Iranian Journal of Organizational Psychology

University of Sistan and Baluchestan

IJOP

# Predicting Complicated Grief Symptoms in Employed Women with a History of Miscarriage Based on Integrative Self-Knowledge: The Mediating Role of Distress Tolerance and Guilt

**Roghiyeh Sedaghat Doost**[1], **Fatemeh Masumi**[2*]

[1] Master of Science in Health Psychology, Department of Psychology, Qom Branch, Islamic Azad University, Qom, Iran. E-mail: elham.sadeghatdost@gmail.com

[2] *Corresponding author*, Master of Science in Health Psychology, Department of Psychology, Qom Branch, Islamic Azad University, Qom, Iran. E-mail: fatemeh.masumi@gmail.com

**ARTICLE INFO**

**Article type**:
Research Article

**Article history**:
Received:21 May 2026
Revised: 23 May 2026
Accepted:25 May 2026

**Keywords:**
Complicated Grief,
Distress Tolerance,
Guilt,
Integrative Self-Knowledge,
Employed Women,
Miscarriage.

**A B S T R A C T**

The present study aimed to predict complicated grief symptoms in employed women with a history of miscarriage based on integrative self-knowledge through the mediating roles of distress tolerance and guilt. This applied research employed a descriptive-correlational design. The statistical population included all employed women with previous miscarriage experiences in Qom City during the winter of 2025, from whom 270 participants were selected through purposive sampling. The research instruments comprised the Hogan Grief Reaction Checklist (Hogan et al., 2001), the Integrative Self-Knowledge Scale (Ghorbani et al., 2003), the Distress Tolerance Scale (Simons & Gaher, 2005), and the Guilt Inventory (Kugler & Jones, 1992). Data were analyzed using path analysis with SPSS-23 and AMOS-23. The results showed that complicated grief symptoms in employed women with miscarriage experiences were significantly predicted by integrative self-knowledge through the mediating effects of distress tolerance ($\beta$=–0.192, $p<.001$) and guilt ($\beta$=–0.231, $p<.001$). Overall, complicated grief was directly predicted by integrative self-knowledge, distress tolerance, and guilt, while integrative self-knowledge also exerted indirect effects on grief intensity through these mediators. These findings underscore the importance of interventions aimed at enhancing integrative self-knowledge and distress tolerance to promote psychological adjustment in this population. Consequently, psychological counseling programs should emphasize training in distress tolerance skills and guilt reduction, alongside strengthening identity coherence, to facilitate adaptive grief processing and prevent the persistence of complicated grief symptoms.

## Introduction

Miscarriage is recognized as one of the most traumatic life events for women, capable of exerting profound psychological consequences (Burden et al., 2016). Beyond its physical impacts, miscarriage is an intensely painful and stressful experience that can trigger deep emotional and psychological reactions. Among the most significant of these is grief related to fetal loss, often accompanied by sorrow, guilt, helplessness, and persistent preoccupation with the loss (Farren et al., 2020). While mourning and grief following the loss of a loved one are universal human experiences, the inability to cope with this process can lead to pathological grief, resulting in serious short- and long-term consequences that impair quality of life. Bereaved individuals often experience heightened mental health challenges, including anxiety,

**DOI**: https://doi.org/ 10.22111/ijop.2026.55478.1083

**Publisher**: University of Sistan and Baluchestan

**How to Cite**: Sedaghat Doost, R., Masumi, F. (2026). Predicting Complicated Grief Symptoms in Employed Women with a History of Miscarriage Based on Integrative Self-Knowledge: The Mediating Role of Distress Tolerance and Guilt. *Iranian Journal of Organizational Psychology*, 3(2), 51-58. https://doi.org/ 10.22111/ijop.2026.55478.1083

depression, suicidal ideation, and somatic symptoms (Imani et al., 2026). In some instances, grief reactions gradually subside; however, for some women, the process becomes persistent and debilitating, manifesting as "Complicated Grief" (CG). This condition is characterized by symptoms such as intense yearning, chronic preoccupation with the loss, pervasive guilt, and difficulty in returning to normal daily functioning (American Psychiatric Association, 2022). Employed women, who must navigate both the trauma of fetal loss and the pressures of professional and social roles, may face additional challenges in processing these emotions (Ghods & Aftab, 2025).

Given the significance of intrapersonal variables, the role of *Integrative Self-Knowledge* (ISK) in post-miscarriage grief is paramount. Generally, self-knowledge refers to an individual's relatively stable and realistic awareness of their own traits, needs, values, emotions, and roles, organized into a coherent sense of "self." Integrative self-knowledge occurs when an individual can perceive various aspects of their identity and life experiences within an organized, unified, and meaningful framework, thereby mitigating internal conflicts and contradictions (Ghorbani et al., 2008). In such a state, an individual possesses a greater capacity to understand, interpret, and integrate the painful experience of miscarriage into their personal life narrative. Consequently, it is expected that women with higher levels of ISK will be less prone to persistent, complicated grief patterns and more successful in restoring emotional equilibrium and maintaining functional performance in personal, familial, and professional spheres (Park, 2010). Research indicates that individuals with more coherent self-knowledge and higher self-concept clarity are better equipped to integrate the emotions and meanings of loss, thereby exhibiting superior psychological adjustment (Campbell et al., 1996; McAdams & McLean, 2013).

Beyond identity and cognitive factors, the ability to manage distressing emotions plays a critical role in the development or maintenance of complicated grief. A key construct in this domain is "Distress Tolerance," which refers to an individual's capacity to endure, accept, and manage unpleasant emotional experiences—such as intense sorrow, anxiety, anger, or guilt—without resorting to impulsive or avoidant behaviors. Individuals with low distress tolerance typically perceive traumatic events as more threatening and engage in cognitive or behavioral avoidance, which in turn impairs the emotional processing of grief (Macatee et al., 2020). This is particularly salient for employed women balancing professional pressures and multiple roles, as the inability to tolerate distress can hinder the integration of the loss into daily life, potentially exacerbating complicated grief. Various studies have established a significant relationship between emotion regulation difficulties, complicated grief symptoms, and increased post-loss depression and anxiety (Shear, 2015; Farren et al., 2020). Overall, an inability to tolerate distress and regulate emotions effectively can lead to chronic grief and reduced psychological adjustment in women following miscarriage (Leyro et al., 2010).

In addition to cognitive and emotional factors, self-evaluative emotions play a decisive role in the intensity and persistence of post-miscarriage grief. One of the most prominent is guilt, which refers to the psychological experience of self-blame, perceived responsibility for a negative outcome, or a sense of failure in fulfilling one's duties (Aftab et al., 2021). Following a miscarriage, many women may—realistically or unrealistically—attribute the loss to their own actions, grappling with thoughts such as "If only I had been more careful" or "Perhaps it was my fault." This self-reproach can disrupt the natural grieving process, perpetuating negative emotions, rumination, and difficulty accepting the loss, thereby fostering the onset or maintenance of complicated grief (Hosseini Nia et al., 2024). For employed women, the overlap between loss and professional/social demands may intensify this guilt, further hindering their return to emotional stability and daily functioning. Research has demonstrated that post-miscarriage guilt acts as a powerful mediator in the escalation of complicated grief and depressive symptoms (Burden et al., 2016; Brier, 2008). Furthermore, studies suggest that the persistence of this emotion disrupts cognitive processing of the loss and prevents successful re-adaptation to life roles (Meaney et al., 2017).

Employed women who experience miscarriage are a group exposed to high levels of emotional pressure and conflicting roles. The experience of pregnancy loss is inherently accompanied by grief, sorrow, guilt, and intense distress; yet, professional requirements and workplace expectations often limit the opportunity for natural emotional processing and the restoration of psychological equilibrium. In such contexts, work-family conflict can exacerbate grief reactions and diminish psychological resilience. Integrative self-knowledge acts as a protective mechanism, enabling individuals to better organize

negative emotions, facilitate effective meaning-making (McAdams & McLean, 2013; Kernis & Goldman, 2006), and demonstrate greater resilience against severe grief reactions. Despite the importance of this field, a review of the literature suggests that studies simultaneously examining the role of ISK, distress tolerance, and guilt in explaining complicated grief—particularly among employed women following miscarriage—are limited or absent. Moreover, research has rarely employed structural modeling to delineate the causal relationships between these variables, often neglecting the exacerbating role of work-family role conflict. Therefore, this study aims to provide a structural predictive model for complicated grief in this population, thereby addressing a critical gap in the literature and informing the design of supportive and psychological interventions. Consequently, the present study sought to predict complicated grief in employed women with a history of miscarriage based on integrative self-knowledge, mediated by distress tolerance and guilt.

## Method

### Sample and Sampling Method

The present study employed an applied, descriptive-correlational research design. The statistical population comprised all employed women in Qom City with a history of miscarriage during the winter of 2025. A sample of 270 participants was selected using purposive sampling. Inclusion criteria consisted of being employed, having experienced a miscarriage at least three months prior to the study, being a resident of Qom, being at least 18 years of age, and providing informed consent. Exclusion criteria included individuals with a history of severe or chronic psychiatric disorders, those currently suffering from acute medical conditions that would impede their ability to complete the questionnaires, and participants whose miscarriage occurred less than three months prior (due to the high likelihood of acute grief and failure to have passed the initial stage of the mourning process).

### Tools Used

- **Demographic Questionnaire:** Collected data on time elapsed since miscarriage, age, marriage duration, and number of miscarriages.
- **Hogan Grief Reaction Checklist (HGRC):** Developed by Hogan et al. (2001), this 61-item scale measures six subscales—Despair, Panic, Blame and Anger, Withdrawal, Detachment, and Personal Growth—on a 5-point Likert scale. Reliability and validity have been established in previous studies, with Cronbach's alpha coefficients ranging from 0.90 to 0.98 (Hogan et al., 2001; Sharifi et al., 2013).
- **Integrative Self-Knowledge Scale (ISKS):** The 12-item short version of the scale by Ghorbani et al. (2003) was utilized. It assesses three subscales (Reflective Self-Knowledge, Experiential Self-Knowledge, and Integration of Experiences) on a 5-point Likert scale. It has demonstrated good internal consistency (Cronbach's $\alpha = 0.82$) and convergent validity with the Rosenberg Self-Esteem Scale (Ghorbani et al., 2008).
- **Distress Tolerance Scale (DTS):** The 15-item scale by Simons and Gaher (2005) evaluates four dimensions: Tolerance, Appraisal, Absorption, and Regulation, using a 5-point Likert scale. Internal consistency in Iranian samples has been reported between 0.78 and 0.85 (Azizi et al., 2010; Khosravani et al., 2017).
- **Guilt Inventory (GI):** The 45-item scale by Kugler and Jones (1992) measures State Guilt, Trait Guilt, and Moral Standards. In this study, the "State Guilt" subscale was specifically utilized (Cronbach's $\alpha = 0.78$).

### Procedure

Data collection was conducted online. After coordination, the call for participation was disseminated across clinics, healthcare centers, and hospitals. Participants accessed the questionnaires via a provided link. Once the target sample size was reached, data were extracted and processed. Statistical analyses were performed using SPSS-23 and AMOS-23. Descriptive statistics included mean and standard deviation. Inferential analysis involved Pearson correlation and structural equation modeling (path analysis). Model assumptions were rigorously tested, including normality (skewness, kurtosis, and Mahalanobis distance), linearity (scatter plots of standardized residuals), and absence of multicollinearity

(tolerance and variance inflation factor [VIF]). The structural model's fit was evaluated using standard goodness-of-fit indices.

## Results

### Demographic Characteristics

The demographic profile of the participants (N = 270) is summarized below. Regarding age distribution, 19 participants (7.0%) were under 25 years old, 85 (31.5%) were between 26 and 30, 59 (21.9%) were between 31 and 35, 50 (18.5%) were between 36 and 40, and 57 (21.1%) were 46 or older. Concerning the duration of marriage, 86 participants (31.8%) had been married for less than 2 years, 84 (31.1%) for 2 to 5 years, and 100 (37.0%) for more than 5 years. In terms of obstetric history, 178 participants (65.9%) reported one miscarriage, 64 (23.7%) reported two, and 28 (10.4%) reported more than two miscarriages.

**Table 1: Fit Indices of the Proposed Structural Model**

| Model | $\chi^2$ | $\chi^2$/df | RMSEA | CFI | GFI | AGFI |
|---|---|---|---|---|---|---|
| Proposed Model | 431.87 | 2.06 | 0.067 | 0.988 | 0.931 | 0.889 |
| Acceptable Values | P > 0.05 | < 3 | < 0.08 | > 0.90 | > 0.90 | > 0.80 |

Table 1 presents the goodness-of-fit indices for the proposed structural model. The results indicate that the model demonstrates an acceptable fit with the collected data, suggesting that the structural model accurately represents the relationships among the research variables.

**Table 2: Unstandardized and Standardized Path Coefficients for the Structural Model**

| | Path | Unstandardized Coefficient | Standard Error | Standardized Coefficient | P-value |
|---|---|---|---|---|---|
| Total Effect | Integrative Self-Knowledge → Complicated Grief | -0.509 | 0.099 | -0.423 | < .001 |
| Direct Effects | Integrative Self-Knowledge → Complicated Grief | -0.138 | 0.041 | -0.318 | < .001 |
| | Distress Tolerance → Complicated Grief | -0.105 | 0.085 | -0.427 | < .001 |
| | Guilt → Complicated Grief | 0.255 | 0.090 | 0.516 | < .001 |
| | Integrative Self-Knowledge → Distress Tolerance | 0.168 | 0.050 | 0.450 | < .001 |
| | Integrative Self-Knowledge → Guilt | -0.121 | 0.025 | -0.448 | < .001 |
| Indirect Effects | Integrative Self-Knowledge → Distress Tolerance → Complicated Grief | -0.207 | 0.063 | -0.192 | < .001 |
| | Integrative Self-Knowledge → Guilt → Complicated Grief | -0.218 | 0.078 | -0.231 | < .001 |

Table 2 displays the path coefficients for the structural model. The results indicate that Complicated Grief symptoms were directly predicted by Integrative Self-Knowledge ($\beta=-0.318$, $p<.001$), Distress Tolerance ($\beta=-0.427$, $p<.001$), and Guilt ($\beta=0.516$, $p<.001$). Furthermore, Integrative Self-Knowledge exerted significant indirect effects on Complicated Grief through the mediation of Distress Tolerance ($\beta=-0.192$, $p<.001$) and Guilt ($\beta=-0.231$, $p<.001$). These findings provide empirical support for the proposed model, illustrating the complex interplay between identity-related cognitions, emotion regulation, and self-evaluative emotions in the trajectory of post-miscarriage grief.

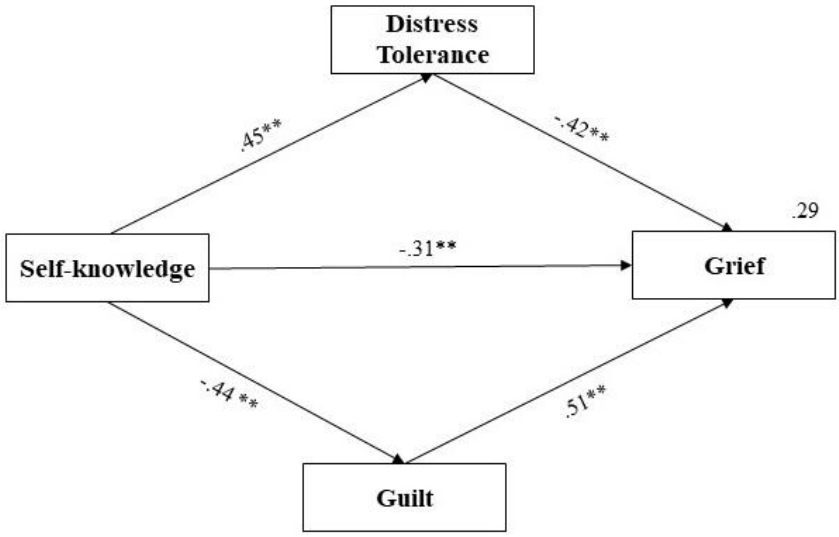


Figure 1 presents the structural model, illustrating the standardized path coefficients. The model indicates that Integrative Self-Knowledge, Distress Tolerance, and Guilt collectively account for 29% of the variance in Complicated Grief symptoms ($R^2$=0.29R2=0.29). These results suggest that while these variables significantly contribute to the prediction of complicated grief in employed women following miscarriage, other factors may also influence this psychological process, which should be explored in future research.

**Discussion**

The present study aimed to predict complicated grief symptoms among employed women with a history of miscarriage, based on Integrative Self-Knowledge (ISK), mediated by Distress Tolerance and Guilt. Our findings revealed that complicated grief symptoms are directly predicted by ISK, distress tolerance, and guilt. Furthermore, ISK exerted significant indirect effects on the severity of complicated grief, mediated by distress tolerance and guilt. These results are consistent with previous studies (e.g., Campbell et al., 1996; Kernis & Goldman, 2006; McAdams & McLean, 2013; Shear, 2015; Meaney et al., 2017; Farren et al., 2020; Hosseini Nia et al., 2024).

The predictive role of ISK regarding complicated grief underscores the fundamental importance of stability and integration in an individual's identity structure when facing profound stressors. ISK, defined as a stable and unified understanding of the self, enables individuals to derive meaning from and adapt to challenging emotional experiences. When this integration is compromised, women who have experienced a miscarriage may struggle to process and resolve their grief. Complicated grief can be viewed as a disorder characterized by enduring pain and impaired psychological adaptation, signaling a failure to maintain integrative self-knowledge. In line with Neimeyer's Meaning Reconstruction Theory (Neimeyer, 2019), the loss of a pregnancy can disrupt an individual's narrative of "who they are" and "the purpose of their existence." For employed women, whose professional identity is a core component of their self-concept, this disruption is exacerbated by the potential conflict between professional, social, and personal roles (McAdams & McLean, 2013). Consequently, low ISK serves as a precursor to complicated grief, as insufficient integration prevents the experience from being incorporated into a coherent identity framework.

Drawing on Gross's (2015) Emotion Regulation Theory, the ability to regulate negative emotions—such as sorrow and anxiety—is a key marker of psychological health. ISK acts as an engine for emotion regulation, enabling individuals to conceptualize paradoxical or complex emotions following a miscarriage in a tolerable manner. However, when self-integration is weak, emotions become chaotic, manifesting as chronic symptoms of complicated grief, such as persistent guilt, suppressed anger, and social withdrawal.

Furthermore, our results indicate that ISK influences complicated grief not only directly but also through the mediation of Distress Tolerance. As suggested by Simons and Gaher (2005), low distress

tolerance is associated with a tendency toward emotional avoidance and maladaptive behaviors. When faced with a miscarriage, women with lower levels of ISK exhibit reduced capacity to engage directly with the intense pain of loss, leading them toward dysfunctional defense mechanisms rather than adaptive grief processing. This mediation aligns with Gross's (2015) model, suggesting that successful emotion regulation requires an ongoing interplay between cognitive representations of the self and the acceptance of emotional reality.

Finally, the mediation effect of Guilt suggests that ISK impacts complicated grief through the quality of emotional processing and self-evaluative moral cognitions. According to Attribution Theory (Weiner), internal, stable, and global attributions regarding negative events are associated with more intense and enduring emotional consequences. Low ISK provides the cognitive soil for such attributions; consequently, the loss is interpreted not merely as a tragic event, but as a "personal failure" within the individual's value system. This triggers a cycle of rumination, self-blame, and persistent sorrow. In employed women, the pressure of multiple roles and social expectations can intensify this excessive sense of responsibility, thereby hindering the transition to normal, adaptive grief.

Limitations of this study include the selection of a specific sample of employed women in a single city (Qom), which may limit the generalizability of the findings. Moreover, the use of self-report measures introduces the possibility of memory bias and social desirability. Given the correlational nature of this research, causal inferences should be drawn with caution. Future research should utilize longitudinal and experimental designs with more diverse populations. Furthermore, incorporating variables such as social support and coping styles would provide a more comprehensive understanding of the mechanisms underlying complicated grief in this population.

## Conclusion

In conclusion, this model demonstrates that the interaction between identity-related mechanisms and self-conscious emotions dictates the trajectory of complicated grief. These findings suggest a pressing need for clinical interventions that go beyond symptom reduction—focusing instead on rebuilding the foundations of self-integration and enhancing distress tolerance (e.g., through Acceptance and Commitment Therapy). Clinically, it is essential to prioritize the reconstruction of identity coherence and the reform of self-blaming attributions in therapeutic protocols for women experiencing post-miscarriage grief.

## Acknowledgements

The author of this article considers it necessary to thank all employed women, participated in this study and sincerely cooperated. No financial support was received from the government, public, commercial, or private organizations for this study.

## References

Aftab, R., Bermas, H., & Abolmaali Alhoseini, K. (2021). Structural Prediction Model of Suicidal Ideation Based on the Big Five Personality Traits with the Mediation of Guilt [Original Research Article]. *Middle Eastern Journal of Disability Studies*, *11*(0), 106–116. https://doi.org/10.29252/mejds.0.0.9

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.; DSM-5-TR). American Psychiatric Association.

Azizi, A., Mirzaei, A., & Shams, J. (2010). Psychometric properties of the Persian version of the Distress Tolerance Scale. *Iranian Journal of Psychiatry and Clinical Psychology*, *16*(1), 55–63.

Brier, N. (2008). Grief following miscarriage: A comprehensive review of the literature. *Journal of Women's Health, 17*(3), 451–464. https://doi.org/10.1089/jwh.2007.0505

Burden, C., Bradley, S., Storey, C., Ellis, A., Heazell, A. E. P., Downe, S., Cacciatore, J., & Siassakos, D. (2016). From grief, guilt pain and stigma to hope and pride – A systematic review and meta-analysis of mixed-method research of the psychosocial impact of stillbirth. *BMC Pregnancy and Childbirth, 16,* Article 9. https://doi.org/10.1186/s12884-016-0800-8

Campbell, J. D., Trapnell, P. D., Heine, S. J., Katz, I. M., Lavallee, L. F., & Lehman, H. R. (1996). Self-concept clarity: Measurement, personality correlates, and cultural boundaries. *Journal of Personality and Social Psychology*, *70*(1), 141–156. https://doi.org/10.1037/0022-3514.70.1.141

Farren, J., Mitchell-Jones, N., Verbakel, J. Y., Timmerman, D., Jalmbrant, M., & Bourne, T. (2020). The psychological impact of early pregnancy loss. *Human Reproduction Update, 26*(6), 757–766. https://doi.org/10.1093/humupd/dmaa026

Ghods, H., & Aftab, R. (2025). Predicting burnout based on work-family conflict with the mediation of perceived social support and psychological capital. *Iranian Journal of Organizational psychology*, *2*(2), 29–37. https://doi.org/10.22111/ijop.2025.52314.1044

Ghorbani, N., Watson, P. J., & Hargis, M. B. (2008). Integrative self-knowledge scale: Correlations and incremental validity of a cross-cultural measure developed in Iran and United States. *The Journal of Psychology, 142,* 395-412.

Ghorbani, N., Watson, P. J., Bing, M. N., Davison, H. K., & LeBreton, D. (2003). Two facets of self-knowledge: cross-cultural development of measures in Iran and the United States. *Genetic Social and General Psychology Monographs, 129*(3), 238-268.

Gross, J. J. (2015). *Emotion regulation: Current status and future prospects*. Psychological Inquiry, 26(1), 1–26.

Hassanvand, S. (2018). *Predicting Anger and Paranoid Thoughts Based on Attachment Styles with the Mediation of Self-Conscious Emotions and Experiential Avoidance in Women with Postpartum Depression*. Doctoral dissertation in General Psychology, Islamic Azad University, Karaj Branch.

Hogan, N. S., Greenfield, D. B., & Schmidt, L. A. (2001). Development and validation of the Hogan Grief Reaction Checklist. *Death Studies*, 25(1), 1-32.

Hosseini Nia, M., Rezaei, S., Zebardast, A., & Qorbanpoor Lafmejani, A. (2024). Description of lived experiences of women and men with miscarriage [Qualitative article]. *Rooyesh-e-Ravanshenasi Journal(RRJ), 13*(8), 31–40. https://frooyesh.ir/article-1-4822-fa.html

Imani, M., Zohreie, M., Fasihi Nasab Parizi, M., & Khalili, S. (2026). Comparison of the Effectiveness of Emotion-Focused Therapy and Mindfulness-Based Therapy on Grief Symptoms in Female Nurses. *Iranian Journal of Organizational psychology*, *3*(1), 1–9. https://doi.org/10.22111/ijop.2025.52540.1054

Kernis, M. H., & Goldman, B. M. (2006). A multicomponent conceptualization of authenticity: Theory and research. *Advances in Experimental Social Psychology, 38,* 283–357. https://doi.org/10.1016/S0065-2601(06)38006-9

Khosravani, V., Bastan, F. S., & Ghorbani, F. (2017). Psychometric properties of the Persian version of the Distress Tolerance Scale among a sample of Iranian adults. *Journal of Rational-Emotive & Cognitive-Behavior Therapy, 35*(3), 269–287. https://doi.org/10.1007/s10942-017-0261-2

Kugler, K., & Jones, W. H. (1992). On conceptualizing and assessing guilt. *Journal of Personality and Social Psychology, 62*(2), 318-327. https://doi.org/10.1037/0022-3514.62.2.318

Leyro, T. M., Zvolensky, M. J., & Bernstein, A. (2010). Distress tolerance and psychopathological symptoms and disorders: A review of the empirical literature among adults. *Psychological Bulletin, 136*(4), 576–600. https://doi.org/10.1037/a0019712

Macatee, R. J., Correa, K. A., Carrillo, V. L., Berenz, E., & Shankman, S. A. (2020). Distress Tolerance as a Familial Vulnerability for Distress-Misery Disorders. *Behavior therapy, 51*(6), 905–916. https://doi.org/10.1016/j.beth.2019.12.008

McAdams, D. P., & McLean, K. C. (2013). Narrative identity. *Current Directions in Psychological Science, 22*(3), 233–238. https://doi.org/10.1177/0963721413475622

Meaney, S., Corcoran, P., Spillane, N., & O'Donoghue, K. (2017). Experience of miscarriage: An interpretative phenomenological analysis. *BMJ Open, 7*(3), e011382. https://doi.org/10.1136/bmjopen-2016-011382

Neimeyer R. A. (2019). Meaning reconstruction in bereavement: Development of a research program. *Death studies*, *43*(2), 79–91. https://doi.org/10.1080/07481187.2018.1456620

Park, C. L. (2010). Making sense of the meaning literature: An integrative review of meaning making and its effects on adjustment to stressful life events. *Psychological Bulletin, 136*(2), 257–301. https://doi.org/10.1037/a0018301

Sharifi, M., Ahmadi, S. A., & Fatehizade, M. (2017). Psychometric properties of the Hogan Grief Reaction Checklist in Iranian bereaved families. *Knowledge & Research in Applied Psychology*, 14(53), 69-79.

Shear, M. K. (2015). Complicated grief. *The New England Journal of Medicine, 372*(2), 153–160. https://doi.org/10.1056/NEJMcp1315618

Simons, J. S., & Gaher, R. M. (2005). The Distress Tolerance Scale: Development and validation of a self-report measure. *Motivation and Emotion, 29*(2), 83–102. https://doi.org/10.1007/s11031-005-7955-3