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Self-identity processing and grief: The role of avoidance and flexibility

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A B S T R A C T

There is increasing evidence that self-identity processes play a key role in adaption to bereavement. Whereas much of the research to date has focussed on the content of one's self identity, the current study draws self-identity processing style theory to investigate how the socio-cognitive processes employed to negotiate identity conflicts are associated with bereavement outcomes. Participants were 194 bereaved adults from the United Kingdom and Australia (60.5% female, mean age = 40.23, SD = 13.46, range = 18–70) drawn from a larger convenience sample, who were participating in a longitudinal online study. Participants completed self-report measures of identity processing style, prolonged grief symptoms, major depression and generalized anxiety. Linear regression and path analysis indicated that a diffuse-avoidant processing style was associated with more severe grief, depression and anxiety. A normative processing style was associated with more severe grief symptoms only. Age and gender were also related to symptom outcomes. Results are consistent with theoretical models of grief and highlight potentially modifiable mechanisms in adaption. Findings are discussed with reference to the role of individual differences in explaining grief severity and heterogeneity in bereavement outcomes. Limitations and future recommendations are discussed.

1. Introduction

Grief responses following the death of a loved one can vary significantly. Research indicates that although most bereaved individuals find ways of adapting to their loss, 7–10% will experience persistent and intense grief reactions that are accompanied by significant functional impairments across multiple domains (Maciejewski, Maercker, Boelen, & Prigerson, 2016; World Health Organization, 2018). Characterised by intense yearning for the deceased, emotional pain, disbelief about the loss, avoidance of reminders, emotional numbness, self-identity disruption, intense loneliness, difficulties reengaging with life, and pervasive meaninglessness, prolonged grief reactions are often conceptualised as an acute grief response that does not abate. Bereaved individuals may also experience persistent mental health complications in the form of depression and anxiety (Boelen & van den Bout, 2005; Prigerson, Boelen, Xu, Smith, & Maciejewski, 2021). More work is required to understand the modifiable individual differences factors that contribute to adjustment following bereavement.

Theoretical models suggest that the magnitude of distress experienced in bereavement reflects the degree to which the loss has destabilised a person's sense of self (Maccallum & Bryant, 2013; Stroebe & Schut, 1999). A stable and coherent self provides an individual with a sense of continuity over time and a frame of reference for interpreting personal experiences, and generating and evaluating self-related goals (Bluck, 2003; Conway, 2005; Conway & Pleydell-Pearce, 2000). The death of a significant other can disrupt these processes, and even render many aspects of self obsolete. Indeed, it is not uncommon for bereaved people to report feeling as if part of them has died (Prigerson et al., 2009). However, as the individual reorganises their sense of self to accommodate the reality of the death, distress typically begins to ease. This reorganisation may involve relinquishing goals and roles that depended on the deceased, cultivating alternate sources of meaning and purpose, and developing a new symbolic relationship with the deceased. Unwanted goal change, however, increases tension within the self, between maintaining a coherent sense of self over-time and maintaining a sense of self that corresponds with external reality (Conway, 2005; Conway & Pleydell-Pearce, 2000). Difficulties reorganising the self are thought to contribute to ongoing bereavement distress (Maccallum & Bryant, 2013; Stroebe & Schut, 1999).

To date most research investigating self-identity in bereavement has focussed on idenitity content. For example, Maccallum and Bryant (2008) found that bereaved participants with prolonged grief were more likely to have a sense of self that was built around the deceased than those without prolonged grief. Bellet et al. (2020) found that participants with prolonged grief provided fewer categories to describe their self than those without prolonged grief. Further, Boelen (2017) found that lack of a clear sense of one's self and one's goals was also related to poorer grief outcomes. The current study sought to extend understanding of self-identity processes in bereavement by focussing on the "how" of self-identity that is, by examining the processing styles employed by individuals to construct a coherent sense of self in the face of identity-related challenges.

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In a widely cited model of identity processing, Berzonsky (1990) identified three relatively distinct identity processing styles: informational, normative, and diffuse-avoidant The *diffuse-avoidant* style is associated with avoidance of identity-related conflicts and decisions. Actions and choices are more determined by short-term situational needs than self-reflection. The *informational* style is associated with self-reflection, openness to experience, and a willingness to adjust self-views in light of dissonant feedback. The *normative* style is associated with a tendency to adopt and internalize the goals, expectations, commitments and standards of important reference groups (see also Berzonsky, 1997; Berzonsky et al., 2013; Bosch & Card, 2012). These different processing styles have been associated with different functional and identity outcomes with potential relevance for understanding outcomes following bereavement. For example, the diffuse-avoidant style has been associated with a range of poorer mental health outcomes in American college students (Berzonsky, Cieciuch, Duriez, & Soenens, 2011; Berzonsky & Kinney, 2019; Bosch & Card, 2012; Nurmi, Berzonsky, Tammi, & Kinney, 1997; Soenens, Duriez, & Goossens, 2005). Whereas, the normative style has been linked with a more stable sense of self and motivation to preserve existing identity structures in the same populations (Nurmi et al., 1997). Persistent avoidance is a key behavior thought to impede grief processing (Boelen, van den Bout, and van den Hout, 2006a; Maccallum & Bryant, 2013; Stroebe et al., 2007; Stroebe & Schut, 1999). It therefore seems probable that individuals who favor a diffuse-avoidant identity processing style would evidence poorer grief outcomes. The normative style, however, with its associated motivations to maintain the status quo, may also place an individual at risk following a bereavement, as it may render the self-identity more resistant reorganisation. Importantly, however, the two processing styles would suggest different pathways to reducing distress, which could have important implications for determining optimal therapeutic interventions. In contrast, it might be expected that the openness to exploration associated with the informational processing style would facilitate self-reorganisation and be associated with better adaption.

Despite potential implications for intervention and support, the extent to which identity processing style influences bereavement outcomes has yet to be investigated. To explore these associations, in the current study, an online sample of bereaved individuals completed measures of identity processing, prolonged grief, depression and anxiety. Depression and anxiety were included to determine the extent to which observed relationships were specific to grief-related distress, or common across forms of distress. In line with the potential transdiagnostic role of avoidance across different forms of psychopathology (Aldao, Nolen-Hoeksema, & Schweizer, 2010; Boelen, van den Hout, and van den Bout, 2006b; Webb, Miles, & Sheeran, 2012), it was expected that greater use of the diffuse-avoidant style would be associated with more severe levels of grief, anxiety and depression. With respect to the normative style, the potential lack of flexibility associated with this style led to the expectation that it would be associated more severe prolonged grief. There were no firm expectations with respect to anxiety and depression; however, as these conditions have many causes that are unrelated to identity reconstruction, it was expected observed relationships would be weaker than for prolonged grief. Finally, it was expected that an information processing style would be associated with less severe symptoms in each domain.

2. Method

2.1. Participants and procedures

Data for this study was taken from a larger multi-part study examining how people cope with change and stressful life events. For Survey 1, a convenience sample of 1066 participants were recruited via Prolific (https://www.prolific.co/) between May 17th 2021 – June 17th 2021. Inclusion criteria were: 18–70 years old, fluent in English, residents of the UK or Australia. Survey 2 was completed one week later. Participants who endorsed experiencing the death of a family member or close friend three months to three years ago on Survey 2 were included in the current analysis. This comprised 194 individuals (60.5% female) with a mean age of 40.23 (SD = 13.46; See Table 1 for participant characteristics). 71% of participants who completed Survey 1 commenced and completed Survey 2. Non-commencers were younger (M = 34.37, SD = 12.58) that completers (M = 38.54, SD = 15.94; t (1051) = −3.411, p = .001).

The study was approved by the University of Queensland Research Ethics and Integrity Committee. (ID number: 2021/HE000738). Participants were compensated a total of £4.50 for completing the surveys. No external funding sources were involved in the study. The analysis was preregistered with OSF registries osf.io/c4ywf.

2.2. Materials

2.2.1 Prolonged grief scale, revised version (PG-13R; Prigerson et al., 2021). The PG-13R is an internationally validated measure of prolonged grief (PG) symptoms. Ten items assess symptoms according to diagnostic criteria, including yearning, preoccupation, role confusion, disbelief, avoidance of reminders, emotional pain, trouble re-engaging with life, emotional numbness, meaninglessness, and loneliness. Participants responded on a 5-point Likert scale (1 = *not at all* and 5 = *overwhelmingly*). Scores were summed and used dimensionally. Additionally,

Table 1
Participant characteristics.

		Mean, %	SD
N		194	
Gender	Female	60.5%	
	Male	39.5%	
Age		40.23 [18–70]	13.46
Ethnicity/cultural background	British Caucasian	75.3%	
	Australian Caucasian	10.3%	
	Asian	9.3%	
	Other background	5.1%	
Relationship of deceased	Parent	40.0%	
	Grandparent	31.8%	
	Another relative	13.3%	
	Best friend	7.7%	
	Sibling	4.1%	
	Partner	1.5%	
	Child	1.5%	
Cause of death	Cancer	30.8%	
	Chronic illness	25.1%	
	Sudden medical condition/illness	14.9%	
	COVID-19	6.7%	
	Suicide	3.1%	
	Accident	1.0%	
	Other	17.9%	
Mean time since death (months)		17.87 [3 to 36] 67% greater than 12 months	10.38
Grief (PG-13-R)		21.69 [10–47] Possible PGD = 12.4%**	8.76
Depression (PHQ – 8)		8.09 [0–24] 34.9% ≥ 10	5.99
Anxiety (GAD – 7)		6.18 [0−21] 22.2% ≥ 10	5.46
ISI-5	Informational	33.77	6.10
	Normative	22.13	6.16
	Diffuse	23.48	7.17

Note: Ranges appear in parentheses;**PGD (Prolonged Grief Disorder) calculated only for participants bereaved for least 12 months but are expressed as a percentage of the full sample.

scores greater than 30, at least 12 months post-death are suggestive of a provisional diagnosis (Prigerson et al., 2021). The sample Cronbach α was 0.92.

2.2.2 Patient Health Questionnaire 8 (PHQ-8; Kroenke et al., 2009) is a widely used and valid 8-item self-report measure of depression symptoms experienced during the previous two weeks. Participants respond on a 4-point scale (0 = *not at all*; 3 = *nearly every day*). The total scores range from 0 to a maximum of 24. A score of 10 or greater is indicative of major depression. Sample Cronbach's α was 0.89.

2.2.3 General Anxiety Disorder - 7 (*GAD-7*; Spitzer, Kroenke, Williams, & Löwe, 2006) is a widely used, reliable 7-item self-report scale of general anxiety symptom severity experienced during the previous two weeks. Participants respond on a 4-point scale (0 = not at all; 3 = nearly every day). A score of 10 or greater is considered indicative of moderate to severe levels of anxiety. Sample Cronbach's α was 0.92.

2.2.4 Revised Identity Style Inventory (ISI-5;Berzonsky et al., 2013). The ISI-5 is a reliable 27-item self-report measure of current identity processing style. Participants responded on a 5-point scale (1 = *not at all like me*; 5 = *very much like me*). Sample items for each 9-item subscale include "I handle problems in my life by actively reflecting on them" (informational); "I think it is better to adopt a firm set of beliefs than to be open-minded" (normative); and "I'm not sure where I'm heading in my life; I guess things will work themselves out" (diffuse-avoidant). Sample Cronbach's α were 0.85 (informational), 0.80 (normative), 0.82 (diffuse-avoidant).

2.3. Procedure

Data were collected via Qualtrics. Eligible participants clicked on a link on the Prolific website and were taken to an information page to complete informed consent. Survey 1 included the ISI-5, followed by the PHQ-8, the GAD-7, and a battery of questionnaires indexing emotion regulation and coping strategies not relevant to this study. Survey 2 commenced with several questionnaires relevant to the larger study. Participants were then asked if they had experienced a range of life events during the previous three years, including the death of a family member or close friend. Participants who endorsed this event then completed questions about their loss and the PG-13-R. If the death occurred within three months (n = 36) participants did not complete further loss items. Participants were then thanked for their involvment and provided with information about relevant local supports. Survey 1 and 2 took approximately 25 and 15 min to complete, and contained 3 and 2 attention checks, respectively. These checks directed participants to provide a specific responses to indiviudal questions (Oppenheimer, Meyvis, & Davidenko, 2009).

2.4. Data analysis

Descriptive statistics for the variables of interest and relevant demographic variables were explored using SPSS Version 27. No outliers were observed, and continuous variables evidenced skewness and kurtosis consistent with a normal distribution (Field, 2018). Less than 5% of data was missing on any variable. Pairwise deletion was employed. Bivariate correlations between variables were explored using Pearson correlations. Differences between the UK and Australian subsamples were also explored. The Australian sample was younger (AU_M = 35.30, SD = 12.87, UK_M = 40.70 13.3, $t(191) = -2.11$, $p = .035$) and scored higher on Diffuse-Avoidant subscale (AU_M = 26.35, SD = 8.34, UK_M = 23.08 SD = 6.64, $t(191) = 2.66$, $p = .009$). As no significant differences were observed in correlation coefficients (Field, 2018). data were not separated for analysis.

Planned hierarchical linear regression (HMR) analyses were conducted to examine the relationship between identity processing style and prolonged grief, depression and anxiety, respectively. Descriptive variables identified as being correlated with outcomes were entered on Step 1 of each HMR. The three identity processing subscales were entered on Step 2. Exploratory path analyses were then conducted to examine whether observed relationships remained after accounting for shared variance between variables. Analyses were conducted using maximum likelihood estimation in Mplus Version 8. Model 1 included ISI-5 subscales and grief, anxiety and depression without covariates (see supplementary material). In Model 2, significant covariates from the HMR were included. Model fit considerations were a nonsignificant X^2, root mean square error of approximation (RMSEA) <0.05, Comparative Fit Index (CFI) ≥ 0.90, Tucker-Lewis Index (TLI) ≥ 0.90, and standardized root mean square residual (SRMR) < 0.05 (Berzonsky & Kinney, 2019; Hu & Bentler, 1999).

3. Results

3.1. Demographic characteristics

Table 1 presents participant demographic and symptom characteristics. The most common death was death of a parent (40.0%). The most common cause of death was cancer (30.8%). Mean time since the death was 18.61 months (SD =11.02). Overall, females (M = 22.99, SD = 9.20) had a higher mean level of prolonged grief than males (M = 19.58, SD = 7.79, $t(192) = 2.68$, $p = .008$). No other gender differences were observed. Of the 133 participants (67%) who had been bereaved for at least 12 months, 15.0% endorsed symptoms suggestive of PG disorder (12.4% of full sample). One third of the full sample (34.9%) endorsed at least moderate levels of depression; 22% endorsed at least moderate levels of general anxiety.

3.2. Relationships between the ISI-5 subscales and grief, anxiety and depression

Table 2 presents the Pearson-product moment correlations between identity and symptom variables. Prolonged grief, depression and anxiety were significantly and positively correlated with each other. They were also significantly and positively correlated with the diffuse-avoidant ISI-5 subscale. The information subscale was not significantly correlated with any symptom measure, but did show a significant negative association with the diffuse-avoidant subscale. Only prolonged grief was significantly and positively correlated with the normative subscale. Age was significantly negatively correlated with all variables, except the normative subscale and time since death. Most relationships with age were no longer significant after adjusting the type 1 error rate. Given the overall pattern of findings, however, age was included as a predictor in all HMRs. Gender was included in HMR for grief.

Results of the three HMRs are presented in Table 3. For grief, on step 1, age and gender explained 5.6% of variance ($p = .042$). On step 2, the ISI-5 subscales explained a further 4.8% ($p = .013$). Gender, diffuse-avoidant and normative processing subscales were the only significant predictors in the final model (*adjusted* $R^2 = 0.081$, $F(4, 187) = 4.38$, $p = .001$). For depression, age accounted for 10.6% of variance ($p = .000$). On step 2, the ISI-5 scales explained an additional 13.4% ($p = .000$). Age and the diffuse-avoidant subscale were the only significant variables in the final model (adjusted $R^2 = 0.224$, $F(4, 186) = 14.71$, $p = .000$). For anxiety, age accounted for 15.6% of the variance ($p = .000$). On Step 2, the ISI-5 subscales explained an additional 9.3% of variance($p = .000$). Age and the diffuse-avoidant subscale were significant predictors in the final model (adjusted $R^2 = 0.232$, $F(4, 187) = 15.442$, $p = .000$).

Fig. 1 presents model statistics for the second path analysis, which included covariate relationships. For clarity this model shows only the significant pathways (see supplementary material for the full model statistics). As with the HMR results, significant pathways were observed between Diffuse-Avoidance and PG13R, GAD7 and PHQ8, respectively, and between gender and PG13 and age and GAD7 and PHQ8, respectively. Model fit statistics were acceptable (X^2 (2) = 0.21, $p = .90$, RMSEA = 0.00, CFI = 1.0, the TLI = 1.0, SRMR = 0.003).

Table 2
Correlations between Grief, depression anxiety and identity processing subscales.

	PG13-R	PHQ8	GAD7	Diffuse-avoidant	Informational	Normative	Months since loss
PHQ8	0.261**	.					
GAD7	0.302**	0.803**					
Diffuse-Avoidance	0.195*	0.415**	0.393**				
Informational	0.015	−0.136	0.023	−0.173*			
Normative	0.172*	−0.054	0.008	0.123	−0.068		
Months since loss	−0.025	−0.069	−0.056	−0.033	0.065	−0.043	
Age	−0.142*	−0.325*	−0.349*	−0.255**	−0.141*	0.092	0.067

** $p < .001$, * $p < .05$.

Table 3
Model coefficients for hierarchical multiple regression analyses.

	Standardized B	*t*	*p*	R^2 Δ	*p*
PG-13-R					
Gender	−0.171	−2.46	0.015	0.056	0.004
Age	−0.107	−1.46	0.114		
Diffuse-Avoidant	0.146	1.96	0.051	0.048	0.02
Informational	0.037	0.498	0.602		
Normative	0.155	2.338	0.029		
PHQ8					
Age	−0.249	−3.68	0.000	0.106	0.000
Diffuse-Avoidant	0.340	4.96	0.000	0.134	0.000
Informational	−0.106	−1.59	0.113		
Normative	−0.069	−1.07	0.286		
GAD-7					
Age	−0.307	−4.571	0.003	0.156	0.000
Diffuse- Avoidant	0.321	0.4.726	0.000	0.093	0.000
Informational	0.038	0.576	0.565		
Normative	−0.000	0.002	0.998		

Note: * = p < .05; ** = p < .001.

4. Discussion

This study sought to extend understanding of the relationship between self-identity and adaption to bereavement by examining relationships between identity processing style and mental health outcomes. Consistent with hypotheses, the diffuse-avoidant processing style was associated with more severe levels of grief, depression and anxiety. Further, the normative processing style was associated with prolonged grief severity. However, in contrast to expectations, the informational style was unrelated to symptom severity. The observed relationship between diffuse-avoidant processing and psychopathology is consistent both with previous studies that have used the ISI-5 scale in nonbereaved American populations (Berzonsky & Kinney, 2019; Nurmi et al., 1997), and the wider literature reporting a relationship between the persistent use of avoidance and psychopathology (Aldao et al., 2010; Boelen & Eisma, 2015; Boelen, van den Bout, & van den Hout, 2010). In the context of bereavement, it is possible that pervasive avoidance of the identity conflict prepetuates grief by impeding integration of the loss, and thus reducing motivatoion for identity reconstruction; however, it is also possible that more severe distress may motivate greater avoidance, as an understandable reaction to that distress. Longitudinal studies will

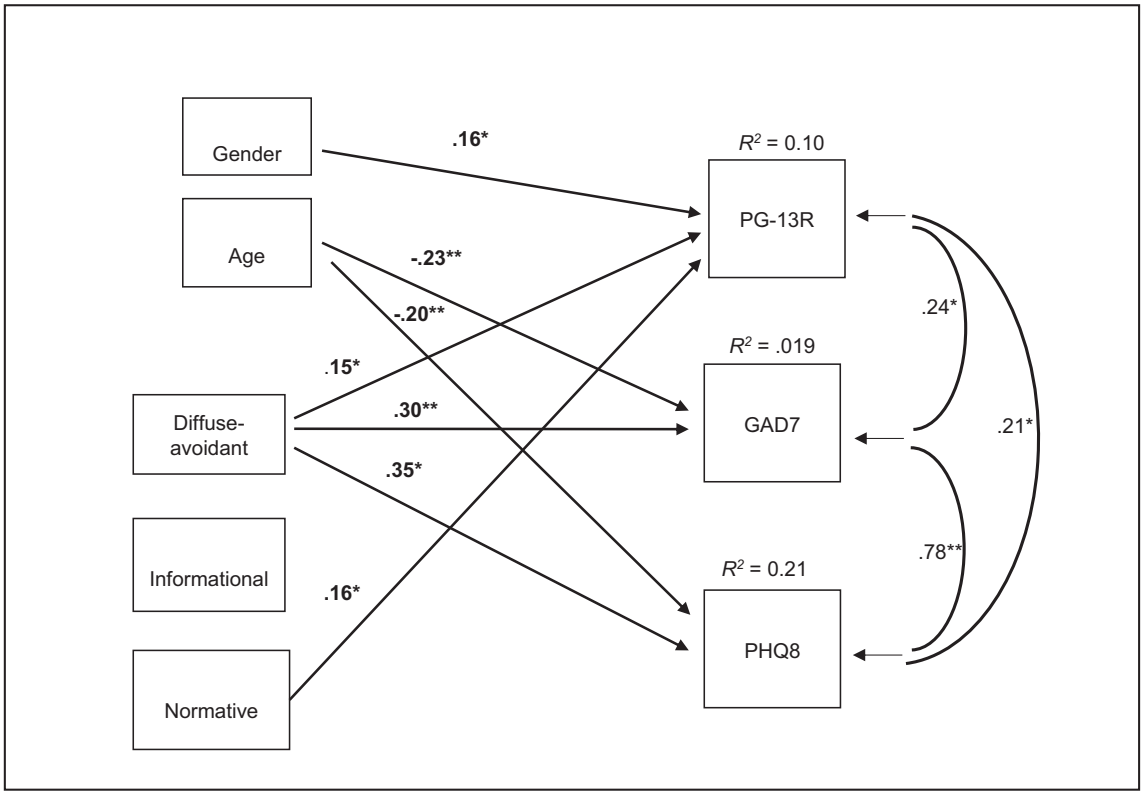

Fig. 1. Path analysis estimates for the relationship between ISI-subscales and grief, anxiety and depression. To aid interpretation, nonsignificant paths are not shown. (Nonsignificant) Paths were modelled from Age to PG13-R, Informational to each outcome variable and from Normative to GAD7 and PHQ8

assist in deliniating the direction of this relationship Interestingly, the relationship between diffuse-avoidance processing and grief severity was somewhat weaker than for depression and anxiety. This may reflect the degree to which approach behavior is also implicated in prolonged grief (Maccallum & Bryant, 2019; Maccallum, Sawday, Rinck, & Bryant, 2015). Future studies will assist in establish the generalisability of the comparative relationships observed here.

The normative processing style was related only with prolonged grief severity. This style indexes the tendency to adhere to the goals, expectations, and standards of influential groups, and has been associated with stronger motivation to preserve existing self-views, and less engagement in self-reflection and exploration (Berzonsky et al., 2013; Bosch & Card, 2012). In the current study it was hypothesized that this processing style would place one at particular risk for persistent grief as it may result in a less flexible sense of self and impede self-reorganisation. It is important to acknowledge, however, that a bereavement impacting one individual is also likely to impact members of their normative group. It may be that the positive relationship observed in this study also reflects the reinforcing effect of a “collective” grief. Future studies would benefit from including additional measures to tease apart these different possibilities.

Contrary to predictions, the informational processing style was not related to symptom severity. This was somewhat surprising given this style appears most associated with the self-reflection and exploration thought to facilitate identity reconstruction (Stroebe & Schut, 1999). One possibility is that approaching sources of conflict amplifies short-term, or concurrent, distress, and that this relationship is best observed using longitudinal assessments. It is also possible that this subscale indexes both adaptive and maladaptive aspects of self-reflection, as several items overlap with a more ruminative thinking style (e.g., Eisma et al., 2015). Future research would benefit from incorporating measures of ruminative coping to assist in clarifying relationships (Berzonsky & Kinney, 2019; Nurmi et al., 1997).

There are a number of limitations to the conclusions that can be drawn from the current study. The sample size was relatively small for the age range, predominantly female, and had a limited range of deaths and causes of death. Future studies will assist in determining whether findings generalise to other relationships and death types. Self-identity processing may be expected to be more relevant to the extent the loss impacted one's identity, for example where the death is that of a long-term partner or child. It is also noted that this study comprised participants from primarily western cultural backgrounds using identity measures developed primarily with American populations. Although the pattern of findings was consistent with expectations it is recommended that future studies include a greater focus on culture, as there may be cultural differences in the adaptiveness and maladaptiveness of different identity processing styles. Further, data for this study were collected in June 2021 when various COVID-19 health restrictions were in place around the world, and rates of psychological distress were generally high (Westrupp et al., 2021). Future studies will assist in determining the extent to which this context impacted observed relationships. Finally, it is recognised that the overall variance explained in grief symptoms, and to a lesser anxiety and depression was relatively small, and that there may be processing styles that not were not captured in the current analysis. It is important to note, however, that many of the bereavement outcome predictors identified in the literature are non-modifiable (Lobb et al., 2010). In contrast, the way in which one processes identity conflicts is potentially modifiable. The current findings are consistent with intervention studies employing exposure to the loss as an effective strategy for many individuals (e.g., Bryant et al., 2014). They also highlight an alternative pathway that may benefit individuals, namely focussing directly on self-identity processes.

5. Conclusion

In conclusion, the current study extended investigation of self-identify in bereavement from a focus on the "what" to the "how". The results were consistent with previous studies highlighting a relationship between persistent avoidance and poor grief outcomes, and also shed light on a new source of variation in prolonged grief reactions. In doing so, the findings are in line with a growing body of literature investigating how regulatory inflexibility may place one at risk for a range of poor outcomes in the context of life stressors. Future research examining the interplay between the content of self-identity and the processing of self-identity change will shed further light on the processes that underlie how we adapt or fail to adapt to the important losses in our lives.

Credit author statement

FM devised the study and undertook the analysis, interpretation, and manuscript preparation.

Declaration of Competing Interest

None.

Acknowledgments

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Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.paid.2021.111478.

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