



ORIGINAL ARTICLE

Restoration-focused coping reduces complicated grief among older adults: A randomized controlled study



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Abstract

Background and objectives: The death of a loved one leaves a sizable minority of bereaved individuals at increased risk for complicated grief (CG), which can lead to adverse health outcomes. There has been increased interest in developing intervention options for CG based on the dual-process model of coping with bereavement, which addresses both loss- and restoration-focused coping methods. Many loss-focused approaches have been employed in clinical settings, but the development of restoration-focused intervention method has received insufficient attention.

Methods: This study examines the effectiveness of a restoration-focused intervention method called self-care in bereavement (SCB) and the mediating effects of changes in self-efficacy and personal growth on the relationship between the intervention method and CG. A total of 168 Korean older adults experiencing bereavement from the loss of a loved one were randomly assigned to the SCB group or the comparison group, which received only psychoeducation on CG.

Results: The SCB group demonstrated a significant reduction in CG in comparison to the comparison group. Changes in self-efficacy and a sense of personal growth had significant mediating effects on the relationship between the intervention method and CG.

Conclusion: These results suggest that SCB is a promising intervention method for CG and that the intervention effect may be mediated by positive changes in self-efficacy and a sense of personal growth.

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Introduction

Complicated grief (CG) is an intense and prolonged type of psychological reaction to the loss of a loved one and

consists separation distress as well as cognitive, emotional, and behavioral symptoms.^{1,2} Unlike reactions in normal grief, which most people experience following the death of a loved one, those in CG can often lead to adverse health outcomes such as sleep disturbance, cancer, heart problems, and suicidal ideation.^{3–5} CG, included in the 5th Edition of the Diagnostic and Statistical Manual,⁶ is referred

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to as a persistent complex bereavement-related disorder including emotional and cognitive symptoms related to some loss, reactive distress to death, and social/identity disruption, although some have questioned these criteria.⁷ CG is observed in about 5–10% of all bereaved individuals in the general population regardless of the measure or sample.^{8–10}

The dual-process model (DPM) of Stroebe and Schut¹¹ draws attention to the maladaptive coping process in bereavement and postulates that a bereaved individual goes through not only painful emotional coping with loss-oriented factors (e.g., dealing with painful emotions and loss acceptance) but also practical coping with restoration-oriented factors (e.g., dealing with work, legal, and financial issues and taking on new roles). A bereaved individual repeats the confrontation and avoidance process between loss-oriented coping and restoration-oriented coping and finally arrives at a normal state of grief. By contrast, an individual who tends to be preoccupied with the loss or manages only practical issues after the loss as if nothing happened (stuck in only one type of coping and not oscillating between the two types of coping) is more likely to experience CG than normal grief.

Based on the salient theoretical explanation of the DPM, intervention methods for CG have been developed and verified to have promising effects.¹² However, there is a gap in the literature in that existing intervention programs focus mainly on loss-oriented coping. That is, bereaved individuals may be reluctant to participate in an intervention program focusing on loss-oriented stress because of their unwillingness to express emotions or because of the aftermath of extremely stressful ongoing problems. Some intervention methods have been developed to deal with ongoing problems after bereavement and address limitations of mainstream approaches and have been widely examined.^{13,14} For example, Caserta et al.¹³ implemented an 11-week group based on a restoration-targeted intervention method called “Pathfinders” by using a sample 84 bereaved adults and found significant improvements over time for a variety of coping skills, including healthcare participation, household management, and home safety. This intervention program has been found to be effective for improving coping skills, particularly for dealing with practical matters following bereavement. Lund et al.¹⁴ delivered a 14-week group intervention program for 298 bereaved individuals by targeting mainly restoration-oriented coping and focusing on improvements in self-care with respect to nutrition, healthcare practices, meal planning and preparation, household maintenance, and finance management and provided support for the proposed intervention method. More specifically, both the treatment group (restoration-focused coping + loss-focused coping) and the comparison group (loss-focused coping only) reported similar levels of improvement in loss-oriented coping, restoration-oriented coping, and the balance between these two types of coping. However, it remains unclear whether such intervention programs are effective for CG because of these two intervention studies’ focus on coping itself instead of on CG. Therefore, there is a need for a controlled comparative study to test the effectiveness of restoration-focused coping intervention methods on CG. In addition, the findings suggesting restoration-oriented coping intervention programs’ little to modest effect are questionable because of the following two limitations of the aforementioned studies:

First, as discussed in Lund et al.,¹⁴ the sample might have been composed mainly of normally grieving individuals. The authors pointed out that many bereaved individuals are quite resilient and require no professional care. According to a meta-analysis, intervention programs for bereavement may prevent a normal grieving process.^{15,16} Therefore, intervention methods should target those individuals require special care. Second, some participants pointed out that their specific needs were not addressed because of scheduled group settings. This suggests that the group modality might not have been suitable for the bereavement intervention program because of stigmatizing characteristics of life stressors such as extreme financial difficulty. Instead, an individual setting may be more appropriate for providing an intervention program tailored to the individuals’ needs.

Previous studies have not fully explained why restoration-focused coping improves adaptive coping in bereavement. Studies have identified two factors that can promote healthy grieving and be improved by restoration-focused coping, although no empirical verification has been provided. Low self-efficacy has often been reported as a consequence of insufficient skills and the inability to cope with life problems following bereavement. If the coping process is effective, then self-efficacy can facilitate increased energy to manage subsequent life problems.^{13,14} Another important factor is a sense of personal growth that can be achieved when a bereaved individual learns to independently manage his or her daily responsibilities and achieves some success in developing new skills during the bereavement process.¹⁴

Against this background, this study tests the effectiveness of a four-week intervention program focusing on restoration-related coping for those experiencing CG while going through bereavement. In addition, given the lack of theoretical support for mechanisms underlying the relationship between restoration-focused work and adaptive coping in bereavement, the study investigates the mechanisms underlying the relationship between the restoration-focused intervention method and CG by using two important mediators highlighted in previous research.^{13,14}

Methods

The program and participants

A brief restoration-focused intervention program called self-care in bereavement (SCB) was developed theoretically based on the DPM to treat CG in older adults. SCB took a life care planning education approach tailored to needs of a bereaved individual and sought to facilitate the management of life issues common in bereavement (e.g., financial difficulty, moving, meal preparation, and home maintenance) by educating the individual about ways to solve life problems or connecting community services with the individual. The intervention program consisted of one session a week for four weeks, and each session was composed of approximately an hour of brief education and consultation programs in problem solving and seeking community resources available to foster independence. SCB started with an introduction session, followed by an hour-long consultation session. The introduction session included a description of intervention components, methods of service

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