

Complicated grief as a stress response disorder: evaluating diagnostic criteria in a German sample

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Received 25 November 2003; accepted 7 September 2004

Abstract

Background: Complicated grief has been described as a diagnosis candidate for DSM-V. On the basis of the stress response theory, Horowitz et al. [Am J Psychiatry 154 (1997) 904–10] characterized complicated grief as a combination of sustained intrusion, avoidance, and maladaptation symptoms following the loss of a close person. This study aimed at evaluating diagnostic criteria based on the stress response model of complicated grief. **Methods:** We administered a symptom list derived from Horowitz et al.'s operationalization to a sample of bereaved persons and evaluated the psychometric properties of the symptom criteria and symptom category subscales. Using this symptom list and other self-report measures of psychopathology and normal grief reactions, we examined a German sample

consisting of 75 participants who had lost either siblings, children, parents, or spouses, on average, 5.4 years prior to the study. **Results:** Analyses confirmed the classification of symptoms into intrusion, avoidance, and failure-to-adapt categories with only minimal reordering (two symptom criteria). The symptom category subscales showed favourable psychometric characteristics, receiver operating characteristic (ROC) analyses indicated high diagnostic accuracy of the symptom criteria, and predictive validation revealed a meaningful correlational pattern to standard measures of divergent psychopathology and normal grief reactions. **Conclusions:** The application of a stress response operationalization of complicated grief is supported.

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Keywords: Complicated grief; Stress-related disorder; Diagnosis; Scale development; Predictive validity

Introduction

For some time, various authors have been proposing the introduction of the new diagnosis of complicated grief, which could help clinicians to properly recognize and treat a syndrome that is not adequately covered in the established nosology of DSM-IV [2–5]. Recent studies using independent bereavement samples demonstrated that the symptoms of complicated grief form a syndrome that is distinct from normal grief reactions, as well as depression and anxiety (e.g., Refs. [6,7]).

Horowitz and his collaborators [1,8,9] developed a concept for the diagnosis of complicated grief that is based on the stress response theory. Accordingly, complicated grief is, in part, similar to posttraumatic stress

disorder (PTSD), characterized by processes that result in three sets of symptoms: intrusions, avoidance, and failure to adapt to the loss. This model is supported by research on the role of intrusions and avoidance in the mourning process [10]. The stress response concept and its operationalization seeks to identify symptoms deviating from normal mourning processes, resulting in pathologically impaired functional capacity. So far, only one study has explicitly examined and confirmed this concept by using latent class model analysis and signal detection procedures [1]. A stress response operationalization was chosen as outcome variable in a series of studies dealing with the grieving process [11–18]. Tomita and Kitamura [19] published supportive evidence for the stress response formulation of complicated grief in a Japanese sample. Kersting et al. [20] applied a modified version for diagnosing complicated grief in women after induced abortion.

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The present study analyses additional evidence for the stress response model of complicated grief in a German sample. To this end, we used the list of symptoms constituting the three symptom categories of Horowitz et al. [1], extended by four additional symptoms suggested by Horowitz (personal communication, 2001). It was examined (1) whether the classification of symptoms into the three categories could be replicated; (2) whether a useful and psychometrically sensible reduction of symptom criteria could be achieved; (3) whether there was support for Horowitz et al.'s diagnostic algorithm consisting of seven symptoms; (4) whether meaningful associations of the symptom category subscales with other standard measures of psychopathology (anxiety, depression, posttraumatic stress, and general) and a measure for normal grief reactions could be found; and (5) whether there were any interpretable predictive associations between the symptom category subscales and age, sex, kind of relationship, predictability of death, and time since death.

Method

Participants

The sample comprised 75 participants, all of whom suffered the loss of a member of their immediate families (sibling, child, parent, or spouse). The average period of time between the bereavement and the study was $M=5.4$ years (S.D.=3.5; range 1 to 14 years). Participants were recruited from three sources: The majority (70.7%) were recruited through advertisements in local newspapers, 16.0% were won for the study via contacts to the self-help group "Orphaned Parents", and 13.3% were recruited through peers and colleagues. The advertisements asked for people who had lost a close family member at least a year before without mentioning any specific complaints, to prevent a selection bias. The majority of the sample were female (85.1%), the sample's mean age was $M=44.2$ years (S.D.=12.0; Md=44.0). Of the 60 participants reporting their marital status, 53.3% were married, 15.0% divorced, 11.7% single, 10.0% cohabiting, and 10.0% were widowed. About two thirds (65.0%) of the 60 participants who reported their educational level had finished college or university, 33.3% had finished a vocational training or occupational school, and one participant was a student. A majority of 41.7% of these 60 participants were undenominational, 35.0% were Protestants, and 23.3% were Catholics.

The kinds of relationship to the deceased were distributed in the sample as follows: The majority of participants (60.0%) had lost a sibling, 32.0% had lost a child, 4.0% a parent, and 4.0% had been bereaved of their spouse. Of the 39 participants having lost a sister or brother and reporting their sibling's sex, 56.4% had lost a sibling of the same sex. There were differences in the predictability and circumstances of the death: 75.4% of the participants had suffered

an unforeseeable loss under rather traumatic circumstances due to accidents, suicide, or sudden, lethal diseases; for 24.6% of the participants, the loss had occurred in a foreseeable or less traumatic way due to slowly progressing diseases or old age. The participants' ($n=61$) age at the death of their relatives varied between 15 and 70 years, averaging out at $M=39.2$ years (S.D.=13.0; Md=37.0). The age of the deceased ($n=66$) ranged between 3 and 82 years, with a mean age of 38.6 years (S.D.=18.9; Md=35.0).

As can be seen from the above description, the bereavement sample used cannot be considered truly representative due to its size and heterogeneity. Nevertheless, the sample appears appropriate for testing the stress response operationalization of complicated grief, as all participants had faced the loss of an immediate-family member and several possible confounding factors were explicitly examined in the analyses. In addition, some sampling imbalances may corroborate the robustness of the operationalization.

Measures

Complicated Grief Module (CGM)

Horowitz et al. [1] provided a list of symptoms of complicated grief in an SCID module format. The German version of the CGM is a 34-item self-report measure that assesses these symptoms, each rated on a seven-point Likert-type severity scale ranging from 0 to 6. Horowitz et al.'s module consisted of 30 original items, which had been developed from observer-based definitions of relevant phenomena, including grief-related intrusions (12 original items, e.g., "Unbidden memories or images of the deceased"), behaviours that avoid grief-related emotional stress (6 original items, e.g., "Avoiding places that remind of the deceased"), and difficulties/failures to adapt to the loss (12 original items, e.g., "Significant difficulty with new close relationships"). Four additional items were included as suggested by Horowitz (personal communication, 2001) for purposes of the new study: two on intrusive phenomena and one in either of the presumed symptom categories of "Avoidance" and "Failure to Adapt" (items are marked in Table 1 in italics). The German-language version of the SCID-type interview questions was won in a translation–retranslation process, followed by a transformation of the questions into statements.

Beck Depression Inventory (BDI: [21];

German version: [22])

The BDI is a 21-item self-report measure for evaluating cognitive and physical symptoms of depression. It provides a total score that ranges from 0 to 63. The scale has widely been used in psychological research and has repeatedly been shown to have good reliability and validity.

Beck Anxiety Inventory (BAI: [23]; German version: [24])

The BAI is a 21-item self-report scale for measuring the severity of anxiety symptoms, with a total score ranging

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