

Death Studies



ISSN: 0748-1187 (Print) 1091-7683 (Online) Journal homepage: http://www.tandfonline.com/loi/udst20

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To cite this article: Anne-Sophie Ryckebosch-Dayez, Emmanuelle Zech, Jordan Mac Cord & Cédric Taverne (2016): Daily Life Stressors and Coping Strategies During Widowhood: A Diary Study After One Year of Bereavement, Death Studies, DOI: 10.1080/07481187.2016.1177750

To link to this article: http://dx.doi.org/10.1080/07481187.2016.1177750



Accepted author version posted online: 19 Apr 2016.



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Daily Life Stressors and Coping Strategies During Widowhood: A Diary Study After One Year of Bereavement

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Abstract

The present study examined the frequency and types of bereavement-related stressors and coping strategies that 40 widowed people encountered and reported in a diary over the course of 1 week. The results indicated that, after 1 year of bereavement, (1) the most frequent stressors were oriented to the loss of the spouse, (2) specific coping strategies were used and found effective to deal with specific types of stressors, (3) stressors were sometimes dealt with using several

successive strategies or no strategy at all, and (4) clusters of stressors and strategies were associated with specific moments of appearance during the day.

Keywords: coping, dual process model of coping with bereavement, elderly widowed people, grief, stressors, widowhood

Losing a partner is one of the most common life transitions and becomes more common as individuals become older (W. Stroebe & Stroebe, 1987). Indeed, after the age of 70, 15% of men and 45% of women are widow(er)s (Elliott & Simmons, 2011). Furthermore, widowhood is considered a particularly devastating life event (Holmes & Rahe, 1967). The loss of a partner leads to a grief process that is characterized by a deep sadness, depressed mood, anxiety, loneliness, physical health impairments, as well as social and interpersonal difficulties (Stroebe, Stroebe, & Hansson, 1993). Although most bereaved individuals are able to cope with this tragic event, a significant minority (10-15%) experience prolonged and intense grief reactions (Bonanno & Mancini, 2008). Moreover, and particularly in the case of the loss of a partner, bereaved individuals face stressors associated with the change in roles as a result of the death (Stroebe, Folkman, Hansson, & Schut, 2006). More specifically, widowed people face financial, family, administrative, and practical difficulties as well as shifts in their identity. Thus, it is crucial to better understand the daily experiences of widowed people and identify the coping strategies that reduce the potential negative psychosocial and physical health consequences of bereavement (Hansson & Stroebe, 2007).

Several conceptual models describe the grief process and provide directions for helping bereaved individuals deal with grief (e.g., Parkes, 1998; Worden, 2010). Of these models, the *Dual-Process Model of Coping with Bereavement* (DPM, Stroebe & Schut, 1999) integrates the Cognitive Stress Theory of Lazarus & Folkman, 1984 and traditional grief theories. It was specifically developed to address two categories of stressors and their corresponding bereavementrelated coping strategies, in particular when dealing with the death of a spouse. According to the DPM, primary stressors are directly linked to the loss of the deceased person. They include situations in which the bereaved is confronted with the loss of the relationship and the bonds to the attachment figure. Exposure to such stressors can occur in reality (external event, such as a conversation) or in memory (inner experience, such as self-generated memories of the death). It also includes the painful uncontrollable emotions (e.g., yearning, loneliness) that arise from that loss. These stressors are called loss-oriented stressors (LO). Secondary stressors arise as a consequence of the loss, are related to the altered life after the loss, and involve stressors such as financial or household problems, new practical or social skills to be acquired, and shifts in identity, roles, and relationships. These stressors are referred to as restoration-oriented stressors (RO).

Bennett, Gibbons, and Mackenzie-Smith (2010) have confirmed the existence of these two distinct categories of stressors (LO and RO). However, in this study, a retrospective recall bias linked to the time elapsed between the spouse's death and the data collection was potentially present. Indeed, the duration of bereavement ranged from 3 months to 32 years. A recent interview diary study compared widowed and married older adults' daily stressors and their corresponding emotional and physical reactions (Hahn, Cichy, Small, & Almeida, 2014). It revealed that widowed people encountered less interpersonal stressors than the married controls. In this study, widowed participants had been bereaved for quite some time (on average 11 years) and stressors were investigated using a questionnaire that did not include LO stressors. Thus, while RO stressors such as those related to interpersonal arguments, home-, and network-related stressors were investigated, one cannot know whether the distinction between LO and RO stressors would have been replicated. Stroebe and Schut (2010) have suggested that a comprehensive approach should be used, in which all stressors encountered over a specific period of time after loss are recorded and then coded.

Additionally, as suggested by Hansson and Stroebe (2007), examining the types and the efficacy of coping strategies is critical as they are "one of the few factors influencing bereavement outcomes [that are] amenable to grief interventions" (Folkman, 2001, p. 564). Coping strategies were defined as the person's constantly changing cognitive and behavioral efforts to manage (reduce, minimize, master, or tolerate) the internal and external demands of the personenvironment transaction, that is appraised as taxing or exceeding the person's resources (Lazarus & Folkman, 1984). By definition, coping strategies thus consist of intentional and voluntary thoughts, behaviors, or attitudes that a person chooses to use to deal with a stressor. According to the DPM, throughout bereavement, the widow(er)s will oscillate between confrontation and avoidant coping strategies addressing LO and RO stressors as they occur in their daily lives (Stroebe & Schut, 1999). The oscillation process was defined as a dynamic process of alternation between and within LO and RO and between coping and absence of coping (resting, taking time off from grieving). It is a process therefore, of confrontation and avoidance of the various stressors associated to be eavement on a moment-to-moment basis. An important hypothesis of the DPM is that this process is essential for optimal psychological adjustment to the loss.

Several studies have investigated the general relation between the coping strategies used by widowed people and their subsequent impact on mental and physical health, in particular, the intensity of grief reactions (e.g., Caserta & Lund, 2007; Delespaux, Ryckebosch-Dayez, Heeren, & Zech, 2013; Gallagher, Lovett, Hanley-Dunn, & Thompson, 1989; Gass, 1989a, 1989b; Richardson & Balaswamy, 2001). However, these studies used grief coping questionnaires and thus could not address the specific coping strategy used by widowed people when they encountered a specific stressor, nor investigate the relative efficacy of the strategy used. Critically though, individuals may enact a particular coping strategy in relation to a specific stressor. Indeed, it has long ago been shown that problem-focused coping strategies are most effective when the situation is changeable, whereas emotion-focused coping strategies are most effective when the situation is unchangeable or uncontrollable (Suls & Fletcher, 1985). Thus, as bereavement involves multiple stressors, some of which are changeable and others not, it is likely that widowed persons employ different strategies to effectively deal with each of them (de Ridder, 1997; Lazarus & Folkman, 1984; Stroebe & Schut, 1999). To examine this phenomenon, it is thus necessary to examine the specific coping strategies used in response to each type of stressor, encountered in the widowed people's daily life.

To summarize, many questions remain to be answered with regard to bereavement-related stressors and coping strategies. First, with regard to stressors, one does not know what types of LO and RO stressors widowed people actually encounter in their daily life, nor the number of stressors that are actually encountered by bereaved people over a period of time. The DPM distinguishes LO from RO stressors and previous investigators have described various adjustments and life transitions that are involved in bereavement (e.g., Parkes & Prigerson, 2009), but no specific categorization of the stressors encountered in each of these categories was ever provided. Although events that are considered stressful will differ from one person to another, elderly people bereaved through spousal loss may well encounter typical stressors that can be categorized, some of which may be experienced as being more distressing than others. Another question that is related to the stressors that widowed persons experience, is the time frame of the stressors' occurrence or the moment of the day or the week when they encounter more stressors or more distressing stressors. To our knowledge, this research question has not previously been investigated. It may however be

of importance if, for example, stressors that arise in the evening or during the night may be less manageable because physical, psychological, and social resources are less present at such moments than in the morning or afternoon. Second, the same types of questions remain about coping strategies, because it is still not known which types of coping strategies are used on a daily basis to face specific bereavement-related stressors or which ones are the most frequently used. Finally, one does not know which coping strategies are (in)effective at reducing the immediate psychological distress associated with specific stressors.

The aim of the present study was threefold. Using a diary methodology, our study examined (1) the types and frequency of LO and RO-oriented stressors encountered by widowed individuals after 1 year of bereavement as well as their moment of appearance, (2) the types and frequency of coping strategies used and their relative efficacy assessed in the short term, and (3) the patterns of associations between reported stressors, their related distress, ensuing coping strategies, efficacy, and the time of their occurrence.

METHOD

Sample

Forty widowed persons (20 men, 20 women) aged between 57 and 83 years old (M = 68.28, SD = 7.66) participated in our study. On average, each widowed person was with his/her partner for 42.47 years (SD = 9.14 years) before the death, which occurred, on average, 11 months and 24 days (SD = 1 month and 24 days; minimum = 7 months, maximum = 14 months) prior to the study. Twenty-seven participants had no professional occupation (i.e., early retirement, retirement, unemployment) whereas 13 had a job (either remunerated, or not). The primary cause of death was illness (95%). The other cause was accidents (5%).

Procedure

The data collection was carried out in five steps. First, we contacted 150 elderly individuals (whose spouse had died after the age of 65 years old), who had been identified through obituaries published in national and regional newspapers. In this initial contact, we provided them with a brief description of the study. Second, 1 week later, we contacted them by phone to ask whether they would agree to participate. Sixty-three individuals agreed to participate (42% acceptance rate). Third, an envelope was sent to the widowed persons. It included questionnaires, seven diary booklets, an instruction manual for the completion of the diary entries, and a preaddressed and stamped return envelope. Fourth, a few days after having received the envelope, participants were called again and told how to adequately complete the diary entries. Instructions and examples of stressors and coping strategies were provided, followed by diary completion exercises. Three additional calls were then made during the completion week to answer questions, to ensure that the completion was correctly done, and to support participants in this emotional task. Finally, after having received the return envelope, participants were called to thank them for their participation, check the completion of the diary entries with them, and debrief them about the study.

Forty participants completed the entire study. Twenty-three individuals did not fill in the diaries and dropped out of the study after having received the envelope. The main reasons for dropping out included being too emotional (10), lack of time (5), omitting to return the envelope (5), health concern (2) and, too intrusive questions (1). Amongst the 40 participants, 4 of them did not encounter any stressor during the entire completion week. The stressors frequency analyses were thus computed on 36 participants.

Diary Material

The data presented in this article is part of a larger diary study investigating several hypotheses related to the DPM. This article focuses on the diary method used to address the occurrence of the different bereavement-related stressors, the coping strategies used to deal with them, and the relative coping strategies efficacy in reducing the immediate distress associated with the bereavement-related stressors. This section describes the diary method and its entries.

Diary Booklets

A 7-day diary had to be completed according to an *Event-Contingent Sampling Method* (Stone, Shiffman, Schwartz, Hufford, & Broderick, 2002). This method allows researchers to effectively capture individual representations of daily experiences for people behaving "as usual" in their natural environment. It does not require any reminder system for completion. Rather, it is particularly adequate when the occurrence of events is impossible to predict, as is the case for bereavement-related stressors. Widowed participants had to fill in a diary entry each time they encountered a stressor related to bereavement. They had to fill it in when the stressor occurred, or as soon as possible after the stressor's occurrence. They completed diary entries over 1 week (7 days), using one booklet for each day of the week. We made sure the diary format was small enough $(21 \times 14.5 \text{ cm})$ to allow participants to carry it easily with them all the time.

Immediately after the entire stressor/coping experience, participants were required to complete the diary. For each entry, participants had to (1) describe the specific stressor, including its context and time of occurrence, (2) assess the intensity of the associated psychological distress, (3) explain the coping strategy they used, and finally, (4) reassess the intensity of their distress immediately after having used the coping strategy. In the instructions, participants were told that a strategy could be ineffective and bring no change in the psychological distress or even be detrimental.

Relative Level of Distress

The level of distress at the occurrence of a bereavement-related stressor and after having adopted a coping strategy was rated on a 10-point Likert scale (1 = *Not distressed* and 10 = *Very distressed*). To reduce different rating strategies between individuals (e.g., using only vs. never the scale boundaries), initial and post-coping ratings were standardized (z-scores) at the individual level, i.e., with the theoretical mean set at 0 and a standard deviation of 1. To compute the two Relative Level of Distress (RLD) scores, one "before" and one "after" coping, the individual mean of both initial and post-coping ratings was subtracted from the initial and post-coping raw scores of each stressor and the result was divided by the individual standard deviation of both initial and post-coping ratings¹. Thus, a RLD of 0 for a particular stressor type is interpreted as an average level of distress for this particular individual in comparison to the other stressors reported within the week. Similarly, a RLD of 2 is considered a highly distressing stressor because it is situated at two standard deviations from the average level of distress for this individual.

The RLDs were categorized for their use in the multiple correspondence analysis. Since the RLD's were z-scores, the quantiles of the normal distribution were used as cutting points to get 5-level Categorized Relative Level of Distress (CRLD) scores. A RLD smaller than –.84, the 20% quantile of a z-score (Q20%), was considered as *Not distressing*. The further levels of the CRLD were *Slightly distressing* from –.84 to –.25 (Q40%), *Moderately distressing* from –.25 to .25 (Q60%), *Quite distressing* from .25 to .84 (Q80%), and *Highly distressing* over .84.

Relative Coping Efficacy

A third standardized score describing the level of efficacy of the coping strategy was computed by subtracting the post-coping RLD score from the initial RLD score, thus providing a Relative Coping Efficacy (RCE) score. Positive values on that scale mean that the level of distress was lower after coping.

Categorization of Stressors and Coping Strategies

We transcribed the contents of the diaries in the qualitative data analysis software NVivo 8 (QSR International Pty Ltd, 2008). The diaries were coded using a hybrid process of inductive and deductive thematic analysis to interpret the data. Two independent judges read the diary entries in great detail and coded their contents. The intercoder reliability was quite good (96% of percent agreement for the diaries of 10 participants; disagreements were discussed according to categorical definitions and an agreement was found between coders in such cases). Two comprehensive lists were established from the data set, one for each reported stressor and one for each coping strategy used. Then, they were deductively categorized according to Loss- and Restoration-orientations of the DPM (Stroebe & Schut, 1999). Subcategories of stressors and coping strategies were created inductively (themes emerging from participant's responses). Stressors were the initial events that generated the distress, while coping strategies were the efforts made to manage the distress (e.g., seeing a picture of the deceased in one's environment was categorized as a LO stressor if it generated distress, while intentionally spending time looking at a picture of the deceased when distressed (whatever initiated it) was considered as a confrontation coping strategy).

Categorization of Stressors

Loss-Oriented Stressors. Two subcategories of stressors were inductively created among LO stressors. The first included stressors related to the inner or external **presence** of the deceased person. They included cognitions or subjective feelings related to or evoking the death of the deceased person, including thoughts when s/he was alive (*internal*) or the direct confrontation to objects, places, events, or conversations related to the deceased or his/her death (*external*), such as when the bereaved person passed by the deceased's hairdressing salon and would then experience nostalgic memories of the life before the death. The second subcategory included daily stressors related to the **absence** of the deceased person. They included stressors either related to loneliness or being alone in relation to the bereaved individual's primary needs, such as sleeping or eating alone (*primary needs*), or yearning for the deceased person, such as missing talking with the lost person (*yearning*).

Restoration-Oriented Stressors. Four subcategories were inductively created among RO stressors. First, **practical** stressors included economic matters as well as domestic and administrative difficulties (e.g., doing a task formerly done by/with the deceased, having to live with only one income). Secondly, **interpersonal** stressors included either loss of relationships or conflicts with friends or family members (e.g., conflicts with children or in-laws, meeting with friends alone, losing friends). Thirdly, **identity-related** stressors included the loss of marital status (i.e., becoming a widow(er)) and the difficulties in taking on a new identity, loss of religion, self-esteem, self-confidence). Lastly, **decision making-related** stressors included having projects or making decisions without the advice or agreement of the deceased. Each stressor was categorized in only one LO or RO category and subcategory, i.e., the one that was the first to initiate distress in the participant's description (e.g., seeing a picture of the deceased person that evokes feelings of yearning was categorized only in the LO category "presence of the deceased person, external reminder made by confronting an object", not as "absence of the deceased person, yearning").

Categorization of the Coping Strategies

LO and RO Coping Strategies. According to the DPM's assumptions (Stroebe & Schut, 1999), LO and RO coping strategies were each deductively subcategorized as either confrontation (i.e., attentional focus on the source of the stressor as well as on one's own psychological and somatic reactions caused by it), or avoidant (i.e., moving one's attention away from the stressor as well as from the psychological and somatic reactions caused by it) strategies. Strategies in each of these two subcategories were then inductively coded as either behavioral (e.g., looking at pictures of the deceased, solving Sudoku puzzles), cognitive (e.g., cognitively reappraising the stressor, suppressing one's thoughts), or affective (e.g., accepting or suppressing one's emotions). The confrontation behavioral category was further divided into 4 subcategories based on the target of the behavior: internal or physical (e.g., masturbate to face the lack of sexual intercourse); to the deceased (e.g., leave a message on the voicemail of the deceased person); to other people (e.g., ask for some help from a close person); to an object (e.g., look at old pictures of the deceased). The avoidant behavioral category was also further divided into 2 subcategories: those linked to the stressor (e.g., put a picture of the deceased away) and those unlinked to the stressor (e.g., engaging in activities that occupy one's mind such as going outside or reading a book).

Absence of and Multiple Coping Strategies. Two additional categories were inductively created. On the one hand, an **absence of coping** category was created because 55.6% of the participants who reported at least one stressor during the completion week (n = 20/36) had reported having done nothing when confronted with the stressor. This category included situations in which participants simply waited for the distress to dissipate with time or did not know what to do when confronted with stressors and thus did nothing. On the other hand, the same number of participants (n = 20) also reported having *successively* used more than one coping strategy to deal with a single stressor. These situations were then categorized as **multiple coping strategies**. For example, to

cope with one RO practical stressor, widowed people may have first used a cognitive avoidant strategy (e.g., thinking about something else to forget the stressor). Then, when the distress did not (sufficiently) decrease, they may have used a behavioral confrontation strategy (e.g., learning how to do an activity the deceased partner usually performed).

Statistical Analyses

Occurrences at the Individual and Stressor Levels

To answer the first and second descriptive aims of this study, the percentage of occurrences of each category and subcategory of stressor and coping strategy was computed twice: at the individual and at the stressor levels. The first represents the **proportion of persons** who encountered at least once a category of stressor or adopted at least once a coping category out of the 36 participants that encountered at least one stressor during the completion week. The second represents the **proportion of specific stressors or coping strategies** out of the 338 total reported stressors encountered by the participants. Frequencies at the individual level allow an examination of the variability between individuals, in terms of stressful situations faced during the collection time and the types of coping strategies used by these individuals. The frequencies at the stressor level allow an examination of the stressors encountered over a week and the corresponding coping used as well as its efficacy. SPSS software (SPSS Inc, 2009) was used to describe occurrences of stressors and strategies, their corresponding distress, efficacy, and time of occurrence, as well as to compare them.

Multivariate Analyses

To answer the third aim of this study, two types of multivariate analysis were used: (1) a multiple correspondence analysis (MCA) was used to identify association trends between the types

of stressors experienced and the coping strategies used to face them (Abdi & Valentin, 2007) and (2) a cluster analysis was used for gathering similar associations together. The resulting clusters correspond to typical patterns of associations between stressors and coping strategies.

The MCA is a principal component analysis (PCA) adapted for qualitative variables. The MCA is considered as a descriptive factor analysis, in the sense that it compacts a multivariate problem into a lower-dimensional space (Greenacre & Hastie, 1987). The retained dimensions (or factors, or axes) of interest are those that concentrate the most structured parts of the information gathered from the data. This information is called variance in the case of quantitative variables and inertia in this case. Supplementary variables – as opposed to active variables – that are not included in the tested model can also be included in the MCA. They however, do not take part in the orientation of the axes, but they are projected on them afterward and may thus also provide additional relevant information.

On the MCA output, the variable levels that appear regularly together – for example one stressor and one coping that are generally associated – will be plotted close to each other on the factorial axes and are said to be "positively associated". On the contrary, levels of variables that never quite appear together will be on opposite sides of the axes and are said to be "negatively associated". The crossing point of the factorial axes corresponds to the average individual, or the average behavior. Finally, some levels of the variables do not appear on the plot because they do not participate in the most structured parts of the global information. Quantitative supplementary variables included are represented as arrows and interpreted through their correlations with the axes just as in a PCA.

Since the third aim of this research was to identify the matches – or associations – between stressors and coping strategies, the statistical observation of interest was not the individuals but

the stressors they encountered during the week. It should be noted that someone who faced multiple stressors during the completion week brought several pieces of information to the analysis (the dataset used for the MCA contained one row per stressor instead of one row per individual). The question of independence between observations is generally not an issue with factor analyses, but this was monitored through the introduction of the ID variable in the analysis as a supplementary variable. We could thus identify if the association between a stressor and a coping strategy was caused by particular individuals. No such problem was identified.

In terms of MCA active variables, the dataset contained 18 binary stressor-related variables and 12 binary coping strategies-related variables. We also included the time of the day when the stressor occurred and the relative initial intensity of this stressor (CRLD) as active variables. The relative efficacy of the coping was set as a quantitative supplementary variable. The presence/absence of a coping strategy was set as a qualitative supplementary variable in order to avoid collinearity problems with other active coping variables. As explained before, the individual ID was also introduced as a qualitative supplementary variable. The R software's (R version 2.15.1) "MCA" function from the package "FactoMineR" (Husson, Josse, & Lê, 2008) was used for the MCA.

In addition to the MCA, the clustering analysis unveiled paradigmatic behaviors during widowhood and enabled the estimation of the frequency of those behaviors. We highlighted the major characteristics of each cluster using a hypergeometric test on the counts (Husson et al., 2011). This test identifies which levels of the explanatory variables are over- or under-represented in a particular cluster, in comparison to the frequency in the whole sample. The clustering method applied on all MCA axes was the Ward algorithm consolidated by few runs of the K-Means algorithm as recommended in Husson et al. (2011). The R software's (R version 2.15.1) "HCPC"

function from the package "FactoMineR" (Husson et al., 2008) was used for the clustering and the function "catdes" for the test on the counts.

RESULTS

Description of the Experienced Bereavement-Related Stressors

There was a large variability in the number of stressors experienced by the elderly widowed participants. Whereas four participants had reported no stressor, one had encountered 32 stressors. Overall, 338 stressors and their associated coping strategy were reported. Many of them (39.2%) occurred in the morning (6:00–12:00 am). Respectively 28.8% and 26.7% of the stressors occurred in the afternoon (12:00–6:00 pm) or the evening (6:00–12:00 pm) while only 2.1% of them occurred during the night (12:00–6:00 am). There was no significant difference in frequency of occurrence according to the days of the week that the stressors had occurred, $\chi^2(6, N = 36) = 7.21$, p = .30. The distribution between LO and RO stressors was 62.91% and 37.09%, respectively. Of those who reported a stressor, almost all of them (97.22%) had encountered at least one LO stressor during the completion week, whereas 83.33% of them had encountered at least one RO stressor (see **Table 1**).

As can be seen in **Table 1**, the average intensity of the Relative Level of Distress (RLD) associated with the stressors before coping was .55 (CI(95%) = [.47, .63]), which means that they were on average quite distressing (i.e., the fourth level on the Categorized RLD). The LO and RO types of stressors elicited similar levels of initial distress, t(249) = 1.45, p = .15. The most intense distress was generated when subjective feelings due to an internal reminder related to the lost relationship were experienced (M = .96) such as when remembering having been unkind to the deceased and regretting it today. With the exception of RO interpersonal stressors (e.g., a financial

conflict with the family, feeling at a loss to fix a problem with children, starting a new relationship and feeling guilty about it) which generated a moderate level of distress (M = .12), all other stressors were reported as being quite distressing (between .25 and .84).

Loss-Oriented Stressors

Among the LO stressors (see **Table 1**), those related to the inner (i.e., self-generated) or external (i.e., cued by a specific event) presence of the deceased were the most frequently reported (40.06% of all stressors). In fact, 86.11% of participants encountered this type of stressor at least one time during the completion week. These stressors were more frequently induced by external elements (e.g., someone talked about the deceased, the widowed person saw a person resembling the deceased; 26.71% of all stressors, 66.66% of the presence stressors) than internal elements (e.g., remembering the deceased or the circumstances of the death; 13.35% of all stressors, 33.33% of the presence stressors). The intensity of the psychological distress associated with either external, or internal reminder stressors was statistically similar (M = .56 and M = .86 respectively; t(76) = -1.51, p = .13). However, internal reminders included stressors related to strong subjective feelings, such as deep loneliness or sorrow that the widow(er)s suddenly experienced without any specific event having elicited them. Although these stressors were rarely reported (5.04% of all stressors, 37.78% of the internal reminder stressors), experiencing strong emotions without apparent cause was reported as the most distressing of all stressors, with a RLD significantly higher than all other stressors (M = .97, t(22) = -4.10, p(1-tailed) < .01).

Widowed people reported LO stressors related to the **absence** of the deceased person less often (22.85% of all stressors) than presence stressors (40.06% of all stressors). To illustrate, participants reported fewer stressors linked to the painful situation of not sharing their life anymore

that encompassed internal and external reminders of the deceased (e.g., seeing a picture, passing by the cemetery, thinking or talking about the deceased). Both kinds of stressors were reported as equally distressing, (M = .59 and M = .60 respectively; t(151) = -.16, p = .88). **Restoration-Oriented Stressors** Among the four types of RO stressors (i.e., practical, interpersonal, decision-making, and

identity changes, see **Table 1**), **practical** stressors were the most frequently reported (23.74% of all stressors, 64.00% of RO stressors). In fact, 72.22% of the participants encountered at least one practical stressor during the week. In this category, participants reported stressors including having to do tasks that were formerly done by the deceased (e.g., cooking, fixing things, managing finances) or formerly done together (e.g., gardening, shopping). Similarly to other RO stressors, these were moderately distressing (M = .52), t(125) = -.43, p = .67. The most distressing RO stressors, yet relatively rarely experienced (5.34% of all stressors, 14.40% of RO stressors; 25% of the participants), were related to **decision-making** (M = .74, t(19) = -1.13, p = .27) (e.g., doing work in the home and having to make all the decisions without the deceased). The least frequently reported stressors were related to **identity changes** (e.g., dealing with the widowed status). They represented only 1.48% of the stressors (i.e., only four participants (11.11%) reported them; 4.00% of RO stressors). Finally, bereaved people also reported interpersonal stressors (e.g., conflicts with children, losing friends; 6.53% of the stressors, 17.60% of RO stressors) which were encountered by 38.89% of the participants. They caused the lowest psychological distress of all stressors, significantly smaller than other stressors (M = .12, t(24) = 2.75, p(1-tailed) < .01).

with the loved one (e.g., having to eat alone, sleeping without him/her, yearning) than stressors

To summarize, our data show that a wide range of stressors emerge from the daily life of bereaved people and that, after a year of bereavement, both LO and RO categories are still well represented. The three most frequently reported stressors are the emptiness left by the death of the partner (his/her absence and particularly yearning feelings), the tangible reminders of the deceased (especially confrontation with objects and places associated with him/her), and the practical stressors (e.g., having to cook or to repair things at home when these tasks were usually done by the deceased spouse). Finally, the distress was at its most intense when the bereaved spontaneously thought about the deceased or the death (without any external reminder).

Coping Strategies and Their Relative Efficacy2

One of the results inductively found when coding the data, was the fact that the majority of the widowed people (55.56%) did **not** use **any coping** strategy in response to 25.29% of their stressors (12.76% of all stressors, 14.62% and 9.60% for LO and RO stressors respectively, see **Table 2**). Interestingly, this non-strategic method led to a significant positive Relative Coping Efficacy (RCE) score (M = 1.30, t(20) = 6.13, p(1-tailed) < .01) which was not significantly different than when coping strategies were used, t(23) = -.49, p = .63. Thus, although intriguing, this finding suggests that when bereaved persons did not know how to deal with a stressor, just waiting could be as effective as performing any other strategy, which are by definition intentionally performed. A closer look at **Table 2** however, indicates that this was only the case when dealing with LO stressors, but that absence of coping was ineffective in dealing with RO stressors. One should however be careful with these results because 21 participants (48.84%) did not complete the "after coping" RLD scale and one half of "absence of coping" situations are thus not taken into account in this test.

The majority of participants (55.56%) reported using **multiple coping** strategies to deal with 26.50% of their stressors (11.28% of all stressors, 12.74% and 8.80% for LO and RO stressors respectively). Using multiple coping strategies was also effective (M = 1.23), t(33) = 7.26, p(1-tailed) < .01, but not significantly more effective than the use of single coping strategies, t(40) = -.17, p = .87. Thus, in a substantial minority of the stressors, widowed participants reported having had to use up to four different strategies to deal with it, before it could finally be effective in reducing the psychological distress associated to it.

In terms of single coping strategies postulated by the DPM (Table 2), confrontation strategies (49.55%) tended to be used slightly more often than avoidant strategies (41.25% of all stressors), $\chi^2(1, N = 36) = 2.59$, p = .11. They were both highly effective in reducing the distress generated by the stressor (respectively, M = 1.03, t(149) = 13.72, p(1-tailed) < .01 and M = 1.37, t(127) = 18.38, p(1-tailed) < .01). It should however be noted that avoidant strategies were significantly more effective than the other categories of coping strategies (i.e., absence, multiple, and confrontation), t(279) = -2.99, p(1-tailed) < .01 whereas confrontation strategies were the least effective, t(286) = 3.35, p(1-tailed) < .01. Thus, these results suggest that, in the short term, avoidant strategies should be employed over other ones when facing bereavement-related stressors. Consistently with this general result, when widowed people coped with a LO stressor, they used avoidant strategies over confrontation strategies (50.00% and 40.09%, respectively, see **Table 3**) and avoidant strategies were more effective (M = 1.49) than confrontation ones (M = 1.05), t(146) = 3.29, p(1-tailed) < .01. On the contrary, when coping with RO stressors, this pattern was reversed: participants preferred confrontation strategies (65.60%) over avoidant strategies (26.40%). In this case, avoidant and confrontation strategies were similarly effective (respectively M = 1.00 and M = 1.02), t(52) = -.09, p = .93.

As for the three inductive subcodings of coping strategies (see **Table 2**), the most frequently reported were behavioral strategies (67.36 %), compared to cognitive strategies (21.96%) and especially affective ones (2.67%) which were rare when dealing with LO stressors and completely absent with RO stressors. This distribution was consistent for both LO and RO stressors (see **Table 3**). This pattern of findings suggested that performing a concrete behavior was the primary coping strategy in dealing with bereavement-related daily stressors. Indeed, 97.22% of participants used at least one behavioral coping strategy during the week. Interestingly, although not providing sufficient statistical power, the least reported coping strategies, the affective ones, seemed to have been the most effective (affective, M = 1.64, behavioral, M = 1.26; cognitive, M = .95). Behavioral strategies were found to be significantly more effective than cognitive strategies in reducing the distress generated by the stressors, t(104) = 2.52, p < .05.

A closer look at the different inductive subcodings of coping strategies, indicates that although behavioral coping strategies were reported equally for both LO and RO stressors (68.40% and 65.60%, respectively), widowed people have privileged directly performing a confrontation behavioral coping strategy when confronted with RO stressors (44.80%), while they privileged avoiding behaviorally LO stressors (49.53%) (see **Table 3**). Thus, for example, to deal with practical stressors such as having to fix something at home, they confronted and acted to resolve the problem, whereas they rather left a room or their home, when they were confronted with a stressor directly related to their deceased partner. The other results displayed in **Table 3** are consistent with those previously reported.

Associations Between Stressors, Coping Strategies, and Contextual Variables

Multivariate analyses, namely the Multiple Correspondence Analysis (MCA) followed by a Clustering procedure, were used to highlight the patterns of associations between stressors, coping strategies, and other variables. The MCA produced a map of association (**Figure 1**) where proximity means "regularly occurs together" and distance means "rarely occurs together". On this map or factorial plane, only 19.72% of the whole information was accurately shown. However, this can be considered as an impressive level for a MCA factor map (Husson et al., 2008).

As can be seen on **Figure 1**, a frontier clearly appeared between RO and LO stressors and their associated coping strategies. This seems to confirm the relevance of the distinction made in the DPM between both types of stressors. Interestingly, three sub-groups of LO stressors could also be identified on the map. A clustering analysis was used to elicit the characteristics and the size of those groups, or clusters, with an inferential perspective. In the text that follows, we focus our description on the clusters while using the factorial map of the MCA as a visual support.

Cluster 1: RO – Behavioral Confrontation

All RO stressors were included within cluster 1 which gathered 37.1% of the stressors. RO stressors generally appeared in the morning (45.0% in the cluster against 40.5% in the whole sample) and in the afternoon (35.8% vs. 29.8%). They were significantly underrepresented in the evening (19.2% vs. 27.6%, H = -.56, p = .01) and completely absent during the night. RO stressors were associated with a relatively low level of initial psychological distress, which was not the case for the others types of stressors.

People who faced such stressors mostly responded with confrontation strategies (65.6% vs. 49.6%, p < .01), especially behavioral ones (48.8% vs. 31.5%). Within this cluster, affective coping strategies were absent (0.0% vs. 2.7%, H = -2.18, p = .03) and avoidant strategies were

significantly underrepresented (26.4% vs. 41.2%, H = -4.19, p < .01) even if they remained used in 26.4% of RO situations. Finally, the associations between these stressors and coping strategies generally led to a significantly lower efficacy than in the other clusters (M = 1.00 vs. M = 1.32, t(210) = 2.96, p(1-tailed) < .01) although efficacy was still significantly positive, t(105) = 11.21, p(1-tailed) < .01.

Cluster 2: LO External Reminders – Mixed Coping Strategies

All stressors of the subcategory "presence of the deceased" that were induced by direct external confrontation (e.g., places, objects) were gathered in the cluster 2 which grouped together 26.7% of the stressors. As in Cluster 1, those stressors appeared mainly in the morning (39.3% vs. 40.5%) and afternoon (39.3% vs. 29.8%, H = 2.31, p = .02) but never during the night. The level of initial distress was not significantly different from other stressors. Those external reminder stressors were associated to various types of coping strategies, including behavioral strategies such as when the bereaved person directly confronted the deceased, looked at a picture of him/her and talked to him/her (10.0% vs. 5.0%, H = 2.13, p = .03) or on the contrary, used an avoidant strategy linked to the stressor, such as when the widowed person avoided a conversation related to the deceased person (12.2% vs. 6.5%, H = 2.21, p = .03), as well as affective strategies (7.8% vs. 2.7%, H = 2.91, p < .01), and absence of coping (18.9% vs. 12.8%, $\chi^2(1, N = 90) = 3.43$, p = .06). The most frequent coping strategies used to face these types of stressors were behavioral confrontation (34.4%) and behavioral avoidance ones (34.44%). They both provided a high positive effect in reducing the intensity of the psychological distress (M = 1.31, t(28) = 8.07, p(1tailed) <. 01 for behavioral confrontation and M = 1.40, t(29) = 10.02, p(1-tailed) < .01 for behavioral avoidance) but not significantly higher than other strategies (both t's < 1). Participants reporting doing nothing to face these types of stressors showed nevertheless a significant high decrease of their initial psychological distress (M = 1.44), t(10) = 5.69, p(1-tailed) < .01 but not significantly higher than the effective coping strategies, t(14) = -.63, p = .54). Interestingly, affective confrontation strategies such as accepting emotions, which were used in only 7.8% of the cases to face "LO – external reminder stressors", were the most effective ones (M = 1.85, t(5) = 8.16, p(1-tailed) < .01) and the only coping strategy significantly more efficient than the other ones, t(7) = -2.44, p(1-tailed) = .02). On the contrary, cognitive confrontation strategies like reappraising the stressor were the least effective, barely showing positive significant effects (M = .66), t(11) = 2.79, p = .02 and being significantly less effective than other strategies, t(15) = 2.95, p(1-tailed) < .01.

Cluster 3: LO Internal Reminders – Efficient Coping

The other subcategory of "presence of the deceased", the internal stressors, were gathering in cluster 3 which grouped 13.4% of the stressors. Their spread over the day was not different from the general distribution of stressors, $\chi^2(3, N = 77) = 2.99$, p = .35. Their initial level of distress was just significantly higher than other stressors (M = .75), t(53) = -1.77, p(1-tailed) = .04.

These stressors were not associated with any particular coping strategy, but people had a strategy to cope with them in 88.90% of the situations. This means that, in 11.10% of the cases, participants did not use any coping strategy in response to internal reminder stressors. Intriguingly, the absence of coping after these stressors also provided the highest decrease of the initial psychological distress (M = 1.48), t(37) = 10.68, p(1-tailed) < .01, which was significantly more "efficient" than in other clusters, t(50) = -2.16, p(1-tailed) = .02. Behavioral avoidance (53.3%) and cognitive confrontation (24.4%) were the most frequent strategies used, but not more significantly so than in other clusters.

Cluster 4: LO Absence of the Deceased – Avoidance

All stressors relative to the "absence of the deceased" subcategory gathered in cluster 4 (22.8% of the stressors) and appeared mainly during the evening (44.2% vs. 26.7%, H = 3.68, p < .01) and at night (9.1% vs. 2.1%, H = 4.05, p < .01) and significantly less often in the afternoon (13.0% vs. 28.8%, H = -3.51, p < .01). All stressors appearing during the night were related to the absence of the deceased and entered this cluster. These types of stressors were also linked to a high level of initial psychological distress (49.4% of "highly affected" vs. 36.5% in general, H = 2.51, p = .01). Avoidant coping strategies were generally associated with these stressors (64.9% vs. 41.2%, H = 4.65, p < .01). In particular, widowed participants behaviorally avoided these stressors using distraction strategies such as reading a book or watching a movie in order to think about something other than the stressor itself (see subcategory "Avoidance - behavioral - unlinked to the stressor") (50.6% vs. 25.5%, H = 5.38, p < .01). Those strategies were significantly highly effective (respectively for the general category of avoidance and the subcategory of avoidancebehavioral-unlinked to the stressor, M = 1.47, t(44) = 11.87, p(1-tailed) < .01 and M = 1.58, t(36) = 15.69, p(1-tailed) < .01) and better than other strategies in coping with "absence of the deceased" stressors (respectively, t(38) = -3.26, p(1-tailed) < .01 and t(42) = -3.56, p(1-tailed) < .01tailed) < .01).

The present results confirm the LO-RO distinction. In addition, they suggest that it is relevant to distinguish between three types of LO stressors: those related to the absence and the inner or external presence of the deceased stressors. Although the former are related to the profound loneliness and emptiness left by the loss and are more prevalent in the evening and during the night, in the other two clusters, the lost person is to some extent still there, either in the form of a felt inner presence, or by external reminders of the deceased, and this presence is experienced and appraised as distressing.

DISCUSSION

The first aim of our study was to examine the daily life stressors of widowed persons and their corresponding experienced distress. About a year after the loss, widowed people encountered, on average, a little more than one stressor a day. This varied quite a lot since a minority of the participants (10%) reported no stressor at all, whereas one had reported up to 32 stressors over the completion week (between 4 and 5 a day). In support of the DPM, all stressors could be classified in one of the two orientations, suggesting that the LO-RO distinction is relevant to describe the daily life stressors of the bereaved person. In addition however, the results revealed that a more precise categorization of LO stressors, which was initially inductively created, was also useful. Three types of LO stressors were distinguished with the cluster analysis: (1) external reminders stressors which involved the direct confrontation with objects, places, events, or conversations related to the deceased or his/her death cognitions; (2) internal presence stressors which included self-generated thoughts and feelings related to the spouse when s/he was still alive or dying, and (3) absence of the deceased person stressors which involved feeling profound loneliness and missing the spouse when fulfilling up primary needs, such as sleeping or eating, or yearning for the deceased person when wanting to share life or talk with them.

Bereaved participants reported almost twice as many LO stressors than RO stressors. This was unexpected with regard to the DPM. Indeed, with time, one might expect that bereaved people would encounter fewer LO stressors and more RO stressors (Caserta & Lund, 2007; Stroebe & Schut, 1999). However, among elderly individuals, there are several reasons as to why they could

have reported more LO rather than RO stressors. First, elderly widowed people have fewer responsibilities and more spare time than younger widowed people. Thus, they are more often alone at home, confronted with the absence of the deceased, and with more time to think about him/her. Second, each of our elderly widowed people had had a long-lasting relationship with their partner (between 23 and 58 years). Therefore, working through the grief and transforming the bond, typical of LO, should, by definition, be more enduring (Stroebe, Schut, & Stroebe, 2005). Third, they might encounter fewer RO stressors because, as individuals get older, people may benefit from having developed a well-established identity that should not be impaired by bereavement (Hansson & Stroebe, 2007). Also, identity change stressors (e.g., dealing with the widowed status) --typical from RO stressors-- were less frequently reported. This lower frequency could be quite expected since daily life experiences were here investigated over a week, and it was not expected that such types of stressors, although potentially involving a lot of stress, happen frequently. Fourth, they may also encounter fewer interpersonal RO stressors because they will often have no younger dependents at home or older in-laws, which may be a source of conflict. Moreover, based on Socioemotional selectivity theory (Carstensen, Isaacowitz, & Charles, 1999), older people may selectively reduce contacts with acquaintances as a way of avoiding potentially negative interactions. In fact, our results are consistent with Lund's (1989) conclusions about bereavement in later life, suggesting that loneliness is one of the most common, difficult, and persistent adjustments for older bereaved spouses, even up to 16 years of widowhood (see Barrett & Schneweis, 1980).

Incorporating the moment of the day in which stressors occurred was a particularly innovative part of this study. Stressors usually appeared in the morning and during the afternoon. In the morning, bereaved persons knew that they had to perform various daily-tasks. The morning

appears to be a particularly difficult time when people realize the magnitude of the tasks they have to perform including their (un)feasibility, without their spouse (RO). The widowed also underscored the fact that it was difficult to begin a new day without the presence of the deceased person or when external reminders, caused by exogenous stimuli (e.g., seeing a picture of the deceased) appeared (LO). In the evening and at night, elderly people could have reduced energy reserves and may be exhausted by the day that just ended. This may be a moment when these people usually rest and encounter stressors that are mainly linked to the absence of the deceased (such as missing physical contacts with their loved one or having to eat alone). They thus may spend more time thinking about the loved one, feeling lonely and empty. These types of stressors were the most distressing for widow(er)s, were very hard to cope with, and were dealt with using either avoidant strategies or no strategy at all. Evenings and nights seem thus to be critical moments when the widowed have less resource to face the worst stressors. Intervention models and providers could pay a specific attention to this time of the day, when widowed persons feel helpless and most social supports are currently unavailable for them.

The second aim of the present study was to examine the types of strategies that were used to cope with these specific stressors, as well as their efficacy. The results of this study highlighted that, in general, avoidant and confrontation strategies were often used quite equally to face stressors, and both were highly effective in reducing the corresponding psychological distress. However, avoidant strategies were significantly more efficient suggesting that avoidance should be privileged over confrontation. This seems inconsistent with part of the literature postulating that bereaved people have to confront the reality of the loss to find release (see e.g., grief work hypothesis, Freud, 1917/1957) or indicating that avoidant processes lead to complicated or pathological grief (e.g., Boelen, van den Hout, & Van Den Bout, 2006). However, there is still debate with regard to this question, since avoidance has also been found to be positively related to less intense grief reactions (e.g., Bonanno, Papa, Lalande, Zhang, & Noll, 2005; Coifman, Bonanno, Ray, & Gross, 2007). One review stressed that avoidant coping strategies were effective in the short-term, while confrontation had better outcomes in the long run (Suls & Fletcher, 1985). Our study investigated short-term effects and thus confirmed these findings. Also, in the present study, we did not investigate whether grief reactions evolved as a function of coping strategies, but rather whether the immediate distress was reduced as a consequence of them. We cannot ascertain whether avoidance would lead to a reduction of grief reactions, but propose that it provides effective immediate relief. So, avoidance could have positive effects since it might reduce the emotional tension by focusing on something other than the problem and offering a necessary respite for the person (Folkman, Lazarus, Gruen, & DeLongis, 1986). These results are consistent with the DPM which postulates that coping with bereavement implies both confrontation and avoidant strategies and that avoidance will permit to "take time off" from stressors (Stroebe & Schut, 1999, p. 216).

Also, with regard to coping strategies, five different types of categories were inductively identified: behavioral, affective, cognitive, multiple, and absence of coping. The results revealed that elderly widowed people used behavioral coping strategies in more than half of the cases. This result means that performing a concrete behavior was the primary coping strategy in dealing with bereavement-related daily stressors about 1 year after bereavement. This seems quite logical when confronting RO stressors, which might be more concretely dealt with, but this is quite surprising with LO stressors. In this case, one could expect that they would deal with these stressors with affective strategies. However, affective coping strategies were barely used to face any of them. From our participants' reports, they did not often cry, nor focus on their emotions. They reported

that they "had cried enough" and "wanted to be strong and continue their life with dignity for themselves, their relatives, and the deceased individual". Although we are unable to test such a hypothesis in the current study, we suspect that the older widowed people may have used affective strategies earlier in the bereavement process and that now, about 1 year after the death, they focus on more active, concrete, or behavioral strategies to cope with their stressors. This hypothesis is in agreement with Gallagher et al. (1989)'s study that showed that expressing sadness was very often reported at the beginning of bereavement and that it decreased in frequency over time. Such affective coping was also rated as becoming less helpful over time. The authors concluded that widowed people take a conscious decision to spend less time dwelling on the death after 12 months of bereavement, even if they are often confronted with bereavement-related stressors. In a very small number of the cases, when they were unexpectedly confronted with external reminders of the death (e.g., receiving a letter addressed to the deceased person), our participants were surprised and expressed their emotions rather than containing them. These stressors were the only ones associated with affective strategies. Although very rare, these affective strategies were the most effective to deal with an external reminder of the death or deceased person.

Cognitive coping strategies were also rarely used and were typically used for dealing with practical RO stressors. In this case, participants mentally planned what they would do to solve practical problems. For example, when participants had to face household matters previously accomplished by their deceased spouse (e.g., gardening), they often planned to call a neighbor during the week. The planning in itself already brought relief, but the actual ensuing coping behavior was sometimes deferred till later. Thus, against practical stressors, participants were either preparing for action, or performed the action in the moment. In relation to this finding, another innovative result of the study was that more than half of the participants used multiple strategies to cope with their stressors. This was particularly the case to face LO external reminder stressors. In these cases, people are confronted to objects, places, events, or even conversations related to the deceased and are then experiencing distressing thoughts and feelings, or embarrassing social interactions. This type of stressor often appeared unexpectedly at any moment of the day, interrupting the activities or thoughts of the bereaved person. In such cases, a series of successive coping strategies were enacted in order to reduce the amount of distress associated with the stressor. Consistently with this result, Watson and Blanchard-Fields (1998) emphasized that, elderly widow(er)s often engage in a combined use of multiple coping strategies, including behavioral ones. Although this finding was not directly addressed by the DPM, it can be seen as an extension of the concept of oscillation, representing the flexibility and use of multiple types of coping.

In addition to this coping category, we also found that the majority of participants reported using no coping strategies at all to face stressors. Two types of situations of this kind seem to exist. First, the individuals occasionally did not know what to do to actively decrease their distress. They "simply" let the time pass by and waited for their distress to decrease by itself. Second, especially when they had to face external reminders, a contextual change quickly suppressed the stressful situation before any coping strategy could or had to be implemented (e.g., to drive by the cemetery). Importantly, these non-strategic processes seem to be as effective as single coping strategies and sometimes even more so. These findings suggest that two unintentional processes may be at work that have different implications for the bereaved person: in the first, the bereaved may feel helpless, while in the second, the disappearance of the stressor is just part of daily life and is short-lasting. It is unclear whether the DPM had addressed non-strategic processes because on the one hand, it postulates "respite" moments from the grief, but on the other hand, it does not clearly postulate that no strategy would be intentionally used to face a stressor. These results are however congruent with findings on age differences that showed that elderly persons are more likely than younger to use "strategies" such as doing nothing, passively accepting a situation, or optimistically waiting for things to change in response to psychological distress (Birditt & Fingerman, 2005). They also concur with the recent findings by Fasse and Zech (2015) who analyzed the grief experiences of 16 widowed persons in the light of DPM hypotheses related to the two orientations and the oscillation process. They found that "coping" processes at hand when dealing with stressors could often not be strictly termed "strategies" because grieving processes were not always intentional, they arrived spontaneously, or were governed by chance. Widowed people actually did not always deal with stressors. The present result about the "efficacy" of absence of coping holds only for loss-oriented stressors and not for restoration-oriented stressors. This means that when bereaved people face painful thoughts or feelings about their loved one, they do not always behave strategically or with a conscious intentionality and that, in some cases, these thoughts and feelings vanish by themselves, either due to mere habituation, or because people get involved in other daily matters (life continues) and the "stressor" disappears unintentionally. Taken together, these results suggest that the DPM could be further specified by noting that some stressors are not consciously and intentionally dealt with.

A major question that was addressed by this study was whether specific coping strategies would be more effective than other ones. The results clearly indicated that it actually depends on the specific category of stressor that widowed persons are confronted with and that they tend to use the most effective ones given the encountered stressor. In support with the DPM, such finding means that widowed persons are flexible and can oscillate between different types of coping strategies. This result is also consistent with Folkman et al. (1986) study, which indicated that an individual will develop a range of different coping strategies adapted to the requirements of the stressful situation. Coping strategies are flexible and multidimensional. For example, participants used more confrontation strategies to cope with RO stressors, whereas they used more avoidant strategies with LO stressors. It is interesting to note that RO stressors were those which caused the lowest psychological distress, whereas stressors related to the absence of the deceased generated an important initial level of distress. We postulate that it was actually easier for bereaved people to confront and deal with RO stressors because they initially generated less emotional distress; however, facing LO stressors was more difficult due to the high levels of distress associated with these stressors. In the latter case, individuals may prefer trying to suspend their emotional distress by quickly distracting themselves from the stressor. Consistent with these results, in Suls and Fletcher (1985) review, problem-focused coping strategies were found more effective in dealing with practical stressors because they are more often changeable. Since stressors related to the absence of the deceased are *per se* not changeable, bereaved people would then be less likely to use confrontation strategies. Furthermore and especially for the elderly, some authors suggested that given their reduced energy and increased vulnerability, it would potentially be advantageous to suppress or avoid negative unchangeable situations, such as the loss of the partner, than to confront them (Consedine, Magai, & Bonanno, 2002; Leventhal, Patrick-Miller, Leventhal, & Burns, 1997).

The multivariate analyses indicated that two different kinds of behavioral avoidance strategies could be distinguished. On the one hand, in order to cope with LO stressors related to the absence of the deceased (e.g., loneliness or being alone in relation to the bereaved individual's primary needs), participants used behavioral avoidance strategies unlinked to the stressors. For example, when the emptiness left by the deceased was too distressing, bereaved people often engaged in activities allowing them to think about something else (e.g., going outside, reading a book). Indeed, it seems difficult to address the lack or the absence of the deceased, because it is unchangeable. Faced with this type of stressor and the resulting intense distress, it seems that avoidance unlinked to the stressor is an effective short-term coping strategy. This strategy is what can be called a "distractive" type of behavioral avoidance strategy. It appeared to be the most effective strategy in reducing the initial distress linked to this type of stressor. On the other hand, to face LO internal reminder stressors, such as cognitions or subjective feelings related to or evoking the death of the deceased person as well as external reminders stressors such as a confrontation to objects, places, events, or conversations related to the deceased, participants used behavioral avoidant strategies linked to the stressors. For example, when they were confronted with an object related to the deceased such as a picture, participants usually chose to act directly on the stressor by avoiding it. They, for example, put the picture of the deceased away and felt instantly better. In these cases, contrary to the absence of the deceased in itself and to selfgenerated yearning (e.g., in thoughts), it is possible to act directly on the stressor and to change it. This is what can be called a "targeted" type of effective behavioral avoidance strategy. These two types of coping seem to be distinguished by the intensity of the involvement necessary in the avoidant strategy used: distraction may be less demanding than acting directly on the stressor. In line with previously presented results, the former were used more in the evenings and during the night, while the latter more during the day.

Notwithstanding these new theoretical and empirical insights, the present study has several limitations. First, the completion rate was fairly low, which suggests problems with non-response bias. In fact, we do not know how results would have changed, if individuals from the 73% who

did not respond would have completed the diaries. Furthermore, the most frequently cited reason (n = 10) for not taking part in the study was that it was too emotional. They might thus be experiencing less distress than non-participants or coping with this distress better than those who did not participate. This selection might have biased the evaluation of coping strategies effectiveness.

Second, the diary methodology used may have influenced our results since completing diaries could have changed participants' experiences or coping strategies (Bolger, Davis, & Rafaeli, 2003). On the one hand, is also possible that participating in the study increased the number or types of stressors encountered. Indeed, it may have revived memories and, in some cases, been the source of stressors. In our study, however, only three participants reported that the study had been the trigger of a stressor (e.g., induction of thoughts related to the deceased) or had itself been a stressor (e.g., looking at the diary booklet). On the other hand, participants may have realized the ineffectiveness of some of their coping strategies and have changed them. However, at the end of the study, participants were asked if they felt they had changed their coping strategies during their participation in the study and, on average, participants reported no change in their coping. In fact, no research to date has shown that diary completion can be a threat to the validity of this methodology. For example, Litt, Cooney, and Morse (1998) reported that although participants acknowledged being more aware of controlled behaviors, behaviors themselves were not modified. The diary methodology has several additional advantages. This technique reduces the recall bias that is commonly present in retrospective studies, since answers are given in real time (Bolger et al., 2003). In addition, data is collected in the participants' natural environment in order to measure real-world experiences (Stone et al., 2002). In our study, the use of this method was essential to better understand the context in which widowed people face different bereavement-related stressors. The use of the diary methodology had also recently been recommended by Stroebe and Schut (2010) to further test the DPM. This methodology allows to check whether bereaved people actually have to deal with aspects that fall within the two main orientations of the DPM – LO and RO –, without constraining participants to fit these categories, and to do it in ensuring separation between stressors, process, and outcome variables.

A third limitation of the present study is that it did not examine whether daily coping strategies mediated the impact of daily stressors on health or grief outcomes, nor whether oscillation between coping strategies was the effective process at hand. Although we have preliminary data that suggests that widowed individuals use multiple and effective strategies in the short term, the core DPM hypotheses related to oscillation should further be investigated in the future. In the present study, most widowed people appeared to be well adjusted to their loss, with grief symptoms mainly being in the normal range. Further investigation should involve maladjusted as well as well-adjusted bereaved persons in order to capture possible variations in oscillation processes and their effects on adjustment to the loss (Stroebe & Schut, 2010).

In summary, the present study examined elderly widowed people's daily-life experiences in the course of a week, about 1 year after the death of their spouse in their natural environment. Our results suggest that the strategies most commonly used by the widowed people were also the most effective to cope with the specific stressors they encountered. It showed that (1) LO stressors, in particular loneliness and yearning due to the physical absence of the spouse, and practical RO stressors were the main issues they encountered over the course of a week; (2) avoidance strategies were very effective in immediately decreasing distress; (3) bereaved individuals preferred using confrontation strategies to face RO stressors, while they used avoidant strategies to face LO of stressor encountered and coping strategy used. Author Note

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> stressors; and (4) the moment of the day in which stressors occurred clearly determined the type

Acknowledgment

This research was supported by the Belgian National Fund for Scientific Research (1.1.217.09.F to A.-S.R., 1.5.107.06 to E.Z.) and a special research grant (FSR) from the Université catholique de Louvain granted to E.Z. The authors wish to thank Hélène Leblanc, Fabienne Mellet, and Lise-Marie Candelier for their help in the collection of the data, Jean-Baptiste Dayez for helping in the analyses of the data, and Charles Stones for his comments on earlier version of this manuscript.

Endnotes

¹Two individuals that reported only one stressor over the completion week and that faced the same level of distress before and after coping were set to missing value on the standardized scores. If their scores were computed, they would necessarily be 0 while their effective level of distress cannot be considered as an "average" level of distress based on only one observation. Another respondent had her standardized scores set to missing since she only fulfilled one scale among the twelve she had to complete in front of the six stressors she reported. Because the standardized distress measures were computed for stressors and not for individuals, we only lost 8

out of 338 reported stressors (2%).

² Most of the statistical analyses were not performed on the differences between LO and

RO coping strategies due to the low number of occurrences in which participants used both types

of strategies for dealing with the same types of stressors.

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Table 1. Frequencies and relative level of distress of the different types of stressors experienced
in widowhood, and their relative coping efficacy (all different types of coping strategies
included)

Types of	Frequen	су	of	Relativ	ve Level		Relative			
stressors	Occurre	nce							Coping	
	Individu	ıal	Stresso	Before	Coping		After Co	oping	Efficacy	
	level (N	= 36)	r level						Q	
			(N = 3							
			38)				C			
	%	95%	%	М	Corr.	95	М	95%	М	95
		CI		(SD)	Mean	%	(SD)	CI	(SD)	%
						CI				CI
All stressors				.55*	.58*	[.47	62*	[71	1.20*	[1.1
				(.76)		,	(.80)	,	(.90)	0,
						.63]		52]		1.30
		X]
Loss-	97.22	[83.8	62.91	.60*	.65*	[.49	67*	[78	1.32*	[1.1
Oriented		0,		(.75)		,	(.76)	,	(.86)	9,
stressors	\mathbf{O}	99.8				.70]		56]		1.45
		5]]
Absence	75.00	[57.4	22.85	.59*	.64*	[.42	62*	[80	1.26*	[1.0
deceased		6,		(.72)		,	(.71)	,	(.88)	4,
		87.2				.76]		45]		1.48
		8]]

Yearning	66.67	[48.9	14.24	.51*	.56*	[.26	73*	[95	1.30*	[1.0
		5,		(.83)		,	(.70)	,	(.93)	1,
		80.9				.75]		52]		1.58
		0]]
Primary	36.11	[21.3	8.61	.74*	.78*	[.55	40*	[71	1.18*	[.84
needs		4,		(.45)		,	(.69)	,	(.78)	,
		53.7				.93]		10]		1.53
		9]					C]
Presence	86.11	[69.7	40.06	.60*	.65*	[.47	70*	[84	1.36*	[1.2
deceased		1,		(.76)		,	(.79)	,	(.86)	0,
		94.7			2	.74]		56]		1.51
		7]]
External	75.00	[57.4	26.71	.53*	.56*	[.37	74*	[93	1.29*	[1.1
reminder		6,		(.73)		,	(.85)	,	(.86)	0,
		87.2	S			.69]		55]		1.49
		8]]
Confrontati	58.33	[40.8	12.17	.45*	.52*	[.21	67*	[93	1.19*	[.89
on to an	0	9,		(.74)		,	(.76)	,	(.89)	,
object		74.0				.69]		40]		1.50
		4]]
Confrontati	36.11	[21.3	4.75	.56*	.57*	[.19	92*	[-1.3	1.49*	[1.2
on to a place		4,		(.70)		,	(.72)	2,	(.46)	4,
						.93]		52]		

		53.7								1.74
		9]]
Talking	33.33	[19.1	6.82	.55*	.55*	[.19	-1.01	[-1.4	1.56*	[1.1
about the		0,		(.80)		,	* (.90)	2,	(.86)	7,
deceased		51.0				.91]		60]		1.95
		5]							$\langle Q \rangle$]
Confrontati	22.22	[10.7	2.67	.73*	.71*	[.26	.04	[75	.68	[1
on to an		3,		(.61)		,	(.95)	, .83]	(1.02)	7,
event		39.5				.20]				1.53
		9]]
Commemor	2.78	[.15,	0.30	a	a	a	a	a	a	а
ation		16.2								
		0]								
Internal	50.00	[34.4	13.35	.75*	.86*	[.50	63*	[83	1.48*	[1.2
reminder		7,		(.82)		,	(.63)	,	(.86)	0,
		65.5				1.00		42]		1.76
	C C	3]]]
Cognitions	38.89	[23.6	8.31	.63*	.78*	[.24	69*	[88	1.37*	[.93
		2,		(.98)		,	(.66)	,	(.99)	,
		56.4				1.01		30]		1.81
		7]]]

Subjective	16.67	[6.96	5.04	.97*	.96*	[.76	68*	[-1.0	1.64*	[1.3
feelings		,		(.39)		,	(.61)	0,	(.63)	0,
		33.4				1.17		35]		1.98
		7]]]
Restoration-	83.33	[66.5	37.09	.47*	.47*	[.33	52*	[69	1.00*	[.82
Oriented		3,		(.78)		,	(.87)	,	(.92)	,
stressors		93.0				.61]		36]		1.17
		4]					C]
Practical	72.22	[54.5	23.74	.52*	.51*	[.34	45*	[65	.96*	[.76
		7,		(.79)		,	(.81)	,	(.86)	,
		85.2			2	.69]		26]		1.17
		1]]
Interpersona	38.89	[23.6	6.53	.12	.12	[2	86*	[-1.4	.99*	[.45
1		2,		(.77)		2,	(1.10)	1,	(1.08)	,
		56.4	O			.46]		32]		1.52
		7]]
Decision	25.00	[12.7	5.34	.74*	.76*	[.38	41	[87	1.17*	[.56
making	5	3,		(.72)		,	(.83)	, .05]	(1.09)	,
		42.5				1.10				1.88
		4]]]
Identity	11.11	[3.62	1.48	.35	.41	[3	57	[-1.7	.98*	[.09
changes		,		(.56)		5,	(.76)	8,	(.56)	,
								.64]		

27.0		1.05		1.77
0]]]

Note. The Relative Levels of Distress (RLD) were computed at the individual level such that a mean level of distress for this particular individual has a value of 0 and its standard deviation set to 1. Stressors having RLD < -.84 = Not distressing; from -.84 to -.25 (Q20) = Slightly distressing (Q40%); from -.25 to .25 (Q60%) = Moderately distressing; from .25 to .84 (Q80%) = Quite distressing, and over .84 = Highly distressing. M = mean. Some people did not complete their level of distress after coping. So, the corrected mean was calculated only on those who fulfilled both ratings. *SD* = standard deviation. CI = confidence Interval. Confidence intervals were calculated on the general mean in order to maximize their accuracy. The Relative Coping Efficacy is the difference of RLD before and after coping. A positive efficacy score represents an effective coping. No effect leads to a value of 0.

*The hypothesis of null effect (the mean is similar to 0) is rejected with p < 0.05.

^aThis stressor occurred only once. Statistics on the level of distress and efficacy would have been meaningless.

Frequency of Occurrence Types of coping Relative Coping strategies Efficacy Individual Stressor level (N = 338) M(SD) 95% CI level (N = 36)%^a 95% CI 95% CI Point Estimate 1.30* (.97) 55.56 [38.29. 12.76 [9.39. 16.80] Absence of [.86, 1.74] 71.66] coping [10.16, 20.11] 1.52* (.96) LO stressors 14.62 [1.00, 2.03] 9.60 [5.06, 16.17] .61 (.69) **RO** stressors [-.25, 1.47] Multiple coping [38.29. [8.10. 15.14] 55.56 11.28 1.23* (.99) [.88, 1.57] 71.66] 12.74 [8.56, 17.99] 1.27* (.98) LO stressors [.85, 1.68] [4.48, 15.20] 1.14* 8.80 [.38, 1.89] RO stressors (1.05)Confrontation 88.89 [73.00. 49.55 [44.09. 55.02] 1.03* (.92) [.89, 1.18] 96.38] [33.44, 47.03] LO stressors 40.09 1.05* (.95) [.83, 1.26] [56.58, 73.86] 1.02* (.93) [.81, 1.23] **RO** stressors 65.60

Table 2. Frequencies and relative efficacy of the different general types of coping strategies used in widowhood

Avoidant	86.11	[69.71.	41.25	[35.94. 46.71]	1.37* (.85)	[1.23,
		94.77]				1.52]
LO stressors			50.00	[43.08, 56.92]	1.49* (.78)	[1.33,
						1.64]
RO stressors			26.40	[18.92, 35.03]	1.00* (.95)	[.65, 1.36]
Behavioral	97.22	[83.80.	67.36	[62.07.72.34]	1.26* (.87)	[1.14,
		99.85]				1.38]
LO stressors			68.40	[61.68, 74.59]	1.39* (.82)	[1.25,
						1.52]
RO stressors			65.60	[56.58, 73.86]	1.04* (.93)	[.82, 1.25]
Cognitive	52.78	[35.73.	21.96	[17.65.26.76]	.95* (.88)	[.73, 1.17]
		69.24]				
LO stressors			18.87	[13.83, 24.79]	.95* (.88)	[.66, 1.25]
RO stressors		0	27.20	[19.63, 35.89]	.94* (.90)	[.59, 1.29]
Affective	16.67	[6.96.	2.67	[1.23. 5.01]	1.64* (.82)	[.96, 2.33]
	6	33.47]				
LO stressors	\mathbf{O}		4.25	[1.96, 7.91]	1.64* (.82)	[.96, 2.33]
RO stressors			0.00	[0.00, 2.91]	b	b

Note. CI = confidence interval. Relative Coping Efficacy is the difference of Relative Level of Distress before and after coping.

A positive efficacy leads to a positive value. No effect leads to a value of 0.M = Mean. SD = Standard deviation.

^aPercentages cannot be summed since multiple coping can occur in the same or in separate subtypes.

*The hypothesis of null effect (the mean is similar to 0) is rejected with p < 0.05.

Table 3. Frequencies and relative coping efficacy of coping strategies used by widowed personsto face either LO or RO stressors

Types of	LO stress	ors			RO stressors				
coping	Frequenc	У	Relative	Coping	Freque	ncy	Relative Coping Efficacy		
strategies			Efficacy						
	%a	95%	M (SD)	95% CI	% ^a	95%	M (SD)	95% CI	
		CI				CI	C)		
Confronta	40.09	[33.4	1.05*	[.83,	65.6	[56.5	1.02* (.90)	[.81,	
tion		4,	(.95)	1.26]		8,		1.23]	
		47.0				73.86			
		3]			0]			
Behaviora	23.58	[18.0	1.13*	[.85,	44.8	[35.9	1.00* (.91)	[.74,	
1		4,	(.96)	1.42]		0,		1.25]	
		29.8	0			53.95			
		8]]			
To the	5.66	[2.96	.76*	[.17,	4.0	[1.31,	1.29* (.63)	[.51,	
deceased	CX	,	(.82)	1.34]		9.09]		2.08]	
		9.68]							
To an	1.42	[.29,	1.24*	[.41,	1.6	[.19,	1.19 (.55)	[-3.72,	
object		4.08]	(.33)	2.07]		5.66]		6.11]	

To other	4.25	[1.96	1.32*	[.47,	11.2	[6.26,	1.28* (1.30)	[.45,
people		,	(1.10)	2.16]		18.08		2.10]
		7.91]]		
Internal or	3.77	[1.64	1.24*	[.43,	22.4	[15.4	.76* (.75)	[.45,
physical		,	(.87)	2.04]		3,		1.06]
		7.30]				30.72		\mathbf{O}
]		
Cognitive	16.98	[12.1	.87*	[.56,	21.6	[14.7	1.10* (.89)	[.71,
		9,	(.86)	1.17]		4,		1.49]
		22.7				29.85		
		3]			$\mathbf{\mathcal{O}}$]		
Affective	4.25	[1.96	1.64*	[.96,	.0	[.00,	с	c
		,	(.82)	2.33]		2.91]		
		7.91]						
Avoidanc	50.00	[43.0	1.49*	[1.33,	26.4	[18.9	1.00* (.95)	[.65,
e		8,	(.78)	1.64]		2,		1.36]
		56.9				35.03		
	.0	2]]		
Behaviora	49.53	[42.6	1.48*	[1.32,	22.4	[15.4	1.12* (.95)	[.74,
1	~	1,	(.78)	1.64]		3,		1.51]
•		56.4				30.72		
		6]]		

Linked to	8.96	[5.48	1.44*	[1.11,	2.4	[.50,	1.34* (.16)	[.94,
the		,	(.67)	1.77]		6.85]		1.74]
stressor		13.6						
		4]						
Unlinked	31.60	[25.4	1.55*	[1.37,	15.2	[9.41,	1.08* (1.00)	[.58,
to the		1,	(.72)	1.73]		22.71		1.58]
stressor		38.3]		
		2]						
Cognitive	3.77	[1.64	1.68*	[1.40,	5.6	[2.28,	.18, (.47)	[41,
		,	(.30)	1.95]		11.20		.76]
		7.30]			$\mathbf{\mathcal{O}}$]		
Affective	.47	[.01,	b	b	.0	[.00,	с	c
		2.6]				2.91]		

Note. CI = confidence interval. Relative Coping Efficacy is the difference of Relative Level of Distress before and after coping.

A positive efficacy leads to a positive value. No effect leads to a value of 0. M = mean. SD = Standard Deviation.

^aPercentages cannot be summed since multiple coping can occur in the same or in separate subtypes.

^bThese combinations of stressor and coping strategy occurred only once. Statistics on efficacy are meaningless.

^cThese combinations of stressor and coping strategy did not occur at all.

*The hypothesis of null effect (the mean is similar to 0) is rejected with p < 0.05.

Figure 1. Multifactorial correspondence analysis factorial map of the bereavement-related stressors, their corresponding initial Categorical Relative Level of distress, the time of the day of their occurrence, coping strategies, and Relative Coping Efficacy. In this map of associations, proximity between variable labels means that these variables "regularly occur together" and distance means that they "rarely occur together". A frontier (in dotted orange line) clearly appears between Restoration-oriented (RO) and Loss-oriented (LO) stressors and their associated characteristics. Four sub-groups of stressors and their associated coping strategies and characteristics are identified on the map with circles. The size of the four groups, or clusters, is represented by the size of the black circles. Similarly, the size of the labels represents the size of the information provided by the variable. Color legend: Circles (\circ) in red = bereavement-related stressors; RO = RO stressors; LO = LO stressors. Triangle (\triangle) in green = coping strategies; affective = affective coping strategies; cognitive = cognitive coping strategies; bhv = behavioral coping strategies; to the deceased = confrontation behavioral coping strategy related to the deceased. Plus (+) in marine blue = initial Categorized Relative Level of Distress (named "affected" on the map); Not Much Affected = Q40% Categorized Relative Level of Distress which means stressors were "Slightly distressing"; Highly Affected = Q100% Categorized Relative Level of Distress which means stressors were "Highly distressing". Cross (x) in turquoise = time of the day of the occurrence of stressors/coping strategies.

