

# THE ROLE PLAYED BY EMOTIONAL REGULATION STRATEGIES IN THE COMPLICATED GRIEF PROCESS: A SYSTEMATIC REVIEW

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## INTRODUCTION

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Throughout life, every human being experiences the loss of a loved one, and every loss entails a grieving process, which can be more or less significant. As *Enez (2018)* mentions, the loss of a loved one is a universal stressful event that favors the appearance of a wide range of unpleasant cognitive, behavioral, physiological and emotional symptoms that the person experiences during the weeks and months following said loss and that it is known as “grieving”. Over time, the intensity of grief decreases due to the acceptance of death and its consequences (*Shear, 2015*), but this does not always happen. Around 2 to 3% of the world's population experiences what is known as complicated grief (*Shear, 2015*), where grief difficulties persist or increase rather than decrease over time (*Jordan & Litz, 2014*).

Complicated grief is primarily characterized by emotional symptoms: longing, sadness, guilt, anger, and emotional numbness. For this reason, it is logical to think that dealing with the emotional experiences that are experienced is essential for recovery (*Eisma et al., 2021*). We found different studies that found comorbidity between complicated grief and emotional disorders (*Parro-Jiménez et al., 2021*) such as major depressive disorder, post traumatic stress disorder and anxiety disorder (*Fernández-alcántara et al., 2016*). Deficits in emotional regulation have been found in all these disorders (*Hervás & Moral, 2017*). These evidences lead us to think that the regulation of emotions is essential in the development, persistence and treatment of complicated grief (*Eisma et al., 2021*).

According to *Gross (1999)*, emotional regulation refers to different processes by which people exert an influence on the emotions we have, on when we have them, and on how we experience and express them.

Due to the lack of information on the emotional regulation strategies that underlie complicated grief and what is its impact on it (*Eisma et al., 2021*), it is considered necessary to carry out this systematic review work to update the knowledge that exists about the topic.

## OBJECTIVE

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The purpose of this study is to analyze the existing knowledge in the literature between the years 2010 to 2022 about the role of emotional regulation strategies in the bereavement process

## METHOD

This review study was carried out following the indications proposed in the PRISMA statement published in 2009 between May and June 2022.

In the first place, three databases were selected: Pub Psych, MENDLINE and Science Direct.

Once the databases had been selected and the objectives of said work had been established, possible keywords were established to begin the search.

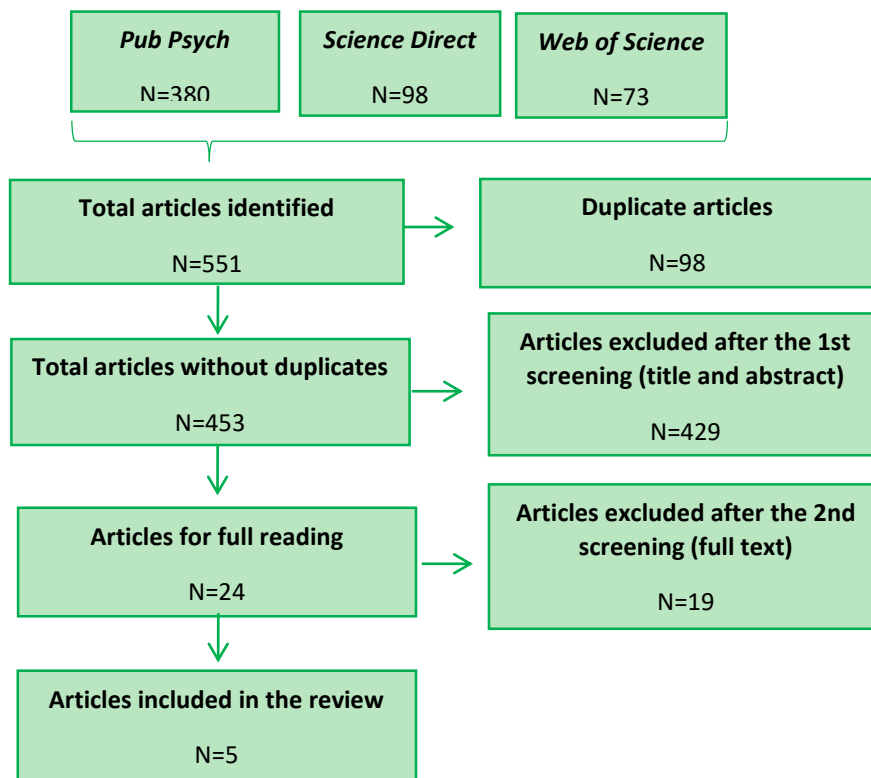
The keywords were written in English. The combination of words selected for the search was the following, the terms “complicated grief”, “prolonged bereavement disorder” as the first keyword and using the boolean operator OR, “emotional regulation” as the second keyword, “affect regulation” as the third keyword, “coping” as the fourth keyword, “strategies” as the fifth keyword, and “treatment” as the sixth and last keyword, and between these using the boolean AND operator.

The search was established to cover a publication period from 2010 to 2022, since it was considered that this time frame could be adequate since it includes the last decade and the COVID-19 pandemic to the present.

In this review, studies were included that met the following criteria: (1) that it was a scientific article (2) of free access (3) in English or Spanish that (4) covered a period of publication from 2010 until 2022 with (5) general population experiencing bereavement.

As seen in the flowchart, a total of 551 publications were found. After the first review by title and abstract, which refers to the first screening, a total of 429 publications were excluded, Therefore, 24 documents were obtained for complete review. Finally, 19 articles were discarded, 7 for not being open access and the other 12 for not addressing the research topic, thus leaving 5 articles included in the review.

*Ilustración 1. Flowchart*



**RESULTS**

AUTHOR	PARTICIPANTS	INSTRUMENTS	RESULTS
<p><b>Lenferink et al. 2018</b></p>	<p><b>N=187</b> → Women (64.7%) who experienced the death of a spouse or a child (56.1%) and with an MA of 59.9 years (SD 12.7)</p>	<p>Complicated Grief Inventory Revised (<b>ICG-R</b>), Anxiety and Depression Scale Hospital (<b>HADS-D</b>), Diagnostic Scale Posttraumatic (<b>PDS</b>), Questionnaire of Responses to Positive Affect (<b>RPA</b>), Ruminative Response Scales (<b>RRS</b>)</p>	<p>↑ Tendency to dampen the effect positive            ↓ Tendency to savor affection positive (improvement)            ↑ Insistence on the negative effect (rumination)            ↑ Symptoms of complicated grief, depression and PTSD.</p>
<p><b>Eisma et al., 2013</b></p>	<p><b>N=282</b> → Women (88%) who had lost a first-degree relative and with an MA of 49.9 years (SD 11.5).            On average, death occurred: 18 months before and due to natural causes</p>	<p><b>At baseline:</b> Utrecht Grief Rumination Scale (<b>UGRS</b>), Rumination Reflection Questionnaire (<b>RRQ</b>), Hospital Anxiety and Depression Scale (<b>HADS</b>), Complicated Grief Inventory-Revised (<b>ICG-R</b>). <b>At 6 months:</b> White Bear Suppression Inventory (<b>WBSI</b>), Acceptance and Action Questionnaire-II (<b>AAQ-II</b>), Depressive and Anxious Avoidance Questionnaire in Protracted Grief (<b>DAAPGQ</b>). <b>At 12 months:</b> Hospital Anxiety and Depression Scale (<b>HADS</b>) and Complicated Grief Inventory Revised (<b>ICG-R</b>).</p>	<p style="text-align: center;"><b>Experiential avoidance and suppression</b>            ↓            Mediate the link between grief rumination and complicated grief</p> <p style="text-align: center;"><b>Behavioral avoidance</b>            ↓            mediates the link between rumination of grief and depression</p>
<p><b>Eisma et al., 2020</b></p>	<p><b>N=474</b> → Women (82%) who had lost a parent or partner and with an MA of 54.5 years (SD 13.2).            On average, death occurred: 9 months before and due to natural causes</p>	<p>Ruminative Response Scale (<b>RRS</b>), Penn State Worry Questionnaire for Adults (<b>PSWQ-A</b>), Prolonged Grief Disorder Scale (<b>PGDS</b>), Hospital Anxiety and Depression Scale (<b>HADS</b>), Depressive and Anxious Avoidance Questionnaire in Prolonged Grief (<b>DAAPGQ</b>).</p>	<p>↑ Rumination      ↑ Symptoms of CG            ↑ Worry            ↑ of CG</p> <p>Rumination correlated more strongly with the CG that concern.</p>
<p><b>Eisma et al., 2021</b></p>	<p><b>N=282</b> → Women (88%) who had lost a first-degree relative and with an MA of 49.9 years (SD 11.5).            On average, death occurred: in the last 3 years and due to natural causes</p>	<p><b>At the beginning:</b> Thinking Scale Counterfactual for Negative Events (<b>CTNES</b>), Anxiety and Depression Scale Hospital (<b>HADS</b>) and Grief Inventory Complicated Revised (<b>ICG-R</b>). <b>At 6 months:</b> Anxiety Scale and Hospital Depression (<b>HADS</b>) and Complicated Grief Inventory-Revised (<b>ICG-R</b>). <b>At 12 months:</b> Anxiety Scale and Hospital Depression (<b>HADS</b>) and Complicated Grief Inventory-Revised (<b>ICG-R</b>)</p>	<p>↑ Ascending counterfactual thoughts      ↑ Symptoms of CG            ↑ Downward counterfactual thoughts      ↓ Symptoms of CG</p>
<p><b>Boelen et al., 2015.</b></p>	<p><b>N=496</b> → Women (75%) who had lost a first-degree relative with an MA 54.6 years (SD 13.3).            Death occurred:            - 13.2 months before            - 10.5% loss due to violent cause            - 89.5% loss due to non-violent cause</p>	<p>Complicated Grief Inventory – Revised (<b>ICG-R</b>), PTSD Symptom Scale: Self-Report Version (<b>PSS-SR</b>), Inventory of Beck Depression Scale (<b>BDI</b>), Experienced Unreality, Questionnaire of Grief Cognitions (<b>GCQ</b>), Depressive and Anxious Avoidance Questionnaire in Grief Prolonged (<b>DAAPGQ</b>)</p>	<p>People in mourning for violent losses</p> <p>↑ Symptomatology of CG, PTSD and depression            ↑ Unreality            ↑ Negative cognitions avoidance anxious and depressed</p>

## DISCUSSION

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The purpose of this review was to know the state of the research on the role of emotional regulation strategies in complicated grief. In general, the results of the studies included in the review are in the same line. The main finding was that in all studies, a positive association was observed between negative affect regulation strategies such as rumination, thought suppression, experiential avoidance, behavioral avoidance, worry, and rising and rising counterfactual thoughts. symptomatology and perpetuation of CG, it is true that research shows that this association is more strongly related to rumination and experiential avoidance. A second finding was that in relation to positive affect regulation strategies, where buffering was positively associated with symptoms of complicated grief, unlike enhancement and downward counterfactual thoughts, which are negatively associated with symptomatology. of the complicated duel. Finally, the third finding was that people in mourning for violent losses experience more symptoms of complicated grief, PTSD and depression than people in mourning for non-violent losses, so it could be said that the causes surrounding the death of the being wanted could act as a risk factor in CG. This, added to the fact that people in mourning for violent loss experience more unreality, more negative cognitions and more anxious and depressive avoidance than the group in mourning for non-violent loss, makes them a group that is especially vulnerable to having CG.

Certain limitations of this review should be noted. In the first place, all the studies have a sample where the percentage of women is clearly higher than that of men, so the sample is overrepresented, which limits the generalization of the results. Secondly, we found that all the studies, with the exception of one, focus on the regulation of negative affect, and do not take into account the regulation of positive affect in the grieving process, this aspect may be a limitation in the study of complicated grief, since it has been seen that the regulation of positive affect influences the grieving process. Third, another potential limitation is that all but one of the studies focus on people who have experienced loss from natural causes, without taking into account other causes.

In reference to the limitations of this review work, we found the impossibility of accessing different publications due to restricted access, this aspect could have prevented obtaining publications of interest for our study. Another limitation that we can find is the incomprehension of languages other than English or Spanish, and possibly this has been a barrier to access to different publications.

Despite the limitations stated above, after carrying out this review, the great influence that ER strategies have on complicated grief becomes evident.

Finally, future research should go deeper, on the one hand, into the study of emotional regulation strategies that underlie complicated grief, and, on the other hand, more longitudinal studies should be carried out to find out the temporal relationship that exists between the strategies of ER and the complicated grief.

## INTRODUCCIÓN

Como menciona Enez (2018) la pérdida de un ser querido es un suceso estresante universal que favorece la aparición de una amplia gama de síntomas cognitivos, conductuales, fisiológicos y emocionales desagradables que la persona experimenta durante las semanas y meses siguientes a dicha pérdida y que se conoce como “duelo”. Cuando las dificultades del duelo persisten o aumentan en lugar de disminuir con el tiempo, estaríamos hablando de duelo complicado, que se caracteriza principalmente por síntomas emocionales. Por esta razón es lógico pensar que la regulación de las emociones es fundamental en el desarrollo, persistencia y el tratamiento del duelo complicado (Eisma et al., 2021). Según Gross (1999) la regulación emocional hace referencia a diferentes procesos por los cuales las personas ejercemos una influencia sobre las emociones que tenemos, sobre cuando las tenemos, y sobre como las experimentamos y expresamos.

### OBJETIVO

Analizar el conocimiento existente de la literatura entre los años 2010 y 2022 sobre el papel que tienen las estrategias de regulación emocional en el proceso de duelo.

## METODOLOGÍA

Pub Psych N=380

Science Direct N=98

Web of Science N=73

Total de artículos identificados N=551

Artículos duplicados N=98

Total de artículos sin duplicados N=453

Artículos excluidos por título y resumen N=429

Artículos para lectura completa N=24

Artículos excluidos por texto completo) N=19

Artículos incluidos en la revisión N=5

### PALABRAS CLAVE

“Complicated grief” OR “prolonged bereavement disorder” AND “emotional regulation” AND “affect regulation” AND “strategies” AND “treatment”

### CRITERIOS DE INCLUSIÓN

(1) artículos científicos de (2) acceso abierto en (3) inglés o español (4) que acabara un periodo de publicación desde 2010 hasta 2022 con (5) población general que estuviera experimentando un duelo.

## RESULTADOS

**AUTOR**  
Lenferink et al., 2018

### PARTICIPANTES

N=187 → M (64,7%)  
pérdida de un conyugue o un hijo (56,1%) con ME de 59,9 años (DE 12,7).

### INSTRUMENTOS

Inventario de Duelo Complicado Revisado (ICG-R), Escala de Ansiedad y Depresión Hospitalaria (HADS), Escala de Diagnóstico Postraumático (PDS), Cuestionario de Respuestas al Afecto Positivo (RPA), Escalas de Respuestas Rumiativas (RRS)

### RESULTADOS

↑ Rumiación y tendencia a amortiguar el afecto positivo.  
↓ Tendencia para saborear el afecto positivo (mejora)  
↑ Síntomas del DC, depresión y TEPT

Eisma et al., 2013

N=282 → M (88%)  
pérdida de un familiar de 1er grado con una ME de 49,9 años (DE 11,5).

**Al inicio:** Escala de Rumiación del Duelo de Utrecht (UGRS), Cuestionario de Reflexión de la Rumia (RRQ), HADS y ICG-R. **A los 6 meses:** Inventario de Supresión del Oso Blanco (WBSI), Cuestionario de Aceptación y Acción-II (AAQ-II), Cuestionario de Evitación Depresiva y Ansiosa en el Duelo Prolongado (DAAPGQ). **A los 12 meses:** HADS y ICG-R.

**Evitación experiencial y la supresión** ☒ median el vínculo entre la rumiación del duelo y el DC  
**Evitación conductual** ☒ media el vínculo entre la rumiación del duelo y la depresión

Eisma et al., 2020

N=474 → M (82%)  
pérdida de un padre o una pareja con ME de 54,5 años (DE 13,2).

RRS, Cuestionario de Preocupación de Penn State para adultos (PSWQ-A), Escala de Trastorno de Duelo Prolongado (PGDS), HADS y DAAPGQ.

↑ Rumiación y preocupación      ↑ Síntomas de DC y depresión

Boelen et al., 2015

N=496 → M (75%)  
pérdida de familiar de 1er grado con ME 54,6 años (DE 13,3). El 10,5% pérdida por CV

ICG-R, Escala de síntomas de TEPT: versión autoinforme (PSS-SR), Inventario de Depresión de Beck (BDI), Escala de Irrealidad Experimentada, Cuestionario de Cogniciones del Duelo (GCQ) y DAAPGQ.

**Personas en duelo por pérdida violenta**  
↑ Sintomatología de DC, TEPT y depresión  
↑ Cog. Negativas, Evitación ansiosa y depresiva

Eisma et al., 2021

N=282 → M (88%)  
perdida de un familiar de 1er grado con ME de 49,9 años (DE 11,5).

**Al inicio:** Escala de Pensamiento Contrafactual para Eventos Negativos (CTNES), HADS y ICG-R. **A los 6 y 12 meses:** HADS y ICG-R.

ascendentes ↑ Sintomatología DC  
Pensamientos contrafactuales a la baja ↓ Sintomatología DC

## CONCLUSIONES

En primer lugar, se observa una asociación positiva entre estrategias de regulación del afecto negativo y la sintomatología y perpetuación del DC, aunque esta asociación es más fuerte con la rumiación y la evitación experiencial. En segundo lugar, en relación a las estrategias de regulación del afecto positivo, la amortiguación se asoció positivamente con la sintomatología de DC, al contrario que la mejora. Por último, las personas en duelo por pérdidas violentas experimentan mayor sintomatología de DC, por lo que las causas que rodean la muerte podrían actuar como factor de riesgo en el DC.

## LIMITACIONES

El porcentaje de mujeres en los estudios es claramente superior. Solo un estudio trata sobre la regulación del afecto positivo en el DC. Todos los estudios, a excepción de uno, se centran en pérdidas por causas naturales. No hay estudios con muestras jóvenes

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