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# **The positive perspective of bereavement in children and adolescents**

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**Thesis leading to the Degree of Master in Health Psychology and Neuropsychology.**

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Work carried out under the Guidance of  
**Jose Carlos Rocha**

## **DECLARATION OF INTEGRITY**

I, Audrey Paulette Alice Labernardie, declare that I have acted with absolute integrity in the preparation of this work, confirming that in all the work leading to its preparation I have not resorted to any form of falsification of results or to the practice of plagiarism (an act by which an individual, even by omission, assumes the authorship of the intellectual work belonging to another, in its entirety or in parts of it). I also declare that all the sentences I have taken from previous works by other authors have been referenced or reworded, in which case I have cited the bibliographic source.

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Finally, I'd like to pay tribute to my dad, who is no longer with us to see my achievements. This thesis is largely dedicated to him, whose memory and values continue to inspire me every day.

### **Abstract**

Losing a loved one is a very painful experience, but unfortunately inevitable in life. Every lost life leaves a mark on those who remain. The negative consequences of grief have been the subject of much research: depression, anxiety, post-traumatic stress, but the positive consequences have been little studied. In this sense, my project aims to highlight post-loss growth from grief experienced during childhood or adolescence, which is a period of life marked by many significant changes. For this, five scales are used: the Post-Loss Growth Inventory (PLGI), the Post-Traumatic Growth Inventory (PTGI), the Relationship Scales Questionnaire (RSQ), the Shared Meaning Making Scale (SMMS), and the International Prolonged Grief Disorder Scale (IPGDS). To conduct this study, we translated the PLGI, SMMS, and IPGDS into French, and we obtained good Cronbach's alpha reliability for all these instruments. The results revealed significant and positive correlations between post-loss growth, post-traumatic growth, and shared meaning making. However, we did not find significant correlations between post-traumatic growth and symptoms of prolonged grief, nor between post-loss growth and symptoms of prolonged grief. Additionally, we observed that individuals with secure attachment are more likely to construct shared meaning, thus facilitating post-traumatic growth, post-loss growth, and shared meaning making. Avoidant attachment was also identified as a significant predictor of post-traumatic growth and post-loss growth. Conversely, anxious attachment is associated with more intense and prolonged grief reactions, without an established link to post-loss growth or post-traumatic growth.

*Keywords* : Post-traumatic growth, Post-loss growth, Shared meaning making, Attachment, Prolonged grief

## Resumo

Perder um ente querido é uma experiência muito dolorosa, mas infelizmente inevitável na vida. Cada vida perdida deixa uma marca em quem fica. As consequências negativas do luto têm sido objeto de muita pesquisa: depressão, ansiedade, estresse pós-traumático, mas as consequências positivas foram pouco estudadas. Nesse sentido, meu projeto visa destacar o crescimento pós-perda a partir do luto vivido durante a infância ou adolescência, que é um período da vida marcado por muitas mudanças significativas. Para isso, são utilizadas cinco escalas: o Inventário de Crescimento Pós-Perda (PLGI), o Inventário de Crescimento Pós-Traumático (PTGI), o Questionário de Escalas de Relacionamento (RSQ), a Escala de Criação de Significado Compartilhado (SMMS) e a Escala de Transtorno de Luto Prolongado Internacional (IPGDS). Para realizar este estudo, traduzimos o PLGI, SMMS e IPGDS para o francês e obtivemos boa confiabilidade de Cronbach para todos esses instrumentos. Os resultados revelaram correlações significativas e positivas entre crescimento pós-perda, crescimento pós-traumático e criação de significado compartilhado. No entanto, não encontramos correlações significativas entre crescimento pós-traumático e sintomas de luto prolongado, nem entre crescimento pós-perda e sintomas de luto prolongado. Além disso, observamos que indivíduos com apego seguro são mais propensos a construir significado compartilhado, facilitando assim o crescimento pós-traumático, o crescimento pós-perda e a criação de significado compartilhado. O apego evitativo também foi identificado como um preditor significativo de crescimento pós-traumático e crescimento pós-perda. Por outro lado, o apego ansioso está associado a reações de luto mais intensas e prolongadas, sem um vínculo estabelecido com crescimento pós-perda ou crescimento pós-traumático.

*Palavras-chave* : Crescimento pós-traumático, Crescimento pós-perda, Criação de significado compartilhado, Apego, Luto prolongado

## **Introduction**

The loss of a loved one is a universal human experience, often perceived as a serious threat to health and well-being. Researchers and practitioners agree that accepting personal loss is a crucial element of successful adult development. The death of a loved one is irrevocable and cannot be changed; thus, the primary coping task for the bereaved is to accept this unalterable situation and find a way to continue living. Embracing these beliefs and viewing the traumatic event as a meaningful and beneficial experience is almost certainly a source of comfort (Baltes & Carstensen, 1996).

There is overwhelming evidence that traumatic events can lead to numerous physical and psychological negative consequences. Although researchers have extensively studied the negative effects of trauma, they have paid much less attention to the possibility of a positive impact from negative events (Tedeschi & Calhoun, 1995, 1996).

## **Definition of grief**

Grief is a universal process intrinsic to the human experience, occurring after the loss of a significant person. It is a normal and expected response to death, allowing individuals to cope with the absence of their loved one and integrate this loss into their daily lives (Bonanno & Kaltman, 2001). Reactions to grief vary considerably from one individual to another and are influenced by several factors, including the nature of the relationship with the deceased, the circumstances of the death, cultural and religious beliefs, and the available social support (Stroebe & al., 2001)..

Grief reactions can be classified into three main categories: emotional, behavioral, and cognitive. Emotional reactions are often intense and include feelings of sadness, anger, guilt, anxiety, and despair. Bereaved individuals may also experience emotional numbness, difficulty experiencing pleasure, and a sense of inner emptiness. Behavioral reactions manifest as changes in sleep, eating, and physical activity habits. Bereaved

persons may have trouble concentrating, making decisions, and completing daily tasks.

Cognitive reactions include intrusive thoughts about the deceased, daydreams, flashbacks, and concerns about the circumstances of the death. The bereaved may struggle to accept the loss and find meaning in the event (Stroebe & al., 2001).

The grieving process is unique to each individual and evolves over time. It involves not only accepting the loss but also adapting to a life transformed by this absence. Social support is crucial for adapting to grief, and access to appropriate support resources can mitigate the negative effects of grief and promote healthy adaptation (Bonanno & Kaltman, 2001).

### **Normal grief versus prolonged grief**

Normal grief is characterized by an initial phase of intense sorrow followed by a period of gradual adaptation where emotional symptoms subside. This process includes emotions such as sadness, anxiety, anger, and nostalgia. According to Kübler-Ross's model (1969), the stages of grief include denial, anger, bargaining, depression, and acceptance. The duration and expression of normal grief vary significantly among individuals and cultures, but it is generally accepted that symptoms decrease in intensity over several months. Although each individual progresses through these stages at their own pace, most people reach a state of acceptance and reorganization within six months to a year.

In contrast, prolonged grief, or prolonged grief disorder, is a pathological state where grief reactions remain intense and pervasive well beyond the normally expected period. According to the World Health Organization (WHO), prolonged grief disorder involves a persistent and pervasive grief reaction characterized by intense emotional pain, an inability to accept the death, and difficulties in resuming normal daily activities.

The grief reaction must persist for an atypically long period after the loss (more than six months at minimum) and clearly exceed the expected social, cultural, or religious norms for the individual's culture and background. This type of grief can lead to severe complications such as major depression, generalized anxiety, and post-traumatic stress disorder (PTSD) (Boelen et al., 2010). Prolonged grief requires therapeutic intervention to help the individual overcome this difficult phase and regain emotional balance.

### **Grief during childhood and adolescence**

Grief during childhood and adolescence is particularly complex due to the significant cognitive and emotional transformations that characterize these developmental periods (Casey et al., 2008). The understanding of death evolves with age: young children may not grasp the finality of death and may expect the deceased to return, whereas adolescents have a more mature understanding of death but may face emotional and identity challenges. Bereaved children may express their grief through regressive behaviors, sleep disturbances, academic difficulties, and somatic complaints. Adolescents, on the other hand, may experience grief with heightened emotional intensity due to the hormonal and neurological changes specific to this stage of life (Casey et al., 2008). Adolescents may respond to grief through risky behaviors, social isolation, or mood disorders. Furthermore, children and adolescents have not yet developed the social and emotional maturity required to fully integrate and process loss, grief, and trauma (Malone, 2016). The loss of a loved one during childhood or adolescence can thus disrupt essential aspects of development, such as trust in others and the world, the sense of belonging, and the sense of mastery (Balk, 2014).

Understanding loss and incorporating this experience into personal growth is crucial. Grief reactions are influenced by factors such as age, limited experience with death, and the quality of emotional connections with the deceased (Stephens, 2007).

Adequate support from family, friends, and mental health professionals is essential to help young people navigate this challenging period and avoid long-term issues. Additionally, recognizing and addressing emotional dependence can foster healthy coping mechanisms and support the development of positive relationships for bereaved adolescents (Berg et al., 2016).

### **Attachment and grief**

Attachment theory, developed by John Bowlby, is based on his observations of mother-child bonds and the effects of early separations. Bowlby describes attachment as a primary, innate social need to form relationships with others (Bowlby, 1969). According to Bowlby (1969), the security developed through attachment relationships allows for exploration of the environment and the development of social relationships. The way individuals experience grief, and whether it is adaptive in the long term, can be partially understood as a function of their attachment history (Bowlby, 1980).

Bartholomew and Horowitz (1991) developed a classification of adult attachment styles, which they divided into four categories: 'secure,' 'preoccupied,' 'dismissing,' and 'fearful.' The 'secure' attachment style reflects a sense of self-worth and significance to others, as well as the belief that others are generally available and supportive when needed and accept us as we are. The 'preoccupied/anxious' style is characterized by a feeling of low self-worth while expecting positive responses from others, but fearing that these responses may not be as reassuring or comforting as hoped. The 'dismissing/avoidant' style involves a sense of self-worth derived solely from oneself and very negative expectations of others, from whom little support is anticipated. Finally, the 'fearful' style combines a sense of personal inadequacy with the belief that others are neither available nor supportive when needed. Each attachment style reflects a different strategy

for coping with distress in the context of close relationships (Shaver and Mikulincer, 2004).

Depending on their attachment style, individuals react differently to loss. Those with a secure attachment style tend to employ constructive strategies to cope with grief, allowing them to experience and express their pain, anger, and distress without feeling overwhelmed by their emotions or becoming completely disconnected from their usual relational and social functioning. In contrast, individuals with a dismissing attachment style may appear to navigate grief with relative ease, but they might develop more or less severe somatic symptoms in response to successive losses, other stressors, or significant stress. Finally, those with an anxious attachment style perceive loss as an insurmountable challenge tied to their fear of abandonment. This fear exacerbates their insatiable need for reassurance in the face of loss and deprivation (Bay-Smadja & Rahioui, 2015).

### **The positive consequences of grief**

Studies have shown that bereaved individuals can develop increased resilience, deeper empathy and compassion, and a better understanding of their own emotions and those of others (Yu et al., 2015). The ability to find meaning in the loss and use adaptive coping mechanisms is strongly associated with positive long-term outcomes (Neimeyer, 2006). The loss of a loved one can lead to positive psychological changes such as strengthened religious beliefs, improved relationships with friends and family, and changes in life goals and priorities (Bogensperger and Lueger-Schuster, 2014). These positive psychosocial changes are defined as post-traumatic growth (Tedeschi and Calhoun, 1996) and are frequently observed among the bereaved (Yu et al., 2015). Tedeschi and Calhoun (2004) define post-traumatic growth as positive changes resulting from the struggle with a traumatic crisis. These changes include an increased appreciation for

life, where bereaved individuals develop a deeper appreciation for life and present moments, recognizing the fragility of existence.

Grief can also lead to deep introspection, resulting in better self-understanding and personal growth, as individuals discover strengths and capacities they were previously unaware of (Joseph et al., 1993). Loss can also strengthen relationships with close ones, increasing compassion and tolerance toward others; studies show that bereaved individuals report closer and more meaningful relationships after the loss (Malinak et al., 1979). Furthermore, Pargament et al. (1990) highlight that strengthened religious beliefs can lead to an increased sense of control, intimacy, and search for meaning. Finally, loss can prompt individuals to reassess their priorities and focus on what truly matters to them, promoting a more authentic and intentional life (Hogan et al., 1996).

Moreover, the creation of shared meaning is a crucial aspect of the grieving process. It is a process through which bereaved individuals collectively construct meaning around the loss, often by communicating and sharing their experiences with others. This process helps integrate the loss into a new life perspective and fosters a sense of connection and mutual understanding. Research has shown that individuals who succeed in finding meaning in their loss through significant social interactions tend to cope better with grief and avoid complicated grief reactions (Neimeyer et al., 2009). Recognizing meaning amidst trauma and its consequences can allow a person to experience emotional relief and lead to a new life philosophy (Janoff-Bulman, 1992; Taylor & Brown, 1988).

While the majority of research has focused on the negative effects of trauma, it is crucial to highlight the potential positive impact of these tragic events. Studying the positive aspects of grief can offer new and enriching perspectives on resilience and personal growth in young people. By better understanding how grief can lead to positive

psychological changes, we can develop more effective intervention strategies and provide more adequate support to bereaved youth. Understanding these positive aspects can provide valuable tools for practitioners and families to better support bereaved individuals.

## **Objectives**

The main objective is to highlight the post-loss growth and to examine the link between the post-loss growth, the post-traumatic growth, the shared meaning making (SMM), the type of attachment and the prolonged grief. The specific aims are: 1) to correlate the post-loss growth, the post-traumatic growth and the shared-meaning making; 2) to correlate the type of attachment and the shared meaning making and the prolonged grief, 3) to correlate the prolonged grief with post-loss growth and post-traumatic growth 4) to predict the types of attachment that are specifically linked to post-loss growth, post-traumatic growth and shared meaning making.

## **Methods**

### **Procedures**

The first step was to translate the Post-Loss Growth Inventory (PLGI), the International Prolonged Grief Disorder (IPGDS) and the Shared Meaning Making Scale (SMMS). This process involves several specific stages. The first stage consists of an initial translation carried out by two independent translators. These translators, who have a perfect command of the source language (English for PLG/IPGDS, or Portuguese for SMMS) and the target language (French), carry out an independent translation of the scale. The aim of this stage is to obtain two distinct versions to enable an in-depth comparison to be made at a later stage. Once the two initial translations had been obtained, we established a consensus. We compared the two versions and discussed the diffe-

rences, nuances and translation choices. The aim of this discussion is to merge the two versions into a single consensus version that faithfully captures the intentions of the original authors. Establishing a consensus is crucial to guarantee the accuracy of the translation and to ensure that all the important nuances are preserved. The French consensus version is then back-translated. A third translator, who has not been involved in the previous stages and who ideally has not seen the original versions, translates the French consensus version back into English or Portuguese. This back-translation stage enables the accuracy of the French translation to be checked against the original English or Portuguese items. Differences and inconsistencies revealed by this back-translation may indicate errors or lost nuances, requiring further adjustments. If the back-translation reveals significant discrepancies or inconsistencies, further revisions are made. The translators meet again to discuss the problems identified and make the necessary changes to the French version. These changes ensure that the translated version perfectly matches the intentions of the original versions and that all the nuances and subtleties are correctly conveyed.

Contact was made with Clare Killikelly, the clinical psychologist and Post Doctoral Fellow behind the IPGDS, in order to collaborate with her. This fruitful collaboration enabled us to take into account the specific subtleties and context of the scale's use. Expert feedback helps to fine-tune the translation and ensure that it matches the original. Clare Killikelly's contribution has ensured that the French version is not only accurate but also relevant and usable in contexts similar to those of the original.

In short, the process of translating measurement scales is a painstaking and collaborative one. By going through stages of independent translation, consensus, back-translation and revisions, and by integrating the opinions of experts, this process guar-

antees translated versions that are accurate, faithful and adapted to the intended contexts of use.

Secondly, we set about creating an online questionnaire to collect the data needed to carry out this study. This research tool, developed using the LimeSurvey platform, enabled us to effectively structure and disseminate our survey to a sample of 100 participants. The online questionnaire was designed by integrating several key sections, each aimed at collecting specific information relevant to our study. The socio-demographic questionnaire collected basic information about the participants, such as age, gender, level of education, socio-economic status and medical and psychiatric history. The section devoted to the history of the deceased invited participants to provide details about the deceased, including their relationship with him or her, the date of death, the participant's age at the time of death, and whether he or she had lost other loved ones at the same time. Our five scales (PLGI, PTGI, RSQ, SMMS and IPGDS) were then included in the questionnaire.

To obtain a diverse and representative sample, we distributed the questionnaire on several platforms and to various target groups. The questionnaire was shared on Instagram, in Facebook groups specialising in bereavement support, and in student groups in various French, Swiss, Belgian and Canadian cities. In addition, we contacted associations dedicated to bereavement support. These associations helped to distribute the questionnaire to their members, thereby ensuring that people directly affected by bereavement took part.

## **Participants**

The inclusion criteria for this study comprised adults of both sexes, aged 18 to 30, who voluntarily and anonymously completed the online questionnaire. Participants were required to reference a significant personal bereavement situation that occurred

during their childhood or adolescence. Additionally, the date of the loved one's death had to be at least six months prior. These criteria imply informed consent to participate in the research, in accordance with current ethical standards. Thus, as we can see in Table 1, the age of the participants varied between 18 and 30 years ( $M=23.60$ ;  $SD=2.868$ ). The majority of participants were women, representing 83.9% of the sample ( $n=104$ ). Men made up 14.5% ( $n=18$ ), and non-binary participants represented 1.6% ( $n=2$ ). This distribution shows a predominance of women in the sample. In terms of level of education, 0.8% of participants had no diploma ( $n=1$ ), while those with a bachelor's degree made up 4.8% ( $n=6$ ). Participants with Bac+1 are 7.3% ( $n=9$ ), Bac+2 are 10.5% ( $n=13$ ), Bac+3 are 7.3% ( $n=29$ ), Bac+4 are 14.5% ( $n=18$ ), and Bac+5 are 30.6% ( $n=38$ ). Finally, those with more than 5 years' study represent 8.1% ( $n=10$ ). The majority of participants consider their economic status to be moderate (69.4%,  $n=86$ ). Low and high economic status were respectively represented by 11.3% ( $n=14$ ) and 19.4% ( $n=24$ ) of participants. A quarter of the participants (25.8%,  $n=32$ ) had a medical history, while 74.2% ( $n=92$ ) did not. Similarly, 25.8% of participants ( $n=32$ ) had a psychiatric history, compared with 74.2% ( $n=92$ ) who did not. Participants were on average 15 years old ( $M=14.84$ ;  $SD=4.651$ ) at the time of their love one died. The age of the deceased ranged from 5 to 94 ( $M=55.72$ ;  $SD=22.524$ ). The most common relationships with the deceased were grandparents, representing 38.7% ( $n=48$ ), followed by parents (29.8%,  $n=37$ ). Brothers and sisters accounted for 4% ( $n=5$ ), and other relationships for 27.4% ( $n=34$ ). Other relatives included friends, uncles and aunts, great-grandparents and cousins. The majority of participants (58.5%,  $n=72$ ) had lost other loved ones during their childhood or adolescence. These results provide a comprehensive overview of the participants' socio-demographic characteristics and experiences of loss.

**Table 1**

*Descriptive measures of the sample's sociodemographic variables.*

Numeric Variables	M	SD
Age (18-30)	23.60	2.868
Age when their love one died (3-25)	14.84	4.651
Age of the deceased (5-94)	55.72	22.524
Categorical Variables	<i>n</i>	%
<b>Gender</b>		
Male	18	14.5
Female	104	83.9
Non Binary	2	1.6
<b>Education</b>		
No diploma	369	79
Bachelor's degree	98	21
Bac +1	9	7.3
Bac +2	13	10.5
Bac +3	29	23.4
Bac +4	18	14.5
Bac +5	38	30.6
More than 5 years	10	8.1
<b>Economic status of the family</b>		
Low	14	11.3
Moderate	86	69.4
High	24	19.4
<b>Medical history</b>		
Yes	32	25.8
No	92	74.2

Psychiatric history		
Yes	32	25.8
No	92	74.2
Link with the deceased		
Mother/father	57	29.8
Brother/sister	5	4
Grandfather/grandmother	48	38.7
Other	34	27.4
Other loved ones lost during childhood/ adolescence		
Yes	186	39.8
No	88	18.8
How many?	46	9.9
0	65	13.9
1	68	14.6
2	14	3
3	19	15.4
4	9	7.3
5 or more	8	5.5

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## Instruments

*Post-Traumatic Growth Inventory* (PTGI; Tedeschi & Calhoun, 1995, 1996) is an instrument for assessing the positive outcomes reported by people who have experienced traumatic events. This scale consists of 21 items on a six-point Likert scale (0 to 5) in which 0 corresponds to "I did not experience this change as a result of my crisis" and 5 "I experienced this change as a result of my crisis". Intermediate scores were given for a very small degree (1), a small degree (2), a moderate degree (3), and a great

degree (4) (Tedeschi & Calhoun, 1995, 1996). The questionnaire is subdivided into five factors : the Factor 1 - Relating to Others - includes seven items (6,8,9,15,16,20,21) ; the Factor 2 – New possibilities – includes five items (3,7,11,14,17), the Factor 3 – Personal Strength – includes four items (4,10,12,19), the Factor 4 – Spiritual Change – includes two items (5 and 18) and the factor 5 - Appreciation of Life - includes three items (1,2, 13). The internal consistency of the resulting 21-item PTGI is  $\alpha = .90$ . Deletion of individuals items did not result in a drop in alpha below .89, indicating that all items contribute relatively equally to the consistency of the scale. The factors which emerged also showed substantial internal consistency: New Possibilities ( $\alpha = .84$ ); Relating to Others ( $\alpha = .85$ ); Personal Strength ( $\alpha = .72$ ); Spiritual Change ( $\alpha = .85$ ); Appreciation of Life ( $\alpha = .67$ ).

**Shared Meaning Making Scale (SMMS)** evaluates the ability to construct shared meanings about a relevant event with someone significant. This scale was developed by Rocha et al. (2020). The SMMS is a self-report instrument consisting of 11 items with each item being answered according to a Likert scale that varies between 0 and 3 (0= "never"; 1= "rarely"; 2= "often"; 3= "very often"). The total score ranges from 0 to 33 in which higher values are associated with a greater sharing of meaning for a relevant event. The internal consistency of the resulting for the original version in Portuguese 11-item SMMS is  $\alpha = .90$ . For the French version the internal consistency is  $\alpha = .86$ . This result indicates good internal reliability. Although slightly lower than for the original version, an alpha of .86 is still an excellent indicator of the internal consistency of the items. The difference between 0.90 and 0.86 is modest. The French version of the scale retains good internal reliability, which means that the translated items remain

consistent with each other and probably measure the same concept as the original version.

**Relationship Scales Questionnaire (RSQ)** developed by Griffin and Bartholomew (1994) is a 30-item self-questionnaire used to assess the nature of attachment. It is based on the Relationship Questionnaire (RQ) and the Adult Attachment Scale (AAS) by Collins and Read. This self-questionnaire was validated in France by Guédeney, Fermanian and Bifulco (2010). Using a Likert scale ranging from 1 (not at all like me) to 5 (completely like me), the subject identifies the level to which the descriptions apply to him or her for each statement or item. Seuls 17 items sont spécifiques du RSQ et sont divisés en trois facteurs : le facteur 1 - Avoidance - comporte sept items (1, 2, 6, 10, 12, 19, 26), le facteur 2 - anxiété dans la relation - comporte cinq items (5, 22, 24, 25, 28), et le facteur 3 - sécurité - comporte cinq items (3, 8, 9, 15, 16). The internal consistency of the resulting RSQ is  $\alpha = .60$ , which is low. The tool therefore requires further study to generalise the results, which is why we used it.

**Post-Loss Growth Inventory (PLGI)** aims at evaluating the subjective and positive changes resulting from the loss of a loved one. Considering the literature review, the items focus on various domains, such as the ability to identify emotions in oneself and others, the ability to express emotional reactions/experiences, meaning making capacity, interpersonal relationship, subjective perception of positive changes (reinvestment in the Self), and future project reconstruction capacity. The 30 items of the instrument were written in the form of a positive statement on a seven-point Likert scale (1= never true; 7=always true) to ascertain the clarity of the scale in general and of each item in a particular way. It is possible to extract three factors : the Factor 1 – Personal

growth of general emotional skills and meaning making – includes twelve items (4, 5, 6, 7, 8, 9, 10, 13, 19, 20, 21, 23) ; the Factor 2 – personal growth specific to grief – includes (1, 2, 3, 11, 12, 14, 15, 16, 17, 18) ; the Factor 3 – Personal growth of a meaningful future – includes seven items (22, 25, 26, 27, 28, 29, 30). The internal consistency of the resulting 30-item PLGI in English is  $\alpha = .96$ , it is considered that the instrument has excellent internal consistency. For the French version, the internal consistency is  $\alpha = .92$ . This result also indicates excellent internal reliability. Although slightly lower than that of the original version, an alpha of 0.92 remains an excellent indicator of the internal consistency of the scale items. The difference between 0.96 and 0.92 is relatively small. The French version of the scale retains very good internal reliability, which means that the translated items remain very consistent with each other and reliably measure the same concept as the original version.

**International Prolonged Grief Disorder Scale (IGPDS)** is to be administered to individuals who have experienced the death of a loved one or close person. The WHO ICD-II Working Group on disorders specifically associated with stress developed clinical guidelines for the prolonged grief disorder (PGD) (Maercker et al. 2013). These guidelines follow the new structure of ICD-11: a narrative definition of disorder, the inclusion of cultural features, a list of core symptoms and accessory/cultural symptoms in a brief and easy to use format (Reed 2010). The IPGDS seeks to operationalize the ICD-11 definition of PGD in a self-report questionnaire format. The ICD-11 PGD definition is structured to have two core symptoms (item 1, item 2) and examples of emotional pain (Cultural items 3-12). Item 13 indicates functional impairment and item 14

indicates the violation of cultural norms. For the French version, the internal consistency is  $\alpha = .95$ , which means that the scale is extremely reliable and consistent.

## Results

### To correlate the concepts: post-loss growth, post-traumatic growth, shared meaning making, type of attachment, and prolonged grief

To verify the relationship between each of those concepts, it is presented the Pearson's correlations between each one. Table 2 provided shows the correlation coefficients between various variables related to PLGI, SMMS, PTGI, factors of RSQ and IPGDS. A detailed analysis of the correlations follows:

**Table 2**  
*Pearson's correlation results of PLGI, ECSP, PTGI, factors of RSQ, and ETDIP.*

Variable	1	2	3	4	5	6	7	8
1.Avoidance	1							
2.Anxiety	.278**	1						
3.Security	-.210**	.326***	1					
4.PLGI_total	.149	-.066	0.125	1				
5. PTGI_total	.225*	-.057	.084	.815***	1			
6. SMMS_total	.066	.043	.315**	.269**	.256*	1		
7. IPGDS_total	.038	.243*	.174	-.050	-.026	.011	1	
8. IGPDS Cultural	0.150	.298**	.138	-.039	-.050	.033	.769***	1

\*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$

Firstly, the ‘avoidance’ attachment type showed a significant positive correlation with PTGI\_Total ( $r=0.225$ ,  $p=0.023$ ). This suggests that people with a ‘avoidance’ attachment type tend to obtain higher scores in the PTGI\_total measures (Table 2). The ‘anxiety’ attachment type showed significant positive correlations with IPGDS\_Total ( $r = 0.243$ ;  $p = 0.019$ ) and IPGDS Cultural items ( $r = 0.150$ ;  $p = 0.137$ ). These correlations indicate that higher scores on the ‘anxiety’ attachment type are associated with higher scores on IGPDS\_total and IGPDS Cultural items. The ‘secure’ attachment type showed a significant positive correlation with SMMS\_total ( $r = 0.315$ ;  $p = 0.001$ ). This suggests that people with a ‘secure’ attachment type tend to obtain higher scores in the SMMS\_total measures (Table 2).

There is a significant positive correlation between PLGI\_total and SMMS scores ( $r = 0.269$ ;  $p < 0.01$ ), indicating that as PLGI scores increase, SMMS scores also tend to increase. In addition, a very strong significant correlation was observed between PLGI\_total and PTGI\_total ( $r = 0.815$ ;  $p < 0.001$ ), suggesting that high PLGI\_Total scores are strongly associated with high PTGI\_Total scores. As for SMMS total scores, they show a significant positive correlation with PTGI\_total ( $r = 0.257$ ;  $p < 0.001$ ), meaning that there are moderate relationships where increases in SMMS\_total are associated with increases in PTGI\_total.

The correlation between IGPDS\_total and PTGI\_total ( $r = -0.026$ ,  $p > 0.05$ ) and the correlation between IGPDS\_total and PLGI\_total ( $r = -0.050$ ,  $p > 0.05$ ) are very weak and negative. The  $r$  value being close to zero suggests that there is no notable relationship between the scores on these two scales. Additionally, since the  $p$ -value is greater than 0.05, we cannot conclude that there is a significant relationship between IGPDS and PTGI.

Table 3 provided shows the correlation coefficients between the three factors of PLGI and the five factors of PTGI. A detailed analysis of the correlations follows:

**Table 3**  
*Pearson's correlation results of factors PLGI and PTGI.*

Variable	1	2	3	4	5	6	7	8
1. PLGI_F1	1							
2. PLGI_F2	.683**	1						
3. PLGI_F3	.630**	.640**	1					
4. PTGI_F1	.617**	.690*	.627**	1				
5. PTGI_F2	.487**	.488**	.630**	.557**	1			
6. PTGI_F3	.528**	.663**	.667**	.611**	.664**	1		
7. PTGI_F4	.471**	.499**	.614**	.574**	.752**	.566**	1	
8. PTGI_F5	.550**	.506**	.693**	.541**	.712**	.620**	.596**	1

\*\*\* The correlation is significant at the 0.001 level (3 extrimities).

For PLGI\_F1 - Personal growth of general emotional skills and meaning making -, the correlations with the PTGI subscales were all positive and statistically significant. PLGI\_F1 is positively correlated with PTGI\_F1 - Relating to Others - ( $r = 0.617$ ;  $p < .001$ ), indicating that individuals with higher scores on PLGI\_F1 have higher scores on PTGI\_F1. Similarly, PLGI\_F1 is positively correlated with PTGI\_F2 - New Possibilities - ( $r = 0.487$ ;  $p < .001$ ), PTGI\_F3 ( $r = 0.528$ ;  $p < .001$ ), PTGI\_F4 ( $r = 0.471$ ;  $p < .001$ ) and PTGI\_F5 ( $r = 0.550$ ;  $p < .001$ ).

The correlations for PLGI\_F2 - Personal growth specific to grief - also reveal positive and significant associations with all the PTGI factors. The highest correlation

was between PLGI\_F2 and PTGI\_F1 ( $r = 0.690$ ;  $p < .001$ ), showing a very strong association. The correlations with PTGI\_F2 ( $r = 0.488$ ;  $p < .001$ ), PTGI\_F3 - Personal Strength - ( $r = 0.663$ ;  $p < .001$ ), PTGI\_F4 - Spiritual Change - ( $r = 0.499$ ;  $p < .001$ ) and PTGI\_F5 - Appreciation of Life - ( $r = 0.506$ ;  $p < .001$ ) are also significant.

Finally, PLGI\_F3 - Personal growth of meaningful future - showed positive and significant correlations with all the PTGI factors. The correlation between PLGI\_F3 and PTGI\_F1 is  $r = 0.627$  with  $p < .001$ , with similar coefficients for PTGI\_F2 ( $r = 0.630$ ;  $p < .001$ ), PTGI\_F3 ( $r = 0.667$ ;  $p < .001$ ), PTGI\_F4 ( $r = 0.614$ ;  $p < .001$ ) and PTGI\_F5 ( $r = 0.620$ ;  $p < .001$ ). These correlations indicate that individuals with higher scores on PLGI\_F3 have higher scores on all PTGI factors.

### To predict the type of attachment

**Table 5**  
*Regression Analysis Summary of type of attachment variables predicting post-loss growth*

Variable	<i>B</i>	<i>SE B</i>	$\beta$	<i>t</i>	<i>p</i>
Avoidance	3.012	1.217	0.264	2.476	0.015
Anxiety	-2.355	1.171	-0.222	-2.010	0.047
Secure	3.144	1.347	0.253	2.334	0.022

*B* = unstandardized regression coefficients; *SE B* = unstandardized error of B;  $\beta$  = standardized regression coefficients;  $R^2 = .058$

A multiple regression analysis was carried out to assess the factors predictive of the post-loss growth, the post-traumatic growth and the sense meaning making. Variables considered in this analysis included avoidance attachment, anxiety attachment and safety attachment which are the three RSQ factors.

The ANOVA results show that the regression model is significant overall ( $F = 3.057, p = 0.032$ ), indicating that at least one predictor significantly affects the total PLGS score. The model showed an adjusted  $R^2$  of 0.058 (Table 5).

Avoidant attachment was a significant predictor ( $t = 2.476; p = 0.015$ ) indicating a positive effect on the total PLGI score (Table 5). Anxious' attachment was a significant predictor ( $t = -2.010; p = 0.047$ ) indicating a negative effect on the total PLGI score (Table 5). Secure attachment was a significant predictor ( $t = 2.334; p = 0.022$ ) indicating a positive effect on the total PLGI score (Table 5).

**Table 6**

*Regression Analysis Summary of type of attachment variables predicting post-traumatic growth.*

Variable	B	SE B	$\beta$	t	p
Avoidance	2.767	0.970	0.335	3.180	0.002
Anxiety	-1.723	0.838	-0.224	-2.057	0.042
Secure	2.043	0.963	0.227	2.121	0.036

B = unstandardized regression coefficients; SE B = unstandardized error of B;  $\beta$  = standardized regression coefficients;  $R^2=0.080$

The ANOVA results show that the regression model is significant overall ( $F=3.916, p = 0.011$ ), indicating that at least one predictor significantly affects the total PTGI score. The model showed an adjusted  $R^2$  of 0.080. Avoidance attachment was a significant predictor ( $t= 3.180, p = 0.002$ ) indicating a positive effect on the total PTGI score. The anxiety attachment was a significant predictor ( $t=-2.057; p = 0.042$ ) indicating a negative effect on the total PTGI score (Table 6). Attachment 'secure' was a significant predictor ( $t=2.121, p = 0.036$ ) indicating a positive effect on the total PTGI score (Table 6).

**Table 7**  
*Regression Analysis Summary of type of attachment variables predicting shared meaning making*

Variable	B	SE B	$\beta$	t	p
Avoidance	0.511	0.292	0.184	1.752	0.083
Anxiety	-0.342	0.282	-0.132	-1.215	0.227
Secure	1.188	0.320	0.394	3.707	<.001

B = unstandardized regression coefficients; SE B = unstandardized error of B;  $\beta$  = standardized regression coefficients;  $R^2=.103$

The ANOVA results show that the regression model is significant overall ( $F = 4.761, p = 0.004$ ), indicating that at least one predictor significantly affects the total PCHS score. The model showed an adjusted  $R^2$  of 0.103 (Table 7). The ‘avoidance’ attachment had a significant trend ( $t=1.752, p= 0.83$ ) indicating a positive effect on the total SMMS score (Table 7). The attachment ‘anxiety’ was not a significant predictor ( $t= -1.215, p= 0.227$ ), indicating no effect on the total score of the SMMS (Table 7). Attachment ‘safety’ was a significant predictor ( $t=3.707, p<.001$ ), indicating a significant and important effect on the total score of the ECSP (Table 7).

### Discussion

To highlight the positive perspectives of bereavement by integrating concepts such as post-traumatic growth, post-loss growth, shared meaning making, attachment type and prolonged bereavement we observe correlations between these different concepts revealed significant and positive associations between the post loss growth and the shared meaning making, the post loss growth and the post traumatic, and the post traumatic growth and the shared meaning making. This shows that post-loss growth, post-traumatic growth and shared meaning making are not isolated but interconnected. Indeed, the way in which individuals interpret and integrate their loss can influence

their personal growth. These results show that shared meaning making plays a crucial role in the grieving process, facilitating a more harmonious integration of the loss into the individual's life. When a person is able to make sense of their loss by sharing it with others or by searching for deeper meanings, this can help to reorganise their life around this new understanding. These observations are in line with the work of Gillies and Neimeyer (2006), who emphasise that the search for meaning enables bereaved people to give new meaning to their lives and to reorganise them in a significant way. According to them, bereaved people engage in an 'attempt to understand the loss', exploring the reasons for it and its impact on their life and identity. When they succeed in finding meaning in their loss, they are better equipped to overcome these challenges in a positive way.

Certainly, we were able to demonstrate a strong correlation between post-traumatic growth and post-loss growth, but what about the correlations between the different factors? Linking the factors of the post loss growth and post traumatic growth showed that personal growth specifically related to bereavement is strongly associated with an improvement in interpersonal relationships. In other words, the grieving process seems to enrich relational skills and enhance the ability to form more meaningful connections with others. Additionally, growth resulting from managing grief is significantly linked to increased inner strength and the ability to face challenges. According to Davis and Nolen-Hoeksema (2001), finding benefit in a loss ranges from growth in character, gaining perspective, to strengthening relationships. These changes in social relationships increase the capacity for empathy and bring individuals emotionally closer to others (Tedeschi, Park, & Calhoun, 1998). It has also been shown that individuals who succeed in finding meaning in their future after a loss are more likely to seize new

opportunities. Moreover, those who manage to create a meaningful future after a loss tend to develop greater personal strength. In other words, having a meaningful perspective for the future after losing a loved one helps to strengthen the ability to face personal challenges.

We were unable to demonstrate a significant link between post-traumatic growth and prolonged grief symptoms, nor between post-loss growth and prolonged grief symptoms. This means that levels of post-traumatic growth and growth after loss do not appear to be associated with prolonged grief symptoms. These findings are consistent with those of Currier et al. (2013) and Engelkemeyer and Marwit (2008), who also observed an independent relationship between these variables. However, other studies have found negative associations between these variables (Hogan and Schmidt, 2002), while others have supported a positive correlation (Büchi et al., 2009; Xu et al., 2015). These contradictory results may be explained by variations in participant characteristics, the measurement tools used, and the timing of measurements during the grieving process.

Conversely, we have demonstrated that individuals with secure attachment are more capable of sharing their experiences and finding meaning in them. Their emotional security and relational reliability facilitate this co-creation and sharing of meaning with their surroundings. Furthermore, it has been shown that secure attachment is a significant predictor of post-traumatic growth, post-loss growth, and shared meaning making. Individuals with a secure attachment style are therefore more likely to grow after a loss. Some scientific research highlights secure attachment as a crucial resource for human growth, well-being, and optimal functioning (Lopez, 2009). Indeed, a secure base in relationships with trusted individuals promotes exploration, goal pursuit, and personal

growth (Feeney & Thrush, 2010). Additional evidence suggests that secure attachment is also linked to better self-acceptance, more positive social relationships, increased personal growth, and a deeper sense of life (Human, 2018). Thus, our findings support these conclusions by showing that individuals with secure attachment are not only more capable of making sense of their experience but also of enhancing the quality of their relationships and their own personal development.

Furthermore, a significant positive correlation was observed between avoidant attachment and post-traumatic growth. Additionally, avoidant attachment is a significant predictor of both post-loss growth and post-traumatic growth, indicating that individuals with an avoidant attachment style are more likely to develop personal growth after a loss. The avoidance dimension is characterized by increased autonomy and emotional distance from partners, as well as strong self-sufficiency (Fraley & Shaver, 2000; Mikulincer et al., 2002). Paradoxically, this strategy might allow individuals to adopt a more constructive and positive perspective towards their loss, thereby facilitating post-traumatic growth and post loss growth. Studies on the relationship between avoidant attachment and post-traumatic growth show contradictory results. Some researchers believe that avoidant attachment helps the bereaved regulate their emotions and demonstrate resilience, suggesting that avoidant attachment is an adaptive strategy (Fraley & Bonanno, 2004). Conversely, others see it as a risk factor for poor grief adaptation (Carrier et al., 2015). These contradictions highlight the complexity of its impact on post-traumatic growth. For example, some studies show that avoidant attachment positively contributes to post-traumatic growth among wives of prisoners of war (Dekel, 2007), while others indicate it is associated with lesser growth among bereaved siblings (Cohen & Katz, 2015).

It has also been shown that individuals with anxious attachment may have more difficulty coping with the loss of a loved one, manifesting more intense and prolonged grief reactions. Bowlby (1980) explained that anxious attachment can lead to maladaptive grief responses, characterized by high distress that persists over time. According to Boelen et al. (2006), these individuals are more prone to developing emotional difficulties after a loss due to their difficulty in accepting and integrating the reality of the loss, maintaining a positive self-image, and adopting effective coping behaviors. Field and Bonanno (2001) add that grief complications can also stem from anxious attachment and excessive dependency.

Finally, our results indicate that there is no correlation between anxious attachment and post-loss growth or post-traumatic growth. Conversely, we observed that anxious attachment is negatively associated with these forms of growth. This suggests that individuals with an anxious attachment style have more difficulty growing after a loss. These results contrast with those of Arıkan and Karancı (2012) and Dekel (2007), who showed a positive relationship between anxious attachment and post traumatic growth. These studies suggest that people with anxious attachment might be more likely to develop personal growth after a trauma. Additionally, Reize, Dahan, and Shaver (2013) found that anxious attachment is particularly related to the search for meaning in life, which might indicate that this form of attachment encourages deeper exploration and reflection when faced with traumatic events. This divergence between our results and those of previous studies can be attributed to the diversity of methodologies used, the samples studied, and individual and cultural contexts, highlighting the importance of examining these factors to better understand variations in study results.

### **Limites and futures directions**

One of the main limitations of this study is the relatively small sample size, which makes it difficult to generalize the results to a larger population. More extensive research would yield more robust and generalizable results. Another notable limitation of this study is the absence of a comparison between adults who lost a loved one during their childhood or adolescence and those who experienced a similar loss in adulthood. This distinction could have provided important insights into the effects of loss at different stages of life and its impact on post-loss growth. Indeed, bereavement experiences during childhood or adolescence may influence individuals' emotional and psychological development differently compared to those who suffered a loss in adulthood. Comparing these two groups could reveal significant differences in how post-loss growth manifests and the factors influencing this growth.

Another limitation observed is the diversity of methodologies employed in previous research. Variations in participant characteristics, measurement tools, and the timing of evaluations during the grieving process could explain the contradictory results observed. Additionally, this variability could also be due to the complexity of attachment styles and their different influences depending on individual and cultural contexts. Furthermore, the results may not be generalizable to all populations due to cultural and individual differences. These aspects underscore the need for further research.

Future research could explore samples from different cultures, which would help develop more inclusive and adapted therapeutic interventions for diverse bereavement and personal growth experiences. It would also be pertinent to conduct longitudinal studies to explore the complex interactions between attachment styles and forms of growth

after loss. These studies could reveal how these relationships evolve over time and in various contexts.

Additionally, the results of our study indicate that the French translations of the IPDS, SMMS, and PLGI have achieved very good Cronbach's alpha scores, demonstrating excellent internal consistency. This means that the translated scales reliably and accurately measure the same constructs as the original versions. This not only enhances the quality of French-language studies but also facilitates meaningful cross-cultural comparisons.

In the future, to strengthen the validity and recognition of these French translations, it would be beneficial to publish an article for each translation. These articles would rigorously document the translation process, validate the scales in various populations and contexts, and ensure their official endorsement by the scientific community. This would ensure that the translations are not only reliable and consistent but also widely recognized and used in research and clinical practice. By establishing these translations as references, we can anticipate a greater ease of use of the scales in French-speaking and international studies.

## **Conclusion**

The main objective was to highlight post-loss growth by examining the links between post-loss growth, post-traumatic growth, shared meaning making, type of attachment, and prolonged grief. The results revealed significant and positive associations between post-loss growth, post-traumatic growth, and shared meaning making. However,

the analyses did not show significant links between post-traumatic growth and symptoms of prolonged grief, nor between post-loss growth and symptoms of prolonged grief. Additionally, we observed that individuals with secure attachment are more likely to share their experiences and find meaning in them, thus facilitating post-traumatic growth, post-loss growth, and shared meaning making. Avoidant attachment was also identified as a significant predictor of post-traumatic growth and post-loss growth. Conversely, anxious attachment is associated with more intense and prolonged grief reactions, without an established link to post-loss growth or post-traumatic growth. Future research should include samples from different cultures and longitudinal studies to explore the complex interactions between attachment styles and forms of post-loss growth. These future studies will help develop more inclusive and tailored therapeutic interventions for diverse experiences of bereavement and personal growth.

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## **ANNEXE**

## ECSP Échelle de Construction des Significations Partagées

SMMS Shared Meaning Making Scale – French version

Version de recherche de Labernardie<sup>1</sup>, Rocha<sup>1,2</sup>, Gonçalves<sup>1</sup> & Ferreira<sup>1</sup> (2020) ; <sup>1</sup>CESPU; <sup>2</sup>CPTL

### Instructions

La capacité de construire des significations avec les autres se manifeste surtout dans le contexte de relations proches et après des événements importants de la vie. Veuillez noter votre choix en inscrivant un X dans chaque colonne correspondante à la fréquence : Jamais, Rarement, Souvent ou Très souvent.

	Jamais	Rarement (une fois par ans ou plus rarement)	Souvent ( <u>une</u> fois par mois)	Très souvent (plusieurs fois par mois ou tous les jours)
Je suis capable de partager des détails qui me permettent de mieux comprendre ce qui s'est passé.				
J'aime savoir ce que les autres pensent de ce qui s'est passé.				
Lorsque je parle aux autres, j'ai l'impression d'être plus <del>clair</del> <u>claire</u> avec moi-même.				
Inclure le point de vue des autres enrichit ma perspective.				
Il est possible que je sois créatif.ve lorsque je parle de ce qui s'est passé.				
Lorsque j'explique la signification de ce qu'il s'est passé, cela a un impact sur les autres personnes concernées.				
Même si je pense différemment, je peux apprécier le point de vue de l'autre.				
En parlant aux autres de ce qui s'est passé, j'ai l'impression que tout a plus de sens.				
Je ne me sens pas seule en partageant ce qui s'est passé.				
J'ai l'impression que les points de vue des autres deviennent différents lorsque je partage le mien.				
En partageant ce qui s'est passé, de nouvelles perspectives émergent.				

Des polices sont manquantes dans ce document.

### **Post-Loss Growth Inventory**

#### **Inventaire de la Croissance Après la Perte (ICAP)**

Traduction française de Labernardie et Rocha<sup>b, d</sup>, basé sur l'original de Rocha<sup>b, d</sup>, J.C., Teixeira, R.J.<sup>a</sup>, Almeida<sup>b</sup>, V., Remondes-Costa<sup>c</sup>, S., & Leite, M. (2018)

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ICAP - Inventaire de la Croissance Après la Perte

1 Jamais vrai	2 Très rarement vrai	3 Rarement vrai	4 Parfois vrai	5 Souvent vrai	6 Presque toujours vrai	7 Toujours vrai					
1. Après la perte, j'ai commencé à mieux accepter les émotions difficiles					1	2	3	4	5	6	7
2. Après la perte, j'ai commencé à mieux communiquer sur moi-même					1	2	3	4	5	6	7
3. Après la perte, je suis devenu plus conscient de mes émotions.					1	2	3	4	5	6	7
4. J'ai appris à apprécier davantage les personnes que j'aime.					1	2	3	4	5	6	7
5. Aujourd'hui, je comprends bien ma souffrance face la perte.					1	2	3	4	5	6	7
6. Maintenant, je partage davantage avec les autres ce que je ressens					1	2	3	4	5	6	7
7. Après la perte, j'ai beaucoup réfléchi à ce que cette personne signifiait pour moi.					1	2	3	4	5	6	7
8. J'ai revu le sens de ma vie.					1	2	3	4	5	6	7
9. J'ai appris à mieux comprendre la souffrance des autres.					1	2	3	4	5	6	7
10. J'ai appris à mieux comprendre ma souffrance.					1	2	3	4	5	6	7
11. Je suis devenu plus clair dans la communication de ce que je ressens.					1	2	3	4	5	6	7
12. J'ai utilisé ma créativité pour comprendre/accepter ce qui s'est passé.					1	2	3	4	5	6	7
13. Je sais mieux ce dont les autres ont besoin lorsqu'ils sont en deuil.					1	2	3	4	5	6	7
14. Je suis plus à même d'établir des liens avec les autres.					1	2	3	4	5	6	7
15. Après la perte, ma vie a plus de sens.					1	2	3	4	5	6	7

16. Je suis créatif.ve lorsque je pense ou parle de ce qui s'est passé.	1 2 3 4 5 6 7
17. Après la perte, je me suis rapproché.e des autres.	1 2 3 4 5 6 7
18. J'ai appris à mieux contrôler mes réactions émotionnelles les plus intenses.	1 2 3 4 5 6 7
19. À l'avenir, j'essaierai de mieux accepter les pertes.	1 2 3 4 5 6 7
20. Je comprends maintenant les réactions des autres face aux pertes.	1 2 3 4 5 6 7
21. J'accepte d'avoir parfois besoin de penser et de parler de la personne que j'ai perdue.	1 2 3 4 5 6 7
22. Il est possible d'exprimer la signification de ce que j'ai vécu.	1 2 3 4 5 6 7
23. Je sais que j'ai la liberté de choisir dans ce que je pense à propos du décès.	1 2 3 4 5 6 7
24. J'ai maintenant une meilleure idée de la signification de ma vie.	1 2 3 4 5 6 7
25. Aujourd'hui, je comprends mieux la signification des relations que j'entretiens.	1 2 3 4 5 6 7
26. Aujourd'hui, j'ai le sentiment d'avoir un but dans la vie.	1 2 3 4 5 6 7
27. J'ai le sentiment qu'aujourd'hui, j'ai la capacité d'être plus heureux.	1 2 3 4 5 6 7
28. Aujourd'hui, j'ai le sentiment que le monde est plein d'espoir.	1 2 3 4 5 6 7
29. Je suis maintenant capable de penser à de nouveaux projets et d'avoir de nouvelles attentes pour l'avenir.	1 2 3 4 5 6 7
30. Je sais qu'aujourd'hui je peux mieux profiter de la vie.	1 2 3 4 5 6 7


**Universität  
Zürich** UZH

**L'Échelle du Trouble de Deuil International Prolongé (ETDIP)**

**Instructions:** En utilisant l'échelle ci-dessous, veuillez choisir la réponse qui décrit le mieux comment vous vous êtes senti au cours de la **dernière semaine**.

**L'Échelle Standard**

	<b>Jamais</b> (1)	<b>Rarement</b> (2)	<b>Parfois</b> (3)	<b>Souvent</b> (4)	<b>Toujours</b> (5)
1. Je ressens un profond désir pour le défunt ou j'ai une envie intense de voir le défunt.	1	2	3	4	5
2. Je suis préoccupé(e) par des pensées à propos du défunt ou les circonstances de la mort.	1	2	3	4	5
3. J'éprouve d'intenses sentiments de tristesse, liés au défunt.	1	2	3	4	5
4. Je me sens coupable à propos de la mort ou les circonstances de la mort.	1	2	3	4	5
5. Je ne peux m'empêcher d'éprouver de la colère à cause de la perte.	1	2	3	4	5
6. J'essaie d'éviter tout ce qui me rappelle le décédé ou la mort autant que possible (par ex., des photos, des souvenirs).	1	2	3	4	5
7. J'attribue la mort aux autres ou aux circonstances (par ex., un pouvoir supérieur).	1	2	3	4	5
8. J'ai des difficultés par rapport à la perte ou je ne veux pas accepter la perte.	1	2	3	4	5
9. J'ai l'impression qu'une partie de moi est morte avec la personne décédée.	1	2	3	4	5
10. J'ai des difficultés à / ou aucune envie de ressentir la joie ou la satisfaction.	1	2	3	4	5
11. Je me sens émotionnellement engourdi/J'ai le sentiment de ne plus rien ressentir.	1	2	3	4	5
12. J'ai des difficultés à participer aux activités que j'aimais avant la mort.	1	2	3	4	5
13. Je crois que mon deuil a significativement détérioré mon fonctionnement social, professionnel ou dans d'autres domaines	1	2	3	4	5
14. J'ai l'impression que mon deuil est pire que celui des autres dans ma communauté (par ex. plus intense, sévère et/ou plus prolongé)	1	2	3	4	5



15. Quand la perte est-elle survenue? Entourez d'un cercle une seule réponse

- a. il y a moins de six mois
- b. il y a six à douze mois
- c. il y a un à cinq an(s)
- d. il y a cinq à dix ans
- e. il y a dix à vingt ans
- f. il y a plus de vingt ans

**Supplément Culturel: Éléments accessoires**

Instructions : S'il vous plaît, choisissez la réponse qui décrit le mieux vos sentiments, pensées, et comportement au cours de la semaine passée.

veuillez choisir la

	Jamais (1)	Rarement (2)	Parfois (3)	Souvent (4)	Toujours (5)
1. Depuis la perte, j'ai des problèmes physiques (par ex. maux de tête, problèmes d'appétit)	1	2	3	4	5
2. Je ferais n'importe quoi pour me sentir proche du défunt (par ex., visiter sa tombe tous les jours, dormir à côté de sa photo)	1	2	3	4	5
3. Depuis la perte, mon comportement a changé drastiquement et est devenu malsain (par ex. consommation excessive d'alcool).	1	2	3	4	5
4. La perte a détruit ma confiance en la vie ou en Dieu/une force spirituelle.	1	2	3	4	5
5. C'est impossible de me concentrer.	1	2	3	4	5
6. Mon deuil est si intense que je me sens bloqué (et fixé) sur le deuil.	1	2	3	4	5
7. Je ne peux pas reprendre un rythme.	1	2	3	4	5
8. Je me sens paralysé et détaché (par ex. comme si j'étais hors de mon propre corps)	1	2	3	4	5
9. Je n'ai aucune énergie ni intérêt pour les activités.	1	2	3	4	5
10. La vie n'a pas de sens depuis la mort.	1	2	3	4	5
11. Je veux mourir afin d'être avec le décédé.	1	2	3	4	5

12. Je me sens isolé(e) des autres et je ne sens aucune satisfaction d'être avec d'autres personnes.	1	2	3	4	5
13. J'ai l'impression d'avoir complètement perdu le contrôle.	1	2	3	4	5
14. Je cherche la personne décédée en espérant de la retrouver.	1	2	3	4	5
15. Je me sens impuissant(e) dans la vie et incapable de réaliser des choses dans la vie à cause de la perte.	1	2	3	4	5
16. Je repense constamment à ma relation avec la personne décédée.	1	2	3	4	5
17. Je sens qu'il/elle est à côté de moi.	1	2	3	4	5
18. Je pleure fortement quand je pense à la perte.	1	2	3	4	5
19. Depuis la perte, il m'est difficile de faire confiance aux gens.	1	2	3	4	5

Scoring: