



Research report

The impact of losing a child on the clinical presentation of complicated grief



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ABSTRACT

Background: It is unclear whether bereaved parents with Complicated Grief (CG) struggle with their grief differently than others with CG. This study addressed this question by comparing CG severity, CG-related symptoms, thoughts and behaviors, and comorbid psychiatric diagnoses of bereaved parents with CG to the diagnoses and symptoms of others with CG.

Methods: Baseline data from 345 participants enrolled in the Healing Emotions After Loss (HEAL) study, a multi-site CG treatment study, were used to compare parents with CG ($n=75$) to others with CG ($n=275$). Data from the parent group was then used to compare parents with CG who had lost a younger child ($n=24$) to parents with CG who had lost an older child ($n=34$). Demographic and loss-related data were also gathered and used to control for confounders between groups.

Results: Parents with CG demonstrated slightly higher levels of CG ($p=0.025$), caregiver self-blame ($p=0.007$), and suicidality ($p=0.025$) than non-parents with CG. Parents who had lost younger children were more likely to have had a wish to be dead since the loss than parents who had lost older children ($p=0.041$).

Limitations: All data were gathered from a treatment research study, limiting the generalizability of these results. No corrections were made for multiple comparisons. The comparison of parents who lost younger children to parents who lost older children was limited by a small sample size.

Conclusions: Even in the context of CG, the relationship to the deceased may have a bearing on the degree and severity of grief symptoms and associated features. Bereaved parents with CG reported more intense CG, self-blame, and suicidality than other bereaved groups with CG, though this finding requires confirmation. The heightened levels of suicidal ideation experienced by parents with CG, especially after losing a younger child, suggest the value of routinely screening for suicidal thoughts and behaviors in this group.

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1. Introduction

A meaningful portion of the bereaved population, likely between 5 and 10 percent, experiences clinically significant distress and impairment due to unresolved or complicated grief (Prigerson et al., 2009; Kersting et al., 2011). These bereaved

individuals often report continued yearning for the deceased, anger and bitterness, shock and disbelief, and other hallmarks of intense and prolonged grief long after they might have been expected to have integrated their grief and “moved on” (Prigerson et al., 1999; Shear et al., 2005; Simon et al., 2011). They have worse physical health (Prigerson et al., 1997) and higher rates of suicidal ideation than those who have integrated their grief more successfully (Latham and Prigerson, 2004; Szanto et al., 2006).

Conceptualized as a combination of separation distress and traumatic distress that interrupts the grieving process (Prigerson et al., 1999; Zisook and Shear, 2009), complicated grief (CG) is

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distinct from both major depressive disorder (MDD) and post-traumatic stress disorder (PTSD) (Boelen et al., 2003; Shear et al., 2011; Simon et al., 2011; Spuij et al., 2012). Several diagnostic criteria have been proposed for CG (Prigerson et al., 1999; Shear et al., 2011, American Psychiatric Association, 2013), and a validated measure, the Inventory of Complicated Grief (ICG; Prigerson et al., 1995), has been commonly used for case identification in research.

Bereaved parents may suffer more than those who have lost another relation (Zisook and Lyons, 1988; Cleiren, 1991; Gamino et al., 1998, Middleton et al., 1998), and bereaved parents may be among the most vulnerable group to develop CG (Kersting et al., 2011). Indeed, it is common for parents to experience what appear to be many of the core symptoms of complicated grief following the death of the child. For example, parents often struggle to accept the fact of the death (Wheeler, 2001) and those that lose their children to SIDS report being shocked and stunned at the loss (Cornwell et al., 1977). Anger and overwhelming sadness are not uncommon emotions, especially for parents who have lost children to accidents, suicides, or homicides (Dyregrov, 1990; Murphy et al., 1999). Lasting feelings of guilt and a search for meaning are common themes (Wheeler, 2001; Murphy et al., 2003), and appear to be more prevalent in bereaved parents than in those who have lost a different relation (Cleiren, 1991). These reactions, if they endure and converge to impair functioning, are precisely the symptoms of complicated grief (Prigerson et al., 2009; Shear et al., 2011).

Among those with CG, however, it is unclear whether the loss of a child is associated with unique characteristics or greater suffering than other losses. In particular, do parents with CG report greater hardships than others with CG? In this paper, we have attempted to answer these questions by comparing the clinical characteristics and associated features of bereaved parents with CG to those with CG who have lost a different relation, such as a spouse or sibling. We hypothesized that bereaved parents with CG would present with more severe CG, depression, and suicidal ideation when compared to others with CG. In addition, because of the unique caregiving role and expectations related to being a parent (Shear and Shair, 2005; Hendrickson, 2009), we also predicted that bereaved parents would endorse higher levels of guilt and self-blame than others.

2. Methods

2.1. Study design and sample

A cross-sectional design was used for this analysis. Data were obtained from 345 bereaved adults who participated in the “Healing Emotions After Loss” (HEAL) study, a 4-site clinical trial sponsored by the NIMH, investigating the efficacy of citalopram and Complicated Grief Therapy (CGT) for treating CG [ClinicalTrials.gov Identifier: NCT01179568]. This report utilizes baseline data from all individuals randomized from March 1st 2010 to January 16th 2014.

Consenting participants randomized into the trial were fluent in English, scored 30 or higher on the Inventory of Complicated Grief (ICG), met research criteria for CG during a clinical interview with an independent evaluator, and confirmed that grief was their primary problem. Individuals were excluded from the study for any of the following reasons: substance abuse or dependence within the past 6 months, history of a psychotic disorder, a Montreal Cognitive Assessment (MoCA) score less than 21 (Lam et al., 2013), immediate suicide risk, or unable or unwilling to discontinue current psychotherapy or antidepressant treatment.

2.2. Measures

The following baseline measures were examined in this analysis:

2.2.1. Columbia Suicide Scale – Revised (CSS-R)

Current and past suicidal thoughts and behaviors were determined by the CSS-R, as administered by trained independent evaluators. The CSS-R is adapted from the Columbia Suicide Severity Risk Scale (CSSRS) for situations involving the death of a loved one, and contains additional probes for indirect suicidal behavior and current risk of suicide. The CSSRS has demonstrated excellent validity and good internal consistency (Posner et al., 2011).

Because participants that expressed low levels of suicidal ideation did not have to complete the entire scale, only five items were completed by all participants and available for this analysis: four binary (yes/no) variables (item 1b: wish to be dead since the loss; 2b: thoughts of actually killing oneself since the loss; 18b: indirect suicidal behavior since the loss; 19b: acting recklessly since the loss) and one ordinal variable (item 23: “Right now or in the foreseeable future what are the chances you would try to kill yourself?”).

2.2.2. Complicated Grief – Clinical Global Impressions Scale – Severity (CG-CGI-S)

The CG-CGI-S is a seven point scale measuring overall severity of complicated grief in the week leading up to the participant's baseline, with scores ranging from 1 (normal) to 7 (among the most extremely ill patients). It is adapted from the original CGI-Severity developed by Guy, and the scale has shown good reliability and validity in different contexts (Guy, 1976; Kadouri et al., 2007; Huber et al., 2008). It is administered by a trained independent evaluator at the conclusion of the intake interview. Periodic reliability checks are conducted to ensure consistency among independent evaluators.

For this analysis, the CG-CGI-S was collapsed into 3 categories because no participant was ranked as a 1 (normal) or a 2 (borderline ill), and the number of participants scoring a 3 (mildly ill) or a 7 (among the most ill) were both too small to provide meaningful information. Therefore, values 3 and 4 were combined and comprised the “mildly/moderately ill” group, value 5 was considered “markedly ill” and values 6 and 7 made up the “severely/among the most ill” group.

2.2.3. Difficult Times Record (DTR)

The DTR collects information about the dates and anniversaries that are most emotionally difficult for the participant. For this analysis, we used the DTR to calculate the age of the participant's deceased loved one at the time of his or her death.

2.2.4. Inventory of Complicated Grief (ICG)

The ICG is a 19-item self-report questionnaire reflecting the core emotional, behavioral and psychological symptoms of CG. It has been shown to have good test-retest reliability (Prigerson et al., 1995) and excellent internal validity (Wijngaards-De Meij et al., 2005; Harper et al., 2014). Each of the 19 items is scored on a frequency scale ranging from 0 (never) to 4 (always).

For this analysis, items were summed for a total score (ranging from 0 to 76). In addition, items were grouped into 6 factors (yearning, bitterness and anger, shock and disbelief, sense of estrangement, hallucinations and somatic symptoms, and behavior changes) as described by Simon et al. (2011). The items in each group were then summed to create 6 continuous variables, one for each factor.

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