THE MEDIATING ROLE OF DEFENCE MECHANISMS ON UNFINISHED BUSINESS IN BEREAVEMENT AND POSTTRAUMATIC GROWTH

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PLAGIARISM

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ABSTRACT

Depending on the quality of the relationship with the deceased and the characteristics of the loss, the mourner may feel that there are unfinished issues with the deceased. Thus, the grieving process can be more severe. Research on the phenomenon of posttraumatic growth claims that people may experience positive changes in several domains. Defence mechanisms protect the individual from extreme anxiety and negative emotions, and they may contribute to growth. The thesis examines the mediating role of defences on the relationship between unfinished business in bereavement and posttraumatic growth. The sample consisted of 340 participants who had experienced a loss of a loved one during the last 6 months to 10 years. Their levels of unfinished business, defence mechanisms, and growth were assessed by means of Unfinished Business in Bereavement Scale Brief Form, Defence Style Questionnaire, and Posttraumatic Growth Inventory. As a result, there was no significant indirect relationship between unfinished business and growth through defence mechanisms. Limitations and suggestions for future research were presented.

Keywords: Unfinished Business in Bereavement, Defence Mechanisms, Posttraumatic Growth

ÖZET

Yas tutan kişi, ilişkinin kalitesine ve kayba bağlı olarak, ölen kişiyle arasında bitmemiş, çözülmemiş meseleler olduğunu hissedebilir. Sonuç olarak, yas süreci daha şiddetli geçebilir. Travma sonrası büyüme olgusu, insanların birçok alanda olumlu değişiklikler yaşayabileceğini iddia etmektedir. Savunma mekanizmaları, bireyi aşırı kaygı ve olumsuz duygulardan korumaya çalışır. Böylece psikolojik büyümeye katkıda bulunabilirler. Bu tez, ölen kişi ile yarım kalan işler algısı ile travma sonrası büyüme arasındaki ilişkide savunmaların aracı rolünü incelemektedir. Örneklem, son 6 ay ile 10 yıl arasında sevdiği birini kaybetmiş 340 katılımcıdan oluşuyordu. Kayıp Yaşantısında Bitmemiş İşler Ölçeği, Savunma Biçimler Testi ve Travma Sonrası Büyüme Envanteri ile yarım kalan işler, savunma mekanizmaları ve büyüme düzeyleri değerlendirilmiştir. Sonuç olarak, bitmemiş işler ile travma sonrası büyüme arasındaki ilişkide savunma mekanizmalarının aracı rolü bulunamamıştır. Sınırlılıklar ve gelecekteki araştırmalar için öneriler sunulmuştur.

Anahtar kelimeler: Bitmemiş işler, yas, savunma mekanizmaları, travma sonrası büyüme

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1. INTRODUCTION

Death is an inseparable part of life, and people encounter it eventually. Even though it is a universal phenomenon, everyone experiences loss differently. Grief is a natural reaction to feel after losing a loved one. The mourner may have intense painful emotions, frequent thoughts about the loss, and find it difficult to continue daily life. These reactions may persist from days to months after the loss (Iglewicz et al., 2019). However, over time, the majority of people accept it and establish a different bond with the deceased. Therefore, although the person continues to grieve, the initial reactions disappear and they move on with their life without needing professional help.

By contrast, for the minority, grief-related distress does not decrease, and they continue to struggle with severe grief responses for a long time. This condition is called prolonged grief and it is characterized by continuous reactions of acute grief, persistent thoughts about the deceased, excessive concerns about the results of the loss, severe emotional pain, emotional numbness, and feeling like losing a part of the self (Jordan & Litz, 2014; Mauro et al., 2018; Shear et al., 2011).There are several reasons why the mourner may experience a severe grieving process, and the perception of having unfinished business with the deceased is one of them.

Unfinished business in bereavement refers to incomplete, unexpressed, or unresolved issues between the mourner and the deceased. Having unfinished business can create several difficult emotions such as guilt, remorse, anger, and regret. These feelings remain objectless with the loss, and when they cannot find an object, the person turns them to themselves (Keser et al., 2022). Therefore, to cope with the distress caused by unfinished business, the mourner may use various defence mechanisms.

Even though the mourner struggles with continuous grief reactions, it is also possible to have positive changes after coping with the distress (Eisma et al., 2019). Posttraumatic growth refers to the positive internal changes that occur as a result of struggling with a challenging situation and claimed that coping with a difficulty can

make an individual grow psychologically (Calhoun & Tedeschi, 2004; 2007). Depending on the maturity levels of defence styles, the individual can adapt to the loss more efficiently or not (Rahimian Boogar, 2015). In other words, individuals using mature defences are more likely to experience post-traumatic growth after the loss, whereas individuals using immature defences are less likely. The thesis attempts to examine the role of defence mechanisms in the relationship between unfinished business in bereavement and posttraumatic growth.

1.1 Prolonged Grief

It is normal to have various grieving reactions after a significant loss. However, some people have a hard time dealing with the loss, and grief reactions continue with the same intensity for a long time. The situation where the grief reactions continue rather than decrease over time is called prolonged grief (Jordan & Litz, 2014). It is included in Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition as “Persistent Complex Bereavement Disorder” under “Conditions for Further Study.”

According to the manuals, it is characterized as continuous severe acute grief responses, persistent thoughts about the deceased, excessive concerns about the results of the loss, emotional pain, emotional numbness, and feeling like losing a part of the self (Jordan & Litz, 2014; Mauro et al., 2018; Shear et al., 2011). In order to be considered as prolonged grief, at least 6 months must have passed since the loss. It has other names such as persistent grief disorder, complicated grief disorder, persistent complex disorder, traumatic grief and unresolved grief and all of them cover the situation of prolonged and severe mourning for unusually extended periods of time (Iglewicz et al., 2019; Lundorff et al., 2017).

1.2 Models of Prolonged Grief

1.2.1 A Cognitive-Behavioural Conceptualization of Prolonged Grief

There are several theoretical models that explain the development and maintenance of prolonged grief. Boelen and his colleagues (2006) introduced a cognitive-behavioural model and they claim there are three fundamental processes: Lack of integration of loss into autobiographical knowledge, negative beliefs and

misinterpretation of grief reactions, and ineffective coping strategies. In uncomplicated grief, the mourner confronts the reminders about the loss and they are integrated with other information into autobiographical memory. Thus, bereavement becomes less painful over time. However, in complicated grief, any stimulus can intrusively trigger mourners' memories, feelings, and thoughts about the loss. Therefore, since the information about the loss cannot integrate with the autobiographical memory, the separation from the deceased is unrealistic and continues to shock the person.

Moreover, the model proposes that losing a loved one disrupts existing beliefs about the world and self. Mourners can adjust to the loss only when they rebuild functional beliefs. Thus, individuals struggling with prolonged grief cannot achieve that. In addition, they also misinterpret their grief reactions and minimize thoughts and emotions over the loss.

Finally, in prolonged grief people mostly use two maladaptive coping strategies which are anxious avoidance and depressive avoidance. In the anxious avoidance strategy, mourners cannot confront with the loss because they believe they cannot tolerate the emotions, thoughts and memories related with it, and they avoid the reminders that may evoke their suppressed feelings. In the depressive avoidance strategy, individuals withdraw from their daily life because they believe that it is disrespectful for the deceased. Moreover, they feel they should not gain new experience in the absence of the lost person. Thus, both strategies cause some aspects of the recovering from the loss to be avoided.

1.2.2 Dual Process Model of Coping with Bereavement

According to the Dual Process Model of Coping with Bereavement developed by Stroebe and Schut (2010), there are two types of stressors related with bereavement which are loss-orientation and restoration-orientation. In the loss-orientation, the mourner focuses, evaluates, and processes some aspects of loss. The individual tries to understand the meaning of the loss and relocates the deceased to their new world. Moreover, it includes emotions such as an urge to cry or search for the loss and the mourner avoids the loss-related changes. On the other hand, the

restoration-orientation is associated with the secondary stressors that appear as a result of loss. It involves reorienting oneself in a world without the person, re-evaluating and reconsidering one's life after the painful experience. In addition, the mourner confronts the bereavement-related changes and does new things that can be a distraction from the grief. Therefore, through the loss-orientation and restoration-orientation processes, the person oscillates between confrontation and ignoring. Stroebe et al. (2005) claim that oscillation has an adaptive regulatory role during the grieving process.

In the case of complicated grief, however, the process functions in a different way. People struggling with complicated grief have a problem smoothly switching between the loss-orientation and the restoration-orientation as they give more attention to one and ignore the other. That is, they experience less or no oscillation and, thus, cannot adapt to the loss effectively. As a result, they go through the grieving process more severely and prolonged. Additionally, at either orientation, there can be high numbers of stressors that can prevent the mourner from going through the normal grieving process (Stroebe & Schut, 2010).

1.2.3 Attachment Theory

Attachment theory is one of the keys for understanding prolonged grief. The most distinguishing feature of prolonged grief is separation anxiety. Thus, prolonged grief might be considered as an attachment-based disorder (Klingspon, 2014). In the adaptive experience of coping with grief, the person accepts that physical intimacy will no longer be possible and maintains the existing emotional bond by integrating it with the loss (Schenck et al., 2015). In other words, the mourner transfers their relationship with the deceased–into an internal connection so that they can move on without them. Therefore, attachment styles affect an individual's ability to adapt to the loss.

As securely attached individuals are better at establishing proximity by using the deceased as an internalized secure base, they are less sensitive to the difficulties of bereavement (Currier et al., 2014; Field & Filanosky, 2009). On the other hand, insecure attachment makes it difficult to accept the loss. In both anxious and avoidant

attachment, people have a poorer mental representation of the attachment figure (Stroebe, M.S., 2002). As a result, they cannot establish an internal emotional bond with the deceased. Furthermore, anxiously attached individuals experience intense separation anxiety, so the bond that makes them feel connected, leads to harmful ruminations and a clingy relationship with the lost person. In contrast, in avoidant attachment, the loss gets separated from their experience and individuals defensively avoid grieving (Klingspon et al., 2015; Meier et al., 2013).

1.3 Risk Factors for Prolonged Grief

There are several predictive factors for prolonged grief. Individuals who experience unexpected or violent loss, such as suicide or homicide, are more likely to develop complicated grief as they have more difficulty confronting reality and making sense of it (Işıklı et al., 2020). Therefore, being mentally prepared for the loss or not is one of the determining factors. In addition, age of the deceased, degree of closeness, being a caregiver, time of the loss, and lack of social support are related with more severe reactions (Lobb et al., 2010). The loss of a young person, a close person, and the lack of social support for the mourner can cause the loss to be more traumatic.

The mourner's psychological state also determines the likelihood of prolonged grief. History of experiences of a trauma or an early loss, diagnoses of mood, anxiety disorders, and substance use increases the probability (Jordan & Litz, 2014). Furthermore, as discussed in the previous section, attachment styles of the mourner plays an important role. It can be either a protective or a risk factor. That is, securely attached mourners are better at adapting to loss, whereas insecure individuals are not.

1.4 Unfinished Business in Bereavement

Unfinished business comprises 50-60% of the variance in prolonged grief symptomatology and it refers to the unresolved, unexpressed and incomplete issues between the mourner and the deceased (Holland et al., 2018). In other words, the griever may have an impression that something in the relationship was left unsaid or undone with the loss. Hence, it creates several difficult emotions such as guilt, remorse, anger, and regret. Majority of people with unfinished business, report thoughts like their relationship lacking closure, need for forgiveness, longing to fix

the relationship with the loss, and considering whether they could have done things differently before (Holland et al., 2014; Holland et al., 2018).

As the perception of having unfinished business with the deceased can be a heavy burden, it adversely affects psychological well-being of the mourner. In their research, Yamashita and colleagues (2017) found that families with unfinished business reported higher depression and grief. Studies on prolonged grief also indicate similar results. High levels of prolonged grief are associated with anxiety disorders, depression, and suicidal ideation (Boelen & Prigerson, 2007).

The level of unresolved issues of the person increases according to their closeness with the lost person. The death of a close family member, a primary attachment figure, a romantic partner, and a close friend affects people more in the scope of unfinished business, as it is likely to happen in relationships involving more emotional investment (Lee et al., 2022). The time of death is one of the factors that can cause the perception of unfinished business as well. People who experience an unexpected loss are more likely to think that they have incomplete issues (Lichtenthal et al., 2020).

1.4.1 Continuing Bond with the Deceased

Klingspon and colleagues (2015) claimed that unfinished business might be one of the aspects of maladaptive sustained attachment with the lost person. Continuing bond refers to the ongoing inner relationship that the mourner forms with the deceased (Stein et al., 2017). Thus, the individual continues to maintain the connection with the deceased person. There are numerous ways of expressing continuing bonds such as maintaining the memory of the deceased, telling stories and looking at the photographs of them, viewing the deceased as a role model, internalizing their values, making decisions that the deceased would have approved of, talking with the deceased, writing letters to them and so on (Root & Exline, 2013). The aim of all is to continue the relationship with the deceased person.

Field and Filanosky (2010) classified the expressions of continuing bonds into two categories: internalized and externalized. Internalized bonds are the mental representations of the maintaining relationship, whereas externalized bonds are the

expressions, including delusions and hallucinations about physical proximity with the deceased. Having internalized bonds are related with growth, decreasing the risk factors of traumatic grief. However, externalized bonds are negatively correlated with growth and related with severe grief. Depending on the relationship with the deceased, continuing bonds either have an adaptive role or may cause the person to go through a more difficult grieving process. Unfinished business can thus be seen as an attachment-based situation as ongoing bonds are associated with attachment.

1.5 Defence Mechanisms

Defence mechanisms are one of the building blocks of psychoanalytic theory and were first described by Sigmund Freud. He claimed that the id wants its impulses and desires to be satisfied, but; the superego opposes as the id's wishes will not be appropriate for the demands of the social world. Therefore, the id and superego conflicts and anxiety develops as a result. In order to cope with the anxiety and restrain the id, ego resorts to defences. By doing that, the individual is protected from the anxiety that arises from internal conflict, and the drive is removed from consciousness (Freud, 1896; 1915). Initially, he proposed repression and regression. Later, he made additions and by 1897, defined other mechanisms that are hypochondriasis, displacement, projection, dissociation, isolation, denial, and distortion (Vaillant, 1971).

Although Sigmund Freud was the first to put forward the defences, his daughter Anna Freud expanded them. She gave more importance to the ego rather than instinctual impulses of the id, as it is easier to observe the ego’s process that is partially in the conscious mind (Kelland, 2015). In her book The Ego and the Mechanisms of Defence, she includes rationalization, intellectualization, reversal, turning against the self, identification with the aggressor, and sublimation. Additionally, Anna Freud was the first to classify defences according to ego maturity (McWilliams, 2011; Quinodoz, 2005).

Theorists from different schools have discussed defence mechanisms from various perspectives. Object relations theorists put the object in focus instead of the drive and claimed that defences may help to protect the self or the view of the object

from the anxiety arising from the absence of it. Self psychologists stated that their function is to protect the self from intolerable thoughts and feelings such as shame, anxiety, guilt and low self-esteem. On the other hand, contemporary psychoanalytic authors claimed defences do not have to be aroused by internal conflicts and may emerge in threatening situations for the individuals' survival, acceptance, and safety in the social world (Granieri et al., 2017; Hentschel et al., 2004; Juni, 1997).

Even though their functions are different, they have several common characteristics. According to Cramer (2008), defence mechanisms are automatic, unconscious processes that intend to protect the person from intense anxiety and other negative emotions. Since they aim to protect the individual from negative emotions, the use of defences increase in distressful situations. Moreover, they are part of the normal functioning but excessive use is associated with psychopathology. Defences develop chronologically and which mechanisms a person develops depend on early childhood, parental patterns, and the experiential consequences of using certain defences.

1.5.1 Hierarchy of Defence Mechanisms

Defence mechanisms are classified into the hierarchy of relative psychopathology by various researchers. Skodol and Perry (1993; 2014) divided 30 defences into 7 levels according to their function to protect the individual. Defence levels are as follows:

- **Level 1, Action Defences:** The source of the distress is external, and defences work to engage, manipulate or counterattack it. There are three defences in this level which are acting out, passive-aggression and help-rejecting complaining.
- **Level 2, Major Image-Distorting Defences:** These defences help the person to maintain a consistent sense of self and avoid disintegration by separating positive and negative representations. There are three defences in this level which are splitting of others' images, splitting of self-images, and projective identification.

- **Level 3, Disavowal Defences and Autistic Fantasy:** The individual rejects unacceptable internal or external experiences. It includes denial, rationalization, and projection.
- **Level 4, Minor Image-Distorting Defences:** They aim to protect one's self-esteem from negative emotions. Devaluation, idealization, omnipotence are in this level.
- **Level 5b, Other Neurotic Defences:** They allow the expression of suppressed or isolated ideas and affects. There are two defences which are reaction formation and displacement.
- **Level 5a, Hysterical Defences:** An idea that is threatening to the person is removed from the level of consciousness. This level includes repression and dissociation.
- **Level 6, Obsessional Defences:** Unacceptable and threatening thoughts are kept out of consciousness and the emotion is not allowed to be experienced either. There are three defences which are isolation of affect, intellectualization and undoing.
- **Level 7, High Adaptive Defences:** They are the most effective way to deal with internal or external stress. It includes anticipation, affiliation, altruism, humour, self-observation, sublimation and suppression.

On the other hand, George Vaillant, who made important contributions to the theory of defence mechanisms, also argued that they were hierarchical, but divided them into four levels which are psychotic, immature, neurotic and mature defences (1971; 1994; 2011).

- **Psychotic defences:** Delusional projection, denial and distortion of external reality
- **Immature defences:** Passive aggression, acting out, dissociation, projection, autistic fantasy, devaluation, idealization, splitting
- **Neurotic defences:** Intellectualization, isolation, repression, reaction formation, displacement, somatisation, undoing, rationalization
- **Mature defences:** Altruism, sublimation, suppression, and humour

Nancy McWilliams (2011) divides defences into primary and secondary defensive processes. Primary defences work as a border between the self and the external world. In addition, they are related with the preverbal development. Primary defensive processes includes extreme withdrawal, denial, omnipotent control, extreme idealization and devaluation, projection, introjections, projective identification, splitting, somatisation, acting out, sexualisation and extreme dissociation. Secondary defences deal with internal that includes repression, regression, isolation, intellectualization, rationalization, moralization, compartmentalization, undoing, turning against the self, displacement, reaction formation, reversal, identification, sublimation, and humour.

Although the perspective of the DSM and the psychoanalytic school are different, an axis for defences was created for the Diagnostic and Statistical Manual of Mental Disorders (4th ed.; DSM-IV; American Psychiatric Association, 1994), including 27 defences with 7 levels in a hierarchal order. In addition, there are similarities between the level of defence functioning and axis II disorders (i.e., personality disordered listed in the DSM-IV). For instance, obsessive-compulsive personality disorder is associated with high adaptive defences (level 1), borderline personality disorder is associated with major image-distorting defences (level 5), narcissistic personality disorder is predicted by minor image-distorting defences (level 3), and paranoid personality disorder is predicted by disavowal defences (level 4) (Blais et al., 1996).

In a nutshell, although different theorists have classified defence mechanisms in various ways, a common point is that, in general, they are divided into mature and immature defences. Mature defences are better at adapting to reality and coping with internal and external challenges. On the contrary, immature defences are not effective in coping, are more associated with personality–disorders, and might have reality distortion (Granieri et al., 2017).

1.5.2 Prolonged Grief and Defence Mechanisms

Death is a painful experience as it includes confronting the emotions of the loss, the reality that everyone is mortal, and the life that goes on afterward. As a result, the mourner may consciously or unconsciously avoid this challenge, and one way of

doing it is through defence mechanisms (Nakajima, 2018). As mentioned before, the purpose of defence mechanisms is to protect the person against internal and external negativities. Losing a loved one and difficulties in social life after the loss is caused by the external world, while feelings, thoughts, and memories about the deceased are internal processes. Most studies about loss have focused on coping strategies rather than defence mechanisms as they are unconscious processes and difficult to change (Rahimian Boogar & Talepasand, 2015). However, there are several studies showed the influence of defences on grief intensity.

The capacity to adapt to loss is associated with the qualities of the defences used by the mourner (Ferrajão, 2022). That is, maturity of the ego structures influences how people experience grief. Using adaptive defences that require a more mature ego organization decrease the risk of complicated grief, whereas immature and neurotic defences increase it (Gana & K'Delant, 2011; Rahimian Boogar & Talepasand, 2015). In other words, people with maladaptive ego defences are more likely to experience the grieving process longer and more severe. Defence mechanisms not only affect the suppression of emotions or denial of the loss but also influence one's view of the world. Individuals who use immature defences have more negative assumptions about the world and the self after the loss, which makes it difficult to adjust (Ferrajão, 2022). As a consequence, the mourning process continues instead of ending. There is no study examining the relationship between unfinished business and defence mechanisms. Nevertheless, unfinished business can be associated with immature defences, as it is part of complicated grief.

1.6 Posttraumatic Growth

Facing traumatic life experiences can cause a variety of psychological challenges to those exposed (Dworkin et al., 2017; Roberts et al., 2019; Trottier & MacDonald, 2017). However, they do not always have adverse impacts on individuals (Dekel et al., 2012; Koutrouli et al., 2012; Ulloa et al., 2016). At the same time, they can lead to various beneficial outcomes known as posttraumatic growth (PTG). The concept was introduced by Calhoun and Tedeschi (2004; 2007) and refers to the positive internal changes that occur as a result of struggling with a challenging situation. They claimed that coping with a difficulty can make an individual grow psychologically. Therefore,

the trauma does not cause the growth by itself; rather, the growth comes from the struggle with it. Furthermore, Tedeschi & Calhoun (2004) also mentioned that, for the majority, PTG and the stress will exist at the same time.

1.6.1 Tedeschi and Calhoun's Posttraumatic Growth Model

In their PTG model, Tedeschi and Calhoun (2010) emphasized that people develop assumptions and beliefs about the world and themselves. It helps them to make sense of the world, predict what will happen, and guide their behaviours accordingly. Therefore, they feel more competent, secure, and in control in the face of the outside world. However, major life crises can distort and cause changes in them. However, the more damage the core schemas take, the higher the growth (Lindstrom et al., 2013). In order to process the traumatic event, the individual needs to engage in cognitive work between the incident affecting fundamental schemas and the experience of posttraumatic growth (Shakespeare-Finch & Barrington, 2012; Triplett et al., 2012). That is, schemas can be reconstructed by repeatedly thinking about the event. Consequently, a traumatized person may focus on the positive aspects of posttraumatic life rather than the negative aspects.

There are two types of repeated thinking which are deliberate rumination and intrusive rumination (Cann et al., 2011; Kim & Bae, 2019). Intrusive rumination refers to the feelings, thoughts, and images about the event that the person involuntarily re-experiences. On the contrary, deliberate rumination is wilful thoughts that involve understanding the cause and meaning of the incident (Cann et al., 2011; Wu et al., 2015). They both have different roles in the process of posttraumatic growth. Most individuals are likely to have intrusive ruminations shortly after the event, and as time passes, deliberate cognitive processing begins (Lindstrom et al., 2013). That is, growth occurs in people who engage in deliberate rumination more. Additionally, the traumatic experience involuntary coming to mind is distressful for the exposed. However, distress allows cognitive processing to be active (Kim & Bae, 2019; Zhou et al., 2015). Therefore, intrusive rumination stimulates deliberate processing, and schemas can be rebuilt, eventually.

Not only cognitive work but also individual characteristics impact the likelihood of growth. Personality traits such as extraversion, openness, agreeableness, and conscientiousness are positively correlated with PTG, while neuroticism is not (An et al., 2017; Jayawickreme et al., 2020; Mattson et al., 2018). Disclosure is another contributory factor because sharing the traumatic experience and emotions with others relieves people and allows mutual intimacy (Tedeschi & Calhoun, 2004). Furthermore, consistent social support facilitates posttraumatic cognitive adaptation (Kong, 2018). Thus, all these factors contribute to the possibility of growth.

1.6.2 Tedeschi and Calhoun's Five Domains of PTG

Through the process of PTG, people's behaviours may change, and positive inner improvements occur in five main areas; appreciating life, new possibilities, personal strength, spiritual change, and relating to others (Tedeschi & Calhoun, 1996; 2004). Those who report changes in the appreciation of life domain realize the value of it and started to care about the little things that they did not before (Lindstrom et al., 2013; Ramos & Leal, 2013). Thus, they hold on to life more tightly. Furthermore, people may realize that their previous goals do not match their post-traumatic realities and may set new goals for themselves (Tedeschi & Calhoun, 2004). Therefore, they reconsider their priorities about life and can realize that life has a meaning.

As mentioned before, the core assumptions and beliefs of the person who experienced a traumatic event changes and they gain a new perspective on their life. Therefore, people who develop in the field of new possibilities discover new opportunities for their lives that they had not considered before and create a new life path (Lindstrom et al., 2013; Ramos & Leal, 2013).

Another domain that people develop is personal strength. People who struggle with difficult life events feel stronger and more developed than they were in the past. Therefore, their ability to cope with stress is increased and they feel strong not only about the past event, but also about coping with the difficulties they may face in the future (Marshall et al., 2015; Ramos & Leal, 2013).

Struggling with a challenging life event may increase one's spirituality (Lindstrom et al., 2013). In other words, those who report changes in the spirituality domain

started to have a greater sense of spirituality. In addition, it becomes a source for individuals to cope with trauma more effectively because it helps them to make sense of the situation (Ajoudani et al., 2019; Paredes & Pereira, 2017). Therefore, spirituality may encourage them to find a personal meaning in it. Not only religious people but also nonreligious ones can experience growth in the domain of spirituality through existential questions (Khanna & Greyson, 2015).

People, who report changes in the relating to others domain, establish warmer and more intimate relationships. That is, the person may need to talk to friends and family about the effects of the traumatic situation. By doing that, interpersonal closeness and emotional connection in the relationship increases. Therefore, they become more comfortable with intimacy and may accept the help offered easier (Ramos & Leal, 2013). In addition, the need to talk about the challenging experience may cause them to reconsider current relationships. Consequently, their bond with supportive people may become stronger while other relationships may weaken (Tedeschi et al., 2015).

1.6.3 Other Models of PTG

Schaefer and Moos (1998) introduced a conceptual model that emphasizes the roles of personal, demographic, environmental, and event-related factors in the process of PTG. The personal factors include sociodemographic characteristics and individual resources such as resilience and former crises experience. The environmental system encompasses personal relationships and social support. In addition, it involves financial, home, and society living resources. Event-related factors comprise the severity, duration, and timing of the incident. This also includes whether the event influences only the individual or a group of people.

Different from Tedeschi and Calhoun’s model, they highlight the importance of coping responses rather than rumination (Kelly et al., 2018). In other words, people's coping strategies affect growth. Therefore, they claimed that there are two types of coping styles which are approach and avoidance coping. Approach coping refers to the logical analysis of the crisis, examining it more positively, asking for support, and trying to solve the problem. On the other hand, avoidance coping is minimizing the crisis, not trying to change the situation, and ignoring the emotions (Hallam & Morris,

2014). Thus, approach coping leads to growth, whereas avoidance coping cause poorer improvement.

After a person experiences a challenge, positive results can develop in three areas (Schaefer & Moos, 1998). Similar to Tedeschi and Calhoun, people enhance their social resources and form better relationships with others afterward. They also improve their personal resources such as empathy, maturity, and cognitive differentiation. Finally, as they started to think about the problem logically, the coping skills enhanced.

Joseph and Linley (2005) introduced a social-cognitive model of growth called organismic valuing theory. They claim that individuals are motivated to reconstruct their assumptions and schemas to be consistent with new information about trauma. However, this happens when the social environment is supportive to meet their needs for competence, autonomy and relatedness. In other words, the fulfilment of these needs encourages growth and increases their well-being. As a consequence, organismic valuing process works.

The authors also give importance to individual differences affecting growth. They stated that trauma responses are influenced by the degree of difference between the trauma and former assumptions and beliefs, whether the social environment supports the organismic valuing process both before and after the experience, and whether the person behaves accordingly with their organismic value process (Joseph & Linley, 2005).

1.6.4 Prolonged Grief and PTG

While some people complete their mourning period sooner, others cannot and their grief reaction last long. The mourner may struggle with a variety of challenges, such as trying to cope with emotional distress and being involved in the cognitive reconstruction of existing assumptions about the world and themselves (Johnsen & Afgun, 2020). After the loss, people may believe that the world is uncontrollable, unreliable, meaningless, and threatening without the decedent. As a result, yearning, distrust, and avoidance, which are related to prolonged grief, could emerge (Bellet et al., 2018).

There is an inconsistency among the findings about the relationship between prolonged grief and posttraumatic growth. Engelkemeyer and Marwit (2008) found that grief intensity was inversely correlated with growth, whereas, Xu et al. (2015), asserted a positive association. Salloum et al. (2017) did not find a significant relationship between the two variables. Bereaved individuals may experience growth in five domains. They report more growth in relationships with others, appreciation of life, and spiritual change, while less growth in personal strength and new possibilities (Calhoun et al., 2010; Taku et al., 2015).

There are several factors affecting the amount of posttraumatic growth. The age of the mourner, mourner's religion, similarity between the bereaved individuals' grieving style and cultural understandings of it, manner of death, whether the loss was sudden, time since death, and their cognitive coping strategies are the key factors for it (Bellet et al., 2018; Johnsen & Afgun, 2020). Therefore, some people who have lost a loved one can experience growth, while others cannot.

1.6.5 Defence Mechanisms and PTG

Defence mechanisms have a significant role in predicting posttraumatic growth as they can anticipate the level of individual adaptation. Although there are not many studies looking at the direct relationship between the defence mechanisms and growth, a study with cancer patients showed that those who use mature defence styles cope better with stress and response the challenge adaptively (Kashani et al., 2014). That is, mature ego structures contribute positively to the fight against a disease that has traumatic consequences for the person, such as cancer. In addition, mature defence mechanisms are associated with several positive personality traits, such as high self-esteem, competence, and outgoingness, which are also related to post-traumatic growth (Cramer, 2008). Therefore, it can be said that mature defences contribute to growth.

1.7 The Purpose of the Study

Having unfinished business can create several difficult emotions. These feelings remain objectless with the loss, and when they cannot find an object, the person turns them to themselves (Keser et al., 2022). Therefore, to cope with the

distress caused by unfinished business, the mourner may use various defence mechanisms. Even though the mourner struggles with continuous grief reactions, it is also possible to have positive changes after coping with the distress (Eisma et al., 2019). Depending on the maturity levels of defence styles, bereavement-related growth can happen (Rahimian Boogar, 2015).

The present study focuses on the role of defence mechanisms in the relationship between unfinished business in bereavement and posttraumatic growth. Higher levels of unfinished business with the lost person result in lower levels of post-traumatic growth.

2. METHOD

2.1 Participants

For the present study, the sample of bereaved individuals was recruited online from the general population. To be eligible for the study, participants needed to (a) report losing a loved one within 6 months to 10 years, (b) be over 18 years old, and (c) be willing to complete the online questionnaire about their loss experience. In bereavement studies, the minimum and maximum time passes after loss varies (Şimşek Arslan et al., 2020). Since the minimum elapsed time was 6 months in the Turkish adaptation study of the Unfinished Business in Bereavement Scale Brief Form, it was also set as 6 months in this study.

Research shows that there is a positive correlation between posttraumatic growth and time passed since death (Brewer & Sparkes, 2011; Levi-Belz, 2016). That is, people who have experienced a recent loss develop a lower rate of psychological growth. Previous studies on posttraumatic growth included a sample of bereaved individuals at 10 years, which was thought to be the time when bereaved people are capable of experiencing posttraumatic growth (Honey, 2020; Johnsen & Afgun, 2020; Richardson, 2015). Therefore, the maximum time was set as 10 year.

In the present study, 370 individuals over 18 years old participated; of which 30 participants were excluded from the data because they did not meet the eligibility criteria for the time passed from the loss. The participants were composed of 226 females (66.5%), 112 males (32.9%), and 2 participants did not wish to specify gender (0.6%). The age of the participants ranged between 18 and 77 (M=39.90, SD= 14.2).

2.2 Instruments

An online questionnaire was prepared for the study using Google Forms. The first page was an informed consent form, and it explained the general purpose of the study, the voluntary participation criteria, the confidentiality of the information provided by the participant, and the right to withdraw from the study at any time.

The questionnaire includes four main sections: (1) Demographic Information Form, (2) The Unfinished Business in Bereavement Scale Brief Form, (3) The Defence Style Questionnaire, (4) The Posttraumatic Growth Inventory and finally, the debriefing form, including more detailed description of the aim of the research and the contact address of the researcher for further information.

Because the questionnaire had several sensitive questions about the death of a loved one, the contact number of Yeditepe University Psychological Counselling Center was given, both in the informed consent and the debriefing form, in case the participant gets upset with the questions.

2.2.1 Demographic Information Form

First, the participant's gender and age were asked. Later section is about the loss experience and information about the deceased. They were asked about people they had lost in the past 6 months and 10 years, and whose loss affected them the most. Then, the time passed since the loss, age of the deceased, cause of the death, and whether their death was sudden or expected were asked. In addition, participants were asked whether they had psychological or psychiatric support after the loss or not. The closeness with the deceased was assessed by a 5-point scale which was ranging from 1 *(not close)* to 5 *(very close)*. This form, especially the questions regarding the experience of loss, was devised in reference to the form used by Kösoğlu (2020).

2.2.2 The Unfinished Business in Bereavement Scale-Brief Form (UBBS- BF)

The Unfinished Business in Bereavement Scale-Brief Form was developed by Holland et al. (2018), and it is a self-report measure of unfinished businesses between the deceased and the mourner. The long form consists of 28 items and has two subscales which indicate unfulfilled wishes and unresolved conflict. Unfulfilled wishes refer to the missed opportunities or situations that are thought to be missing in the relationship with the deceased. In contrast, unresolved conflict includes unresolved problems with the deceased or internal conflicts about the loss. However, since scales with fewer items can be completed more quickly, a short 8-item form developed by taking 4 items from each subscale. Items 1, 3, 5 and 7 are representing unfulfilled wishes, and items 2, 4, 6, and 8 are corresponding to unresolved conflict.

Each item is measured on a 5-point scale ranging from "1= Not at All Distress" to "5= Extremely Distress" The average of the items can be used to calculate the total score.

Holland et al., (2018) tested the reliability and validity of the scale on two groups. The first group consisted of university students in the Southern regions of the USA, and the second group consisted of college students in the Southwest regions. Individuals who had experienced loss in the last two years were included in the study. In both of the samples, the total score and the subscale scores obtained from short form had high correlation coefficients (between .95 and .98) with the long form of the scale. Internal consistency was found α=.91 for unfulfilled wishes subscale, α=.86 for unresolved conflict subscale, and α=.90 for total score.

Cesur Soysal (2019) adapted the UBBS- BF into Turkish and evaluated its psychometric properties. She tested the scale with a sample of 334 bereaved individuals and they had experienced loss within 6 months-15 years. Internal consistency of the Turkish UBBS- Brief Form was reported to be .76 for unfulfilled wishes subscale, .62 for unresolved conflict subscale, and .75 for the total score. According to her, the Turkish form of the scale is a valid and reliable measure for assessing unfinished business in bereavement. Since there is no other scale that evaluates unfinished businesses, the Turkish UBBS- Brief Form was adopted for the current study.

2.2.3 The Defence Style Questionnaire (DSQ-40)

The Defence Style Questionnaire (DSQ-40) was developed by Andrews et al. (1993), and it is a self-report measure that empirically evaluates the reflections of unconscious defence mechanisms on the conscious level. The questionnaire consists of 40 items including 20 defence mechanisms. Each item is measured on a 9-point Likert scale ranging from "1= Strongly Disagree" to "9= Strongly Agree." Twenty defences in the scale are summarized into three categories as immature, neurotic and mature defences: (1) Immature defences includes projection, passive aggression, acting out, isolation, devaluation, autistic fantasy, denial, displacement, dissociation, splitting, rationalization, and somatisation; (2) Neurotic defences include undoing,

pseudo altruism, idealization, and reaction formation; and (3) Mature defences involve sublimation, humour, anticipation, and suppression.

They tested the reliability and validity of the questionnaire on a sample consisting of without psychiatric diagnosis group, psychiatric outpatient group, and child-abusing parents. The internal consistency of the questionnaire was .68 for immature defences, .58 for neurotic defences, and .80 for mature defences. 4-week test-retest coefficient was found to be .75 for mature, .78 for neurotic and .85 for immature defences.

Yılmaz et al. (2007) adapted the Defence Style Questionnaire into Turkish and evaluated its psychometric properties. The scale was tested with two groups: 105 individuals without any psychiatric diagnosis and 85 individuals diagnosed with depressive disorder and obsessive-compulsive disorder. Internal consistency of the Turkish DSQ was reported to be .70 for mature, .61 for neurotic, and .83 for immature defences. Test-retest coefficient was found to be .75 for mature, .88 for neurotic, and .86 for immature defences. In addition, split-half reliability was examined for the items and valid results were obtained. According to Yılmaz and colleagues, the Turkish form of the DSQ-40 is a valid and reliable measure for assessing defence mechanisms.

2.2.4 The Posttraumatic Growth Inventory (PTGI)

The Posttraumatic Growth Inventory was developed by Tedeschi and Calhoun (1996) to measure the positive outcomes of traumatic experiences and how people cope with the trauma successfully. It consists of 21 items with 5 subscales which are personal strength, relating to others, spiritual change, new possibilities, and appreciation of life. Each item is measured on a 6-point Likert scale ranging from “0= I did not experience this change as a result of my crisis” to “5= I experienced this change to a very great degree as a result of my crisis” Higher scores indicate higher amount of growth afterwards the traumatic event.

They reported the internal consistency of the scale as α= .90. The five subscales’ internal consistencies were .84 for “new possibilities”, .85 for “relating to others”, .72 for “personal strength”, .85 for “spiritual change” and .67 for

"appreciation of life". The 2-month test-retest reliability was *r*= .71 for total items and ranged from .65 to .74 for subscales except personal strength (*r*= .37) and appreciation of life (*r*= .47).

The Turkish adaptation of the inventory was done by Kılıç for the first time in 2005, and a 5-point scale was used (Dirik & Karancı, 2008). However, in their research, Dirik and Karancı (2008) used a new Turkish translation of the inventory with 6-point response format. They identified three subscales in line with the domains of Tedeschi and Calhoun: Relationship with others (*α*= .86), philosophy of life (*α*= .87), and self-perception (*α*= .88). The internal consistency of the scale was .94. On the other hand, Karancı et al. (2012) and Yılmaz and Zara (2016) used 5 factors in their studies as in the original scale. Both of them found satisfactory levels of internal consistency in the subscales. There is no agreement on the number of subscales and items in the Turkish PTGI version. Therefore, in this study, the total PTGI scale was used to assess posttraumatic growth.

2.2.5 Reliability Analysis of the Scales Used in the Study

There were three main variables in the current study, which were unfinished business, as measured by the Unfinished Business in Bereavement Scale Brief Form (UBBS- Brief), defence mechanisms, as measured by the Defence Style Questionnaire (DSQ-40), and posttraumatic growth, as measured by Posttraumatic Growth Inventory (PTGI). The internal consistency of three scales used in the present study was analyzed. Table 1. shows Cronbach's alpha coefficients for each scale.

Table 1.

Reliability Statistics

Measures	*n* of items	Cronbach's alpha
Unfinished Business in Bereavement Scale- Brief Form	8	.83
Defence Style Questionnaire	40	
Mature defences	8	.67
Neurotic defences	8	.53
Immature defences	24	.76
Posttraumatic Growth Inventory	21	.93

Taber (2018) claimed that Cronbach's alpha values over .70 are acceptable. Additionally, Pallant (2020) mentioned if the scale has less than 10 items, then it should be > .50. Therefore, the Cronbach' alpha reliability of 8-item Unfinished Business in Bereavement Scale- Brief Form turned out to be higher (α = .83) than adapted the scale (α = .75) of Cesur Soysal (2019). The reliability of Posttraumatic Growth Inventory was .93 which was very high. Internal consistency of Defence Style Questionnaire was found to be .67 for mature, .53 for neurotic, and .76 for immature defences.

2.3 Data Collection Procedure

Ethical approval was provided by Yeditepe University Ethical Committee to conduct the study titled "The Mediating Role of Defence Mechanisms on Unfinished Business in Bereavement and Posttraumatic Growth". After receiving the approval, an online survey was distributed from Google Forms to collect the data. Potential participants were reached via online platforms. For confidentiality, no information about their identity is required. It took an average of 15 minutes to fill out the questions. Answering all of the questions in the form was obligatory in order to finish the study. However, they were informed that they could withdraw from the study without specifying any reason. At the beginning, the participants were asked whether they want to participate in the research voluntarily or not. After officially agreeing to participate by approving the consent form, they filled the demographic information form, the Unfinished Business in Bereavement Scale Brief Form, the Defence Style Questionnaire, and the Posttraumatic Growth Inventory. Finally, they were thanked for their involvement and given an e-mail address to reach if they need any further information.

2.4 Data Analysis Procedures

After data collection, the data was downloaded from Google Docs to Excel and exported to Statistical Package for Social Sciences (SPSS) 26.0. Total scores of the scales were calculated to make the necessary measurements. In order to decide the normal distribution of the variables, descriptive statistics and tests of normality were examined by considering total scores. After that, descriptive statistics were calculated for all the study variables. For the reliability, internal consistency values were

examined for the scales. In order to understand the relationship between predictor and outcome variables, Pearson's correlation were analyzed and reported. To find out the role of defence styles on the relationship between unfinished business and posttraumatic growth, bootstrapping method was conducted in context of mediation analysis. The procedure of Model 4 was used in mediation process. Before performing bootstrap method using Hayes Process Macro (2013), assumptions of linear regression were controlled, and there was no violation found. As posthoc analyses, UBBS-BF, DSQ and PTGI scores are analysed in terms of correlations with participants' age and deceased age, while between-group differences regarding different causes of death, getting a professional help or not after loss, whether the loss was expected or not were examined through one-way ANOVAs and independent t-tests.

3. RESULTS

3.1 Descriptive Statistics about the Loss Experienced by the Participants

The study was conducted with participants (N = 340) who had experienced a loss of a loved one during the last 6 months to 10 years (M = 48.53, SD = 34.78). If they lost more than one person during this time, they were asked whose loss impacted them most. More than a quarter of the participants answered the loss of their grandparents (n = 94, 27.7%). Therefore, the average age of the deceased has increased to 65.78 years old (SD = 18.15). The most common cause of the death was chronic and acute diseases (n = 295, 86.7%), followed by old age (n = 16, 4.7%), traffic accident (n = 11, 3.2%), suicide (n =7, 2.1%), homicide (n = 4, 1.2%), natural disasters (n = 2, 0.6%), and other causes without these categories (n = 5, 1.5%). The majority of the mourners experienced sudden loss of someone (n = 213, 62.6%), were very close with the deceased (n = 237, 69.7%), and did not get any professional help afterward (n = 281, 82.6%).

Table 2.

Descriptive Statistics of Participants' Loss Experience (N= 340)

Loss-related variables	*n*	*%*	*M*	*SD*	*Min*	*Max*
The deceased						
Mother	43	12.6				
Father	74	21.8				
Sibling	25	7.4				
Romantic partner	8	2.4				
Grandmother	58	17.1				
Grandfather	36	10.6				
Aunt	18	5.2				
Uncle	19	8.4				
Friend	20	5.9				
Cousin	26	7.6				
Mother-in-law	2	0.6				
Brother-in-law	3	0.9				
Sister-in-law	2	0.6				

Loss-related variables	*n*	*%*	*M*	*SD*	*Min*	*Max*
Niece/nephew	1	0.3				
Other	5	1.5				
Deceased age			65.78	18.15	16	99
Months passed since death			48.53	34.78	6	120
Cause of death						
Chronic disease	164	48.2				
Acute disease	131	38.5				
Old age	16	4.7				
Traffic accident	11	3.2				
Suicide	7	2.1				
Homicide	4	1.2				
Natural disasters	2	0.6				
Other	5	1.5				
Expected or sudden loss						
Expected	127	37.4				
Sudden	213	62.6				
Closeness						
Not close	2	0.6				
Very close	238	69.7				
Professional Help						
None	281	82.6				
Psychotherapy	33	9.7				
Psychiatry	13	3.8				
Both	13	3.8				

3.2 Descriptive Statistics for the Study Variables

This section presents the descriptive data of the three variables: Unfinished Business in Bereavement Scale- Brief Form, Defence Style Questionnaire, and Posttraumatic Growth Inventory. Table 3 presents mean, median, standard deviation, and range scores for these measures.

Table 3.

Summary Statistics for Unfinished Business in Bereavement Scale Brief Form, Defence Style Questionnaire and Posttraumatic Growth Inventory

Measure	*M*	*SD*	*n*	*Mdn*	*Min*	*Max*
Unfinished Business in Bereavement Scale	17.14	6.60	340	16	8	40
Defence Style Questionnaire						
Mature defences	43.60	10.87	340	44	11	72
Neurotic defences	37.87	9.79	340	38	16	72
Immature defences	90.89	23.11	340	90	37	150
Posttraumatic Growth Inventory	56.69	22.24	340	59.5	0	105

3.3 Examination of Normality Assumptions

To test the assumption for normality, the skewness and kurtosis statistics were used (Table 4). The results demonstrated that the scores were normally distributed as all statistics ranged from -2.00 and 2.00 (George & Mallery, 2010). The Z-scores of the scales were also calculated to assess the outliers, but they were not excluded.

Table 4.

Tests of Normality for Scores on Unfinished Business in Bereavement Scale Brief Form, Defence Style Questionnaire and Posttraumatic Growth Inventory

Measure	Skewness[a]	Kurtosis[b]
Unfinished Business in Bereavement Scale Brief Form	.818	.369
Defence Style Questionnaire		
Mature defences	-.198	.132
Neurotic defences	.245	.002
Immature defences	.140	-.346
Posttraumatic Growth Inventory	-.381	-.225

[a]*SE*= .132, [b]*SE*= .264

3.4 Correlation Analysis

Pearson correlation was used to compute correlation. Table 5. shows results of the correlations. There was a significant positive relationship between unfinished business and neurotic (r (338) = .184, p < .001), as well as immature defences (r (338) = .374, p < .001). In addition, PTG was positively correlated with mature (r (338) = .256, p < .001), neurotic (r (338) = .286, p < .001) and immature defences (r (338) = .128, p < .05).

Table 5.

Correlations between Unfinished Business Scale Brief Form, Defence Mechanisms Questionnaire, and Posttraumatic Growth Inventory

Measure	1	2	3	4	5
1. Unfinished Business Scale	1.00				
2. Mature defences	-.064	1.00			
3. Neurotic defences	.184**		1.00		
4. Immature defences	.374**			1.00	
5. Posttraumatic Growth Inventory	.092	.256**	.286**	.128*	1.00

Note. N=340, $p < .05$, ** $p < .01$ (2 tailed)

3.5 Mediation Analysis

To find out the role of defence styles on relationship between unfinished business and posttraumatic growth, bootstrapping method was conducted in context of mediation analysis. The procedure of Model 4 was used in mediation process. In these regression analyses, 5000 resamples were used in to identify full indirect effects of defence mechanisms on relationship between unfinished business and posttraumatic growth with a 95% confidence interval.

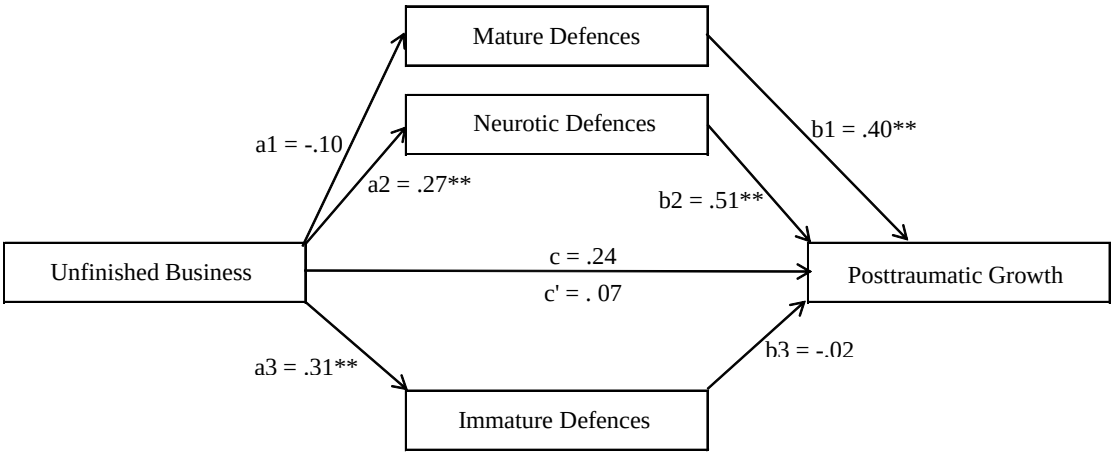
Before performing bootstrap method, assumptions of linear regression were checked, and there was no violation found. Analysis of standard residuals was performed to see whether they were normally distributed, and the data did not contain outliers (Std. Residual Min = -3.03, Std. Residual Max = 2.33). Analysis of collinearity statistics showed that there was no multicollinearity in the data (Unfinished Business, Tolerance = .85, VIF = 1.17; Mature Defences, Tolerance =

.90, VIF = 1.11; Neurotic Defences, Tolerance = .73, VIF = 1.14; Immature Defences, Tolerance = .70, VIF = 1.41). The data met the assumption of independent errors (Durbin-Watson value = 2.02). The histogram of standardized residuals showed that data was normally distributed (M = -2.58E-16, SD = 0.99) as demonstrated by P-P plot of standardized residuals. Finally, the scatterplot of standardized predicted values illustrated that the data met the assumption of linearity.

A parallel mediation analysis was conducted to examine how defence mechanisms act as a mediator (Figure 1). The results indicated that unfinished business was significantly associated with neurotic defences (a2 = .27, *SE* = .0793, *p* < .00) and immature defences (a3 =.31, *SE* = .1766, *p* <.00). In addition, mature defences (b1 = .40, *SE* = .1102, *p* < .00) and neurotic defences (b2 = .51, *SE* = .1362, *p* < .00) had a positive effect on posttraumatic growth. However, the direct effect of unfinished business on posttraumatic growth was not statistically significant (c = .24, *SE* = .1876, *p* = .21). In general, there was no significant indirect relationship between unfinished business and growth through defence mechanisms (c' = .07, *SE* = .0942, CI [-.1139, .2640]).

Figure 1.

Mediating Role of Defence Mechanisms on Unfinished Business and Posttraumatic Growth



**p <.05, **p < .00*

3.6 Posthoc Analyses

Additional analyses were conducted to see if age and other loss-related variables make differences in unfinished business and PTG. Results of correlation analysis showed that there is a negative significant correlation between age and unfinished business in bereavement (r (338) = -.16, p < .001). That is, as mourners' age increases, the likelihood of having a feeling of unfinished business with the deceased decreases. In addition, age was negatively correlated with immature defences (r (338) = -.14, p < .001). That means as age increases, the use of immature defences decrease. Not only participants' age but also age of the deceased was negatively associated with unfinished business (r (338) = -.18, p < .001) and posttraumatic growth (r (338) = -.14, p < .001). Therefore, as the age of the deceased increases, the feeling of unfinished business and the possibility of psychological growth after the loss decrease.

Multiple one-way ANOVA tests were used to investigate the impact of the cause of death and closeness with the deceased on unfinished business. The ANOVA was statistically significant, indicating that the unfinished business were influenced by the reason of the death (F (7, 332) = 3.70, p = .001). In addition, it was also found that there was a statistically significant difference between whether the loss was expected (M = 18.15, SD = 6.71) or sudden (M = 15.45, SD = 6.07) and the unfinished business (t (338) = 3.72, p < .001). However, there was no significant difference regarding the closeness (F (4, 335) = 2.19, p = .06).

In order to see the relationship between posttraumatic growth scores and some descriptive variables, namely, cause of death, closeness with the deceased, and professional help received after the loss a series of analysis have been conducted. One-way ANOVA was used for these analyzes. It was concluded that there is no significant difference in PTG scores due to cause of death (F (7, 332) = 0.63, ns), closeness (F (4, 335) = 0.69, ns) and professional help (F (3, 336) = .095, ns). Nevertheless, there was a statistically significant difference between the expected losses (M = 18.15, SD = 6.71), sudden losses (M = 15.45, SD = 6.07) and posttraumatic growth (t (338) = 2.11, p < .05).

4. DISCUSSION

4.1 Discussion for Correlational Analysis

In current study, no significant relationship was found between unfinished business in loss experience and posttraumatic growth. When the average of the scores obtained from the Unfinished Business in Bereavement Scale Brief Form was examined, it was seen that participants have low levels of unfulfilled wishes and unresolved conflicts with the loss person. Therefore, if the mourner has a low perception of unfinished issues with the loss, they are less likely to experience loss-related growth.

Looking at the given information of the participants and deceased people in the study, there might be several reasons for it. First of all, majority of the participants filled out the questionnaire for their grandparents. Although, there is no research found showing the relationship between age of the deceased and unfinished business, similar results are shown in studies on complicated grief (Bruinsma et al., 2015; Hardison et al., 2005; Lobb et al., 2010; Parro-Jimenez, 2021). That is, loss at young age is associated with more traumatic grief process. As unfinished business is one of the prominent risk factors for complicated grief (Holland at al., 2018; Menzies et al., 2020), there might be a similar association between age of the deceased and unfinished business. Thus, as the age of the loss increases, the mourner's perception of unfinished business might be decrease. Therefore, there will be no growth in this regard. In addition, the issue of unfinished business is more common in close family member losses than in the loss of distant family members or friends (Klingspon et al., 2015). Although most of the participants stated that they were very close to the person they lost, the majority of the losses were extended family members and friends.

Each person is shaped by their culture as it affects how they think, speak, behave, and experience grief (Cimete & Kuguoglu, 2006; Shah & Meeks, 2012). Turkey is a diverse country in terms of culture, religious beliefs, and language. However, the majority speak Turkish and there are some phrases that are said to those who have lost a loved one, such as "you cannot talk behind the dead *(ölünün arkasından konuşulmaz)*" or "you cannot die with the dead *(ölenle ölünmez)*". These

are the statements that encourage the mourners to hide their negative emotions and thoughts. In Unfinished Business in Bereavement Scale, there are items that evaluate their anger towards the deceased and how much the grief affected their lives like “I feel that I need his/her permission to live fully since s/he died” and “I feel a deep sense of anger towards him/her that I do not know how to resolve”. Additionally, expression of negative emotions is not supported in collectivistic cultures, and people may mask their feelings (Akan & Barışkın, 2017; Matsumoto et al., 2008). Thus, the participants may not have answered the questions by getting rid of the pressure of their culture.

Secondly, it was found that there is a correlation between immature and neurotic defences and unfinished business. Defence mechanisms are related to the severity of grief. It has been asserted that people who use immature and neurotic defences mostly, experience more severe grief process than those who use mature defences (Gana & K’Delant, 2011; Rahimian Boogar & Talepasand, 2015). Thus, as having unfinished business increases the severity of grief, it can be related with immature and neurotic defences.

It was also found that posttraumatic growth is correlated with mature, neurotic and immature defences. Mature defences cope efficiently with internal and external stressors to increase personal improvement or fulfilment of wishes (Perry, 2014). Since posttraumatic growth is a personal development in several domains after a challenging life event, people using mature defences mostly might be more likely to experience psychological growth after a stressful incident such as loss. Furthermore, Boerner et al. (2017) mentioned that posttraumatic growth may be an avoidance strategy and that growth may occur as a result of avoidance of stressful events and distorted positive illusions. That is, even though neurotic and immature defences cannot cope with stressors adaptively, they can lead to psychological growth as an illusory self-protective mechanism.

4.2 Discussion for Mediation Analysis

Parallel mediation analysis showed that defence mechanisms do not play a mediating role in the relationship between unfinished business and post-traumatic

growth. Unfinished business creates compelling emotions such as regret and guilt. These are feelings that are difficult for the person to deal with, and one of the fundamental aims of defences is to keep shame, anxiety, and guilt within manageable levels (Vaillant, 1994). In order for mourners to experience bereavement-related growth, they must be able to process the loss. However, the perception of unfinished business affects the ability to make sense of it and arouses feelings that are difficult to tolerate. Defence mechanisms may prevent processing and making sense of the loss by keeping these emotions and the perception of unfinished business away from the level of consciousness. As a consequence, growth may not occur.

When defence mechanisms are examined separately, it has been seen that neurotic defences have a mediating role on this relationship. Soesilo (2014) mentioned that if the incident does not cause anxiety or creates intense stress, ego defences may weaken. Hence, if participants do not experience the loss traumatically or experience it intensely, the function of defences may be impaired. People who use their mature defences more can cope with internal and external stressors more adaptively (Kramer, 2010). Likewise, perceptions of unfinished business can be a major source of stress, as immature defences cannot cope with stressors adaptively (Vaillant, 2011). Therefore, they may not have played a role in this relationship because the effect of both mature and immature defences was weakened.

Neurotic defences are not as adaptive as mature defences, but not as dysfunctional as immature defences to cope with loss. Therefore, the mourners experience a moderate level of unfinished business. Since this makes it possible for meaning reconstruction, it may have a mediating role.

4.3 Limitations and Future Directions

The current study has certain limitations. First of all, the average age of the participants in the study corresponds to the middle age. In the study, there was a negative correlation between the age of the participants and perception of unfinished business. In addition, studies show that young adults are more likely to experience growth after a traumatic incident (Tedeschi & Calhoun, 2004). In addition, since unfinished business is more common in close family members rather than extended

ones. Majority of the participants experienced grandparents' loss. Future research can focus on young adults who experienced specific types of loss such as parental loss. Furthermore, time passed since loss is negatively related with unfinished business in bereavement, more inclusion of people who have just lost a loved one in the study may increase this rate.

Religious belief is one of the important factors that determine how mourning will be experienced and is one of the important factors for psychological adjustment (Seirmarco et al., 2012). In some religions, death is not seen as an end and it may have a protective effect against traumatic loss. For example, there is a belief in Islam such as "God takes his beloved servant with him early" *(Allah sevdiği kulunu yanına erken alır)*. Therefore, participants may also be asked about their religious beliefs.

In current study, Defence Styles Questionnaire (DSQ-40) was used to determine defence mechanisms. However, some studies criticize the classification of defences (Cazan & Clinciu, 2015; Chabrol et al., 2005). In addition, it is mentioned that the scale items are not understood by the participants in the adaptation studies conducted in some countries (Schauenburg et al., 2007). There is no mention of such a thing in the Turkish adaptation of the questionnaire. However, similar feedback was received from our participants. Therefore, the scale used may have affected the results. Different scales may be used to assess defence styles in future studies.

REFERENCES

Ajoudani, F., Jafarizadeh, H., & Kazamzadeh, J. (2019). Social support and posttraumatic growth in Iranian burn survivors: The mediating role of spirituality. *Burns: Journal of the International Society for Burn Injuries, 45*(3), 732–740. doi: 10.1016/j.burns.2018.10.013

Akan, Ş. T., & Barişkin, E. (2017). Reliability and validity indicators of Berkeley Expressivity Questionnaire in the context of culture and gender. *Turk Psikiyatri Dergisi*, *28*(1), 43-50. doi: 10.5080/u13378

American Psychiatric Association (2013*). Diagnostic and statistical manual of mental disorders: DSM-5*^{TM} (5th ed.). Arlington, VA: Author.

American Psychiatric Association. (1994). *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.).

Andrews, G., Singh, M., & Bond, M. (1993). The Defence Style Questionnaire. *Journal of Nervous and Mental Disease, 181*(4), 246-256. doi: 10.1097/00005053-199304000-0006

An, Y., Ding, X., & Fu, F. (2017). Personality and Post-traumatic Growth of Adolescents 42 Months after the Wenchuan Earthquake: A Mediated Model. *Frontiers in Psychology, 8.* doi:10.3389/fpsyg.2017.02152

Bellet, B. W., Jones, P. J., Neimeyer, R. A., & McNally, R. J. (2018). Bereavement Outcomes as Causal Systems: A Network Analysis of the Co-Occurrence of Complicated Grief and Posttraumatic Growth. *Clinical Psychological Science, 6*(6), 797-809. doi:10.1177/2167702618777454

Blais, M. A., Conboy, C. A., Wilcox, N., & Norman, D. K. (1996). An empirical study of the DSM-IV defensive functioning scale in personality disordered patients. *Comprehensive Psychiatry, 37*(6), 435–440. doi: 10.1016/S0010-440X(96)90027-9

Boelen, P.A., Hout, M.A., & Bout, J. (2006). Cognitive-Behavioral Conceptualization of CG. *Clinical Psychology: Science and Practice, 13*(2), 109- 128. doi: 10.1111/j.1468-2850.2006.00013.x

Boelen, P. A., & Prigerson, H. G. (2007). The influence of symptoms of prolonged grief disorder, depression, and anxiety on quality of life among bereaved adults. *European Archives of Psychiatry and Clinical Neuroscience, 257*(8), 444–452. doi:10.1007/s00406-007-0744-0

Boerner, M., Joseph, S. & Murphy, D. (2017). Reports of Post-traumatic Growth and Well-Being: Moderating Effect of Defense Style. *Journal of Social and Clinical Psychology, 36*(9), 723-737. doi: 10.1521/jscp.2017.36.9.723

Brewer, J. D., & Sparkes, A. C. (2011). Young people living with parental bereavement: Insights from an ethnographic study of a UK childhood bereavement service. *Social Science & Medicine, 72*(2), 283–290. doi:10.1016/j.socscimed.2010.10.0

Bruinsma, S. M., Tiemeier, H. W., Heemst, J. V., van der Heide, A., & Rietjens, J. A. C. (2015). Risk Factors for Complicated Grief in Older Adults. *Journal of Palliative Medicine, 18*(5), 438–446. doi:10.1089/jpm.2014.0366

Buckley, T., Sunari, D., Marshall, A., Bartrop, R., McKinley, S., & Tofler, G. (2012). Physiological Correlates of Bereavement and the Impact of Bereavement Interventions. *Dialogues in Clinical Neuroscience, 14*(2), 129-139. doi: 10.31887/DCNS.2012.14.2/tbuckley

Calhoun, L. G., Tedeschi, R. G., Cann, A., & Hanks, E. A. (2010). Positive outcomes following bereavement: Paths to posttraumatic growth. *Psychologica Belgica, 50*(1-2), 125–143. doi: 10.5334/pb-50-1-2-125

Cann, A., Calhoun, L.G., Tedeschi, R.G., Triplett, K.N., Vishnevsky, T., & Lindstrom, C.M.(2011) Assessing posttraumatic cognitive processes: The Event Related Rumination Inventory, *Anxiety, Stress, & Coping, 24*(2), 137-156, doi: 10.1080/10615806.2010.529901

Cazan, A.-M., & Clinciu, A. I. (2015). Psychometric Evaluation of the Short Version of the Defense Style Questionnaire on a Romanian Non-clinical Sample. *Procedia - Social and Behavioral Sciences, 187,* 408–412. doi:10.1016/j.sbspro.2015.03.076

Cesur Soysal, G. (2019). Kayıp Yaşantılarında Bitmemiş İşler Ölçeği- Kısa Form: Türkçe'ye uyarlama, geçerlilik ve güvenilirlik çalışması. *Anadolu Psikiyatri Dergisi, 21.* doi: 10.5455/apd.58897

Chabrol, H., Rousseau, A., Rodgers, R., Callahan, S., Pirlot, G., & Sztulman, H. (2005). A study of the face validity of the 40 item version of the Defense Style Questionnaire (DSQ-40). *The Journal of nervous and mental disease, 193*(11), 756–758. doi: 10.1097/01.nmd.0000185869.07322.ed

Cimete, G., & Kuguoglu, S. (2006). Grief Responses of Turkish Families after the Death of their Children from Cancer. *Journal of Loss and Trauma, 11*(1), 31-51. doi:10.1080/15325020500194455

Cramer, P. (2008). Seven Pillars of Defense Mechanism Theory. *Social and Personality Psychology Compass, 2*(5), 1963–1981. doi:10.1111/j.1751-9004.2008.00135.x

Currier, J. M., Irish, J. E. F., Neimeyer, R. A., & Foster, J. D. (2014). Attachment, Continuing Bonds, and Complicated Grief Following Violent Loss: Testing a Moderated Model. *Death Studies, 39*(4), 201–210. doi:10.1080/07481187.2014.975869

Currier, J. M., Holland, J. M., & Neimeyer, R. A. (2012). Prolonged grief symptoms and growth in the first 2 years of bereavement: Evidence for a nonlinear association. *Traumatology, 18*(4), 65–71. doi:10.1177/1534765612438948

Dekel, S., Ein-Dor, T., & Solomon, Z. (2012). Posttraumatic growth and posttraumatic distress: A longitudinal study. *Psychological Trauma: Theory, Research, Practice, and Policy, 4*(1), 94–101. doi:10.1037/a0021865

Dirik, G. & Karancı, N.A. (2008). Variables Related to Posttraumatic Growth in Turkish Rheumatoid Arthritis Patients. *Journal of Clinical Psychology in Medical Settings, 15*(3), 193-203. doi:10.1007/s10880-008-9115-x

Dworkin, E. R., Menon, S. V., Bystrynski, J., & Allen, N. E. (2017). Sexual assault victimization and psychopathology: A review and meta-analysis. *Clinical Psychology Review, 56,* 65–81. doi:10.1016/j.cpr.2017.06.002

Eisma, M. C., Lenferink, L. I. M., Stroebe, M. S., Boelen, P. A., & Schut, H. A. W. (2019). No pain, no gain: cross-lagged analyses of posttraumatic growth and anxiety, depression, posttraumatic stress and prolonged grief symptoms after loss. *Anxiety, Stress, & Coping*, 1–13. doi:10.1080/10615806.2019.1584293

Engelkemeyer, S. M., & Marwit, S. J. (2008). Posttraumatic growth in bereaved parents. *Journal of Traumatic Stress, 21*(3), 344–346. doi:10.1002/jts.20338

Ferrajão, P. (2022). Worldviews about the self mediate the impact of immature and mature defence styles on posttraumatic symptoms in bereaved parents. *Death Studies, 46*(6), 1390-1400. doi: 10.1080/07481187.2021.1975176

Field, N. P., & Filanosky, C. (2009). Continuing Bonds, Risk Factors for Complicated Grief, and Adjustment to Bereavement. *Death Studies, 34*(1), 1–29. doi:10.1080/07481180903372269

Freud, S. (1896). Further Remarks on the Neuro-Psychoses of Defence. *The Standard Edition of the Complete Psychological Works of Sigmund Freud, 3.* 157- 185.

Freud, S. (1915). Repression. *The Standard Edition of the Complete Psychological Works of Sigmund Freud, 14.* 141-158.

Gana, K., & K'Delant, P. (2011). The effects of temperament, character, and defence mechanisms on grief severity among the elderly. *Journal of Affective Disorders, 128*(1-2), 128–134. doi:10.1016/j.jad.2010.06.017

George, D. & Mallery, M. (2010). SPSS for Windows Step by Step: A Simple Guide and Reference, 17.0 update (10a ed.). Boston: Pearson

Granieri, A., La Marca, L., Mannino, G., Giunta, S., Guglielmucci, F., & Schimmenti, A. (2017). The Relationship between Defense Patterns and DSM-5 Maladaptive Personality Domains. *Frontiers in Psychology, 8.* doi:10.3389/fpsyg.2017.01926

Hallam, W., & Morris, R. (2014). Post-traumatic growth in stroke carers: A comparison of theories. *British journal of health psychology*, *19*(3), 619-635. doi:10.1111/bjhp.12064

Hardison, H. G., Neimeyer, R. A., & Lichstein, K. L. (2005). Insomnia and Complicated Grief Symptoms in Bereaved College Students. *Behavioral Sleep Medicine, 3*(2), 99–111. doi:10.1207/s15402010bsm0302_4

Hayes, A. F. (2013). *Introduction to mediation, moderation, and conditional process analysis: A regression-based approach.* Guilford Press.

Hentschel, U., Smith, G., Draguns, J. G., & Ehlers, W. (Eds.). (2004). *Defense mechanisms: Theoretical, research and clinical perspectives*. Elsevier.

Holland, J.M., Klingspon, K.L., Lichtenthal, G.W., & Neimeyer, R.A. (2018). The Unfinished Business in Bereavement Scale (UBBS): Development and psychometric evaluation. *Death Studies,* 1-13. doi: 10.1080/07481187.2018.1521101

Holland, J. M., Plant, C. P., Klingspon, K. L., & Neimeyer, R. A. (2018). Bereavement- related regrets and unfinished business with the deceased. *Death Studies, 44*(1), 42–47. doi:10.1080/07481187.2018.1521106

Holland, J. M., Thompson, K. L., Rozalski, V., & Lichtenthal, W. G. (2013). Bereavement- Related Regret Trajectories among Widowed Older Adults. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences, 69B*(1), 40–47. doi:10.1093/geronb/gbt050

Honey, W. (2020). Posttraumatic Growth in the Context of Grief: Testing the Mindfulness to Meaning Theory. Clinical Psychology Dissertations, 64.

Iglewicz, A., Shear, M. K., Reynolds, C. F., Simon, N., Lebowitz, B., & Zisook, S. (2019). Complicated grief therapy for clinicians: An evidence-based protocol for mental health practice. *Depression and Anxiety*, 1-9. doi:10.1002/da.22965

Işıklı, S., Keser, E., Prigerson, H.G. & Maciejewski, P.K. (2020). Validation of the prolonged grief scale (PG-13) and investigation of the prevalence and risk factors of prolonged grief disorder in Turkish bereaved samples. *Death Studies*, 1-11. doi: 10.1080/07481187.2020.1745955

Jayawickreme, E., Infurna, F. J., Alajak, K., Blackie, L. E. R., Chopik et al. (2020). Post-traumatic growth as positive personality change: Challenges, opportunities, and recommendations. *Journal of Personality, 89*(1), 145–165. doi:10.1111/jopy.12591

Johnsen, I., & Afgun, K. (2020). Complicated Grief and Post-Traumatic Growth in Traumatically Bereaved Siblings and Close Friends. *Journal of Loss and Trauma*, 1–14. doi:10.1080/15325024.2020.1762972

Jordan, A. H., & Litz, B. T. (2014). Prolonged grief disorder: Diagnostic, assessment, and treatment considerations. *Professional Psychology: Research and Practice, 45*(3), 180–187.

Joseph, S. & Linley, P.A. (2005). Positive Adjustment to Threatening Events: An Organismic Valuing Theory of Growth through Adversity. *Review of General Psychology*, *9*(3), 262-280. doi: 10.1037/1089-2680.9.3.262

Juni, S. (1997). Conceptualizing Defence Mechanisms from Drive Theory and Object Relations Perspectives. *American Journal of Psychoanalysis, 57*, 149-166. doi: 10.1023/a:1024799227265

Karanci, A. N., Işıklı, S., Aker, A. T., Gül, E. İ., Erkan, B. B., Özkol, H., & Güzel, H. Y. (2012). Personality, posttraumatic stress and trauma type: factors contributing to posttraumatic growth and its domains in a Turkish community sample. *European Journal of Psychotraumatology, 3*(1), 17303. doi:10.3402/ejpt.v3i0.17303

Kashani, F. L., Vaziri, S., Zanjani, N. K., & Aghdam, S. S. (2014). Defense Styles, Defense Mechanisms and Post-traumatic Growth in Patients Suffering from Cancer. *Procedia - Social and Behavioral Sciences, 159*, 228–231. doi:10.1016/j.sbspro.2014.12.362

Kelland, M. (2015). *Personality Theory in Cultural Context*. OpenStax-CN.

Kelly, G., Morris, R., & Shetty, H. (2018). Predictors of Post-Traumatic Growth in Stroke Survivors. *Disability and Rehabilitation, 40*(24), 2916-2924. doi: 10.1080/09638288.2017.1363300

Keser, E., Ar Karci, Y., & Danışman, I. G. (2022). Examining the Basic Assumption of Psychoanalytic Theory Regarding Normal and Abnormal Grief: Roles of Unfinished Businesses and Bereavement Related Guilt. *OMEGA - Journal of Death and Dying*, *0*(0). doi: 10.1177/00302228221111946

Khanna, S., & Greyson, B. (2015). Near-Death Experiences and Posttraumatic Growth. *The Journal of Nervous and Mental Disease, 203*(10), 749–755. doi:10.1097/nmd.0000000000000362

Kim, E., & Bae, S. (2019). Gratitude Moderates the Mediating Effect of Deliberate Rumination on the Relationship between Intrusive Rumination and Post-traumatic Growth. *Frontiers in Psychology*, *10*. doi:10.3389/fpsyg.2019.02665

Klingspon, K. L., Holland, J. M., Neimeyer, R. A., & Lichtenthal, W. G. (2015). Unfinished Business in Bereavement. *Death Studies, 39*(7), 387–398. doi:10.1080/07481187.2015.1029143

Klingspon, K.L., "Unfinished Business in Bereavement: A Mixed Methods Study" (2014). *UNLV Theses, Dissertations, Professional Papers, and Capstones*. 2188. doi: 10.34917/6456418

Kong, L., Fang, M., Ma, T., Li, G., Yang, F., Meng, Q., … Li, P. (2018). Positive affect mediates the relationships between resilience, social support and posttraumatic growth of women with infertility. *Psychology, Health & Medicine, 23*(6), 707–716. doi:10.1080/13548506.2018.1447679

Koutrouli, N., Anagnostopoulos, F., & Potamianos, G. (2012). Posttraumatic Stress Disorder and Posttraumatic Growth in Breast Cancer Patients: A Systematic Review. *Women & Health, 52*(5), 503–516. doi:10.1080/03630242.2012.679337

Kösoğlu, M. (2020). The relationship between grief, resilience and posttraumatic growth in bereaved university students. [Master's Thesis, Yeditepe Univerity]. Yüksek Öğretim Kurulu Ulusal Tez Merkezi Veri Tabanı.

Kramer, U. (2010). Coping and defence mechanisms: What's the difference? - Second act. *Psychology and Psychotherapy: Theory, Research and Practice, 83*(2), 207–221. doi:10.1348/147608309x475989

Lee, S.A., Neimeyer, R,A., Mancini, V.O. & Breen, L.J. (2022). Unfinished business and self-blaming emotions among those bereaved by a COVID-19 death, *Death Studies, 46*(6), 1297-1306. doi: 10.1080/07481187.2022.2067640

Levi-Belz, Y. (2020). Longitudinal Intercorrelations between Complicated Grief and Posttraumatic Growth among Suicide Survivors. *Archives of Suicide Research,* 1–15. doi:10.1080/13811118.2020.1820412

Lichtenthal, W. G., Roberts, K. E., Catarozoli, C., Schofield, E., Holland, J. M., Fogarty, J. J., … Wiener, L. (2020). Regret and unfinished business in parents bereaved by cancer: A mixed methods study. *Palliative Medicine,* 1-11. doi:10.1177/0269216319900301

Lindstrom, C. M., Cann, A., Calhoun, L. G., & Tedeschi, R. G. (2013). The relationship of core belief challenge, rumination, disclosure, and sociocultural elements to posttraumatic growth. *Psychological Trauma: Theory, Research, Practice, and Policy, 5*(1), 50–55. doi:10.1037/a0022030

Lobb, E.A., Kristjanson, L.J., Aoun, S.M., Monterosso, L., Halkett, G.K.B., & Davies, A. (2010). Predictors of Complicated Grief: A Systematic Review of Empirical Studies, *Death Studies, 34*(8), 673-698. doi: 10.1080/07481187.2010.496686

Lundorff, M., Holmgren, H., Zachariae, R., Farver-Vestergaard, I., & O'Connor, M. (2017). Prevalence of prolonged grief disorder in adult bereavement: A systematic review and meta-analysis. *Journal of Affective Disorders,* 212, 138–149. doi:10.1016/j.jad.2017.01.030

Marshall, E. M., Frazier, P., Frankfurt, S., & Kuijer, R. G. (2015). Trajectories of posttraumatic growth and depreciation after two major earthquakes. *Psychological Trauma: Theory, Research, Practice, and Policy, 7*(2), 112–121. doi:10.1037/tra0000005

Matsumoto, D., Seung Hee Yoo, & Fontaine, J. (2008). Mapping Expressive Differences around the World. *Journal of Cross-Cultural Psychology, 39*(1), 55–74. doi:10.1177/0022022107311854

Mattson, E., James, L., & Engdahl, B. (2018). Personality Factors and Their Impact on PTSD and Post-traumatic Growth is Mediated by Coping Style among OIF/OEF Veterans. *Military Medicine, 183*(9-10), 475-480. doi:10.1093/milmed/usx201

Mauro, C., Reynolds, C.F., Maercker, A., Skritskaya, N., Simon, N., Zisook, S., Lebowitz, B., Cozza, S.J., Shear, M.K. (2018). Prolonged grief disorder:

Clinical utility of ICD-11 diagnostic guidelines. *Psychological Medicine*, 1–7. doi:10.1017/S0033291718001563

McWilliams, N. (2011). *Psychoanalytic diagnosis: Understanding personality structure in the clinical process*. (2nd ed.). Guilford Press.

Meier, A. M., Carr, D. R., Currier, J. M., & Neimeyer, R. A. (2013). Attachment anxiety and avoidance in coping with bereavement: Two studies. *Journal of Social and Clinical Psychology, 32*(3), 315–334. doi: 10.1521/jscp.2013.32.3.315

Menzies, R., Neimeyer, R., & Menzies, R. (2020). Death Anxiety, Loss, and Grief in the Time of COVID-19. *Behaviour Change, 37*(3), 111-115. doi: 10.1017/bec.2020.10

Nakajima, S. (2018). Complicated grief: recent developments in diagnostic criteria and treatment. *Philosophical Transactions of the Royal Society B: Biological Sciences, 373*(1754), 20170273. doi:10.1098/rstb.2017.0273

Pallant, J. (2020). *SPSS survival manual: A step by step guide to data analysis using IBM SPSS*. McGraw-hill education (UK)

Paredes, A. C., & Pereira, M. G. (2017). Spirituality, Distress and Posttraumatic Growth in Breast Cancer Patients. *Journal of Religion and Health, 57*(5), 1606-1617. doi:10.1007/s10943-017-0452

Parro-Jimenez, E., Moran, N., Gesteria, C., Sanz, J., & Garcia-Vera, M.P. (2021). Complicated grief: a systematic review of prevalence, diagnosis, risk and protective factors in the adult population of Spain. *Anales de Psicologia, 37*(2), 189-201. doi: 10.6018/analesps.37.2.443271

Perry, J. C. (2014). Anomalies and Specific Functions in the Clinical Identification of Defense Mechanisms. *Journal of Clinical Psychology, 70*(5), 406–418. doi:10.1002/jclp.22085

Quinodoz, J.-M. (2005). Reading Freud: A Chronological Exploration of Freud's Writings (1st ed.). Routledge. doi: 10.4324/9781315783109

Rahimian Boogar, I., & Talepasand, S. (2015). The Role of Defense Mechanisms, Personality and Demographical Factors on Complicated Grief following Death of a loved one by Cancer. *Iranian journal of psychiatry*, *10*(2), 79–85.

Ramos, C., & Leal, I. (2013). Posttraumatic Growth in the Aftermath of Trauma: A Literature Review about Related Factors and Application Contexts. *Psychology, Community & Health, 2*(1), 43–54. doi:10.5964/pch.v2i1.39

Richardson, K.M. (2015). The surviving sisters club: Examining social support and posttraumatic growth among FDNY 9/11 widows. *Journal of Loss and Trauma, 21*(1), 1-15. doi: 10.1080/15325024.2015.1024558

Roberts, N. P., Kitchiner, N. J., Kenardy, J., Lewis, C. E., & Bisson, J. I. (2019). Early psychological intervention following recent trauma: A systematic review and meta-analysis. *European Journal of Psychotraumatology, 10*(1), 1695486. doi:10.1080/20008198.2019.1695486

Root, B. L., & Exline, J. J. (2013). The Role of Continuing Bonds in Coping with Grief: Overview and Future Directions. *Death Studies, 38*(1), 1–8. doi:10.1080/07481187.2012.712608

Salloum, A., Bjoerke, A., & Johnco, C. (2017). The Associations of Complicated Grief, Depression, Posttraumatic Growth, and Hope among Bereaved Youth. *OMEGA - Journal of Death and Dying,* 003022281771980. doi:10.1177/0030222817719805

Schaefer, J. A., & Moos, R. H. (1998). The context for posttraumatic growth: Life crises, individual and social resources, and coping. *Posttraumatic growth: Positive changes in the aftermath of crisis*, *99*, 126.

Schauenburg, H., Willenborg, V., Sammet, I., & Ehrenthal, J. C. (2007). Self-reported defence mechanisms as an outcome measure in psychotherapy: a study on the German version of the Defence Style Questionnaire DSQ 40. *Psychology and Psychotherapy*, *80*(Pt 3), 355–366. doi: 10.1348/147608306X146068

Schenck, L. K., Eberle, K. M., & Rings, J. A. (2015). Insecure Attachment Styles and Complicated Grief Severity. *OMEGA - Journal of Death and Dying, 73*(3), 231–249. doi:10.1177/0030222815576124

Seirmarco, G., Neria, Y., Insel, B., Kiper, D., Doruk, A., Gross, R., & Litz, B. (2012). Religiosity and mental health: Changes in religious beliefs, complicated grief, posttraumatic stress disorder, and major depression following the September 11, 2001 attacks. *Psychology of Religion and Spirituality, 4*(1), 10–18. doi:10.1037/a0023479

Shah, S. N., & Meeks, S. (2012). Late-life bereavement and complicated grief: A proposed comprehensive framework. *Aging & Mental Health, 16*(1), 39–56. doi:10.1080/13607863.2011.605054

Shakespeare-Finch, J., & Barrington, A.J. (2012). Behavioural Changes Add Validity to the Construct of Posttraumatic Growth. *Journal of Traumatic Stress, 25* (4), 433-439. doi:10.1002/jts.21730

Shear, M. K., Simon, N., Wall, M., Zisook, S., Neimeyer, R., Duan, N., Reynolds, C., Lebowitz, B., Sung, S., Ghesquiere, A., Gorscak, B., Clayton, P., Ito, M., Nakajima, S., Konishi, T., Melhem, N., Meert, K., Schiff, M., O'Connor, M. F., First, M., … Keshaviah, A. (2011). Complicated grief and related bereavement issues for DSM-5. *Depression and anxiety, 28*(2), 103–117. doi:10.1002/da.20780

Skodol, A. E., & Perry, J. C. (1993). Should an axis for defense mechanisms be included in DSM-IV? *Comprehensive Psychiatry, 34*(2), 108–119. doi:10.1016/0010-440x(93)90055-9

Soesilo, A. (2014). Trauma experience, identity, and narratives. *Trauma, 22*(1), 1-17.

Stein, C. H., Petrowski, C. E., Gonzales, S. M., Mattei, G. M., Hartl Majcher, J., Froemming, M. W., … Benoit, M. F. (2017). A Matter of Life and Death: Understanding Continuing Bonds and Post-traumatic Growth When Young Adults Experience the Loss of a Close Friend. *Journal of Child and Family Studies, 27*(3), 725–738. doi:10.1007/s10826-017-0943-x

Stroebe, M.S. (2002). Paving the way: From early attachment theory to contemporary bereavement research. *Mortality: Promoting the interdisciplinary study of death and dying, 7*(2), 127-138. doi: 10.1080/13576270220136267

Stroebe, M., Schut, H., & Stroebe, W. (2005). Attachment in Coping with Bereavement: A Theoretical Integration. *Review of General Psychology, 9*(1), 48–66. doi:10.1037/1089-2680.9.1.48

Stroebe, M., & Schut, H. (2010). The Dual Process Model of Coping with Bereavement: A Decade On. *OMEGA, 61*(4), 273-289. doi: 10.2190/OM.61.4.b

Şimşek Arslan, B., Özer, Z., & Bukdukoğlu, K. (2020). Posttraumatic growth in parentally bereaved children and adolescents: A systematic review. *Death Studies,* 1-13. doi: 10.1080/07481187.2020.1716886

Taber, K.S. (2018). The use of Cronbach's alpha when developing and reporting research instruments in science education. *Research in Science Education*, 48, 1273- 1296.

Taku, K., Tedeschi, R. G., & Cann, A. (2015). Relationships of posttraumatic growth and stress responses in bereaved young adults. *Journal of Loss and Trauma, 20*(1), 56–71. doi: 10.1080/15325024.2013.824306

Tedeschi, R. G., Park, C. L., & Calhoun, L. G. (Eds.). (1998). *Posttraumatic growth: Positive changes in the aftermath of crisis.* Lawrence Erlbaum Associates Publishers.

Tedeschi, R. G., & Calhoun, L. G. (2004). Target Article: "Posttraumatic Growth: Conceptual Foundations and Empirical Evidence". *Psychological Inquiry, 15*(1), 1–18. doi:10.1207/s15327965pli1501_01

Tedeschi, R. G., & Calhoun, L. G. (2004). Posttraumatic Growth: A New Perspective on Psychotraumatology. *The Psychiatric Times, 21*(4), 58-60.

Tedeschi, R. G., Calhoun, L. G., & Cann, A. (2007). Evaluating Resource Gain: Understanding and Misunderstanding Posttraumatic Growth. *Applied Psychology, 56*(3), 396–406. doi:10.1111/j.1464-0597.2007.00299.x

Tedeschi, R. G., Calhoun, L. G., & Groleau, J. M. (2015). Clinical Applications of Posttraumatic Growth. *Positive Psychology in Practice*, 503–518. doi:10.1002/9781118996874.ch30

Tedeschi, R.G., & Calhoun, L.G. (1996). The Posttraumatic Growth Inventory. *Journal of Traumatic Stress, 9*(3), 455-471.

Triplett, K.N., Tedeschi, R.G., Cann, A., Calhoun, L.G., & Reeve, C.L. (2012). Posttraumatic Growth, Meaning in Life, and Life Satisfaction in Response to Trauma. *Psychological Trauma: Theory, Research, Practice, and Policy, 4*(4), 400-410. doi: 10.1037/a0024204

Trottier, K., & MacDonald, D. E. (2017). Update on Psychological Trauma, Other Severe Adverse Experiences and Eating Disorders: State of the Research and Future Research Directions. *Current Psychiatry Reports, 19*(8). doi:10.1007/s11920-017-0806-6

Ulloa, E., Guzman, M. L., Salazar, M., & Cala, C. (2016). Posttraumatic Growth and Sexual Violence: A Literature Review. *Journal of Aggression, Maltreatment & Trauma, 25*(3), 286–304. doi:10.1080/10926771.2015.1079286

Vaillant, G. E. (1971). Theoretical Hierarchy of Adaptive Ego Mechanisms. *Archives of General Psychiatry, 24*(2), 107. doi:10.1001/archpsyc.1971.01750080011003

Vaillant, G.E. (2011). Involuntary coping mechanisms: a psychodynamic perspective. *Dialogues in Clinical Neuroscience, 13*(3), 366-370. doi: 10.31887/DCNS.2011.13.2/ gvaillant

Vaillant G. E. (1994). Ego mechanisms of defense and personality psychopathology. *Journal of abnormal psychology*, *103*(1), 44–50. doi: 10.1037//0021-843x.103.1.44

Wu, X., Zhou, X., Wu, Y., & An, Y. (2015). The role of rumination in posttraumatic stress disorder and posttraumatic growth among adolescents after the wenchuan earthquake. *Frontiers in Psychology, 6.* doi:10.3389/fpsyg.2015.01335

Xu, W., Fu, Z., He, L., Schoebi, D., & Wang, J. (2015). Growing in times of grief: Attachment modulates bereaved adults' posttraumatic growth after losing a family member to cancer. *Psychiatry Research, 230*(1), 108–115. doi:10.1016/j.psychres.2015.08.03

Yamashita, R., Arao, H., Takao, A., Masutani, E., Morita, T., Shima, Y., … Miyashita, M. (2017). Unfinished Business in Families of Terminally Ill with Cancer Patients. *Journal of Pain and Symptom Management, 54*(6), 861–869. doi:10.1016/j.jpainsymman.2017.04

Yilmaz, M., & Zara, A. (2016). Traumatic loss and posttraumatic growth: the effect of traumatic loss related factors on posttraumatic growth. *Anatolian Journal of Psychiatry/Anadolu Psikiyatri Dergisi, 17*(1). doi: 10.5455/apd.188311

Yılmaz, N., Gençöz, T., & Ak, M. (2007). Savunma Biçimleri Testi'nin Psikometrik Özellikleri: Güvenilirlik ve Geçerlik Çalışması. *Türk Psikiyatri Dergisi, 18*(3), 244-253.

Zhou, X., Wu, X., Fu, F., & An, Y. (2015). Core belief challenge and rumination as predictors of PTSD and PTG among adolescent survivors of the Wenchuan earthquake. *Psychological Trauma: Theory, Research, Practice, and Policy, 7*(4), 391–397. doi:10.1037/tra0000031

Appendix A: Informed Consent Form

Bilgilendirilmiş Onam Formu

Sizi, Yeditepe Üniversitesi Klinik Psikoloji Yüksek Lisans öğrencisi Ezgi Ceren Şahin tarafından Dr. Öğr. Üyesi Seray Akça danışmanlığında yürütülen tez çalışmasına davet ediyoruz. Bu araştırma, kayıp yaşayan kişilerin kayıptan sonra yaşadıkları süreci incelemeye yöneliktir. Araştırma kapsamında sizden bazı soruları cevaplamanız istenmektedir. Tahminen bu işlem yaklaşık 15 dakikanızı alacaktır. Araştırmaya katılabilmek için 18 yaşın üzerinde olmak ve son 6 ay ile 10 yıl arasında bir yakınınızın kaybını yaşamış olmanız gerekmektedir.

Araştırma sırasında sizden alınacak kişisel bilgileriniz gizli tutulacak, bilgileriniz yalnızca araştırma amaçlı kullanılacaktır. Araştırmanın hiçbir yerine isminizi yazmayınız, isminiz anketin hiçbir yerinde sorulmayacaktır. Bu araştırmaya katılım gönüllülük esasına dayanmaktadır. Araştırma boyunca herhangi bir nedenden dolayı rahatsız olursanız herhangi bir aşamada istediğiniz zaman araştırmadan çekilebilirsiniz.

Bu soruları cevaplarken çeşitli olumsuz duygular hissedebilirsiniz. Psikolojik destek ihtiyacı hissederseniz Yeditepe Üniversitesi Bağdat Caddesi Polikliniği ile iletişime geçebilirsiniz. Araştırma hakkında daha fazla bilgi almak için araştırmacı ile e posta üzerinden iletişime geçebilirsiniz. Bu formu imzalamanız kendi isteğinizle hiçbir baskı veya zorlama olmadan araştırmaya katılmayı kabul ettiğiniz anlamına gelecektir.

Appendix B: Demographic Form

I.

1. Son 6 ay ile 10 yıl içinde bir yakınınızı kaybettiniz mi? ( ) Evet ( ) Hayır

Evet ise,

2. Cinsiyetiniz: ( ) Kadın ( ) Erkek ( ) Diğer

3. Yaşınız: _____

4. Tanıdıklarınızdan 10 yıl (en az 6 ay önce vefat etmiş olmalıdır) içerisinde kaybettiğiniz kişileri işaretleyiniz.

Anne ( ) Baba ( ) Kardeş ( ) Eş ( ) Çocuk ( ) Dede ( ) Anneanne ( ) Babaanne ( )

Teyze ( ) Dayı ( ) Amca ( ) Hala ( ) Sevgili ( ) Arkadaş ( ) Diğer (belirtiniz): ____

5. Yukarıda işaretlediğiniz son 10 yıl içerisinde kaybettiğiniz tanıdıklarınızdan kaybı sizi en çok etkileyen kişiyi işaretleyiniz. Lütfen sadece bir kişiyi işaretleyiniz.

Anne ( ) Baba ( ) Kardeş ( ) Eş ( ) Çocuk ( ) Dede ( ) Anneanne ( ) Babaanne ( )

Teyze ( ) Dayı ( ) Amca ( ) Hala ( ) Sevgili ( ) Arkadaş ( ) Diğer (belirtiniz): ____

Yukarıda işaretlediğiniz son 10 yıl içerisinde kaybettiğiniz ve kaybının sizi en çok etkileyen kişi ile ilgili sorular yer almaktadır. Lütfen soruları bu kişiyi düşünerek cevaplayınız.

6. **Bu kişi vefat edeli ne kadar zaman oldu?:** ____ yıl ____ ay

7. Bu kişi kaç yaşında vefat etti?: _____

8. Bu kişiyi hangi sebepten dolayı kaybettiniz?

( ) Kronik hastalık (örn. kanser, şeker hastalığı)

( ) Ani hastalık (örn. kalp krizi, beyin kanaması)

( ) Trafik kazası

( ) Cinayet

( ) İntihar

( ) Doğal afet (örn. sel, deprem)

( ) Diğer (belirtiniz):

9. Bu kişiyle olan ilişkinizin yakınlığını işaretleyiniz.

Hiç yakın değil				**Çok yakın**
1	2	3	4	5

10. Kaybınız ani ve beklenmedik bir şekilde mi gerçekleşti?

( ) Evet ( ) Hayır

11. Kaybınızdan sonra bir psikiyatrist ya da psikologdan profesyonel bir yardım aldınız mı?

( ) Yardım almadım.

( ) Psikoterapi

( )Psikiyatrik yardım/İlaç tedavisi

( ) Psikoterapi + İlaç tedavisi

Appendix C: The Unfinished Business Scale Brief Form

II.

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 sıkıntılı hissettiğinizi belirtin.

1= Hiç sıkıntılı hissetmiyorum.

2= Biraz sıkıntılı hissediyorum.

3= Orta düzeyde sıkıntılı hissediyorum.

4= Oldukça sıkıntılı hissediyorum.

5= Çok fazla sıkıntılı hissediyorum.

	Hiç	Biraz	Orta	Oldukça	Çok fazla
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. Aramızda 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**

Appendix D: Defence Styles Questionnaire

III.

Lütfen her ifadeyi dikkatle okuyup, bunların size uygunluğunu yan tarafında 1 den 9 a kadar derecelendirilmiş skala üzerinde seçtiğiniz dereceyi işaretlemek suretiyle gösteriniz.

1. Başkalarına yardım etmek hoşuma gider, yardım etmem engellenirse üzülürüm.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

2. Bir sorunum olduğunda, onunla uğraşacak vaktim olana kadar o sorunu düşünmemeyi becerebilirim.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

3. Endişemin üstesinden gelmek için yapıcı ve yaratıcı şeylerle uğraşırım(resim, el işi, ağaç oyma)

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

4. Arada bir bu gün yapmam gereken işleri yarına bırakırım.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

5. Kendime çok kolay gülerim.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

6. İnsanlar bana kötü davranmaya eğilimliler.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

7. Birisi beni soyup paramı çalsa, onun cezalandırılmasını değil ona yardım edilmesini isterim.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

8. Hoş olmayan gerçekleri, hiç yokmuşlar gibi görmezlikten gelirim.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

9. Süpermen' mişim gibi tehlikelere aldırmam.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

10. İnsanlara, sandıkları kadar önemli olmadıklarını gösterebilme yeteneğimle gurur duyarım.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

11. Bir şey canımı sıktığında, çoğu kez düşüncesizce ve tepkisel davranırım.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

12. Hayatım yolunda gitmediğinde bedensel rahatsızlıklara yakalanırım.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

13. Çok tutuk bir insanım.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

14. Her zaman doğruyu söylemem

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

15. Sorunsuz bir yaşam sürdürmemi sağlayacak özel yeteneklerim var.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

16. Seçimlerde bazen haklarında çok az şey bildiğim kişilere oy veririm.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

17. Bir çok şeyi gerçek yaşamımdan çok hayalimde çözerim.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

18. Hiçbir şeyden korkmam

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

19. Bazen bir melek olduğumu, bazen de bir şeytan olduğumu düşünürüm.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

20. Kırıldığımda açıkça saldırgan olurum.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

21. Her zaman, tanıdığım birinin koruyucu melek gibi olduğunu hissederim.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

22. Bana göre, insanlar ya iyi ya da kötüdürler.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

23. Patronum beni kızdırırsa, ondan hıncımı çıkarmak için ya işimde hata yaparım ya da işi yavaşlatırım.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

24. Her şeyi yapabilecek güçte, aynı zamanda son derece adil ve dürüst olan bir tanıdığım var.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

25. Serbest bıraktığımda, yaptığım işi etkileyebilecek olan duygularımı kontrol edebilirim.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

26. Genellikle, aslında acı verici olan bir durumun gülünç yanını görebilirim.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

27. Hoşlanmadığım bir işi yaptığımda başım ağrır.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

28. Sık sık, kendimi kesinlikle kızmam gereken insanlara iyi davranırken bulurum.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

29. Hayatta, haksızlığa uğruyor olduğuma eminim

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

30. Sınav veya iş görüşmesi gibi zor bir durumla karşılaşacağımı bildiğimde, bunun nasıl olabileceğini hayal eder ve başa çıkmak için planlar yaparım.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

31. Doktorlar benim derdimin ne olduğunu hiçbir zaman gerçekten anlamıyorlar.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

32. Haklarım için mücadele ettikten sonra, girişken davrandığımdan dolayı özür dilemeye eğilimliyimdir.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

33. Üzüntülü veya endişeli olduğumda yemek yemek beni rahatlatır.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

34. Sık sık duygularımı göstermediğim söylenir.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

35. Eğer üzüleceğimi önceden tahmin edebilirsem, onunla daha iyi baş edebilirim.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

36. Ne kadar yakınırsam yakınayım, hiçbir zaman tatmin edici bir yanıt alamıyorum.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

37. Yoğun duyguların yaşanması gereken durumlarda, genellikle hiçbir şey hissetmediğimi fark ediyorum.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

38. Kendimi elimdeki işe vermek, beni üzüntülü veya endişeli olmaktan korur.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

39. Bir bunalım içinde olsaydım, aynı türden sorunu olan birini arardım.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

40. Eğer saldırganca bir düşüncem olursa, bunu telafi etmek için bir şey yapma ihtiyacı duyarım.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

Appendix E: Posttraumatic Growth Inventory

IV.

Aşağıda kaybettiğiniz kişiden sonra yaşamınızda olabilecek bazı değişikler verilmektedir. Her cümleyi dikkatle okuyunuz ve belirtilen değişikliğin sizin için ne derece gerçekleştiğini aşağıdaki ölçeği kullanarak belirtiniz.

0= Kayıptan dolayı böyle bir değişiklik yaşamadım.

1= Kayıptan dolayı bu değişikliği çok az derecede yaşadım.

2= Kayıptan dolayı bu değişikliği az derecede yaşadım.

3= Kayıptan dolayı bu değişikliği orta derecede yaşadım.

4= Kayıptan dolayı bu değişikliği oldukça fazla derecede yaşadım.

5= Kayıptan dolayı bu değişikliği aşırı derecede yaşadım.

	Hiç yaşamadım	**Çok az derecede yaşadım**	**Az derecede yaşadım**	**Orta derecede yaşadım**	**Oldukça fazla derecede yaşadım.**	**Aşırı derecede yaşadım.**
1. Yaşamda önem verdiğim şeylerin öncelik sırası değişti.	**0**	**1**	**2**	**3**	**4**	**5**
2. Kendi hayatıma verdiğim değerde büyük bir artış oldu.	**0**	**1**	**2**	**3**	**4**	**5**
3. Yeni ilgi alanları keşfettim.	**0**	**1**	**2**	**3**	**4**	**5**
4. Kendime güven hissinde artış oldu.	**0**	**1**	**2**	**3**	**4**	**5**
5. Manevi konuları daha iyi anlamaya başladım.	**0**	**1**	**2**	**3**	**4**	**5**
6. Başım sıkıştığında insanlara güvenebileceğimi daha iyi anladım.	**0**	**1**	**2**	**3**	**4**	**5**
7. Yaşamım için yeni bir yön belirledim.	**0**	**1**	**2**	**3**	**4**	**5**
8. Kendimi diğer insanlarla çok daha yakın hissetmeye başladım.	**0**	**1**	**2**	**3**	**4**	**5**

	Hiç yaşamadım	Çok az derecede yaşadım	Az derecede yaşadım	Orta derecede yaşadım	Oldukça fazla derece yaşadım	Aşırı derecede yaşadım
9. Duygularımı ifade etmeye daha çok istekliyim.	**0**	**1**	**2**	**3**	**4**	**5**
10. Zorlukları göğüsleyebileceğimi daha iyi anladım.	**0**	**1**	**2**	**3**	**4**	**5**
11. Yaşamımda daha iyi şeyler yapabiliyorum.	**0**	**1**	**2**	**3**	**4**	**5**
12. Her şeyi olduğu gibi, daha çok kabullenebiliyorum.	**0**	**1**	**2**	**3**	**4**	**5**
13. Her günümü daha iyi değerlendirebiliyorum.	**0**	**1**	**2**	**3**	**4**	**5**
14. Daha önce var olmayan yeni olanaklara kavuştum.	**0**	**1**	**2**	**3**	**4**	**5**
15. Diğer insanlara karşı daha şefkatliyim.	**0**	**1**	**2**	**3**	**4**	**5**
16. İlişkilerime daha çok emek sarf etmeye başladım.	**0**	**1**	**2**	**3**	**4**	**5**
17. Değişmesi gereken şeyleri değiştirebilmek için daha çok çaba harcıyorum.	**0**	**1**	**2**	**3**	**4**	**5**
18. Daha güçlü bir inanca sahibim.	**0**	**1**	**2**	**3**	**4**	**5**
19. Düşündüğümden çok daha güçlü olduğumu keşfettim.	**0**	**1**	**2**	**3**	**4**	**5**
20. İnsanların ne kadar mükemmel olabildiklerine dair çok şey öğrendim.	**0**	**1**	**2**	**3**	**4**	**5**
21. Başkalarına ihtiyaç duyuyor olmayı daha çok kabullendim.	**0**	**1**	**2**	**3**	**4**	**5**

Appendix F: Debriefing Form

Katılım Sonrası Bilgilendirme Formu

Çalışma sona ermiştir. Katılımınız için teşekkür ederiz. Bu çalışmada kayıp yaşayan kişilerin kayıp deneyimleri ile nasıl başa çıktığını ve psikolojik iyi oluş arasındaki ilişkiyi araştırmayı hedefledik. Bunun yas sürecini anlama ve anlamlandırma çerçevesinde literatüre katkı sağlayacağını düşünmekteyiz. Çalışma kapsamında sağladığınız veriler ve çalışma sonuçları bilimsel ve mesleki etik ilkeleri çerçevesinde korunacak, sonuçlar toplu olarak yorumlanıp yalnızca bilimsel yayın amacıyla toplu bilgiler halinde paylaşılacaktır. İzlediğimiz prosedürün katılımcılarda bir rahatsızlık yaratmayacağı düşünülmektedir. Fakat psikolojik destek ihtiyacı hissederseniz Yeditepe Üniversitesi Bağdat Caddesi Polikliniği ile iletişime geçebilirsiniz. Çalışmanın sağlıklı ilerleyebilmesi için çalışmaya katılacağını bildiğiniz diğer kişilerle çalışma ile ilgili detaylı bilgi paylaşımında bulunmamanızı dileriz.

Katılımınız için tekrar çok teşekkür ederiz.