

Bereavement and Loss in Older Adulthood: Associations Between Meaning-Making, Spirituality and Grief

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ABSTRACT

Losing a loved one in older adulthood affects one's emotional well-being profoundly. The grief experienced by older adults, who may have shared significant experiences and memories with their loved ones, can be intensified by cumulative losses and is often not acknowledged by themselves or their caregivers. This study uses a descriptive quantitative cross-sectional design to determine the relationships between potential predictors and grief among older adults. This cross-sectional study uses purposive sampling and involves 134 older adults aged 60 years or above who had experienced significant loss within the past 60 months. A self-administered questionnaire assessed participants' demographic characteristics, loss experiences, grief, spirituality, and meaning-making. Multiple linear regression analysis was carried out to determine the significant predictors of meaning-making and spirituality regarding grief. The findings indicated significant negative associations between spirituality, meaning-making, and grief. This study emphasizes the importance of addressing the spiritual and meaning-making dimensions in supporting older adults in effectively managing grief-related distress. Future studies should consider

longitudinal designs and further explore additional predictors to provide a more comprehensive understanding of the complex factors influencing grief and the healing process.

Keywords: Bereavement, grief, meaning, older adults, spirituality

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ARTICLE INFO

Article history:

Received: 18 July 2023

Accepted: 01 February 2024

Published: 16 July 2024

DOI: <https://doi.org/10.47836/pjssh.32.S3.03>

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INTRODUCTION

Grief is a natural and universal response to a significant loss. It encompasses many emotions, such as sadness, anger, guilt, and despair, and can impact an individual's physical, mental, and emotional well-being (Mason et al., 2020; Shear et al., 2011). Each experiences grief distinctly and at their own pace. Most individuals undergo a natural grieving process where the intensity of distress gradually decreases. While bereavement is a substantial and stressful life experience, most individuals have enough internal and external resources to cope with their grief and adjust to life without the deceased. However, for a significant minority of bereaved individuals (approximately 10%), the grieving process can be more complicated (Szuhany et al., 2021). This condition is known as complicated grief (CG), also referred to as prolonged grief disorder (PGD) or persistent complex bereavement disorder (PCBD).

PGD has been recognized as a diagnosis in the 11th revision of the International Classification of Diseases (ICD-11) and has also gained approval for inclusion in the text revision of the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) (Prigerson et al., 2021). A meta-analysis conducted by Lundorff et al. (2017) reported a prevalence of 9.8% of PGD among bereaved adults, suggesting that about one in ten individuals experiencing bereavement in adulthood may exhibit clinically significant levels of PGD symptoms. Unlike normal grief, which eases over time, PGD persists and can worsen

over the years. It involves persistent and overwhelming emotions, intrusive thoughts related to the loss, a deep longing for the deceased, difficulty accepting the death, and challenges resuming regular activities. People experiencing PGD may isolate themselves and struggle to find meaning or purpose in life.

Bereavement and loss in older adulthood are significant and complex experiences. As individuals age, they may face various losses, including the death of loved ones, declining health, retirement, and the loss of financial security or social connections. These losses can profoundly impact older adults, causing the emotional pain of grief and presenting challenges in adapting to their changing circumstances. Bereaved older adults are at an increased risk of morbidity and mortality, specifically from suicide and cardiovascular events (Meichsner et al., 2020). The highest risk of suicide, deliberate self-harm, or the onset/worsening of psychiatric conditions occurs within the first year after bereavement. A meta-analysis also revealed that high rates of co-occurrence were found between PGD and clinical levels of anxiety, depression, and post-traumatic stress (PTS) (Komischke-Konnerup et al., 2021). The prevalence of co-occurring symptoms of anxiety, depression, and PTS were 52%, 63%, and 49%, respectively. A comprehensive and individualized approach that addresses PGD and co-occurring CG reactions is essential to provide effective support and treatment for bereaved individuals.

Bereavement during older adulthood can be particularly challenging due to various factors, including cumulative losses over time, heightened vulnerability, and feelings of isolation. Older adults are more likely to experience the loss of loved ones while also dealing with chronic illness, disability, reduced physical stamina, and potentially negative cognitive changes. Furthermore, subgroup differences may influence the prevalence of PGD (Lundorff et al., 2017; Treml et al., 2020). Lundorff et al. (2017) found that age was associated with an elevated prevalence of PGD, suggesting that advanced age is linked to a greater occurrence of PGD. Another study by Treml et al. (2020) identified associations between PGD, lower education levels, and economic burden among older adults. They reported that increased grief intensity is linked to sociodemographic factors, including being female, experiencing multiple losses, a shorter time since the death or loss of a spouse, child, or sibling, and having diminished social support.

Nevertheless, societal attitudes and the perception that grief is a natural aspect of aging often disregard the grief experienced by older adults, resulting in a lack of recognition and support for them. This neglect hinders the assistance and acknowledgment required for older adults to navigate the grieving process effectively. The accumulation of losses during older adulthood can raise the risk of PGD and hinder the ability to effectively cope with these losses (Meichsner et al., 2020). The grief coping strategies employed by older

adults can have both negative and positive effects on their health.

Some individuals may be overwhelmed by grief and express a desire to die, while others may seek solace and support through spirituality or social connections. For those who struggle to cope with mourning and adjusting to a new reality in the absence of their loved one, seeking counseling can be beneficial in addressing emotional challenges, finding meaning in the loss, and maintaining a connection with the deceased (Worden, 2018). While individuals grieve in unique ways, mental health professionals (MHPs) must possess knowledge about grief, effective ways to provide grief support, and the ability to distinguish grief from depression. This understanding can further aid in developing interventions to assist bereaved older adults in effectively navigating and coping with their grief.

Spiritual coping is also a common approach older individuals use to navigate life challenges. Over the past 30 years, the role of spirituality in gerontology has received increased attention, with studies suggesting that engaging in spiritual beliefs and activities can enhance coping with grief (Chirico, 2021; Lövgren et al., 2019). Older individuals who participate in spiritual activities within their community can foster social connections and a sense of community and positively impact their lifestyle while also searching for the meaning of life. A qualitative study conducted in Australia explored the spirituality of individuals aged 65 and above and found that participants experienced inner peace through their

unique spirituality, characterized by accepting a simpler life, practicing gratitude, reflecting on the meaning of life, and building connections with others (Lepherd et al., 2020).

However, there is some inconsistency regarding the role of spirituality in grief. Some studies have found that older individuals with more daily spiritual experiences may exhibit more symptoms of PGD (Zheng & Wuest, 2019). This inconsistency adds complexity to the understanding of the relationship between spirituality and grief. Further investigation was conducted in this study to explore the role of spirituality in grief among older adults and identify the potential factors contributing to this inconsistency.

The role of meaning-making in grief adaptation following the loss of a loved one has gained significant attention in research and clinical literature (Barboza et al., 2022; Pan et al., 2018; Rozalski et al., 2017; Testoni et al., 2021). Engaging in meaning-making can act as a protective barrier for older adults, helping them mitigate feelings of loss, isolation, and loneliness. Furthermore, maintaining meaning in older adults has been linked to increased well-being, improved quality of life, and potential benefits such as reduced risk of dementia, mild cognitive impairment, and mortality (Beasley et al., 2022). Possessing a sense of purpose and meaning in life can offset the negative effects of stress on physical, social, and emotional health. Lower levels of meaning-making were associated with a higher risk of PGD (Rozalski et al., 2017).

Facilitating the exploration and creation of meaning can help improve adaptation and reduce PGD in bereaved older adults. Meaning-making plays a significant role in the intensity of grief and how individuals cope with it. However, it is crucial to acknowledge that the process of finding meaning in grief may differ based on cultural and diversity factors. Understanding the cultural differences in meaning-making practices is vital to providing appropriate support and facilitating effective coping strategies for individuals navigating the grieving process. The extent to which meaning plays a role in grief among older adults in Asian countries remains unclear.

The primary purpose of this study was to examine the potential variables that influence grief among bereaved older adults in Malaysia. Sociodemographic factors, meaning-making, spirituality, and duration since death were independent variables, while grief was the dependent variable.

MATERIALS AND METHODS

Research Design

The authors employed a descriptive quantitative cross-sectional design. This study was approved by The Ethics Committee for Research Involving Human Subjects at Universiti Putra Malaysia (JKEUPM).

Participants

There are nine districts in Selangor. Each district was assigned a number, and three numbers were randomly generated to determine the chosen districts. Petaling,

Klang, and Hulu Langat districts were selected out of the nine districts. The study population consisted of older adults residing in the selected districts. The authors identified several activity centers in these districts. Participants from the older adult population who visited these centers in selected districts were recruited. Informed consent was obtained from all participants before completing the survey. The authors also assured participants that their responses would remain anonymous and confidential to avoid potential bias in self-report questionnaires. The inclusion criteria were as follows: (1) 60 years old and above, (2) able to respond independently, and (3) experienced the loss of a loved one within the past 60 months. Participants diagnosed with cognitive impairment and psychiatric diseases were excluded from the study to ensure the validity of the collected data.

In 2021, the Malaysian Department of Statistics (<https://www.dosm.gov.my/portal-main/release-content/current-population-estimates-malaysia-2021>) reported that 3.5 million people (10.7% of the population) were aged 60 years old and above. The crude death rate in Malaysia was 6.9 deaths per one thousand people. The study targeted older adults in Selangor who had experienced the loss of a loved one within the past 60 months. The alpha level was set at .05, the effect size was medium, the power was set at .80, and an a priori analysis based on Cohen's sample size table indicated a minimum sample size of 91 respondents for regression analysis

(Cohen, 2016) to determine an appropriate sample size. Purposive sampling was used to recruit samples that met the inclusion criteria. Salkind (2012) recommended increasing the sample size by 40%-50% to ensure an adequate sample size. The authors distributed the survey to 140 eligible participants. However, some participants did not complete the survey or submitted incomplete responses. The final sample included 134 usable surveys.

Instruments

The study used questionnaires to gather data on spirituality, meaning-making, and grief. The respondents completed four sections of the questionnaire, with Section A containing sociodemographic information, section B containing the Spirituality Well Being Scale (SWBS), section C containing the Grief and Meaning Reconstruction Inventory (GMRI), and Section D containing the Prolonged Grief-13-Revised (PG-13-R).

The SWBS questionnaire consists of 20 items used to measure an individual's perceived spiritual well-being (Bufford et al., 1991). The questionnaire assesses two subscales: religious well-being (RWB) and existential well-being (EWB). An example item from the RWB subscale is "I find much satisfaction in private prayer with God," while an example item from the EWB subscale is "I feel that life is a positive experience." Higher total scores on the questionnaire indicate greater spiritual well-being. The instrument's reliability was tested on 134 respondents, resulting in a coefficient alpha (α) of .902.

The GMRI questionnaire contains 29 items used to measure perceived meaning made of loss (Gillies et al., 2015). The GMRI measures five subscales: Continuing bonds, with a sample item being "I miss my loved one"; Personal growth, with a sample item being "Since this loss, I'm more self-reflective"; Sense of peace, with a sample item being "This death ended my loved one's suffering"; Emptiness and meaninglessness, with a sample item being "I feel empty and lost"; and valuing life, with a sample item being "I value and appreciate life more." Higher total scores on the GMRI questionnaire indicate a greater sense of meaning made of the loss experienced. The instrument's reliability was tested on 134 respondents, resulting in a coefficient alpha (α) of .861.

The PG-13-R questionnaire was constructed as a unidimensional measure of prolonged grief to assess PGD (Prigerson et al., 2021). It is a unidimensional measure of prolonged grief designed to evaluate PGD (Prolonged Grief Disorder). The questionnaire consists of three dichotomous items that explore the following aspects: whether the respondents lost a significant other, the time since the death occurred, and the impairment associated with ten symptoms, including cognitive, emotional, and behavioral aspects. The optimal threshold score on the PG-13-R questionnaire was 30 and above. Individuals who scored 30 and above were considered at increased risk of developing PGD. The instrument's reliability was tested on 134 respondents, resulting in a coefficient alpha (α) of .883.

Data Analysis

The data collected in this study were analyzed using IBM SPSS Statistics version 27. The dependent variable of interest was grief, while the independent variables included spirituality, meaning-making, duration since loss, education, and marital status. Descriptive statistics were conducted for all variables to provide an overview of their distributions and central tendencies. Bivariate correlation analysis examined the relationships between grief and the independent variables. This analysis helped identify any significant associations between the variables. Furthermore, multiple linear regression (MLR) analysis was conducted to explore the factors independently associated with grief after controlling for other variables in the model. The main objective of the MLR analysis was to identify the variables that significantly impact grief when accounting for the effects of other variables in the model. The study aimed to determine the unique contributions of each independent variable by using MLR to explain variances in the dependent variable (grief) while accounting for the potential influence of other variables.

RESULTS

Table 1 presents the participants' sociodemographic profiles. A total of 140 participants were identified to have experienced the loss of a loved one within 60 months. Of those, 134 questionnaires were completed and returned. The participants in this study are between 60 and 89 years old, with the mean age being 68.

Females comprised 72.4% (n = 97) of the sample. The largest ethnic group reported is Chinese (n = 110, 82%). Buddhism is the most prevalent religion (n = 65, 49%), followed by Christianity (n = 41, 31%). Most participants were married (n = 78, 58%) and had an average of 2.26 children. Widowed individuals accounted for 36 (27%) participants, while 18 (13%) were single. Tertiary education held the highest count (n = 69, 52%), indicating that many participants had advanced educational backgrounds. There are also seven individuals (5%) who had no formal education, representing a small but notable portion of the sample. Regarding living arrangements, most participants reside with

their spouse or adult child (n = 95, 71%), followed by 32 individuals (24%) living alone.

Table 1 also provides information on the relationship with the deceased and the duration since their death. The largest group experienced a loss duration between 49 and 60 months (n = 48, 36%), while the smallest group of 16 individuals (12%) experienced a loss duration between 37 and 48 months. The most common relationship with the deceased is with parents (n = 56, 42%). Partners/spouses and siblings accounted for a similar percentage, with 32 individuals (24%) grieving the loss of their partners/spouses and 31 individuals (23%) experiencing the loss of a sibling.

Table 1

Sociodemographic profiles of the respondents (N=134) and a summary of the duration since death and the relationship with the deceased

Variables	Frequency (f)	Percentage (%)	Mean (M)	Standard Deviation (SD)
Age			68.28	6.48
Gender				
Male	37	27.60		
Female	97	72.40		
Ethnicity				
Malay	13	9.70		
Chinese	110	82.10		
Indian	8	6.00		
Others	3	2.20		
Religion				
Islam	13	9.70		
Buddhist	65	48.50		
Hindu	7	5.20		
Christian	41	30.60		
Others	8	6.00		
Marital Status				
Married	78	58.20		

Table 1 (Continue)

Variables	Frequency (f)	Percentage (%)	Mean (M)	Standard Deviation (SD)
Divorced or separated	2	1.50		
Widowed	36	26.90		
Single	18	13.40		
Education				
No formal education	7	5.20		
Primary	11	8.20		
Secondary	47	35.10		
Tertiary	69	51.50		
Living Arrangement				
Living alone	32	23.90		
Living with a spouse or adult child	95	70.90		
Living with siblings or other relatives	3	2.20		
Others	4	3.00		
Number of children			2.26	1.51
Duration since death (months)				
< 12	23	17.20		
13–24	27	20.10		
25–36	20	14.90		
37–48	16	11.90		
49– 60	48	35.80		
Relationship with the deceased				
Parents	56	41.80		
Partner/ Spouse	32	23.90		
Siblings	31	23.10		
Child	3	2.20		
Best Friend	12	9.00		

Multiple linear regression (MLR) examined the associations between grief and potential predictors. Table 2 summarizes the final regression model. The multiple regression model with all five predictors produced $R^2 = .161$, $F(5, 128) = 5.862$, $p < .001$. The regression model demonstrated that spirituality and meaning-making yielded a significant negative association, indicating that bereaved individuals with higher scores on these scales were expected to have a reduced risk of PGD. However, variables such as duration since death,

marital status, and education did not exhibit a significant relationship with grief.

The final prediction model equation is as follows:

$$Y = B_0 - B_1X_1 + B_2X_2 + \varepsilon$$

$$Y(\text{grief}) = 32.096 + (-.080) (\text{spirituality}) + (-.130) (\text{meaning-making}) + \varepsilon$$

The adjusted R-square value of .161 indicates that the predictor variables in the model can account for approximately 16% of the variability in grief.

Table 2
The final regression model

Variables	R	b	B	T	Sig.
Constant		32.096		6.495	< .001
Spirituality	-.314**	-.080	-.184	-2.067*	.041
Meaning-making	-.403**	-.130	-.244	-2.794**	.006
Marital status		.758	.140	1.743	.084
Education		-.782	-.102	-1.238	.218
Duration since death		-.343	-.082	-1.018	.310

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

Dependent variable: Grief

DISCUSSION

This study represents one of the first investigations into the relationship between grief, spirituality, and meaning-making among older adults who have experienced the loss of significant individuals within 60 months in Malaysia. The present study aims to explore participants' sociodemographic profiles and examine the associations between grief and potential predictors. The participants in this study primarily consisted of older adults, with a mean age of 68 years.

Most participants were female and Chinese, practicing Buddhism, married, and living with their spouse or adult child. Notably, a significant proportion of individuals had tertiary education, while a smaller but notable portion had no formal education. It is common for older adults in their sixties to face the loss of significant individuals, including parents, partners/spouses, and siblings.

Based on our findings, most older adults ($n = 132$, 98.5%) experience normal grief.

However, a small but significant proportion of individuals ($n = 8$, 6%) reported experiencing significant impairment in functioning due to their grief symptoms. While these individuals did not meet the optimal threshold for prolonged grief, they still faced challenges in various aspects of their lives due to their grief. These challenges included disruptions in daily activities, difficulties in maintaining relationships, changes in social functioning, and emotional distress that hindered their ability to cope with the loss effectively.

This study's results revealed no significant relationship between marital status, education, duration since death, and grief. These findings contradict the findings of Trembl et al. (2020), which suggested that individuals with higher education qualifications and longer durations since death were associated with a lower risk of PGD. One possible explanation for this disparity in the results could be the difference in the duration since death between this and Trembl et al.'s studies. In this study, the duration since death was limited to five years, while their study included individuals with an average time since the loss of 18.23 years. This discrepancy in the duration of grief experiences may have contributed to variations in the observed relationships between variables.

Furthermore, our findings revealed that many older adults perceived a moderate level of spiritual well-being ($n = 93$, 69%), while a considerable portion reported a high level of spiritual well-being ($n = 41$, 36%).

Interestingly, spirituality was found to be negatively associated with grief, suggesting that spiritual well-being may be a protective factor in bereavement. These findings contradict the suggestion that Zheng and Wuest (2019) proposed that more daily spiritual experiences may lead to increased symptoms of PGD. Instead, our results align with previous studies demonstrating that engaging in spiritual or religious beliefs and activities is associated with better grief outcomes (Chirico, 2021; Lephed et al., 2020; Lövgren et al., 2019). These findings contribute to the existing literature, highlighting the potential benefits of spirituality in the context of grief and loss among older adults. Further research is required to explore the underlying mechanisms and processes through which spirituality influences grief outcomes and to examine potential moderators or mediators of this relationship. By gaining a deeper understanding of these relationships and effects, mental health professionals can better integrate spiritual and existential considerations into grief interventions, ultimately enhancing bereaved older adults' well-being and resilience.

In addition, the older adults in this study reported a greater sense of meaning-making from their experiences of loss, with a mean score of 109.82 ($SD = 12.05$). A significant negative correlation was observed between meaning-making and grief, indicating that older adults with a stronger sense of finding meaning in their loss were less likely to experience severe symptoms of PGD. These findings align

with a previous study by Barboza et al. (2022), highlighting the role of meaning-making as a buffer for managing grief, loss, isolation, and loneliness. Bereaved older adults who struggled to find meaning or benefits from their loss were likelier to experience prolonged grief and significant impairment in various areas of functioning. The results of this study are consistent with the findings of Beasley et al. (2022), suggesting that meaning-making helps older adults reduce the risk of mental health disorders and improve overall well-being. These findings underscore the importance of meaning-making in navigating the grieving process among older adults and indicate that fostering a sense of meaning can have significant implications for their mental health and general adjustment to loss.

These findings offer valuable insights into the sociodemographic profiles of individuals who have experienced loss and illuminate the potential influence of spirituality and meaning-making on grief among older adults. The results indicate notable negative associations between spirituality and meaning-making with grief. However, it is critical to acknowledge that these variables explain only a small amount of the variability in grief, suggesting the presence of unexplained factors. It is essential to consider that other unexplored factors may contribute to grief in this population. Further research is needed to investigate additional factors and better understand the grieving process among older adults.

IMPLICATIONS

This study has several implications. Firstly, it highlights the importance of integrating spirituality and meaning-making into interventions for supporting bereaved older adults in Malaysia. MHPs should incorporate strategies that enhance spiritual well-being and help individuals find meaning, which could lead to better overall well-being and coping.

Additionally, the study suggests that spirituality might serve as a protective factor against severe grief symptoms. This finding contributes new insights to existing research and emphasizes the need to consider spirituality in designing grief interventions. The strong correlation between meaning-making and reduced grief symptoms also aligns with previous studies, emphasizing the significance of promoting a sense of meaning for bereaved older adults.

Nevertheless, although the research demonstrates the interplay between spirituality, meaning-making, and grief, it also acknowledges the limitations of these variables in fully explaining the complexity of grief experiences. It implies that other factors might influence grief in this population, prompting further investigation into unexplored areas.

CONCLUSION

In conclusion, this study highlights the negative relationship between spirituality, meaning-making, and grief in older adults who have experienced loss. It emphasizes integrating spirituality and meaning-making into this population's grief therapy and

healthcare interventions. Mental health professionals can play a crucial role in helping older adults find meaning in their losses. However, the study has limitations, including the restriction of cross-sectional design and the need to consider additional factors contributing to grief experiences. Future research should include longitudinal studies that examine both death and non-death losses, develop targeted interventions to support older adults in coping with grief and promote their well-being.

ACKNOWLEDGEMENT

We sincerely thank the participants who generously dedicated their time and effort to participate in this study.

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