

## Loss, grief and depression: potential risk factors in grief-related depression

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### ABSTRACT

**Objective:** The present study investigates the association of depression with grief-related risk factors among bereaved individuals. **Methods:** The data were collected from 161 bereaved individuals who lost a first-degree relative or a partner within the past six months. A highly semi-structured interview conducted to collect the data across several domains, including demographic variables, the relationship with deceased, the mode of death, past-traumatic experiences, and general life stressors. The Beck Depression Scales was used to gather depression scores. Chi-square tests (with continuity correction for 2x2 tables) were used to examine for possible differences in the categorical variables, and multiple regression analysis was used to examine the grief-related risk factors for depression. **Results:** Factors such as sudden death, conflicted relationship with the deceased, witnessing the death of a loved one, and receiving social support have been associated with mourning depression. Frequency of depression was significantly more prevalent in participants who lost a loved one suddenly, had negative relationship with deceased and had a lack of family and social support. The frequency of depression was found higher in females. **Conclusion:** The conflict resolutions play a significant role in coping with grief and related psychopathology. The clinical treatment methods need to address these issues and ought to emphasize the use of social support in treating grief-related depression. (*Anatolian Journal of Psychiatry* 2019; 20(2):159-165)

**Keywords:** loss, grief, depression, bereavement

## Kayıp, yas ve depresyon: Yasa bağlı depresyonda potansiyel risk etkenleri

### Öz

**Amaç:** Bu çalışma, yas tutan kişiler arasında depresyon yası ile ilişkili etkenleri araştırmaktadır. **Yöntem:** Veriler, son altı ay içinde birinci derece akrabasını veya eşini kaybeden 161 yaşlı bireyden toplanmıştır. Demografik değişkenler, ölen kişiyle ilişki biçimi, ölüm şekli, geçmiş-travmatik deneyimler, genel yaşam stresörleri dahil olmak üzere birçok alanda verileri toplamak için yarı yapılandırılmış bir görüşme yapılmıştır. Depresyon puanlarını toplamak için Beck Depresyon Ölçeği kullanılmıştır. Kategorik değişkenlerdeki olası farklılıkları incelemek için ki-kare testleri (2x2 tablo için süreklilik düzeltmesi) kullanılmış ve depresyon için yasa bağlı risk etkenlerini incelemek için çoklu regresyon analizi kullanılmıştır. **Bulgular:** Ani ölüm, çatışmalı ilişki, sevilen birinin ölümüne tanık olma ve sosyal destek alma yas depresyonu ile ilişkili bulunmuştur. Depresyon sıklığı, sevilen birini aniden kaybeden, ölen kişi ile çatışmalı ilişkisi olan, aile ve sosyal desteği az olan katılımcılarda anlamlı olarak daha yüksek bulunmuştur. **Sonuç:** Çatışma çözümleri, yasa bağlı psikopatolojiyle baş etmede önemli bir rol oynamaktadır. Klinik tedavi yöntemlerinin, bu konulara değinmesi ve yasa bağlı depresyonun tedavisi için sosyal desteğin kullanımını vurgulaması gerekmektedir. (*Anadolu Psikiyatri Derg* 2019; 20(2):159-165)

**Anahtar sözcükler:** Kayıp, keder, yas, depresyon

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## INTRODUCTION

People, at some point in their lives, experience one of the most profound losses an individual can face, the death of a loved one. Such an experience is usually followed by a period of time in which the person has to deal with this loss and its impact at different levels of his/her life. This period of bereavement is mainly characterized by the experience of grief (a term that refers to all of the negative emotions experienced following the death of a loved one such as mental distress, sadness, and suffering), and requires individuals to actively engage in many tasks such as acknowledging the reality of the loss, working through the emotional turmoil, adjusting to the environment where the deceased is absent, and loosening the emotional ties with the deceased.<sup>1,3</sup>

Several studies have common findings regarding the factors that can be associated with the prognosis of bereavement. These factors can be vaguely categorized as mode of death, relationship with the deceased, certain characteristics of the bereaved, mourning rituals, and social support.<sup>4,6</sup>

Death can occur in several ways such as violence, accidents, homicide, suicide or by natural causes. How it happens can have direct or indirect effects on the grieving process. For example, death due to homicide or accidents is usually followed by a legal process, which may prolong bereavement. One important aspect of how death occurred is its level of expectedness. Although there are studies which suggest that an unexpected death of a loved one may be linked to a greater distress compared to an expected death,<sup>7-9</sup> there are also findings which contradict the notion that an anticipated death leads to less negative psychological consequences.<sup>10,12</sup> In addition, deaths occurring at younger ages are less likely to be anticipated, and in this case, the death of a child is usually considered more tragic when compared to the death of elderly people.<sup>13,14</sup> While the studies on this assumption are relatively limited, recent results seem to suggest that a lower age of the deceased is more closely associated with more negative outcomes.<sup>7,15</sup>

Bereavement literature argues that the nature of the relationship with the deceased is the best determinant factor on whether the bereavement will be resolved.<sup>16</sup> The research suggests that an ambivalent relationship with the deceased can be associated with many unresolved issues and may lead to grieving reactions.<sup>17,18</sup> In addition,

whether the deceased was a partner, a child, a grandchild, a sibling, a parent or a grandparent have been suggested to have different effects on grief responses. It is argued that the loss of a child, for example, has more intense and longer-lasting effects.<sup>19,20</sup> The death of a parent is regarded as a significant turning point in an individual's life which can be associated with an increased risk for depression, impaired physical health or alcohol consumption.<sup>21</sup> However, it may be a slightly different case with bereaved children, as the results of another study suggest that when comparing the gender between the death of a parents and the death of siblings, girls are more affected than boys by the death of a sibling.<sup>5</sup> Death of a spouse, on the other hand, has been ranked as the number one most stressful life event. However, it should be noted that the relative distress associated with spousal bereavement partly depends on the quality of the relationship with the deceased; that is to say, a more negative relationship with the partner is expected to result in less severe psychological problems compared to a long-lasting positive relationship.<sup>22</sup> In addition, while it has been shown that symptoms of separation distress are primarily caused by the loss of strong attachment figures, symptoms of traumatic distress are mainly caused by the traumatic environment surrounding the death.<sup>23</sup> As for the characteristics of the bereaved, there are a number of factors reported to be among the risk factors for pathological grief, including young age, female gender, and high neuroticism.<sup>24,25</sup>

Ritualistic behaviors are a symbolic activity that is performed before, during, or after death of a loved one to relieve negative feelings after a loss. For instance, visiting the graveyard, talking about the memories of deceased, writing a letter, doing a special activity on the anniversary of death are powerful grieving rituals can play in helping people cope with the often chaotic impact of loss. However, grieving rituals are practiced vary based on the manner of death and the individual family and cultural beliefs. The interpersonal aspects of the mourning rituals suggest that social support is an important factor in the bereavement process. Several researchers have identified social support as a highly significant contributor to the bereavement outcome. Sharing pain and grief with friends including family can also help people come to terms with grief following the loss of a loved one. Thus, social support enhances quality of life and provides a buffer against adverse life events.<sup>26,27</sup> However, not all forms of social support can be

attributed as helpful in the same way. In fact, there are cases where social support may result in negative consequences for the bereaved. Making unhelpful, judgmental comments, or demonstrating a lack of empathetic understanding, or a general lack of awareness are reported as variables of negative social support which the bereaved manage to control. It ought to be mentioned that the expectations of other people for the bereaved is another factor to consider, as these expectations can be experienced as a disruptive factor in the bereavement.<sup>28-30</sup>

Despite the extensive literature on factors associated with positive or negative bereavement outcomes, psychological reactions to the death of a loved one may vary strongly depending on the personal, relational circumstances. Some individuals respond resiliently, by experiencing little in the way of psychological distress,<sup>31</sup> others experience acute grief for as long as 1-2 years.<sup>32</sup> Until now in Turkey, many studies have mainly examined the relationship between loss and a range of different emotional reactions. However, there is a lack of data investigating the association of depression with grief-related factors among bereaving individuals who lost their family members in a six-month time frame. The study hypothesizes that grief-related depression could be related to the mode of death, conflicted relationship style with the deceased, witnessing dying and social support.

## METHODS

### Participants

This recent study includes 161 participants (71 males, 90 females, who had lost a family member (immediate or extended) within six months. The age of the participants ranged from 15 to 87 ( $43.81 \pm 15.37$ ). The education level of the participants was 6 literate (3.7%), five illiterates (3.1%), 44 primary school graduate (28.6%), 39 middle school graduate (30.4%), 27 high school graduate (29.2%), 30 undergraduate, and eight post-graduate level (4.9%). Ninety-five (59%) participants are married, 39 of them are single (39%), 20 of them are widowed (12.4%) and six of them are divorced (3.7%).

Seventy-five participants (46.6%) reported the mode of death was a sudden death (e.g. heart attack, accidents, homicide and suicide) while the remaining 86 participants (53.4%) reported that it was expected death (e.g. long-term illness, old age). The participants indicated losing either a father 64 (39.4%), a mother 42 (26.1%), a

brother 18 (11.2%), a spouse 17 (10.6%), a sister nine (5.6%), grandfather four (2.5%), grandmother one (1.8%), or a child one (1.8%).

### Measures

**Demographic Information Form:** On the Demographic Information Form, the participants were asked to report their age, gender, marital status (single, married, divorced, widowed), educational level (primary school, high school, university, graduate), and current employment status (yes or no). They were also asked to define their relation to the deceased, whether the respondent had received professional help after the loss, and if they had previous trauma experience.

### Measurements of risk factors in grief related depression

The researchers developed a self-report questionnaire to collect information about grief-related risk factors associated with depression. Several risk factors related to grief were identified: Conflicted relationship with deceased (coded into yes and no), mode of death (coded as 1=sudden, 2=expected), demographic factors (included gender, education), witnessing death or dying (coded into yes and no categories) and attending funeral ceremonies (coded into yes and no categories), and receiving family and social support (coded into yes and no categories).

**Beck Depression Inventory (BDI):** The BDI is a 21-item self-rating scale assessing the severity of depression with the components defining the emotional, psychosomatic, cognitive and motivational symptoms.<sup>33</sup> Internal consistency of the BDI has been documented as ranging between 0.73 and 0.95. The test-retest reliability was found to differ for psychologically healthy people ranging from 0.60 to 0.83, while for psychologically ill people it ranges between 0.48 and 0.86. The reliability analysis of the Turkish version of BDI was found to be between 0.73 and 0.81 for the non-psychiatric population.<sup>34</sup>

### Procedure and data analysis

A highly semi-structured interview was conducted to collect the data. Once the participants accepted the voluntary participation in the study, they were first interviewed using a structured questionnaire that assessed background information across several domains, including demographic variables, the relationship with deceased, the mode of death, past-traumatic experiences, and general life stressors. Then, the

participants were asked to fill the Beck Depression Scales. All research participants provided informed consent for confidential research testing. The participants who had past traumatic experience and professional psychological help were excluded from the study. The participants who met the cutoff scores 15 for the depression measure were examined. Chi-square tests (with continuity correction for 2x2 tables) were used to examine for possible differences in the categorical variables, and *t* tests for independent groups were used to evaluate differences in the continuous variables. Multiple regression ana-

lysis was used to examine the grief related risk factors for depression.

## RESULTS

### Prevalence of depression in demographic, and grief related factors

The mean and standard deviation for the BDI were (27.4±14.4). Seventy-three participants (45%) met the cutoff for the BDI. The mean ages of participants with depression (32.8±8.2) and without depression (34.2±9.0) were not significantly different ( $t_{(159)}=1.43$ ,  $p>0.05$ ).

**Table 1.** Comparison of participants with and without depression on demographic variables, and grief-related risk factors

Variable	Depression		w/o Depression		df	$\chi^2$
	n	%	#	%		
Gender					1	5.04*
Male	12	5.4	59	36.2		
Female	61	17.4	29	40.9		
Education					6	3.07
Literate	1		5			
Illiterate	1		4	4.7		
Primary school	16	1.3	28	3.3		
Middle school	27	9.3	14	17.4		
High school	14	9.3	13	48.3		
Undergraduate	11	2.7	18	6.7		
Postgraduate	3		7			
Marital status					3	3.49
Single	26	12.7	13	44.3		
Married	32	8.7	63	30.2		
Divorced	4	1.3	2	2.7		
Widowed	11		9			
Mode of death					1	9.09**
Expected	22		75			
Sudden	51		13			
Conflicted relation	49	6.0	11	16.1	1	7.78**
Witnessing death and dying	12	8.7	8	12.0	1	5.59*
Attending funeral ceremonies	68	5.4	93	2.7	1	1.52
Receiving family and social support	18	15.4	77	12.0	1	6.88**

\*,  $p<0.05$ ; \*\*,  $p<0.01$

As can be seen in Table 1, the frequency of depression was significantly higher in females. The *t* test results indicated significant gender differences on depression ( $t_{(159)}=-3.65$ ,  $p<0.01$ ). Sudden death, having conflicted relationship, witnessing death of a loved one, and receiving family and social support were all significantly associated with depression. Frequency of depression was significantly more prevalent in participants who had negative relationship with de-

ceased and a lack of family and social support.

### Grief-related risk factors associated with depression

Demographic and grief related risk factors accounted for significant unique variance in depression. Taken together, these findings suggest that, the mode of death of a loved one and having conflicted relationship is associated with a high level of depression.

**Table 2.** Summary of multiple regression analyses for variables predicting depression (n=161)

Predictor variables	B	SE(B)	$\beta$	Sr <sup>2</sup>	T	R <sup>2</sup>	Overall F (3.720)
Depression						0.22	6.61***
Gender	0.17	0.07	0.18	0.19*	3.11*		
Mode of death	0.28	0.06	0.38	0.39***	5.69***		
Witnessing death and dying	0.16	0.08	0.13	0.20*	3.54*		
Conflicted relationship	0.25	0.05	0.35	0.34**	4.87**		
Receiving family and social support	0.23	0.04	0.23	0.29**	4.29**		

\*:  $p < 0.05$ ; \*\*:  $p < 0.01$ ; \*\*\*:  $p < 0.001$

As can be seen in Table 2, also gender, having family and social support, and witnessing death and dying were entered the regression model as predictor variables for depression. Overall, the amount of total variance accounted for depression by these variables was significant.

## DISCUSSION

Family loss appears to be a frequent experience that is associated with negative psychological outcomes. The aims of this study were to determine the prevalence of depression in individuals who experienced death of a relative within a six-month timeframe and to examine the risk factors in grief related depressions. Given the prevalence of depression that individuals experience after the loss of a family member, understanding the risk factors as well as the type of reactions that bereaved people may report is important. Previous research has demonstrated an empirical distinction between grief and depression and has indicated that finding the mode of death and the relationship to the deceased have an impact, unique to their grief and also associated with worse outcomes, such as depression.<sup>10,12</sup> In particular, the issue of an expected versus an unexpected death emerged as the most significant risk factor in bereaving individual functioning.

Furthermore, the findings indicated that the mode of death, having a conflicted relationship, witnessing the death or dying, and having family and social support were both significantly associated with depression. In fact, the largest associations were found with a sudden mode of death and whether there had been a conflicted relationship with the deceased, suggesting that the sudden death of a family member increases the likelihood of depression because the individual had lost all opportunity to correct the conflicts with the deceased, which then result in high-level

depression. As may be expected, the use of, or having family and social support is highly associated with depression, in line with the important role of social support in the grief literature.<sup>28-30,31</sup>

This work confirms findings from prior research on the risk factors in grief related depression. In particular, the unexpected death of loved one, having had a negative relationship with deceased, and a lack of social support are deemed strong predictors of grief related depression. In addition, this research found that witnessing the death and dying of loved ones was particularly related with a high level of depression.<sup>32</sup> This raises the question of whether witnessing death and dying may be associated with an individual's own death anxiety. The findings are also consistent with the broader literature demonstrating a reliable relationship between the use of family and social support, and the use of mental health professionals. As suggested when losing a significant other, the bereaved person may acknowledge the distressing reality of loss within a social exchange and companionship in which affection and humor may provide a sense of well-being, as well as a source of reliance that function to soothe the debilitating effects of loss.<sup>29,30</sup>

However, grief literature indicates that the type of closeness to the deceased has a significant impact on bereaving individuals.<sup>35,36,37</sup> For example, losing a child compare to other losses such as losing a parent or spouse may predict more intense grief reactions and grief related psychopathology. Therefore, this research findings mainly based on the type of loss and relational conflict with deceased, and thus the attachment type to the deceased should be interpreted cautiously.

Several limitations apply to this study. First, we did not inquire about the personality variables that may play a significant role in coping with grief and related psychopathology. Secondly, we

only assessed depression level; we did not include measures of anxiety and distress, which could mediate the grief and depression association. The future research needs to include scales that measure degrees of distress, anxiety, personality and coping styles when investigating loss, grief and bereavement reactions. However, the research data were based on semi-structured interview and therefore, the findings of this study, shed light on the grief-related risk factors and depression. This research has clinical implications, indicating that

treatment methods need to address the issues of attachment style, conflict resolution, and ought to emphasize the use of social support if there is determined to be an association between grief and depression in the bereaved. Individuals experiencing grief may benefit from learning to resolve their conflicts with the deceased and use their social resources to this end. Thus, it appears that clinicians working with bereaved individuals should pay particularly close attention to their clients' support systems.

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