



Research report

Attentional bias in complicated grief

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ABSTRACT

Background: Complicated Grief (CG) is a debilitating potential consequence of bereavement. Despite the significant health costs associated with CG, relatively little is known about the cognitive processes associated with the condition. This study investigated information processing in CG.

Method: Twenty four individuals with CG and 25 bereaved individuals without CG completed a modified emotional Stroop task in which they were presented with death-related and neutral cue words. Half of the participants were also given instructions to suppress thoughts of their loved one's death while completing the task.

Results: CG participants were slower to color name death-related words than neutral cue words. This pattern of findings suggests an attentional bias towards loss-related events.

Conclusions: This study represents the first demonstration of an information bias within CG. Consistent with cognitive models of CG, it is possible that dysphoric mood and preoccupation with the loss are maintained by selectively attending to reminders of the loss.

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Increasing evidence indicates that at least 10% of bereaved individuals will develop Complicated Grief (CG) (alternately known as Prolonged Grief) (Prigerson et al., 2008; Stroebe et al., 2007). CG is characterized by a persistent sense of yearning for the deceased, difficulty accepting the loss, bitterness, lack of trust, and a loss of perceived meaning in life that is ongoing for at least 6 months after the death (Prigerson et al., 1995a; Zhang et al., 2006). CG is associated with distinct negative psychological and health outcomes (Boelen and van den Bout, 2008; Boelen et al., 2003a; Prigerson et al., 1995a, 2008). Despite the significant public health costs associated with CG, there is currently insufficient research into the mechanisms underpinning CG.

Many bereaved individuals experience intense yearning, intrusive thoughts, and dysphoric emotions in the early weeks and months of their bereavement, but these reactions gradually subside over time. In contrast, individuals with CG appear stuck in a chronic state of mourning, with intense

yearning and longing for the deceased continuing unabated (Prigerson et al., 2008). Emerging models of CG propose that separation distress becomes marked and persistent in CG, in part, due to insufficient emotional processing of the loss, which results in a failure to update attachment schemas (Boelen et al., 2006b; Shear and Shair, 2005). A mismatch develops between the bereaved person's mental representations about their self, the deceased, and the world, and the reality of the death. It is proposed that this discrepancy between established mental representations of attachment and the actuality of the death leads to greater occurrence of intrusive thoughts and attention to loss-related events (see also Dalgleish and Power, 2004). Although there is convergent evidence for frequent intrusions of the deceased in CG (Boelen and Huntjens, 2008; Prigerson et al., 2008; Raphael and Martinek, 1997), no studies have investigated preferential bias to loss-related stimuli in CG.

One potentially useful method to investigate possible preferential information processing in CG is the emotional Stroop paradigm. In this paradigm, participants are presented with words relevant to their domain of concern along with neutral words; the difference between the time taken to color

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name target words compared to neutral words is taken as an indication of the degree to which these target words capture the individual's attention and cause interference in the color naming task (for review see Harvey et al., 2004; MacLeod, 2005). Using this paradigm, studies have reported slowed color naming for concern-relevant words in a range of emotional disorders, including posttraumatic stress disorder (Bryant and Harvey, 1995; Cassidy et al., 1992; Foa et al., 1991; Harvey et al., 1996; Thrasher et al., 1994), generalized anxiety disorder (Mathews and MacLeod, 1985), problem drinking (Sharma et al., 2001), and eating disorders (Sackville et al., 1998). Adapting this method to include target words that are relevant to CG would provide a means of experimentally indexing the salience of this information in CG.

Theorists have also proposed that CG reactions persist when individuals engage in avoidance behaviors (e.g., Boelen et al., 2006b; Shear et al., 2007; Shear and Shair, 2005). Avoidance is thought to impede habituation to painful memories and interfere with the integration of the loss into pre-existing schemas (Boelen et al., 2006b; Foa and Kozak, 1986; Horowitz, 1986; Shear et al., 2007; Shear and Shair, 2005; see also Ehlers and Clarke, 2000). In the case of bereavement, avoidance may involve behavioral avoidance of reminders of the deceased or cognitive avoidance strategies, such as thought suppression and rumination. Boelen et al. (Boelen et al., 2003c, 2006a) investigated the role of avoidance in CG using self-report methodology. In support of theoretical predictions, this study found that severity of CG and depression was related to endorsement of avoidance strategies. However, in a longitudinal study the relationship between avoidance and the development of CG across time, after controlling for initial symptoms, was less straightforward (Boelen et al., 2006a). Accordingly, there is a need to more directly examine the role of avoidance strategies in CG.

Thought suppression has been identified as one of the more common forms of cognitive avoidance across a range of disorders (Boelen et al., 2003c; Boelen et al., 2006a; Harvey et al., 2004), and has been correlated with grief severity in a cross sectional study (Boelen et al., 2003b). Numerous studies have demonstrated that the intentional suppression of thoughts and memories can produce a paradoxical increase in the frequency of these phenomena (for review see Harvey et al., 2004; Wenzlaff and Wegner, 2000). Thought suppression has also been linked to the development of attentional bias in nonclinical participants (Lavy and van den Hout, 1994). Ironic control theory explains the paradoxical effect of thought suppression by postulating that thought suppression is mediated by two simultaneous processes: an operating process and a monitoring process. The operating process aims to prevent the unwanted thought from entering awareness by actively searching for distracters. In parallel, the monitoring process searches for indications of the failure of mental control (i.e., presence of the unwanted thought). The theory holds that the operating process is a more effortful process, and so the search for alternate thoughts is susceptible to being disrupted by demands on cognitive resources. In contrast, the monitoring process requires fewer cognitive resources, and is less easily disrupted. When mental capacity is diminished by additional cognitive load, such as clinical levels of anxiety or intrusions, the operating process becomes disrupted while the monitoring process continues its search.

In this way, the monitoring process can elicit awareness of the unwanted thoughts and the to-be-suppressed material will be relatively more activated than any competing mental information (Wegner, 1994; Wegner and Erber, 1992; Wegner et al., 1987; Wenzlaff and Wegner, 2000). This, in turn, may lead to an increase in emotional distress.

This study used the emotional Stroop paradigm and thought suppression task (Wegner and Erber, 1992) to examine the impact of information salience and attempted thought suppression on information processing in CG. Individuals with and without CG were administered a modified Stroop task that included neutral and CG-related words. Death-related words were selected for use as target words to ensure targets were highly salient to the loss. Half of the participants in each group were asked to suppress thoughts of their loved one's death while completing the task. We hypothesized that CG participants would respond more slowly to death-related words than control participants. Additionally, we expected that participants who were given instructions to suppress thoughts of the death would have greater interference on death-related words than those not given the instruction.

1. Method

1.1. Participants

Twenty four individuals who met diagnostic criteria for CG (3 male, 21 female) and 25 bereaved individuals without CG (5 male, 20 female) participated in this study. Participants with CG were recruited from consecutive patients attending the Traumatic Stress Clinic for treatment of their CG. The No-CG participants responded to an advertisement to participate in a research project investigating grief experiences. Additional exclusion criteria for the No-CG group included a current diagnosis of PTSD and major depression.

1.2. Measures

Complicated Grief Assessment (Zhang et al., 2006) is a clinician-administered semi-structured interview for assessing CG. The CGA interview is based on the self-report Inventory of Complicated Grief (Prigerson et al., 1995b) and provides a diagnosis and severity rating for CG symptoms. The interview assesses for the presence of separation distress (Criterion A), difficulty accepting the death, emotional numbness, bitterness, difficulty re-engaging in life and a sense of purposelessness and meaninglessness (Criterion B). Each symptom is rated on a five-point scale. A diagnosis of CG is given if Criteria A and B have been met for at least 6 months and there is evidence of serious day to day impairment in functioning (Criterion C).

Clinical Administered PTSD Scale–2 (CAPS-2; Blake et al., 1995). The CAPS-2 is a structured clinical interview that indexes the 17 symptoms described in the DSM-IV PTSD criteria. Each symptom is rated on a five-point scale in terms of severity and frequency of the symptoms in the past month.

Structure Clinical Interview for the DSM-IV (SCID-IV; First et al., 2002). The depression model of the SCID was used to assess for the presence of Major Depressive Disorder.

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