
40	İnatçı								Uzlaşmacı

## APPENDIX D

### Debriefing Form

**Çalışmama zaman ayırdığınız ve verdiğiniz samimi bilgiler için çok teşekkür ederim!**

***Bu çalışmanın amacı nedir? diye merak ediyorsanız...***

• Kayıp sonrasında pek çoğumuz, kaybın yarattığı yoğun bir acı hisseder, kaybettiğimiz kişi için yas tutarız. Yas sürecinde öfke, bıkkınlık, üzüntü, keder, anlamsızlık veya fiziksel yönden de uykusuzluk, iştah kaybı, isteksizlik gibi olumsuz değişimler deneyimleyebiliriz. Ancak, olumsuz etkilerin yanı sıra, eski çağlardan beri zorlayıcı yaşam olaylarının kişiler üzerinde kişiyi geliştirici, olumlu etkileri de olabileceği vurgulanmaktadır. Günümüzde, zorlayıcı yaşam olayları sonrası olumlu gelişimi ve gelişime etki eden faktörleri inceleyen araştırma sayısı oldukça kısıtlıdır. Bu çalışma, kayıp sonrası yaşanabilecek olumlu gelişimi ve olumlu değişime etki edebilecek bireysel faktörleri araştırmaktadır. Bu çalışmanın verileri, araştırmacılar olarak bizlerin ve kayıp yaşayan kişiler ile çalışan sağlık çalışanlarının, kayıp sonrasında oluşabilecek olumlu gelişimi ve etki eden faktörleri anlamasına yardımcı olacaktır.

***Katıldığınız bu çalışma, sizlere kaybınız ile ilgili bazı hatıraları yeniden hatırlatmış veya baş etmekte zorlanacağınız farklı duygu ve düşünceler uyandırmış olabilir. Bu sebeple sizlere kaybınız ile baş etme konusunda faydalı olabileceğini düşündüğümüz bazı bilgileri paylaşmak isteriz...***

- Mutlaka sizi iyi dinleyebilecek ve anlayabilecek birisiyle konuşun. Buna yalnız katlanmak zorunda değilsiniz. Güvendiğiniz birine yaşadığınız her şeyi anlatabilirsiniz.
- Aile üyeleri ile kaybınızı paylaşmaktan çekinmeyin. Onları daha çok üzmemek için ya da zayıf görünmekten korkmayın. Konuşmak, hatırlamak ve paylaşmak hepimize iyi gelecektir.
- Yaşadığınız duygu ve tepkileri kabul etmeye çalışın, mümkün olduğunda bunları ifade edin. Çünkü bu yaşadıklarınız doğal tepkilerdir. Kendinize yas tutmak için izin verin, bunu engellemeyin.
- Kaybettiğimiz birinin ardından ağlamak oldukça normaldir ve rahatlamanızı sağlayabilir. Güçlü olmak veya hissettiğiniz zor duygulara dayanmak zorunda değilsiniz.
- Bazen duyguları dile getirmek kolay olmayabilir, böyle durumlarda duygularınızı yazarak, resme dökerek veya şarkı söyleyerek ifade etmek de iyi gelebilir.
- Kaybettiğiniz kişiye dair özel günler, yıldönümleri, doğum günleri, bayramlar sizde yoğun duygular uyandırabilir. Bu günler için

önceden gününüzü planlayabilir, destek alabileceğiniz sevdiğinizle geçirebilirsiniz.

- Mezarlık ziyaretleri, cenazelere katılım veya dua etmek gibi ritüeller sizlere acınızı ifade etme imkanı sunabilir. Diğer insanların size destek olduğunu, yalnız olmadığınızı ve yaşamın devam ettiğini görmek iyi gelebilir.

***Eğer bir profesyonelden yardım almak isterseniz, aşağıdaki kuruluşlara başvurabilirsiniz..***

- Size en yakın sağlık kuruluşunda görevli olan bir **psikiyatrist** veya **psikolog** ile görüşebilirsiniz.
- İstanbul Büyükşehir Belediyesi'nin tüm İstanbullulara ücretsiz olarak sunduğu Psikolojik Danışmanlık ve Eğitim hizmetlerinden yararlanmak için **ALO 153**'e başvurabilirsiniz.

***Ek olarak, kaybın yarattığı stres ve yoğun duygular ile başa çıkma konusunda,***

- Sizleri rahatlatabilecek fiziksel aktivitelere yönelebilirsiniz. Yapılan araştırmalar, spor yapmanın stres üzerinde olumlu etkileri olduğunu bildirmekte. Günlük yürüyüşler, evde yapabileceğiniz basit egzersizler veya farklı spor aktiviteleri hem vücudunuz hem de ruh sağlığınız için sizlere yardımcı olabilir.
- Sevdiğiniz yakınlarınız ile vakit geçirme, tiyatro, sinema gibi sosyal aktivitelere katılım da yoğun duygularınızdan uzaklaşmanıza ve daha kolay baş etmenize yardımcı olabilir.
- Stres ile başa çıkma konulu bilgilendirici kitaplar okuyabilir veya internet üzerinden size yardımcı olabilecek, 'kayıp ile baş etme', 'stres ile baş etme' yöntemleri gibi bilgilere ulaşabilirsiniz.