Published in final edited form as:

Death Stud. 2015 ; 39(7): 387–398. doi:10.1080/07481187.2015.1029143.

Unfinished Business in Bereavement

Kara L. Klingspon¹, Jason M. Holland¹, Robert A. Neimeyer², and Wendy G. Lichtenthal³

¹University of Nevada, Las Vegas, Department of Psychology

²University of Memphis, Department of Psychology

³Memorial Sloan-Kettering Cancer Center, Department of Psychiatry and Behavioral Sciences

Abstract

Unfinished business (incomplete, unexpressed or unresolved relationship issues with the deceased) is frequently discussed as a risk factor for chronic and severe grief reactions. However, few empirical studies have examined this construct. The present study aimed to address this gap in the literature by examining the presence and severity of unfinished business as well as common themes of unfinished business reported in open-ended qualitative narratives among a sample of 224 bereaved individuals. In bivariate analyses, self-reported presence of unfinished business and the severity of distress due to unfinished business were both found to be associated with poorer bereavement outcomes. However, after controlling for potential confounds, distress related to unresolved issues with the deceased emerged as a more robust correlate of these outcomes. Qualitative responses were categorized, and the type of reported unfinished business was not significantly related to the degree of unfinished business distress or other bereavement outcomes. These findings provide preliminary justification for bereavement interventions that aim to ameliorate distress related to unresolved relational issues with the deceased.

Keywords

unfinished business; prolonged grief; complicated grief; continuing bonds

Unfinished Business in Bereavement: A Mixed Methods Study

Bereavement has long been considered one of the most stressful life events (Holmes & Rahe, 1967). Although resilience is the most common response to loss (Bonanno, Westphal & Mancini, 2011), a small subset (roughly 10-20%) will exhibit chronic and severe grief reactions, which have been variably labeled *prolonged grief disorder* (Prigerson et al., 2009) or *complicated grief* (Shear, Simon, Wall, Zisook, Neimeyer et al., 2011). Notably, this profound and protracted grief response, characterized primarily by intense separation distress, lack of meaning/purpose after the loss, and impairments in day-to-day functioning, has been shown to be distinct from other overlapping disorders (e.g., major depressive disorder; Boelen & van den Bout, 2005; Boelen, van den Bout, & de Keijser, 2003; Ogrodniczuk et al., 2003; Prigerson et al., 1996; Prigerson, Frank et al., 1995) and uniquely

predictive of a number of negative mental and physical health outcomes (Bonanno et al., 2007; Prigerson et al., 1997). The ability to identify predictors of prolonged grief can help inform etiological models, pinpoint who may be at greatest risk, and guide the development of novel interventions for the disorder (Burke & Neimeyer, 2013; Currier, Neimeyer, & Berman, 2008).

One prominent risk factor that has been routinely discussed in the theoretical and clinical literature is *unfinished business*, which refers to incomplete, unexpressed or unresolved relationship issues with the deceased (Holland, Thompson, Rozalski, & Lichtenthal, 2014). As there has been little empirical examination of this construct, the purpose of this study is to identify commonly endorsed types of unfinished business and to examine the connection between unfinished business and prolonged grief, psychiatric distress, and other mental health outcomes.

Unfinished business has been conceptualized as a construct that taps into cognitive processes that involve appraising the relationship with the deceased as lacking closure or resolution. Possible emotional responses to unfinished business may include a number of reactions, including regret, anger, guilt, or remorse (Holland, Klingspon, & Neimeyer, 2014). Regret is frequently discussed in the bereavement literature and represents one possible response to the perception of unfinished business (Holland et al., 2014; Torges, Stewart, & Nolen-Hoeksema, 2008). Regret is typically conceptualized as an emotional response to a situation in which the outcome of one's decision(s) is unfavorable (Gilovich & Medvec, 1995; Landman, 1987; Roese et al., 2009; Zeelenberg, van Dijk, Manstead, & der Pligt, 1998).

The perception of unfinished business may signal a problem with the sustained attachment to the deceased. Developed early in life, attachment style influences one's approach to relating throughout the lifespan, including reaction to the loss of a significant attachment figure (Bonanno et al., 2002; Stroebe, 2002; Van Doorn, Kasl, Beery, Jacobs, & Prigerson, 1998). Protracted, intense separation distress, a primary feature of prolonged grief, may indicate difficulties finding a functional, empowered sustained attachment to the loved one after death (Field & Filanosky, 2010; Field, Gao, & Paderna, 2005; Klass, Silverman, & Nickman, 1996). These continuing bonds to the deceased are thought to be dynamic in nature, in that they are negotiated and renegotiated over time at levels ranging from the individual's own sense of attachment to its validation by the social system (Klass et al., 1996; Neimeyer, Klass, & Dennis, 2014). Such bonds can serve as an adaptive or benign means for staying connected with the deceased, or can take the form of unhelpful rumination and/or "clinging" to the lost relationship (Field, 2006), a form of attachment anxiety that has been linked empirically to more complicated grief responses (Meier, Carr, Currier & Neimeyer, 2013). The experience of unfinished business is thought to be one possible manifestation of difficulties in the continuing bond, which may be manifested by an intense and ruminative clinging to the lost relationship.

Numerous bereavement interventions explicitly focus on providing some resolution to these lingering issues with the deceased (Armstrong, 2012; Jordan, 2012; Neimeyer, 2012b). Despite this focus on resolving unfinished business as a unique treatment objective, there has been little specific investigation of this construct. The few empirical investigations of this

construct have shown that unfinished business is a relatively common concern and source of distress for bereaved individuals (Shanfield, Benjamin, & Swain, 1984; Steinhäuser et al., 2000). For example, in one study greater unresolved issues reported 6 months after spousal loss uniquely predicted depression and grief 18 months after the death (Field & Horowitz, 1998). Other studies have looked at particular types of unfinished business, most notably lingering regrets after the loss. Reports of the ability to resolve bereavement-related regret at 6 months after loss have been shown to predict lower levels of depression and ruminative thoughts and a higher overall sense of well-being at 18 months after the death (Torges et al., 2008). Further, progressively worsening bereavement regrets over time have been linked with particularly severe grief symptoms (Holland et al., 2014).

In an effort to expand on the existing body of work, the present study seeks to examine presence or absence of unfinished business and the degree of distress associated with it, as well as to identify commonly reported themes or types of unresolved issues with the deceased. The association between these components and prolonged grief symptoms, overall psychiatric distress, presence of guilt, sense made of the loss, and intensity of the continuing bond will then be examined.

Aims and Hypotheses

The current study had two aims. The first was to examine unfinished business and its relation to self-reported severity of bereavement distress, the intensity of the continuing bond with the deceased and sense-making regarding the loss. We hypothesized that participants who endorsed having unfinished business as well as those who rated the distress related to these experiences more highly would report more severe prolonged grief symptomatology, psychiatric distress, and feelings of guilt. We also expected that these individuals would report more intense continuing bonds with the deceased as well as less meaning made of the loss—a combination that has been associated with poorer bereavement outcomes (Neimeyer, Baldwin, & Gillies, 2006).

A second aim was to categorize qualitative responses of bereaved participants who have endorsed having unfinished business and have provided a brief description of what they perceive to be “unfinished” in their grieving process. After developing a reliable system of codes for these responses, we then compared categories of responses in terms of distress related to unfinished business, prolonged grief symptoms, global psychiatric distress, feelings of guilt, meaning made of the loss, and intensity of the continuing bond. Because no *a priori* theory suggests whether one form of unfinished business is associated with more problematic bereavement adjustment relative to others, this additional analysis was exploratory rather than predictive.

Methods

Participants and Procedure

Undergraduate participants were recruited at a large southern research university after institutional review board approval of the research project. In order to be eligible for the study, participants needed to (1) report having a loved one die in the past 2 years, (2) be 18

years or older, and (3) be willing to complete online surveys about their loss experience. This sample is a subset of a larger data collection effort (Meier, Carr, Currier, & Neimeyer, 2013). In particular, participants were restricted to 224 individuals who responded to questions regarding unfinished business. Additionally, one individual did not provide his/her age, and six did not indicate how many months had passed since the death occurred. Preliminary analyses revealed that those who reported lower levels of meaning made of loss ($t(238) = -2.291, p = .023$) were somewhat more likely to provide a partial response to the survey. However, those who provided full and partial responses did not significantly differ in terms of demographics, circumstances of their loss, unfinished business, or any of the other outcome variables.

Of the 224 participants, 77.2% were women, and 22.8% were men. Ethnic/racial composition of the sample was 50.0% Caucasian, 23.2% African American, 18.8% Hispanic/Latino, and 3.1% Asian. An average participant was likely to be a Caucasian or African American woman who was about 22 years of age and lost an extended family member due to natural (anticipated or sudden) causes. Additional background information and socio-demographic characteristics of the sample are presented in Table 1.

Some analyses in this study were restricted to 97 of 224 participants who affirmed the presence of unfinished business with the deceased by indicating “yes” to the question “Do you feel that anything was unfinished, unsaid, or unresolved in your relationship with your loved one?” Of this subset, 74 provided a qualitative example of their self-reported unfinished business with the deceased. Those who indicated the presence of unfinished business but did not provide a qualitative example reported significantly less distress related to their unfinished business than those who provided an example ($t(82) = -2.176, p = .032$). Ethnic/racial minorities individuals were also less likely to provide a qualitative example of unfinished business compared to Caucasian participants ($\chi^2(1) = 5.38, p = .031$). No other significant differences were observed between those who provided an example of unfinished business and those who did not in terms of demographics, circumstances of the loss, and the five outcome measures examined in this study.

Measures

Unfinished Business—The presence or absence of unfinished business was assessed with the following question:

Sometimes people who have lost a loved one are left with a sense that something was unfinished, unsaid, or unresolved in the relationship with the deceased loved one or wish some issue in the relationship had been addressed while they were still alive. Do you feel that anything was unfinished, unsaid, or unresolved in your relationship with your loved one?

Those who answered “yes” to this question were then asked to provide a description of “the most troubling example” of unfinished business with the deceased. Distress related to unfinished business was also rated using a ten-point scale ranging from *not at all distressed* (1) to *extremely distressed* (10).

Inventory of Complicated Grief—Revised (ICG-R)—Prolonged grief was assessed using the Inventory of Complicated Grief-Revised (ICG-R; Prigerson & Jacobs, 2001). This instrument is comprised of 30 declarative statements to which the respondent indicates agreement with the described symptoms using a 5-point scale. Answers range from *never* (1) to *always* (5) with higher scores representing more severe prolonged grief symptoms. The ICG-R reflects the symptoms that have been identified with prolonged grief, such as intense and excessive yearning and longing for the deceased, inability to carry on with life, a sense that life is meaningless/purposeless after the loss, and intrusive thoughts regarding the lost loved one (Prigerson, Vanderwerker, & Maciejewski, 2008). In previous research, the ICG-R has displayed high internal consistency (Cronbach's $\alpha = 0.90$; Guldin et al., 2011; Holland, Neimeyer, Boelen & Prigerson, 2009; Prigerson, Maciejewski et al., 1995), good test-retest reliability ($r = 0.80-0.92$; Prigerson, Maciejewski et al., 1995; Boelen et al., 2003), and convergent validity with other established grief measures (Burke, Neimeyer & McDevitt-Murphy, 2010; Guldin et al., 2011; Prigerson, Maciejewski et al., 1995).

Symptom Checklist-10 Revised (SCL-10-R)—The revised Symptom Checklist 10 (SCL-10-R; Rosen et al., 2000) is a brief 10-item measure of emotional distress that addresses a broad range of global psychiatric concerns. The frequencies of psychiatric distress experiences (e.g., “Feeling blue” and “Feeling tense or keyed up”) are indicated on a 5-point scale from *not at all* (0) to *extremely* (4), with higher scores representing greater psychiatric distress. The SCL-10-R is highly correlated with the full 90-item version of the scale ($r = 0.95$), and shows good internal consistency (Cronbach's $\alpha = .87$) and convergent validity with established measures of psychopathology (Rosen et al., 2000).

Integration of Stressful Life Experiences Scale (ISLES)—The Integration of Stressful Life Experiences Scale (ISLES; Holland, Currier, Coleman, & Neimeyer, 2010) is a 16-item measure that assesses the degree to which participants have made meaning from a stressful life event. A 5-point scale from *strongly agree* (1) to *strongly disagree* (5) is used to respond to declarative statements, such as “I have made sense of this event” and “I have difficulty integrating this event into my understanding about the world.” In this study, participants responded to this measure with regard to their loss, and items were scored so that higher scores indicated more positive meaning made of the event. ISLES scores have been shown to have strong internal consistency in a bereaved sample (Cronbach's $\alpha = 0.94$), moderate test-retest reliability after a 3-month interval ($r = .57$), and concurrent validity with relevant mental health outcomes (Holland et al., 2010). In particular, higher scores on the ISLES (indicating greater meaning made of a stressful life event) have been found to be associated with less prolonged grief and psychiatric distress (Holland et al., 2010).

Positive and Negative Affect Schedule—Expanded (PANAS-X): Guilt Assessment—The Guilt scale of the PANAS-X was used to assess feelings of guilt in this study, with higher scores signifying greater guilt (Watson & Clark, 1994). This scale involves indicating the extent to which a list of emotions are experienced “right now” using a 5-point scale ranging from *very slightly or not at all* (1) to *extremely* (5). Some examples from the Guilt scale include words such as “ashamed” and “angry at self” (Watson & Clark, 1994). The PANAS-X Guilt scale has shown excellent internal consistency (Cronbach's $\alpha =$

0.86 - 0.91) and test-retest reliability across a 2-month test interval ($r = 0.65-0.68$; Watson & Clark, 1994).

Continuing Bonds Scale (CBS)—For this 11-item measure, participants are instructed to respond to items regarding their loved one, such as “I am aware of taking on many of _____'s habits, values, or interests” and “I experience _____ as continuing to live on through me,” which are assessed with a 5 point scale ranging from *not at all true*(1) to *very true* (5). Higher scores indicate a more intense continued bond with the deceased (Field, Gal-Oz, & Bonanno, 2003), which has generally been shown to be associated with more severe grief reactions (Neimeyer et al., 2006). The scale has yielded good internal consistency (Cronbach's $\alpha = 0.87$; Field et al, 2003).

Plan of Analysis

Primary analyses—Bivariate analyses were conducted to assess the association between the unfinished business variables (i.e., presence/absence of unfinished business, severity of distress related to unfinished business), demographic and background variables of interest (i.e., age, gender, ethnicity/race, educational attainment, relationship to the deceased, cause of death, and months since loss), and the outcome variables (i.e., prolonged grief symptoms, global psychiatric distress, feelings of guilt, meaning made of the loss, and intensity of the continuing bond). Pearson correlations were used to gauge the association between continuous measures, and point biserial correlations were employed when one or both variables were dichotomous (e.g., gender, presence/absence of unfinished business).

Partial correlations were then used to examine the unique relationship between presence/absence of unfinished business, unfinished business distress, and the five outcome variables, controlling for age, gender, race/ethnicity, education level, cause of death (violent vs. natural causes), relationship to the deceased (immediate family vs. extended family/friends), and months since the loss.

The continuous measures examined in this study were found to deviate significantly from normality. Thus, log-transformed values were used in the analyses for all of these variables. Missing data was handled using listwise deletion.

Secondary analyses—To further explore the types of unfinished business reported by participants and their relation to bereavement distress and meaning making, two independent raters first categorized narrative descriptions of the specific nature of their unfinished business based on shared content using an inductive process. In some cases qualitative responses included more than one distinct idea or theme, and when this occurred, raters were instructed to categorize the first idea or theme that was expressed. After initial groupings were established with good agreement (as assessed by a chi square test), discrepancies between raters were resolved through consensus. A third rater then used a codebook created from this process to independently categorize the responses. Kappa was used to assess inter-rater reliability. This same 2-step procedure was used to group the subcategories from this process into higher-order categories of unfinished business.

To investigate the higher-order thematic categories identified in the qualitative analysis and their relationship to the outcome measures, six separate one-way analysis of variance (ANOVA) tests were utilized. In this analysis, the type of unfinished business (as determined by the higher-order categories in the qualitative analysis) served as the independent variable. Specifically, each participant was assigned a code that was based on the dominant higher order category expressed in their narrative example of unfinished business. These codes then served as the independent variable, and the dependent variables were levels of unfinished business distress, prolonged grief symptoms, global psychiatric distress, feelings of guilt, meaning made of the loss, and intensity of the continuing bond.

Results

Primary Analyses

Presence/Absence of Unfinished Business—Of the 224 participants who responded to the unfinished business items, 97 (43.3%) indicated experiencing some unfinished business with the deceased. Bivariate analyses were used to assess the relation between presence/absence of unfinished business, demographic variables of interest (age, gender, ethnicity, educational attainment), circumstances of loss (relationship to the deceased, cause of death, and months since loss), and the five outcome variables (see Table 2). The loss of an immediate family member ($r = .158, p < .05$) and violent death ($r = .172, p < .01$) were associated with a significantly greater likelihood of endorsing unfinished business. Consistent with the stated hypotheses, the presence of unfinished business was associated with more severe prolonged grief symptoms ($r = .268, p < .001$), more severe psychiatric distress ($r = .153, p < .05$), less meaning made of the loss ($r = -.151, p < .05$), and a more intense continuing bond with the deceased ($r = .214, p < .001$). Contrary to expectations, feelings of guilt were not significantly associated with the endorsement of unfinished business.

As shown in Table 3, partial correlations were then conducted for the relation between presence/absence of unfinished business and the five outcome variables, controlling for demographic variables (age, gender, race/ethnicity, education level), cause of death (violent vs. natural causes), relationship to the deceased (immediate family vs. extended family/friends), and months since the loss. When controlling for these variables, the presence of unfinished business was associated with higher prolonged grief symptoms ($r = .207, p < .01$) and more intense continuing bonds ($r = .166, p < .05$) with the deceased. However, the presence/absence of unfinished business was not significantly associated with global psychiatric symptoms, meaning made of the loss, or guilt when these potential confounds were taken into account.

Distress Regarding Unfinished Business—On average, participants who experienced unfinished business reported moderately high levels of distress related to these unresolved relational issues ($M = 6.33, SD = 2.59, \text{Range} = 2 - 10$), with 73.8% providing a distress rating of 5 or above on the 10-point rating scale. A bivariate analysis was used to assess the relation between severity of distress regarding unfinished business and demographic variables of interest (age, gender, ethnicity, educational attainment), circumstances of the

loss (relationship to the deceased, cause of death, and months since loss), and the five bereavement outcome variables (see Table 2). Consistent with our hypotheses, griever with greater unfinished business distress tended to report greater prolonged grief symptoms ($r = .437, p < .001$), greater global psychiatric distress ($r = .226, p < .05$), less meaning made of their loss ($r = -.222, p < .05$), and more intense continuing bonds ($r = .382, p < .001$). Feelings of guilt were not significantly associated with unfinished business distress.

It should be noted that, although a similar pattern of findings emerged in the analyses involving the presence of unfinished business, the magnitude of the correlations was much larger when distress related to unfinished business served as the primary variable of interest. For example, the correlation between presence of unfinished business and prolonged grief symptoms was in the small to medium range ($r = .268$); whereas, the correlation between unfinished business distress and prolonged grief symptoms was in the medium to high range ($r = .437$; Cohen, 1977).

Partial correlations were also calculated to assess the unique association between unfinished business distress and bereavement outcomes, controlling for age, gender, race/ethnicity, education level, cause of death (violent vs. natural causes), relationship to the deceased (immediate family vs. extended family/friends), and months since the loss (see Table 3). When controlling for these variables, unfinished business distress was associated with higher reported prolonged grief symptoms ($r = .448, p < .001$), less meaning made of the loss ($r = -.318, p < .01$), and more intense continuing bonds with the deceased ($r = .342, p < .01$). However, unfinished business distress was not significantly associated with global psychiatric symptoms or guilt when potential confounds were taken into account. As in the bivariate analyses, the magnitude of these partial correlations tended to be larger for the analyses involving unfinished business distress, compared to those that simply examined the presence of unfinished business.

Secondary Analyses

To further explore the types of unfinished business reported by participants, two raters first independently compared and contrasted each response to other responses without a codebook or consultation. The results indicated that these two raters grouped responses in similar ways ($\chi^2(96) = 324.029, p < .001$). Once consensus was reached between these two raters, a codebook was created with definitions formulated for 10 subcategories of unfinished business. In the second step of this process, this codebook was given to a third naïve independent rater who categorized each response according to the 10 subcategories. A kappa of .80 was obtained between the third rater and the agreed upon ratings established by the first and second raters. This kappa is indicative of excellent agreement (Fleiss, 1981).

The 10 subcategories were compared and contrasted using the same process as indicated previously to arrive at several higher-order categories. Raters clustered subcategories together in a similar manner ($\chi^2(9) = 19.583, p = .021$). A manual of 3 higher-order categories was created after reaching consensus for all subcategories. A third naïve and independent rater used the code book to sort the 10 subcategories into the 3 higher-order categories, yielding excellent agreement between raters with a kappa of 1.0.

Table 4 presents the higher-order categories and sub-categories of unfinished business responses, with definitions and exemplars. These were defined and categorized as follows.

Missed Opportunities and Intentions—Responses that comprised this category were the most numerous, and included 5 of the 10 subcategories. Statements in this higher order category reflected a sense of what ‘might have been’. Individuals cited some event or plan, whether past or future, that would not take place as a result of the passing of the loved one. Responses were either localized to the time of death or more long term and general in nature, with some narratives indicating that the relationship ended in a state of disconnection and/or that the timing of the loss was a point of distress for the griever. Subcategories that made up this higher order category included: “Missed Connections,” “Untimely Good-byes,” “Future Absence,” “Unfulfilled Plans,” and “Unresolved Disconnections.”

Statements of Admiration and Value—Statements in this higher order category emphasized the attachment to the deceased, and reflected a need to recognize what had been given and/or received in the relationship. These responses indicated a desire to express the emotional connection that the griever felt toward the deceased, and/or the impact that the person had on his or her life. Subcategories that made up this higher order category included: “Recognition of the Deceased’s Worth” and “Declaration of Love.”

Unresolved Confessions and Disclosures—Statements in this higher order category spoke to emotional (and possibly physical) distance within the relationship at the time of death through some lack of communication. This group of responses involved the expression of a need to give or receive forgiveness. Some participants referenced undisclosed confidences or circumstances in which the deceased or the respondent had withheld something of importance from the other. The respondent sometimes reflected on what might have been different had the information been shared. Subcategories that made up this higher order category included: “Extending Forgiveness and Lack of Closure,” “Stated Need to Apologize,” and “Secrets and Speculations.”

Higher Order Categories and Outcome Measures—Six one-way analysis of variance (ANOVA) tests were employed to investigate the higher-order thematic categories and their relation to the outcome measures. Higher order category types served as the independent variable, with distress over unfinished business and the five bereavement outcome measures as dependent variables. One-way ANOVAs failed to reveal any significant differences among categories of unfinished business for any of the outcomes (see Table 5), suggesting their functional equivalence in predicting bereavement distress.

Higher Order Categories and Demographic/Loss-Circumstance Variables—An analysis of variance (ANOVA) test was used to look at the higher-order categories and the continuous variables of age of the griever and months since loss. No significant differences were found. However, when chi square tests were used to investigate the relation between higher order categories and cause of death and relationship to the deceased, a significant difference was found among higher order categories of unfinished business and cause of death (i.e., natural vs. violent) ($\chi^2(2) = 8.013, p = .018$). Specifically, those who lost someone to violent causes were somewhat more likely to express unfinished business related

to Statements of Admiration and Value and less likely to express themes related to Missed Opportunities and Intentions.

Discussion

Results from this study contribute to the limited body of empirical literature regarding unfinished business (e.g., Field, Bonanno, Williams, & Horowitz, 2000; Field & Horowitz, 1998; Holland et al., 2014; Shanfield et al., 1984; Steinhäuser et al., 2000; Torges et al., 2008). Three major findings emerged. First, the presence of unfinished business occurred relatively frequently—being reported by 43% of our participants--and was generally found to be associated with poorer outcomes, though these effects were diminished in the presence of confounding variables. Second, distress related to unfinished business appeared to be a more reliable and robust predictor of outcomes than was the presence of unresolved issues with the deceased *per se*. Lastly, different types of unfinished business could be identified in the qualitative responses of participants, which were found to be broadly equivalent in terms of their relation to other outcome variables.

Consistent with our hypotheses, in the bivariate analyses, those who endorsed experiencing unfinished business showed poorer bereavement outcomes as indicated by more severe prolonged grief symptoms, greater psychiatric symptoms, and lower meaning made of the loss coupled with more intense continuing bonds. However, when possible confounding variables (e.g., demographic factors and circumstances of the loss) were taken into account, the strength of the associations between the presence of unfinished business and bereavement outcomes was weakened. Specifically, when potential confounds were controlled, the presence of unfinished business was found to still be significantly correlated only with more severe prolonged grief symptoms and more intense continuing bonds—the two outcome variables most intimately connected to bereavement distress, as opposed to more general psychological functioning.

The weakening of the association between the presence of unfinished business and poor bereavement outcomes is likely due to two well-studied confounding variables. Specifically, presence of unfinished business was correlated with loss by violent means, which has been shown in a number of studies to be a salient risk factor for prolonged grief and other negative outcomes (Burke & Neimeyer, 2013; Currier, Holland, Coleman, & Neimeyer, 2008; Currier, Holland, & Neimeyer, 2006; Holland & Neimeyer, 2011). Unresolved issues in relation to the deceased were also more likely for losses of immediate family members (vs. extended family members or friends), and the loss of primary attachment figures is generally experienced as more distressing (Holland & Neimeyer, 2011; Meert, et al., 2011; Ott, 2003; Schultz, 2007). Thus, it could be that the presence of unfinished business is associated with poorer bereavement outcomes partly because unfinished business is more likely to arise in longer-term relationships with greater emotional investment that come to a sudden and violent end.

A somewhat stronger pattern of results emerged when distress related to unfinished business was examined. Consistent with our hypotheses, higher unfinished business distress ratings were associated with more severe prolonged grief symptoms, greater psychiatric symptoms,

lowered meaning made of the loss, and more intense continuing bonds. Generally speaking, the magnitude of these correlations for unfinished business-related distress tended to be larger than those found for the presence/absence of unfinished business. When confounding variables were taken into account, the associations between distress related to unfinished business and three of the primary outcome variables, including severe prolonged grief symptoms, less meaning made of the loss, and intensity of continuing bonds, remained intact. Given these more robust findings, the results of this study suggest that the assessment of unfinished business may be strengthened by concentrating more on the distress that a griever experiences as a result of unfinished business, rather than the mere presence of unresolved relational issues. These findings also suggest that a “stronger” ongoing connection to the deceased should not be presumed to be adaptive (Klass et al., 1996), at least when this connection is characterized by marked ambivalence or distress over unfinished business.

This study also identified three different types or themes of unfinished business that emerged from participants’ qualitative responses. These themes included Missed Opportunities and Intentions, Statements of Admiration and Value, and Unresolved Confessions and Disclosures. Notably, these themes have been discussed previously in the bereavement literature on attachment (i.e., affirming the attachment bond through statements of love and admiration; Stroebe, 2002), disenfranchised grief (i.e., highlighting the difficulty of losses that involve shameful secrets; Doka, 2002), and anticipatory/preparatory grief (i.e., emphasizing the salience of the perception of missed opportunities; Periyakoil & Hallenbeck, 2002). In this study, the type of unfinished business was not found to be reliably associated with any of the bereavement outcomes that were examined. Thus, it appears that the specific content or type of unfinished business may also be less important than the distress that the griever experiences in relation to it. However, individuals experiencing a death by violent means were more inclined to express themes related to Statements of Admiration and Value and less likely to report unfinished business related to Missed Opportunities and Intentions. These findings are consistent with previous findings. Specifically, those who have experienced a sudden and untimely loss may be more likely to describe the deceased in idealized terms and feel that memories of the deceased play an “active role” in their lives (Cain, Fast, & Erickson, 1964; Marwit & Klass, 1994; Powell, 1995). Thus, it is not surprising that individuals who experienced a violent and sudden loss would be more likely to express a sense of unfinished business relating to Statements of Admiration and Value. Because these individuals had less of an opportunity to anticipate the death, they may have also been less likely to believe that there were Missed Opportunities and Intentions.

Limitations and Future Directions

The conclusions drawn from this study are tempered by several limitations. First, the majority of participants were young adults who lost of an extended family member (e.g., grandparent) or a friend. These losses are less likely to result in prolonged grief symptoms (Currier et al., 2006; 2008; Holland & Neimeyer, 2011). For instance, the death of an aged grandparent is often experienced as an expected and normative life event in younger adulthood (Hatter, 1996; Stroebe, Abakoumkin, Stroebe, & Schut, 2012). Future research

should focus on replicating these findings with different types of samples in terms of age (e.g., older adults) and relationship to the deceased (e.g., loss of a child), though it is notable that incomplete or unresolved issues nonetheless arose with considerable frequency even in the current sample, where they were clearly linked to more problematic bereavement adjustment.

This study is also limited by its cross-sectional design. Although in the present study unfinished business-related problems were conceptualized as preceding negative bereavement outcomes (e.g., more severe prolonged grief symptoms, less meaning made of the loss), it is possible that the sequence is reversed. For instance, prolonged grief symptoms may provide the catalyst for a person to reflect on their relationship with the deceased in a more negative fashion, which could increase the likelihood of experiencing unfinished business. Indeed, there is some evidence to suggest that recollections of the quality of the relationship with a deceased loved one are fluid in nature and change over time (Futterman et al., 1990). Further, distress regarding unfinished business may be a manifestation of general distress, distress related to other psychiatric issues, or the distress may be related to a third variable, such as a personality trait (e.g. neuroticism). Future studies would do well to examine the temporal relations between unfinished business and bereavement outcomes using a longitudinal design.

Missing data presents another limitation of the present study. Participants with partial responses made less sense of their loss. In addition, those who reported higher levels of unfinished business distress and ethnic/racial minority individuals were more likely to report unfinished business but not provide a qualitative response describing their experience. The present literature on non-participation in bereavement research is limited, and it is unclear whether willing participants are more or less healthy than those who declined participation altogether (Hayslip, McCoy-Roberts, & Pavur, 1998; Stroebe & Stroebe, 1989). In either case, however, the results from the present study should be interpreted with caution given the possibility of sample bias.

From a measurement standpoint, our measure of guilt might have been inadequate for detecting feelings of guilt related to unfinished business, given the PANAS-X's focus on feelings that are occurring "right now." An assessment of guilt that takes a retrospective approach (e.g., gauging feelings of guilt since the loss) or focuses specifically on guilt related to unresolved relational issues with the deceased may have shown stronger correlations with the unfinished business variables in this study. It is also notable that there is currently no validated measure of unfinished business. Thus, in this investigation, we relied on one-item measures with face validity designed specifically for this study. These items, which showed some predictive value, could be used as a template for future formulation of an unfinished business measure. Development of an item pool based on the thematic types from this study and other studies with relevant populations could be used to test and assess the type and nature of unfinished business, in order to create a multidimensional unfinished business assessment tool. The results of this study would suggest that a tool that allows for the assessment of distress related to different kinds of unfinished business could have considerable predictive utility. If such an instrument could pinpoint an area of concern early on in the bereavement process, it could help focus

treatment decisions on the part of the clinician and permit evaluation of progress made across the course of therapy.

Clinical Implications

These results provide a preliminary evidence-based justification for assessing and treating unfinished business in a clinical context. Notably, the resolution of unfinished business is already a common focus of bereavement interventions despite minimal empirical examination of this construct. For instance, a form of treatment for prolonged grief reactions (Complicated Grief Treatment) that has gained empirical support uses specific techniques to address unfinished business, such as imagined dialogues with the deceased (Shear et al., 2005). Likewise, emotion focused therapy for bereavement-related problems utilizes *empty-chair* work, which focuses on unresolved feelings with the deceased (Paivio & Greenberg, 1995). Guided imaginal conversations with the deceased commonly include prompts to address unfinished business in the relationship, for example by guiding the client to vividly visualize the deceased and respond to therapist-posed questions such as, “What do you want to say to him about the regrets you have about the relationship?” or “What do you wish you could have said to her before she died?” (Jordan, 2012). Client responses can then be deepened with therapist encouragement toward greater honesty and directness, and the client can be invited to give voice to the deceased's response, allowing the conversation to evolve to a point of greater understanding, forgiveness or acceptance (Neimeyer, 2012b). Alternatively, similar goals can be pursued through therapeutically assigned “correspondence” with the deceased, prompted by incomplete sentences such as, “What I have always wanted to tell you is...” or “The one question I wanted to ask you is...” (Neimeyer, 2012a). The availability of clearly manualized instructions for such procedures (Jordan, 2012; Neimeyer, 2012a; Neimeyer, 2012b; Rynearson, 2012) could encourage their wider use, as well as further controlled research on their impact in reducing distress about unfinished business or bereavement distress more generally.

Conclusion

The frequent discussion of unfinished business as a risk factor for poorer outcomes and as a target of intervention highlights the importance of conducting additional research regarding this construct. The finding that subjective distress regarding unfinished business is a robust and unique predictor of bereavement outcome adds to the current body of literature and provides impetus for further study. Future research may draw upon the present findings to develop validated tools to assess unfinished business in clinical practice, in the hope that targeted interventions bearing on this clinical problem can be refined, and bereavement outcomes can be improved.

References

- Armstrong, C. Envisioning connection through guided imagery.. In: Neimeyer, RA., editor. *Techniques of grief therapy: Creative practices for counseling the bereaved*. Routledge; New York, NY: 2012. p. 256-258.
- Boelen PA, van den Bout J. Complicated grief, depression, and anxiety as distinct post-loss syndromes: A confirmatory factor analysis study. *American Journal of Psychiatry*. 2005; 162(11):2175–2177. doi: 10.1176/appi.ajp.162.11.2175. [PubMed: 16263861]

- Boelen PA, van den Bout J, de Keijser J. Traumatic grief as a disorder distinct from bereavement-related depression and anxiety: A replication study with bereaved mental health care patients. *American Journal of Psychiatry*. 2003; 160(7):1339–1341. doi: 10.1176/appi.ajp.160.7.1339. [PubMed: 12832252]
- Bonanno GA, Neria Y, Macini A, Coifman KG, Litz B, Insel B. Is there more to complicated grief than depression and posttraumatic stress disorder? A test of incremental validity. *Journal of Abnormal Psychology*. 2007; 116(2):342–352. doi: 10.1037/0021-843X.116.2.342. [PubMed: 17516766]
- Bonanno GA, Westphal M, Mancini AD. Resilience to loss and potential trauma. *Annual Review Of Clinical Psychology*. 2011; 7:511–535. doi:10.1146/annurev-clinpsy-032210-104526.
- Bonanno GA, Wortman CB, Lehman DR, Tweed RG, Haring M, Sonnega J, Carr D, Nesse RM. Resilience to loss and chronic grief: A prospective study from preloss to 18-months postloss. *Journal of Personality and Social Psychology*. 2002; 83(5):1150–1164. doi: 10.1037/00222-3514.83.5.1150. [PubMed: 12416919]
- Bonanno GA, Wortman CB, Nesse RM. Prospective patterns of resilience and maladjustment during widowhood. *Psychology and Aging*. 2004; 19(2):260–271. doi: 10.1037/0882-7974.19.2.260. [PubMed: 15222819]
- Burke, LA.; Neimeyer, RA. Prospective risk factors for complicated grief: A review of the empirical literature.. In: Stroebe, M.; Schut, H.; van den Bout, J., editors. *Complicated grief: Scientific foundations for health care professionals*. Routledge/Taylor & Francis Group; New York, NY, US: 2013. p. 145-161.
- Burke LA, Neimeyer RA, McDevitt-Murphy ME. African American homicide bereavement: Aspects of social support that predict complicated grief, PTSD and depression. *Omega*. 2010; 61(1):1–24. doi 10.2190/OM.61.1a. [PubMed: 20533646]
- Cain AC, Fast I, Erickson ME. Children's disturbed reactions to the death of a sibling. *American Journal of Orthopsychiatry*. 1964; 34:741–752. doi: 10.1111/j.1939-0025.1964.tb02375.x. [PubMed: 14181179]
- Cohen, J. *Statistical power analysis for the behavioral sciences*. Lawrence Erlbaum Associates, Inc.; Hillsdale, NJ: 1977.
- Currier JM, Holland JM, Neimeyer RA. Sense-making, grief, and the experience of violent loss: Toward a mediational model. *Death Studies*. 2006; 30(5):403–428. doi: 10.1080/07481180600614351. [PubMed: 16610156]
- Currier, JM.; Holland, JM.; Coleman, RA.; Neimeyer, RA. Bereavement following violent death: An assault on life and meaning.. In: Stevenson, RG.; Cox, GR., editors. *Perspectives on violence and violent death*. Baywood Publishing Co.; Amityville, NY, US: 2008. p. 177-202.
- Currier JM, Neimeyer RA, Berman JS. The effectiveness of psychotherapeutic interventions for bereaved persons: A comprehensive quantitative review. *Psychological Bulletin*. 2008; 134(5): 648–661. doi: 10.1037/0033-2909.134.5.648. [PubMed: 18729566]
- Doka, KJ., editor. *Disenfranchised grief: New directions, challenges, and strategies for practice*. Research Press Publishers; Champaign, IL: 2002.
- Field NP. Unresolved grief and continuing bonds: An attachment perspective. *Death Studies*. 2006; 30:739–756. doi: 10.1080/07481180600850518. [PubMed: 16972370]
- Field NP, Bonanno GA, Williams P, Horowitz MJ. Appraisals of blame in adjustment in conjugal bereavement. *Cognitive Therapy and Research*. 2000; 24(5):551–569. doi:10.1023/A:1005514128798.
- Field NJ, Filanosky C. Continuing bonds, risk factors for complicated grief, and adjustment to bereavement. *Death Studies*. 2010; 34(1):1–29. doi: 10.1080/07481180903372269. [PubMed: 24479173]
- Field NJ, Gal-Oz E, Bonanno GA. Continuing bonds and adjustment at five years after the death of a spouse. *Journal of Consulting and Clinical Psychology*. 2003; 71(1):110–117. doi: 10.1037/0022-006X.71.1.110. [PubMed: 12602431]
- Field NP, Gao B, Paderna L. Continuing bonds in bereavement: An attachment theory based perspective. *Death Studies*. 2005; 29:1–23. doi: 10.1080/07481180590923689. [PubMed: 15742478]

- Field NP, Horowitz MJ. Applying an empty-chair monologue paradigm to examine unresolved grief. *Psychiatry*. 1998; 61:279–287. [PubMed: 9919623]
- Fleiss, JL. Statistical methods for rates and proportions. Wiley; New York, NY: 1981.
- Futterman A, Gallagher D, Thompson LW, Lovett S, Gilewski M. Retrospective assessment of marital adjustment and depression during the first 2 years of spousal bereavement. *Psychology and Aging*. 1990; 5(2):277–283. doi:10.1037/0882. [PubMed: 2378693]
- Gilovich T, Medvec VH. The experience of regret: What, when, and why. *Psychological Review*. 1995; 102(2):379–395. doi: 10.1037/0033-295X.102.2.379. [PubMed: 7740094]
- Guldin M, O'Connor M, Sokolowski I, Jensen AB, Vedsted P. Identifying bereaved subjects at risk of complicated grief: Predictive value of questionnaire items in a cohort study. *BMC Palliative Care*. 2011; 10(1):9–15. doi: 10.1186/1472-684X-10-9. [PubMed: 21575239]
- Hatter, BS. Children and the death of a parent or grandparent.. In: Corr, CA.; Corr, DM., editors. *Handbook of childhood death and bereavement*. Springer; New York, NY: 1996. p. 131-148.
- Hayslip BR, McCoy-Roberts L, Pavur R. Selective attrition effects in bereavement research: A three-year longitudinal analysis. *Omega: Journal Of Death And Dying*. 1998; 38(1):21–35. doi: 10.2190/68WT-ELDF-FWGT-YTM7.
- Holland JM, Currier JM, Coleman RA, Neimeyer RA. The Integration of Stressful Life Experiences Scale (ISLES): Development and initial validation of a new measure. *International Journal of Stress Management*. 2010; 17:325–352. doi: 10.1037/a0020892.
- Holland JM, Klingspon KL, Neimeyer RA. Bereavement-related regrets and unfinished business with the deceased. 2014 Manuscript submitted for publication.
- Holland JM, Neimeyer RA. Separation and traumatic distress in prolonged grief: The role of cause of death and relationship to the deceased. *Journal of Psychopathology and Behavioral Assessment*. 2011; 33(2):254–263. doi:10.1007/s10862-010-9214-5.
- Holland JM, Neimeyer RA, Boelen PA, Prigerson HG. The underlying structure of grief: A taxometric investigation of prolonged and normal reactions to loss. *Journal of Psychopathology and Behavioral Assessment*. 2009; 31(3):190–201. doi: 10.1007/s10862-008-9113-1.
- Holland JM, Thompson KL, Rozalski V, Lichtenthal WG. Bereavement-related regret trajectories among widowed older adults. *Journal of Gerontology. Journals of Gerontology: Series B: Psychological Sciences and Social Sciences*. 2014; 69:40–47. doi: 10.1093/geronb/gbt050.
- Holmes TH, Rahe RH. The Social Readjustment rating scale. *Journal of Psychosomatic Research*. 1967; 11:213–218. doi: 10.1016/0022-3999(67)90010-4. [PubMed: 6059863]
- Jordan, JR. Guided imaginal conversations with the deceased.. In: Neimeyer, RA., editor. *Techniques of grief therapy: Creative practices for counseling the bereaved*. Routledge; New York, NY: 2012. p. 262-265.
- Klass, D.; Silverman, P.; Nickman, SG., editors. *Continuing bonds: New understandings of grief*. Taylor & Francis; Washington, DC: 1996.
- Landman J. Regret: A theoretical and conceptual analysis. *Journal for the Theory of Social Behaviour*. 1987; 17:135–160. doi: 10.1111/j.1468-5914.1987.tb00092.x.
- Marwit SJ, Klass D. Grief and the role of the inner representation of the deceased. *OMEGA--Journal of Death and Dying*. 1994; 30:283–298. doi: 10.2190/PEAAP5AK-L6T8-5700.
- Meert KL, Shear K, Newth CJL, Harrison R, Berger J, Zimmerman J, Anand KJS, Carcillo J, Donaldson AE, Dean JM, Willson DF, Nicholson C. Follow-up study of complicated grief among parents eighteen months after a child's death in the pediatric intensive care unit. *Journal Of Palliative Medicine*. 2011; 14(2):207–214. doi:10.1089/jpm.2010.0291. [PubMed: 21281122]
- Meier AM, Carr DR, Currier JM, Neimeyer RA. Attachment anxiety and avoidance in coping with bereavement: Two studies. *Journal of Social and Clinical Psychology*. 2013; 32:315–334. doi: 10.1521/jscp.2013.32.3.315.
- Neimeyer, RA. Correspondence with the deceased.. In: Neimeyer, RA., editor. *Techniques of grief therapy*. Routledge; New York, NY: 2012a. p. 259-261.
- Neimeyer, RA. Chair work.. In: Neimeyer, RA., editor. *Techniques of grief therapy*. Routledge; New York: 2012b. p. 266-273.

- Neimeyer RA, Baldwin SA, Gillies J. Continuing bonds and reconstructing meaning: Mitigating complications in bereavement. *Death Studies*. 2006; 30:715–738. doi: 10.1080/07481180600848322. [PubMed: 16972369]
- Neimeyer RA, Klass D, Dennis MR. A social constructionist account of grief: Loss and the narration of meaning. *Death Studies*. 2014; 38:485–498. doi: 10.1080/07481187.2014.913454. [PubMed: 24738824]
- Ogrodniczuk JS, Piper WE, Joyce AS, Weideman R, McCallum M, Azim HF, Rosie JS. Differentiating symptoms of complicated grief and depression among psychiatric outpatients. *Canadian Journal of Psychiatry*. 2003; 48(2):87–93. [PubMed: 12655905]
- Ott CH. The impact of complicated grief on mental and physical health at various points in the bereavement process. *Death Studies*. 2003; 27:249–272. doi: 10.1080/07481180302887. [PubMed: 12703505]
- Paivio SC, Greenberg LS. Resolving “unfinished business”: Efficacy of experiential therapy using empty chair dialogue. *Journal of Consulting and Clinical Psychology*. 1995; 63(3):419–425. doi: 10.1037//0022-006X.63.3.419. [PubMed: 7608354]
- Peryakoi VS, Hallenbeck J. Identifying and managing preparatory grief and depression at the end of life. *American Family Physician*. 2002; 65:883–900. [PubMed: 11898960]
- Powell M. Sudden infant death syndrome: The subsequent child. *British Journal of Social Work*. 1995; 25(2):227–240.
- Prigerson HG, Bierhals AJ, Kasl SV, Reynolds CF III, Shear K, Day N, Beery LC, Newsom JT, Jacobs S. Traumatic grief as a risk factor for mental and physical morbidity. *American Journal of Psychiatry*. 1997; 154(5):616–623. [PubMed: 9137115]
- Prigerson HG, Bierhals AJ, Kasl SV, Reynolds CF III, Shear MK, Newsom JT, Jacobs S. Complicated grief as a disorder distinct from bereavement-related depression and anxiety: A replication study. *American Journal of Psychiatry*. 1996; 153(11):1484–1486. [PubMed: 8890686]
- Prigerson HG, Frank E, Kasl SV, Reynolds CF III, Anderson B, Zubenko GS, Houck PR, George CJ, Kupfer DJ. Complicated grief and bereavement-related depression as distinct disorders: preliminary empirical validation in elderly bereaved spouses. *American Journal of Psychiatry*. 1995; 152(1):22–30. [PubMed: 7802116]
- Prigerson HG, Horowitz MJ, Jacobs SC, Parkes CM, Aslan M, Goodkin K, Maciejewski PK. Prolonged grief disorder: Psychometric validation of criteria proposed for DSM-V and ICD-11. *PLoS Medicine*. 2009; 6:e1000121. doi:10.1371/journal.pmed.1000121. [PubMed: 19652695]
- Prigerson, HG.; Jacobs, SC. Traumatic grief as a distinct disorder: A rationale, consensus, criteria, and a preliminary empirical test.. In: Stroebe, MS.; Hansson, RO.; Stroebe, W.; Schut, H., editors. *Handbook of bereavement research: Consequences, coping and care*. American Psychological Association; Washington, DC: 2001. p. 613-645.
- Prigerson HG, Maciejewski PK, Reynolds CF III, Bierhals AJ, Newsom JT, Fasiczka A, Frank E, Doman J, Miller M. Inventory of Complicated Grief: A scale to measure maladaptive symptoms of loss. *Psychiatry Research*. 1995; 59:65–79. doi: 10.1016/0165-1781(95)02757-2. [PubMed: 8771222]
- Prigerson, HG.; Vanderwerker, LC.; Maciejewski, PK. A case for inclusion of prolonged grief disorder in DSM-V.. In: Stroebe, M.; Hansson, R.; Schut, H.; Stroebe, W., editors. *Handbook of bereavement research and practice: Advances in theory and intervention*. American Psychological Association; Washington, DC: 2008. p. 154-186.
- Roose NJ, Epstude K, Fessel F, Morrison M, Smallman R, Summerville A, Galinsky AD, Segerstrom S. Repetitive regret, depression, and anxiety: Findings from a nationally representative survey. *Journal of Social And Clinical Psychology*. 2009; 28(6):671–688. doi:10.1521/jscp.2009.28.6.671.
- Rosen CS, Drescher KD, Moos RH, Finney JW, Murphy RT, Gusman F. Six - and ten-item indexes of psychological distress based on the Symptom Checklist-90. *Assessment*. 2000; 7:103–111. doi: 10.1177/107319110000700201. [PubMed: 10868247]
- Ryneearson, EK. Invoking an alliance with the deceased after violent death.. In: Neimeyer, RA., editor. *Techniques of grief therapy*. Routledge; New York: 2012. p. 91-94.

- Schultz LA. The influence of maternal loss on young women's experience of identity development in emerging adulthood. *Death Studies*. 2007; 31:17–43. doi: 10.1080/07481180600925401. [PubMed: 17131560]
- Shanfield SB, Benjamin AH, Swain BJ. Parents' reactions to the death of an adult child from cancer. *American Journal of Psychiatry*. 1984; 141:1092–1094. [PubMed: 6465387]
- Shear K, Frank E, Houck PR, Reynolds CF III. Treatment of complicated grief: A randomized controlled trial. *JAMA*. 2005; 293(21):2601–2608. doi: 10.1001/jama.293.21.2601. [PubMed: 15928281]
- Shear MK, Simon N, Wall M, Zisook S, Neimeyer RA, Duan N, Keshaviah A. Complicated grief and related bereavement issues for DSM-5. *Depression and Anxiety*. 2011; 28:103–117. doi: 10.1002/da.20780. [PubMed: 21284063]
- Steinhauser KE, Christakis NA, Clipp EC, McNeilly M, McIntyre, Tulskey JA. Factors considered important at the end of life by patients, family, physicians, and other care providers. *Journal of the American Medical Association*. 2000; 284:2476–2482. doi: 10.1001/jama.284.19.2476. [PubMed: 11074777]
- Stroebe M. Paving the way: From early attachment theory to contemporary bereavement research. *Mortality: Promoting the Interdisciplinary Study of Death and Dying*. 2002; 7(2):127–138. doi: 10.1080/13576270220136267.
- Stroebe MS, Abakoumkin G, Stroebe W, Schut H. Continuing bonds in adjustment to bereavement: Impact of abrupt versus gradual separation. *Personal Relationships*. 2012; 19(2):255–266. doi: 10.1111/j.1475-6811.2011.01352.x.
- Stroebe MS, Stroebe W. Who participates in bereavement research? A review and empirical study. *Omega: Journal Of Death And Dying*. 1989; 20(1):1–29. doi:10.2190/C3JEC9L1-5R91-DWDU.
- Torges CM, Stewart AJ, Nolen-Hoeksema S. Regret resolution, aging, and adapting to loss. *Psychology and Aging*. 2008; 23(1):169–180. doi: 10.1037/0882-7974.23.1.169. [PubMed: 18361664]
- Van Doorn C, Kasl SV, Beery LC, Jacobs SC, Prigerson HG. The influence of marital quality and attachment styles on traumatic grief and depressive symptoms. *The Journal of Nervous and Mental Diseases*. 1998; 186(9):566–573. doi: 10.1097/00005053-199809000-00008.
- Watson, D.; Clark, LA. The PANAS-X: Manual for the positive and negative affect schedule - expanded form. University of Iowa; Iowa City: 1994. Retrieved from <http://www2.psychology.uiowa.edu/Faculty/Watson/PANAS-X.pdf>
- Zeelenberg M, Van Dijk WW, SR Manstead A, der Pligt J. The experience of regret and disappointment. *Cognition & Emotion*. 1998; 12:221–230. doi: 10.1080/026999398379727.

Table 1

Descriptive Information for the Sample (N = 224)

	<u>M</u>	<u>SD</u>
Age (years)	22.07	6.03
Months Since Loss	10.57	7.47
Inventory of Complicated Grief-Revised Scores	56.51	22.58
Symptom Checklist 10 Revised Scores	10.57	7.58
Integration of Stressful Life Experiences Scale Scores	58.97	12.60
Positive and Negative Affect Scale - Expanded: Guilt Scores	11.37	5.04
Continuing Bonds Scale Scores	29.31	11.44

	<u>N</u>	<u>%</u>
Gender:		
Women	173	77.2%
Men	51	22.8%
Race/Ethnicity:		
Caucasian	112	50.0%
African American	52	23.2%
Asian	7	3.1%
Hispanic/Latino	42	18.8%
Other	11	4.8%
Education Level:		
Finished Grade School	1	0.4%
Attended High School	8	3.6%
High School Equivalency	78	34.8%
High School Graduate	33	14.7%
Some College/ Trade School	46	20.5%
Associates Degree	10	4.5%
Bachelors Degree	31	13.8%
Graduate School	17	7.6%
Relationship to the Deceased:		
Immediate Family	32	14.3%
Extended Family or Friend	192	85.7%
Cause of Death:		
Natural, Non-Violent Cause of Death	167	74.6%
Violent Cause of Death	57	25.4%

Table 2

Pearson and Point Biserial Correlations between Presence/Absence of Unfinished Business, Unfinished Business Distress, Demographic Variables, and Outcome Variables

	Presence/Absence of Unfinished Business (n=224)	Unfinished Business Distress (n=84)
Age	.010	.101
Gender	.109	.206
Race/Ethnicity (Caucasian/Other)	-.027	-.048
Education Level	-.110	.072
Relationship To Deceased (Immediate Family vs. Extended Family or Friend)	.158 [*]	-.001
Cause of Death (Violent vs. Natural, Non-Violent Causes)	.172 ^{**}	-.090
Months Since Loss	.114	-.135
Inventory of Complicated Grief - Revised	.268 ^{***}	.437 ^{***}
Symptom Checklist 10 - Revised	.153 [*]	.226 [*]
Integration of Stressful Life Experiences Scale	-.151 [*]	-.222 [*]
Positive and Negative Affect Scale - Expanded: Guilt	-.041	.056
Continuing Bonds Scale	.214 ^{***}	.382 ^{***}

Note.

Continuous measures were log-transformed due to non-normality.

 $p < .001$

**
 $p < .01$

*
 $p < .05$

Table 3

Partial Correlations between Presence/Absence of Unfinished Business, Unfinished Business Distress, and Outcome Variables

	Presence/Absence of Unfinished Business (n=224)	Unfinished Business Distress (n=84)
1. Inventory of Complicated Grief - Revised	.207 **	.448 ***
2. Symptom Checklist - 10 Revised	.127	.147
3. Integration of Stressful Life Experiences Scale	-.085	-.318 **
4. PANAS-Expanded: Guilt	-.089	.061
5. Continuing Bonds Scale	.166 *	.342 **

Note.

Partial correlations controlled for: age, gender, race, education level, relationship to the deceased, cause of death, and months since the death occurred. Continuous measures were log-transformed due to non-normality.

 $p < .001$

**
 $p < .01$

*
 $p < .05$

Table 4

Unfinished Business Higher Order Categories and Subcategories

Categories	Definition	Exemplar(s)
Higher Order Category #1: Missed Opportunities and Intentions (n = 35)	Response indicates some event or plan, past or future, of which the opportunity has been lost as a result of the death. The response may be more long term in it's expression and not specific to the event of the death itself.	
Missed Connections (n=10)	Respondent expresses a desire to have spent more time or simply express that the relationship was not what it could have been in some way, with an assumption that there was opportunity to know and learn about the deceased in a meaningful way that has now been lost, though this was not a deliberate action on the respondent's part.	We should have hung out more. I never really got to know him. I'll never learn about what life was like back in her day.
Untimely Good-byes (n=9)	Respondent explicitly states unfinished business having to do with the missed opportunity to say good-bye or see the loved one prior to death and/or that the death was too sudden or too early in the life of the deceased, and that there should have been more time.	No good-bye. She died too soon. I couldn't make it to the hospice though I tried. I missed that last time to look him in the eye and see his approval.
Future Absence (n=7)	Response reflects on future life events that will now be without the loved one, both specific (e.g. milestones: graduations, weddings, births) and general (e.g. overall lack of presence in the respondent's future).	He was supposed to walk me down the aisle. I wanted him to be involved in my life.
Unfulfilled Plans (n=5)	Specific plans made to do something with and/or for the deceased that did not come to fruition. The phrase "never did" may or may not be present; however, it is implied. Response may or may not have a sense of loss regarding the lack of execution.	We had planned to go back to her childhood home and didn't make it. He had wanted to teach me his carpentry skills.
Unresolved Disconnections (n=4)	Explicitly or implicitly stated disconnection that was not resolved prior to the death of the loved one. The statement in some way allows the reader to assume there was a meaningful prior connection.	I couldn't handle seeing him waste away so I didn't visit. We lost touch so never really sorted it out.
Higher Order Category #2: Statements of Admiration and Value (n = 24)	Statements that indicate a desire to express to the deceased their impact and the felt emotional connection.	
Recognition of the Deceased's Worth (n=15)	Response indicates a desire to tell the deceased of his/her impact on the respondent's life, how much he/she was appreciated, how much he/she meant and/or helped the respondent. This includes responses that indicate events (general and specific) that may be assumed were appreciated or meant a great deal to the respondent, but may not have been communicated to the deceased as being important or meaningful.	I wish I had said how I felt and how much he meant to me. She was such a help. Those picnics we took. He was like family and I should have told him.
Declaration of Love (n=9)	Respondent explicitly states a desire to have told the deceased that he/she is loved; this may or may not include a desire to express a behavioral manifestation of love.	I never got to say that I loved her. I would give anything for one last time to hug and say I love you.
Higher Order Category #3: Unresolved Confessions and Disclosures (n = 15)	Response indicates a need to express or receive forgiveness based on disconnection or undisclosed confidences.	
Extending Forgiveness and Lack of Closure (n=7)	Unresolved relationship concerns that represent a desire to extend forgiveness to the deceased and/or have opportunity to discuss a lack of understanding or negative emotion regarding the deceased's actions. There may be a sense that such a conversation would have changed the outcome regarding the loved one's death. There appears an unspoken desire to finish the matter and have closure.	I forgive her. How could you? We're not done.

Categories	Definition	Exemplar(s)
Stated Need to Apologize (n=4)	Respondent explicitly expresses a need to verbally ask for forgiveness from the deceased, with or without an explanation of the circumstances for which he/she is sorry.	I want to say I'm sorry. I did a bad thing and I wish I could have apologized before he died.
Secrets and Speculations (n=4)	Things that the respondent had kept from the loved one or the loved one had kept from the respondent. These responses may also begin with a statement that gives context to an explicit or implied reflection on wondering what could have been, had the stated situation been discussed prior to the death.	Didn't say he was the father of my son and I think about how things would have been different if I had told. She never told me she wanted to leave me.

Table 5

Means, Standard Deviations, and One-Way Analyses of Variance (ANOVA) for Higher-Order Categories on Six Dependent Variables

	Statements of Admiration and Value		Missed Opportunities and Intentions		Unresolved Confessions and Disclosures		ANOVA	
	M	SD	M	SD	M	SD	F(2,71)	Sig
1. Unfinished Business Distress	1.702	0.518	1.824	0.442	1.852	0.408	0.670	0.515
2. Inventory of Complicated Grief - R	4.076	0.344	4.093	0.387	4.140	0.284	0.152	0.859
3. Symptom Checklist-10 Revised	2.183	0.708	2.436	0.636	2.226	0.832	1.070	0.349
4. Integration of Stressful Life Experiences Scale	4.018	0.140	4.027	0.237	3.961	0.246	0.531	0.590
5. PANAS - Expanded: Guilt	2.366	0.413	2.344	0.436	2.248	0.449	0.370	0.692
6. Continuing Bonds Scale	3.353	0.316	3.449	0.439	3.430	0.278	0.480	0.620

Note. *** $p < .001$; ** $p < .01$; * $p < .05$; All dependent measures were log-transformed due to deviation from normality.