Bereaved families are still embittered after the Sewol ferry accident in Korea: A follow-up study 18 and 30 months after the disaster

Ji-Ae Yun, Hyu-Jung Huh, Hye-sung Han, Seung Huh, Jeong-Ho Chae *

Department of Psychiatry, Seoul St. Mary's Hospital, The Catholic University of Korea, College of Medicine, 222 Banpo-daero, Seocho-Gu, Seoul 137-701, Republic of Korea

Abstract

Introduction: The Sewol ferry accident that occurred in April 2014 was one of the most tragic human-made disasters in Korean history. Due to the deaths of hundreds of children, bereaved families likely feel embittered; however, there is little extant research documenting embitterment among those who experienced the disaster. Consequently, we investigated bereaved family members’ embitterment and other psychiatric symptoms 18 months and 30 months after the disaster.

Methods: Data from a cross-sectional survey were obtained 18 months (Time 1) and 30 months (Time 2) after the disaster. We ascertained socio-demographic variables and variables obtained from a self-reporting questionnaire (i.e., depression, anxiety, post-traumatic stress disorder, complicated grief, and embitterment) among 56 bereaved family members.

Results: Bereaved families showed substantial embitterment at Time 1 (64.3%), which increased at Time 2 (76.8%, t = 1.761, p = 0.084). The participants who displayed increased embitterment at Time 2 also increased in anxiety, post-traumatic stress symptoms, and complicated grief (but not depression). Furthermore, participants who displayed decreased embitterment at Time 2 also decreased in all other psychiatric symptoms. (time × group interaction in depression (F 0.644, p = 0.426), anxiety (F 4.970, p = 0.030), PTSD (F 10.699, p = 0.002), and complicated grief (F 8.389, p = 0.005)).

Conclusions: Embitterment of bereaved families had not ceased after 18 months and even increased 1 year later. Additionally, as embitterment increased, many other psychiatric symptoms also increased, and vice versa. Our results suggest that embitterment is associated or can even influence other psychiatric symptoms; therefore, embitterment should be examined after disasters.

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1. Introduction

The Sewol ferry accident in April 2014 was one of the most tragic disasters in the Korean history. Among the 476 people on board, the accident claimed the lives of 304 passengers; most of them were teenagers on a school trip to a resort island. An inexperienced crew and redesigns of the ship to handle more passengers and cargo were cited as the factors of the accident [1]. However, this accident also highlighted many problems in the Korean society [2]. Bereaved families have criticized the government over its response—the coast guard did not make a sincere effort to reach the trapped students—and protests have been held to make the government accountable for failing to rescue the children. Furthermore, although this fatal accident involved 304 deaths, a false report that all students were rescued was broadcasted on TV at the beginning of the accident. Consequently, bereaved families became furious and distrusted the government and Korean society [1,3]. Dozens associated with the ferry disaster have been imprisoned on criminal charges; however, families state that the underlying problems that led to the sinking of the Sewol are far from being resolved [1]. The accident left the country deeply traumatized. Although a substantial amount of time has passed since the accident occurred, the Korean people remember how traumatic it was for them, and it is still perceived as an ongoing traumatic experience [4,5].

There is not much research concerning the bereaved families of the Sewol accident. Recently, a study about unresolved bereavement and other mental health problems was published by Huh et al. [6], who found that 94% of the families suffered from complicated grief (CG), half of them had severe depression, and 70.2% showed clinically significant post-traumatic symptoms. Additionally, 65.5% of them showed significant chronic reactive embitterment.

It is estimated that as many as 7% of the individuals grieving a loss will suffer from CG [7]. Typical symptoms of CG include intense yearning and longing for the loved one; insistently intrusive thoughts about the deceased; inability to accept the death; excessive guilt; intense feelings of anger; avoidance of people, places, or reminders of their loved one; difficulty finding meaning in life; and feeling that they could or should have prevented the loss. CG is characterized by frequent, intense
grief symptoms, which cause significant distress and functional impairment [8]. Among the bereaved families of the Sewol accident, most of them experienced CG [6]. Similar to the Sewol accident, being confronted with a traumatic loss (e.g., homicide/accident/disaster-related loss) has been associated with higher prolonged grief disorder, which is the same diagnostic entity as CG [9], post-traumatic symptoms, and depression levels compared to non-violent loss [10,11].

To make matters worse, the Sewol accident made citizens as well as the bereaved families distrust the society and feel a sense of injustice. Beyond grief, it made people angry [5]. In a previous study on the accident, the bereaved families showed substantial embitterment [6]. Embitterment is an emotion encompassing persistent feelings of being let down, insulted or feeling like a loser; and being revengeful, but helpless [12]. It can share common emotional features or coexist with other emotions [12]. Embitterment can be observed in diverse psychiatric disorders. In one study, the post traumatic embitterment disorder (PTED) group had chronic adjustment disorder (66%), major depression (50%), anxiety disorders (22%), and post-traumatic stress disorder (PTSD; <5%) at the same time [13]. Higher comorbidity was observed in the PTED group than in the control group, which consisted of patients diagnosed with other mental disorders [13]. On the other hand, although many questions remain about how embitterment is different from other mental disorder or symptoms [13], several characteristics of embitterment are distinct from other psychopathologies [12]. Almost all embittered persons after traumatic events suffer from intrusive thoughts and memories about the event [14]. Most of them perceived the critical event as unjust and unfair [12]. They also tend to experience rage, anger, revenge, and holding a grudge [14]. When engaging in revengeful thoughts, the embittered person can experience a positive effect [14]. Their aggression usually can be turned against oneself and self-blame for not being competent enough to avoid the event or not having done things that could have prevented the disaster. The precipitating event is typically perceived as unjust, and many embittered people want the world to see how unjustly they have been treated [14]. Some of them often degrade themselves and even reject offers of help and compensation [12]. This underlying aggression can pose a major problem when treating such patients as it can also turn against the therapist [12,14]. Embitterment has severe additional psychopathological symptoms and is associated with considerable impairment in most areas of life in reaction to a negative life event, which is perceived as a violation of one’s basic beliefs and values [13,14].

In line with the characteristics of the Sewol accident and the definition of embitterment, embitterment might be a central emotion among bereaved families that is distinct from other psychiatric symptoms. Especially, since the ferry's crew and society itself were deemed responsible for the disaster, rather than victims' personal faults, a profound impact of embitterment on bereaved families was expected.

With regard to this, the issue of injustice seems to be important for embitterment. According to a previous assessment by the standardized diagnostic interview for PTED, 100% of the embittered person expressed feelings of injustice [14]. Although it was not a direct investigation of embitterment, in one previous study, the grief with anger group reported higher preoccupation with injustice for the event compared to the grief-only group and reference group [15]. Until now, many researchers have examined the impact of perceived injustice on psychiatric constructs [16–20]. Perceived injustice itself can negatively impact trauma recovery [21]. In patients experiencing pain after a traumatic injury, perceived injustice was a predictor of the persistence of PTSD symptoms. Specifically, the blame/unfairness subscale of Injustice Experiences Questionnaire uniquely predicted the persistence of PTSD symptoms [22]. Perceived injustice also plays a role in the persistence of depressive symptoms in patients receiving multidisciplinary rehabilitation for whiplash injuries [23]. Accordingly, it is possible that embitterment, which is associated with injustice, will also have a negative influence on other psychiatric symptoms. Furthermore, embitterment is far more detrimental than anxiety or depression, in that embittered people have a less permanent job, longer sick leaves, and higher psychological and social impairment than those in the control group [13].

However, only a few scientific studies about embitterment have been conducted, and these typically addressed chronic illnesses (e.g., psoriasis [24], Cushing’s disease [25], rheumatic disease [26,27]) and workplace settings [28–30]. According to these studies, about 20% of the participants experienced embitterment [24,27], which negatively impacted illness severity [24], psychosocial impairment [25], and well-being functioning [27]. In the workplace, embitterment was associated with sickness absence and negatively influenced recovering from work-related stress [28].

To the best of our knowledge, this study is the first to examine embitterment after a disaster and to follow-up with changes to embitterment. We expected higher embitterment among the bereaved families of the Sewol accident than it was in the previous studies. We also hypothesized that embitterment would pass with time, and it would negatively affect other psychiatric symptoms, consistent with the previous studies. Specifically, we investigated embitterment and other psychiatric symptoms among the bereaved families of the Sewol accident after 18 months and the change in these symptoms in a 1-year follow-up (after 30 months).

2. Materials and methods

2.1. Participants

Prior to the study, the researchers contacted the representatives of the bereaved families. After the representatives of the bereaved families agreed to participate in this study, participants were recruited with the cooperation of the Ansan Mental Health Trauma Center. The first mental health survey was performed 18 months (standard deviation (SD) = 1 month) after the accident as part of the general health medical examination for bereaved families. Among them, 93 who agreed to participate were recruited. Before the survey was conducted, written informed consent was obtained from all the participants. Data were collected through a self-report questionnaire including psychiatric scales and socio-demographic variables. The schedule for the survey and dissemination of the questionnaire were also carried out by the Ansan Mental Health Trauma Center.

After the first evaluation (18 months after the accident: Time 1), the participants were re-evaluated approximately 1 year later (30 months after the disaster: Time 2) using the same self-report questionnaire. Fifty-six participants who participated in both Time 1 and Time 2 were included in this study. Those lost to attrition (n = 37, 39.8%) did not differ from the study participants in terms of sociodemographic factors (age t = 1.506, p = 0.136; sex χ² = 0.797, p = 0.399; marital status χ² = 3.074, p = 0.233; religion χ² = 7.493, p = 0.130; and education χ² = 3.491, p = 0.206) or psychiatric symptoms (depression t = 0.673, p = 0.503; anxiety t = 0.616, p = 0.540; PTSD, t = 0.891, p = 0.375; complicated grief, t = 1.159, p = 0.250; and embitterment, t = 0.559, p = 0.578) at Time 1.

The study procedure was approved by the Institutional Review Board of the ethical committee of Seoul St. Mary’s Hospital at the Catholic University of Korea.

2.2. Measurements

2.2.1. Post-traumatic embitterment disorder self-rating scale (PTED scale)

Embitterment was assessed using the PTED scale, which is a 19-item questionnaire designed to assess the features of embitterment reactions to negative life events (Table 1). Participants were asked to indicate, on a five-point scale, to what degree the statement applies to them for each item (0 = not at all true to 4 = extremely true) [31]. The Korean version of the PTED has good psychometric properties [32]. A mean score of 2.5 is recommended as the cut-off score; a score ≥ 2.5 indicates a clinically
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