

사회적 지지 만족도가 사별한 치매수발 가족의 복잡성 비애감에 미치는 영향

남일성¹, 현다운²

¹한림대학교 고령사회연구소, ²한림대학교 일반대학원 사회복지학과

Effects of Satisfaction with Social Support on Complicated Grief in Bereaved Dementia Caregivers

IlSung Nam¹, Dhawoon Hyun²

¹Hallym University Institute of Aging, ²Department of Social Welfare, Graduate School of Hallym University, Chuncheon, Korea

Background: While complicated grief can lead to adverse health outcomes, social support has been shown to be an important protective factor of its negative effects. The present study investigated the relationship between social support including satisfaction with support, received support, and negative interactions and complicated grief in the transitional context from caregiving to bereavement.

Methods: Bereaved caregivers (n=221) who participated in a multi-site study of dementia caregiving were assessed for complicated grief. Social support measured before and after death were used to examine the longitudinal associations among social support and complicated grief.

Results: We found that caregivers reporting greater increase in satisfaction with social support were likely to experience lower levels of complicated grief, while the amount of received social support did not significantly impact complicated grief. Negative social interaction was significantly associated with the level of complicated grief after the death of the care recipient.

Conclusions: The relationship between social support and complicated grief suggests that satisfaction with social support may be associated with lower levels of complicated grief. Study findings point to the importance of the type of social support for reducing the level of complicated grief.

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INTRODUCTION

Loss of a loved one can be among the most painful experiences of older adults. Although many family caregivers are able to adjust to the death of a loved one, a sizable

number of family caregivers continue to experience adverse psychological outcomes, including complicated grief, after the death of their care-recipient relative.¹⁾ Complicated grief is an intense and persistent type of grief consisting of separation distress, as well as, cognitive, emotional, and behavioral symptoms.^{2,3)} Unlike normal grief which most people experience after the loss of a loved one, this psychological syndrome can lead to adverse health outcomes such as high blood pressure⁴⁾ and sleep disturbance.^{5,6)} Studies have identified multiple risk factors for complicated grief in bereaved caregivers. In a longitudinal study using the same data as in the present study

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■ Corresponding author : **Dhawoon Hyun, MSW**
Department of Social Welfare, Graduate School of Hallym University, 1 Hallymdaehak-gil, Chuncheon 200-702, Korea
Tel: +82-10-5797-1957, Fax: +82-33-248-3095
E-mail: tree333h@hanmail.net

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($n=217$; Resources for Enhancing Alzheimer's Caregiver Health, REACH), Schulz et al¹¹) found that bereaved caregivers experiencing complicated grief reported more depressive symptoms and caregiving burden. This work suggests that treating pre-bereavement depressive symptoms and relieving caregiving burden can prevent mental health morbidity during bereavement. They also point to the importance of identifying protective factors that can prevent the onset of complicated grief, such as social support.

1. The role of social support in complicated grief

Social support has been shown to be an important protective factor against the negative effects of complicated grief.⁷⁻¹⁰ Due to the cross-sectional nature of most bereavement studies, few studies have examined the role of social support in a transitional context- whether change in social support impacts complicated grief, specifically in the transition from caregiving to bereavement. Although previous studies tended to agree that levels of social support may increase following a stressful life transition such as loss of a significant other,^{11,12} to our knowledge, no study on the effects of change in social support on complicated grief has been conducted to date. Using prospective data, this study examined the effects of change in social support on complicated grief.

In addition, studies examining the role of social support in complicated grief used heterogeneous constructs of social support that may not accurately measure the benefits of social support for bereaved persons. Recent studies revealed that not all types of support are effective in aiding individuals coping with a loss. For example, in a study of 22 bereaved individuals experiencing complicated grief, Wilsey and Shear¹³) found that participants did not consistently find social support to be helpful. White et al¹⁴) identified unhelpful support in a qualitative study of 10 families who had experienced the loss of an infant. Unhelpful support from family members were primarily attributed to unskilled support approaches (e.g., "move on", "get over it"). In this study, we examined both satisfaction with social support, as well as, social support received and their relation to complicated grief. A related issue not explored in the existing literature on bereavement is the role of negative social interactions (e.g., "Others have made too many demands on me" "Others have been

critical of me"). Negative social interactions are reported to be pervasive for caregivers and can increase caregiver's distress.¹⁵⁻¹⁷) Thus, by using a prospective dataset which allows us to explore the changing nature of social support, the current study aimed to contribute to our understanding of the associations between changes in three different social support constructs and complicated grief. Specifically, the research questions examined were: (1) Is a greater increase in satisfaction with social support associated with a lower level of complicated grief?, (2) Is a greater increase in received social support associated with a lower level of complicated grief?, and (3) Is a greater increase in negative social interactions associated with a higher level of complicated grief?

METHODS

1. Participants and procedures

The study sample included 194 family caregivers recruited from the REACH project who lost a family member with dementia during the course of the study. A total of 1,222 caregiver and care recipient dyads recruited from 1996 to 2000 at six sites in Miami, FL; Boston, MA; Memphis, TN; Birmingham, AL; Palo Alto, CA; and Philadelphia, were followed at 6-, 12-, and 18-month assessment intervals. Of the 1,222 caregivers, 221 lost their care recipients during the study. Demographic information on the 221 bereaved caregivers is provided in Table 1. Participants were predominantly female, white, and high school graduates. The average age was 64.8 years ($SD=13.5$, range=28-89), while care recipients were an average age of 80.9 years ($SD=7.6$, range=44-100). Nearly all deaths were due to natural causes (e.g., heart diseases, Alzheimer's-related diseases).

2. Measures

1) Complicated grief

Complicated grief measurements using the Inventory of Complicated Grief (ICG) were completed at every assessment after the death of the care recipient. For example, a caregiver who lost a loved one between 12-month follow-up and 18-month follow-up completed the ICG at the 18-month follow-up. The ICG consists of 19 state-

Table 1. Demographic characteristics, social support, and caregiving characteristics

	Mean	SD
Outcome and main predictors		
Complicated grief	18.51	12.81
Satisfaction with social support		
Before death	5.40	2.30
After death	6.58	2.22
Change	1.18	2.19
Received social support		
Before death	13.00	6.55
After death	9.95	8.04
Change	-3.05	8.29
Negative social interaction		
Before death	2.69	2.64
After death	2.27	2.15
Change	-0.42	2.17
Continuous covariates		
Care recipient age, y	80.91	7.64
Caregiver age, y	64.76	13.47
Time since loss, d	107.87	70.25
Years of caregiving for care recipient	4.38	4.43
Hours per day spent caregiving	13.12	6.69
	N	%
Categorical covariates		
Caregiver gender		
Female	186	84.16
Male	35	15.84
Care-recipient gender		
Female	103	46.61
Male	118	53.39
Caregiver race/ethnicity		
Caucasian	146	66.06
African American	45	20.36
Hispanic/Latino	30	13.58
Caregiver education		
Did not complete high school	52	23.53
High school graduate	80	36.20
College graduate	89	40.27
Relationship with care-recipient		
Non spouse	112	50.68
Spouse	109	49.32
Intervention assignment		
Control group	80	36.20
Intervention group	141	63.80
Antidepressant use		
No	176	79.64
Yes	45	20.36

ments (e.g., “I think about this person so much that it’s hard for me to do the things I normally do;” “I feel stunned or dazed over what happened”). Participants are asked to rate the degree to which each statement currently applied to them using never (0), rarely (1), sometimes (2), often (3), or always (4). Scores are summed and can range from 0 to 76, with higher scores indicating higher levels of complicated grief. For this study, the ICG had excellent

internal consistency ($\alpha=0.90$).

2) Received social support

Received social support was measured pre and post bereavement using 11 items from a comprehensive social support index developed by Krause.¹⁶⁾ Participants were asked to rate how often they received emotional support using 4 items (e.g., “In the past month, how often was someone right there with you (physically) in a stressful situation?” “In the past month, how often has someone provided comfort to you?”), informational support using 4 items (e.g., “In the past month, how often has someone made a difficult situation clearer and easier to understand?” “In the past month, how often has someone helped you understand why you did not do something well?”), and tangible support using 3 items (e.g., “In the past month, how often has someone, such as a friend, neighbor, or family member provided transportation for you?” “In the past month, how often has someone helped you with shopping?”). Participants were asked to rate on a 4-point scale how often they received (emotional, informational, and tangible) support from a friend, neighbor, or family member (0=never, 1=once in a while, 2=fairly often, 3=very often). Total received support scores were computed by summing the three dimensions of support (e.g., emotional, informational, and tangible) at baseline (i.e., during caregiving) and at 18-month follow-up (i.e., during bereavement after caregiving). Change in received social support from before death to after death was calculated by subtracting the baseline score from the 18-month follow-up score.

3) Satisfaction with the social support

Respondents were then asked about their level of satisfaction with the amount of each type of support they received (e.g., “In the past month, how satisfied have you been with the support received during difficult times, how others have listened, and interest and concern from others?” “How satisfied in the last month have you been with the suggestions, clarifications, and sharing of similar experiences you have received from others?” “How satisfied have you been in the last month with the help you have received with transportation, housework, yard work, and shopping?”). Participants were asked to rate on a 4-point scale their current satisfaction with the social support that

they have received (0=not at all, 1=a little, 2=moderately, and 3=very). Total satisfaction with support scores were calculated by summing the three types of satisfaction with social support (e.g., emotional, information, and tangible) at baseline and at 18-month follow-up. Change in satisfaction with social support from before death to after death was calculated by subtracting the baseline score from the 18-month follow-up score.

4) Negative social interaction

Negative social interaction was measured using 4 items developed by Krause and Markides.¹⁸⁾ Participants were asked to indicate how often others were demanding or critical (e.g., “In the past month, how often have others made too many demands on you?” “In the past month, how often have others been critical of you?”). Caregivers were asked to rate on a 4-point scale (0=never, 1=once in a while, 2=fairly often, 3=very often). A total score was calculated by summing the four items of negative social interaction at baseline and at 18-month follow-up. Change in negative social interaction from baseline to 18-month follow-up was calculated by subtracting the baseline score from the 18-month follow-up score.

The above social support scales were not significantly associated (Received Social Support and Satisfaction with Social Support: $r=-0.089$; Received Social Support and Negative Social Interaction: $r=0.081$; Satisfaction with Social Support and Negative Social Interaction: $r=-0.137$), indicating that these three scales may not share the same construct.

3. Data analysis

We began our analysis by examining the association between each social support construct (before, after death, and change), and complicated grief. We first performed a series of zero order correlation analyses. Subsequently, we conducted multiple regression tests controlling for common predictors of grief (e.g., time since loss, demographic factors [i.e., age, sex, race, education level], overall duration of caregiving, and hours per day of care), to examine the degree to which these potential confounders might account for the relationships between each social support construct and complicated grief.

RESULTS

1. Associations between satisfaction with social support and complicated grief

There were significant negative cross-sectional associations between satisfaction with social support after death and complicated grief, such that individuals with less satisfaction with support had a higher level of complicated grief. However, there was no significant longitudinal association between satisfaction with social support before death and complicated grief (Table 2).

There was a significant longitudinal association between satisfaction with social support and complicated grief after controlling for potential confounders (i.e., age, sex, race, education level) (Table 3). Specifically, a greater increase in satisfaction with social support was associated with lower levels of complicated grief ($B=-0.78$, $P<0.05$). In addition, the results indicated that the older the care recipients, the lower level of complicated grief ($B=-0.26$, $P<0.05$); that caregivers who had graduated from college were more likely to have lower levels of complicated grief than lower educated caregivers ($B=-4.73$, $P<0.05$); and that caregivers using more antidepressants were more likely to have higher levels of complicated grief ($B=5.61$, $P<0.05$).

2. Associations between received social support and complicated grief

There was no cross-sectional relationship between re-

Table 2. Correlations for complicated grief and social support constructs^a

	Correlation coefficient	P ^a
Satisfaction with social support		
Before death	-0.10	0.071
After death	-0.26	<0.001
Change	-0.16	0.031
Received social support		
Before death	0.02	0.142
After death	0.12	0.065
Change	0.10	0.072
Negative social interaction		
Before death	0.12	0.065
After death	0.21	0.003
Change	0.06	0.105

^aAssessed by zero-order correlation analysis.

Table 3. Regression results on relationships between satisfaction with social support and complicated grief^a

	B	SE	P ^a
Change in satisfaction with social support	-0.783	0.391	0.041
Caregiver's age	-0.052	0.071	0.471
Care-recipient's age	-0.264	0.112	0.033
Female	-3.591	2.361	0.132
Race (ref group: White)			
Black	1.791	2.193	0.412
Hispanic	0.262	2.794	0.934
Caregiver education (ref group: <high school)			
High school graduate	-2.564	2.264	0.261
College graduate	-4.734	2.271	0.042
Time since loss	0.023	0.013	0.123
REACH intervention assignment	-1.872	1.774	0.292
Antidepressant use	5.611	2.092	0.011
Years of caregiving for care-recipient	-0.017	0.201	0.934
Hours per day spent caregiving	-0.041	0.131	0.774

^aAssessed by multiple regression analysis.

ceived social support and complicated grief, and no longitudinal associations were found (Table 2).

3. Associations between negative social interaction and complicated grief

There was a significant positive cross-sectional association between negative social interaction and a higher level of complicated grief after death (Table 2). Longitudinally, there was no significant association between negative social interaction before death and complicated grief. In addition, there was no significant association between change in negative social interaction and complicated grief, after controlling for potential confounders.

DISCUSSION

Complicated grief is a unique type of distress among individuals who have lost a loved one. While complicated grief is increasingly becoming a focus of attention, little is known about the protective factors that might serve as effective points of intervention. Using correlation and regression analyses, the current study found a significant association between greater satisfaction with social support and a lower level of complicated grief. This finding supports previous studies,^{7,8)} and extends this work in two ways by: (1) using multiple measures of social support including satisfaction with support, received support, and negative interactions in relation to complicated grief, and (2) assessing the effect of changes in social support on

complicated grief before and after loss with prospective data, allowing us to estimate the effects of change in social support during a stressful time period for the bereaved caregivers.

As hypothesized, we found that a greater decrease in satisfaction with social support was associated with a higher level of complicated grief. This finding supports recent studies reporting that only “helpful” support reduces the level of psychological outcomes in bereavement.^{13,19)} Interestingly, no significant association was found between complicated grief and received support. Because the constructs of received support may include unhelpful, as well as, helpful support, it is possible that support from a family member or friend may lead to poor outcomes if the received supports are not deemed satisfactory. Also, we found that negative social interaction can significantly increase the level of complicated grief only after death. These findings partially support recent studies that negative social interaction leads to worse caregiver distress.¹⁵⁻¹⁷⁾

While this finding emphasizes the importance of monitoring satisfaction with support as a possible risk factor for complicated grief, received social support and negative social interaction were not associated with the risk of complicated grief in multivariate models. These findings suggest that these factors may be less critical in predicting complicated grief among caregivers.

Although this study has important implications for the effects of satisfaction with social support on complicated grief, it is limited in that the source of social support could not be examined. For instance, we do not know where the

support bereaved individuals received originated from relatives or friends. It is also unclear whether received support and satisfaction with support were derived from the same source. To broaden the findings of this study, future studies should distinguish source of support.

Another limitation is that the present study did not assess anticipatory grief symptoms prior to the death of their loved one. Because all study participants were caregivers of persons with dementia, they likely anticipated, prepared for, and grieved prior to the death of their relative.²⁰⁾ It is possible that grieving prior to death influences complicated grief after death. Thus, pre-loss grief should be assessed for its impact on both predictor and outcome variables examined in our analysis.

Notwithstanding these limitations, we believe these findings provide important insights into the relationship between social support and complicated grief, which will likely enhance our understanding of bereavement among caregivers. The effects of satisfaction with social support on level of complicated grief shed new light on mechanisms linking social support with complicated grief. Understanding the multifaceted relationship between social support and complicated grief is critical for the appropriate provision of social support to caregivers experiencing a most difficult time.

요 약

연구배경: 사회적 지지는 복잡성 비애감에 영향을 미치는 것으로 보고되어 왔으나 실증 자료를 이용한 연구 결과가 보고된 경우는 드문 상태이며, 이에 본 연구는 사별 후의 사회적 지지와 복잡성 비애감 간의 관계를 검증하였다.

방법: 미국에서 실시된 치매수발자 대상의 심리사회 프로그램인 'Resources-Health 프로젝트'에 참여한 사별 가족 221명을 대상으로 사별 후의 사회적 지지와 사별 후 복잡성 비애감을 조사하였다.

결과: 사별 후 사회적 지지에 관한 만족감이 증가할수록 복잡성 비애감은 낮아지는 것으로 나타났다. 반면, 사회적 지지를 받은 정도는 사별 후 증가해도 복잡성 비애감과 관련이 없는 것으로 나타났다.

결론: 사회적 지지에 관한 만족도는 복잡성 비애감과 관련이 있는 것으로 나타났으며, 사회적 지지의 종류에 따라 관련성에 차이가 있는 것으로 나타났다.

중심단어: 복잡성 비애, 사회적 지지, 사별

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