

The Psychometric Properties of the Grief Recovery Scale (A Field Study in the City of Ouargla, Algeria)

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Abstract

The present study aimed to identify the psychometric properties of the Grief Recovery Scale and to verify its validity and reliability. To achieve this objective, the study was conducted on a sample of (80) individuals who had lost a family member, selected randomly. The results of the study showed that the Grief Recovery Scale has high levels of validity and reliability (criterion validity, internal consistency reliability, Cronbach's alpha, and split-half reliability), which indicates that its psychometric properties are consistent with those of a good test and that it can be used in subsequent studies.

Keywords: *Psychometric properties, grief recovery, Grief Recovery Scale.*

Introduction

Grief is considered one of the basic emotions that humans experience as a natural psychological response to situations of loss. It is not always viewed as a negative state, as it is part of emotional growth and adaptation to change, with the intensity and duration of grief differing from one individual to another. However, grief may turn into a disorder if not addressed properly, as it is one of the psychological emotions that leaves a deep emotional impact on the psyche. Nevertheless, it is a healthy process that enables the individual to adapt to pain and express it, where grief appears in multiple psychological, physiological, and social forms.

Despite this, the continuation of grief for a long period and its shift from adaptation to maladaptation may indicate the beginning of the development of psychological or physical disorders. The fact that grief takes its natural course toward adaptation draws attention to the recovery process, which takes a gradual form aiming to restore the individual's psychological and social balance.

Research Problem:

Grief is one of the most impactful experiences on human beings; it is a natural reaction to every loss and is associated with many factors, including personal, social, religious, and cultural ones. The loss of a family member is considered one of the most difficult experiences a family can undergo in its natural life cycle, as the inevitable separation from loved ones generates painful feelings that require the individual to seek relational bonds of another kind with the deceased and to establish and strengthen the remaining ties (Stroebe & Schut, 2010).

Overcoming this situation through grief recovery requires the activation of several psychological processes, some of which occur automatically and some that need support and mechanisms, such as working toward separation and overcoming the reality of loss, which is facilitated by social practices (rites of passage) that

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allow the release of part of the emotional load and the elimination of some feelings of guilt accompanying the loss (Van Genneep, 1960; Zeqar & Ben Issa, 2019).

From this standpoint, the concept of grief has received significant attention in psychological research, where many theoretical works have revolved around attempting to understand the tasks that individuals must accomplish in order to overcome the situation of loss and adapt to it. These include the cognitive stress theory of Lazarus and Folkman (1984), Kübler-Ross's model (1969), and the dual process model of coping with bereavement by Stroebe and Schut (1999).

Some studies have also examined the situation surrounding acceptance of loss and its effects on mental health. Zeqar and Ben Issa (2019) addressed the place of funeral rituals in the context of psychological mourning and highlighted the role such rituals play in activating mourning among individuals, as well as the effect of the context of the event on initiating grief and its role in recovery in a way that ensures adaptation to the situation (Zeqar & Ben Issa, 2019).

Rituals are filled with meaning and perform two essential functions: they help individuals understand what happened and confront the reality of loss to avoid the consequences of grief on mental health (Malthew & Kour, 2021).

Although this process is one of the most common human emotional experiences and a central theme in many studies on loss and trauma, scales to examine the process of grief recovery are still rare and limited, especially in the Arab context, despite the abundance and intensity of factors surrounding grief in this environment (Neimeyer, 2001; Parkes & Prigerson, 2010). This scarcity may be due to the complexity of the concept of grief recovery and the individual nature of this process, as well as the traditional focus on psychopathology, which emphasized the negative aspect of the process such as depression and complicated grief, instead of focusing on mental health and adaptation (Prigerson et al., 2009).

From this standpoint, researching the concept of grief recovery and developing accurate scientific measurement tools that enable an understanding of its mechanisms has become necessary in order to improve psychological care (Stroebe, Schut & Boerner, 2017).

Therefore, this study sought to prepare a tool to measure grief recovery in the Arab context by raising the following questions:

- Does the Grief Recovery Scale have acceptable validity indicators consistent with the characteristics of a good scale?
- Does the Grief Recovery Scale have acceptable reliability indicators consistent with the characteristics of a good scale?

Study Objectives:

The present study aims to identify the psychometric properties of the Grief Recovery Scale by examining evidence of validity and indicators of reliability and internal consistency.

Study Importance:

The importance of this study lies in providing the scientific field with a standardized tool suitable for measuring grief recovery and directing researchers' attention toward conducting studies in the field of grief recovery. This enriches psychological literature, especially in the clinical field, with a measurement tool for levels of grief recovery that meets the scientific standards of good psychological tests and scales, thereby contributing to strengthening the work of clinical psychologists.

Study Limits:

Human limits: The study was conducted on a sample of 80 individuals of both genders.

Spatial limits: The study was conducted in the districts of Rouissat and Hadb, in the city of Ouargla, Algeria.

Temporal limits: The study was carried out during the period between June and December 2021.

Operational Definition of the Study Variables:

Psychometric Properties:

They are a set of indicators that express the possibility of relying on the test results, their stability, and consistency. They also express the foundations on which the test is based in interpreting its results. Psychometric properties also mean the availability of validity and reliability coefficients of the test in a specific environment, where the concept of validity refers to the fact that a good test measures accurately what it was designed to measure and not something else. Reliability, on the other hand, refers to the fact that the test produces almost the same results if reapplied. (Boubou & Zumurrud, 2016, p.116, cited in Barakat, 2011).

In the present study, psychometric properties are defined by calculating the validity coefficients of the scale through both internal consistency validity and criterion-related validity, and by calculating its reliability using both the split-half method and internal consistency through Cronbach's alpha coefficient.

Recovery from Grief:

It is a psychological process linked to the situation of losing a family member to whom the individual is emotionally attached. In a complex process, the individual expresses his or her ability to adapt and overcome the pain of loss. Recovery from grief is measured using the scale prepared in the present study for this purpose.

Theoretical Background of the Study:

Experiencing sorrow and loss in a context where support and protection are lacking may hinder the individual's path to coping and adaptation, provoking fear. In the situation of loss, separation and the sense of meeting as a community remind individuals that they are part of a larger whole. This perspective, which aroused the curiosity of many researchers, confirmed that the social role is of great importance in preventing emotional emptiness and psychological collapse when facing loss.

Grief, Mourning, and Bereavement:

Talking about death and loss takes two directions: one toward current life and the other toward afterlife; thus grief is considered a general and universal experience. The terms grief, bereavement, and mourning are often used interchangeably in research and studies.

Grief:

Grief is considered a natural reaction to loss. It can be a response to material loss, such as death, or to social loss, such as the loss of a relationship with others or the loss of employment (Al-Fakharani, 2021, p.3). It is also defined as a cognitive process to confront loss and overcome events before and during death, focusing on memories and working toward separation from the deceased (Schut, 1999, p.1; Stroebe, 2010).

Bereavement:

Bereavement is defined as the period after the occurrence of loss, during which grief and mourning take place. The time an individual spends in bereavement after the loss of a family member depends on the circumstances of the loss and the degree of personal attachment to the deceased (Al-Fakharani, 2021, p.3).

Mourning:

It is defined as “the loss of one of the parents and/or a family member and the psychological consequences that follow, representing a stress factor that serves as a model for studying psychological, social, and biological coping mechanisms” (Bourgeois, 1996, p.9). Mourning is the process through which individuals adapt to loss, and it is greatly influenced by religious beliefs, practices, and rituals (Al-Qahtani, 2015, p.2).

(Hanus, 1995) attempted to provide three meanings of mourning:

a. The person in mourning (être en deuil): Mourning here is linked in principle to the death of someone, but mourning and death maintain an ambiguous relationship. Not every separation necessarily leads to mourning. The degree of attachment to the deceased as well as the circumstances of the loss determine this.

b. Carrying mourning (Porter de deuil): Talking about mourning is a personal matter, yet in some communities, especially traditional ones, mourning is collective. The social behaviors of mourning include rituals and actions that people in mourning must perform within a very specific system, according to rituals and taboos that affect the main areas of life.

c. The work of mourning (Travail de deuil): This refers to the psychological work necessary to accept the reality of loss and face it. It is the first task that the bereaved person faces to the extent they realize the reality of their loss. The main goal of mourning is to accept the reality of loss and separation. It is a psychological work done by the individual on himself or herself after the loss of a person with whom he or she had a strong emotional bond. The healing process is long and complex, leaving a scar that forever reminds the person of the deceased. This depends on the context in which it occurs and the personality of the bereaved. (Hanus, 1995, pp. 25–26).

The Meaning of Recovery and Meaning-Making:

There is no consensus about the nature of recovery because of the diversity of theoretical frameworks explaining bereavement in general. For example, the psychoanalytic school considers recovery the result of an exhausting process involving the release of emotions associated with grief (Freud, 1917/1957). Bowlby (1980) saw recovery as a material achievement of functioning after the loss of an important relationship, necessarily involving emotional detachment from the deceased and reinvestment in new goals and relationships. In contrast, systems theory views recovery as a process of reorganizing family relationships after loss, emphasizing the strong role of social factors in shaping the outcomes of grief (Walsh & McGoldrick, 2004). Thus, the different meanings attributed to recovery are a function of the context from which they were derived.

Recovery is quantitatively defined (in terms of changes in psychological symptoms) as the result of comprehensive grief work, emotional detachment, assuming new social roles, and adopting a new way of living after loss (Shirley, 2019).

Recovery from grief has two dimensions: the first involves recovery from the grief itself and returning to emotional baseline, while the second involves returning to the individual's basic functioning (Shirley, 2019). This requires building meaning for the loss to help in adaptation and returning to the previous level of functioning (Shirley, 2019; Neimeyer, 2001).

Meaning-making and meaning reconstruction are often central processes in cases of grief. Meaning can be enhanced and assigned as comprehensiveness and significance, or by creating meaning and finding benefit

through a continuing bond with the deceased. Meanings depend on the nature and history of the relationship with the deceased, who remains connected with the living (Neimeyer, 2016).

Boyraz et al. (2015) mention that individuals who have the ability to find meaning in loss show lower levels of distress and anger. Thus, the attempt to find meaning in loss and reflect on it is essential for working through the loss (Murad & Taysir, 2019, p.461).

Therefore, the best way to understand grief is to understand the interaction between personal, social, and cultural relationships through which individuals and communities construct meaning for the deceased's life and death. It is important to understand how interactions with the deceased evolve existentially and to know in which ways the individual's cultural and personal narrative allows them to perceive and experience the relationship as real (Dennis, 2018).

Method and Tools:

Study Method:

The present study relied on the descriptive-analytical method.

Study Sample:

The study included a sample of (80) individuals who had experienced the loss of a relative, selected randomly.

Study Tool:

The present study used the Grief Recovery Scale. The aim of constructing the Grief Recovery Scale is to:

- Provide an Arabic-language scale for grief recovery to measure individuals' ability to overcome loss and adapt to it, due to the lack of such a scale within the researcher's knowledge.
- Determine the extent to which members of the sample have achieved recovery from grief and understand its nature.

Steps in Constructing the Scale:

The scale was prepared following these steps:

- Conducting opinion surveys about grief recovery.
- Conducting open interviews with a sample of individuals representing part of the study sample.
- Reviewing the theoretical background on grief recovery and models explaining the concept of grief or bereavement, including the dual process model of coping with bereavement by Stroebe, which enables a better understanding of how the individual adapts to loss, and the cognitive stress theory of Lazarus and Folkman. Also, reviewing several psychological grief scales, such as the Revised Texas Grief Inventory (2015), the Prolonged Grief Scale, and Bourgeois's Scale (2005).

The study relied on the dual process model of coping with bereavement, which allows for a more accurate assessment of the bereaved person's experience. Ramdo (1993) notes that although the processes usually depend on one another, they are interconnected and occur simultaneously. Thus, the bereaved can move back and forth between these processes, illustrating the fluctuating and non-linear development of grief. These processes are: (acknowledging the loss, reacting to separation, remembering the relationship with the

deceased, letting go of old bonds with the deceased, reconstructing in a new world without forgetting the old, and finally reinvestment) (Stroebe, 2010, p.10).

This perspective also emphasizes that the grieving process is individual and unique, depending on many elements: factors related to personality and the relationship with the deceased, and factors related to the context of the loss. Accordingly, grief in this sense, with the feeling of meaninglessness, is a process of adjustment at the cognitive, social, and existential levels.

Based on this, the focus was placed on grief recovery in its personal dimension (a private process related to the individual's personality and the nature of the relationship with the deceased), its social dimension (what is known as rites of passage that activate and initiate the grief process), and its religious dimension (issues of what is permitted and prohibited during this period). It is also viewed in its natural course as a positive process toward acceptance and reconstruction leading to healing and recovery, where acceptance of loss and the establishment of new relationships are considered among the most important indicators of recovery. The items of the scale were determined as follows:

Table (01) Shows the Dimensions of the Grief Recovery Questionnaire and Its Indicators

Number	Dimension	Indicators
01	Psychological Dimension	Emotional, Behavioral, Cognitive
02	Religious Dimension	Beliefs, Pure Emotions, Rituals
03	Social Dimension	Social Participation, Relationships, Rites of Passage

The tool in its initial form consisted of three dimensions: the psychological dimension, the religious dimension, and the emotional dimension, comprising 33 items. An instruction was prepared to clarify the method of responding to the scale items, generally aiming to ensure proper standardization of the tool's application. In addition, response alternatives were set according to a five-point Likert scale, represented as (Always, Often, Sometimes, Rarely, and Never) with the following weights respectively (1, 2, 3, 4, 5). A score of 1 is given to the response alternative Never, while a score of 5 is given to the alternative Always. Low scores indicate obstruction or deviation of the grief recovery process and its chronicity, medium scores indicate the natural course toward grief recovery, while high scores indicate recovery from grief, adaptation, and the individual's ability to overcome the pressures resulting from loss.

Based on the theoretical framework adopted by the research in defining the concept of grief recovery, operational definitions of the scale dimensions were formulated as follows:

Operational Definitions of the Scale Dimensions:

1. Psychological Dimension:

This dimension involves regulation from the material and social aspects and their resulting individual and specific formation related to different areas of life and values associated with the current social context. Its indicators are:

Emotional Indicator: The set of conscious and perceived feelings associated with the individual's reaction to loss, including shock, suffering, helplessness, hopelessness, feelings of regret and guilt, anger, and loneliness.

Cognitive Indicator: Forms of perception related to the situation of loss, which can be inferred from the effects of the individual's cognitive activity, such as memory problems, concentration difficulties, and unclear thinking.

Behavioral Indicator: Any activity, behavior, or expression of behavior associated with actions directed toward accepting or rejecting the loss in the context of the grief recovery process.

Religious Dimension:

This dimension is the sum of religious psychological phenomena composed of three main categories: beliefs, pure emotions, and rituals (Abdul Hadi, 2020, p.208).

Belief: Absolute submission and conviction, indicating certainty of truth.

Pure Emotions: Direct connection with God and faith in divine decree (Qada' and Qadar).

Rituals: Any behavior or act carried out by the individual that has symbolic value based on a religious and cultural background in a specific context (the context of grief and recovery).

Thus, the operational definition of religion adopted here is the foundation that governs and determines the individual's behaviors and their outcomes in everything related to his life and his relationship with his Creator, in terms of belief, pure emotions, and worship rituals.

Social Dimension:

This dimension refers to the set of social behaviors and customs accompanying the situation of loss (death) and the laws governing the expression of grief and sorrow, which are reflected in transitional behaviors.

Social Participation: The extent to which one feels the participation, support, and care of others.

Relationships: Any interaction or communication, or its expression, that includes social influences (supportive or non-supportive) in a specific context and the fulfillment of certain expectations.

3-3. Rituals: Any behavior or act carried out by the individual that has symbolic value based on a religious and cultural background in a specific context (the context of grief and recovery).

The items were distributed across the dimensions of the scale as follows:

Table (02) shows the distribution of items across the dimensions in the Grief Recovery Questionnaire.

Number	Dimension	Items	Number
01	Psychological Dimension	33.32.31.30.25.20.17.16.13.12.11.10.5.1	14
02	Religious Dimension	28.22.19.7.6.4.3.2	08
03	Social Dimension	29.27.26.24.23.21.18.15.14.9.8	11

The determination of the level of grief recovery was based on the following key:

- From 01 to 33: Low level of grief recovery.
- From 34 to 99: Medium level of grief recovery.
- From 100 to 165: High level of grief recovery.

Use of Arbitrators:

The arbitration form was presented to seven (07) experts: four (04) with the rank of Associate Professor A, and three (03) of them clinical psychologists in public health, in order to:

- a) Provide their opinion on the items and exclude those not related to grief and bereavement.
- b) Propose any modifications in the wording of the items.
- c) Express their opinions regarding the clarity of the instruction, the adequacy and suitability of the alternatives, the soundness of the items, and the determination of their belonging to the scale as a whole.

Based on this, the arbitration form was tabulated according to the experts' determination of the suitability percentage (0%, 25%, 50%, 75%, 100%). Depending on this step, the arbitrators agreed that the items were related to the variable, with their validity reaching more than 75%, along with the necessity of making some modifications to the linguistic wording of certain items (a total of 07 items). The professors also noted that the Likert scale is considered the most appropriate as response alternatives, making the scale ready to test its validity and reliability results empirically through its application to the study sample.

Presentation of the Study Results and Their Discussion:

Presentation of the Results of the First Hypothesis and Their Discussion:

The first hypothesis stated that the Grief Recovery Scale has acceptable validity indicators consistent with the characteristics of a good scale. Validity was calculated through the following methods:

Calculating the validity of the Grief Recovery Scale through criterion-related comparison:

The results showed the following:

Table (03) Shows the Criterion-Related Validity of the Grief Recovery Scale.

	Number	Arithmetic Mean	Standard Deviation	"t" Value	Degree of Freedom	Significance Level
Lower Group	40	117,88	6,14	11,07	79	0.01
Upper Group	40	135,57	5,35			

From Table (03), it is clear that there are differences between the arithmetic mean of the scores of the sample members in the lower group, estimated at 117.88 with a standard deviation of 6.14, and the arithmetic mean of the scores of the sample members in the upper group, which is 135.57 with a standard deviation of 5.35. The calculated t-value was 11.07, which is not significant. Thus, it appears that the scale distinguishes between the lower and upper values, indicating that the scale has the ability to discriminate between performance levels among the respondents.

3-2. Presentation of the Results of the Second Hypothesis and Their Discussion:

The second hypothesis of the study stated that the Grief Recovery Scale has acceptable reliability coefficients consistent with the characteristics of a good scale after being applied to the study sample. The results obtained are presented below:

Calculating the reliability of the Grief Recovery Scale using Cronbach's Alpha coefficient:

The reliability of the Grief Recovery Scale was calculated using Cronbach's Alpha, and Table (04) shows the obtained result.

Table (04) shows Cronbach's Alpha coefficient of the Grief Recovery Scale.

Items	Cronbach's Alpha Coefficient
33	0,66

From the above table, it is clear that the value of Cronbach's Alpha coefficient was estimated at (0.66), which indicates that the scale enjoys a high and acceptable reliability across all its dimensions.

Calculating the Reliability of the Scale through Internal Consistency:

The correlation coefficient was calculated using Pearson's method from the raw scores between each item's score and the total score of the scale on the same sample. The results obtained are recorded in Table (05):

Table (05) Shows the Internal Consistency Reliability of the Grief Recovery Scale.

Item Number	"r" Value						
01	0,67	25	0,66	18	0,64	04	0,66
05	0,67	30	0,69	21	0,66	06	0,65
10	0,65	31	0,67	23	0,66	07	0,66
11	0,66	32	0,68	24	0,66	19	0,66
12	0,66	33	0,67	26	0,66	22	0,66
13	0,64	08	0,65	27	0,66	28	0,65
16	0,66	09	0,65	29	0,66		
17	0,66	14	0,66	02	0,66		
20	0,66	15	0,64	03	0,66		

The results of Table (05) show that the "r" value in the Grief Recovery Scale ranged between (0.65–0.66) for the items of the first dimension, which is the psychological dimension. It ranged between (0.64–0.66) for the second dimension, which is the social dimension. As for the third dimension, the religious dimension, the results ranged between (0.65–0.66).

Calculating the Reliability of the Grief Recovery Scale Using the Split-Half Method:

The reliability of the scale was calculated using the split-half method, by calculating the correlation coefficient between the scores of odd and even items, then correcting it using the Spearman-Brown formula. Table (06) shows the obtained result.

Table (06) Shows the Correlation Coefficient Before and After Adjustment for The Dimensions of the Grief Recovery Variable

Scale	Calculated Correlation Coefficient	
	"r" Before Adjustment	"r" After Adjustment
Grief Recovery	0,49	0,66

It is noted from Table (05) that the "r" value before adjustment equals (0.49), and after adjustment equals (0.66), which is significant at (0.01). Accordingly, the scale enjoys a good level of reliability and can be adopted in the main study.

Conclusion:

Based on the results of validity and reliability, the present study concluded that the Grief Recovery Scale enjoys high and acceptable validity and reliability coefficients that correspond to the characteristics of a good scale, i.e., it possesses appropriate psychometric properties after being applied to the study sample. In light of the findings reached in the current study, we propose the following:

1. Conducting more studies on mourning, grief, and grief recovery.
2. Utilizing the current scale in the diagnostic process as a preliminary step for diagnosis and psychological care of cases.

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