

BACKGROUND

- Types of coping strategies associated with various mental health outcomes, but limited research on associations between coping and long-term mental health outcomes in traumatically bereaved individuals.
- Comorbid conditions among 9/11-bereaved family members were characterized 15 years after 9/11 (Cozza et al., 2019). Three groups identified based on self-reported symptoms of depression, grief, grief-related impairment, generalized anxiety, and PTSD: *healthy*, *comorbid without PTSD* (comorbid/noPTSD), and *comorbid with PTSD and impaired* (comorbid/PTSD+I).
- Current study examined how three coping strategies (avoidant, supportive, active) predicted group membership in those three groups. **Hypotheses:** Avoidant coping would be associated with non-healthy/comorbid groups, and active coping and supportive coping associated with the healthy group.

METHOD

Participants

454 adult family members (e.g., parents, spouses, siblings, children) of individuals who died as a result of the September 11, 2001 terrorist attacks Recruited by Voices Center for Resilience, a 9/11 survivor advocacy group

Procedure

Online consent form and anonymous online questionnaire (~ 40–50 min)
Voluntary participation

Measures

Inventory of Complicated Grief (ICG)
PTSD Checklist for *DSM-5* (PCL-5)
Patient Health Questionnaire (PHQ-9)
Generalized Anxiety Disorder Assessment (GAD)
Work and Social Adjustment Scale (WSAS)
BriefCOPE

Data Analysis

Latent Class Analysis (LCA) with covariates conducted in Mplus. Analysis utilized a bias corrected 3-step approach: (1) latent class (LC) model estimation, (2) subject assignment to LCs based on the most likely class membership, and (3) testing associations between predictors and class membership through multinomial logistic regression. Predictors were three coping strategies (avoidant, supportive and active coping) while adjusting for age, gender, and relationship to the deceased.

Avoidant coping was strongly associated with individuals who experience multiple comorbid conditions following bereavement.

Supportive coping was less likely to be associated with bereaved individuals who experience these conditions.



Photo from Pexels.com

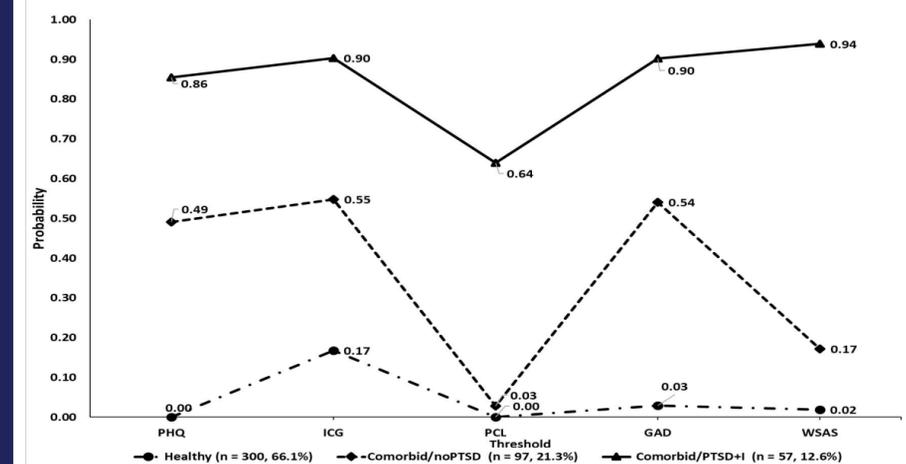
RESULTS

Participants who used avoidant coping:

- 25 times more likely to be in the comorbid/PTSD+I group (OR = 25.2, CI=6.8-93.4, $p < 0.01$) than the healthy group
- 6 times more likely to be in the comorbid/noPTSD group (OR = 5.7, CI=2.0-16.4, $p < 0.01$) than the healthy group

Those who used supportive coping:

- Half as likely to be in the comorbid/PTSD+I group (OR = .52, CI=0.27-0.97, $p < 0.05$) than the healthy group



DISCUSSION

Minimizing avoidant coping could benefit bereaved individuals who experience comorbid depression, grief, and generalized anxiety, in addition to PTSD and grief-related impairment.

Encouraging supportive coping could also benefit those who experience these comorbid conditions.

This study was the first to examine coping within this population of 9/11-bereaved. It also provides evidence of the type of coping strategies bereaved individuals use 15 years after their loss and the association of these strategies with multiple comorbid conditions.

Results shed light on which coping strategies to target in tailoring more appropriate support for bereaved individuals with these conditions.

The opinions and assertions expressed herein are those of the author(s) and do not reflect the official policy or position of the Uniformed Services University of the Health Sciences or the Department of Defense. The contents of this publication are the sole responsibility of the author(s) and do not necessarily reflect the views, opinions or policies of The Henry M. Jackson Foundation for the Advancement of Military Medicine, Inc. Mention of trade names, commercial products, or organizations does not imply endorsement by the U.S. Government.