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Suicide Bereavement and Complicated Grief: Experiential Avoidance as a Mediating Mechanism

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ABSTRACT

In the wake of increased interest in the specific features of suicide bereavement, the current study examines (a) the association between suicide bereavement and complicated grief and (b) the mediating effect of experiential avoidance on the association between suicide bereavement and complicated grief. The tests revealed a significant indirect effect of suicide bereavement on complicated grief through experiential avoidance. This finding suggests that traumatic characteristics of suicide bereavement may inhibit the grieving process by increasing experiential avoidance and emphasizing a cognitive approach for complicated grief of people who have lost their loved one to death by suicide.

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Bereavement; complicated grief; experiential avoidance; Korean older adults; suicide bereavement

Introduction

Due to the traumatic and stigmatizing characteristics of suicide, it seems intuitive that the unique features of suicide bereavement may lead to more severe psychological effects than bereavement arising from deaths by natural causes, indicating a need for special care for those bereaved by suicide (Gall, Henneberry, & Eyre, 2014; Visser, Comans, & Scuffham, 2014; Young et al., 2012). One possible psychological outcome is complicated grief (CG), a psychological syndrome distinct from depressive symptoms and posttraumatic stress disorder symptoms that has been addressed in recent reports (Boelen & van den Bout, 2005; O'Connor et al., 2010; Prigerson et al., 1996).

CG is a persistent and intense type of grief (Prigerson et al., 2009). Unlike normal grief that most people experience after the loss of a loved one, CG can lead to adverse health outcomes years later and include symptoms such as suicidal ideation (Latham & Prigerson, 2004), sleep disturbance (Germain, Caroff, Buysse, & Shear, 2005), and high blood pressure (Prigerson et al., 1997). Despite these detrimental consequences of CG and a higher risk of developing CG for individuals coping with the death of a loved one by suicide (de Groot, de Keijser, & Neeleman, 2006), few empirical studies have examined the independent effect of suicide bereavement on CG. Empirical studies can support

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the development of a specific intervention for CG for individuals who experience bereavement after a suicide loss.

Association between suicide bereavement and CG

While many studies have examined the effect of suicide bereavement on normal grief, they have focused on nonpathologic emotional reactions to bereavement (for review, Hibberd, Elwood, & Galovski, 2010; Sveen & Walby, 2008). There have been only three reports examining the effect of suicide bereavement on CG¹ (Currier, Holland, Coleman, & Neimeyer, 2008; de Groot et al., 2006; Dyregrov, Nordanger, & Dyregrov, 2003). Of these three studies, two compared a suicide group to other traumatic modes of death such as accident or homicide (Currier et al., 2008; Dyregrov et al., 2003). In a study of 232 parents who had lost their children, Dyregrov et al. (2003) found that there was no difference in CG symptoms across the suicide bereavement group, accident bereavement group, and sudden infant death group. However, the mean ICG scores for all three groups were relatively high (35.3, 32.0, and 38.0, respectively),² indicating that they were all at risk for CG. Another study by Currier et al. (2008) found that violent modes of death, including suicide, homicide, and accidents, were associated with higher CG scores than nonviolent deaths, whereas there was no significant difference in CG between suicide bereavement, homicide bereavement, and accident bereavement. De Groot and colleagues conducted a study of 153 people who had lost a spouse or a relative, and found that people who had lost a spouse or a relative to suicide had higher CG scores than people who had lost their loved one to a natural death (de Groot et al., 2006). The results of these studies suggest that comparing a suicide group to other traumatic death groups, such as homicide or accidents, might lead to nonsignificant differences in CG because of their high CG scores stemming from traumatic characteristics of the deaths. Therefore, suicide bereavement should be compared to other traumatic types of bereavement (i.e., natural death), in order to test the specific effect of suicide bereavement on CG.

Association between suicide bereavement and experiential avoidance

Experiential avoidance is likely to occur after traumatic events (Morina, Stangier, & Risch, 2008). Similarly, a bereaved individual might choose an experiential avoidance strategy after a suicide death to alter the context in which the death occurred. As briefly mentioned above, the traumatic and stigmatizing characteristics of suicide can be the main features of suicide bereavement (Young et al., 2012). This can affect avoidance behaviors in two ways. First, individuals bereaved by suicide can be more likely than those bereaved by other modes of death to experience trauma. This is because most suicide methods involve violent acts and can leave gruesome scenes in their wake.

Experience with violence and gruesome scenes may lead bereaved individuals to avoid reminders of the loss as a way to prevent traumatic intrusions from entering awareness, inhibiting the normal grieving process that allows one to deal with the reality of a loss (Boelen, van den Hout, & van den Bout, 2006; Bower & Sivers, 2000). Second, stigma can leave the bereaved feeling isolated (Sudak, Maxim, & Carpenter, 2008). Individuals bereaved by suicide may face unique challenges. For instance, some religions limit grief rituals for those bereaved by suicide, and most insurance policies have clauses that further stigmatize this form of grief (Feigelman, Jordan, & Gorman, 2009; Young et al., 2012). Because of these challenges, individuals bereaved by suicide may disconnect themselves from their everyday lives. If they do not confront their loss, reminders of death may lead them to relive stigmatizing experiences (Demi & Howell, 1991). These features of suicide bereavement may bias bereaved individuals toward avoidance behaviors that can hinder the grieving process.

The mediating role of experiential avoidance on the association between suicide bereavement and CG

The literature has not yet fully investigated the mechanisms that lead to CG. One potential mechanism is through experiential avoidance, which may play a mediating role between suicide bereavement and CG. People who show patterns of experiential avoidance are often unwilling to cope with negative feelings, thoughts, and bodily sensations and may attempt to avoid situations that elicit these experiences (Hayes, Strosahl, & Wilson, 1999). Despite the fact that experiential avoidance is not pathogenic in and of itself, excessively avoiding negative experiences can make individuals more vulnerable to a variety of unfavorable psychological outcomes including CG (Blackledge & Hayes, 2001; Hayes et al., 1999). According to previous studies, experiential avoidance is associated with poor mental health outcomes (Hayes et al., 2004). There is also recent evidence that experiential avoidance is related to CG severity (Boelen & Reijntjes, 2008; Shear et al., 2007). In a clinical CG study with 128 participants, Shear et al. (2007) found a positive correlation between avoidance levels and CG severity, indicating that greater avoidance led to greater CG severity. In another study, Boelen and Reijntjes (2008) found a significant relationship between higher levels of experiential avoidance and greater CG in 60 individuals recruited from three outpatient clinics. Based on this evidence, I hypothesized that individuals bereaved by suicide may tend to show more experiential avoidance behaviors, which in turn may affect CG (Figure 1).

The aims of the current study were (a) to test whether people who experience bereavement after a loved one's suicide report greater CG severity than people who experience bereavement after nontraumatic, natural deaths, and (b) to test the mediation effect of experiential avoidance in the relationship between suicide bereavement and CG.

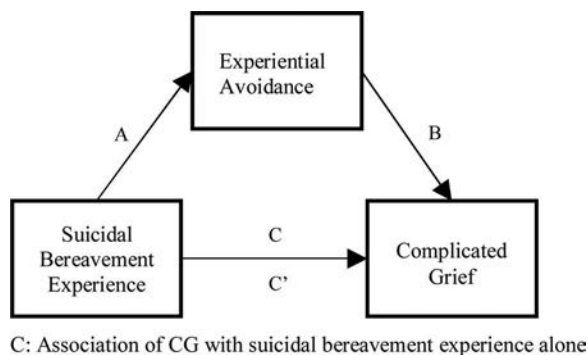


Figure 1. Mediating model: Effect of suicidal bereavement on CG through experiential avoidance.

Methods

Participants

Participants were 859 conjugally bereaved older adults. A total of 2,034 older adults were originally recruited for a baseline survey as part of a community-based suicide prevention project in Chuncheon, South Korea. A multistage stratified cluster sampling procedure was used to recruit study participants. Face-to-face interviews were conducted for all participants, 859 of whom reported having lost their spouse.

Measures

Complicated grief

CG was measured using the Inventory of Complicated Grief (ICG; Prigerson et al., 1995). Using the standard forward-backward translation method, three mental health experts with PhD degrees who were fluent in both English and Korean performed the translation of the ICG.

The ICG consists of 19 items (e.g., “I feel myself longing for the person who died,” “Ever since s/he died it is hard for me to trust people”). Participants were asked to report the degree to which each statement applied to them using a 4-point Likert scale including *never* (0), *rarely* (1), *sometimes* (2), *often* (3), and *always* (4). Sum scores for the ICG ranged from 0 to 76, with higher scores indicating higher levels of CG. For this study, the ICG had excellent internal consistency ($\alpha = .90$).

Suicidal bereavement experience

Experience of suicidal bereavement was determined with one question: “Did your spouse commit suicide?” (0 = No, 1 = Yes).

Experiential avoidance

The acceptance and action questionnaire (AAQ; Hayes et al., 2004) was used to measure experiential avoidance. The AAQ consisted of 10 items (e.g., “It’s

OK if I remember something unpleasant,” “I’m afraid of my feelings”). Participants rated the degree to which items applied to them on a 7-point Likert scale, with scores ranging from 1 (*never true*) to 7 (*always true*). Sum scores for the AAQ ranged from 10 to 70, with higher scores representing more experiential avoidance. The internal consistency in this sample was $\alpha = .79$.

Depressive symptoms

Depressive symptoms were measured using the 10-item short version of the CESD to measure depressive symptoms in the past week (Irwin, Artin, & Oxman, 1999). Participants were instructed to respond on a 4-point Likert scale ranging from 0 (*rarely or none of the time*) to 3 (*most or almost all the time*). The internal consistency was $\alpha = .84$.

Demographic characteristics

Participants’ gender, age, and time since the death of a spouse were also collected.

Data analysis

I began by performing preliminary correlation analyses between suicidal bereavement experience, experiential avoidance, and CG. In addition, I performed a series of multiple regression analyses controlling for potential confounders such as time since loss, age, gender, and depressive symptoms. I then proceeded to conduct an analysis of the degree to which the relationship between suicidal bereavement experience and CG was mediated by experiential avoidance. Two mediation models were tested using the three main variables: (a) suicidal bereavement experience \rightarrow experiential avoidance \rightarrow CG, and (b) suicidal bereavement experience \rightarrow CG \rightarrow experiential avoidance. Bootstrapping was used to test the indirect effects of suicidal bereavement, since bootstrapping has been suggested as a way to circumvent the power problem introduced by asymmetries and other forms of nonnormality in the sampling distribution of the indirect effect (Shrout & Bolger, 2002). I performed 2,000 replications.

Results

Descriptive results

Participants were predominantly female. There was a statistically significant difference in terms of sex by suicidal bereavement experience ($p = 0.002$), such that male participants were more likely to experience suicidal bereavement. The average ages overall, within the suicidal bereavement experience group, and within the suicidal bereavement nonexperience group, were 77.04, 77.52, and 77.01 respectively. There was no difference in age between groups. The average time since loss was 215.30 weeks.

Association between suicidal bereavement experience and experiential avoidance (path A)

There was a significant association between suicidal bereavement experience and experiential avoidance ($r = 0.23$, $p < 0.001$). In addition, the association between suicidal bereavement and experiential avoidance persisted after controlling for potential confounders (e.g., depressive symptoms, age, sex, and time since loss). However, only depressive symptoms were significantly associated with experiential avoidance. Individuals with more depressive symptoms were more likely to have higher levels of experiential avoidance.

Association between suicidal bereavement experience and CG (path C)

There was a significant correlation between suicidal bereavement experience and CG, such that individuals with suicidal bereavement experience had higher levels of CG ($r = 0.21$, $p < 0.001$). An association between suicidal bereavement experience and CG persisted after controlling for potential confounders.

Time since loss, depressive symptoms, gender, and age were also associated with CG. Individuals who were younger, female, had more depressive symptoms, and reported less time since loss were more likely to have high levels of CG.

Association between experiential avoidance and CG (path B + C')

There was a significant association between experiential avoidance and CG, such that individuals with higher levels of experiential avoidance were more likely to demonstrate higher levels of CG ($r = 0.326$, $p < 0.001$ without controlling for confounders; $B = 1.799$, $p = 0.002$ after controlling for confounders). However, after controlling for experiential avoidance, the association between suicidal bereavement experience and CG became nonsignificant ($B = 0.272$, $p = 0.09$).

In terms of confounders, time since loss, depressive symptoms, gender, and age were all associated with CG. The directions of the associations were the same whether or not I adjusted for experiential avoidance.

Mediating effect of experiential avoidance on the relationship between suicidal bereavement experience and CG

Experiential avoidance mediated the relationship between the experience of suicidal bereavement and CG. The test for the indirect effect of suicidal bereavement experience on CG through experiential avoidance revealed that the mediating effect was nonzero (confidence interval = 0.462, 0.982). Having found evidence that experiential avoidance was a significant predictor of CG, I

proceeded to examine another mediation model (i.e., the reverse mediation model) by conducting an analysis of the indirect effect of suicidal bereavement experience on experiential avoidance through CG. Because acute distress in bereavement may affect negative cognition, this model would also make sense. However, the test of the indirect effect of suicidal bereavement experience on experiential avoidance through CG revealed that there was no significant mediating effect (confidence interval = $-0.265, 0.560$).

Discussion

While the effect of suicidal bereavement experience on CG is gaining attention, little is known about the mechanism driving this association. Using regression and mediation analyses, the current study replicates a significant association between suicidal bereavement and CG and extends previous work by testing experiential avoidance as a mediator.

As hypothesized, I found that having the experience of suicidal bereavement was associated with higher levels of CG. This finding supports a recent report (de Groot et al., 2006), as well as the theory that individuals with more traumatic bereavement are more likely to experience severe distress. This finding emphasizes the importance of monitoring the experience of suicidal bereavement as a risk factor for CG. Interestingly, no significant association was found between suicidal bereavement experience and CG after controlling for experiential avoidance, indicating a full mediation effect. Consequently, experiential avoidance may play a critical role in explaining a mechanism underlying the association between suicidal bereavement and CG. Specifically, an individual who has experienced the suicide of a loved one may be prone to thoughts and behaviors characteristic of experiential avoidance, and in turn is more likely to have a high CG.

This pattern also suggests that targeting experiential avoidance could be an appropriate intervention among those with suicidal bereavement experience. In light of the need to develop specific interventions for CG with individuals experiencing suicidal bereavement, acceptance and commitment therapy (ACT; Hayes et al., 1999) might be a promising approach. Using the principles and techniques of ACT, bereaved individuals can be helped by encouraging acceptance of painful thoughts and feelings and by acting to create a meaningful life (Romanoff, 2012). Specifically, a recently developed cognitive behavioral approach for CG (Complicated Grief Treatment; Shear, Frank, Houck, & Reynolds, 2005) can be used to address bereavement-related experiential avoidance (and to distinguish it from general experiential avoidance). This approach identifies activities that the bereaved individual is avoiding because he or she is reluctant to think and talk about the death and the deceased person, and rates the activities according to their desirability. This approach was found to be successful in processing information about the

reality of the death and in reducing avoidance, thus helping to restore everyday life (Shear et al., 2005).

Although the current study has important implications for the indirect effect of suicidal bereavement experience on CG through experiential avoidance, several limitations deserve mention. First, causal inference cannot be made due to the cross-sectional nature of the study design. However, the non-significant reverse mediation model (suicidal bereavement experience \rightarrow CG \rightarrow experiential avoidance) may indirectly support our hypothesis that experiential avoidance mediates the association between suicidal bereavement experience and CG. Second, the current study did not assess important death-related variables such as whether bereaved individuals had seen the dead, or had experienced other traumatic events that could influence their levels of experiential avoidance. In addition, the current study excludes variables that may be associated with CG such as social isolation. Thus, future studies should include additional variables to further examine the independent effect of suicidal bereavement experience on CG through experiential avoidance. Third, the measure of suicide bereavement experience did not distinguish between other traumatic modes of death such as homicide or accidents, which might also increase avoidance. Lastly, in the present study, more male participants had lost their spouses from suicide, as opposed to the typical sex difference in suicide rates such that men are more likely than women to commit suicide. This might be due to serious socioeconomic disadvantages experienced by older women in Korea. Future studies should include variables relating to financial difficulties, in order to investigate their impact on the effects of suicide bereavement and experiential avoidance on CG.

These limitations notwithstanding, the present findings provide important evidence about a mechanism underlying the association between suicidal bereavement experience and CG, enhancing our understanding of psychological adjustment to bereavement among those who have lost their significant other to suicide. Experiential avoidance sheds new light on the mechanisms linking suicidal bereavement experience and CG. Understanding these psychological mechanisms is critical for the appropriate provision of interventions as individuals experience one of the most difficult and painful times in their life.

Notes

1. These studies can be distinguished from others that examine the effect of suicide bereavement on grief and the question of whether to use specific measures for CG (e.g., the Inventory of Complicated Grief; Prigerson et al., 1995).
2. The cut-off point for high risk for ICG score is 25, as suggested by the original scale developers (Prigerson et al., 1995).

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Notes on contributor

Ilung Nam is an assistant professor in Hallym University. His primary interests include the biopsychosocial factors that contribute to psychological outcomes among people with complicated grief and related psychological disorders. He is also interested in the development, implementation, and evaluation of psychosocial intervention to improve the care of people with complicated grief and related psychological disorders.

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