



Research report

The heterogeneity of long-term grief reactions

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ARTICLE INFO

Article history:

Received 14 March 2014

Received in revised form

30 April 2014

Accepted 23 May 2014

Available online 2 June 2014

Keywords:

Bereavement
Complicated grief
Depression
Prospective
Resilience

ABSTRACT

Background: Individuals experience the loss of a spouse in varied ways. There is growing recognition of major depressive disorder and complicated grief as distinct post-bereavement disorders. However, most studies focusing on these different courses of functioning have not examined pre-loss functioning.

Methods: We used data from a prospective population based study to examine depression and grief among conjugally bereaved older adults. We compared latent trajectories of grief and depression symptoms based on data from pre-loss and 6, 18, and 48 months post-loss, and examined a number of pre- and post-loss predictor variables.

Results: The chronic grief and chronic depression trajectories did not differ in grief symptoms at any post-loss time point. However, a number of pre- and post-loss variables uniquely differentiated these two distinct trajectories.

Limitations: Measures used in the current study were based on self-report and compared only two trajectories. Additionally, the sample was restricted to older adults (M age=72) and thus our findings may not generalize to younger populations.

Conclusions: These two distinct trajectories – chronic grief and chronic depression – may appear similar when examining grief symptoms alone, though it is apparent that they have different long-term courses of functioning. It is important to understand pre-loss functioning as well as variables associated with each group in order to appropriately target treatment.

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1. Introduction

While the death of a spouse is undoubtedly a uniquely stressful experience, recent research suggests that individuals experience bereavement in markedly different ways (Bonanno et al., 2002; Bonanno and Kaltman, 1999, 2001; Galatzer-Levy and Bonanno, 2012; Wortman and Silver, 2001). Indeed, approximately 10–15% of bereaved individuals will evidence long-term problems in functioning, while many others will exhibit a relative absence of grief symptoms, with much variation in between these two extremes (Bonanno, 2004, 2005; Bonanno et al., 2007; Horowitz et al., 1997).

Within the past decade, there has been debate concerning how to conceptualize post-bereavement disturbance, with disagreement concerning whether long-term grief reactions and chronic depression following loss are separable psychological phenomena. A growing consensus recognizes that *complicated grief* (CG) and *major depressive disorder* (MDD) are unique disorders, including different symptomatology profiles, courses, and responses to

treatment (Bryant, 2013; Deno et al., 2011; Zisook and Kendler, 2007). Understanding the long-term differences and similarities between grief reactions and depressive episodes post-bereavement has important treatment implications. As these reactions represent differing courses of functioning, it is additionally important to isolate predictors and indicators of these trajectories in order to better anticipate who might benefit from targeted interventions.

The current study focuses on bereaved individuals who evidence long-term difficulties coping with loss, and investigates whether they can be characterized as a single group or as multiple groups with unique symptom patterns. There remain a number of open questions resulting from methodological limitations of previous research, which has largely focused on cross-sectional data and has not been able to capture different patterns of response over time. With some exceptions (e.g., Bonanno et al., 2002), the majority of these studies have failed to include information about functioning measured pre-loss, a crucial component in determining patterns of grief reactions and how to understand the impact of pre-loss psychopathology on post-loss functioning. In fact, a number of studies have demonstrated that accurate assessment of pre-event or ongoing depression is crucial in understanding post-event functioning (e.g., Chentsova-Dutton et al., 2002; Metzger and Gray, 2008; Van Doorn et al., 1998). To address these

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problems in a prospective sample, we utilized data from a pre-existing prospective study, and compared patterns of depression and grief in a sample of conjugally bereaved adults from prior to the death of a spouse through 6, 18, and 48 months post-loss.

1.1. Chronic depression and chronic grief

While many bereaved individuals may feel sorrow or shock following the death of a loved one, these feelings often gradually recede and the individual is able to return to normal, pre-loss levels of functioning. For some, these feelings do not improve, and become debilitating. There are notable commonalities between CG and MDD, such as feelings of sadness, loss of interest, and a sense of guilt. Still, there is growing consensus across studies that CG symptoms, especially those involving *yearning* for the deceased and *avoidance of reminders* of the deceased, are distinct from other disorders (Boelen and Prigerson, 2007; Boelen and van den Bout, 2010, 2005; Bonanno et al., 2007; Bryant, 2013; Golden and Dalglish, 2010; Morina et al., 2010). In fact, only approximately 50–70% of bereaved individuals who meet criteria for CG also meet criteria for a major depressive episode (Bryant, 2013; Neria et al., 2007; Newson et al., 2011; Shear et al., 2005). These findings suggest that many people with complicated grief do not suffer from depression, and situates MDD and CG as distinct and separable disorders, with different clusters of symptoms.

Further evidence for the distinction between CG and MDD comes from treatment outcome studies. Validated treatments for major depressive disorder, such as Interpersonal Therapy (IPT) and antidepressant medication, have shown only minimal improvements in CG symptoms (Bryant, 2013; Reynolds et al., 1999). Complementarily, while alexithymia contributes strongly to depression, it has been shown *not* to contribute significantly to CG; further, while alexithymia has been found to influence responsiveness to psychotherapy for depression, it does not show the same influence on therapy response for CG (Deno et al., 2011).

In one of the few prospective studies, Bonanno et al. (2002) examined grief and depression trajectories of bereaved individuals interviewed approximately 3 years pre-loss, and at 6 and 18 months post-loss. They identified distinctions in pattern of response over time between a *chronic grief* group (16%; low pre-loss depression, high depression symptoms at 6 and 18 months post-loss) and a *chronic depression* group (8%; high pre-loss depression and high depression symptoms at 6 and 18 months post-loss). A subsequent follow-up analysis of these data covering a longer outcome period (48 months post-loss) and a latent growth modeling approach revealed that by 4 years post-loss the CG group showed marked reductions in both grief and depression symptoms, and also had fewer grief and depression symptoms than the chronic depression group (Galatzer-Levy and Bonanno, 2012). Indeed, the chronic depression group showed relatively little improvement throughout this longer period. This distinction illuminates the different pathways that depression and grief symptoms might follow, and further underscores the importance of investigating pre-loss functioning (Bryant, 2013).

1.2. Pre-loss depression

When an underlying depressive disorder is present, the loss of a loved one can precipitate the worsening of symptoms, perhaps to the level of a major depressive episode (Zisook and Shuchter, 2001). In fact, some studies suggest that individuals with a history of major depressive disorder are the most vulnerable group for experiencing psychological difficulties following loss: over 60% of those with histories of two or more major depressive episodes will experience such an episode within two months of loss (Zisook et al., 1997; Zisook and Shuchter, 2001). Additionally, major

depression is known to be a chronic, recurring condition (Keller et al., 1992; Zisook and Shuchter, 2001), and bereavement is one of the most commonly cited precipitants of a major depressive episode (Kendler et al., 1999; Lloyd, 1980; Zisook and Shuchter, 2001). Thus, pre-loss depression is likely to create conditions for enduring pain and suffering following the loss of a loved one.

It is possible that, when examining functioning over time, those with a history of prior major depressive episodes would also be more vulnerable to developing grief reactions—grief reactions may in part act as a proxy for a major depressive episode immediately following loss. Alternately, grief reactions may be layered *on top* of a depressive episode, in which case it is important to parse them apart in order to best match treatment with symptoms. There is ample evidence that psychotherapies created for the treatment of chronic grief are efficacious only when targeted to the specific population for which they were developed (Bonanno and Lilienfeld, 2008; Currier et al., 2008; Mancini et al., 2012). It follows that examining pre-loss functioning and level of distress over time may further increase the efficacy of grief therapies, allowing practitioners to adapt treatment accordingly.

1.3. Variables associated with grief or depression

Given the different profiles and courses of CG and MDD, different sets of variables are likely to be associated with these disorders. Indeed, chronic depression has been associated with higher levels of pre-loss dependency than complicated grief (both dependency on the spouse and interpersonal dependency in general), and with more negative evaluations of the spouse/marriage pre-loss than those with CG (Bonanno et al., 2002). Compared with individuals with CG, those with chronic depression have also been shown to have lower perceived coping ability pre-loss and lower extraversion (Bonanno et al., 2002). However, it was shown that those with complicated grief and major depression do not differ significantly in avoidant/dismissive attachment (Bonanno et al., 2002).

1.4. The current study

The current study utilized the trajectory categorization identified by Galatzer-Levy and Bonanno (2012) to examine the distinction between chronic grief and pre-existing chronic depression, but extended beyond these findings by considering both grief and depression symptoms as well as a broad range of predictor variables. In the current study, we examined grief symptoms in addition to depression symptoms to further examine the distinctiveness of these groups. We expected that although these groups showed separable patterns of depression, they would show relatively similar patterns of grief over time.

Further, we identified predictors of divergent bereavement responses from both pre-loss (baseline) and post-loss (6 months after the loss) in order to trace antecedents and markers of different patterns of bereavement reactions. Previous findings suggested that compared with individuals with CG, those with chronic depression were lower in extraversion and were more interpersonally dependent (Bonanno et al., 2002). Therefore, we hypothesized that those with chronic depression would be differentiated from those with chronic elevations in grief symptomatology and no history of depression by significantly lower levels of extraversion. We further hypothesized that those in the chronic depression group would demonstrate lower levels of emotional stability than the chronic grief group, given that the latter group eventually returned to normal levels of functioning. We also expected that the chronic depression group would be more vulnerable to stress.

We hypothesized that the following pre-loss predictors would differentiate CG subjects from chronic depression subjects: Following

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