



## Research report

# The influence of alexithymia on psychological distress with regard to the seriousness of complicated grief and the time since bereavement in the Japanese general population



Minako Deno<sup>a,\*</sup>, Mitsunori Miyashita<sup>b</sup>, Daisuke Fujisawa<sup>c</sup>,  
Satomi Nakajima<sup>d</sup>, Masaya Ito<sup>d,e</sup>

<sup>a</sup> Correspondence Division, Musashino University, 1-1-20 Shinmachi, Nishitokyo-shi, Tokyo 202-8585, Japan

<sup>b</sup> Department of Palliative Nursing, Health Sciences, Tohoku University Graduate School of Medicine, Miyagi, Japan

<sup>c</sup> Psycho-oncology Division, National Cancer Center East, Tokyo, Japan

<sup>d</sup> National Institute of Mental Health, National Center of Neurology and Psychiatry, Kodaira, Tokyo, Japan

<sup>e</sup> Japan Society for the Promotion of Science, Tokyo, Japan

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## ABSTRACT

**Introduction:** The current study investigated whether the influence of alexithymia on psychological distress (PD) differed according to the seriousness of complicated grief (CG) and the time since bereavement in the Japanese general population.

**Methods:** 1162 participants between 40 and 79 years of age (effective response rate: 58.8%) completed a cross-sectional anonymous questionnaire regarding the following factors: alexithymia (DD: Difficulty describing feeling, DI: Difficulty identifying feeling, EO: Externally oriented thinking), PD, and CG. To compare the non-bereaved (group 1) with four other groups, which were organized by CG score (high/low) and the time since bereavement (within half/two years postloss); the half year\_low/high CG (group 2 and 3) and the two years\_low/high CG (group 4 and 5), a simultaneous analysis of the five groups with standard maximum likelihood estimations was performed and hypothesized models were verified.

**Results:** The model (RMSEA=0.000, AIC=57.686) showed that the models' constructions for group 1 and 4 were significantly similar. In the other groups, the degree of correlation between alexithymia (especially EO) and psychological distress was significantly different.

**Limitations:** The study is a cross-sectional design and not with a clinical population.

**Conclusions:** Our findings showed that the relationship between alexithymia and psychological distress was significantly same for group 1 and 4. In group 2, EO was less correlated with the other subscales of alexithymia, which suggests that EO is utilized as a coping style for bereavement that, in turn, influences convalescence during the half year following bereavement.

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## 1. Introduction

Most people who experience bereavement overcome their natural emotional response to bereavement. It has been established empirically that natural psychological responses to grief, such as disbelief, yearning, anger, and depression, peak within the half year following the death of a significant other, and thereafter, grief diminishes in intensity over the two years post loss (Maciejewski et al., 2007). However, when integration of the loss does not occur, acute grief becomes more intensive and

continuous in the form of complicated grief (CG) (Shear and Shair, 2005).

The definitions of CG in previous research include a constellation of symptoms, such as preoccupation with the lost person, anger about the death, and avoidance of reminders of the loss (Ogrodniczuk et al., 2005), which typically occur following the half year after the bereavement (Prigerson et al., 2009). Although the symptoms within the half year post loss are not included in CG, the bereaved person may actually feel and be anxious about these symptoms within the half year post loss. To prevent normal grief from becoming CG and to improve the treatment of CG, it is necessary to investigate those who have become recently bereaved (within a half year to two years post loss) to determine whether differences in psychological variables result in the bereaved experiencing CG.

\* Corresponding author.

E-mail address: [m\\_deno@musashino-u.ac.jp](mailto:m_deno@musashino-u.ac.jp) (M.-n. Deno).

With regard to improving the treatment of CG, it is necessary to investigate the characteristics that effectively buffer psychological distress. Alexithymia, which is not a psychiatric disorder but rather a characterization of thinking, feeling, and relating processes among patients with a wide range of psychiatric diagnoses, has been found to influence patients' responses to psychotherapy (Ogrodniczuk et al., 2005; Taylor, 2000; McCallum et al., 2003). Taylor et al., (1997) found the following three core features of alexithymia: (1) difficulty in identifying feelings (DI), (2) difficulty in describing (communicating) feelings (DD), and (3) externally oriented thinking (EO). Although EO is rarely correlated with the other two features of alexithymia in Japanese samples (Komaki et al., 2003), this three-factor characterization has become the standard for describing alexithymia (Ogrodniczuk et al., 2005).

Previous research has investigated the relationships between alexithymia and general depressive symptoms (Ogrodniczuk et al., 2005; Lipsanen et al., 2004). Parker et al. (1991) three-factor characterization provides insight into psychological responses to stressful events, such as bereavement regarding the loss of significant others. The possible causes of overlap between alexithymia and depression are as follows (Parker et al., 1991). First, the manifestation of alexithymia may be a transitory reaction (secondary alexithymia) evoked by stressful situations accompanied by depression and anxiety. Second, secondary alexithymia may be a defensive response to the acute depression that typically accompanies stressful situations. Finally, the manifestation of secondary alexithymia may be a response to overall changes in quality of life, and not depression per se. Furthermore, in some patients, secondary alexithymia may become permanent and indistinguishable from primary (i.e., trait) alexithymia (Parker et al., 1991).

Few studies have been conducted examining the relationship between CG and alexithymia, and even fewer have been conducted in Japan. For example, Ogrodniczuk et al. (2005) found that alexithymia (except for EO) did not correlate with CG with regard to feelings of intrusion, pathological grief, and avoidance. Nakao et al. (2005) found that the DI subscale of alexithymia, significantly and positively predicted the grief reaction, even when the length of time since the loss for the bereaved women was controlled for within 6–60 months post loss. Deno et al. (2011) found that alexithymia rarely contributed to CG compared to depression for those who had been bereaved between 0.5 and 10 years. However, there is a lack of research regarding people who have recently become bereaved (i.e., within a half year) and whether there are differences in bereavement according to the time since bereavement and the seriousness of their CG. How does the relationship between general psychological distress and alexithymia change with regard to the seriousness of CG? How does that relationship change as the time since bereavement increases? Although there are distinctions between general psychological distress and CG in phenomenology, psychophysiology, and responses to treatment (Lichtenthal et al., 2004), it is widely recognized that symptoms of normal grief are similar to those of general psychological distress. Therefore, the investigation of the relationship between psychological distress and alexithymia will aid in the understanding and treatment of CG.

The aim of the current study was to investigate whether the influence of alexithymia on psychological distress was different with regard to the seriousness of CG and the time since bereavement in the Japanese general population. Fig. 1 presents the hypothesis model for the relationships between alexithymia and psychological distress. The constructions of the hypothesis model are compared among the following five groups: the non-bereaved group, the bereaved within a half year post loss with low CG group, the bereaved within a half year post loss with high CG group, the bereaved within two years post loss with low CG group, and the bereaved within two years post loss with high CG group.

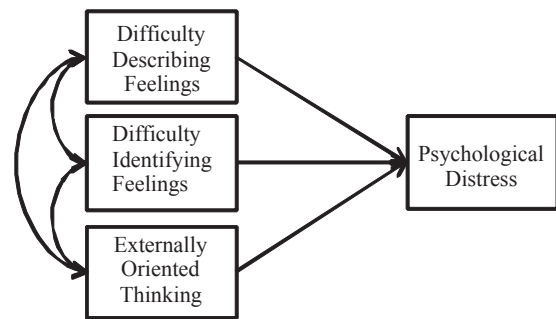


Fig. 1. Hypothesis model for the relationship between alexithymia and psychological distress.

with low CG group, and the bereaved within two years post loss with high CG group. Additionally, the corrected data for the present research included bereaved participants two years after the bereavement. The current study excluded these participants from the analysis given that other factors may influence the psychological distress of the bereaved after two years post loss.

## 2. Methods

### 2.1. Procedures

A cross-sectional anonymous questionnaire was administered to a sample from the general Japanese population. Four target areas (i.e., Tokyo, Miyagi, Shizuoka, and Hiroshima prefectures) were identified to obtain a wide geographic distribution for the nationwide sample. The four areas included an urban prefecture (i.e., Tokyo) and mixed urban–rural areas (i.e., Miyagi, Shizuoka, and Hiroshima).

Initially, 5000 subjects aged 40–79 years were identified using a stratified two-stage random sampling method of residents from the four areas. Fifty census tracts were randomly selected for each area; then, 25 individuals were selected within each census tract. Thus, 1250 individuals were identified for each area. Questionnaires were mailed to potential participants in June 2009, and reminder postcards were sent two weeks later. The ethical and scientific validity of this study was confirmed by the institutional review boards for Graduate Medicine at Tokyo University.

### 2.2. Measures

Alexithymia was assessed using the Japanese version of the Toronto Alexithymia Scale-20 (TAS-20; Komaki et al., 2003; Bagby et al., 1994). This scale is a self-report questionnaire measuring the following three factors: DI, DD, and EO. DI includes items such as “I often don’t know why I am angry” and “I am often confused about what emotion I am feeling.” DD includes items such as “It is difficult for me to find the right words for my feelings” and “People tell me to describe my feelings more.” EO includes items such as “I prefer to analyze problems rather than just describe them (reverse item)” and “I prefer talking to people about their daily activities rather than their feelings.” Twenty items were measured using a five-point Likert scale (1: absolutely disagree, 2: somewhat disagree, 3: neutral, 4: somewhat agree, and 5: absolutely agree). Content and concurrent validity and reliability of this scale were confirmed (Komaki et al., 2003; Bagby et al., 1994).

Complicated grief was assessed using the Brief Grief Questionnaire (BGQ; Shear et al., 2006; Ito et al., 2007). The BGQ is a five-item self-report questionnaire that inquires about difficulty accepting death, interference of grief in one’s life, difficulty with

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