



## Symptoms of prolonged grief, depression, and adult separation anxiety: Distinctiveness and correlates

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### ABSTRACT

Research has shown that prolonged grief disorder (PGD) is a disorder distinct from other disorders including major depression and posttraumatic stress disorder (PTSD). This study aimed to extend this research by examining the distinctiveness of symptoms of PGD relative to symptoms of adult separation anxiety disorder, also taking into account depression. Data were available from 205 bereaved individuals who completed measures tapping these symptoms together with a complementary measure of mental and physical health. Findings showed that symptoms of PGD, depression, and adult separation anxiety disorder were better conceptualized as distinct dimensions instead of a unitary dimension of distress. Correlations between the three symptom clusters were moderate to large. Cause of loss was the single variable that was associated with all three symptom clusters with loss due to violent cause giving rise to more severe symptoms. All three symptom clusters were associated with lower concurrent mental and physical health.

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### 1. Introduction

The death of a loved one can precipitate the development of mood and anxiety disorders and prolonged grief disorder (PGD). PGD is a syndrome that includes disruptive yearning, trouble accepting the death, detachment, bitterness, difficulties moving on without the lost person, and a sense of meaninglessness present to the point of impairment beyond 6 months after the loss (Prigerson et al., 2009). PGD is not yet included in DSM-IV. However, there is considerable evidence that PGD meets the criteria for a mental/psychiatric disorder as put forth by Stein et al. (2010) and is therefore under consideration for inclusion in the fifth edition of DSM-V (Boelen and Prigerson, 2012).

There is evidence that PGD is distinct from its “near neighbours” including major depression and posttraumatic stress disorder (PTSD; Boelen et al., 2010). Moreover, PGD symptoms have been found to predict health impairments over and above these neighbour syndromes attesting to the incremental validity of PGD (Bonanno et al., 2007). Of interest, no studies have yet explored the distinctiveness and correlates of PGD, relative to symptoms of *adult separation anxiety disorder*. Adult separation anxiety is characterized by exaggerated fears about separations from, and harm befalling, close attachment figures. It parallels childhood separation anxiety disorder although onset can occur after 18 years of age (Manicavasagar et al., 2010). It is conceivable that at least in some bereaved individuals separation from the deceased loved one elicits fear of additional bond ruptures

that is central to separation anxiety disorder. Furthermore, childhood separation anxiety is a risk factor for both PGD (Vanderwerker et al., 2006) and adult separation anxiety disorder (Manicavasagar et al., 2000) and may pose a risk for the co-occurrence of both syndromes in adulthood.

Several studies have explored the linkage of PGD with adult separation anxiety. For instance, Dell’Osso et al. (2011) found that bereaved individuals meeting criteria for PGD had significantly higher levels of adult separation anxiety than bereaved control subjects not meeting criteria for PGD. In a further study Dell’Osso et al. (2012) rated levels of adult separation anxiety disorder in outpatients with a diagnosis of posttraumatic stress disorder (PTSD), PGD, or both PTSD and PGD. Outcomes showed that patients meeting criteria for both conditions had significantly higher separation anxiety scores than patients with either complicated grief or PTSD alone. Silove et al. (2010) assessed PGD and adult separation anxiety among war-affected Bosnian refugees and found no significant association between the severity of these conditions (see also Momartin et al., 2004).

To our knowledge, no studies have yet explored the distinctiveness of symptoms of PGD and adult separation anxiety disorder. Examining the distinctiveness of these conditions is timely given upcoming revisions of the DSM (Boelen and Prigerson, 2012) and can inform theorizing and research about underlying mechanisms, assessment, and treatment of post-loss psychopathology. The current study was designed to do so, also taking into account depressive symptoms. Specifically, the key aim of this study (i) was to test the prediction that symptoms of PGD, depression, and adult separation anxiety disorder are better

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conceptualized as distinct factors instead of a unitary dimension of distress. On the condition that this was indeed so, further aims of this study were to examine (ii) correlations between the symptom clusters and (iii) the degree to which symptom clusters varied as a function of demographic (e.g., age and gender) and loss-related (e.g., time since loss) variables. To enhance knowledge about the relative importance of PGD, depression, and adult separation anxiety in psychological functioning, we examined (iv) the degree to which symptom clusters were associated with concurrent mental and physical health. Finally, we examined (v) prevalence rates of PGD and adult separation anxiety disorder “caseness” and differences in mental and physical health between cases and non-cases.

## 2. Method

### 2.1. Participants and procedure

Self-reported data were available from 205 bereaved individuals, all recruited in the context of a research programme on memory processes in grief, via announcements on the Internet, soliciting bereaved people to participate either by an online or paper-and-pencil format questionnaire. The present study was a follow-up study of this research programme in which 364 participants were approached again, some time after inclusion in the research programme. In total, 205 of these 364 individuals (56.3%) completed questionnaires for the current study. Their mean age was 49.3 (S.D.=12.5) years. Most participants ( $N=179$ ; 87.3%) were female; 95 participants (46.3%) had had primary/secondary education only, whereas 110 participants (53.7%) had been to college or university. In total, 96 participants (46.8%) had lost a spouse/partner, 36 (17.6%) a child, 46 (22.4%) a parent, and 27 (13.2%) some other loved one. Losses occurred on average 61.4 (S.D.=50.5) months earlier and were due to a violent cause (i.e., accident, suicide, and homicide) for 34 participants (16.6%) and some other cause (e.g., illness) in 171 (83.4%) participants.

### 2.2. Measures

PGD symptoms were assessed with the PGD scale, an 11-item shortened version of the Inventory of Complicated Grief (ICG; Prigerson et al. 2009) developed by Boelen (2011). The PGD scale includes all 10 symptom criteria for

PGD proposed by Prigerson et al. (2009) and one item tapping functional impairment. Participants rate the occurrence of symptoms in the preceding month on five-point scales with anchors 1=*never* to 5=*always*.

Depression was assessed using the seven-item Depression subscale of the Hospital Anxiety and Depression Scale (HADS-D; Zigmond and Snaith, 1983). Respondents rate the presence of symptoms during the previous week on four-point scales. The English (Zigmond and Snaith, 1983) and Dutch versions (Spinhoven et al., 1997) have yielded adequate psychometric properties.

Adult separation anxiety was assessed using the Adult Separation Anxiety Symptom Questionnaire (ASA-27) developed by Manicavasagar et al. (2003). It includes 27 items, including 16 items that correspond to the eight symptom criteria listed in DSM-IV (see Silove et al., 2010) rated on scales ranging from 0=*this never happens* to 3=*this happens all the time*. The measure has good psychometric properties and comparison with a semi-structured interview has indicated that a cutoff of  $>22$  adequately identifies people with clinically significant levels of adult separation anxiety disorder (Manicavasagar et al., 2003).

The eight-item Medical Outcomes Study Short Form (SF-8; Ware et al., 2001) was used to assess mental and physical health. This eight-item instrument assesses eight quality of life domains, including general health perception, role limitations due to emotional and physical problems, and pain. With norm-based scoring methods, item-scores can be used to obtain mental and physical health summary scores.

### 2.3. Statistical analyses

Constraints of the sample size precluded the possibility to subject all items tapping PGD, depression, and adult separation anxiety to a single factor analytic procedure. To select a limited list of separation anxiety symptoms, we first selected 18 items from the ASA-27 tapping the eight DSM-IV symptom criteria for separation anxiety disorder (see, e.g., Silove et al., 2010). For the DSM-criteria that were tapped by more than one item, we selected the one item that was most strongly correlated with the ASA-27 total score. Table 1 shows the abbreviated item content of items selected. Then, two sets of analyses were conducted to examine if symptoms of PGD, depression, and adult separation anxiety were best represented by a one-factor structure or a three-factor structure. First, we subjected 10 PGD items (omitting the “functional impairment” item), seven depression items, and eight separation anxiety items to a principal components analysis (PCA) with an oblimin rotation. Second, we selected five items from each of these symptom clusters that were most strongly correlated with summed item scores of each cluster and consecutively subjected these 15 items to confirmatory factor analyses (CFAs) in which we compared the fit of a one-factor model and a

**Table 1**  
Component loadings for symptoms of prolonged grief disorder, depression, and adult separation anxiety disorder.

	Component 1	Component 2	Component 3	Component 4
<b>Prolonged grief disorder</b>				
Yearning	<b>0.779</b>	−0.121	−0.013	0.026
Feeling like part of self died	<b>0.540</b>	−0.102	−0.153	<b>−0.350</b>
Difficulty accepting the loss	<b>0.873</b>	−0.020	0.003	0.041
Avoiding reminders of deceased	<b>0.494</b>	0.292	0.020	0.020
Difficulty trusting others	<b>0.280</b>	0.015	−0.227	<b>−0.395</b>
Bitterness/anger about the loss	<b>0.818</b>	0.075	0.024	0.032
Difficulty moving on	<b>0.587</b>	−0.121	−0.329	−0.177
Numbness	<b>0.755</b>	−0.019	−0.090	−0.123
Life feels unfulfilling	<b>0.714</b>	0.011	−0.169	−0.034
Feeling stunned/dazed	<b>0.890</b>	0.056	0.032	0.071
<b>Depression</b>				
Still enjoy things I used to enjoy (r)	0.136	−0.028	<b>−0.805</b>	0.056
Can laugh and see funny side of things (r)	0.167	0.052	<b>−0.792</b>	0.177
Feel cheerful (r)	0.047	0.114	<b>−0.778</b>	0.025
Feel as if slowed down	0.110	−0.112	<b>−0.544</b>	−0.402
Lost interest in my appearance	−0.042	0.158	<b>−0.703</b>	−0.031
Look forward with enjoyment to things (r)	0.045	0.083	<b>−0.825</b>	0.047
Can enjoy good book/radio/TV (r)	−0.043	−0.094	<b>−0.746</b>	−0.118
<b>Adult separation anxiety</b>				
Concerned when separated from people close	−0.045	<b>0.728</b>	−0.099	−0.071
Worrying about people close coming to serious harm	0.045	<b>0.611</b>	0.124	−0.063
Worrying about events that may separate you from people close	−0.101	0.089	−0.077	<b>−0.710</b>
Experienced extreme stress before leaving people close when going away on a trip	0.119	0.384	0.179	<b>−0.498</b>
Avoiding being home alone when people close are out	0.030	<b>0.626</b>	−0.205	−0.056
Experience difficulty sleeping alone at night	0.059	<b>0.711</b>	−0.108	0.091
Suffered dreams/nightmares about being away from home	−0.096	<b>0.504</b>	−0.044	−0.280
Experienced somatic symptoms before leaving home	0.087	0.100	0.058	<b>−0.733</b>

Note: Component loadings are from the pattern matrix. Component loadings  $> |0.30|$  are depicted in bold.  
r: Reversely scored index of depression.

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