2019

Perceived Social Support and Identity Formation in Bereaved University Students

Katherine Ottley
ottl6260@mylaurier.ca

Perceived Social Support and Identity Formation in Bereaved University Students

by

Katherine Ottley

BA (Honours), University of Regina, 2016

THESIS

submitted to the Department of Psychology

in partial fulfillment of the requirements for

Masters of Arts in Psychology

Wilfrid Laurier University

© Katherine Ottley 2019

Abstract

The experience of death-related loss is almost universal, which makes it an important area of study. The experience of death-related loss can cause a re-evaluation of identity (Hibberd, 2013), but this has not been widely studied in emerging adults. The lack of research into bereavement experiences in emerging adulthood leaves many questions unanswered, in particular regarding identity. This is the case, despite identity consolidation being considered an important task of emerging adulthood (Arnett, 2006; Erikson, 1959). I examined the relationships between bereavement, identity and social support, using a sample of 98 university students, many of whom were White and female. The study was conducted online using both open ended and survey questions. I found that although more general bereavement measures were not related to identity and social support, social support from family and friends mediated the relationship between emotional closeness to the deceased and identity. No significant correlations were found, between the qualitative and quantitative measures of identity, or between qualitative identity and bereavement measures. Also, of interest was whether identity could predict elements of well-being beyond the predictive potential of other factors, such as social support, emotional closeness to the deceased, and race. Identity consolidation was predictive for five of the six subscales of identity which were measured, the exception being positive relations with others. Research focused on university students who have experienced bereavement increases knowledge of the impact of bereavement on this population and allows campus communities to improve support services for bereaved students. While limited by sample size and the variability in time since bereavement, this study provides a starting point for future research into bereavement, identity, and social support; for example, examining potential differences between those who have sought help compared with those who have not.

Acknowledgements

I want to begin by thanking the participants who agreed to be a part of this study. Without participants there is no research and I am grateful for your honesty about your experiences of bereavement, a topic that is often not discussed.

An immense thank you to my supervisor Dr. Nicky Newton, for allowing me to undertake research about which I am passionate. I am grateful for your encouragement, your helpful feedback and attention to detail, without which this project would not have gone nearly as smoothly. I also want to thank the members of the Personality and Development in Adulthood lab, who have become not only valued colleagues but also trusted friends. A special thank-you to Mila for helping me to code the open ended data.

I am tremendously appreciative of the time and talents of my committee members, Dr. Eileen Wood and Dr. Tobias Krettenauer. Thank you both for encouraging me to think deeply about this research and for providing valuable feedback and insight throughout the project. Thank you to Dr. Heather Servaty-Seib, for serving as the external examiner. Your subject-specific knowledge and feedback was invaluable to this project, and will help to inform future research I undertake.

Thanks to my parents (Chuck and Joanne), my grandma (Lois), my sister (Christine) and my friends from near and far, without your support I would not been in the position of completing my thesis. Finally, thank you to Mrs. Susan Nelson and Mr. Miles Thorson, who believed in my potential when few people did.

Table of Contents

List of Tables

List of Figures

List of Appendixes

Perceived Social Support and Identity Formation in Bereaved University Students

Almost everyone will experience the death of someone they care about during their lifetime. The fact that bereavement is virtually universal makes it an important topic of study. The ways people respond to the experience of loss depends on many factors, including the age they are when the person dies, and the people who are around to provide support (Abrams, 1993; Balk et al., 1998). Emerging adults (specifically, university students) are interesting in the study of bereavement because they are more likely to be geographically distant from support networks, especially in the early years of university (Azmitia, Syed, & Radmacher, 2013), and they are at a unique place developmentally, a stage between being a child and being an adult (Arnett, 2000). Despite a significant number of university students experiencing bereavement (Balk, Walker, & Baker, 2010), there is a relatively small amount of research examining bereavement in university students (for exceptions, see Balk, 2011; Boelen, 2009; Bonanno et al., 2002); therefore, there remain many unanswered questions. The current study seeks to answer two main questions: (1) What are the relationships between experiences of bereavement, perceived social support, and identity consolidation in emerging adults? and (2) what effects do identity and perceived social support have on psychological well-being? The following sections will include a review of relevant literature, beginning with emerging adulthood; then life transitions, followed by identity, bereavement and social support.

Emerging Adulthood

According to Arnett (2000), emerging adulthood is a developmental period that occurs between approximately age 18 and age 29. Arnett proposed his theoretical framework to better understand the development of this age group (2006). He described it as a time between

adolescence and adulthood, when a person is less dependent on their family of origin, but not yet an adult who has taken on adult roles in society. This in-between period is characterized by self-discovery and identity formation, and is the result of the culture in which the emerging adult lives (Arnett, 2000). This prolonged period of discovery and experimentation is largely a product of the changes in industrial cultures: the increasing need for higher education in order to gain employment, and increases in the average ages of marriage and the birth of one's first child (Arnett, 2000). Thus, people in their late teens and twenties have much more freedom than previous generations (Arnett, 2006). It is, however, important to recognize that emerging adults are a very heterogeneous group (Arnett, 2006).

Becoming an adult today is often a non-linear progression of gaining self-sufficiency that involves sometimes moving forward towards adulthood and sometimes moving back to previous situations; for example, emerging adults may move out of their parents' house, and then for a variety of reasons move back in with their parents. Emerging adults have a lot going for them: they tend to be the most physically healthy they will be in their adult lives; they are often quite optimistic about the future; and mental well-being tends to be high overall for this group, although there is also the emergence of mental health challenges in a relatively small percentage of this group (Arnett, 2006; Tanner & Arnett, 2011). While elements of the theory of emerging adulthood are controversial (see Arnett & Tanner, 2011; Hendry & Kleop, 2011), its use as a descriptor for the extended period of self-discovery that takes place among university students in the post-industrial world (Arnett, 2000) is generally accepted and will be used for this research.

Life Transitions and Their Timing

The concept of life transitions is a complementary theory that encompasses Arnett's idea of emerging adulthood. Transitions can be defined as "a change in identities, roles, and

statuses that are within the awareness of the individual and members of their in-group, their

subcultures and the culture of society" (Kloep & Hendry, 2011, p. 56). For example, entering a

romantic relationship is a transition because it involves taking on a new role (partner). A life

transitions perspective of development argues that development is a series of processes that

move a person through life (Kloep & Hendry, 2011). In this view, the person's experiences drive

development. As a result, there is no one specific developmental path; rather, each person takes

their own developmental path based on the experiences they have, and the society in which they

live (Kloep & Hendry, 2011). This theory works well to explain the heterogeneity of emerging

adulthood. One way of looking at development is as the process of adapting resources (e.g.,

critical thinking skills) to meet challenges (e.g., the comparative lack of structure in university

relative to high school) (Hendry & Kloep, 2002; Kloep & Hendry, 2011). This process may be

rapid or may be much slower depending on the nature of the challenge or challenges, and how

closely personal resources align with those needed to meet the challenge. Thus, development

does not come about automatically due to the passing of time (Kloep & Hendry, 2011).

Transitions provide the texture to human life and experience, and the transitions of

emerging adulthood specifically play a large role in shaping and defining adults' lives (Duina,

2014; Tanner, 2006). Experiences or transitions can be classified into different categories (Kloep

& Hendry, 2011). Normative transitions are those defined by certain societal laws, such as being

able to vote in an election. Quasi-normative transitions are those most common at or around a

particular time, for example, moving out of the family home. Finally, non-normative transitions

are those that either only happen to a small group of people, such as being seriously injured in an

accident, or are off-time, such as the death of a parent during emerging adulthood (Kloep &

Hendry, 2011). The current project focused on quasi-normative and non-normative transitions

that occur during emerging adulthood. Specifically, this research focused on the experience of the death of a loved one. While experiencing the death of a grandparent or great grandparent is fairly common in emerging adulthood, the death of a parent, sibling or friend is quite uncommon (Balk, 2011; Balk, Tyson-Rawson, & Colletti-Wetzel, 1993).

One way of understanding the timing of transitions is to use the model of the social clock: the idea that social norms indicate when different quasi-normative events should occur within a person's life (Helson, Mitchell, & Moane, 1984; Rook, Catalano, & Dooley, 1989). Individuals who experience these events at times not consistent with societal norms (early or late, relative to the social clock) may also experience them as more stressful, and they may lack peers with similar experiences to support them (Helson et al., 1984; Rook et al., 1989). This may be the case particularly for people who experience the death of a parent, sibling or friend in emerging adulthood, as these bereavement experiences can be considered as off-time and earlier than is typical. Some research has indicated lower levels of life satisfaction among younger adults (those age 30) who experience the death of a parent compared with those who are older at the time of their parent's death (those age 50) (Leopold & Lechner, 2015).

Although there may be challenges to experiencing events off-time relative to social convention, there are also possible benefits. Emerging adults who have non-normative experiences might move toward adulthood more quickly; that is, by investing energy and resources into meeting these challenges, they may have a strengthened sense of being an adult, and possibly a more well-formed identity (Hendry & Kloep, 2011; Konik, & Stewart, 2004). "Non-normative transitions can and often do promote development" (Furstenberg, 2005, p. 170), and as such, it is quite possible that comparative differences to those experiencing normative transitions will not be to the detriment of those who deviate. Negative outcomes from these

transitions might be more closely related to other factors or disadvantages than to the transition itself (Furstenberg, 2005), such as having fewer financial resources. Also, negative outcomes, while salient at the time of transition, may become less so with time. Thus, due to the different factors necessary for the successful experience of a transition, it is inadvisable to assume that there is one successful path through a transition. Additionally, it should not be assumed that all who experience the transition at a time outside of the conventional social clock experience negative outcomes, especially in the long term.

Identity

Erikson defined identity as "the accrued confidence that one's ability to maintain inner sameness and continuity (one's ego in the psychological sense) is matched by the sameness and continuity of one's meaning for others" (Erikson, 1959, p. 89). The following sections include a discussion of identity theory, identity in emerging adulthood and identity and well-being.

Theory. Erikson's stage model of development is the starting point for most research into identity, and the following study is no exception. Identity in Erikson's view includes both understanding who one is, and being accepted by others as who one believes oneself to be (Erikson, 1959). Identity formation was considered by Erikson (1959; 1982) as the fifth stage in his eight-stage model, and to be the primary focus of adolescence; subsequent researchers (e.g., Arnett, 2000) have extended this focus into emerging adulthood. Each stage of Erikson's theory has a basic conflict that needs resolution, and in the case of the identity stage this conflict is between identity consolidation and identity confusion (Erikson, 1982). Identity consolidation is the process of forming a sense of who one is and matching it to a socially-acceptable prototype of who one should be based on the society in which one lives (Erikson, 1959). During emerging adulthood, one decides how one wants to be identified by society and then gets feedback on the

acceptability of these choices. Beginning with identity elements that have been brought with the

emerging adult from earlier life stages, these may be either discarded or embraced (Erikson,

1982; Arnett, 2006). When all goes well in this process, emerging adults have a strong and

socially-acceptable sense of who they are (identity consolidation); when this process does not go

as well, identity confusion is the result. While identity confusion, or not being sure about who

one is, is a natural part of the process of identity formation, remaining in this state too long is

problematic, because identity confusion is related to negative psychological outcomes, especially

anxiety and depression (Erikson, 1982; Sica, Aleni Sestito, & Ragozini, 2014). Thus, in order to

investigate identity consolidation and identity confusion, the current study includes a measure of

identity synthesis which "represents a coherent and internally consistent sense of self over time

and across situations" (Schwartz, 2007, p. 97).

Operationalizing identity has been carried out by researchers testing Erikson's theories.

Arguably the most popular of these operationalizations is Marcia's Identity Status Model (1966),

in which a person can be either high or low on two dimensions, commitment and exploration,

thus forming four possible classifications. Other ways of operationalizing identity include using

a dual-cycle model which elaborates on Marcia's (1966) model. A dual-cycle model includes the

consideration of identity elements one already has in place (e.g., considering if the identity

element of being a sibling still applies if one's only sibling has died), and the role of integrating

the commitments one makes into oneself (i.e., seeing one's values as part of who one is;

Schwartz, Zamboanga, Luyckx, Meca, & Ritchie, 2013). Identity can also be operationalized by

looking at it in a narrative way, to see how a person has made sense of their life story and the

turning points in their lives (McAdams, 2011; Schwartz et al., 2013). With this in mind, the

second measure of identity in the present study involves the way that people form their identities,

and the broad categories they use to classify themselves. People can classify themselves using overarching categories; these include individualistic statements, for example "I am smart"; or relational statements, for example "I am a daughter"; or cultural or large group statements, for example "I am a university student" (Kashima, Hardie, Wakimoto, & Kashima, 2011; Papa & Lancaster, 2016). The relative frequency of these kinds of statements, measured by the Twenty Statements Test (Kuhn & McPartland, 1954), can give an idea of the emphasis that a person places on the different ways of defining themselves, and it then becomes possible to see if the difference in these emphases has an impact on identity synthesis for bereaved and non-bereaved university students.

   Identity in emerging adulthood. Identity exploration begins in adolescence and continues into emerging adulthood (Erikson, 1959; 1982; Tanner & Arnett, 2011). This is facilitated by the fact that emerging adults are forging independence, and can make more of their own decisions but are not yet required to fully commit to adult roles; as such, they are able to be more self-focused and self-reflective, allowing them the opportunity to define themselves and establish what they believe to be important from the options available to them (Arnett, 2006). One of the greatest benefits and challenges to emerging adults in the Western world today is that there is a lack of both structure and adult roles for an emerging adult (Côté, 2006; Schwartz, Côté, & Arnett, 2005; Sica, et al., 2014). Options provided by society allow emerging adults a lot of freedom to be exactly who they want to be; however, they can no longer rely on the structure of societal expectations to drive their decision-making, and instead require a high level of personal resources, without which emerging adults struggle with the abundance of choice (Côté, 2006; Schwartz et al., 2005; Sica et al., 2014). A cohesive identity, facilitated in emerging adults by the ability to navigate the choices available to them without becoming paralyzed by the sheer

number, is predictive of positive psychological outcomes (Côté, 2006; Schwartz et al., 2013; Sica et al., 2014).

Identity and Psychological Well-being. A strong sense of self has been associated with psychological well-being in several studies (Baggio, Studer, Iglesias, Daeppen & Gmel, 2017; Schwartz et al., 2013; Waterman, 2007). Emerging adults who show high levels of commitment to their identity choices tend to score higher on measures of well-being (Karaś, Cieciuch, Negru, & Crocetti, 2015; Schwartz et al., 2013). This is regardless of whether they explored alternatives before they settled on this identity. Alternatively, those who are investigating identity alternatives, and thereby are less sure of who they are, tend to score lower on measures of well-being (Karaś et al., 2015; Baggio et al, 2007). For example, Waters and Fivush (2014) asked emerging adults to write narratives about important life events, including those that involved identity and identity shifts. They found that the ability to craft a cohesive narrative that involved identity was related to well-being, and that the least cohesive narratives belonged to those who had the lowest levels of well-being.

Emerging adults who are beginning their higher education look for a balance between remaining connected to support networks from their past, and forming new support networks with people they meet in university who tend to share more in common with them (Azmitia, et al., 2013). This is particularly the case for those who leave home to pursue higher education, as they are also expected to negotiate the changing identity that comes from being in a new environment, and under less direct control of their family of origin (Azmitia et al., 2013). In their study, Azmitia and colleagues (2013) studied the relationships between identity synthesis, emotional support and adjustment to college (as measured by mental health) in students who left home to attend post-secondary education, using a mixed methods longitudinal design. They

found that identity synthesis increased for participants whose mental health was positive (either staying positive or improving from negative to positive), but there was no change over time for those with negative mental health states (either starting positive and becoming negative or remaining negative during the study period). Those who had good mental health and maintained it had the highest levels of identity synthesis. These results indicate a relationship between identity and mental health in the context of the transition to higher education (Azmitia et al., 2013). Thus, it is reasonable to predict some impact of identity consolidation and confusion on well-being in the current study as well, particularly for students who simultaneously experience other life transitions such as unexpected bereavement.

Bereavement

In general, bereavement in the context of this study is defined as the loss of a family member or friend to death as well as the multifaceted response to this loss, an amalgamation of Pollard, Varga, Wheat, McClam, and Balentyne's (2017) definitions for bereavement and grief. The following sections include a discussion of bereavement theory, bereavement and identity, and bereavement in emerging adulthood.

Theory. Theories of bereavement, of which there are many, are often not based on representative samples (Hogan, Morse, & Tasón, 1996). For example, there is often an over-representation of older widows and under-representation of emerging adults (Hogan et al., 1996). Also, although they are in the minority, historically theories of bereavement have tended to focus on those who are seeking help in dealing with their bereavement experience. As a result, seemingly normative experiences of bereavement might be neglected, because they are not seen in those who are seeking help (Bonanno et al., 2002). In addressing this limitation, some researchers found that even soon after bereavement, people may not experience the intensity of

emotion typically considered normal after bereavement (Bonanno et al., 2002; Bonanno & Kaltman, 2001; Wortman & Silver, 1989). Rothaupt and Becker (2007) reviewed many of these theories, beginning with theorists (such as Freud) who argued one's goal in resolving grief should be to separate oneself from the deceased to allow for the reinvestment of that energy into other relationships. Other early bereavement researchers (such as Kübler-Ross,1969; Bowlby & Parks, 1970) created stage models of bereavement (or dying) which remain popular today (Rothaupt & Becker, 2007). Although stage models of bereavement remain popular they are not without their critics. Criticism revolves around how prescriptive they tend to be and how they tend to be overly simplistic when considering something as complex as human emotional experiences (Shneidman, 1980). For example, Kübler-Ross's (1969) model has five stages (denial, bargaining, anger, despair, acceptance) and it is often assumed that everyone goes through all five stages and in the same order. This is not realistic as people differ significantly in their bereavement responses, and the situations in which they find themselves have an impact on bereavement experience (Kastenbaum, 1986). Later researchers (e.g., Worden, 1991) responded to stage models and the criticisms thereof by advocating for a task- rather than stage-focused model of bereavement, with a less linear structure (Rothaupt & Becker, 2007). Other models include those that do not require a detachment from the deceased, and personal growth models in which bereavement is seen as having benefits to the person who experiences it (Rothaupt & Becker, 2007).

One contemporary personal growth model of bereavement that has particular relevance for this research is that of meaning reconstruction (Gillies & Neimeyer, 2006). The meaning reconstruction model views the making of meaning as central to the positive adaptation to bereavement experiences. The model contains three subcategories related to meaning

reconstruction, which are sense making, benefit finding and most relevant to this research identity change. Sense making is trying to find reasons for the death, and asking questions which may or may not have answers such as why my loved one? Benefit finding is apprising a negative event in such a way as to see some benefits from it; this generally takes some time and is not done by all bereaved people. Identity change is the understanding that by reconstructing meaning in life in the context of loss, the bereaved also change on a person level. These changes are often positive such as gaining self-confidence, a sense of independence, and a deeper connection to others (Gillies & Neimeyer, 2006).

Identity and bereavement. Bereavement may be related to identity in several ways, perhaps the most obvious of which is that it changes the relationships that a person can use to construct their identity and to understand who they are (Hibberd, 2013). Also, people's world views and beliefs about who they are need to account for the loss experience, and this often means shifting identities (Hibberd, 2013). During the period of these shifts, lower levels of identity synthesis are predicted. Identity synthesis has been shown in research to predict negative outcomes from bereavement (Boelen, 2017). In the longer term however, these shifts in identity may lead to positive outcomes when bereavement is dealt with constructively as the person gains a deeper empathy for others, as well as greater resilience and independence (Gillies & Neimeyer, 2006).

When considering the role of different identity configurations and the likelihood of positive psychological outcomes emerging from bereavement experiences, Papa and Lancaster (2016) found that those who focused on non-relational attributes in answering the stem "I am…" (e.g., "I am smart"; "I am kind") had better outcomes, because these people did not define themselves in ways that are contingent on specific relationships. The authors also found that

those who defined themselves by comparatively more relationships to others (e.g., "I am a

sister"; "I am a daughter") had more positive outcomes; that is, people who defined themselves

by many relationships were less affected by the loss of a single defining relationship (Papa &

Lancaster, 2016). Although the above two ways of defining one's self are very different, they

both offer psychological protection when experiencing bereavement, because they do not

overemphasize a single relationship.

The impact of bereavement on identity has not been widely studied among emerging

adults. One qualitative study examined the experiences of emerging adult women whose mothers

had died (four from cancer and two in car accidents) when they were between the ages of 15 and

20 (Schultz, 2007). The women studied stated a sense of being different people after their

mothers' deaths, indicating a significant identity shift. These women all looked to define

themselves in relation to others, and looked for female role models to help in their self-

definition. They saw being a motherless daughter as important to who they were, and this was

not completely negative. For example, they spoke of specific attributes they gained from the

experience, such as maturity (Schultz, 2007).

Bereavement in Emerging Adults. Perhaps counter-intuitively, bereavement is quite

common in emerging adults. Several studies (using both convenience and representative

samples) indicate that around 30% of the undergraduate student population in the universities

studied had experienced the death of a family member or friend in the previous year (Balk, 1997,

2008; Balk et al., 2010). The transitional nature of this developmental period might put emerging

adults at higher risk of negative bereavement outcomes (Abrams, 1993; Balk et al., 1998). A

study examining teenagers and emerging adults who experienced the death of a parent noted, "A

parent's death shatters both [the participant's] world view and their innate sense of self, isolating

them from friends and family, and making all the normal business of being young seem remote, disloyal…and impossibly demanding" (Abrams, 1993, p. 16). Several studies note that peers and the university environment are not that helpful to bereaved students (Abrams, 1993; Balk, 1997, 2001; Balk et al., 1998; Vickio, Cavanaugh, & Attig, 1990). Other emerging adults tend not to have had similar experiences to the bereaved, especially those who have lost a parent, sibling or friend; as such, colleagues and friends struggle with how to help. As Balk (2001) notes, there is a significant difference between reading about bereavement in a textbook, and having someone who is experiencing bereavement in front of you to whom you are trying to provide support. There are significant risks to bereaved university students both academically (such as higher rates of drop out), and personally (such as higher rates of mental health issues), so understanding the bereavement experiences of university students is important (Balk, 2001).

Research regarding bereavement in university students has focused on either determining what is helpful to these students, or on what peers and others can do to be helpful, (see Balk, 2011). Other studies have focused on identifying who might be most at risk of negative bereavement outcomes. For example, those who define themselves most strongly by their loss have been shown to have the worst outcomes (Boelen, 2009). Those who can keep elements of their identity consistent (e.g., maintaining a consistent sense of self in areas such as career that are not directly affected by the bereavement experience) before and after bereavement tend to have better outcomes (Bonanno et al., 2002). Many studies, as discussed in the social support section below, have examined specific clinical interventions for bereaved university students (Balk et al., 1993; Battle, Greer, Ortiz-Hernández, & Todd, 2013; Berson, 1988).

Social Support

Social support can be defined as "the content and quality of social relations"

(Antonucci, 2001, p. 428). The following sections address theories of social support, social support in emerging adulthood, and social support and bereavement.

Theory. The importance of social support is evident in its links to a multitude of positive outcomes, including decreased mortality and better physical and mental health (Antonucci, 2001). One life span approach to understanding social support is the Social Convoy Model, in which one's social convoy is thought of as the network of people that move through life with a person (Antonucci, 2001). The convoy is flexible; people come and go depending on personal and situational factors, and the convoy itself changes, ideally, to match the needs of the person over time (Antonucci, 2001). The flip side of social support is social strain: having a relationship with someone in your convoy is not always positive. The negative side of social relationships might be particularly salient for people experiencing bereavement. For example, Abrams (1993) and Chowns (2013) found that some teenagers who experienced the death or terminal illness of a parent found themselves burdened by the need to be supportive of their surviving and dying parent, making the experience even more challenging. As such, it is important to consider not only social support but also social strain when thinking about social interactions (Antonucci, 2001; Walen & Lachman, 2000).

Social support in emerging adulthood. For emerging adults, overall social support (from parents, siblings and friends) can be related to increased well-being (Guan & Fuligni, 2016). Emerging adulthood is also a time of change in terms of relationships. In the context of family, the relationship between the emerging adult and their parents ideally becomes more of a relationship between two adults rather than an adult and a child. The family system must change in order to accommodate the presence of an adult who has more independence (Aquilino, 2006); at this point, parents and their emerging adult children can build a mutual relationship in which

both parties can help each other (Aquilino, 2006). Family relationships - especially those with

parents - remain as important to emerging adults as friends and romantic partners in providing

support (Aquilino, 2006; Guan & Fuligni, 2016).

Although emerging adults in Guan and Fuligni's (2016) study indicated getting the most

support from friends, other studies have found mixed results for the role of friends in predicting

well-being. One study indicated an important role for friends in predicting well-being in some

situations but not others (Guan & Fuligni, 2016). Guarnieri, Smorti, and Tani, (2015) did not find

a direct relationship between friend social support and life satisfaction. Additionally, during

emerging adulthood, the relationship between life satisfaction and romantic partner support

becomes more pronounced, which can lead to perceptions of support from a romantic partner

being the strongest predictor of life satisfaction (Guan & Fuligni, 2016).

Transitions in emerging adulthood (of which there are many, both quasi-normative and

non-normative) have an impact on the perception of social support, which varies by attachment

styles. Lane and Fink (2015) showed that when under the stress of one of several types of

transitions (e.g., first year of college or career; first year of parenthood or marriage), attachment

anxiety was related to social support satisfaction, but attachment avoidance was not. It is likely

that, when under the stress of transition, those who are anxiously attached are more aware of the

social support they believe they have or do not have, whereas those who are avoidant are less

likely to pay attention to social support because of their tendency to withdraw from relationships.

Social support can act as a mediator between attachment and mental health outcomes, and this

mediation has been found to be stronger for emerging adults who are not engaged in a life

transition (Lane, Leibert, & Goka-Debose, 2017). These results indicate that the relationship

between attachment, social support, and mental health is complicated by the experience of a

transition.

Azmitia and colleagues (2013) looked at family and friends as possible sources of emotional support for students transitioning to university using a short-term longitudinal design. Participants completed survey measures at the beginning and end of their first year of university. They were placed in four groups based on mental health status: a group that maintained good mental health (maintaining group), a group whose mental health declined over the course of the study (declining group), a group whose mental health improved over the course of the study (improving group) and a group whose mental health remained poor over the course of the study (poor group). Participants in the maintaining group showed an increase in perceived support from family; the poor group showed a decrease in perceived support from family; and the declining and improving groups showed no change in perceived support from family (Azmitia et al., 2013). Perceived friend support increased for those in the improving group, decreased for those in the declining group, and was stable for those in the maintaining group and the poor group (Azmitia et al., 2013). The difference in the patterns between family and friends indicates that the kinds of people (in this case, family versus friends) by whom students are supported have an influence on their mental well-being in the period of coming to university. Qualitative interviews conducted by Murphy, Blustien, Bohlig and Platt (2010) also indicate that the sense of social support from family and friends was seen by emerging adults in transition (from college to work) as important to their well-being.

Social support for emerging adults experiencing bereavement. Bereavement tends to be isolating for those experiencing it regardless of age; however, emerging adults tend to report bereavement as being particularly isolating (Abrams, 1993; Balk et al., 1993; Wilkinson, 2017). The university environment, with its focus on academics and for some students on partying, is

generally not considered by grieving students to be particularly supportive (Balk, 2011). In addition many university students are geographically distant from other potential support networks such as family, and emerging adulthood's transitional nature combined with bereavement can pose significant challenges to university students (Balk et al., 1993; Battle et al., 2013).

In previous research, bereaved adolescents and emerging adults have often expressed a sense that no one was quite sure how to interact with them: friends who were trying to be helpful were often not helpful or were even hurtful; others would just avoid them (Balk, 2011; Battle et al., 2013; Chowns, 2013; Wilkinson, 2017). Social support is cited as being helpful to bereaved emerging adults, and they tend to be interested in forming new relationships, especially with others who have had similar experiences (Brewer & Sparkes, 2011). Wilkinson (2017) states of her experience after her mother's death, "one of my earliest emotions was a desperation to speak to someone who had been in a similar position and yet found a way to carry on living" (p. 51). Social support groups are a common intervention in helping bereaved university students, and may evolve in a number of ways. For example, support groups may be the result of bereaved students wanting to connect with each other, and thereby pushing administration or counseling services to facilitate these connections (Battle et al., 2013; Berson, 1988). In cases where feedback about the support group was gathered, participants consistently found it helpful both to be around others who had also experienced loss, and to have the structure of a facilitator to help guide and educate the group (Battle et al., 2013; Janowiak, Meital, & Drapkin, 1995). Much social support and bereavement research has been focused on support groups for university students who are experiencing bereavement. An exception is research by Cousins, Servaty-Seib and Lockman (2017) which indicated a particular importance of family support in navigating

bereavement well remaining engaged in university.

In summary, emerging adults (specifically university students) are a unique population (Arnett, 2006), who may experience high numbers of quasi-normative transitions (Kloep & Hendry, 2011). One of the hallmarks of emerging adulthood as a period in the life cycle is that emerging adults tend to be particularly focused on identity; that is, determining who they are (Arnett, 2006). Identity formation is both a personal and relational endeavor, and higher levels of social support are related to both identity synthesis and mental health (Azmitia et al., 2013). Bereavement is fairly common in emerging adults, but some forms of bereavement are more common than others (Balk et al., 2010). Social support groups are a common intervention for university students experiencing bereavement, and participants see them as beneficial (Battle et al., 2013). There has, however, been limited research examining the relationships between identity formation, bereavement and social support.

Research questions

The present study examined identity, which has not often been examined in the context of bereaved emerging adults, despite identity formation being considered important in emerging adulthood (see Schultz, 2007 for an exception). By studying the relationships between bereavement, identity and social support in emerging adults this research increases knowledge of the relationships between bereavement and identity for this group. In doing so this study provides additional information to those providing support for emerging adult university students who have experienced bereavement at some point in their lives.

This was an exploratory study. The overarching focus in this study was to identify relationships between social support and identity for bereaved university students who had not sought professional help, and compare them to those who had sought professional help. Other

factors that were studied included the relative commonality of the bereavement experience, the emotional closeness of the bereaved to the deceased, and psychological well-being. The primary question being investigated was: What is the relationship between bereavement and identity in emerging adults? In order to answer this question, the following sub-questions were asked:

Question 1a: Is bereavement related to identity, social support or psychological wellbeing, and if so, what facets of bereavement are related? That is, are there between group differences between those who have experienced bereavement, and those who have not, or those who have experienced more versus less common types of bereavement (e.g., grandparent versus friend) on measures of identity, social support or psychological well-being. Also are grief severity; or emotional closeness to the deceased related to identity, social support or psychological well-being? Question 1b: Does social support mediate the relationship between bereavement and identity? Literature supports the existence of relationships between bereavement and social support (Burke & Neimeyer, 2013), and social support and identity (Azmitia et al., 2013), but the connection between bereavement and identity is not as well known. Question 1c: This study asked participants about the people they found most helpful in dealing with their bereavement experience. Participants were also asked what things (activities etc.) they found most helpful. The answers to these questions were examined to see what resources these emerging adults found most helpful.

The next question of interest examined identity in the context of this study more closely, looking specifically at the qualitative measure of identity; examining its relationship to quantitative identity and bereavement. In order to examine these relationships, the following sub-questions were considered.

Question 2a: Is there a relationship between the two measures of identity in this study?

That is, are there relationships between the quantitative measure of identity (MPD Identity Consolidation and Identity Confusion; Hawley, 1988) and the qualitative measure of identity, namely the responses to the Twenty Statements Test (Kuhn & McPartland, 1954) coded as individual, relational and collective. Question 2b: Are individual, relational or collective identity related to bereavement experiences?

Question 3: Are identity consolidation and confusion associated with the six facets of psychological well-being, (autonomy, environmental mastery, personal growth, positive relations with others, purpose in life and self-acceptance) in bereaved emerging adult university students, above and beyond the impact of bereavement and social support?

Method

Participants

The number of initial respondents for the study was $N = 127$ participants. All participants came from the Wilfrid Laurier University Psychology Research Experience Pool (PREP), and were compensated with 0.5 of a credit toward a qualifying psychology course. One participant elected not to complete the study after reading the consent form. Seven participants were removed from analysis because they were age 30 or above or did not state their age, so it could not be confirmed that they were under 30, and thus able to be classified as emerging adults. Seventeen participants were removed from analysis because they did not pass the attention checks, and two participants were removed from analysis because they did not complete the second half of the survey, which included the question about bereavement; as such, they could not be grouped based on bereavement status. Only three of the participants had sought help in dealing with their loss experience: all received counselling. The small number of participants who had sought help meant that comparisons between those who did or did not seek

help could not be made; thus, these three were removed from analysis.

Data from 98 participants was used in analysis. Seventy-nine percent of participants identified as female (1% identified as agender), and 70% of the sample identified as White. Participants ranged in age from 17-25 with about 89% of participants being between the ages of 18-21. (see Table 1 for demographic details of the analytic sample).

Measures

Measures were presented to all participants in the same order, to help control for the effects of measures on subsequent measures, particularly the effect of the bereavement measures on measures such as psychological well-being. In total, eight broad areas were measured: identity, bereavement, social support, depression, well-being, personality, resilience, and life transitions. This study focused on a subset of these measures related to bereavement and identity. All metrics associated with the following scales (i.e. reliability) are based on the data set from this study. See Appendices A-G for complete scale questions.

Participants were grouped based on their answers to the following four questions, "Have you experienced the death of a parent or sibling?"; "Have you experienced the death of a friend?"; "Have you experienced the death of a grandparent or great grandparent?"; "Have you experienced the death of another family member with whom you felt close?" This created the following four groups: a non-bereavement group (those who did not identify as having experienced a death-related loss); a normative bereavement group (those who had experienced the death of a grandparent or great grandparent); a non-normative bereavement group (those who had experienced the death of a parent, sibling or friend); and an "other" group (those who had experienced the death of a family member such as an aunt or uncle, or whose relationship to the deceased was not known) (see Table 1). In cases where a participant had experienced the deaths

of multiple people over the course of their lifetime, they were asked to identify the person with whom they felt the closest and were grouped based on their response. For example, if they had lost both a grandparent and a friend, but identified feeling closer to the grandparent, they were placed in the normative bereavement group.

Identity. Identity was measured using both quantitative and open-ended measures: The Measures of Psychosocial Development Scale (MPD) Identity Scale (Hawley, 1988), and The Twenty Statements Test (TST; Kuhn & McPartland, 1954), respectively.

MPD Identity Scale. The MPD Identity Scale (Hawley) is a 14-item measure of identity which included Identity Consolidation and Identity Confusion Subscales (Hawley, 1988). The Identity Consolidation Scale, with a moderate Cronbach's alpha of .78 with this sample, had seven items including, "I have a clear vision of what I want out of life" (Hawley, 1988), whereas the Identity Confusion Scale, which had an acceptable alpha of .70, included "I am a bundle of contradictions." (Hawley, 1988). For both scales, participants rated the degree to which they felt a statement represented them from 1 = *not at all like me* to 5 = *very much like me* (Hawley, 1988).

TST. The Twenty Statement Test (TST: Kuhn & McPartland, 1954) is an open-ended measure of identity in which participants completed the statement "I am…" twenty times without thinking too much about their answers (Spitzer, Couch, & Stratton, 1971). Participants responded with minimal guidance to the stem "I am…"; their responses were then coded into one of three categories: relational (e.g., I am a mother), collective (e.g., I am a university student), and individual (e.g., I am smart) (Kashima et al., 2011), in order to get a picture of the ways in which the participant defined them self.

Bereavement. Two measures of bereavement experiences and outcomes were used. The

first was the Scale of Emotional Closeness (SEC; Servaty-Seib & Pistole, 2007), a measure of

perceived closeness to the deceased. The second was the Core Bereavement Items (CBI; Burnett,

Middleton, Raphael, & Martinek, 1997), which measured bereavement phenomena.

SEC. The scale of emotional closeness (SEC; Servaty-Seib & Pistole, 2007) is a seven-

item measure which examined the perceived degree of emotional closeness between the

participant and the person in their life who had died. Questions such as "I felt I could share my

most intimate feelings with this person" were rated by participants on a five-point Likert-type

scale ranging from 1 = *strongly disagree* to 5 = *strongly agree* (Servaty-Seib & Pistole, 2007).

The face validity of the scale was established by three experts in the field of closeness after the

items were created by others with knowledge of closeness as it is defined in bereavement

research (Servaty-Seib & Pistole, 2007). The reliability with the current sample was high (α =

.89). This scale represents a relationship with the deceased, but not the bereavement experience

directly, meaning that someone may have had a very close relationship with the deceased while

not having a particularly negative experience of bereavement, although this seems intuitively

unlikely. This scale was used to establish the perception of the relationship in cases where the

relational identifier might not be representative. For example, an emerging adult who was raised

by a grandparent may identify as much closer to them than might be assumed, based on the

identifier of grandparent.

CBI. The core bereavement items (CBI; Burnett, et al., 1997) is a seventeen-item scale

that measured typical bereavement phenomena, rather than bereavement requiring clinical

intervention. This scale asked questions such as: "Do you find yourself missing your family

member or friend?" or "Do thoughts of your family member or friend come into your mind

whether you wish it or not?" (Burnett et al., 1997). Participants stated the frequency with which

they experienced the stated phenomenon on a four-point Likert-type scale ranging from 1 = *not at all* to 4 = *much of the time*. The scale had high reliability (α = .95).

Social support. Social support was measured with the Midlife in the United States (MIDUS) Social Support and Strain Scale (Ryff et al., 2007). This scale asks about levels of social support and strain in three different types of relationships: with a partner/spouse, with family (not including partner), and with friends. Each of social support and strain have 4 items. Due to a lack of participants who had partners, partner data was not included. Social support questions included, "How much do your friends really care about you?" Social strain questions included, "How often do your friends criticize you?" Participants answered these questions on a four-point Likert-type scale with options for the social support scale ranging from 1 = *a lot* to 4 = *not at all*, and options for the social strain scale ranging from 1 = *often* to 4 = *never*. Walen and Lachman (2000) validated the two-factor structure (support and strain) for the overall scale. The alphas for social support from family and friends and strain from family and friends in the current study were acceptable at .76 and .74, respectively. Alphas for social support from family and friends separately were .84 (social support from family) and .89 (social support from friends).

Well-being. Well-being was measured using Ryff's Psychological Well-being Scale (PWB; Ryff, 1989), which measures several facets of psychological well-being. It is a 42-item multi-dimensional scale based on Ryff's (1989) concept that psychological well-being includes six dimensions. The first dimension is autonomy, having a strong internal self-definition, (e.g., "My decisions are not usually influenced by what everyone else is doing"). The next dimension is environmental mastery, the ability to choose or change environments to meet current needs (e.g., "In general, I feel I am in charge of the situation in which I live"). Then there is personal

growth, the ability to grow and change with new situations or opportunities (e.g., reverse-scored item "I gave up trying to make big improvements or changes in my life a long time ago"). Next is positive relations with others, seeing others as important and helpful, (e.g., "I know that I can trust my friends, and they know they can trust me."). Then purpose in life, having a sense that life is meaningful, (e.g., "I have a sense of direction and purpose in life"), and self-acceptance, accepting oneself for who one is, both positive and negative, (e.g., "I like most aspects of my personality"). Participants were asked to rate their level of agreement with these statements on a seven-point Likert-type scale from 1 = *strongly disagree* to 7 = *strongly agree* (Ryff et al., 2007). The sub-scales had Cronbach's alphas ranging from .72 (purpose in life) to .87 (self-acceptance) for this sample.

Transitions. Participants were asked about the number of transitional experiences they had, using both the Life Transitions Checklist (Newcomb, Huba, & Bentler, 1981) and the Life Events Scale for Students (Linden, 1984). Participants were presented with a list of 30 experiences that an emerging adult may have experienced. Consistent with Compas, Wagner, Slavin, and Vannatta's (1986) study, participants stated if they had experienced the event in the last year, more than a year ago, or not at all. Examples of experiences listed in the checklist include, "Got your driver's license", "Started University" and "Failed a course." Both the sum total number of events experienced and the period of time in which the event occurred gave a sense of the life events the participant had experienced.

Procedure

Data were collected between October 2018 and the end of January 2019. This study was conducted using survey measures that were presented entirely online. Online research has been considered advantageous in bereavement research, because it is less prone to interviewer effects

(Jakoby, 2014). Participants may also be more open about negative experiences when their

participation is mediated by a computer. For example, in one study, participants who told

bereavement narratives as part of an online study told more negative narratives, and it is

speculated that this was because they did not feel as much pressure to be positive or account for

the person listening to the narrative (Baddeley & Singer, 2008).

Analysis Plan

Before conducting analyses to answer the questions of interest, the data were cleaned,

and participants who were not in the age range of emerging adulthood, failed the attention check,

who had missing bereavement data, or who had sought help in dealing with their bereavement

experience were removed. Scale means were then generated for participants who had answered

at least 80% of the questions in the scale, otherwise the data for that participant on that scale was

considered to be incomplete, and these cases were removed, pair-wise, from analyses. Next,

scales were tested to see if they met the assumption of normality. Not surprisingly, considering

both the specific population and the relatively small sample size, many of the scales could not be

considered normal based on Kolmogorov-Smirnov (K-S) test of normality. Five of the scales

could be considered to approximate normal, an additional five of the scales were negatively

skewed, and the final two scales were positively skewed. These skews indicated a high level of

functioning among this group consistent with the idea that emerging adults tend to be an overall

positive group (Arnett, 2006). The concern with the lack of normality in the distributions was

that the significance value, *p,* assumed normality, and could be influenced by non-normal data;

as such, bootstrapping was performed to test the significance of the correlations and regressions

in the analysis as recommended by Wright, London and Field (2011). Next, the scales were

checked for outliers, defined here as more than three standard deviations from the mean; none

were found, and relationships between demographics and variables of interest were examined.

In order to answer Question 1a: which examined the relationships between bereavement, identity and social support, Analysis of Variance (ANOVA) and Chi Square tests were performed to test for differences between the bereavement groups on demographics (gender, race and age) and other variables of interest (e.g., time since death and identity consolidation). Next, correlations between identity, emotional closeness to the deceased, and perceived social support and strain were preformed to ascertain relationships. Then, to answer Question 1b: The potential mediation by social support of the relationship between bereavement and identity was assessed, using the PROCESS Macro Version 3 (Hayes, 2017). In order to answer Question 1c, participant responses to the questions pertaining to which person and/or thing was most helpful in dealing with their bereavement were examined.

In order to answer Question 2a: which asked about the relationships between the MPD Identity Scales (Hawley, 1988) and the Twenty Statements Test (TST; Kuhn & McPartland, 1954), the TST (Kuhn & McPartland, 1954) data were initially coded by myself and an undergraduate research assistant. We independently coded all of the data into one of four categories based on Kashima, et al.'s (2011) and Papa and Lancaster's (2016) coding scheme. These four categories were: individual (statements referring to individual traits, such as "I am funny" or "I am smart"); relational (statements referring to a relationship with one or a small group of others including direct relationships with a higher power, such as "I am a good friend" or "I am a daughter" or "I am a child of God"); collective (statements referring to being part of a larger group, such as "I am a Laurier student" or "I am Canadian"); and other, which includes items that are nonstable over time or could not be coded into one of the first three categories, for example, "I am hungry" or "I am tomorrow". After individually coding participant responses, we

compared codes. Coder agreement was calculated based on Smith, Feld and Franz's (1992) formula; that is, two times the number of agreements divided by the total number of possible codes, which reached 94%, with discrepancies acknowledged and discussed. These coded data were then subjected to correlational analysis to see if there were relationships between the number of items coded into each of the first three categories and the MPD Identity Consolidation and Confusion Scales (Hawley, 1988). Question 2b was answered by checking correlations between the types of responses to the statement completion (i.e., relational) and bereavement measures.

Question 3, which asked if there was a relationship between identity and the various facets of PWB (Ryff, 1989) over and above bereavement and social support, was examined using a hierarchical regression for each subscale. For each of the six regressions, race and the Scale of Emotional Closeness (SEC; Servaty-Seib & Pistole, 2007) were entered in the first step, Social Support and Strain from Family and Friends (Ryff et al., 2007) were entered in the second step, and MPD Identity Consolidation and Confusion (Hawley, 1988) were entered in the final step.

Results

The following sections describe the results found in examining the questions of interest. First, preliminary relationships were examined; then Question 1 a and b were addressed dealing with the relationships between bereavement, social support and identity. Question 1c was then addressed, looking at what people and things participants found most helpful in coping with bereavement. Next, Question 2a was addressed dealing with the different measures of identity. Then, Question 2b was addressed examining the relationships between the Twenty Statements Test (Kuhn & McPartland, 1954) and bereavement measures. Finally, Question 3 was addressed asking if identity could predict facets of psychological well-being when controlling for other

possible predictors.

Preliminary Analysis

Demographic variables (age, gender, race, level of religiosity) were tested to see if they resulted in differences in the variables of interest, namely MPD Identity Consolidation (Hawley, 1988), MPD Identity Confusion (Hawley, 1988), SEC (Servaty-Seib & Pistole, 2007), total CBI (Burnett, et al., 1997), PWB Subscales (Ryff, 1989), and Social Support and Strain from Family and Friends (Ryff et al., 2007). The only mean differences in any of the variables of interest based on demographic variables was with regard to differences in identity confusion, environmental mastery and self-acceptance based on if a participant identified as White or non-White. Race was related to MPD Identity Confusion (Hawley, 1988), $t(96) = 3.42$, $p < .01$ (two tailed), such that people who identified as White ($M = 2.74$, $SD = 0.60$) had lower mean scores on the identity confusion scale than those who identified as non-White ($M = 3.20$, $SD = 0.63$). This result would not be significant if the number of t-tests performed was corrected for using the Bonferroni adjustment; however, the concern of not including an important predictor in later models resulted in the decision to not control for the number of t-tests performed. White participants ($M = 3.93$, $SD = 0.76$) also scored higher than non-White participants ($M = 3.40$, $SD = 0.55$) on the Environmental Mastery subscale of PWB (Ryff, 1989), $t(95) = 3.89$, $p < .001$ (two tailed). Finally, White participants had higher scores on the Self-Acceptance subscale of the PWB (Ryff, 1989) ($M = 4.13$, $SD = 0.85$) than non-White participants ($M = 3.37$, $SD = 0.88$), $t(95) = 3.94$, $p < .001$ (two tailed). There are valid concerns about grouping together those of various racial backgrounds as was done in this study: participants were grouped into White majority and non-White minority groups, because of low participant numbers in several of the racial categories. Results related to race should thus be treated with caution because of the

potential for high levels of within-group differences on various outcomes in the non-White group.

Question 1a: Bereavement, Identity and Social Support

Gender and race were tested for differences between the bereavement groups using two Chi Square Tests. The first plotted bereavement group and gender, and the second plotted bereavement group and race (White/non-White). Neither of the Chi Square Tests were significant. Between-group differences on other measures of interest were assessed using Analysis of Variance (ANOVA) with follow-up Tukey's LSD to examine which groups differed, when there were between group differences (See Table 2). Because this research focuses on death-related loss, the CBI (Burnett, et al., 1997) and SEC (Servaty-Seib & Pistole, 2007) were not given to participants who stated that they had not experienced death-related loss. Between-group differences were found in time since death, with the normatively-bereaved group (those who had lost a grandparent or great grandparent) having experienced that loss longer ago than the other group (those whose loss experience was hard to classify). Also, those who experienced non-normative bereavement (the death of a parent or friend) reported more grief symptoms than those who experienced normative bereavement. Those who experienced non-normative bereavement also reported more life transitions in general, such as moving out of their family home, or beginning a new job. Non-normatively bereaved participants also had higher levels of autonomy than the non-bereaved participants, but they did not differ significantly from the normatively bereaved group.

A continuous measure of time since death was not related to identity, social support, or emotional closeness. Grief symptoms were not related to identity, or social support; however, emotional closeness to the deceased was related to identity consolidation, and social support

from family and friends (see Table 3). Given that subsequent analyses included only those who

had experienced bereavement, additional analyses were run examining the relationships between

variables when only those who experienced bereavement were included. This changed the

strength of some of the relationships, but not the general pattern (see Appendix I)

Question 1b: Mediation of Emotional Closeness and Identity by Social Support

The possible mediation by social support of the relationship between emotional

closeness and identity was tested using the PROCESS Macro for SPSS version 3 (Hayes, 2017).

Results indicated that emotional closeness was a significant predictor of social support from

family and friends*,* as well as identity consolidation, and that social support was a significant

predictor of identity consolidation. These results support the mediational hypothesis: consistent

with full mediation, emotional closeness was no longer a significant predictor of identity

consolidation after controlling for the mediator, social support. Approximately 16% of the

variance in identity was accounted for by the predictors. The indirect effect was tested using a

percentile bootstrap estimation approach with 10,000 samples (Shrout & Bolger, 2002),

implemented with the PROCESS macro Version 3 (Hayes, 2017) (see Figure 1). However, when

social support was separated into support from family and support from friends, a different

picture emerged. Emotional closeness was predictive of social support from friends, $B = .25$, *SE*

$= .08$, $p < .01$, as well as identity consolidation, $B = .16$ *SE* $= .08$, $p < .05$, but social support from

friends was not predictive of identity consolidation, $B = .12$ *SE* $= .10$, $p =$ ns, and as such -

although there was a direct relationship between emotional closeness and identity - there was no

mediation. Social support from family was not predicted by emotional closeness, $B = .09$, SE $=$

$.08$, $p =$ ns, therefore did not mediate this relationship.

Question 1c: What People and Things were Most Helpful

An examination of the people that participants found helpful in dealing with their

experience of bereavement indicated that the majority of participants (64%) found family most

helpful. Fifty-nine percent of those who stated that family was most helpful further identified

that person as a parent. Additionally, 17% of participants found friends most helpful, whereas

9% of participants identified a partner as most helpful, and 10% found no one helpful (largely

because they did not feel they needed any help). Responses to the question concerning the things

that participants found most helpful in dealing with the death of their loved one were variable.

They included performing or listening to music (7%), reading (6%), or a faith practice (5%).

About 25% of participants responded to this question with an activity that involved the most

important people, for example, talking to others (10% of overall respondents), or going out with

family (8% of overall respondents).

Question 2a and b: Measures of Identity and Bereavement

In order to answer Question 2a which asked about the relationships between the

qualitative and quantitative measures of identity, a correlational analysis of the coded responses

to the Twenty Statements Test (TST; Kuhn & McPartland, 1954) and the MPD Identity

Consolidation and Confusion subscales (Hawley, 1988) was performed. This analysis did not

show any significant correlations between the number of statements coded as individual,

relational and collective with either MPD Identity Consolidation or Confusion (Hawley, 1988).

Question 2b, examined the relationships between TST (Kuhn & McPartland, 1954) and the Core

Bereavement Items (CBI; Burnett, et al., 1997), as well as between the TST (Kuhn &

McPartland, 1954) and the Scale of Emotional Closeness (SEC; Servaty-Seib & Pistole, 2007).

These relationships were also explored using correlational analysis. There were no correlations

between the number of statements coded individual, relational or collective and either the CBI

(Burnett, et al., 1997) or the SEC (Servaty-Seib & Pistole, 2007).

Question Three: Identity and Well-being

There were significant correlations between identity consolidation, identity confusion, social support, social strain, and the subscales of psychological well-being (see Table 3). These relationships were further examined by hierarchal regression, with the different subscales of well-being as the outcome variable, and race, and emotional closeness to the deceased as covariates, based on preliminary analysis. Bereavement group was included in the analysis of autonomy but not any of the other subscales, based on preliminary analysis indicating possible between-group differences with regard to autonomy. Social support and strain were added in the second step, and identity (consolidation and confusion) were entered in the third step to see if they were predictive above and beyond the other predictors. Preliminary analyses were conducted to test for violations of assumptions including normality, linearity, multicollinearity and homoscedasticity. The violation of normality was addressed using bootstrap confidence intervals to verify significance values. No other violations of assumptions were found. Each of the psychological well-being subscales was entered as the outcome measure for a regression.

The final models for all six subscale analyses were significant; the differences between the subscale outcomes was in which independent variables were predictive. Regarding autonomy, the overall significance of the model was $F(6, 68) = 2.39$, $p < .05$, and the only significant predictor in the final model was identity consolidation, $\beta = 0.33$, $p < .05$, which was positively related. With environmental mastery as the outcome, the significance of the final model was, $F(6, 68) = 13.89$, $p < .001$. Identity consolidation was related positively, $\beta = 0.48$, $p < .01$, and identity confusion was related negatively, $\beta = -0.23$, $p < .05$, and they were the only significant predictors in the final model. With regard to personal growth, the only significant

predictor in the final model was the positively related identity consolidation, $\beta = 0.58$, $p < .01$ and final model's significance was $F(6, 68) = 5.78$, $p < .001$. When positive relations with others was the outcome measure, the overall significance of the final model was, $F(6, 68) = 9.50$, $p < .001$, and neither identity consolidation nor confusion were predictive in the final model. The only significant predictor in the final model was social support from family and friends, $\beta = 0.43$, $p < .01$, which was related positively. Regarding purpose in life, the significance of the final model was, $F(6, 68) = 10.73$, $p < .001$. The final model had two significant predictors identity consolidation which was positively related, $\beta = 0.49$, $p < .01$, and social strain which was negatively related, $\beta = -0.23$, $p < .05$. Finally, with regard to self-acceptance, both positively related identity consolidation, $\beta = 0.50$, $p < .01$ and negatively related identity confusion, $\beta = -.0.25$, $p < .01$, were significant predictors, and significance of the final model was $F(6, 68) = 16.95$, $p < .001$.

Additional analyses were conducted to see if identity consolidation and confusion would be predicative of positive relations with others if social support and strain were not part of the model, based on the expectation that social support and strain might be particularly closely linked to this subscale. It was the indeed case that identity consolidation was positively related to positive relations with others when social support and strain were not in the model (see Appendix K).

Discussion

This study focused on identity consolidation in university students who had experienced a death-related loss over the course of their lives. Very little past research has focused on bereavement and identity in university students (for an exception, see Schultz et al., 2007). Much past research that has focused on social support for bereaved university students has focused on

social support groups for this population experiencing bereavement (Balk et al., 1993; Battle et al., 2013; Berson, 1988). This research provides additional information about bereavement the special population that is emerging adult university students, and can help institutions to better understand and support these students.

Bereavement, Identity and Social Support

Question 1a dealt with relationships between bereavement groups, as well as, relationships between identity, social support, and well-being. There were no statistically significant differences between the two groups on scores of identity, social support, or five of the six subscales of psychological well-being. The autonomy subscale of psychological well-being was the only one that showed a difference between any of the bereavement groups, with higher levels of autonomy among those who had experienced non-normative bereavement compared with those who had not experienced bereavement, with the normative and other group means falling in between the non-bereaved and non-normatively-bereaved groups. Perhaps the experience of loss, and specifically the loss of a parent or friend, results in an emerging adult thinking more about what they believe, and this results in a strong belief system as measured by the Autonomy subscale of the PWB (Ryff, 1989). This is consistent with the idea that those who experience off-time events experience development as a result of them (Hendry & Kloep, 2011; Konik & Stewart, 2004). Also, higher levels of autonomy for the non-normative group are consistent with the greater independence and self-confidence indicated by the identity change component of the meaning reconstruction model of bereavement (Gillies & Neimeyer, 2006). Those who experienced non-normative bereavement had higher scores on the CBI (Burnett, et al., 1997) measure than those whose bereavement experience was comparatively normative; this is consistent with the idea that the loss of more central figures in one's life, such as friends and

parents, would be expected to result in higher levels of grief symptoms (Boelen, 2009; 2017).

When examining the relationships between bereavement, social support and identity, results indicated that emotional closeness to the deceased - but not general measures of bereavement (such as overall experience, normative versus non-normative, or time since bereavement) - was correlated positively to social support and identity. The lack of relationships between general measures of bereavement (general experience, normal versus non-normal) and identity as well as well-being was surprising. Previous research has indicated the presence of an effect of bereavement on social support (Balk, 2011; Battle et al., 2013; Chowns, 2013). Also, the negative effects of bereavement in humans are well documented (see Balk, 2011, for a summary), so it was not unreasonable to have thought that those who had experienced bereavement would differ from others in terms of psychological well-being with the predicted direction being negative. However, in this study the only result for well-being actually indicated higher levels of the well-being subscale of autonomy for those who had experienced non-normative bereavement.

These unexpected findings with regard to both social support and psychological well-being could have been due to the current study's focus on those who were not seeking help in dealing with their bereavement experiences. There is evidence that people dealing with bereavement are more resilient than previous bereavement models would indicate, and that the normative experiences of grief may include less intensity of emotion than has been historically documented; thus positive bereavement outcomes including post-traumatic growth may be fairly common (Bonanno et al., 2002; Bonanno & Kaltman, 2001; Neimeyer et al., 2008; Wortman & Silver, 1989). Those who seek help - on which many models of bereavement have been based - might be different from those who do not with regard to important elements of their experiences,

perhaps including perceptions of social support and psychological well-being.

Particularly surprising was the absence of differences between those whose bereavement experiences were more normal for this age group and those whose experiences were non-normal: it was expected that there would be differences between the normative and non-normative bereavement groups. The lack of these differences is likely attributed to using a non-support-seeking sample, as discussed previously. Many of the participants in this study also had experienced bereavement some time ago, and perhaps the passage of time resulted in the lack of differences in most elements of well-being between the bereavement conditions. Also, the majority of those in the non-normative bereavement condition had experienced the death of a friend, and definitions of friendship vary from person to person. The lack of differences between the normative and non-normative groups might also be related to the variations in perceptions of closeness among those identified as friends by the non-normative group.

The lack of research into the relationship between bereavement and identity made it difficult to predict results, although there have been some indications of an identity shift during bereavement for adolescents and emerging adults from Schultz's (2007) qualitative study. Not seeing an effect of bereavement on identity (either consolidation or confusion), was an interesting result. It is possible that these results could, in part, be explained by shifts in those elements of identity which are most strongly affected by the bereavement experience, and might not be obvious in responses to a global measure of identity. For example, Schultz's participants noted that they felt like different people before and after the loss of their mothers, and felt that their experience of loss set them apart from their peers: both indications of an identity shift (2007). However, these identity shifts might be carried out against the backdrop of a strong global sense of self. In fact, some research indicates that the best bereavement outcomes are

related to the ability to keep a stable sense of self when experiencing bereavement (Bonanno et al., 2002).

Also, it is possible that the bereavement experiences of participants in this study might have caused them to re-evaluate their identities, which may have been completed by the time they participated, considering that many of them experienced their bereavement more than a year before participating. Past research, for example Hendry and Kloep (2011), and Konik and Stewart (2004), indicates that non-normative or challenging experiences can cause the re-evaluation and subsequent strengthening of identity. Another possibility is that these findings are the result of a limitation of the scale chosen for this study. The measure of identity that was selected for this study taps into identity commitment as understood by Marcia (1964) but neglects the elements of exploration. That is, both those in an achieved and foreclosed identity status - both of which involve a high level of commitment although foreclosed is generally viewed negatively- would appear similarly in this study. The inability to distinguish between these groups might account for the lack of differences between the bereavement groups regarding identity. It is possible that the experience of bereavement has a greater effect on the interest in exploration then it does on commitment, so further research should be conducted using measures that tap into the exploration side of Marcia's (1964) Identity Status Model.

Emotional closeness to the deceased was positively related to social support, which is not consistent with previous research indicating that bereavement is isolating (Abrams, 1993; Balk et al., 1993). Those who felt closest to the person who died felt more supported by the people in their lives; perhaps this is because people came together to support each other after the death, and with the benefit of time since their loss experience, participants were able to see these people as being supportive. Emotional closeness to the deceased might also be a proxy for

emotional closeness to people in general, and the potential connection between being

emotionally close to all people and perceptions of support might be resulting in the relationship.

The positive relationship between emotional closeness and identity consolidation is an

interesting result. This relationship could be explained as those who experience challenging

situations growing from the experience, as well as the possibility that those who have had to re-

evaluate their identity having a stronger sense of identity as a result, as indicated by Hendry and

Kloep, (2011), and Konik and Stewart (2004). The constructivist or meaning making model of

coping with bereavement also indicates that those who experience loss experience identity shifts

which ultimately result in an increased emotional closeness to others, quite possibility including

the deceased (Gillies & Neimeyer, 2006).

Mediation by Social Support

        The second part of the first question asked if the relationship between bereavement and

identity was mediated by social support. Overall, social support mediated the relationship

between emotional closeness and identity, consistent with the current study's prediction as well

as with past research indicating a relationship between bereavement and social support (Burke &

Neimeyer, 2013), and social support and identity (Azmitia et al., 2013; Doumen et al., 2012). It

is, however, important to realize that emotional closeness to the deceased is indicative of a

relationship while the person was alive, and not necessarily indicative of the bereavement

experience. These results indicated that being emotionally close to the deceased was related to

identity and social support, which could be because someone who is close to the deceased also

feels close to people in general, as discussed above.

        Interesting results emerged when additional analyses were conducted to see if social

support from either friends or family was driving social support's mediation of the relationship

between emotional closeness to the deceased and identity. Social support from friends was related to emotional closeness but not to identity consolidation; social support from family was also related to identity consolidation but not to emotional closeness. As such, only the combined measure (social support from family *and* friends) produced the mediation. It has been documented that there are differences in the social support that emerging adults receive from family versus friends (Azmitia et al., 2013; Guan & Fuligni, 2016; Guarnieri et al., 2015). For example, social support from family may increase during emerging adulthood, while social support from friends may remain stable (Guan & Fuligni, 2016). These authors also found that increases in family social support were important to well-being. The current research provides support for the idea that these differences extend into the relationship between emotional closeness to the deceased, social support, and identity.

Important People and Things in Dealing with Loss

The third part of Question one concerned those people who participants saw as most helpful when dealing with loss, and gave interesting insights into who these emerging adults turned to for help and support. The importance of social support, particularly from family, was indicated by the fact that the majority of participants expressed that a family member was most important in helping them deal with their bereavement experience; this finding is consistent with research indicating the important role of family in emerging adults' lives, even as they rely more on friends and romantic partners (Guan & Fuligni, 2016). The variability in responses to the things that participants found most helpful was wide, however: about a quarter of participants indicated something involving important people in their lives (e.g., hanging out with friends). This is indicative of the role that social support plays in coping with bereavement over the course of childhood, adolescence and emerging adulthood, and is consistent with previous research

indicating the important role of social support in dealing with bereavement (Battle et al., 2013).

Measures of Identity

Question 2a investigated relationships between the two measures of identity used in this study. Although very little research has compared the types of identities enumerated in the Twenty Statements Test (Kuhn & McPartland, 1954) to measures of identity consolidation or confusion, it might make sense that listing fewer individual statements would be related to lower levels of identity consolidation and higher levels of identity confusion. The lack of significant results with regard to individual statements was somewhat surprising; this is perhaps the result of the TST (Kuhn & McPartland, 1954) measuring facets of identity which are distinct from the global measure of identity consolidation. Previous research comparing the TST (Kuhn & McPartland, 1954) to other measures of identity also resulted in a lack of correlations between measures (Grace & Cramer, 2003). The lack of relationship between the identity measure and number of relational or collective statements is less surprising, as relational and collective identity was not what was being measured by the particular scale of identity consolidation and confusion used in the present study.

The Twenty Statements Test and Bereavement

The lack of relationships between numbers of individual or relational statements and grief symptoms is counter to expectations based on Papa and Lancaster's (2016) research finding that high numbers of individual and relational statements were predictive of better bereavement outcomes. However, there were differences in the current sample and Papa and Lancaster's, one of which being that all of their participants had experienced loss within the last year. Additionally, participants in their study completed the TST (Kuhn & McPartland, 1954) after being primed to think about their loss. Participants in the current study completed the sentence

completion task at the beginning of the survey, with no prime; also, the participants in this study were emerging adults whereas the Papa and Lancaster's (2016) participants ranged in age from 18-71 (M_{age} = 34.8).

The examination of the relationship between the codes on the twenty statements sentence completion and scores on emotional closeness was exploratory. It might have been expected that those with a high number of relational statements on sentence completion would be those who defined themselves relationally, and thus they might be closer to others in general, specifically the deceased. This was not the case, as there were no correlations between the number of statements coded as individual, relational or collective and scores on the assessment of emotional closeness. This might have resulted from differences between identifying oneself relationally to others and being close to them; for example, one can identify as a daughter without being close to one's parents.

Identity and Well-being

The third and final question in the present study investigated the relationship between identity and six elements of psychological well-being (autonomy, environmental mastery, personal growth, positive relations with others, purpose in life and self-acceptance), after controlling for other factors that might influence well-being. This study found a positive relationship between identity consolidation and well-being, at least for five of the six subscales. This finding is consistent with previous research that has shown identity to be strongly related to well-being and other mental health outcomes in emerging adults (Azmitia et al., 2013, Baggio et al., 2017; Karaś et al., 2015; Schwartz et al., 2013; Waterman, 2007). The only facet of well-being which was not predicted by identity consolidation beyond the effects of race, emotional closeness, and social support and strain was positive relations with others.

It should be noted that several of the elements of well-being are closely related to the identity consolidation metrics used in the MPD Consolidation Subscale (Hawley, 1988), so the results should be interpreted with some caution. The MPD Consolidation (Hawley, 1988) item "I have a clear vision of what I want out of life" overlaps with the purpose in life subscale (Ryff, 1989). The MPD (Hawley, 1988) item "I stand up for what I believe even in the face of adversity" is extremely similar to the item "I am not afraid to voice my opinions, even when they are in opposition to the opinions of most other people" from the autonomy subscale (Ryff, 1989). The item "I found my place in the world" is similar to the environmental mastery subscale (Ryff, 1989). Finally, the MPD (Hawley, 1988) item "I am Content to be who I am" is similar to the Self-Acceptance subscale (Ryff, 1989).

The positive relations with others and personal growth subscales (Ryff, 1989) appear to share the least overlap with the identity measure, and as such warrant further discussion. Positive relations with others was not predicted by identity consolidation or confusion as mentioned above; however, if it is added in step two before adding social support and strain it does predict positive relations with others. In the same way that many of the identity scale statements are related to the subscales of psychological well-being, social support is likely to be highly related to positive relations with others, and as such it is not surprising that identity is not predictive beyond social support. That identity consolidation is related to personal growth is an indication that identity might be playing a unique role rather than just measuring psychological well-being, as there are not specific items from the MPD scale (Hawley, 1988) that map onto personal growth. Identity consolidation is a measure of stability whereas growth is a measure of change so that the two are related is a particularly interesting connection, and one found in previous research looking at identity styles and the subscales of psychological well-being (Waterman,

2007). This connection indicates that although identity consolidation is thought of as stable, there is an importance of growth and adapting to new situations and experiences.

The current study, despite the potential overlap between measures, is further evidence that a well-formed sense of self is important for well-being, and that confusion about who one is can adversely affect some elements of well-being, namely self-acceptance and environmental mastery. Together with the fact that social support is important for identity formation (Azmitia et al., 2013), as well as social support being predictive of the positive relations with others subscale of well-being in the current study, there are indications that having a high level of social support in emerging adulthood is also important for well-being.

Limitations

The following sections address two areas of limitation within this study: those related to the scales, and those related to the participants and procedure.

Scale limitations. The lack of results in relating the TST (Kuhn & McPartland, 1954) to any other measure might indicate that perhaps another measure of identity should be used to tap the specific questions that the present research asked; perhaps Grotevant, Thorbecke, and Meyer's (1981) extension of Marcia's (1964) Identity Status Interview would be better suited to research concerning bereavement. This semi-structured interview has the advantage of including interpersonal components within it, and maps on to Marcia's identity statuses, making it easier to compare to the wealth of other research using that model (Grotevant et al., 1981). This interview also assesses multiple identity domains, allowing the researcher to see how different areas of identity are worked on independently as well as in connection with other areas. Using Grotevant and colleagues' (1981) interview would also allow future research to examine the exploration component of identity development. This study is limited to talking about identity consolidation,

which is the commitment component, but cannot speak to the exploration component which might be more effected by bereavement. Including this measure would necessitate an in-lab component to future research.

A measure of event centrality, for example Berntsen and Rubin's (2010) Centrality of Event Scale, would help to clarify the degree to which participants felt that their bereavement was central to their identity and lived experience. Those who see the event as more central could then be compared to those who see it as less central to see what impact this has on identity. The fact that the items on the identity consolidation scale chosen for this study mirror so closely the areas measured by the psychological well-being subscales result in uncertainty as to if identity certainty is predicting well-being, or if the scales are effectively measuring the same thing. For this reason, future research should be conducted using a measure of identity that is less closely related to the measures of psychological well-being.

Participant and procedure limitations. This study has a small sample, which limits its generalizability and lowers the power for statistical tests. In particular, there were more predictors in the well-being regressions and the mediation model than is recommended based on the sample size (Fritz & MacKinnon, 2007; Pallant, 2016). The small sample also limits the available information about race as those who were non-white had to be collapsed into a single group for analysis, and this is not ideal do to the high likelihood of significant within group differences. This study also looked at emerging adults who had experienced bereavement at some point in their lives, and although time since death was included in the analyses, this research cannot speak specifically to bereavement during emerging adulthood, only to emerging adults who have experienced bereavement at some point in their lives. Relatedly, most of the people in the non-normative bereavement condition (those who have lost a parent, sibling, or

friend) identified having lost a friend. This presented a potential issue, in that definitions of

friends vary significantly from person to person; while the Scale of Emotional Closeness (SEC;

Servaty-Seib & Pistole, 2007) was a useful tool for understanding these differences, it is possible

that the lack of difference between the normative and non-normative bereavement groups might

be, in part, attributed to the differences in the perception of friendship among those who

identified as having experienced the death of a friend. Due to concerns about the differences

between the experience of losing a friend compared with losing a parent, additional analyses

were undertaken to test between group differences with parentally-bereaved participants (n = 3)

removed (see Appendixes H and J).

This study could not assess whether there were differences between those who did and

did not seek help in dealing with their bereavement, due to only having three people who sought

help. Future research should attempt to recruit both help-seeking and non-help-seeking

participants. Additionally, the current study was also exploratory and correlational in design, and

as a result it was not designed to test hypotheses or determine the direction of relationships;

further research with a larger sample should be undertaken to further examine the results of the

present study. For example, this study found a relationship between social support and emotional

closeness to the deceased, but the causal direction of that relationship is not known; it could be

that those who felt higher levels of social support also felt closer to the person who had died, or it

could be that those who felt close to the person who had died felt higher levels of social support.

Future Directions

Although this research has limitations, it provides a starting point for future research into

the relationship between bereavement and identity in emerging adulthood. Future research can

test the proposed mediation model presented in this study with a larger sample to see if this

study's results can be replicated, as well as examine the role of support from parents, siblings and friends separately. A larger sample would also provide an opportunity to test the differences in experiences of bereavement during emerging adulthood compared to emerging adults who have had bereavement experiences in their younger years, or whether those who report having lost a parent or sibling show differences in identity to those who report the death of a friend. Furthermore, the ability to test if there are differences between those who seek help in dealing with their bereavement experience and those who do not is another important area for future research; perhaps participants with similar demographic information and loss histories who have and have not sought help could be matched to see if there are differences between them with regard to social support, identity and well-being. Ideally, longitudinal research that tracks participants before and after an experience of bereavement would help to clarify the directions of relationships between variables such as between emotional closeness to the deceased and social support, although this type of research might not be feasible or would only provide data in situations where bereavement is expected.

Other variables with the potential to influence experiences of bereavement might be tested in future research; for example, is there a difference between emerging adults still living at home and those who have left home to come to school? Or between those who have siblings compared with those who do not? Another factor that might influence these connections is the participants' death anxiety and perceptions of their own mortality. Participants who experience the death of a friend, for example, might be impacted differently because friends are generally closer to them in age, compared to a grandparent or even parent. That is, measuring death anxiety might yield interesting differences between those who lose a contemporary, compared to those who lose someone of a previous generation. Measuring the centrality of the loss might also

increase understanding of the relationships between bereavement and identity. Perhaps, like emotional closeness, the perceived centrality of loss can predict identity.

Whereas this study focused on university students, expanding this research to examine the effect of bereavement on identity in emerging adults who are not attending post-secondary education is an important area for future research, as these emerging adults' experiences are likely to be different from those attending post-secondary education. Research including those who are not attending post-secondary education could identify similarities and differences between these two groups, and would increase understanding concerning whether identity-related processes differ between these two groups. This would provide further information regarding the concept proposed by Arnett (2000); that is, whether emerging adulthood as a life stage is, as Arnett believes, experienced universally in industrial countries and is not limited to those who are in the relatively privileged position of attending post-secondary education. Another interesting direction would be to see what impact bereavement has on other stages of Erikson's theory of life span development; in particular, if emerging adults who experience bereavement show higher levels of ego integrity - coming to terms with the life they have lived thus far (Erikson, 1982) - compared to those who have not experienced bereavement.

Applications

Beyond increasing the knowledge of the relationships between identity, social support and bereavement, and providing hypotheses to test in future studies, the finding of a mediation effect of social support on the relationship between bereavement and identity provides further evidence that social support for bereaved emerging adults is helpful, particularly for emerging adults who are struggling with their experience of bereavement. Interventions might focus specifically on improving relationships with surviving family, and providing opportunities to

meet peers who have experienced death-related loss to help improve social support networks. In addition, the finding that being close to the deceased was not a detriment -at least in the current study- is important, because often it is assumed that for a young person, the loss of an important other can be particularly problematic and leads to negative outcomes. The present research indicates that this is not always the case.

Conclusion

This study, while limited by sample size and time since bereavement, is an important first step in examining the relationships between bereavement and identity in emerging adults. The results indicate that emotional closeness to the deceased is important to consider in understanding identity consolidation in bereaved emerging adults, and that the relationship between emotional closeness and identity consolidation is mediated by overall social support from family and friends. For the sample in the current study, both emotional closeness and social support were positively related to identity consolidation. This provides evidence that being close to the person who died does not always lead to negative outcomes.

Also, this study indicated that the Twenty Statements Test (TST; Kuhn & McPartland, 1954) was not related to the MPD Identity subscales (Hawley, 1988). It seems that the TST measures something different from the global measure of identity consolidation and confusion. The TST (Kuhn & McPartland, 1954) was also not related in this research to either emotional closeness to the deceased or bereavement experiences. MPD Identity consolidation was predictive of five of the six subscales of well-being, (autonomy, environmental mastery, personal growth, purpose in life, and self-acceptance), beyond race, emotional closeness, and social support and strain. This is indicative of the importance of identity in emerging adulthood, particularly for these bereaved participants. The one subscale that identity consolidation was not

predictive of was positive relations with others, and this subscale was predicted by social support. Social support's relationship with the positive relations with others subscale, in conjunction with its association with identity, indicates the importance of social support in the lives of these emerging adults who have experienced bereavement.

In sum, this study provides indications that bereavement does not have to lead to negative outcomes. Further study is warranted in order to test the relationships between bereavement, social support, and identity, and possible differences between those who seek and do not seek help in dealing with bereavement.

Table 1

Demographic Characteristics

Variable	Frequency	Percentage
Age		
< 18	1	1.0
18-21	87	88.8
> 21	10	10.2
Gender		
Male	20	20.4
Female	77	78.6
Agender	1	1.0
Race		
White	69	70.4
Asian	15	15.3
Other	14	14.3
Year of Study		
First	26	26.5
Second	10	10.2
Third	10	10.2
Fourth +	7	7.6
Unsure	49	45.5
Bereavement Status		
Non-Bereavement	20	20.4
Normative Bereavement	49	50.0
Non-Normative Bereavement	17	17.3
Other Bereavement	15	15.3

Note: N = 98

Table 2

Between group differences in Bereavement groups on variables of interest

Variable of Interest	Bereavement group			
	Non-Bereaved (*N* = 19-20)	Normative (*N* = 47-49)	Non-Normative (*N* = 15)	Other (*N* = 13-14)
Age	18.75 (1.12)	19.80 (1.79)	19.60 (1.77)	19.50 (1.65)
Religiosity	3.25 (0.90)	2.79 (1.08)	2.90 (0.98)	2.93 (0.96)
Time Since Death	N/A	4.91 (4.17)$_a$	2.86 (2.45)	2.15 (1.82)$_a$
Emo. Closeness	N/A	3.49 (0.87)	3.41 (1.12)	3.32 (0.99)
CBI	N/A	1.72 (0.43)$_b$	2.18 (0.72)$_b$	1.89 (0.65)
Life Transitions	13.16 (3.00)$_c$	14.79 (2.94)	16.13 (3.66)$_c$	14.86 (2.85)
Id. Consolidation	3.38 (0.64)	3.54 (0.54)	3.72 (0.57)	3.40 (0.75)
Id. Confusion	2.89 (0.75)	2.91 (0.60)	2.78 (0.51)	2.81 (0.80)
Social Support	3.21 (0.54)	3.30 (0.49)	3.46 (0.44)	3.21 (0.56)
Social Strain	2.23 (0.56)	2.26 (0.49)	2.28 (0.56)	2.19 (0.51)
Autonomy	3.58 (0.71)$_d$	3.96 (0.73)	4.22 (0.67)$_d$	4.01 (0.62)
Environ. Mastery	3.60 (0.78)	3.84 (0.66)	3.92 (0.72)	3.68 (0.96)
Personal Growth	4.48 (0.82)	4.54 (0.56)	4.82 (0.75)	4.68 (0.60)
Rels with Others	4.59 (0.69)	4.43 (0.72)	4.24 (0.61)	4.34 (0.74)
Purpose in Life	4.18 (0.85)	4.31 (0.61)	4.42 (0.71)	4.34 (0.89)
Self-Acceptance	3.70 (1.04)	4.03 (0.72)	4.21 (0.85)	3.48 (1.28)

Note: Means (and standard deviations) in the same row sharing a common alphabetical subscript are significantly different from each other.

Numbers of participants per bereavement group vary slightly.

Table 3

Correlations between: identity, emotional closeness to the deceased, perceived social support and strain from family and friends, and six subscales of psychological well-being

Variable	Mean	SD	Correlations									
			1	2	3	4	5	6	7	8	9	10
1. Identity Consolidation	3.52	0.60	-									
2. Identity Confusion	2.87	0.64	-.56**	-								
3. Emotional Closeness	3.44	0.93	.30**	-.10	-							
4. Social Support	3.30	0.51	.37**	-.36**	.32**	-						
5. Social Strain	2.25	0.51	-.24*	.41**	-.12	-.48**	-					
6. Autonomy	3.93	0.72	.41**	-.27**	.25*	.05	-.05	-				
7. Environ. Mastery	3.78	0.74	.61**	-.55**	.09	.42**	-.37**	.20	-			
8. Personal Growth	4.59	0.66	.47**	-.14	.11	.28**	-.18	.41**	.32**	-		
9. Rels with Others	4.42	0.70	.39**	-.37**	.21	.60**	-.44**	.01	.53**	.34**	-	
10. Purpose in Life	4.30	0.72	.49**	-.39**	.10	.24**	-.20*	.35**	.44**	.64**	.33**	-
11. Self-Acceptance	3.90	0.92	.64**	-.62**	.17	.48**	-.34**	.25*	.74**	.32**	.51**	.44**

Note. **$p < .01$; *$p < .05$. All p values were verified using bootstrapped 95% confidence intervals, these values are available upon request

$N = 75-98$.

Table 4

Regression Coefficients for bereavement, perceived social support and strain from family and friends, and identity associated with the

autonomy subscale of PWB

Variable	Model 1				Model 2				Model 3			
	B	*SE B*	*β*	*CI*	*B*	*SE B*	*β*	*CI*	*B*	*SE B*	*β*	*CI*
Bereav. Group	0.07	0.11	0.07	-.11, .27	0.06	0.11	0.07	-.11, .28	0.08	0.10	0.08	-.10, .27
Race	0.03	0.19	0.02	-.36, .39	0.03	0.19	0.02	-.35, .40	0.13	0.19	0.08	-.28, .60
Emo. Closeness	0.19*	0.09	0.26*	.01, .36	0.20*	0.09	0.26*	.02, .39	0.15	0.09	0.19	-.04, .33
Social Support					-0.05	0.20	-0.04	-.44, .38	-0.19	0.20	-0.14	-.53, .16
Social Strain					-0.04	0.19	-0.03	-.42, .37	0.04	0.18	0.03	-.31, .45
Id. Consolidation									0.39*	0.17	0.33*	.08, .73
Id. Confusion									-0.13	0.17	-0.12	-.46, .18
Δ*R²*							.00				.13*	
R²			.07				.07				.20*	

Note. **p < .01; *p < .05.

N = 75
CI refers to bootstrapped 95% confidence intervals with 1000 iterations

Table 5

Regression Coefficients for race, bereavement, perceived social support and strain from family and friends, and identity associated

with the environmental mastery subscale of PWB

Variable	Model 1				Model 2				Model 3			
	B	*SE B*	*β*	*CI*	*B*	*SE B*	*β*	*CI*	*B*	*SEB*	*β*	*CI*
Race	-0.34*	0.19	-0.20*	-.64, -.05	-0.29	0.18	-0.17	-.55, .01	-0.10	0.15	-0.06	-.36, .14
Emo. Closeness	0.07	0.09	0.09	-.11, .26	-0.02	0.09	-0.02	-.17, .14	-0.10	0.07	-0.12	-.23, .03
Social Support					0.38*	0.19	0.26*	.07, .75	0.15	0.15	0.10	-.09, .44
Social Strain					-0.37	0.18	-0.25	-.73, .02	-0.22	0.14	-0.15	-.52, .08
Id. Consolidation									0.58**	0.13	0.48**	.33, .83
Id. Confusion									-0.27*	0.13	-0.23*	-.50, -.03
Δ*R²*							.19**				.32**	
R²			.05				.24**				.55**	

Note. **p < .01; *p < .05.

N = 75

CI refers to bootstrapped 95% confidence intervals with 1000 iterations

Table 6

Regression Coefficients for bereavement, perceived social support and strain from family and friends, and identity associated with

personal growth subscale of PWB

Variable	Model 1				Model 2				Model 3			
	B	*SE B*	*β*	*CI*	*B*	*SE B*	*β*	*CI*	*B*	*SE B*	*β*	*CI*
Race	0.06	0.16	0.04	-.26, 41	0.10	0.16	0.07	-.24, .45	0.03	0.15	0.02	-.27, .38
Emo. Closeness	0.07	0.08	0.11	-.10, .23	0.02	0.08	0.02	-.12, .16	-0.06	0.07	-0.09	-.20, .07
Social Support					0.25	0.17	0.21	-.06, .51	0.12	0.15	0.10	-20, .40
Social Strain					-0.25	0.16	-0.21	-.59, .10	-0.24	0.14	-0.20	-.59, .10
Id. Consolidation									0.60**	0.13	0.58**	.34, .86
Id. Confusion									0.24	0.13	0.25	-.04, .51
ΔR^2							.12*				.21**	
R^2			.01				.13*				.34**	

Note. **p < .01; *p < .05.

N = 75

CI refers to bootstrapped 95% confidence intervals with 1000 iterations

Table 7

Regression Coefficients for bereavement, perceived social support and strain from family and friends, and identity associated with

positive relations with others subscale of PWB

Variable	Model 1				Model 2				Model 3			
	B	*SE B*	*β*	*CI*	*B*	*SE B*	*β*	*CI*	*B*	*SEB*	*β*	*CI*
Race	-0.24	0.18	-0.15	-.58, .09	-0.18	0.15	-0.11	-.46, .08	-0.11	0.16	-0.07	-.45, .18
Emo. Closeness	0.16	0.09	0.21	-.02, .33	0.03	0.07	0.03	-.13, .17	-0.00	0.07	-0.01	-.16, .14
Social Support					0.69**	0.16	0.49**	.43, .96	0.61**	0.16	0.43**	.27, .90
Social Strain					-0.26	0.15	-0.19	-.55, .07	-0.21	0.15	-0.15	-.53, .12
Id. Consolidation									0.21	0.14	0.18	-.06, .51
Id. Confusion									-0.11	0.14	-0.10	-.38, .17
ΔR^2							.34**				.05	
R^2		.07					.41**				.46**	

Note. **$p < .01$; *$p < .05$.

$N = 75$

CI refers to bootstrapped 95% confidence intervals with 1000 iterations

Table 8

Regression Coefficients for bereavement, perceived social support and strain from family and friends, and identity associated with

purpose in life subscale of PWB

Variable	Model 1				Model 2				Model 3			
	B	*SE B*	*β*	*CI*	*B*	*SE B*	*β*	*CI*	*B*	*SE B*	*β*	*CI*
Race	0.08	0.18	0.05	-.23, .37	0.13	0.17	0.08	-.16, .44	0.31	0.15	0.20	.00, .61
Emo. Closeness	0.08	0.09	0.10	-.10, .28	0.03	0.09	0.04	-.14, .21	-0.05	0.07	-0.07	-.16, .09
Social Support					0.09	0.19	0.07	-.28, .46	-0.13	0.15	-0.10	-.43, .16
Social Strain					-0.45*	0.18	-0.33*	-.83, -.07	-0.31*	0.14	-0.23*	-.62, -.02
Id. Consolidation									0.57**	0.13	0.49**	.30, .81
Id. Confusion									-0.27	0.13	-0.24	-.55, .04
Δ*R²*							.13**				.34**	
R²			.01				.15**				.49**	

Note. **p < .01; *p < .05.

N = 75

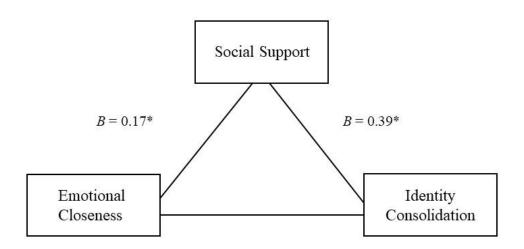*CI* refers to bootstrapped 95% confidence intervals with 1000 iterations

Table 9

Regression Coefficients for bereavement, perceived social support and strain from family and friends, and identity associated with

self-acceptance subscale of PWB

	Model 1				Model 2				Model 3			
Variable	*B*	*SE B*	*β*	*CI*	*B*	*SE B*	*β*	*CI*	*B*	*SE B*	*β*	*CI*
Race	-0.62**	0.22	-0.32**	-1.10, -.25	-0.59**	0.21	-0.30**	-.96, -.20	-0.35	0.17	-0.18	-.72, .01
Emo. Close.	0.16	0.10	0.18	-.05, .38	0.06	0.10	0.07	-.15, .29	-0.04	0.08	-0.04	-.18, .12
Social Support					0.52*	0.22	0.30*	.11, .98	0.23	0.17	0.13	-.09, .57
Social Strain					-0.15	0.21	-0.09	-.55, .24	0.03	0.16	0.02	-.26, .34
Id. Consol.									0.73**	0.14	0.50**	.43, .97
Id. Confus.									-0.35*	0.14	-0.25*	-.64, -.08
Δ*R²*						.11**				.36**		
R²		.13**				.24**				.60**		

Note. **p < .01; *p < .05.

N = 75

CI refers to bootstrapped 95% confidence intervals with 1000 iterations

Figure 1
Mediation Model

Note: * *p* < .05

Appendix A

MPD Identity Scales (Hawley, 1988)

The following are statements or phrases which people often use to describe themselves. For each statement select the degree to which you feel it describes you, from 1 = Not at all like you to 5 = very much like you

Positive Scale

- Have worked out my basic beliefs about such matters as occupation, sex, family, politics, religion, etc.
- Clear vision of what I want out of life
- Stand up for what I believe even in the face of adversity
- Found my place in the world
- Others see me pretty much as I see myself
- Appreciate my own uniqueness and individuality
- Content to be who I am

Negative Scale

- Not sure of my basic convictions
- A bundle of contradictions
- Wide gap between the person I am and the person I want to be
- Uncertain about what I am going to do with my life
- Haven't found my place in life
- A mystery-even to myself
- In search of my identity

Appendix B

20 Statements Test (Kuhn & McPartland, 1954)

There are twenty numbered blanks on the page below. Please write twenty answers to the question "Who am I?" in the blanks. Just give twenty different answers to this question. Answer as if you are giving the answers to yourself not to somebody else. Write the answers in the order that they occur to you. Don't worry about logic or "importance." Go along fairly fast for time is limited.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____

Appendix C

Scale of Emotional Closeness (Servaty-Seib & Pistole, 2007)

The level of closeness we feel to others differs from person to person and over time. Please think about your relationship with the important person who died while answering the following questions. State your level of agreement from 1 =strongly disagree to 5 = strongly agree.

1. I felt I could share my most intimate feelings with this person.
2. I kept my distance emotionally from this person. (R)
3. It was very easy to talk with this person.
4. I felt close to this person.
5. It was difficult to talk with this person. (R)
6. This person understood me.
7. This person shared his/her most personal thoughts with me.

Appendix D
Core Bereavement Items Scale

Items are measured using a 4 point Likert type scale with 0 = Never and 3 = A lot of the time

Subscale A (Images and thoughts)

1. Do you experience images of the events surrounding "x's" death?
2. Do thoughts of "x" come into your mind whether you wish it or not?
3. Do thoughts of "x" make you feel distressed?
4. Do you think about "x"?
5. Do images of "x" make you feel distressed?
6. Do you find yourself preoccupied with images or memories of "x"?
7. Do you find yourself thinking of reunion with "x"?

Subscale B (Acute separation)

8. Do you find yourself missing "x"?
9. Are you reminded by familiar objects (photos, possessions, rooms etc.) of "x"?
10. Do you find yourself pining for/yearning for "x"?
11. Do you find yourself looking for "x" in familiar places?
12. Do you feel distress/pain if for any reason you are confronted with the reality that "x" is not present/not coming back?

Subscale C (Grief)

13. Do reminders of "x" such as photos, situations, music, places etc. cause you to feel longing for "x"?
14. Do reminders of "x" such as photos, situations, music, places etc. cause you to feel loneliness?
15. Do reminders of "x" such as photos, situations, music, places etc. cause you to cry about "x"?
16. Do reminders of "x" such as photos, situations, music, places etc. cause you to feel sadness?
17. Do reminders of "x" such as photos, situations, music, places etc. cause you to feel loss of enjoyment?

Appendix E
Social support and Strain scale (Ryff et al., 2007)

All items are answered on a 4 point Likert-type scale for the support items 1= a lot: 4=not at all. For the strain items 1 = often; 4= never. Note items are recoded so that higher values indicate higher levels of support or strain.

Each of the following questions is asked about each of the groups (Partner, if they have one, Family (not including partner) and Friends).

Support items
1.   How much do they (replace with target group) understand the way you feel about things
2.   How much do they really care about you?
3.   How much can you rely on them if you have a serious problem?
4.   How much can you open up to them if you need to talk about your worries

Strain items
1.   How often do they criticize you?
2.   How often do they make to many demands on you?
3.   How often do they let you down when you are counting on them?
4.   How often do they get on your nerves?

Appendix F
Psychological Well-being Scale (Ryff, 1989)

Items are scored on a Likert type scale with 1 = Strongly agree and 6 = Strongly disagree

The Autonomy subscale items are

I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people
My decisions are not usually influenced by what everyone else is doing
I tend to worry about what other people think of me. (R)
I tend to be influenced by people with strong opinions. (R)
I have confidence in my opinions, even if they are contrary to the general consensus
It's difficult for me to voice my own opinions on controversial matters. (R)
I judge myself by what I think is important, not by the values of what others think is important.

The Environmental Mastery subscale items are

In general, I feel I am in charge of the situation in which I live.
The demands of everyday life often get me down (R)
I do not fit very well with the people and the community around me (R)
I am quite good at managing the many responsibilities in my daily life.
I often feel overwhelmed by my responsibilities (R)
I have difficulty arranging my life in a way that is satisfying to me. (R)
I have been able to build a home and a lifestyle for myself that is much to my liking.

The Personal Growth subscale items are

For me, life has been a continuous process of learning, changing, and growing.
I am not interested in activities that will expand my horizons. (R)
I think it is important to have new experiences that challenge how you think about yourself and the world
When I think about it, I haven't really improved much as a person over the years. (R)
I have a sense that I have developed a lot as a person over time
I do not enjoy being in new situations that require me to change my old familiar ways of doing things. (R)
I gave up trying to make big improvements or changes in my life a long time ago. (R)

The Positive Relations with Others subscale items are

People would describe me as a giving person, willing to share my time with others.
Most people see me as loving and affectionate.
Maintaining close relationships has been difficult and frustrating for me (R)
I often feel lonely because I have few close friends with whom to share my concerns (R)
I enjoy personal and mutual conversations with family members or friends.
I have not experienced many warm and trusting relationships with others. (R)
I know that I can trust my friends, and they know they can trust me.

The Purpose in Life subscale items are

I live life one day at a time and don't really think about the future (R)
I have a sense of direction and purpose in life.
My daily activities often seem trivial and unimportant to me. (R)
I don't have a good sense of what it is I'm trying to accomplish in life. (R)
Some people wander aimlessly through life, but I am not one of them.
I sometimes feel as if I've done all there is to do in life. (R)
I enjoy making plans for the future and working to make them a reality.

The Self-Acceptance subscale items are

When I look at the story of my life, I am pleased with how things have turned out.
In general, I feel confident and positive about myself
I feel like many of the people I know have gotten more out of life than I have (R)
I like most aspects of my personality.
My attitude about myself is probably not as positive as most people feel about themselves. (R)
When I compare myself to friends and acquaintances, it makes me feel good about who I am.
In many ways, I feel disappointed about my achievements in life. (R)

Appendix G
Young Adult life transitions Checklist (based on Life Transitions Checklist; Newcomb, Huba, & Bentler, 1981 and the Life Events Scale for Students; Linden, 1984)

"How many of these events have happened to you? Please check the appropriate box for each event. Boxes will be labelled experienced in the past year, experienced more than a year ago, never experienced.

- Completed high school
- Started University
- Moved away from home
- Began a long term committed relationship
- Ended a long term committed relationship
- Had sex for the first time
- Experienced the death of a family member or friend
- Started a new job
- Had a child
- Bought a car
- Were involved in a motor vehicle accident
- Lost your job
- Failed a course
- Were diagnosed with a life changing illness
- Were arrested
- Started Smoking
- Quit Smoking
- Started Drinking Alcohol
- Got your driver's licence
- Travelled to another country
- Experienced the death of a pet
- Parents separated/divorced
- Came out as LGBTQIAA to family or friends
- Were impacted by an act of violence
- Were the victim of a criminal act
- Lost touch with old friends
- Made new friends
- Dealt with addiction yourself
- Dealt with a family member or friends addiction
- Are/Were actively involved in the care of a family member (parent, grandparent)
- Other _____

Appendix H
Between group differences in Bereavement groups (with parentally bereaved removed from non-normative group) on variables of interest

Variable of Interest	Bereavement group			
	Non-Bereaved (N = 19-20)	Normative (N = 47-49)	Non-Normative (N = 12)	Other (N = 13-14)
Age	18.75 (1.12)	19.80 (1.79)	19.67 (1.88)	19.50 (1.65)
Religiosity	3.25 (0.90)	2.79 (1.08)	2.77 (1.04)	2.93 (0.96)
Time Since Death	N/A	4.91 (4.17)$_a$	3.18 (2.60)	2.15 (1.82)$_a$
Emo. Closeness	N/A	3.49 (0.87)	3.42 (1.14)	3.32 (0.99)
CBI	N/A	1.72 (0.43)	1.97 (0.61)	1.89 (0.65)
Life Transitions	13.16 (3.00)$_{b\,c}$	14.79 (2.94)$_b$	16.00 (3.60)$_c$	14.86 (2.85)
Id. Consolidation	3.38 (0.64)	3.54 (0.54)	3.70 (0.53)	3.40 (0.75)
Id. Confusion	2.89 (0.75)	2.91 (0.60)	2.75 (0.46)	2.81 (0.80)
Social Support	3.21 (0.54)	3.30 (0.49)	3.43 (0.48)	3.21 (0.56)
Social Strain	2.23 (0.56)	2.26 (0.49)	2.28 (0.61)	2.19 (0.51)
Autonomy	3.58 (0.71)	3.96 (0.73)	4.20 (0.71)	4.01 (0.62)
Environ. Mastery	3.60 (0.78)	3.84 (0.66)	3.91 (0.63)	3.68 (0.96)
Personal Growth	4.48 (0.82)	4.54 (0.56)	4.76 (0.81)	4.68 (0.60)
Rels with Others	4.59 (0.69)	4.43 (0.72)	4.23 (0.60)	4.34 (0.74)
Purpose in Life	4.18 (0.85)	4.31 (0.61)	4.42 (0.67)	4.34 (0.89)
Self-Acceptance	3.70 (1.04)	4.03 (0.72)	4.18 (0.70)	3.48 (1.28)

Note: Means (and standard deviations) in the same row sharing a common alphabetical subscript are significantly different from each other.

Numbers of participants per bereavement group vary slightly.

Appendix I

Correlations between: identity, emotional closeness to the deceased, perceived social support and strain from family and friends, and six subscales of psychological well-being, with non-bereaved participants removed

Variable	*Mean*	*SD*	Correlations									
			1	2	3	4	5	6	7	8	9	10
1. Identity Consolidation	3.55	0.59	-									
2. Identity Confusion	2.87	0.62	-.56**	-								
3. Emotional Closeness	3.44	0.93	.30**	-.10	-							
4. Social Support	3.32	0.50	.35**	-.28*	.32**	-						
5. Social Strain	2.25	0.51	-.26*	.34**	-.12	-.50**	-					
6. Autonomy	4.00	0.70	.38**	-.24*	.25*	.05	-.05	-				
7. Environ. Mastery	3.82	0.73	.65**	-.58**	.09	.40**	-.40**	.27*	-			
8. Personal Growth	4.62	0.61	.50**	-.17	.11	.29*	-.31**	.47**	.36**	-		
9. Rels with Others	4.38	0.70	.42**	-.37**	.21	.61**	-.46**	.04	.56**	.34**	-	
10. Purpose in Life	4.34	0.68	.62**	-.49**	.10	.24*	-.36**	.40**	.45**	.62**	.37**	-
11. Self-Acceptance	3.96	0.89	.64**	-.59**	.17	.41**	-.27*	.25*	.74**	.29*	.49**	.42**

Note. **$p < .01$; *$p < .05$. All p values were verified using bootstrapped 95% confidence intervals, these values are available upon request

$N = 75$-78.

Appendix J

Regression Coefficients for bereavement, perceived social support and strain from family and friends, and identity associated with the autonomy subscale of PWB, with parentally-bereaved participants removed.

Variable	Model 1				Model 2				Model 3			
	B	*SE B*	*β*	*CI*	*B*	*SE B*	*β*	*CI*	*B*	*SE B*	*β*	*CI*
Bereav. Group	0.06	0.11	0.06	-.15, .26	0.05	0.11	0.06	-.14, .27	0.07	0.10	0.08	-.13, .28
Race	0.00	0.19	0.00	-.35, .37	0.00	0.20	0.00	-.34, .39	0.08	0.20	0.05	-.32, .54
Emo. Closeness	0.18	0.09	0.24	-.01, .36	0.19	0.10	0.24	-.01, .38	0.11	0.10	0.15	-.08, .30
Social Support					-0.06	0.21	-0.04	-.48, .37	-0.20	0.20	-0.14	-.53, .15
Social Strain					-0.06	0.20	-0.05	-.43, .35	0.02	0.19	0.02	-.31, .42
Id. Consolidation									0.45*	0.17	0.37*	.11, .79
Id. Confusion									-0.14	0.17	-0.12	-.47, .18
Δ*R²*						.00				.16**		
R²		.06				.06				.22*		

Note. **$p < .01$; *$p < .05$.

$N = 72$
CI refers to bootstrapped 95% confidence intervals with 1000 iterations

Appendix K

Regression Coefficients for race, bereavement, identity, and perceived social support from family and friends, perceived social strain

from family and friends associated with Positive Relations with Others Subscale of PWB

Variable	Model 1				Model 2				Model 3			
	B	*SE B*	*β*	*CI*	*B*	*SE B*	*β*	*CI*	*B*	*SEB*	*β*	*CI*
Race	-0.24	0.18	-0.15	-.58, .08	-0.07	0.18	-0.05	-.42, .27	-0.11	0.16	-0.07	-.41, .17
Emo. Closeness	0.16	0.09	0.21	-.02, .34	0.08	0.08	0.11	-.08, .25	-0.00	0.07	-0.01	-.16, .15
Id. Consolidation					0.33*	0.16	0.28*	.03, .64	0.21	0.14	0.18	-.08, .51
Id. Confusion					-0.24	0.15	-0.22	-.56, .08	-0.11	0.14	-0.10	-.41, .16
Social Support									0.61**	0.16	0.43**	.27, .88
Social Strain									-0.21	0.15	-0.15	-.53, .11
Δ*R²*							.17**				.22**	
R²		.07				.24**				.68**		

Note. **$p < .01$; *$p < .05$.

$N = 75$

CI refers to bootstrapped 95% confidence intervals with 1000 iterations

References

Abrams, R. (1993). Helping teenagers and young adults cope with the death of a parent. *Bereavement Care*, *12*(2), 16–18. dio: 10.1080/02682629308657307

Antonucci, T. C. (2001). Social relations: An examination of social networks, social support, and sense of control. In J. E. Birren, K. W. Schaie, R. P. Abeles, M. Gatz, & T. A. Salthouse (Eds.), *Handbook of the Psychology of Aging* (5th ed., pp. 427–453). Houston: Gulf Professional Publishing.

Aquilino, W. S. (2006). Family relationships and support systems in emerging adulthood. In J. J. Arnett & J. Tanner (Eds.), *Emerging Adults in America: Coming of Age in the 21st Century* (pp. 193–218). Washington DC: American Psychological Association.

Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist*, *55*(5), 469–480. doi: 10.1037//0003-066X.55.5.469

Arnett, J. J. (2006). Emerging adulthood: Understanding the new way of coming of age. In J. J. Arnett & J. Tanner (Eds.), *Emerging Adults in America: Coming of Age in the 21st Century* (pp. 3–19). Washington DC: American Psychological Association.

Arnett, J. J., & Tanner, J. (2011). Themes and variations in emerging adulthood across social classes. In *Debating Emerging Adulthood: Stage or Process* (pp. 31–50). New York: Oxford University Press.

Azmitia, M., Syed, M., & Radmacher, K. (2013). Finding your niche: Identity and emotional support in emerging adults' adjustment to the transition to college. *Journal of Research on Adolescence*, *23*(4), 744–761. doi: 10.1111/jora.12037

Baddeley, J. L., & Singer, J. A. (2008). Telling losses: Personality correlates and functions of

bereavement narratives. *Journal of Research in Personality, 42*(2), 421–438. doi:

10.1016/j.jrp.2007.07.006

Baggio, S., Studer, J., Iglesias, K., Daeppen, J.B., & Gmel, G. (2017). Emerging adulthood: A

time of changes in psychosocial well-being. *Evaluation and the Health Professions,*

40(4), 383-400. doi: 10.1177/0163278716663602

Balk, D. E. (1997). Death, bereavement and college students: a descriptive analysis. *Mortality*,

2(3), 207-220. doi: 10.1080/713685866

Balk, D. E. (2001). College student bereavement, scholarship and the university: A call for

university engagement. *Death Studies*, *25*, 67–84. doi: 10.1080/07481180126146

Balk, D. E. (2008). Grieving: 22 to 30 percent of all college students. *New Directions for Student*

Services, (121), 5–14. doi: 10.1002/ss.262

Balk, D. E. (2011). *Helping the Bereaved College Student*. New York, NY: Springer Publishing

Company.

Balk, D. E., Lampe, S., Sharpe, B., Schwinn, S., Holen, K., Cook, L., & Dubois III, R. (1998).

Tat results in a longitudinal study of bereaved college students. *Death Studies, 22*, 3–21.

doi: 10.1080/074811898201704

Balk, D. E., Tyson-rawson, K., & Colletti-wetzel, J. (1993). Social support as an intervention

with bereaved college students. *Death Studies, 17*(5), 427–450. doi:

10.1080/07481189308253387

Balk, D. E., Walker, A. C., & Baker, A. (2010). Prevalence and severity of college student

bereavement examined in a randomly selected sample. *Death Studies, 34*(5), 459–468.

doi: 10.1080/07481180903251810

Battle, C. L., Greer, J. A., Ortiz-Hernández, S., & Todd, D. M. (2013). Developing and

   implementing a bereavement support program for college students. *Death Studies, 37*(4),

   362–382. doi: 10.1080/07481187.2011.634087

Berson, R. J. (1988). A bereavement group for college students. *Journal of American College

   Health, 37*(3), 101–108. doi: 10.1080/07448481.1988.9939050

Boelen, P. A. (2009). The centrality of a loss and its role in emotional problems among bereaved

   people. *Behaviour Research and Therapy, 47*(7), 616–622. doi:

   10.1016/j.brat.2009.03.009

Boelen, P. A. (2017). Self-identity after bereavement: Reduced self-clarity and loss-centrality in

   emotional problems after the death of a loved one. *The Journal of Nervous and Mental

   Disease*, *205*(5), 405–408. doi: 10.1097/NMD.0000000000000660

Bonanno, G.A., & Kaltman, S. (2001). The varieties of grief experience. *Clinical Psychology

   Review, 21*(5), 705-734. doi: 10.1016/S0272-7358(00)00062-3

Bonanno, G. A., Papa, A., & O'Neill, K. (2002). Loss and human resilience. *Applied and

   Preventive Psychology, 10*(3), 193–206. doi: 10.1016/S0962-1849(01)80014-7

Bowlby, J., & Parkes, C. M. (1970). Separation and loss within the family. In E. J. Anthony

   (Ed.), *The child in his family* (pp. 197-216). New York: Wiley.

Brewer, J. D., & Sparkes, A. C. (2011). Young people living with parental bereavement: Insights

   from an ethnographic study of a UK childhood bereavement service. *Social Science &

   Medicine*, *72*(2), 283–290. doi: 10.1016/j.socscimed.2010.10.032

Burke, L. A., & Neimeyer, R. A. (2013). Prospective risk factors for complicated grief: A review of the empirical literature. In M. S. Stroebe, H. Schut, & J. van den Bout (Eds.) *Complicated grief: Scientific foundations for healthcare professionals* (pp. 145–161). London, UK: Routledge.

Burnett, P., Middleton, W., Raphael, B., & Martinek, N. (1997). Measuring core bereavement phenomena. *Psychological Medicine, 27*(1), 49–57. doi: 10.1017/S0033291796004151

Berntsen, D., & Rubin, D. C. (2006). The centrality of event scale: A measure of integrating a trauma into one's identity and its relation to post-traumatic stress disorder symptoms. *Behaviour Research and Therapy, 44*(2), 219-231. doi:10.1016/j.brat.2005.01.009

Chowns, G. (2013). 'Until it ends, you never know…': Attending to the voice of adolescents who are facing the likely death of a parent. *Bereavement Care, 32*(1), 23–30. doi: 10.1080/02682621.2013.779822

Compas, B. E., Wagner, B. M., Slavin, L. A., & Vannatta, K. (1986). A prospective study of life events, social support, and psychological symptomatology during the transition from high school to college. *American Journal of Community Psychology, 14*(3), 241–257. doi: 10.1007/BF00911173

Côté, J. E. (2006). Emerging adulthood as an institutionalized moratorium: Risks and benefits to identity formation. In J. J. Arnett & J. Tanner (Eds.), *Emerging Adults in America: Coming of Age in the 21st Century* (pp. 85–116). Washington DC: American Psychological Association.

Cousins, C., Servaty-Seib, H. L., & Lockman, J. (2017). College student adjustment and coping: Bereaved and nonbereaved students. *OMEGA - Journal of death and dying, 74*(4), 386-409. doi: 10.1177/0030222815598911

Duina, F. (2014). *Life Transitions in America*. Malden, MA: Polity Press.

Doumen, S., Smits, I., Luyckx, K., Duriez, B., Vanhalst, J., Verschueren, K., & Goossens, L. (2012). Identity and perceived peer relationship quality in emerging adulthood: The mediating role of attachment-related emotions. *Journal of Adolescence, 35*, 1417-1425. http://doi.org.libproxy.wlu.ca/tsg

Erikson, E. H. (1959). *Identity and the Life Cycle*. New York: International Universities Press Inc.

Erikson, E. H. (1982). *The Life Cycle Completed: A review*. New York: W.W. Norton & Company.

Fritz, M. S., & MacKinnon, D. P. (2007). Required sample size to detect the mediated effect. *Psychological Science, 18*(3), 223-239. doi:10.1111/j.1467-9280.2007.01882.x

Furstenberg, F. F. (2005). Non-normative life course transitions: Reflections on the significance of demographic events on lives. *Advances in Life Course Research*, *10*, 155–172. doi: 10.1016/S1040-2608(05)10005-7

Gillies, J., & Neimeyer, R. A. (2006). Loss, grief, and the search for significance: Toward a model of meaning reconstruction in bereavement. *Journal of Constructivist Psychology, 19*, 31-65. doi: 10.1080/10720530500311182

Grace, S. L., & Cramer, K. L. (2003) The elusive nature of self-measurement: The self-construal scale versus the twenty statements test. *The Journal of Social Psychology, 143*(5), 649-668. doi: 10.1080/00224540309598469

Grotevant, H., Thorbecke, W., & Meyer, M. (1982). An extension of Marcia's identity status interview into the interpersonal domain. *Journal of Youth and Adolescence, 11*(1), 33-47. doi: 10.1007/BF01537815

Guan, S.-S. A., & Fuligni, A. J. (2016). Changes in parent, sibling, and peer support during the transition to young adulthood. *Journal of Research on Adolescence*, *26*(2), 286–299. doi: 10.1111/jora.12191

Guarnieri, S., Smorti, M., & Tani, F. (2015). Attachment relationships and life satisfaction during emerging adulthood. *Social Indicators Research*, *121*(3), 833–847. doi: 10.1007/s11205-014-0655-1

Hawley, G. A. (1988). *MPD, Measures of Psychosocial Development*. Psychological Assessment Resources Incorporated.

Hayes, A. F. (2017). *Introduction to mediation, moderation, and conditional process analysis: A regression-based approach*. New York: Guilford Publications.

Helson, R., Mitchell, V., & Moane, G. (1984). Personality and patterns of adherence and nonadherence to the social clock. *Journal of Personality and Social Psychology*, *46*(5), 1079–1096. doi: 10.1037/0022-3514.46.5.1079

Hendry, L. B., & Kleop, M. (2002). *Lifespan development: Resources, challenges and risks.* London: Thomson Learning.

Hendry, L. B., & Kloep, M. (2011). Lifestyles in emerging adulthood. In *Debating Emerging Adulthood: Stage or Process* (pp. 77–104). New York: Oxford University Press.

Hibberd, R. (2013). Meaning reconstruction in bereavement: Sense and significance. *Death Studies*, *37*(7), 670–692. https://doi.org/10.1080/07481187.2012.692453

Hogan, N., Morse, J. M., & Tasón, M. C. (1996). Toward an experiential theory of bereavement. *OMEGA - Journal of Death and Dying*, *33*(1), 43–65. doi: 10.2190/GU3X-JWV0-AG6G-21FX

Jakoby, N. R. (2014). Talking about grief: conversational partners sought by bereaved people. *Bereavement Care*, *33*(1), 13–18. doi: 10.1080/02682621.2014.902611

Janowiak, S. M., Meital, R., & Drapkin, R. G. (1995). Living with loss: A group for bereaved college students. *Death Studies*, *19*(1), 55-63. doi: 10.1080/07481189508252713

Karaś, D., Cieciuch, J., Negru, O., & Crocetti, E. (2015). Relationships between identity and well-being in Italian, Polish, and Romanian emerging adults. *Social Indicators Research 121*(3), 727-743. doi: 10.1007/s11205-014-0668-9

Kashima, E. S., Hardie, E. A., Wakimoto, R., & Kashima, Y. (2011). Culture- and gender-specific implications of relational and collective contexts on spontaneous self-descriptions. *Journal of Cross-Cultural Psychology, 42*(5), 740–758. doi: 10.1177/0022022110362754

Kastenbaum, R. J. (1986). *Death, society and human experience* (3rd ed.). Columbus OH: Charles E. Merrill Publishing company

Kloep, M., & Hendry, L. B. (2011). A systematic approach to the transitions to adulthood. In *Debating Emerging Adulthood: Stage or Process* (pp. 53–75). New York: Oxford University Press.

Konik, J., & Stewart, A. J. (2004). Sexual identity development in the context of compulsory heterosexuality. *Journal of Personality, 72*(4), 815–844. doi: 10.1111/j.0022-3506.2004.00281.x

Kübler-Ross, E. (1969). *On death and dying*. New York: Macmillan.

Kuhn, M. H., & McPartland, T. S. (1954). An empirical investigation of self-attitudes. *American Sociological Review, 19*(1), 68–76. doi: 10.2307/2088175

Lane, J. A., & Fink, R. S. (2015). Attachment, social support satisfaction, and well-being during life transition in emerging adulthood. *The Counseling Psychologist*, *43*(7), 1034–1058. doi: 10.1177/0011000015592184

Lane, J. A., Leibert, T. W., & Goka-Debose, E. (2017). The impact of life transition on emerging adult attachment, social support and well-being: A multiple-group comparison. *Journal of Counseling & Development*, *95*, 378–388. doi: 10.1002/jcad.121

Leopold, T., & Lechner, C. M. (2015). Parents' death and adult well-being: Gender, age, and adaptation to filial bereavement. *Journal of Marriage and Family*, *77*(3), 747–760. doi: 10.1111/jomf.12186

Linden, W. (1984). Development and initial validation of a life event scale for students. *Canadian Counsellor, 18*(3), 106–110.

Marcia, J. E. (1966). Development and validation of ego-identity status. *Journal of Personality and Social Psychology*, *3*(5), 551–558. doi: 10.1037/h0023281

McAdams, D. P. (2011). Narrative identity. In S. J. Schwartz, K. Luyckx & V. L. Vignoles (Eds.), *Hand book of identity theory and research* (pp. 99-115). New York, NY: Springer.

Murphy, K. A., Blustein, D.L., Bohlig, A.J., & Platt, M.G. (2010). The college-to-career transition: An exploration of emerging adulthood. *Journal of Counseling and Development, 88*(2), 174-181. doi: 10.1002/j.1556-6678.2010.tb00006.x

Neimeyer, R. A., Laurie, A., Mehta, T., Hardison, H., & Currier, J. M. (2008). Lessons of loss:

Meaning-making in bereaved college students. *New Directions for Student Services*,

(121), 27–39. doi: 10.1002/ss.264

Newcomb, M., Huba, G., & Bentler, P. (1981). A multidimensional assessment of stressful life

events among adolescents: Derivation and correlates. *Journal of Health and Social

Behavior, 22*(4), 400-415. doi: 10.2307/2136681

Pallant, J. (2016) *SPSS survival manual: A step by step guide to data analysis using IBM SPSS.*

New York, NY: Open University Press.

Papa, A., & Lancaster, N. (2016). Identity continuity and loss after death, divorce, and job loss.

Self and Identity, *15*(1), 47–61. doi: 10.1080/15298868.2015.1079551

Pollard, B. L., Varga, M. A., Wheat, L. S., McClam, T., & Balentyne, P. J. (2017).

Characteristics of graduate counseling student grief experiences. *Illness, Crisis & Loss,

0*(0), 1-20. doi: 10.1177/1054137317730525

Rook, K. S., Catalano, R., & Dooley, D. (1989). The timing of major life events: Effects of

departing from the social clock. *American Journal of Community Psychology*, *17*(2), 233–

258. doi: 10.1007/BF00931009

Rothaupt, J. W., & Becker, K. (2007). A literature review of western bereavement theory: From

decathecting to continuing bonds. *The Family Journal, 15*(1), 6–15. doi:

10.1177/1066480706294031

Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of

psychological well-being. *Journal of Personality and Social Psychology 57*(6), 1069-1081.

doi: 10.1037/0022-3514.57.6.1069

Ryff, C. D., Almeida, D. M., Ayanian, J. S., Carr, D. S., Cleary, P. D., Coe, C., et al. (2007). *Midlife Development in the United States (MIDUS II),* 2004–2006. Ann Arbor, MI: Inter-university Consortium for Political and Social Research (ICPSR).

Schultz, L. E. (2007). The influence of maternal loss on young women's experience of identity development in emerging adulthood. *Death Studies*, *31*(1), 17–43. doi: 10.1080/07481180600925401

Schwartz, S. J. (2007). The structure of identity consolidation: Multiple correlated constructs or one superordinate construct? *Identity, 7*(1), 27–49. doi: 10.1080/15283480701319583

Schwartz, S. J., Côté, J. E., & Arnett, J. J. (2005). Identity and agency in emerging adulthood: Two developmental routes in the individualization process. *Youth & Society*, *37*(2), 201–229. doi: 10.1177/0044118X05275965

Schwartz, S. J., Zamboanga, B. L., Luyckx, K., Meca, A., & Ritchie, R. A. (2013). Identity in emerging adulthood. *Emerging Adulthood*, *1*(2), 96–113. doi: 10.1177/2167696813479781

Servaty-Seib, H. L., & Pistole, M. C. (2007). Adolescent grief: Relationship category and emotional closeness. *OMEGA - Journal of Death and Dying, 54*(2), 147–167. doi: 10.2190/M002-1541-JP28-4673

Sica, L. S., Aleni Sestito, L., & Ragozini, G. (2014). Identity coping in the first years of university: Identity diffusion, adjustment and identity distress. *Journal of Adult Development*, *21*(3), 159–172. doi: 10.1007/s10804-014-9188-8

Shneidman, E. (1980). *Voices of death.* New York: Harper and Row Publishers.

Shrout, P. E., & Bolger, N. (2002). Mediation in experimental and nonexperimental studies: new procedures and recommendations. *Psychological methods, 7*(4), 422-445. doi: 10.1037/1082-989X.7.4.422

Smith, C. P., Feld, S. C., & Franz, C. E. (1992). Methodological considerations: Steps in research employing content analysis systems. In C. P. Smith, J. W. Atkinson, D. C. McClelland, & J. Veroff (Eds.), *Motivation and personality: Handbook of thematic content analysis* (pp. 515–536). New York, NY: Cambridge University Press.

Spitzer, S., Couch, C., & Stratton, J. (1971). *The assessment of the self*. Iowa City: Escort Sernoll Inc.

Tanner, J. (2006). Recentering during emerging adulthood: A critical turning point in life span human development. In J. J. Arnett & J. Tanner (Eds.), *Emerging Adults in America: Coming of Age in the 21st Century* (pp. 21–55). Washington DC: American Psychological Association.

Tanner, J., & Arnett, J. J. (2011). Presenting "emerging adulthood": What makes it developmentally distinctive? In *Debating Emerging Adulthood: Stage or Process* (pp. 13–30). New York: Oxford University Press.

Thai, C. L., & Moore, J. F. (2018). Grief and bereavement in young adult college students: A review of the literature and implications for practice and research. *Communication Research Trends, 37*(4), 4-29.

Vickio, C. J., Cavanaugh, J. C., & Attig, T. W. (1990). Perceptions of grief among university students. *Death Studies, 14*(3), 231–240. doi: 10.1080/07481189008252364

Walen, H. R., & Lachman, M. E. (2000). Social support and strain from partner, family, and

   friends: Costs and benefits for men and women in adulthood. *Journal of Social and

   Personal Relationships*, *17*(1), 5–30. doi: 10.1177/0265407500171001

Waterman, A. S. (2007). Doing well: The relationship of identity status to three conceptions of

   well-being. *Identity: An International Journal of Theory and Research 7*(4), 289-307. doi:

   10.1080/15283480701600769

Waters, T. E. A., & Fivush, R. (2015). Relations between narrative coherence, identity, and

   psychological well-being in emerging adulthood. *Journal of Personality 83*(4), 441-451.

   doi: 10.1111/jopy.12120

Wilkinson, F. (2017). I was 24 when my mother Sara died. *Bereavement Care*, *36*(2), 51–54. doi:

   10.1080/02682621.2017.1305015

Worden, W. J. (1991). *Grief counseling and grief therapy: A handbook for the mental health

   practitioner* (2nd ed.). New York: Springer.

Wortman, C. B., & Silver, R. C. (1989). The myths of coping with loss. *Journal of Consulting

   and Clinical Psychology, 57*(3), 349-357. doi: 10.1037//0022-006X.57.3.349

Wright, D. & London, K. & Field, A. P. (2011). Using Bootstrap Estimation and the Plug-in

   Principle for Clinical Psychology Data. *Journal of Experimental Psychopathology. 2*(2).

   252–270. doi: 10.5127/jep.013611.