**EDIZIONI FS Publishers** 

Original Article in Psychology and Occupational Health

# Coping with job loss: A cluster analysis of grief experiences and coping strategies among unemployed individuals

José Antonio CLIMENT-RODRÍGUEZ<sup>1</sup>, Francesco CHIRICO<sup>2,3</sup>, Juan GÓMEZ-SALGADO<sup>4,5</sup>, Yolanda NAVARRO-ABAL<sup>1</sup>

# Affiliations:

- <sup>1</sup>Department of Social, Developmental and Educational Psychology. Faculty of Education, Psychology and Sports Sciences, University of Huelva, Huelva, Spain. E-mail: jose.climent@dpsi.uhu.es. **ORCID:** 0000-0001-7529-3854.
- <sup>2</sup>-Post-Graduate School of Occupational Health, Catholic University of the Sacred Heart, Rome, Italy. E-mail: francesco.chirico@unicatt.it. **ORCID:** 0000-0002-8737-4368.
- <sup>3</sup> Department of Health Service, Italian State Police, Ministry of the Interior, Milan, Italy.
- <sup>4</sup>-Department of Sociology, Social Work and Public Health. Faculty of Labour Sciences. University of Huelva, Huelva, Spain. E-mail: salgado@uhu.es. **ORCID:** 0000-0001-9053-7730.
- <sup>5</sup>.Universidad Espíritu Santo, Guayaquil, Ecuador
- <sup>6</sup>Department of Social, Developmental and Educational Psychology. Faculty of Education, Psychology and Sports Sciences, University of Huelva, Huelva, Spain. E-mail: yolanda.navarro@dpsi.uhu.es. **ORCID:** 0000-0002-0438-844X.

## \*Corresponding Author:

Juan Gómez-Salgado, Department of Sociology, Social Work and Public Health. Faculty of Labour Sciences. University of Huelva, Huelva, Spain; salgado@uhu.es

#### **Abstract**

**Introduction:** The aim of this study was to analyse the relationship between certain sociodemographic variables and the coping strategies used by people according to the intensity of grief they manifest after a job loss.

**Methods:** A cross-sectional descriptive study was conducted. Unemployed referred by the Employment Guidance Centre of the Andalusian Public Employment Service in the city of Huelva participated. The sample consisted of 122 unemployed people aged between 22 and 52 years (M = 36.32, SD = 6.97), of which 44.3% were men and 55.7% women. The Texas Revised Inventory of Grief (TRIG) and the Coping Orientation to Problems Experienced (COPE-28) scale for coping strategies were administered. A two-phase cluster analysis was performed by placing the subjects into two groups, one involving prolonged grief experiences and the other involving less intense grief.

**Results:** As in other studies, no differences were found with respect to age and sex regarding the intensity of grief. Significant differences were obtained with respect to the length of time in unemployment and the level of responsibility for family income.

**Discussion:** The results obtained in the Coping Strategies scale (COPE-28) suggest an avoidant style in those people who experienced more intense grief. Unemployed people who had been unemployed for longer and who had had a job for the longest time belonged to the cluster with the highest intensity of grief.

**Take-home message:** With job loss, most people face a crisis that triggers a process of readjustment and coping with change similar to that which occurs during bereavement. People who have been unemployed for longer, are responsible for the family income, and have had more years of work experience show a higher intensity of grief. Many subjects who experience more intense grief opt for

avoidant coping strategies. These relationships contribute useful information to improve the work of Employment Guidance centres and institutions in order to provide more specific assistance in terms of socio-occupational interventions with the unemployed person.

Keywords: Coping; grief; mental health; job loss; occupational health; unemployment.

Cite this paper as: Climent-Rodríguez JA, Chirico F, Gómez-Salgado J, Navarro-Abal Y. Coping with job loss: A cluster analysis of grief experiences and coping strategies among unemployed individuals. J Health Soc Sci. 2024; 10(1):13-22. Doi: 10.19204/2025/CPNG2

Received: 17 October 2024; Accepted: 10 February 2025; Published: 15 March 2025.

#### INTRODUCTION

The term 'unemployment' describes both the specific experience of the individual who is unable to find paid employment and the experience of a whole group in a community, geographical region, or country. In fact, it is increasingly common for people to find themselves unemployed at various points in their working lives, and it is the global economy that is shaping patterns and trends around employability and thereby the unemployment of the working-age population [1].

Unemployment entails a series of highly relevant physical, social, and psychological consequences that can lead to adaptive pathologies [2]. It also triggers a process of readjustment and coping with change, involving the loss of contact with a situation, object, or person with whom an affective bond is held. In this way, a process similar to that of grief in any other circumstance, such as the loss of a loved one, a partner, and others, takes place [3].

Grieving usually refers to the state of mourning related to the death of a loved one and may present with symptoms characteristic of a major depressive episode. However, the term 'grief' can also be applied to those psychological and psychosocial processes that are triggered by any kind of loss (of a loved one, school failure, situations of abandonment such as divorce, separation, parental rejection; family problems, moving house, financial problems, loss of employment, diagnosis of a serious or disabling illness) [4]. All these stressors can also lead to maladaptive reactions with depressive and emotional manifestations such as sadness, crying, hopelessness, helplessness, anger, and guilt, as well as significant social and occupational dysfunction [5].

By the middle of the last century, grief began to be analysed, not from a state or transitory perspective, but as a process that has a beginning, progression, and an end [6,7]. In this sense, according to Buendía et al. [8], the psychological phases of job loss can be very similar to those found in grieving processes: 1) shock phase, lasting approximately one week, where the person reacts with perplexity; 2) phase of slight recovery, lasting several weeks, characterised by an unrealistic optimism where the person does not yet consider themselves as unemployed; 3) third phase, which can last several months, and manifests itself when the person stops feeling that they are on holiday and begins to feel fear for the time they have been unemployed; in this phase the person begins the active search for employment; and; 4) fourth phase, where no specific time frame is set. At this point, the person becomes aware of their unemployed status and depressive feelings begin to develop, leading in many cases to long hours spent in activities such as sleeping or watching TV, with subsequent feelings of guilt.

To address the consequences associated with the grieving process, it is essential to assess both the risk and protective factors that facilitate or hinder effective coping with grief [9]. Researchers such as Ogrodniczuk et al. [10] and Amano et al. [11] have noted that a lack of social support can negatively impact general health and may intensify the effects of grief or delay recovery. Others, such as Stroebe et al. [12], have identified religious beliefs and social support as key protective factors, and have also highlighted three categories of risk indicators in grief coping: situational, intrapersonal, and interpersonal factors.

For these reasons, the main aim of this study was to explore whether unemployment may represent a phenomenon of loss similar to a mourning process. To this end, the relationship between

certain socio-demographic variables and coping strategies used by individuals in stressful situations was analysed, considering the intensity of grief experienced. The specific objectives of the study were as follows: 1) to analyse the relationship between the different types of grief (prolonged, resolved, absent, and delayed), in relation to the past or current feelings expressed by the unemployed person; 2) to examine the differences in terms of age, level of studies completed, attribution of responsibility for the family income, having another alternative source of income in the family unit, and perceiving a greater or lesser intensity of grief; 3) to evaluate the different types of grief in relation to the greater or lesser intensity of such grief; and, 4) to identify the different strategies used to cope with stress in relation to the greater or lesser intensity of grief.

#### **METHODS**

# Study design

A descriptive cross-sectional study was carried out.

# Study participants

The sample was made up of 122 users of the Andalusian Public Employment Service from the Employment Guidance Centre of the city of Huelva. The sampling was systematic, offering participation in the study to all users who accessed the Employment Guidance Centre from October to December 2019.

The sample size was calculated with a prevalence of 0.5, a confidence level of 0.95, a precision of 3%, and an expected proportion of losses of 20%. A loss-adjusted sample of a total of 137 participants was obtained, out of a total population of 937 people who attended the Employment Guidance Centre of the city of Huelva in that period. After administering the evaluation tests, a total of 15 participants were removed from the sample (due to errors in the completion of the tests), resulting in a final sample of 122 people.

# Study variables

The socio-demographic variables were: age, sex (male, female), level of studies (no studies, basic level, secondary education, university studies), months unemployed, months in last job, time remaining on benefits, responsible for family income (yes, no), has other income in the family unit (yes, no).

## Instruments

For the assessment of the intensity of grief, the Texas Revised Inventory of Grief (TRIG) by Faschingbauer, Zisook, and De Vaul, 1987 [13] was administered, adapted to Spanish by García-García and Landa (2001) [14]. The test consists of two Likert-type scales, the first one (hereafter, part I) of 8 items referring to feelings at the time of the loss (acute grief), and a second one (hereafter, part II) of 13 items, on current feelings referring to the object of grief (current grief). The phases of grief are classified into four types: a) Prolonged grief (scores above P50 in both subscales); b) Resolved grief (scores above P50 in acute grief, but below in current grief); c) Absent grief (scores below P50 in both subscales); d) Delayed grief (scores above P50 in current grief, but below in acute grief).

The reliability of the original version was estimated using Cronbach's alpha coefficient, with a value of .77 for Part I and .86 for Part II. The factor analysis distinguished between two factors, corresponding to Part I and Part II [14]. The calculation of Cronbach's alpha coefficient for the estimation of internal consistency reliability yielded a value of 0.857 for Part I and 0.894 for Part II.

For the assessment of coping strategies, the COPE-28 (short version), which is a version adapted to Spanish [15] was used, based on the Brief COPE by Carver [16]. It assesses stress coping strategies for problem-focused responses and other strategies addressing aspects of the situation not directly related to the stressors. It is composed of 28 items comprising a total of 14 subscales (2 items for each coping strategy): A: Active coping: initiating direct actions, increasing one's own efforts, eliminating or reducing the stressor; P: Planning: planning action strategies, process to follow, and where to direct efforts; E: Use of emotional support: finding comfort, understanding, and accompaniment; I: Use of instrumental support: seeking resources from competent people who can provide material goods, services, or tangible help; R: Religion: inclination to seek support from religion or spirituality; PR: Positive reframing: seeking the positive side of the situation, in an attempt to serve for personal

and/or professional growth of the person; Ac: Acceptance: accepting the fact or event that has occurred; D: Denial: denying the reality of the stimulus; H: Humour: making jokes about the stressor or laughing at stressful situations, trying, to some extent, to trivialise the event; SD: Self-distraction: trying to distract oneself with other activities so as not to focus on the stressful stimulus; SB: Self-blame: criticising and blaming oneself for what happened, punishing oneself for not having made a different decision or acted in a different way; BD: Behavioural disengagement: reducing efforts to modulate or reduce the stressor, even to the point of giving up the effort to achieve the goals with which the stressful event interferes; V: Emotional venting: becoming aware of one's own emotional distress, accompanied by a tendency to express or release those feelings; and S: Substance use: taking alcohol or other substances in order to feel good and to endure the emotional distress.

It has also been proposed that the scales be grouped into two factors, with one grouping theoretically adaptive strategies and the other grouping those considered maladaptive. According to this distinction, the use of social support seems to be located in the middle of both groups [17]. Considering the scales that make up the short version of the Spanish version of the questionnaire, and based on the approach proposed by Carver et al. [16], adaptive strategies include: active coping, planning, positive reframing, acceptance, and use of emotional support; those strategies that can be considered maladaptive include: denial, behavioural disengagement, self-distraction/mental disengagement, venting of negative emotions, religion, and substance use.

# Study procedure

The test was administered at the Employment Guidance Centre of the Public Employment Service of the Andalusian Regional Government in the city of Huelva. It was carried out individually in a separate room, ensuring that the instructions were understood.

## Analysis of the results

In order to identify homogeneous groups of unemployed people with different levels of current and past grief, a cluster analysis was carried out. Cluster analysis is a technique used to identify homogeneous groups of subjects based on certain characteristics [18]. Subjects were grouped into clusters in order to minimise within-group variability and maximise between-group differences. The cluster analysis was conducted using items from the Revised Texas Inventory of Grief. In order to obtain validity evidence, a two-stage cluster analysis was performed, showing the grouping of individuals into two clusters based on the highest intensity of grief according to the four types of grief stages assessed by the instrument. One cluster related to prolonged grief and the other to lower intensity grief, using the Schwarz Bayesian criterion to determine the number of clusters extracted. Once the groups were established, the existence of statistically significant differences across groups was tested using t-tests for metric variables and Chi-squared tests for categorical variables. All analyses were performed using SPSS 20.0.

## Ethical aspects

Participants voluntarily responded to the screening test and gave informed consent. The topic of the study was explained in detail, and it included the participants' consent. Participants' responses were recorded anonymously, and the information was treated confidentially.

The study was conducted in accordance with the 'Ethical Principles for Medical Research Involving Human Subjects' contained in the latest version of the Declaration of Helsinki (Fortaleza Amendment, Brazil, October 2013). It was also approved by the Deontological Commission of the Provincial Directorate of the Andalusian Public Employment Service on 23 June 2019.

The data obtained during the study were processed in accordance with Organic Law 3/2018, of 5 December, on the Protection of Personal Data and Guarantee of Digital Rights.

#### **RESULTS**

Of the participants, 44.3% were male and 55.7% female, aged between 22 and 52 years (M = 36.32, SD = 6.97), mostly with a basic level of education (44.4%) and a mean time unemployed of 27 months (SD = 12.31). Regarding the stages of grief, identified according to the pattern of responses in each of the two parts of the Texas Inventory, 22.1% of the participants presented indicators of absent grief,

9.8% of delayed grief, and 13.1% of resolved grief, although the majority of the unemployed in the sample presented prolonged grief (54.9%).

The two-stage cluster analysis offered the best solution by extracting two clusters (C1 and C2), with 42.9% and 57.1% of the subjects in each group, respectively. Tables 1 and 2 show the comparisons between the two clusters according to the analysed variables.

**Table 1.** Differences across clusters for metric variables.

	Group	n	M	SD	t	р	d
Texas. Past feelings	C1	53	27.07	6.07	11.17	.000*	2.17
	C2	69	15.39	5.29			
Texas. Current feelings	C1	53	45.84	8.18	10.23	.000*	1.87
	C2	69	29.36	9.04			
Age	C1	53	37.33	5.89	1.33	.185	0.32
	C2	69	35.60	7.74			
Months unemployed	C1	53	32.00	26.92	2.19	.031	0.41
	C2	69	23.19	16.81			
Months spent in last job	C1	53	58.86	53.86	2.27	.025	0.41
	C2	69	36.16	53.98			
Remaining duration of benefits	C1	53	3.59	3.31	0.454	.651	0.00
	C2	69	3.94	3.89			

*Note:* C1: Cluster 1; C2: Cluster 2 n = sample size; M = mean; SD = standard deviation; t = Student's t-distribution; p = probability; d = standardised mean difference \*p<0.001; p\*\*<0.050

In relation to past feelings (first part of the Texas Inventory), cluster 1 obtained a higher mean score (M = 27.07, SD = 6.07) than the second cluster (M = 15.39, SD = 5.29), and significant differences were found (Texas1: t120 = 11.17, p < 0.001, d = 2.17). In the same way, significant differences were noted in the score referring to currently expressed feelings (Texas2: t120 = 10.23, p = 0.001, d = 1.87), with cluster 1 having the highest mean (M = 45.84, SD = 8.18). Thus, the scores express a more severe grief experience by the subjects grouped in this cluster.

Regarding the age variable, no significant differences were observed between the two clusters (t120 = 1.33, p = 0.185, d = 0.32), with means of 37.33 (SD = 5.89) and 35.60 (SD = 7.74), respectively. Similarly, no significant differences were found for the number of months unemployed (C1: M = 32.0, SD = 26.92; and C2: M = 23.29, SD = 16.81) between the two clusters (t120 = 2.19, p = 0.031, d = 0.42).

Table 2 shows the differences between the two clusters in terms of the categorical variables. The percentage of men in each group was similar ( $\chi^2 1 = 0.457$ , p = 0.253). The relationship between the level of education and the level of grief was not significant either ( $\chi^2 1 = 2.479$ , p = 0.479).

**Table 2.** Differences across clusters for categorical variables.

	Group	N	Percentage	$\chi^2$	p
Males	C1	53	60.8	0.45	0.253
	C2	69	59.9		
Basic studies	C1	53	45.1	2.47	0.479
	C2	69	44.1		
Responsible for household income	C1	53	54.0	10.37	0.006**
	C2	69	29.9		
Have other income in the household	C1	53	48.0	3.92	0.048**
	C2	69	66.2		
Severe anxiety	C1	53	52.0	12.08	0.002**
	C2	69	29.4		
Absent grief	C1	53	0	52.59	0.000*
	C2	69	38.2	_	
Delayed grief	C1	53	2.9	22.16	0.567

	C2	69	13.2		
Resolved grief	C1	53	3.9	15.43	0.222
	C2	69	20.6		
Prolonged grief	C1	53	94.1	13.22	0.043
	C2	69	27.9		

*Note:* C1: Cluster 1; C2: Cluster 2 n = sample size; M = mean; SD = standard deviation; t = Student's t-distribution; p = probability; d = standardised mean difference \*p<0.001; p\*\*<0.050

However, a higher percentage of the first cluster was found in relation to the attribution of responsibility for household income (54.0% responsible for income in cluster 1 compared to 29.9% in cluster 2) ( $\chi^2 1 = 10.373$ , p = 0.006). A significant difference was also found among those who had an alternative source of income in the household (C1: 48%, C2: 66.2%) ( $\chi^2 = 3.920$ , p = 0.048). Additionally, 52.0% of subjects were found to have indicators of severe anxiety in cluster 1, compared to 29.4% in cluster 2, and this difference was significant ( $\chi^2 1 = 12.09$ , p = 0.002).

Regarding the distribution of the phases of grief according to the clusters, the first cluster had a greater proportion of people with prolonged grief (94.1% compared to 27.9% in C2) ( $\chi^2$  = 52.59, p = 0.002).

The evidence for the different coping strategies is shown in Table 3. Significant differences between clusters were found for self-blame strategies (t120 = 3.802, p < 0.001, d = 0.83), disengagement (t120 = 3.017, p = 0.003, d = 0.55), venting (t120 = 2.575, p = 0.011, d = 0.48), self-distraction (t120 = 2.195, p = 0.030, d = 0.40), and denial (t120 = 3.382, p = 0.001, d = 0.61). Cluster 1 was associated with higher mean scores on all these avoidance strategies (see Table 3). Planning strategies showed higher mean scores in cluster 1 (C1: M = 6.03, SD = 1.19; C2: M = 5.58, SD = 1.50) although these differences were not significant (t120 = 1.76, p = 0.081, d = 0.33). As can be seen in Table 3, the differences between the means for the other strategies were not significant.

**Table 3.** Differences across clusters for metric variables.

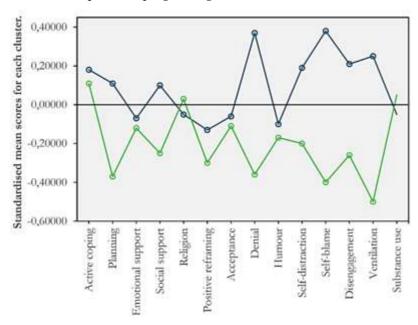
	Group	n	Mean	SD	t	р	d
Active coping	C1	53	6.41	1.16	0.76	0.445	0.14
-	C2	69	6.22	1.46			
Planning	C1	53	6.03	1.19	1.75	0.081	0.33
	C2	69	5.58	1.50			
Emotional support	C1	53	5.23	1.51	0.29	0.769	0.05
	C2	69	5.32	1.68			
Social support	C1	53	5.68	1.37	1.26	0.210	0.23
	C2	69	5.35	1.46			
Religion	C1	53	3.27	1.63	0.03	0.975	0.00
	C2	69	3.26	1.72			
Reframing	C1	53	5.29	1.43	0.19	0.850	0.03
	C2	69	5.35	1.83			
Acceptance	C1	53	5.35	1.69	0.04	0.962	0.00
	C2	69	5.36	1.61			
Denial	C1	53	4.11	1.62	3.38	0.001**	0.61
	C2	69	3.19	1.36			
Humour	C1	53	3.70	1.81	0.97	0.332	0.17
	C2	69	3.41	1.47			
Self-distraction	C1	53	5.01	1.56	2.19	0.030**	0.40
	C2	69	4.41	1.43			
Self-blame	C1	53	4.07	1.43	3.80	0.000*	0.83
	C2	69	3.00	1.12			
Disengagement	C1	53	3.31	1.40	3.01	0.003**	0.55
	C2	69	2.64	1.00			
Venting	C1	53	4.31	1.25	2.57	0.011**	0.48

	C2	69	3.64	1.49			
Substance use	C1	53	2.56	1.17	0.30	0.766	0.68
	C2	69	2.63	1.13			

*Note:* C1: Cluster 1; C2: Cluster 2 n = sample size; M = mean; SD = standard deviation; t = Student's t-distribution; p = probability; d = standardised mean difference \*p<0.001; p\*\*<0.050

Figure 1 shows the standardised mean scores of each coping strategy for each of the clusters (C1: top line, shown in blue; C2: bottom line, shown in green). Thus, as already discussed above, the cluster with the most intense grief was characterised by a coping style based on denial, self-distraction, disengagement, and self-blame strategies.

Figure 1. Standardised mean plot of coping strategies for each cluster.



C1 = top line, shown in blue; C2 = bottom line, shown in green.

# **DISCUSSION**

Given that this is the first time that the Revised Texas Inventory of Grief has been applied to a different context for which it was created, an internal reliability study of the instrument was carried out prior to data analysis. The aforementioned studies by García-García and Landa [14] obtained reliability values of 0.73 for the first part (past feelings) and 0.86 for the second part (current feelings). In the present study, the internal consistency reliability for the unemployed sample was 0.86 for the first part and 0.89 for the second part, showing that subjects' responses to this questionnaire in this context were consistent. These results suggest the applicability of this instrument to other types of loss, not only bereavement.

The studies carried out based on the Spanish adapted version of the TRIG by García-García and Landa [14] found that the differences observed in the sex and age variables were not significant with respect to grief due to loss, which is supported by the results of the present study. Thus, regarding these sociodemographic variables, the TRIG behaves in the same way, both for grief due to death and as a result of unemployment, and this result represents a first indicator or evidence of construct validity.

When analysing the results, the unemployed who had been in the situation for a longer period of time, and who had been employed for a longer period of time, showed a higher intensity of grief. As stated by Perazzi et al. [19] and Climent-Rodríguez et al. [3], the results point to initial evidence that loss is not only defined as the deprivation of an emotional bond. Thus, the closer and more lasting

the bond, the greater the effort required to process the grief and, therefore, the consequences may be worse. In this sense, the contributions referred to in the theory of vocational development can be noted. From this point of view, between the age of 24 and 65, there is a sequence of stages of establishment and maintenance, in which the aim is to become established in the activity and the work environment where the person has been working. This period is characterised by a personal and emotional bond with the occupation [20]. Similarly, research on the duration of unemployment reveals that job loss impacts on health, reaching its peak with a marked deterioration in mental health, characterised by a sudden loss of security, feelings of ambiguity about future plans, and loss of social status [21,22]. In this sense, grief is more intense the more stable and long-lasting the employment situation was prior to the loss [3,22].

Besides, no differences were observed with regard to the level of education or the remaining duration of unemployment benefits, which is another argument in favour of the evidence that unemployment is a real grief process, linked to the emotional side and to work-focused values [21,23]. The fact is that, following Salanova-Soria et al. [24], work means more than just economic matters, as it involves a series of beliefs and values that contribute to its meaning and identity, standing out as a means of both socialisation and self-realisation.

Whether in a period of economic recession in which the person's source of income is compromised or in any other period, unemployment affects the individual by deteriorating physical and emotional health, as stated by Buendía [8]. This situation entails a series of psychosocial risks determined by the presence of a wide range of stressors that are inherent to the demands of life in the face of unemployment [25-27]. According to Ryu et al. [28], unemployment has an impact on the financial security of the family unit, which explains why significant differences can be found in terms of the responsibility for family income and the existence of financial support (subsidies, benefits, pensions). This may further explain why people with greater financial difficulties were found to be in the group that experienced the most intense grief.

In terms of coping strategies, individuals who experienced more intense grief were more likely to use strategies based on denial, self-blame, self-distraction, and disengagement. Job uncertainty or lack of employment constitutes a stressor that triggers the use of these maladaptive behaviours [29]. In this sense, coping strategies based on avoidance (denial, self-distraction, disengagement) are typical of a loss of hope in the face of the difficulty in finding a job during a period of crisis [30,31].

The most significant contribution of the study is the description of the phenomenon of job loss in the context of an economic crisis and how it has psychological consequences similar to those of bereavement. Besides, avoidant coping strategies are associated with higher levels of grief. All these relationships provide useful information to improve the work of centres and institutions, such as the Employment Guidance Centre of the Andalusian Public Employment Service in Huelva, which offers specific assistance in the field of socio-labour intervention with the unemployed.

Among the limitations of the study, the type of sampling and the profile of the participants could be mentioned, given that, as the data were collected in a public administration centre that grants unemployment benefits and subsidies to users, the responses could entail a certain desirability bias. As already indicated by some authors such as Marlow and Crowne [32], social desirability would explain individuals' behaviour, understood as culturally appropriate, and lead to social approval and acceptance. These reflections will be considered in future research, and the analysed variables will be explored in greater depth. Further data collection is proposed as a future line of work, involving a factor analysis for the Texas Inventory in order to produce a specific instrument adapted to the phenomenon of unemployment.

#### **CONCLUSIONS**

In conclusion, individuals who had been unemployed for longer, had greater work experience (more years in a job), and were responsible for providing the family income were in the most intense grief cluster. This means that they experienced feelings corresponding to more intense grief, regardless of other variables which, a priori, could be considered as preventive factors for the grief experience, such as their level of education or the time remaining on some type of unemployment benefit. Likewise, unemployed people with a more severe grief experience, grouped in cluster 1,

expressed more intense feelings, both in the past and currently. Also, unemployed individuals who reported a higher level of grief intensity made greater use of avoidant coping strategies.

Author Contributions: All the authors have intellectually contributed to the work, met the conditions of authorship, and approved its final version. This work is original and has not been previously published and is not under review by any other journal. This manuscript conforms to the ICMJE Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals. Conceptualization, JACR, YNA. Data curation, JACR, JGS, YNA. Formal analysis, JACR, FC, JGS, YNA. Investigation, JACR, FC, JGS, YNA. Methodology, JACR, FC, JGS, YNA. Project administration, JACR, YNA. Resources, JACR, FC, JGS, YNA. Software, JACR, FC, JGS, YNA. Supervision, JACR, FC, JGS, YNA. Validation, JACR, FC, JGS, YNA. Visualization, JACR, FC, JGS, YNA. Writing – original draft, JACR, FC, JGS, YNA. Writing – review & editing, JACR, FC, JGS, YNA.

**Funding:** This research received no external funding.

**Conflicts of Interest:** The authors declare no conflict of interest.

**Publisher's Note:** Edizioni FS Stays neutral with regard to jurisdictional claims in published maps and institutional affiliation.

#### References

- Nielsen LO, Danneris S, Monrad M. Waiting and temporal control: The temporal experience of long-term unemployment. Time Soc [Internet]. January 30, 2021;30(2):176–197. doi: 10.1177/0961463X20987748.
- 2. Bordea E-N, Manea M, Pellegrini A. Unemployment and coping with stress, anxiety, and depression. Czech J Soc Sci Bus Econ. 2017;6(2). doi: 10.24984/cjssbe.2017.6.2.1.
- 3. Climent-Rodríguez JA, Navarro-Abal Y, López-López MJ, Gómez-Salgado J, García MEA. Grieving for Job Loss and Its Relation to the Employability of Older Jobseekers. Front Psychol. 2019 Feb 26;10:366. doi: 10.3389/fpsyg.2019.00366.
- 4. Paksarian D, Mojtabai R. Distinguishing Bereavement from Depression in DSM-5: Evidence from Longitudinal Epidemiologic Surveys. Psychiatr Ann [Internet]. June 2013;43(6):276. doi: 10.3928/00485713-20130605-08.
- 5. Hosny N, Bovey M, Dutray F, Heim E. How is trauma-related distress experienced and expressed in populations from the Greater Middle East and North Africa? A systematic review of qualitative literature. Ment Health. December 15, 2023;4:100258. doi: 10.1016/j.ssmmh.2023.100258.
- 6. Zisook S, Shear K. Grief and bereavement: what psychiatrists need to know. World J Psychiatry [Internet]. 2009 [cited August 14, 2024];8(2):67. doi: 10.1002/j.2051-5545.2009.tb00217.x.
- 7. Mughal S, Azhar Y, Mahon MM, Siddiqui WJ. Grief Reaction and Prolonged Grief Disorder. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025. Available from: https://www.ncbi.nlm.nih.gov/books/NBK507832/.
- 8. Buendía J. Psicopatología Del Desempleo. Anales de Psicología [Internet]. 1990;6(1):21–36 [cited 2024 August 14]. Available from: https://revistas.um.es/analesps/article/view/28121.
- 9. Rasouli O, Øglænd IS, Reinfjell T, Eilertsen MB. Protective and risk factors in the grieving process among cancer-bereaved parents: A qualitative study. Death Stud. 2023;47(8):881-890. doi: 10.1080/07481187.2022.2142324.
- 10. Ogrodniczuk JS, Joyce AS, Piper WE. Changes in perceived social support after group therapy for complicated grief. J Nerv Ment Dis. August 1, 2003;191(8):524–530. doi: 10.1097/01.nmd.0000082180.09023.64.
- 11. Amano K, Ichikura K, Hisamura K, Sakurai H, Yanaizumi R, Takahashi S, et al. Characteristics and social support needs predicting anticipatory grief in the spouses of patients with cancer at the end of life. Int J Clin Med. 2022;13:98–120. doi:10.4236/ijcm.2022.133009.
- 12. Stroebe MS, Folkman S, Hansson RO, Schut H. The prediction of bereavement outcome: development of an integrative risk factor framework. Soc Sci Med. 2006 Nov;63(9):2440-2451. doi: 10.1016/j.socscimed.2006.06.012.
- 13. Faschingbauer T, Zisook S, DeVaul R. The Texas revised inventory of grief. In: Zisook S, editor. Biopsychosocial aspects of bereavement. Washington (DC): American Psychiatric Press, Inc.; 1987. p. 111–24. Available from: https://www.scirp.org/reference/referencespapers?referenceid=170764.
- 14. García García JA, Landa V. ¿Es posible medir el duelo? Adaptación al castellano y validación del inventario de experiencias en duelo (IED) y del inventario Texas revisado de duelo (ITRD). An Psiquiatr. 2001;17(5).

- 15. Crespo López M, Cruzado Rodríguez JA. La evaluación del afrontamiento: Adaptación española del cuestionario COPE con una muestra de estudiantes universitarios. Análisis y modificación de conducta [Internet]. 1997;23(92):797–830 [cited 2024 August 15]. Available from: https://dialnet.unirioja.es/servlet/articulo?codigo=7071279.
- 16. Carver CS. You want to measure coping but your protocol's too long: consider the brief COPE. Int J Behav Med. 1997;4(1):92-100. doi: 10.1207/s15327558ijbm0401\_6.
- 17. Carver CS, Scheier MF, Weintraub JK. Assessing coping strategies: a theoretically based approach. J Pers Soc Psychol. 1989 Feb;56(2):267-283. doi: 10.1037//0022-3514.56.2.267.
- 18. Ruiz Aranibar G. Análisis de conglomerados. Revista Varianza [Internet]. 2019;16:65–84. [cited 2024 November 12]. Available from: http://revistasbolivianas.umsa.bo/scielo.php?script=sci\_arttext&pid=&lng=es&nrm=iso&tlng=.
- 19. Torres Rivas E, Zambrano A, Orlandoni Merli G, Ramoni Perazzi J. Analysis of the duration of unemployment and outcomes for unemployed persons in the Bolivarian Republic of Venezuela. CEPAL Rev. 2017;(122):235–252. Available from: https://hdl.handle.net/11362/42669.
- 20. Cassidy J, Jones JD, Shaver PR. Contributions of attachment theory and research: a framework for future research, translation, and policy. Dev Psychopathol. 2013 Nov;25(4 Pt 2):1415-1434. doi: 10.1017/S0954579413000692.
- 21. Brand JE. The Far-Reaching Impact of Job Loss and Unemployment. Annu Rev Sociol. 2015 Aug;41:359-375. doi: 10.1146/annurev-soc-071913-043237.
- 22. Guerin RJ, Barile JP, Thompson WW, McKnight-Eily L, Okun AH. Investigating the Impact of Job Loss and Decreased Work Hours on Physical and Mental Health Outcomes Among US Adults During the COVID-19 Pandemic. J Occup Environ Med. 2021 Sep 1;63(9):e571-e579. doi: 10.1097/JOM.000000000002288.
- 23. Braveman P, Gottlieb L. The social determinants of health: it's time to consider the causes of the causes. Public Health Rep. 2014 Jan-Feb;129 Suppl 2(Suppl 2):19-31. doi: 10.1177/00333549141291S206.
- 24. Salanova Soria M, Osca Segovia A, Peiró Silla JM, Prieto Alonso F, Sancerni Beitia MD. Significado del trabajo en los jóvenes en la transición e incorporación al mercado laboral. Rev Psicol Gen Apl. 1991; 44(1):113–125. Available from: https://dialnet.unirioja.es/servlet/articulo?codigo=2798991.
- 25. Chirico F. Adjustment Disorder as an Occupational Disease: Our Experience in Italy. Int J Occup Environ Med. 2016 Jan;7(1):52-57. doi: 10.15171/ijoem.2016.716.
- 26. Giampà A. "Embodied Online Therapy": the efficacy of somatic and psychological treatment delivered digitally. Adv Med Psychol Public Health. 2024 Jul;1(3):164-169. doi:10.5281/zenodo.10901015.
- 27. Postorino M, Treglia M, Giammatteo J, Pallocci M, Petroni G, Quintavalle G, et al. Telemedicine as a Medical Examination Tool During the Covid-19 Emergency: The Experience of the Onco-Haematology Center of Tor Vergata Hospital in Rome. Int J Environ Res Public Health. 2020 Nov 27;17(23):8834. doi: 10.3390/ijerph17238834.
- 28. Ryu S, Fan L. The Relationship Between Financial Worries and Psychological Distress Among U.S. Adults. J Fam Econ Issues. 2023;44(1):16-33. doi: 10.1007/s10834-022-09820-9.
- 29. An H, Gu X, Obrenovic B, Godinic D. The Role of Job Insecurity, Social Media Exposure, and Job Stress in Predicting Anxiety Among White-Collar Employees. Psychol Res Behav Manag. 2023 Aug 18;16:3303-3318. doi: 10.2147/PRBM.S416100.
- 30. Burback L, Brémault-Phillips S, Nijdam MJ, McFarlane A, Vermetten E. Treatment of Posttraumatic Stress Disorder: A State-of-the-art Review. Curr Neuropharmacol. 2024;22(4):557-635. doi: 10.2174/1570159X21666230428091433.
- 31. Allen MT. Explorations of avoidance and approach coping and perceived stress with a computer-based avatar task: detrimental effects of resignation and withdrawal. PeerJ. 2021 Apr 15;9:e11265. doi: 10.7717/peerj.11265.
- 32. Marlow D, Crowne DP. Social desirability and response to perceived situational demands. J Consult Psychol. 1961;25(2):109–115. doi:10.1037/h0041627.



© 2025 by the authors. This is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY) license (http://creativecommons.org/licenses/by/4.0/).