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ASSESSING PROLONGED GRIEF ON ONLINE PLATFORMS: THE PREDICTIVE ROLE OF PERCEIVED SOCIAL SUPPORT, MEANING RECONSTRUCTION AND UNFINISHED BUSINESS

BY

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To my family…

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ÖZET

Kaya, İlayda. Uzamış Yasın Çevrimiçi Platformlarda Değerlendirilmesi: Algılanan Sosyal Destek, Anlamı Yeniden Yapılandırma ve Bitmemiş İşlerin Yordayıcı Rolü. Başkent Üniversitesi, Sosyal Bilimler Enstitüsü, Klinik Psikoloji Tezli Yüksek Lisans Programı. Ankara, 2023.

Bu çalışmada, anlamın yeniden yapılandırılması, bitmemiş iş ve algılanan sosyal desteğin uzamış yas üzerindeki etkileri değerlendirilmiş ve çevrimiçi yasın semptom şiddetindeki rolü incelenmeye çalışılmıştır. Ayrıca, kayıpla ilgili davranışlarda bulunma açısından hangi faktörlerin önemli rol oynadığı araştırılmıştır. Çalışma kapsamında en az 12 ay önce bir yakınını kaybetmiş 18 yaş üstü 282 katılımcıya ulaşılmıştır. Katılımcılara kolay örnekleme yöntemi ile ulaşılmıştır. Bu davranışlardan bir ya da daha fazlasını sergileyen kişilerin sergilemeyenlere kıyasla daha yüksek düzeyde olumsuz yas yaşadıkları tespit edilmiştir. Yapılan hiyerarşik regresyon analizinde, kayıptan bu yana geçen süre, depreme maruz kalma, bitmemiş iş ve anlamın yeniden şiddetli ve uzamış yas belirtilerini anlamlı bir şekilde yordadığı bulunmuştur. Tüm bu etkili faktörlerin yanı sıra, sosyal medyada kayıpla ilgili davranış sıklığının da belirti şiddeti üzerinde açıklayıcı bir değere sahip olduğu görülmüştür. Lojistik regresyondan elde edilen bilgilere göre, profesyonel destek almanın sosyal medyada kayıp odaklı davranışlarda bulunmanın anlamlı bir yordayıcısı olduğu bulunmuştur. Araştırma bulguları ilgili literatür doğrultusunda tartışılmıştır.

Anahtar Kelimeler: Uzamış yas, çevrimiçi yas, anlam yeniden yapılandırma, bitmemiş işler, sosyal destek

ABSTRACT

Kaya, İlayda. Assessing Prolonged Grief on Online Platforms: The Predictive Role of Perceived Social Support, Meaning Reconstruction and Unfinished Business. Başkent University, Institute of Social Sciences, Clinical Psychology Master's Program with Thesis. Ankara, 2023.

In the present study, the effects of meaning reconstruction , unfinished business and perceived social support on prolonged grief were assessed and the role of online grief in symptom severity was tried to be examined. In addition, it was investigated which factors play an important role in terms of engaging in loss-related behaviors. Within the scope of the study, 282 participants over the age of 18 who had lost a relative at least 12 months ago were reached. Participants were reached by convenient sampling method. Online grief behaviors were defined in the pilot study as announcing death, sharing photos, writing about loss, communicating with acquaintances, looking at the profile of the deceased, communicating with strangers, writing under the posts of the deceased or sending direct messages to the deceased and provided in the demographic form prepared. People who display one or more of these behaviors found to be show higher levels of adverse grief when compared to those who do not. In the hierarchical regression analysis scnducted, it was found that the time since the loss, earthquake exposure, unfinished business and meaning reconstruction significantly predict severe and elongated grief symptoms. In addition to all these effective factors, frequency of loss-related behavior on social media still had explanatory value on symptom severity. According to information acquired from logistic regression, receiving professional support was found to be a significant predictor of engaging in loss-focused behavior on social media. The research findings were discussed in line with the relevant literature.

Keywords: Prolonged grief, online grief, meaning reconstruction, unfinished business, social support.

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1. INTRODUCTION

Although most people adapt well to loss and their distress about loss diminishes gradually over time (Lunforff et al., 2017), some experience elongated and even sometimes life-threatening versions of grief, which is named prolonged grief (Prigerson et al., 2009). Prolonged Grief is a diagnosis seen in ICD-11 (2018), and recently it was included in DSM V-TR (2022). Differentiating normal grief from a psychiatric one was found challenging (Siegel et al., 2008). Therefore, referring to the duration criteria specific to Prolonged Grief Disorder to provide care for those in distress is thought to be beneficial (Lundorff et al., 2017). People use several cognitive, behavioral, and emotional strategies against bereavement's internal and external challenges (Folkman et al., 1986; Stroebe & Schut, 2010). The coping style used is effective on the bereavement outcome (Stroebe et al., 2006), and the different reactions to loss are associated with divergent coping methods people use (Meichenbaum & Myers, 2016). In other words, the grief process is quite personal, and each person copes with their loss differently (Galatzer-Levy et al., 2018).

With the widespread use of the internet, the ways people cope with grief also started to evolve to some degree, and a new phenomenon came to rise: “Online Grief”. The number of people using the internet worldwide reached 4.95 billion (Digital 2022 Global Overview Report, 2022), and social media is 4.62 billion, which corresponds to 58.4% of the population by 2022 (Digital 2022 Global Overview Report, 2022). According to data provided by the Turkish Statistical Institute (2021), internet users between the ages of 16-74 are 82.6% of the population living in Turkey, yet the ratio was 79% a year before. By using social media (i.e., Instagram, Twitter, and Facebook), bereaved people post photos, share writings about the deceased, and express grief in a personalized manner (Oberoi & Kakar, 2016), they can seek-help and find support by communicating with people miles away from

them since internet removed the physical barriers of communication, and online grief rituals can serve meaning making and memorializing as traditional rituals (Jones, 2004). Yet, in online grief, bereaved people do not feel obligated to stick to fixed times and places of traditional rituals (Graves, 2009) since social media is available and can be accessed at any time (Oberoi &Kakar, 2016). Also, it is known that people use social media to talk to the deceased and other people about things they could not say before, their regrets, anger, unfulfilled wishes, and dashed hopes in terms of the relationship with the deceased.

It is a fact that the phenomenon of mourning is as old as human history. However, it is seen that the changes in time and culture have also affected the ways of mourning. Therefore, evaluating the role of changing attitudes and new channels in terms of grief is important. In this direction, the study aimed to examine the variables predicting mourning on social media and the role of unfinished business, meaning reconstruction, social support, and the frequency of engaging in loss-related behaviors on social media on prolonged grief symptom severity. Also, evaluating the findings obtained in the West on online grief within a collectivist culture is among the aims of the study.

1.1. Loss and Grief

Loss can mean actual death or the loss of something or a relationship. However, in this study, this expression was used in the first sense, that is, in cases where there is an actual death. The loss of a loved one can be one of the most stressful yet inevitable events in life and results in sorrow, which can be named in various ways like *grief, mourning*, and *bereavement*. These names can be used interchangeably in the literature but differ in definition. *Bereavement* is the state of having had a loss, thus not subjective. *Grief* can be defined as the psychological, physiological, and social reactions given to loss. When it comes to *mourning*, it should be taken into account that the term has a relation to time spent in sorrow, culture, and social factors which surround the person who lost a loved one

(Malkinson, 2001). All these varieties of uses are the outcomes of an effort to define an experience that is extremely destructive. In a similar way, many theories have been put forward to explain the loss and the pain experienced as a result of extreme hardship.

1.2. Theoretical Perspectives on Grief

1.2.1. Early grief theories

In terms of psychodynamic theory, grief can be interpreted as the body's "wounding" and healing (Freud, 1917). Freud (1917) claimed that when death actualizes, the libidinal energy which was formerly invested in an object needs to be retrieved for healthy grief. He emphasized the importance of *grief work* for restraining normal grief reactions from turning into maladaptive grief. In his work "Mourning and Melancholia" (1917), normal and abnormal grief was separated psychologically for the first time. By *mourning*, he signified the grief which is normal and adaptive even if it is painful. In such grief, the mourner can have low interest in things happening in the external world and have a hard time attaching to other people. Although it has similar aspects to melancholia, it is characterized by the presence of ambivalent feelings towards the lost object and libidinal fixation (the object and relationship are desired to be regained). According to Freud, *reality testing* is one of the essential parts of grief work. In his belief, a period of time is necessary for reality testing to be accomplished and for the ego to detach its libido from the lost object. In this sense, memories and hopes directed to the lost object are of great importance since they are what bound the libido. But over time, with the reality test, the detachment from the object is expected to take place as the subject accepts that the loved one no longer exists in the external world. In addition, the mourner can feel abandoned and is apt to feel anger towards the loved one who left in return. Since there is no physical object to direct this anger towards, it can

be directed at the ego itself. This is even more possible if there are unresolved issues with the deceased.

Melanie Klein, the founder of Object Relations Theory, is a psychoanalyst whose life is full of experiences of loss (i.e., parent, sibling, child, hometown), and as a result of these incidents, it is possible to say that her theory is largely shaped around the theme of loss. Klein (1940) claims that testing of reality in normal mourning and early processes, and she shares Freud's idea about the importance of reality testing by telling that to overcome the states of mourning, testing reality is one of the most prominent methods. In her paper titled "A Contribution to the Psychogenesis of Manic-Depressive States" (1935), Klein coined the term "infantile depressive position" and discussed normal mourning, abnormal mourning, and manic-depressive states. In her belief, the baby experiences depressive feelings in relation to the weaning; the first object which is being mourned is the breast of the mother, which consists of every desire (nutritious milk, love, and goodness) the baby wishes to reach. The baby experiences this first loss depending on his own greed; his sadistic phantasies are perceived as the cause of the destruction of the good breast in an omnipotent way. Yet, if death is not the case, as the baby sees that the breast keeps existing in a healthy form despite his sadistic attacks, the omnipotence weakens. Through the repetition of experiences of loss and regain, the good object becomes better and better embedded in the ego. As a result, the ego is enriched by the grieving process (Segal, 1973). As an actual loss occurs, the inner world of the subject is destroyed. In the case of a loss related to death, the subject blames his sadistic impulses for the loss and feels guilt. In return for these feelings of guilt, one can attempt to repair the object. True repair and manic repair attempts should be distinguished here, as true repair is an important mechanism for the development of the ego and adaptation to reality. Reality testing increases when restorative impulses are heightened. In a deeper sense, reparation is based on the acceptance of psychic reality, the experience of the pain

caused by reality, and the appropriate action to alleviate this pain, both in imagination and in reality. However, his attempts to repair the object fail again and again when the object is dead; the mourner must come to terms with the fact that death and the damage done cannot be reversed (Segal, 1973). When the subject cannot rely on his reparative and constructive abilities can turn to manic omnipotence (denial, triumph, etc.). The mourner feels as if he is losing the good internal objects as well, and in return, feels like bad internal objects dominate his inner world of him. Klein (1940) states that turning the feelings of hatred towards the deceased is the greatest danger; in contrast, remembering the good aspects and kindness of the deceased provides great relief to the mourner. If the inner world of the mourner regains greater security, creative processes and hope can come back. According to her, rebuilding the inner world is a characteristic of successful grief work.

Erich Lindemann is another theorist who has had a great impact on the understanding of the grief process. He was the first person to mention acute grief and the role of physical symptoms in the grief process. After his study with disaster survivors, he published his work "Symptomatology and Management of Acute Grief" (1944) and asserted the discrimination between normal and abnormal grief in this article. *Acute grief* refers to normal grief present when a person experiences loss and gives some emotional reactions in return for this loss. It is emphasized that, in contrast, *morbid grief* corresponds to abnormal and unhealthy in which the grief is repressed and unexpressed. He defined it as the distorted version of acute grief: In such grief, delay or postponement is frequently the case, and distorted reactions can be given (overactivity without a sense of loss, hostility, worsened relationships with friends and/or relatives, the symptoms of the illness of the deceased being acquired, etc.)

Bowlby (1973) argued that the loss of an attachment figure triggers grief, and attachment styles have a significant role in the grief experience of mourners. Collin Parkes was a colleague of Bowlby, and the first one approached grief from a clinical perspective.

He saw grief as a normal reaction to loss and saw grief work as necessary as Freud did (Stillion & Attig, 2014), and he searched for the answer to the question "whether bereavement can cause morbidity and/or mortality?" (Parkes, 1960). Bowlby and Parkes (1970) suggested a four-level model together, and according to their model, the phases can be counted respectively as 1) *shock and numbness*, 2) *yearning and searching*, 3) *disorganization and despair*, and lastly, 4) *reorganization*.

One of the most well-known grief models is Elizabeth Kübler-Ross's (1969) *Five-Stages of Grief Model,* which is formed by the stages of *denial, anger, bargaining, depression,* and *acceptance.* Kübler-Ross and Kessler (2009) stated that the stages are, actually, the grief reactions that can be observed in many survivors, but it doesn't mean that everyone reacts to loss in the same way and grief is personal, just as no loss is typical. They underlined that they are not requisite spots put in a linear timeline. The stages are supposed to help people to identify what they are going through and their feelings in accordance with the loss. They can be evaluated as a part of the process which people go through while learning to live without the loved one. Yet, because the model depends on Kübler-Ross's studies with terminal-stage patients, the model's use in ordinary grief processes has been a topic of discussion.

William Worden developed a training course by taking inspiration from developmental tasks from developmental psychology, which is about grief and educating how to work with grievers. *Four Tasks of Mourning Model* was developed by Worden (1991) and included four tasks to be accomplished by all mourners: 1)*accepting the reality of loss*, 2) *processing the pain of the loss*, 3)*adjusting the environment without the deceased*, 4)*relocating and memorializing the deceased in a way which enables the mourner to move on* (even though this notion seems familiar with Freud's decathexis, it differs as the mourner finds a healthy way to memorialize the loved one). While assessing grief, he found it

necessary to discuss emotional and physical sensations, cognitions, and behaviors all-together.

1.2.2. Contemporary grief theories

Thomas Attig (1996) assessed grief as a process of "relearning the world" after loss, and by learning, he denoted learning the difference of the world in the absence of the deceased. Carrying the pain the deceased left behind, trying to find meaning, and loving in separation are involved in the process of relearning (Attig, 2001). He defended the idea of the uniqueness of personal aspects (relationship with the deceased, life conditions, loss experiences, life history, etc.) and the impossibility of relearning how to live the same way for everyone (Stillion & Attig, 2014).

To explain how bereaved people deal with the loss of a loved one, *The Dual Process Model Coping with Bereavement* (DPM; Stroebe & Schut, 1995) was developed. Rather than focusing on the bereavement outcomes, it prioritizes how the mourners cope with their loss. They suggested that there are two stressor categories in terms of coping with loss: 1) *loss-oriented* and 2) *restoration-oriented.* Loss-orientation incorporates grief work and includes intrusion of grief, denial or avoidance of restoration change, and relocating bonds. On the other hand, restoration orientation refers to adjustment to life without the loved one, rethinking and replan on the life. It includes distraction from grief, denial or avoidance of grief, and adjusting to new roles and relationships (Stroebe & Schut, 2010). They noted that both of the given are stressors and have a relation to anxiety and distress, yet they both exist in the process of coping. One can attend to or avoid one of the stressors through time, and this dynamic regulator process between them is called *oscillation*. What makes this model unique is the concept of oscillation. The oscillation principle emphasizes that the bereaved person may at times, face loss and, at other times, experience denial or avoidance. The same

principle works for restoration. DPM suggests that oscillation between confrontation and avoidance is necessary for adaptive coping.

According to Volkan and Zintl (2018), Mourning is a response to loss or change and a compromise between the inner world and reality. Grief is the emotion that accompanies mourning and is experienced repeatedly in the face of loss. Volkan and Zintl identified three elements of the phenomenon of grief. These are that every loss inevitably leads people to grief, that every loss somehow revives past losses, and that losses that can be fully mourned have the capacity for growth and restoration. In addition, they point to four factors that reduce the ability to grieve. People who have suffered a series of losses and whose childhood needs have not been met find it difficult to grieve. Also, the presence of unfinished business, difficulty in coming to terms with sudden and unexpected losses, and social constraints on the expression of grief are among the risk factors they stated. People with maladaptive grief desire to reunite with the deceased. Yet they want the lost relationship with the loved one to be less challenging, generating a conflict between the mourners' two wishes for saving and disengaging. Although they noted that there is no clear-cut prescription for healthy grieving, they believed that there are two components for healthy grief. They are basically reassessing the relationship to understand what it means to us and transforming the relationship to a memory with no future. Otherwise, grief becomes something that interferes with a survivor's daily functioning. The existence of a "psychic double" (mental representations of lost objects) and linking objects (an object like a dress, watch, or ring which has meaning and keeps memories of the deceased alive) were seen as risk factors as they are not consistent with the external world in the absence of the loved one.

1.3. Prolonged Grief

The comparison of normal and abnormal grief has been discussed since Freud published his work Mourning and Melancholia (1917). According to Freud, both mourning

and melancholia were about “object loss”. However, he differentiated them by stating that “mourning” is a normal and natural reaction to loss, and grief work was necessary to adjust to the loss and no longer be attached to the deceased. In contrast, he identified “melancholia” as a pathological version of bereavement. An extensive number of studies were revealed on the topic, and considerable efforts to express the grief process were shown thereafter. Although several designations attributed to abnormal grief (i.e., complicated grief, pathological grief, traumatic grief, delayed grief, etc.), an up-to-date categorization titled Prolonged Grief Disorder is included in the DSM-V TR (APA, 2022) after its reveal in ICD-11 (WHO, 2018). Its inclusion caused many discussions about whether pathologizing grief leads to over-labeling people and causes extra stress (Eisma, 2018). However, diagnosing and treating prolonged grief is considered extremely important to avoid any personal or societal costs related to it (Prigerson et al., 2009).

Prolonged grief can be described as experiencing severe pain emerging from the loss, which has a longer duration than expected healthy grief responses. Differentiating normal grief from a psychiatric one can be challenging (Siegel et al., 2008). Therefore, clinicians can refer to the duration criteria specific to Prolonged Grief Disorder in order to provide care for the ones in distress (Lundorff et al., 2017). According to DSM-5-TR, to mention the presence of PGD, at least 12 months must have passed since the loss. Despite the 6-month criterion of ICD-11 (2018), the compromise about the time criterion for DSM is made based on the need for sensitivity regarding the risk of pathologizing normal grief (Prigerson et al., 2021). Also, either or both intense yearning/longing or preoccupation must exist, and at least 3/8 of identity disruption, disbelief, avoidance of reminders that the person is dead, intense emotional pain, reintegration to life difficulties, emotional numbness, a sense that life is meaningless as a result of death, and intense loneliness symptoms must be observed, the disturbance must be the case in relation to significant distress or disability in social,

occupational or other areas, the duration and severity of the bereavement reaction must exceed expected social, cultural, or religious norms belonged to the culture and context the individual lives in, and no better explanation for the symptoms can be made depending major depressive disorder, posttraumatic stress disorder, or another mental disorder, or can be attributed to the physiological effects of a substance (e.g., medication, alcohol) or another medical condition. People show diversity in terms of the way they cope with their grief, sometimes, they benefit the mourner, but other times, they can result in adverse grief outcomes like prolonged grief. As times change, recent ways of coping with grief come to the stage, and online grief has gained an undeniable role in grief. Therefore, it seems valuable to observe online grief's association with the probability of prolonged grief.

1.4. Grieving on Online Platforms

Social media users constitute 58.4% of the total population worldwide, and the daily average time of social media use is 2 hours and 27 minutes, according to 2022 data (Digital 2022 Global Overview Report, 2022). As the internet became an everyday essential in life, it became a new channel that people can mourn. Uses and Gratification Theory claims that people use social media to meet their needs (Getty et al., 2010); the same purpose might be the case for the grief-related needs of a bereaved when someone's loved one is lost. Social media platforms can serve as a place that helps people honor the deceased by sharing their photos and writing about them, helping them to memorialize the deceased and carry out rituals related to the loss (Goldschmidt, 2013). By seeing others grieving, people can think they are not alone (Rossetto et al., 2014). Social media facilitates finding support because even in situations in which the mourner is away from social support sources like family or friends. Loss is an event that can harm one's sense of control deeply, and social media can help to partially regain this sense of control (Anderson et al., 2012). The traditional rituals (which can change in different cultures, religions, and ethnic groups) are performed to

provide support to loved ones, but they are available only at designated times and locations. On the other hand, social media is not only limited to acquaintances but also enables one to reach wider populations and interact with people not known face-to-face.

Graf and colleagues (2008) claimed that writing about emotions, ideas, and experiences is highly helpful when someone feels like there is no one to share with. Writing, especially expressive writing, about distressing events is beneficial for both emotional (Baikie & Wilhelm, 2005) and physical health (Frisina et al., 2004). Among the benefits of expressive writing, increasing insight (Pennebaker, 1997), emotional acceptance (Baum & Rude, 2013), and diminishing adverse effects of avoidance (van der Houwen et al., 2010) can be counted. In addition, for the use of bereavement, Stroebe and colleagues (2002) investigated expressive writing as an intervention. Looking at the considerable effect of writing, sharing written posts about the deceased online can have a significant role in the grief experience of a bereaved since it ensures expressing oneself to numerous people at a time. Additionally, the literature reveals that social media platforms ease sharing feelings and thoughts, communicating with others who also grieve and do not grieve any time they want (Carroll & Landry, 2010, p. 347), can act as a context that lets people who feel disenfranchised from grief explore and open-up themselves more comfortably (Carroll & Landry, 2010; Subrahmanyam & Greenfield, 2008). Also, the rules of grief are more flexible in an online context, and it is easier to express one's feelings (Hart, 2007). According to the study of Varga and Paulus (2014), online platforms provide the bereaved with a safe context in which they express themselves and not expose judgment.

However, grieving via social media is like a two-faced medallion. Studies showed that the use of social media might also have adverse effects on the grief process. Even though continuing bonds is not a new term, its place in terms of social media (using social media to stay connected with the deceased) is relatively new. In such cases, social media can be

maladaptive because it might cause confusion about the death and presence of a deceased person (Field, et al., 2005; Rossetto, 2014) in cases where a bereaved individual struggles to notice whether the bond is internal or actual (Field, 2006). Volkan and Zintl (2018) claimed that successful grief is possible by re-assessing the meaning of a relationship after death and turning this relationship into a memory without a future. Otherwise, failure to recognize the changed relationship might result in abnormal grief (Field, 2006). Previous research revealed that by using social media, college students find a sphere where they can continue bonds and stay connected to the people they lost (Balk & Varga, 2017; Pennington, 2013). In a qualitative study conducted by Rossetto and colleagues (2014), the participants expressed their difficulty since Facebook, as a platform that is easy to access anytime, kept their pain fresh and prolonged the intensity of their emotions. Based on the findings conducted with bereaved college students, Lipp and O'Brien (2022) stated that people might be using social media to stay connected with deceased individuals, and they associated the maintenance of continuing bonds online with adverse grief (complicated grief symptoms). In addition, there is no guarantee that a bereaved individual can always reach support via websites, but they become dependent on them anyhow (Swartwood et al., 2011). Mourners utilize online platforms when they try to cope with their grief, and several traditional coping strategies can be reflected in the online world.

1.5. Factors Associated with Loss and Grief

As in traditional ways, bereaved people try to cope with their loss by displaying certain behaviors on online platforms. There may be some factors related to loss in the realization of these behaviors. The experience of loss is a devastating process in which people need social support, and bereaved people may try to obtain this support from their close environment and/or people who have experienced similar losses as a result of their need for social support. Access to social support can be facilitated through traditional rituals

such as funerals, but when these rituals are absent for various reasons (e.g., some religions do not hold funerals for those who commit suicide) or when access to social support resources is difficult, bereaved people may seek alternatives to meet their need for social support. In the same way, making sense of loss is a factor that people need to relieve their grief, but personal characteristics or variables related to loss may create difficulties in meeting this need. Nevertheless, there are strategies that facilitate making sense of loss. Last but not least, when people lose someone, they are affected by the state of their relationship with the deceased (whether they had a good or bad relationship, whether they have unresolved problems, whether they are left with unfinished business, etc.) are left with unfinished business after the person's death. Therefore, since unfinished business with the deceased is also a factor in grief, this issue should also be studied to reach a peaceful state.

1.5.1. Social support

Social support and bereavement outcomes are strongly correlated, and social support is one of the most prominent predictors of bereavement outcomes (Burke & Neimeyer, 2013). Even though social support is protective against adverse grief (Vanderwerker & Prigerson, 2004), if a bereaved person perceives the interaction in a negative manner, it can cause stress (Shinn et al.,1984; Finch et al.,1989). Yet, it seems like there is some sort of dichotomy in terms of the use of social support as a factor of coping. For support to be beneficial, the supporter must be capable of providing support, the need must be properly recognized, and the receiver must perceive the support as helpful (Kaunonen, et al., 1999). Bereavers can benefit from non-judgemental and empathic interactions when they express their feelings (Breen et al., 2017), but they are often deprived of sufficient support, which is provided in a timely manner Breen & O'Connor, 2011). However, bereavers cannot always reach such support when they need it. A study revealed that bereaved students observe their peers' discomfort in discussions about death (Bergene, 2013).

Although grief is something experienced personally, it is affected by cultural factors. The society in which a person lives has the power to decide the rules of grieving. “Who, when, where, how, how long, and for whom people should grieve” is regulated by the social norms of society (Doka, 1989). In some cases, “loss that is not, or cannot be, openly acknowledged, publicly mourned or socially supported,” and this situation is revealed by Doka (1989) under the name of Disenfranchised Grief. According to him, the loss is either enfranchised (the loss is legitimized, and the society provides social support to bereaver) or disenfranchised (the bereaver is deprived of social support since the society does not recognize or validate loss) (Doka, 2002). In addition to the already existing problems of loss, the mourners who are not socially recognized or sanctioned are deprived of social support and experience complexity in their grief due to disenfranchisement. Doka (1989) categorized the reasons for disenfranchisement initially as which a) the mourner is disapproved, b) the loss is disapproved, and c) the relationship is disapproved, then (2002) two other cases are added, those which d) the way of death is not approved and which e) the grief reactions are disapproved. Grief that is not accepted, supported, or concern by society might cause people to struggle with high levels of distress in an elongated manner and complicate healing, and this outcome of disenfranchisement might be pointing at prolonged grief (Cesur Soysal, 2021, p. 190)

1.5.2. Unfinished business

Among people who mourn after a loved one, unfinished business is a source of distress (Shanfield et al., 1984; Steinhauser et al., 2000), which indicates experiencing regrets after loss, having unresolved conflicts, and feeling like there are unsaid or undone things left in the relationship with the deceased (Holland et al., 2014; p. 40). Self-blaming emotions are prevalent in such cases; bereaved individuals can taste negative feelings like shame, regret, and guilt upon the pre-loss experiences. Former research emphasizes the

relationship between self-blaming emotions and low adjustment levels of loss (Field & Bonanno, 2001), and the existence of such emotions seems to be associated with the slowness of decline in the level of grief intensity (Stroebe et al., 2014). People who carry the burden of unfulfilled wishes and unresolved conflicts might show poorer mental and/or physical health (Holland et al., 2020; Klingspon et al., 2015) Existence of unresolved issues with the deceased seen as a risk factor for elongated and severe grief reactions (Field & Horowitz, 1998; Ho, 2007; Parker, 2005; Payne et al., 2002).

1.5.3. Meaning reconstruction

Each person is driven by a fundamental need to search for or create meaning in life. When this drive is satiated, it supplies people the strength to cope with even the toughest struggles they encounter (Frankl, 1962). People have various assumptions and beliefs about the world, themselves, other people, and the future; however, overwhelming experiences can shatter these assumptions (Janoff-Bulman, 1992; Park, 2010). With respect to this, the traumatic effect of the loss can also shatter one's most fundamental assumptions and the world of meaning they have (Janoff-Bulman, 1992; Neimeyer, 2006). In addition, bereaved people might realize that bad things can happen not only to bad but also to good people (Neimeyer, 2006), and this can cause them to see the world as an unjust and dangerous place. Yet it is not only limited to those; as a consequence of loss, people left behind can feel like the only thing they lost is not the person they love but also a part of their identities, roles they own in life, and their future-oriented plans are gone with the deceased (Attig, 2001).

As one's assumptions are shattered, resolving grief and moving on in a healthy manner can actualize through mourning for one's old meaning world and then reconstructing it, meaning that repairing the damage which the loss gave to one's meaning world (Baumeister, 1991; Gillies et al., 2014; Holland et al., 2006; Neimeyer et al., 2002). According to Neimeyer (2002), the process of reconstructing is made of three components,

and these are “sense-making”, “benefit finding”, and “identity change”. First, to *make sense*, bereaved people can ask questions like what caused the loved one’s death, why the object of the burden of grief is the self, and what is the role of the loss experience in one’s life (Gillies & Neimeyer, 2006) and in cases which bereaved people cannot make sense of their loss are the ones evaluated the most difficult ones. (Folkman, 2001; Janoff-Bulman, 1992; Thompson & Janigian, 1998). Secondly, benefit finding refers to making interpretations about the benefits gained and lessons learned after loss, valuing benevolence, meaningfulness, and self-worth (Janoff-Bulman, 1992), and it has a facilitative role in the grief process, whether it is evaluated as positive reappraisal or illusion (Folkman, 1997; Janoff-Bulman, 1992; Taylor, 1983; Thompson, 1985). Last but not least, by reconstructing meaning, people associatively reconstruct themselves, too (Gillies & Neimeyer, 2006). In the wake of painful experiences, positive changes like “post-traumatic growth” can be seen; an evolved sense of self, increased resilience, independence, and gaining new roles are common in people who show growth after loss (Tedeschi et al., 1998). The meaning made of loss is unique to that person, just as the individual grief reactions (Neimeyer, 2006) and the way people make sense of a certain incident can be affected by how they make meaning of life overall (Wong, 2007). Once meaning-making activities are applied to meaning structures that existed before a loss and are no longer helpful to survivors, new structures can arise; the bereaved can reassess priorities, acquire a new view of the future, adopt a new outlook, faith and spirituality (Gillies & Neimeyer, 2006).

1.6. The Aim of the Study

Since people use social media to perform several practices to fulfill a variety of needs, grieving online seems to be a phenomenon that needs special concern in terms of explaining the bereavement outcome. Taking into consideration that grieving via online

platforms is a current and new topic in the field, and since wide and dense use of social media does not go a long way back, studies about the topic are relatively few in number. Also, research subjecting grieving via online platforms seems to be conducted mostly with qualitative methods, and even if they mention adverse bereavement outcomes, they made their evaluations on the criterion of out-of-date categorizations such as complicated grief, therefore not suitable for recent updates about pathological grief, namely Prolonged Grief Disorder. In addition, no quantitative study on the relationship between online grief and prolonged grief was found in Turkey at the time of this thesis. Therefore, considering the relationship between cultural factors and grief, it was thought that studies in which participants from a collectivist culture were sampled would be useful.

It is a fact that the phenomenon of mourning is as old as human history. However, it is seen that the changes in time and culture have also affected the ways of mourning. Therefore, it is important to evaluate the role of changing attitudes and new channels in terms of grief. In this direction the aim of the study was to examine the variables predicting mourning on social media and the role of unfinished business, meaning reconstruction, social support in addition to the frequency of engaging in loss related behaviors on social media on prolonged grief symptom severity. Also, to evaluate the findings obtained in the West on online grief within a collectivist culture is among the aims of the study.

1.7. Research Questions & Hypothesis of the Study

Regarding the aims of the study stated earlier, the specified questions and hypotheses of the study are as the following:

Question 1:

Do the frequency of engaging in loss-related behavior on social media, meaning reconstructing, perceived social support, and unfinished businesses predict prolonged grief?

Hypotheses 1:

Changes in the level of meaning reconstruction, perceived social support, unfinished business, and frequency of showing loss-related behaviors on social media are expected to predict prolonged grief symptom severity when the variables of time since loss, gender, and earthquake experience are controlled.

Question 2:

Do cause of death, expectancy of loss and professional support predict engaging in loss-related behavior on social media?

Hypotheses 2:

Changes in cause of death, expectancy, and professional support are expected to predict change in engaging in loss related behavior on social media

2. METHOD

2.1. Participants

Inclusion criteria for participation are a) being older than the age of 18, b) losing a loved one (the participant must choose a prominent one among them while answering the questions) at least 12 months ago. DSM-5-TR (APA, 2022) designates that a 12-month elapse is a requirement for PGD, even though this duration criteria contrasts with the duration (6 months) specified by ICD-11 (WHO, 2019), in this study DSM-5-TR is predicated based on the notion of being sensitive and avoiding the risk of pathologizing normal grief (Prigerson et al, 2021). Exclusion criteria for participation are determined as a) being younger than age of 18, b) experiencing loss other than the reason of death, c) losing something other than a person (e.g. pet loss), d) having suffered a loss outside the specified period.

In line with the determined criteria, 443 participants were reached through a questionnaire sent on the internet. The 23 respondents who did not fulfill the criterion of at least 12 months since the loss were excluded from the data set. In addition, 138 people were not included in the study because they did not complete the study. As a result, the research was carried out with 282 participants.

221 of the participants were female (78.4%), 60 were male (21.3%), and 1 participant selected the “other” option (0.4%) in terms of gender. The mean score for age of the participants was calculated as 33.3 (SS = 14.1) while the mean score of age of deceased is 63.24 (SS = 22.0). Average time since loss was 46.8 (about 4 years). 27 of the participants (9.6%) reported losses related to the Kahramanmaraş earthquake that happened on February 6, 2023 and 17 of the participants (6%) reported that they experienced the earthquake directly. Other information about the demographic information of the participants in the study is given in Table 1.

According to the data, the ratios of losses based on causes are as follows: long-term illness 123 (43.6%), disease resulting in sudden death 99 (35.1%), accident 17 (6%), homicide 5 (1.8%), suicide 6 (2.1%), natural disaster 5 (1.8%), man-made disaster 2 (0.7%), other reasons 25 (8.9%). The participants were asked whose loss affected them the most. According to the answers given, the people whose deaths were most affected by the participants are as follows: Mother 34 (12.1%), father 44 (15.6%), sibling 7 (2.5%), spouse 5 (1.8%), friend 16 (5.7%), grandmother 59 (20.9%), grandfather 59 (20.9%), other 58 (20.6%). Also while 109 of the participants (38.7%) reported that the death was expected to them, 173 of them (61.3%) thought that it was unexpected. In addition, participants were asked how they thought their relationship before death was like and responses are as follows: "very good" 168 (59.6%), "good" 96 (34%), "bad" 15 (5.3%), "very bad" 3 (1.1).

Table 1. *Characteristics of Sample*

Variables		Frequency	Percent (%)
Gender	Male	60	% 21.3
	Female	221	% 78.4
	Other	1	% 4
Education	Primary school graduate	2	% 0.7
	Secondary school graduate	1	% 0.4
	High school graduate	12	% 4.3
	Undergraduate student	108	% 38.3
	Bachelor's degree	95	% 33.7
	Graduate student	32	% 11.3
	Postgraduate graduate	32	% 11.3
Marital Status	Single	193	% 68.4
	Married	67	% 23.8
	Divorced	17	% 6
	Widowed	5	% 1.8
Deceased	First degree relative (i.e. mother, father, sibling, child, spouse)	92	% 32.6
	Other relative (i.e. grandparent, uncle, aunt, cousin)	150	% 53.2
	Other	40	% 4.2
Cause of death	Natural causes	247	% 87.6
	Unnatural causes	35	% 12.4
Expectancy of death	Expected	109	% 38.7
	Unexpected	173	% 61.3

Relationship before death	Very good	168	% 59.6
	Good	96	% 34
	Bad	15	% 5.3
	Very bad	3	% 1.1
Professional Support	Taken	39	% 13.8
	Not Taken	243	% 86.2
Earthquake experience	Experienced	17	% 6
	Not experienced	265	% 94
Earthquake dependent loss	Exists	27	% 9.6
	None	255	% 90.4

Note. $N = 282$

2.2. Materials

Informed Consent Form was provided to give knowledge about the current study and get approval for the participation. Demographic Information Form was used to obtain personal information of the participants, Prolonged Grief Scale (PG-13) was used to measure prolonged grief symptom severity, Multidimensional Scale of Perceived Social Support (MSPSS) was used to measure the perception of received social support, Unfinished Business in Bereavement Scale (UBBS) was used to measure unfinished business related to loss, and Grief and Meaning Reconstruction Scale (GMRI) was used to evaluate meaning reconstruction.

2.2.1. Informed consent form

In this form, the participants were informed about the purpose of the study, the principles of participation and that participation in the study was voluntary. Information on the use of the data obtained from the participants and confidentiality principles were given. (see Appendix 1)

2.2.2. Demographic form

Demographic Information Form was given to the participants before the scales. In the form, the participants were asked to provide information about gender, age, education level, income, marital status, the person they lost, the characteristics of the loss, social media use and the behaviors they showed on social media regarding the loss. (See Appendix 2)

2.2.3. Prolonged grief scale (PG-13)

Prolonged Grief Scale is a tool developed by Prigerson and colleagues (2009) to evaluate the severity of prolonged grief symptoms and/or diagnosis of prolonged grief disorder. It consists of 11 items which are formed in 5-Likert type (1-Not at all, 5-Several times a day or 1-Not at all, 5-Overwhelmingly) and via these items, separation distress, as cognitive, emotional, and behavioral symptoms of prolonged grief is intended. By calculating the summed scores of these 11 items, severity of prolonged grief (PGD) can be measured. Also diagnosing prolonged grief disorder by evaluating all 13 questions is possible. In order to diagnose PGD, each of the five criteria specified must be met: A. Event criterion (the respondent must have experienced the loss of a loved person), B. Separation distress (the respondent must experience separation distress. That is, the respondent must experience at least one of the conditions stated in items 1 and 2 of the scale, at least once a day), C. Cognitive, emotional and behavioral symptoms (the respondent must have answered at least 5 of items 4–12 of the PG-13 as “at least once a day” or “quite often”) D. Duration criterion (the separation anxiety must still be high at least 6 months after the loss. In other words, the time criterion specified in item 3 of the PG-13 must be answered as “Yes.”), E. Impairment criterion (the respondent must have significant impairment in social, occupational, or other important areas.That is, item 13 of the PG-13 must be answered as “Yes.”)

The scale's adaptation to Turkish is made by Işıklı and colleagues (2022). The Turkish version has a one factor structure and the scale's internal consistency for the total scale was high (α = .90). The Turkish version is formed in one factor structure as the original version of PG-13. In the present study, the reliability of the scale was also high (α = .88). (see Appendix 3)

2.2.4. Multidimensional scale of perceived social support

The Multidimensional Perceived Social Support Scale was developed by Zimet and colleagues (1988) and aims to subjectively assess the adequacy of social support from three different sources. The scale has three subscales and these are the subscales for social support received from Family (α= .87), Friends (α= .85) and Significant Others (α= .91) respectively. The scale consists of 12 items and all subscales consist of 4 items each. The items are designed to be evaluated on a 7-point Likert-type scale. Summing the 4 items of a subscale yields a score for that subscale and summing all subscale scores yields a total score for the whole scale. A high score indicates that social support is perceived as high.

The Turkish version of the scale was adapted by Eker and colleagues (2001) and the total internal consistency coefficient was .89. The Cronbach Alpha values of the subscales were calculated as .85, .88, and .92 for the Family, Friends, and Significant Person subscales, respectively. Unlike the original scale, the term "special person", which has a very specific meaning in Turkey, was omitted and a special person was expressed by exclusion as a person other than family and friends (e.g. a lover, fiancé, relative, neighbor, doctor).In the present study, the Cronbach alpha score calculated for reliability of the scale was .89 (see Appendix 4)

2.2.5. The grief and meaning reconstruction inventory (GMRI)

The scale was developed by Gillies and colleagues (2015) to assess the ability to make sense of the world again after loss, to grow and adapt by learning from loss. Consisting of 29 items, the scale is 5-point Likert-type and has 5 subscales. The subscales are Continuing Bonds (1, 5, 11, 14, 18, 21 and 26), Growth (3, 8, 13, 19, 22, 25 and 29), Meaninglessness-Voidness (2, 6, 9, 16, 20 and 27), Finding Peace (7, 10, 15, 17 and 23) and Appreciating Life (4, 12, 24 and 28). The scale can be assessed by taking the total score or by taking the scores of the selected subscales. The items belonging to the void-meaninglessness subscale (2, 6, 9, 16, 20 and 27) are calculated by reverse coding. The higher the score obtained from the scale, the higher the level of meaning reconstruction in grief. The test-retest reliability of the scale was α = .71 and the internal validity coefficient of the whole scale was α = .84. The internal validity coefficients of the subscales were between α= .76 and α= .85.

Keser and Işıklı (2018) conducted a Turkish adaptation study of the GRMI. As a result of the analyses, it was determined that the adapted scale had a 4-factor structure (ongoing ties, growth, meaninglessness-vacancy, and peace), and it was decided to remove the 3rd item in the Growth sub-dimension and the 7th item in the Finding Peace sub-dimension from the scale due to their conflict with the other items in the Meaninglessness-Vacancy subscale, and the Turkish scale was organized as 27 items. The internal consistency coefficient of the whole scale was α= .82, whereas α= .80 for the growth subscale, α= .77 for the meaninglessness-void subscale, α= .77 for the ongoing ties subscale and α= .80 for the peace subscale. The values obtained are consistent with the coefficients of the original scale. Also the Cronbach α value of the scale in the current study was .83. (see Appendix 5)

2.2.6. The unfinished business in bereavement scale-brief form

The Unfinished Business in Bereavement Scale was developed by Holland and colleagues (2020) to assess unfinished experiences and unresolved conflicts with the deceased person. The scale consists of 28 items and 2 subscales. The subscales are Unfulfilled Experiences (missed opportunities or incomplete experiences that could have been experienced with the bereaved person) and Unresolved Conflicts (unresolved problems with the bereaved person or internal conflicts of the bereaved person). The total and subscale scores of the short form of the scale consisting of 8 items with the same subscales are strongly correlated with the long form (α = .95, α = 0.98).

The Turkish adaptation of the scale was conducted by Cesur-Soysal (2020). The total internal validity of the scale was calculated as .75, the internal validity of the unrealized experiences subscale as .76, and the internal validity of the unresolved conflicts subscale as .62. When the Spearman-Brown test reliability was analyzed, the two-half test correlation was found to be .80. As a result of these measurements, it was decided that the Turkish adaptation of the Unfinished Business in Experiences of Loss Scale-Brief Form was reliable. In the present study, the Cronbach α value of the scale was .78. (see Appendix 6)

2.3. Procedure

Before starting the main study, a pilot study was conducted with 10 participants who mourned on social media. Participants were asked open-ended questions about which social media platforms they use in the context of mourning, when they resort to this method and what behaviors they displayed. In line with the answers received, the options to be presented in the demographic form were defined. Ethical permission was obtained from the Social Sciences and Humanities Scientific Research and Publication Ethics Committee of Başkent University. The data collection process was initiated by sharing the questionnaire created on

Qualtrics via the internet. All participants were informed about the purpose of the study, the principles of participation and that participation was voluntary through the informed consent form. Data collection tools were given to the participants who stated that they agreed to participate in the study, and the questionnaire was terminated for those who did not agree to participate in the study. The demographic form was given to the continuing participants and information about the participant, the person lost, the characteristics of the loss and the use of social media was asked. Then, data on the factors to be tested with measurement tools were collected. The data obtained were extracted from Qualtrics and analyzed using IBM SPSS 26.

3. RESULTS

In the current study, hierarchical regression and logistic regression analyses were performed to find answers to the research questions; one-way ANOVA, t-test and correlation analyses were applied as exploratory analyses to facilitate the interpretation of the results.

3.1. Examining the Convenience of the Data for Statistical Analyses

Before the analyses, the suitability of the available data gathered (N = 282) was examined by conducting frequency analysis, missing data and outlier analyses, and erroneous data entries that may occur during the transfer of the data to SPSS were checked.

Missing value ratio was found under 1% and no erroneous data entry was detected within the scope of frequency analyses. Therefore, the missing values were replaced by mean scores. To assess outliers, Z-scores for all measurement tools were obtained. Z-scores were not outside the range of -3.29 ve +3.29. Meaning that there were no participants who could be considered as outliers. Then, kurtosis and skewness values were calculated for the scores obtained from all measurement tools used to examine whether the data met the assumption of normal distribution. All values were found to be between -1 and +1. For studies conducted in social sciences, meeting the assumption of normal distribution requires these values to be between -1.5 and +1.5 (Tabachnick & Fidell, 2014). It was determined that the study met the assumption of normal distribution.

3.2. Characteristics of Loss Related Behaviors in Social Media

The characteristics of the independent variable, loss-focused behavior on social media, were examined. It was observed that 59.6% (N = 168) of the whole sample (N = 282)

did not engage in loss-focused behavior on social media, while 40.4% (N = 114) did. The participants were asked when they engaged in such behaviors. 163 responses were received in total and 53.4% of them were when the loss occurred (n = 87), 30.7% of them were on a special day (e.g. birthday, an anniversary etc.) (n = 50) and 16% of them were not based on any special reason (anytime they wanted) (n = 26). In addition, the frequency of these behaviors of the respondents who stated that they had engaged in behaviors towards this loss was examined. Accordingly, 20.6% of the respondents rarely (n = 58), 15.2% sometimes (n = 43) and 4.6% frequently (n = 13) engage in these behaviors. Those who did not engage in the behavior were subsequently included in the behavior frequency variable as a fourth group and labelled as "never" (n=168)

Those who showed the behavior were asked which behavior they were engaged in and it was stated that they were free to choose more than one option. As a result, 292 responses were received in total. It was determined that 57.9% of the responses of loss-oriented behavior on social media were announcing the loss (n = 66), 22.6% were sharing photos (n = 72), 18.5% were writing (n = 54), 17.8% were communicating with acquaintances (n = 52), 5.1% were communicating with strangers (n = 15) , 9.9% were reviewing the profile of the deceased and looking at old posts (n = 29), and 1.4% were writing under the post of the deceased or sending a message to the deceased (n = 4). Also participants were asked which social media platform they used to engage in such behaviors. In this way, it was found that 65.8% of them used Instagram (n = 75), 8.8% of them used Twitter (n = 10), 19.3% of them used Facebook (n = 22) and 6.1% of them used another platform (n = 7) to engage in such behaviors.

3.3. Correlations of Relationships Between Scales

Based on the data gathered by the whole sample (N = 282), correlations between Prolonged Grief Scale, Grief and Meaning Reconstruction Inventory, Multidimensional Scale of Perceived Social Support, Unfinished Business in Bereavement Scale were assessed and findings were given. (See Table 2)

A significant positive relationship was found between the symptom severity scores obtained from the Prolonged Grief Scale and the scores obtained from the Unfinished Business in Bereavement Scale (r = .54, p < .01). Also the scores obtained from the Grief and Meaning Reconstruction Scale and Multidimensional Scale of Perceived Social Support (r = - .31, p < .01) showed significant positive correlation with each other.

On the contrary, significant negative relationships were found between the symptom severity scores of the Prolonged Grief Scale and the Multidimensional Scale of Perceived Social Support (r = - .16, p < .01), Grief and Meaning Reconstruction Scale (r = .-20, p < .01)

Table 2. *Correlations between scales*

Scales	1	2	3	4
1. PG-13	-			
2. GRMI	-.189**	-		
3. UBBS	.543**	-.053	-	
4. MSPSS	-.159**	.306**	-.077	-

Note. ** p < .001. PG-13: Prolonged Grief Scale; GRMI: Grief and Meaning Reconstruction Scale; UBBS: Unfinished Business in Bereavement Scale; Multidimensional Scale of Perceived Social Support.

3.4. Examination of The Variables That Have An Impact On The Grief Process

Variables related to the bereaved person (i.e. age and gender), variables related to the nature of the loss (i.e. expectancy and cause of death, the time elapsed since loss), variables

related to deceased and the relationship (i.e. identity of deceased, the age of the deceased, the pre-death relationship), getting professional support, variables related to the Kahramanmaraş Earthquake in Turkey (i.e. earthquake experience, loss of a loved one in the earthquake) and loss related behavior were aimed to be evaluated in terms of their contributions to the grief process. For this purpose, independent sample t-test and One Way ANOVA were conducted for categorical variables and correlation analyses were conducted for continuous variables.

In order to better understand the data obtained as a result of the research, one way ANOVA was conducted to see whether the prolonged grief symptom scores differ based on the who the lost person is. The deceased identiy groups were formed as the first degree relatives (i.e. mother, father, sibling, child, spouse), other relatives (i.e. grandparents, cousin, niece, uncle) and others (e.g. friend, student, family friend etc.). It was found that prolonged grief symptom severity scores were affected by the identity of the deceased ($F(2,279) = 15.396$, $p = .00$). Then Post Hoc Test (with Hochberg corection) was conducted since the homogeneity of variance assumption was met but the sample sizes were different from each other. The results of showed prolonged grief symptom severity scores of the ones who loss a first degree relative ($M = 30.23$, $SD = 9.63$) were higher than the scores of the ones who loss other relatives ($M = 23.46$, $SD = 8.85$). However, there were no signicant results between people loss another person and the ones loss a fist degree or another relative in terms of grief symptoms.

Based on the several independent samples t-test analyses conducted, significant differences in terms of prolonged grief symptom severity between the gender ($t(279)= 2.307$ $p=.022$), the cause of death ($t(280) = -2.594$, $p=.010$), getting professional support ($t(280) = 6.153$, $p=.000$), earthquake experience ($t(280) = 3.326$, $p = .001$) and engaging in loss related behavior in social media ($t(280) = -2.789$, $p = .006$) groups. However, expectancy of death

($t(280) = -1.666$, $p = .097$) and loss of a loved one in the earthquake $t(280) = .935$, $p = .350$) did not show any significant difference in terms of prolonged grief symptom severity.

Table 3 *Differences in Prolonged Grief Symptom Severity Scores in Terms of Demographic Variable Groups*

Groups		*N*	*M*	*SD*	*t*
Gender	Female	221	26.76	9.80	2.307*
	Male	60	23.54	8.81	
Cause of death	Natural causes	247	25.58	9.46	-2.594*
	Unnatural causes	35	30.08	10.68	
Expectancy of Death	Expected	109	24.92	10.27	-1.666
	Not expected	173	26.90	9.29	
Professional Support	Professional support taken	39	34.50	9.97	0.234**
	Professional support not taken	243	24.80	8.99	
Earthquake Experience	Earthquake experience	17	33.60	11.73	3.326**
	No earthquake experience	265	25.66	9.39	
Earthquake Dependent Loss	Earthquake-dependent loss	27	27.80	10.59	.935
	No earthquake-dependent loss	255	25.96	9.62	
Online Mourning	No loss related behavior on social media	168	24.82	9.05	-2.789*
	Loss related behavior on social media	114	28.07	10.35	

Note. * $p < .01$ ** $p \leq .001$. Based on the differences in prolonged grief symptom severity scores of the groups.

Then correlation analysis was conducted. As a result of that, positive relationships between loss related behavior frequency ($r = .26$, $p < .01$), unfinished business scores ($r = .54$, $p < .01$) and prolonged grief symptom severity were observed. On the contrary, age of deceased ($r = -.29$, $p < .01$), time elapsed since loss ($r = -.13$, $p < .05$), poor quality of the pre-loss relationship ($r = -.23$, $p < .01$), perceived social support ($r = -.16$, $p < .01$) and meaning reconstruction scores ($r = -.19$, $p < .01$) are negatively correlated with prolonged grief symptom severity. Also general media use ($r = -.04$, $p < .01$), relationship poorness, ($r = -.16$, $p < .01$), unfinished business distress ($r = -.17$, $p < .01$) show negative correlations

with age of participants. In addition, the age of the participant (r =-.17, p <.01), the age of the deceased (r = -.17, p <.01) and relationship poorness (r = -.12, p < .05) have significant negative correlations with unfinished business distress. In contrast, unfinished business distress has significant correlations with loss related behavior frequency (r = .12, p <.05) and general media use (r = .14, p < .05). Poorness of relationships variable is negatively correlated with meaning reconstruction (r =-.23, p < .01) and perceived social support (r = -.15, p < .05). Meaning reconstruction level is also positively correlated with age of deceased (r = .25, p <.01) and perceived social support (r =.31, p < .01). Non-significant values can be examined from Table 4.

Table 4. *Correlations of Variables*

Variables	1	2	3	4	5	6	7	8	9	10
1. Age of the participant	-									
2. Age of the deceased	.102	-								
3. Time elapsed since loss	.094	-.105	-							
4. Media use	-.350**	-.095	-.038	-						
5. Relationship	-.161**	-.070	-.124*	.059	-					
6. Behavior frequency	.066	-.081	-.084	.077	-.062	-				
7. UBBS	-.172**	-.167**	-.000	.142*	-.120*	.120*	-			
8. MSPSS	.016	.152*	-.043	.003	-.151*	-.026	.077	-		
9. GRMI	.011	.254**	.055	-.089	-.226**	.043	.053	.306**	-	
10. PG-13	.073	-.285**	-.126*	.051	-.229**	.256**	.543**	-.159**	-.189**	-

Note. * p < .05, ** p < .01. Media use (general media use frequency); Pre-death relationship (poorness of pre-death relationship); Behavior frequency (loss related behavior frequency); UBBS(Unfinished Business in Bereavement Scale); MSPSS (Multidimensional Scale of Perceived Social Support); GRMI (Grief and Meaning Reconstruction Scale); PG-13 (Prolonged Grief Scale)

To sum up, cause of death, professional support, earthquake experience and online mourning; loss-related behavior frequency and relationship quality before loss, age of deceased and time elapsed since loss; the identity of the deceased were found as important variables in terms of prolonged grief symptom severity.

3.5. Examining the Role of Loss Related Behaviors in Social Media in Terms of Prolonged Grief Symptom Severity

Multivariate hierarchical regression analysis was conducted to test whether the changes in the level of meaning reconstruction, perceived social support, unfinished business, and frequency of showing loss related behaviors on social media are expected to predict prolonged grief symptom severity when the variables of time since loss, gender, and earthquake experience are controlled.

Before the hierarchical regression analysis, regression analysis assumptions were tested. The multicollinearity condition, which is one of the important assumptions of regression analysis, was examined by looking at tolerance and variance increase factor (VIF) values. In regression analysis, the tolerance value is expected to be greater than .20 and the variance increase factor (VIF) value is expected to be less than 10 (Field, 2009). Tolerance for regression equality values are greater than the specified value. In addition, VIF values were found to be less than 10. In this context, it is concluded that there is no multicollinearity problem and the condition is met. In addition, Durbin Watson value was found to be 1.93. This value between 1 and 3 is considered acceptable (Field, 2009). Therefore, all the assumptions were met to conduct a multivariate regression analysis.

Variables were analyzed in 3 blocks using the "enter" method. Initially it was planned to control the effect of the time elapsed since the loss, gender and the earthquake experience (because of the possible effects of Kahramanmaraş earthquake occurred close to the time of the research). Therefore the effect of these demographic variables were analyzed in the first block. Then, variables known to be important for prolonged grief such as unfinished business, perceived social support and meaning reconstruction were analyzed in the second block. Finally, the frequency of engaging loss related behavior on social media analyzed in

the last block. In addition, prolonged grief symptom severity was taken as the criterion variable.

According to the results of the Hierarchical Regression Analysis conducted using the collected data, the overall model was found significant in terms of explaining 39 % of the variance in the Prolonged Grief Scale scores (R^2 = .39, ΔR^2= .03, F (7, 274) = 24.982 p < .001). The first block consisting the variables gender, time elapsed since loss and earthquake experience found significant in terms of explaining 7 % of the variance in the Prolonged Grief Scale scores (R^2 = .07, ΔR^2= .07, F (3, 278) = 6.437 p < .001). Also the block consisting the variables Unfinished Business, meaning reconstruction and perceived social support found also significant in terms of explaining 36 % of the variance in the Prolonged Grief Scale scores (R^2 = .36, ΔR^2= .29, F (6, 275) = 25.714, p < .001).

Unfinished business scores (β = .49, p < .001), meaning restructuring scores (β = -.15, p < .05), time elapsed since the loss (β = -.11, p < .05), earthquake experience (β = -.10, p < .05) and behavior frequency (β = .18, p < .001) significantly predict prolonged grief symptom severity. In contrast, perceived social support (β = -.08, p = .10) and gender (β = -.07, p = .14) were not evaluated as significant predictors of prolonged grief symptom severity .

Table 5. *Hierarchical Regression Results for Prolonged Grief Symptom Severity*

Variable	*β*	*p*	CI (%95)	
			Lower Bound	Upper Bound
Step 1				
Time elapsed since loss	-.11*	.023	-.04	-.00
Earthquake experience	-.10*	.046	-7.78	-.08
Gender	-.07	.143	-3.78	.55
Step 2				
Meaning reconstruction	-.15*	.004	-.19	-.04
Unfinished businesses	.49**	.000	.61	.91
Perceived social support	-.08	.097	-.12	.01
Step 3				
Behavior Frequency	.18**	.000	.63	2.09

Note. * $p < .05$, ** $p < .001$.Behavior Frequency: The frequency of engaging in loss related behavior on social media, β: Standardized Coefficients Beta, CI %95: Confidence Intervals.

In the three-stage model of hierarchical regression conducted, the effect of time elapsed since loss, gender and earthquake experience were controlled. In addition, the variance explained by the block containing meaning reconstruction, unfinished work and social support variables was also included. Over the variance explained by all these variables, it was seen that the frequency of showing loss related behavior on social media was still explaining significant variance in prolonged grief symptom severity.

3.6. Examination of Variables Predicting Loss Related Behaviors in Social Media

Multiple Logistic Regression Analysis was conducted to examine the variables predicting loss-focused behavior on social media ($N = 282$). The presence or absence of loss-focused behavior on social media was assigned to the analysis as a categorical predictor

variable. In addition, the cause of death, expectancy of loss, whether or professional (psychological/psychiatric) support was included in the analysis as predictor variables. As categorical variables, natural causes in the *cause of death* variable, being expected in the *expectancy* variable, and those who received support in the *professional support* variable were taken as reference variables.

Table 6. *Variables Predicting Loss Related Behaviors in Social Media*

Variables	β	SE	Wald	Exp (B)	95% CI	
					Lower	Upper
Professional support	1.14	.36	10.02	3.13*	1.55	6.36
Cause of death	-.15	.38	.16	.86	.41	1.82
Expectancy	.25	.26	.91	.60	.77	2.13

Note. *$p <$ .01 β: Standardized Coefficients Beta, CI %95: Confidence Intervals

The Multiple Logistic Regression Model conducted to examine the variables predicting the engegament in loss related behavior on social media was found to be significant ($X^2(3) = 11.29, p < .01$). 5 % of the variance of engaging in loss related bbehavior was predicted by the variables in the model (*Nagelkerke* $R^2 = .05$). Professional support was found to be the only significant predictor of engaging in loss-related behavior on social media. The condition that the person receiving professional (psychological/psychiatric) support for the loss increased the probability of engaging in the behavior 3.13 times. (See Table 6).

4. DISCUSSION

Within the scope of this research discussion was held in two phases. First, the factors predicting loss related behaviors, the role of loss related behaviors on social media, meaning reconstruction, unfinished business, and perceived social support in explaining prolonged grief symptom severity and exploratory analyses were examined. The results were discussed in line with the literature. Then, the loss related behaviors displayed on social media which were identified in the pilot study and asked in the demographic form were discussed in the light of the literature

4.1. Examination of Predictors of Loss Related Behaviors on Social Media

Logistic regression analysis was conducted to determine the predictors of loss related behavior on social media. As a result of the analyses, it was found receiving psychological support significantly predicted engaging in loss-focused behavior on social media.

In the current study, participants who had received or have been receiving professional support were found to be more likely to show loss-related behavior on social media. When the result was elaborated with the exploratory analysis, it was seen that prolonged grief symptom severity was higher in the groups that people do not receive professional support and engage in loss-related behavior in social media. With the contribution of these knowledge, this finding can be interpreted as a consequence of mourners' effort to cope with their loss. People seemed to restort to various, adaptive or maladaptive, ways (Galazter-Levy et al., 2018; Meichenbaum & Myers, 2016) like seeking therapy (Iglewicz et al., 2019; Shear et al., 2017) or mourning online when they suffer great levels of sorrow and preoccupied with loss (Parkes, 1965) as the literature specified.

According to the results of the current study cause of death and expectedness did not predict engaging in loss-related behavior. Although the variables mentioned above are known to be related to grief, studies revealing their importance on the basis of showing loss-related behavior on social media are very limited and generally qualitative (DeGroot, 2014; Moore, 2017; Pennington, 2013; Willis & Ferrucci, 2017). The exploratory nature of the current study and the paucity of literature make it difficult to draw a conclusion. In addition, one of the reasons for the results obtained may be the lack of a large and diverse sample to see significant change. In addition, loss-related social media use may not be that common in Turkey as it is in Western countries. The lack of research on this topic in Turkey may also indicate that the use of social media for this purpose is at a low level that is not yet recognized by the masses.

4.2. Examination of Predictors of Prolonged Grief Symptom Severity: Unique Effect of Engaging in Loss Related Behaviors of Social Media

Hierarchical regression was performed to examine the effect of the frequency of showing loss related behavior on social media on prolonged grief symptom severity. In the first block time since the loss, gender and earthquake experience; in the second block, meaning reconstruction, unfinished business in bereavement and perceived social support; and in the third block, frequency of behavior loss related behavior on online platforms were analyzed. The whole model and the contribution of all blocks individually to the model were significant. In addition, when the effect of the first two blocks was controlled, it was observed that the effect of loss related behavior on social media kept predicting prolonged grief symptom severity. When the effect of all variables was examined one by one based on the whole model, it was observed that only the effects of gender and perceived social support were not found significant.

According to the results of the current study, it was found that the increase in the level of meaning reconstruction predicted lower prolonged grief symptom severity. This result was consistent with the literature (Gillies et al., 2014; Işıklı et al., 2022). Coleman and Neimeyer (2010) revealed that failure in meaning making is a strong predictor of prolonged grief. Some other studies suggest that the restoration of the meaning world is important for a healthy grief (Gillies & Neimeyer, 2006; Park, 2010). Holland and colleagues (2006) showed that sense-making is the best predictor of adjustment after loss. DeGroot (2012) pointed out that social media serves as a context which lets mourners make meaning of death by communicating with the deceased. In the light of current findings and former research, it was thought that high meaning reconstruction had an important protective role against experiencing elongated and severe grief symptoms.

Also the finding about the effect of unfinished business on prolonged grief symptom severity was in convenience with the literature (Field & Horowitz; Klingspon et al., 2015; 1998; Holland et al., 2020). The results show that the high intensity of the distress based on unfinished business in bereavement predicts more severe prolonged grief symptoms. In the study held by Keser and colleagues (2022) to indicate the role of bereavement related guilt, increased levels of unfinished business points out higher levels of prolonged grief symptoms and bereavement related guilt mediates the relationship between them. Another study which was carried out with parents who lost their children to cancer stated that greater levels of prolonged grief symptom severity was associated with higher distress based on unfinished business (Lichtenthal et a., 2020). In this respect, intensity of unfulfilled wishes (i.e. missed opportunities, incomplete experiences and unspoken words) and the unresolved conflict (i.e. disagreements and anger) can be evaluated as a risk factor for experiencing a chronic and harder version of grief symptoms.

Current study indicated that longer time since loss predicts decreased prolonged grief symptom severity. While this finding is supported with evidence from some studies (He et al., 2014; Keser, 2019) there are also research reports showing no effect of time criteria on symptom severity (Boelen et al., 2019; Gegieckaite & Kazlauskas, 2020; Milman et al., 2019; Prigerson et al., 2002; Spooren et al., 2001). In this regard, as time goes by, bereaved people are expected to work on their unfinished business to transform their relationship with the deceased in a more positive state (Malkinson, 2007; Worden, 1991); try to make meaning of the death and reconstruct their old meaning world (Gillies et al., 2015); be less preoccupied with the deceased; ensure consistency between internal and external world (Bowlby, 1980; Field, 2006); and regain their functionality (Prigerson et al., 2009). In other words, symptom severity is expected to decrease over time as people work through their grief.

No significant effect of perceived social support was observed. In the literature, there are studies showing that social support is a protective factor against prolonged grief symptom severity (Kamm & Vandenberg, 2001; Kreicbergs et al., 2007; Stroebe et al., 2005; Riley et al., 2007; Vanderwerker & Prigerson, 2004). On the other hand, some studies, similar to the results of this study, suggest that social support has no effect on symptom severity (Cesur, 2012). In this respect, the results of the study are consistent with one part of the literature and contradict the other part. Considering that the sample consists of people who have been bereaved for at least one year, it is possible that support decreased over time and the support that was received in the past perceived to be lower than before. This may be the reason for the result of the current study.

Within the scope of the study, it was controlled whether experiencing the Kahramanmaraş Earthquake has an impact on the model since the data was started to carry out one and a half month after the disaster since literature claims that experiencing a

traumatic event can worsen grief symptoms and that traumas often involve loss (Green, 2000; Vromans et al., 2020). According to the results of the study, experiencing the disaster was found significant in terms of its effect on grief severity. However, contrary to the related literature, being exposed to the earthquake seemed to have a decreasing effect. The first explanation that comes to mind is that people may be experiencing post-traumatic growth (Calhoun & Tedeschi, 2014; Tedeschi & Calhoun, 1998) and gratitude for having survived the threat to their own lives. Also they may have put a loss that occurred over a year ago on the background and/or changed their perception about the loss. Yet, since the number of people exposed to the earthquake was a very small portion of the sample, it is difficult to make a robust assessment from the finding.

According to the results, greater frequency of engaging in loss related behaviors on social media predicted increased levels of prolonged grief symptom severity. The outcome is especially critical since the topic of online grief is a new area open for discovery. The studies on the subject are quite few and limited, mostly qualitative studies. Also the degree to which bereaved people engage in behavior and its effects has been a subject that has remained obscure (Varga & Varga, 2021) and no sources were found in the literature to discuss the compatibility of this finding. However, it is possible to make a theoretical discussion. The dual process model (Stroebe and Schut, 1999) refers to the oscillation of the bereaved between two different stressor groups (loss orientation and restoration orientation) following the loss. Loss orientation involves the end of expectations and desires for the deceased, intense emotions arising from the reality of loss and a review of the pre-death relationship; restoration orientation involves adaptation to daily life, new roles and re-adaptation to life. Experiencing only one or predominantly one of these orientations prevents a healthy and balanced grief process. Instead, the existence of a balanced oscillation is required. However, in cases where the person follows dominantly a loss related path, the

person may experience loss of functionality and may be buried in severe feelings of loss. Features similar to loss-oriented stressors such as cognitive states like preoccupation with loss and rumination (Bowlby, 1980; Freud, 1917; Shear et al., 2011; Prigerson et al., 2009), emotions like sadness, anxiety, anger, and guilt (Bonanno et al., 2007; Bowlby, 1980; Freud, 1917; Klein, 1940; Shear et al., 2011) and meaninglessness (Gillies et al., 2015; Horowitz, 1984; 1997; Prigerson et al., 2009) can be seen in the models of various theorists and have adverse effects. Additionally, one of the issues to be discussed may be that social media can cause confusion about the existence of the dead (Gibson, 2007) and this feature, which resembles ambiguous grief, may open the door to negative grief outcomes (Boss, 1999, 2004, 2007). The tendency to keep the person alive forever, the emphasis on more restoration-oriented stressors and attitudes towards extreme loss avoidance (i.e. denial) may negatively affect the grief process (Stroebe & Schut, 2010) because there is no goodbye.

4.3. Examination of Variables Associated To Grief Process

This study was an exploratory study on mourning on social media and there are very few similar quantitative studies in the literature. For this reason, some additional analyses conducted to support the interpretation of the outcomes were shared below.

4.3.1. Assessing the outcomes of correlation analyses

The study showed that higher frequency of engagement in loss related behaviors on social media was associated with more severe prolonged grief symptoms. No study was found to evaluate this outcome. However, it is possible to discuss it on theoretical grounds. When someone close to you dies, people are shaken by the immense pain caused by separation (Bowlby, 1980) and even though the object is gone forever, accepting the fact and adapting to the world in the absence of the loved one takes time. Because one does not

voluntarily give up attachment to significant objects and when loss occurs, in order to avoid the pain of loss, one may tend to abandon reality rather than abandon the object (Freud, 1917). The mental representation of the loved one on the one hand and the absence of the object in the physical environment on the other (Lipson, 1963). The person may continue to search and yearn for the deceased in the outside world (Prigerson et al., 2009), keep the psychic double alive in their internal world (Volkan & Zintl, 2018), or be busy with some linking object that will keep their relationship with the deceased warm **(**Volkan 2007; Volkan & Zintl, 2018). In short, the person's mind is still preoccupied with the person. From a more cognitive approach, we see that Stroebe and Schut's (1995) Dual Process Model mentions two processes: "loss-oriented" and "restoration-oriented". It is argued that for a healthy grief process, a balanced oscillation between these two orientations should take place. In cases where one side is overloaded, a chronic and heavy grief experience may be in question. From this point of view, it seems meaningful that the symptom severity of prolonged grief is higher in people who frequently display a certain behavior pattern on social media.

It was seen that as the intensity of the distress of unfinished business increases, the symptom severity of prolonged grief also increases. This finding seems like a confirmation of the studies remarking the positive correlation between prolonged grief symptom severity and unfinished business (Holland et al., 2014; Holland et al., 2020; Keser et al., 2022; Klingspon et al., 2015; Torges et al., 2008). The study also showed that being younger, losing someone younger, and having a better pre-loss relationship are associated with higher rates of unfinished business distress.

According to the study, when someone younger dies, the level of meaning reconstruction in grief decreases. This was an expected outcome since it was known that loss of a younger person can shutter the assumption of the survivors due to the distortion of

sequential perception of death (Janoff-Bulman, 1992). Therefore, the bereaved person perceives the loss as unexpected and has difficulty in making sense of the loss (Boelen, 2006; Currier et al.., 2006). This result also showed consistency with the studies which revealed that higher meaning reconstruction is associated with older age of significant others. (Gillies at al., 2014; Keser, 2019).

The currenct study showed that as social support decreases, the symptoms of grief become more severe. This result is supported with many models and research from the literature (Cohen & Hoberman, 1983; Riley et al., 2007; Stroebe et al., 2005). However, in this study perceived social support was not predicting the grief outcome. This can be because the retrospective evaluation of the data may have created a confounding effect. Because at least one year has passed since the loss of the participants. Therefore, could be is expected that there would be a decrease in their support for their losses. It was thought that the social support that decreased over this period of time did not have a strong enough effect to predict prolonged grief disorder, but it may explain its significance in the less sensitive correlation analysis (Tabachnick & Fidell, 2014). In addition, perceived social support neither predicted loss related behavior on social media nor was found to be related to the frequency of the behavior in this study. This is a surprising result because former research mentions the importance of seeking and finding social support through the channels that technology provided to mourners (Moore et al., 2017; Moss, 2004; Swartwood et al., 2011; Vanderwerker & Prigerson, 2004; Varga & Varga, 2021). Although, there are some findings which are in line with the present study as they claim that social media do little in terms of social connection (Kern et al., 2013; Williams and Merten; 2009). In addition, grief studies are highly influenced by culture. Therefore, there is a possibility that mourning on social media can be a disapproved loss reaction (Doka, 2002). Such factors can reduce the positive effects of social support (Lepore & Helgelson, 1998; Juth et al., 2015).Another reason can

be that people cannot always find support easily due to others' discomfort in discussions about death (Bergene, 2013). Besides, time since loss can be an additional confounding factor.

4.3.2. Assessing the group differences

According to the outcomes of the current study, significant differences were observed between *gender, cause of death, professional support, earthquake experience* and *loss-related behavior on social media* groups in terms of prolonged grief symptom severity scores.

The results found are consistent with the literature which says females (Burke ve Neimeyer, 2013; Yi et al., 2018), the ones who felt need to take professional support (Shear et al., 2017), the ones experienced a traumatic event (Lobb et al., 2010) suffers a more chronic and severe kind of grief. In contrast, no significant difference was found in terms of prolonged grief symptom severity for the variable of *expectancy of death* and *losing a loved one in the earthquake*. These results were unexpected since literature was stating that exposing to an unexpected loss (Cesur, 2012; Kaltman & Bonanno, 2003; Killikelly et al., 2019; Stroebe & Schut 2005) and multiple loss experience are related to increase in grief severity (Lobb et al., 2010). However, those who lost a loved one in the earthquake constitutes a very small portion of the sample. Therefore, the insignificant result of earthquake loss may be related to the small size of the sample in the group. The insignificant effect of this variable also protected the current study from the possibility of a confounding variable.

Also, it was found that prolonged grief symptom severity scores differ significantly depending on the identity of the deceased. In general, it was observed that the loss of a first degree relative (i.e.parent, sibling, child, and spouse) had a greater impact on experiencing

prolonged grief symptom severity than the loss of another relative (i.e. grandparent, aunt, niece, cousin). Research confirms that loss of a relative, especially first degree relatives like parents (Servaty-Seib & Pistole, 2007), siblings (Herberman Mash et al., 2013) or spouses (Bonanno et al., 2005; Burke & Neimeyer, 2013; Prigerson et al., 2002) are important risk factors to prolonged grief. In studies conducted with people who have lost a first-degree relative, it was seen that the incidence of prolonged grief was quite high (Heeke et al., 2017; Morina et al., 2011; Tsai et al., 2016; Schaal et al., 2009). However, death of a another relative, especially an older one like a grandparent is somewhat more expected (Stroebe et al., 2012). However, loss of another person (e.g. friend, student, family friend etc.) was not show significant difference than the other two groups. This could be a cause of small sapmle size of the ones who lost a non-relative person. Therefore, it can be said that the loss of a first degree family member generally contributes to a more severe and elongated course of grief compared to loss of other relatives.

4.4. Characteristics of Grieving on Online Platforms

In the 21st century, the way of experiencing death of a loved one has revolutionized (Anderson, 2017) and with it, the ways of coping have changed (Perrin & Duggan, 2015). Showing loss-related behaviors on social media is important in terms of moving grief to a new context. In relation, a pilot study was conducted to determine how this behavioral dimension was displayed on social media. In the light of the information obtained from the pilot study, the categories determined were given in the demographic form. Both the findings of literature and the pilot study were compatible with the characteristics of the current study in terms of showing loss-related behaviors on social media (Anderson et al., 2012; Falconer et al., 2011; Pennington, 2013; Rossetto, 2014).

Although online grief has become a widespread phenomenon, those who show these behaviors are only a minority of the sample of this study. It was observed that the majority of the participants engaged in these behaviors when the loss first occurred, on special occasions or for no reason (whenever it is needed). In addition, frequency of showing behaviors were announcing the loss on social media, sharing photographs of the deceased, writing about loss, communicating with acquaintances, looking at the profile of the deceased, communicating with strangers, writing under the posts of the deceased or sending direct messages to the deceased, respectively. The findings of studies that show how often and in what situations behaviors are performed in the world were similar with the ones of the current study (Varga & Varga, 2021; Ware, 2016).

When these behaviors were examined, several conclusions were drawn. In the digital age, online platforms become a new context of *announcing death.* People use social media for informing the close ones of the deceased. Also they share the fact that they are experiencing a loss. Such call can provide a space for the bereaved person to receive social support from the environment by functioning as traditional rituals such as making an announcement in the newspaper and reading the sala in mosques (Balk & Varga, 2017; Goldschmidt, 2013; Romanoff & Terenzio, 1998; Varga & Varga, 2021; Zupanick, 1991).

It was revealed that people *communicated with acquaintances or strangers*. Both the pilot study and the literature remarked that mourners can think they are not alone as they see others grieving (Rossetto et al., 2014). A study indicated that social media enables people experiencing similar emotions to share their grief (Carrol & Landry, 2010). In this sense social media platforms can be thought of as a new context for funeral ceremonies or funeral houses which are not stuck in physical boundaries and can bring all your sources of support close to you (Jones, 2004). In accordance with the function of traditional death rituals (Aksoz-Efe et al., 2018), online mourners can make their grief visible (Carrol & Landry,

2010) and try to find meaning by sharing their feelings and thoughts in the presence of others (Jones, 2004).

Also it was seen that social media platforms can serve as a place which help people honor the deceased by sharing their photos and writing about them, help them to *memorialize* the deceased and carry out rituals related to loss. In situations where people feel that there are things left unsaid and undone (Holland et al., 2014), they can resort to writing and sharing photos online. Thus social media enables mourners partial control in the grief process as they can express themselves and their feelings (e.g. guilt, regrets, longing and etc.) in a personalized manner (Anderson et al., 2012; Oberoi & Kakar, 2016). It was seen that sometimes they acted as if they were talking to the deceased. This finding also showed similarity with what literature suggested (Goldschmidt, 2013; Walter et al., 2012) and brings to mind the notions of both unfinished business and continuing bonds in line with former studies (Rossetto, 2014; Lipp & O'Brien, 2022). However, due to the exploratory nature of the study, only the aspect of unfinished business was examined. Since continuing bonds is a phenomenon with many deep dimensions, it is only used to explain its role in terms of the unfinished business (Field, 2006; Klingspon et al., 2015; Root & Exline, 2014).

In addition, *"visiting"* the deceased by going to their profiles, looking at their photos which look very much alive, reading their old posts, commenting below their posts and sending messages to them are also behaviors shown by mourners. Some participants even stated that they felt as if their loved one would respond to them. Such tendencies were evaluated as one's longing, desire for reunion and search for the lost object in the external world (DeGroot, 2012; Shear et al., 2011). There is also a situation where they are subjected to a reality test (Freud, 1917; Klein, 1935). From this perspective, the existing profile or photos on social media platforms can be considered as linking objects, which are a kind of transitional objects (Winnicott, 1958) as transitional objects stand between the person and

his environment and gives a sense of controllability over the object and the environment. Linking objects allows a relationship to be established with the deceased in the external world as it feels as if the object contains a part of the deceased and keeps the relationship warm (Volkan, 2007; Volkan & Zintl, 2018). In relation to that, Volkan (2007) claimed that if pain and distress of mourning externalized to an object, it can remain unresolved.

When these behaviors are considered in general, "reality testing" seems as a phenomenon that should not be overlooked for online grief. Both Freud and Klein emphasized its importance in the context of loss. In Freud's (1917) idea, reality testing proves that the loved object no longer exists and demands the withdrawal of the libido from its attachments to this object. Klein (1935) agreed with Freud and emphasized that denial of reality can be observed in the case of manic defenses against an experience of loss. In Klein's (1940) perspective, reality testing increases when reparative tendencies are higher. In a deeper sense, reparation is based on the acceptance of psychic reality, the experience of the pain caused by reality and the appropriate action to alleviate this pain, both in imagination and in reality. However, his attempts to repair the object fail again and again when the object is dead. Thus, adjustment to the reality in relation to the absence of the loved one is expected as one is repeatedly subjected to reality testing. Thus one can gradually give up on their behaviors as they realize that they cannot expect anything from the dead and that their actions will not be reciprocated. In other words, the mourner must come to terms with the fact that death and the damage done cannot be reversed (Segal, 1973).

4.5. Limitations and Recommendations for Future Studies

The limitations of the current study can be listed as the fact that the measurements were taken through self-report, the number of participants who engaged in loss related behaviors and those who did not was not equal, the proportions of the participants of the

behavior frequency categories were not at an equal level, female participants constituted the majority of the sample, the number of participants who experienced loss due to unnatural reasons was low. In addition, the inhomogeneity in the distribution of the participants in terms of the identity of the people they lost is also among the limitations. Risks such as the self-report type of instruments used in the study and the possibility of being exposed to the effect of the participant's emotional state at the time of filling in the scale and retrospective memory biases in the measurements can be mentioned as confounding effects may be in question. All these situations pose a risk for the replicability of the research. Also it is not possible to make causal inferences due to the methodology used. Conducting longitudinal studies on the subject of the current study are recommended in the future, especially due to the very limited number of studies.

In the present study, the PG-13 scale, which originally had a duration criterion of at least 6 months, was used with a criterion of 12 months. The duration criterion applied in the study was determined according to DSM-V-TR. There are also other studies using the scale with different duration criteria (Pohlkamp et al., 2018; Yeniada Kırseven, 2022). However, it may be necessary to take this use into consideration in terms of the replicability of the study.

It is important for future research to eliminate the factors that may cause problems with the reproducibility of this research. Along with the use of the internet and social media, the rate and form of grief-based use of these platforms is increasing day by day. For these reasons, it is thought that it would be useful to conduct future research that deals with the experience of loss on social media in a more specialized way.

Within the scope of this study, it was determined which behaviors were shown, but it was handled more generally. Results specific to certain behaviors could not be addressed.

For this reason, it is thought that it may be useful to examine behavior-specific outcomes in future research.

4.6. Clinical Implications

The current study and past studies show that bereaved people use social media as a tool to cope with their loss. The current study draws attention to the role of meaning reconstruction and unfinished business in coping with grief. Considering the behaviors shown by mourners on social media, it can be thought that they are similar to some of the grief therapies and practices that are currently being implemented. Some of these include meaning reconstruction-based grief therapy developed by Neimeyer (2001), attachment-based grief therapy by Shear (2005, 2006), and Interapy, first introduced by Lange and colleagues (2000) and then developed by Wagner and colleagues (2005). Interapy in particular is quite similar to online grieving in that it is an internet-based approach without face-to-face interaction with the therapist. Considering the version developed by Wagner and colleagues (2005), there are written application tasks and three stages. The therapist provides feedback and process information via e-mail on the tasks fulfilled. Since the therapy journey of the sample is not known (e.g. duration of therapy, whether it is ongoing or finished) and it is a small group receiving therapy, it seems inconvenient to attribute the severity of grief to the ineffectiveness of therapy. Because therapy practices have been proven to be effective in the treatment of prolonged grief by various studies. Instead, it seems more plausible to consider the coping efforts of people who need therapy because of their losses and who use social media for the same reason. In this way, it is valuable for people who come to therapy to work on their grief in the presence of an expert.

According to the findings, focusing on the forms and characteristics of grief-related activities on social media can also provide important clues in therapy in terms of

understanding how the person experiences loss and such contribution can help the process. Therefore, the role of the internet in grief should not be overlooked when grief is on the agenda of therapy. The answers to questions like why the person uses social media to cope with their loss, are their sources of support functional, are they able to reconstruct meaning, do they have unfinished business related to their loss, have they been able to say goodbye to the deceased and accept death and how often do they use social media related to their mental preoccupation with their loss should be addressed. Thus, support can be given in therapy to fulfill the things that need to be done in grief work as much as possible in order to experience grief in a healthier way.

5. CONCLUSION

Grief is a phenomenon as old as humanity and the loss of a close person can cause great sorrow. As they try to cope with this pain, they experience a process that is influenced by various rituals and rules within the culture they live in. While grieving, people may struggle with unfinished business caused by their loss; they may try to make sense of their loss, find meaning, and rebuild their identity in the light of the loss; they may seek support from their community and offer support to other mourners. These traditional rituals and rules surrounding the bereaved person and the support they receive, their ability to reconstruct meaning and their level of coping with unfinished business are often brought up together.

With the development of technology and social media becoming a big part of life, social media platforms have provided a new context for experiencing grief. Some platforms have even developed procedures for dealing with loss. For example, if you report the death of a loved one on Facebook, the person's profile becomes a memorial. In the digital age, where social media has become so available for mourning, people can engage in loss-related behaviors on special occasions, immediately after the loss or at any time. The study showed that Instagram, Facebook and Twitter were the leading platforms for experiencing grief. In addition, this study also shows that people show a wide range of behaviors such as making death announcements, sharing photos, writing, communicating with acquaintances, communicating with strangers, looking at the profile of the deceased, commenting on the posts of the deceased and sending messages to the deceased.

Within the scope of the study, the effects and roles of factors such as meaning reconstruction, unfinished business, social support and the frequency of behavior towards loss in social media on the symptoms of prolonged grief, as well as which factors determine mourning in social media, were examined. When the frequency of showing the defined

behaviors was evaluated, it was seen that the intensity of the loss related behaviors of the people was important in terms of showing prolonged grief symptoms. Although it is not possible to talk about any causality due to the nature of the study, it is revealed that people who frequently display loss related behaviors on social media experience more chronic and severe symptoms during their grieving process. In addition it is indicated that while meaning reconstruction is a protective factor against adverse grief outcomes, struggling with unfinished business carries the risk of experiencing an elongated and severe grief. Moreover, it has been revealed getting professional support predicts grieving over social media.

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APPENDICES

APPENDIX 1: INFORMED CONSENT FORM

Sayın Katılımcı, Bu araştırma, Başkent Üniversitesi Klinik Psikoloji Yüksek Lisans öğrencisi Psk. İlayda Kaya'nın Dr. Öğr. Üyesi Tuğba Uyar Suiçmez danışmanlığında yürüttüğü yüksek lisans tez çalışmasının bir parçasıdır. Çalışmanın amacı, çevrimiçi platformlarda yas deneyiminin ve bu deneyime ilişkin çeşitli faktörlerin incelenmesidir.

Araştırmaya katılabilmeniz için
- 18 yaş ve üzeri olma
- En az 12 ay önce bir yakını kaybetmiş olma

şartları aranmaktadır.

Çalışmaya katılım, gönüllülük esasına dayalıdır. Araştırma, genel olarak kişisel rahatsızlık verecek soruları içermemektedir ancak çalışmaya katıldıktan sonra herhangi bir nedenden ötürü kendinizi rahatsız hissederseniz gerekçe göstermeden çalışmayı yarıda bırakabilirsiniz. Çalışmada sizden kimliğinizi belirleyecek herhangi bir bilgi istenmeyecektir. Vereceğiniz bilgiler tamamen gizli tutulacaktır. Elde edilen veriler bireysel olarak değil, toplu analizlerle incelenecek ve yalnızca bilimsel amaçlarla kullanılacaktır. Araştırma sonuçlarından sağlıklı ve anlamlı bilgiler edinilebilmesi için soruların samimi ve eksiksiz bir biçimde doldurulması oldukça önemlidir.

Çalışma hakkında daha fazla bilgi almak için araştırmayı yürüten Psk. İlayda Kaya ile iletişime geçebilirsiniz. (E posta:).

Bu çalışmaya tamamen gönüllü olarak katılıyorum ve istediğim zaman yarıda bırakabileceğimi biliyorum. Verdiğim bilgilerin bilimsel amaçlı kullanılmasını kabul ediyorum.

APPENDIX 2: DEMOGRAPHIC FORM

1)Doğum yılınız: ……

2) Cinsiyetiniz:
Erkek Kadın Diğer

3) Eğitim durumunuz (Son aldığınız diplomaya göre):
Okur-yazar değil
İlkokul mezunu
Ortaokul mezunu
Lise mezunu
Üniversite öğrencisi
Üniversite mezunu
Lisansüstü öğrenci
Lisansüstü mezunu

4) Aylık ortalama gelir düzeyiniz:....

5) Kaybettiğiniz kişi ile yakınlık derecenizi belirtiniz ve bundan sonraki soruları buna göre cevaplayınız.

6) (Kaybettiğiniz birden fazla kişi olduysa kaybının sizi en çok etkilediğini düşündüğünüz kişiyi seçiniz).
Anne
Baba
Kardeş
Eş
Sevgili
Arkadaş
Büyükanne
Büyükbaba
Diğer: …….

** Seçeneklerden hiçbirini işaretlemediyseniz, soruları yanıtlamaya devam etmeyiniz. (Online formda teşekkür ederek oturum otomatik sonlandırılır*

7) Kaybettiğiniz kişinin yaşı: ……

8) Ölümün üzerinden geçen süre (ay cinsinden belirtiniz): ……..

9) Kaybettiğiniz kişinin ölüm nedeni nedir?
Kronik hastalık
Ani ölümle sonuçlanan hastalık
Kaza
Cinayet
İntihar
Doğal afet

İnsan eliyle gerçekleşen (terör vb.) felaket
Diğer (Belirtiniz): ……

10) Bu kişinin ölümü sizin için beklendik miydi?
Evet
Hayır

11) Kaybettiğiniz kişi ile kayıptan önceki ilişkiniz nasıldı?
Çok iyi
İyi
Kötü
Çok kötü

12) Kaybınız üzerine psikolojik/psikiyatrik bir destek aldınız mı/alıyor musunuz?
Evet
Hayır

13) 6 Şubat 2023'te gerçekleşen Kahramanmaraş merkezli depremi doğrudan yaşadınız mı?
Evet
Hayır

14) 6 Şubat 2023'te gerçekleşen Kahramanmaraş merkezli depremde yakın kaybınız oldu mu?
Evet
Hayır

15)Sosyal medya kullanıyor musunuz?
Evet
Hayır

**Hayır cevabını verdiyseniz geriye kalan soruları cevaplamayınız. (Online formda teşekkür ederek oturum otomatik sonlandırılır)*

16)Bir gün içerisinde ne kadar sosyal medya kullanıyorsunuz?
1 saat veya daha az
2-4 saat
5-7 saat
8 saat veya daha fazla

17) Sosyal medyayı genelde ne için kullanıyorsunuz?
Yeni arkadaş edinmek
İletişim kurmak
Gündemi takip etmek
Bilgiye erişmek
Alışveriş yapmak
Sosyal etkinlikleri takip etmek

18) Instagram, Twitter, Facebook vb. platformlarından birini ve birkaçını yukarda belirttiğiniz kayıpla ilişkili olarak kullandınız mı?

(ÖRNEĞİN: Kaybı duyurmak, kaybedilen kişinin fotoğrafını paylaşmak, kayba dair yazı yazmak, kaybedilen kişi ile ortak tanıdıklarınızla iletişime geçmek, tanıdığınız veya tanımadığınız kişiler ile kaybınız üzerine konuşmak, kaybettiğiniz kişinin gönderisinin altına yorum yazmak veya mesaj göndermek vb.)
Evet
Hayır

19)Sosyal medya platformlarında yukarda belirttiğiniz kayıpla ilişkili olarak aşağıdaki davranışlardan hangilerini yaptınız? (Birden fazla seçenek işaretleyebilirsiniz)

Fotoğraf paylaşmak
Yazı yazmak.
Tanıdıklar ile iletişime geçmek (yorumlar veya direkt mesaj aracılığıyla konuşmak)
Kendi yakınlarınız Kaybettiğiniz kişi ile ortak tanıdıklarınız
Tanımadığınız kişiler ile iletişime geçmek (yorumlar veya direkt mesaj aracılığıyla)
Kaybedilen kişinin profiline girip eski gönderilerine bakmak.
Kaybedilen kişinin gönderisinin altına yazı yazmak veya kişiye mesaj atmak.
Diğer:……

20) Bir önceki soruda belirtmiş olduğunuz davranışları hangi platform veya platformlar üzerinden gerçekleştirdiniz?
Instagram
Twitter
Facebook
Snapchat
Tumblr
Diğer

21) Belirtmiş olduğunuz davranışları en sık ne zaman gerçekleştirdiniz? (Birden fazla seçenek işaretleyebilirsiniz)
İlk kayıp yaşandığında kaybı duyurma
Özel günlerde (doğum günü, yıl dönümü vb.)
Belirli bir sebebe bağlı olmaksızın/ herhangi bir zaman

22)Belirtmiş olduğunuz davranışları hangi sıklıkla gerçekleştirdiniz?
Nadiren
Bazen
Sıklıkla

APPENDIX 3: PROLONGED GRIEF DISORDER SCALE (PG-13)

BÖLÜM 1

AÇIKLAMA: LÜTFEN AŞAĞIDAKİ HER BİR MADDE İÇİN SİZE EN UYGUN OLAN SEÇENEĞİ İŞARETLEYİNİZ.

1.Geçtiğimiz ay içerisinde, ölen yakınınızın özlemini ve hasretini ne sıklıkla duydunuz?

( ) Hiç

( ) En az bir kere

( ) En az haftada bir kere

( ) En az günde bir kere

( ) Günde birçok kere

2.Geçtiğimiz ay içerisinde, ölen yakınınızla ilgili olarak ne sıklıkla duygusal ızdırap, yoğun üzüntü ya da keder hissettiniz?

( ) Hiç

( ) En az bir kere

( ) En az haftada bir kere

( ) En az günde bir kere

( ) Günde birçok kere

3. Kaybınızın ardından en az 6 ay geçmesine rağmen, Soru 1 veya 2' deki belirtilerin herhangi birini, ''en az günde bir kere'' olmak üzere yaşadınız mı?

( ) Evet ( ) Hayır

4.Geçtiğimiz ay içerisinde, size ölen yakınınızı hatırlatan şeylerden ne sıklıkla kaçınmaya çalıştınız?

( ) Hiç

( ) En az bir kere

( ) En az haftada bir kere

( ) En az günde bir kere

( ) Günde birçok kere

5.Geçtiğimiz ay içerisinde, ne sıklıkla kaybınız nedeniyle afallamış, hayrete düşmüş ya da şaşkına dönmüş hissettiniz?

( ) Hiç

( ) En az bir kere

(( ) En az haftada bir kere

( ) En az günde bir kere

( ) Günde birçok kere

BÖLÜM 2

AÇIKLAMA: AŞAĞIDAKİ SORULARI ŞU ANDA KENDİNİZİ NASIL HİSSETTİĞİNİZİ GÖZ ÖNÜNDE BULUNDURARAK YANITLAYINIZ.

6. Yaşamınızdaki rolünüzle ilgili kafa karışıklığı ya da benlik duygunuzda bir azalma (bir parçanızın öldüğü gibi) hissediyor musunuz?

( ) Hiç ( ) Çok az ( ) Biraz ( ) Çok ( ) Oldukça çok

7. Kaybınızı kabullenmekte güçlük çektiniz mi?

( ) Hiç ( ) Çok az ( ) Biraz ( ) Çok ( ) Oldukça çok

8. Bu kaybı yaşadığınızdan beri, başkalarına güvenmek sizin için zor oldu mu?

( ) Hiç ( ) Çok az ( ) Biraz ( ) Çok ( ) Oldukça çok

9. Kaybınız nedeniyle buruk hissediyor musunuz?

( ) Hiç ( ) Çok az ( ) Biraz ( ) Çok ( ) Oldukça çok

10. Artık hayatınıza devam etmenin (örneğin, yeni arkadaşlar edinmek, yeni ilgi alanları oluşturmak vb.) sizin için zor olacağını hissediyor musunuz?

( ) Hiç ( ) Çok az ( ) Biraz ( ) Çok ( ) Oldukça çok

11. Bu kaybı yaşadığınızdan beri duygusal olarak hissizleşmiş gibi hissediyor musunuz?

( ) Hiç ( ) Çok az ( ) Biraz ( ) Çok ( ) Oldukça çok

12. Bu kaybı yaşadığınızdan beri hayatın boş ya da anlamsız olduğunu, doyum vermediğini hissediyor musunuz?

( ) Hiç ( ) Çok az ( ) Biraz ( ) Çok ( ) Oldukça çok

BÖLÜM 3

AÇIKLAMA: AŞAĞIDAKİ MADDEYİ SİZE UYGUN SEÇENEĞE İŞARET KOYARAK CEVAPLAYINIZ.

13. Sosyal, mesleki veya diğer önemli alanlar açısından işlevselliğinizde önemli bir azalma yaşadınız mı? (Örneğin evdeki sorumluluklarınızı yerine getirememek gibi)

( ) Evet ( ) Hayır

APPENDIX 4: MULTIDIMENSIONAL SCALE OF PERCEIVED SOCIAL SUPPORT

Aşağıda 12 cümle ve her bir cümle altında da cevaplarınızı işaretlemek için 1'den 7 'ye kadar rakamlar verilmiştir. Her cümlede söylenenin sizin için ne kadar çok doğru olduğunu veya olmadığını belirtmek için o cümle altındaki rakamlardan yalnız bir tanesini işaretleyiniz. Bu şekilde 12 cümlenin her birine bir işaret koyarak cevaplarınızı veriniz.

Lütfen hiçbir cümleyi cevapsız bırakmayınız. Sizce doğruya en yakın olan rakamı işaretleyiniz.

1. Ailem (örneğin, annem, babam, eşim, çocuklarım, kardeşlerim) bana yardımcı olmaya çalışır.

Kesinlikle hayır 1 2 3 4 5 6 7 Kesinlikle evet

2. İhtiyacım olan duygusal yardım ve desteği ailemden (örneğin, annem, babam, eşim, çocuklarım, kardeşlerim) alırım.

Kesinlikle hayır 1 2 3 4 5 6 7 Kesinlikle evet

3. Arkadaşlarım bana gerçekten yardımcı olmaya çalışırlar.

Kesinlikle hayır 1 2 3 4 5 6 7 Kesinlikle evet

4. İşler kötü gittiğinde arkadaşlarıma güvenebilirim.

Kesinlikle hayır 1 2 3 4 5 6 7 Kesinlikle evet

5. Ailem ve arkadaşlarım dışında olan ve ihtiyacım olduğunda yanımda olan bir insan (örneğin, flört, nişanlı, sözlü, akraba, komşu, doktor) var.

Kesinlikle hayır 1 2 3 4 5 6 7 Kesinlikle evet

6. Ailem ve arkadaşlarım dışında olan ve sevinç ve kederlerimi paylaşabileceğim bir insan (örneğin, flört, nişanlı, sözlü, akraba, komşu, doktor) var.

Kesinlikle hayır 1 2 3 4 5 6 7 Kesinlikle evet

7. Sorunlarımı ailemle (örneğin, annem, babam, eşim, çocuklarım, kardeşlerim) konuşabilirim.

Kesinlikle hayır 1 2 3 4 5 6 7 Kesinlikle evet

8. Sevinç ve kederlerimi paylaşabileceğim arkadaşlarım var.

Kesinlikle hayır 1 2 3 4 5 6 7 Kesinlikle evet

9. Ailem ve arkadaşlarım dışında olan ve duygularıma önem veren bir insan (örneğin, flört, nişanlı, sözlü, akraba, komşu, doktor) var.

Kesinlikle hayır 1 2 3 4 5 6 7 Kesinlikle evet

10. Kararlarımı vermede ailem (örneğin, annem, babam, eşim, çocuklarım, kardeşlerim) bana yardımcı olmaya isteklidir.

Kesinlikle hayır 1 2 3 4 5 6 7 Kesinlikle evet

11. Ailem ve arkadaşlarım dışında olan ve beni gerçekten rahatlatan bir insan (örneğin, flört, nişanlı, sözlü, akraba, komşu, doktor) var.

Kesinlikle hayır	1	2	3	4	5	6	7	Kesinlikle evet

12. Sorunlarımı arkadaşlarımla konuşabilirim.

Kesinlikle hayır	1	2	3	4	5	6	7	Kesinlikle evet

APPENDIX 5: THE GRIEF AND MEANING RECONSTRUCTION INVENTORY (GMRI)

Aşağıdaki ifadeler yas tutan insanların kayıplarından sonra yaşadıkları bazı düşünce, duygu, inanç ve anlamları içermektedir. Son 1 haftayı düşünerek, her bir ifadenin sizin için doğruluğunu en iyi tanımlayan sayıyı işaretleyin.

1 = Hiç katılmıyorum
2 = Katılmıyorum
3 = Ne katılıyorum ne de katılmıyorum
4 = Katılıyorum

	Hiç katılmıyorum	Katılmıyorum	Ne katılıyorum ne de katılmıyorum	Katılıyorum	Kesinlikle katılıyorum
Sevdiğim kişi ile geçirdiğim zaman bana verilmiş bir lütuftu	1	2	3	4	5
Bu kayıpla ilgili hayırlı bir şey görmüyorum.	1	2	3	4	5
Aileye daha fazla değer veriyorum.	1	2	3	4	5
Sevdiğim kişiyi tekrar göreceğim.	1	2	3	4	5
Bu kayıptan beri kendimi daha yalnız ve tek başına kalmış hissediyorum.	1	2	3	4	5

Bu kaybı yaşadığımdan beri, daha güçlü bir insanım.	1	2	3	4	5
Bu kaybı anlayamıyorum.	1	2	3	4	5
Sevdiğim kişinin ölümüne kendimi hazırlamıştım	1	2	3	4	5
Sevdiğim kişi iyi bir insandı; iyi bir hayat yaşadı.	1	2	3	4	5
Hayata daha çok değer veriyor ve kıymetini biliyorum	1	2	3	4	5
Bu kayıptan beri, yaşam şeklimi daha olumlu yönde değiştirdim.	1	2	3	4	5
Sevdiğim kişinin hatıraları bana huzur ve teselli veriyor.		2	3	4	5
Bu ölüm sevdiğim kişiyi huzura erdirdi.	1	2	3	4	5

Masumiyetimi kaybettim	1	2	3	4	5
Bu ölüm sevdiğim kişinin acılarını dindirdi.	1	2	3	4	5
Sevdiğim kişiyi özlüyorum	1	2	3	4	5
Bu kayıptan beri, başkalarına yardım etmek için daha çok çaba gösteriyorum.	1	2	3	4	5
Kendimi bomboş ve kaybolmuş hissediyorum.	1	2	3	4	5
Sevdiğim kişinin anılarını sevgiyle yad ediyorum.	1	2	3	4	5
Bu kayıptan beri, arkadaşlığa ve sosyal desteğe daha çok değer veriyorum.	1	2	3	4	5
Sevdiğim kişi ölmeye hazırlıklıydı.	1	2	3	4	5

Elimden geldiğince yaşadığım anın tadını çıkarıyorum. Hayatı dolu dolu yaşıyorum.	1	2	3	4	5
Bu kayıptan beri, daha sorumluluk sahibi bir insan oldum.	1	2	3	4	5
Sevdiğim kişinin daha iyi bir yerde olduğuna inanıyorum	1	2	3	4	5
Bu kayıpla ilgili pişmanlıklarımdan dolayı acı çekiyorum.	1	2	3	4	5
Hayatın kısa olduğunu ve hiçbir şeyin garantisinin olmadığını anladım.	1	2	3	4	5
Bu kayıptan beri, bilgiye ve öğrenmeye açılan yeni yollar aradım.	1	2	3	4	5

APPENDIX 6: THE UNFINISHED BUSSINESS IN BEREAVEMENT SCALE

Hayatlarında önemli bir kişiyi kaybetmiş olan insanlar bazen kaybettikleri kişi ile aralarında bir şeylerin söylenmemiş, bitmemiş ya da çözülmemiş olduğu duygusuna sahip olabilirler.

Aşağıda sizin de deneyimlemiş olabileceğiniz farklı "bitmemiş iş" türlerinin listesi bulunmaktadır. Lütfen her bir ifade için, geçen ay bu konuyla ilgili ne kadar sıkıntı hissettiğinizi belirtin.

Geçtiğimiz ay bu konuda ne kadar sıkıntılı hissettiniz?
1: Hiç sıkıntılı hissetmiyorum
2: Biraz sıkıntılı hissediyorum
3: Orta düzeyde sıkıntılı hissediyorum
4: Oldukça sıkıntılı hissediyorum
5: Çok fazla sıkıntılı hissediyorum

Geçtiğimiz ay bu konuda ne kadar sıkıntılı hissettiniz?	Hiç (1)	Biraz (2)	Orta (3)	Oldukça (4)	Çok fazla (5)
1. Keşke birlikte daha çok şey yapmış olsaydık.	1	2	3	4	5
2. Aramızda konuşulması gereken sırlarımız vardı.	1	2	3	4	5
3. Ona daha sık 'seni seviyorum' demeliydim.	1	2	3	4	5
4. Aramızdaki bazı önemli sorunlar veya çatışmalar benim için hiçbir zaman bitmedi.	1	2	3	4	5
5. Keşke benim için ne kadar önemli olduğunu ona söylemiş olsaydım.	1	2	3	4	5
6. O öldüğünden beri, hayatı dolu dolu yaşamak için onun iznine ihtiyacım olduğunu hissediyorum.	1	2	3	4	5
7. Keşke ona veda etme şansını yakalayabilseydim.	1	2	3	4	5
8. Ona karşı derin bir öfke hissediyorum ve o artık olmadığı için bunu nasıl çözeceğimi bilmiyorum.	1	2	3	4	5

- Gerçekleştirilememiş Yaşantılar alt boyutu: 1, 3, 5, 7
- Çözümlenmemiş Çatışmalar alt boyutu: 2, 4, 6, 8

APPENDIX 7: ETHICAL COMMITTEE APPROVAL

Evrak Tarih ve Sayısı: 30.01.2023-201945

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Akademik Değerlendirme Koordinatörlüğü

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SOSYAL BİLİMLER ENSTİTÜSÜ MÜDÜRLÜĞÜNE

İlgi : 26.12.2022 tarih ve 189613 sayılı yazınız.

Enstitünüz Klinik Psikoloji Tezli Yüksek Lisans Programı öğrencisi İlayda Kaya'nın, Prof. Dr. Okan Cem Çırakoğlu'nun danışmanlığında yürüteceği, "Çevrimiçi Platformlarda Uzamış Yasın İncelenmesi: Algılanan Sosyal Destek, Anlamı Yeniden Yapılandırma ve Bitmemiş İşlerin Yodayıcı Rolü" başlıklı yüksek lisans tez çalışması değerlendirilmiş ve bilgilerinize ekte sunulmuştur.

Prof. Dr. M. Abdülkadir VAROĞLU
Kurul Başkanı

Ek: Değerlendirme Formu

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23 OCAK 2023

İlgili Makama

Üniversitemiz Sosyal Bilimler Enstitüsü Klinik Psikoloji Tezli Yüksek Lisans Programı öğrencisi İlayda Kaya'nın, Prof. Dr. Okan Cem Çırakoğlu'nun danışmanlığında yürüteceği "Çevrimiçi Platformlarda Uzamış Yasın İncelenmesi: Algılanan Sosyal Destek, Anlamı Yeniden Yapılandırma ve Bitmemiş İşlerin Yodayıcı Rolü" başlıklı yüksek lisans tez çalışması değerlendirilmiş ve yapılmasında bir sakınca olmadığı tespit edilmiştir.
Bilgilerinize saygılarımızla sunarız.

Başkent Üniversitesi Sosyal ve Beşeri Bilimler ve Sanat Araştırma Kurulu

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Prof. Dr. Işıl Bulut	Olumlu/Olumsuz	
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