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Can self-distancing benefit adjustment to bereavement? A multi-method investigation☆

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ABSTRACT

Bereaved individuals experiencing prolonged grief often struggle to accept loss and manage emotional distress, making them a key focus of grief interventions. Self-distancing, where individuals process adverse events from an observer's perspective, may play a protective role in grief adaptation. This paper presents three studies examining self-distancing in grief adaptation. Study 1 surveyed bereaved adults ($N = 207$) and found self-distancing was significantly and negatively correlated with grief symptoms and rumination. Study 2 used a one-session perspective manipulation exercise and showed self-distancing significantly decreased negative emotions, while self-immersion (first-person) decreased positive emotions when recalling bereavement. Study 3 implemented a brief intervention where participants with elevated grief completed an expressive writing exercise using a self-distancing perspective ($n = 16$) or a self-immersion perspective ($n = 15$) for 15 min per day for three days. Results indicated that the two writing training tasks increased self-distancing and decreased grief symptoms, but only the self-distancing group reduced grief rumination. These findings highlight the protective role of self-distancing in grief adaptation. Low-intensity interventions, such as expressive writing from a self-distancing perspective, show promise in alleviating grief rumination and prolonged grief symptoms. These results highlight the potential of self-distancing as an accessible and effective strategy for managing prolonged grief, offering a valuable addition to existing grief interventions.

1. Introduction

Loss is an inevitable part of human life, and the death of a loved one is one of the most challenging experiences. While grief typically diminishes as individuals adapt and integrate the loss into their lives, some people develop complicated and prolonged grief, especially after sudden or traumatic deaths (Djelantik et al., 2020). Prolonged grief disorder (PGD) is now recognized as a distinct psychological disorder in both the ICD-11 and DSM-5-TR (American Psychiatric Association Publishing, 2022; World Health Organization, 2021). According to the ICD-11 diagnostic guidelines, PGD is characterized by at least one core symptom (e.g., yearning or longing, pervasive preoccupation with the deceased), one accessory symptom (e.g., non-acceptance, avoidance, guilt, self-blame, anger, sorrow), and functional impairment persisting for at least six months after bereavement (World Health Organization, 2021). Research suggests that 9.8% of individuals grieving natural losses

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(e.g., chronic disease) and 49.0% of those grieving unnatural losses (e.g., suicide, traffic accidents) may meet the PGD diagnostic criteria (Djelantik et al., 2020; Lundorff et al., 2017). Severe grief is associated with an increased risk of physical illnesses and high mortality rates (Prior et al., 2018; Spillane et al., 2018) and may lead to negative social consequences, such as unemployment or divorce (Bélanger et al., 2022; Lyngstad, 2013). These findings underscore the importance of addressing severe grief as a critical clinical concern.

Various psychological interventions for grief have been developed, with grief-focused cognitive behavioral therapy demonstrating substantial therapeutic benefits (Komischke-Konnerup et al., 2024). However, these interventions are complex and require specialized therapist training, posing significant challenges for widespread adoption, particularly in regions with a shortage of grief professionals, such as many developing countries, including China (Gao et al., 2022). This highlights the need for brief, low-intensity psychological interventions. These interventions should target bereaved individuals experiencing heightened grief who do not meet the criteria for PGD. Low-intensity interventions, such as cognitive bias modification techniques, have demonstrated significant effects in alleviating symptoms of depression and anxiety (Donohue et al., 2024; Fodor et al., 2020), but their application in grief adaptation remains largely unexplored (Dominick et al., 2009). This gap motivates our research to explore the role of self-distancing in grief adaptation and test a low-intensity training program based on this strategy.

1.1. Self-distancing and prolonged grief

Self-distancing is a self-reflective process in which individuals view a problem from a third-person perspective or treat their past self as an object while emotionally engaging with the memory's content (Kross and Ayduk, 2017). This approach helps individuals detach from their recalled experiences and analyze the event's causes, thoughts, and emotions from a distance rather than recounting their negative emotions (Ayduk and Kross, 2010; Kross and Ayduk, 2017). Research has shown that self-distancing promotes positive emotional outcomes in various groups, including healthy adults, children, adolescents, and those with subclinical and clinical conditions (Dorfman et al., 2021; Kross and Ayduk, 2017; White et al., 2015). Self-distancing differs from another reflective process called self-immersion (Ayduk and Kross, 2010). Recounting an event from a self-immersed perspective, as though reliving the experience, is often associated with maladaptive outcomes (Murdoch et al., 2023).

Self-distancing may assist the bereaved in processing their grief. Worden's (2018) Tasks of Mourning model posits that healthy grief involves four tasks: 1) Accepting the reality of loss; 2) Experiencing and processing the pain; 3) Adapting to life in the absence of the deceased; and 4) Establishing a permanent connection with them. Self-distancing may help the bereaved accomplish the first two tasks. First, self-distancing may help the bereaved gradually accept the reality of their loss. According to the cognitive-behavioral conceptualization model (Boelen et al., 2006), failing to assimilate the reality of loss into autobiographical memory may lead to prolonged grief. Imaginal exposure, often from a first-person perspective, assists individuals in acknowledging the occurrence of loss (Boelen, 2006; Shear and Colleen, 2016). Some studies, like Kaur et al. (2016), examined the third-person perspective in veterans exhibiting post-traumatic stress symptoms, demonstrating a reduction in symptoms. Self-distancing allows the bereaved to review the loss event with less emotional intensity, facilitating acceptance without triggering avoidance or emotional distress. Second, self-distancing may serve as a protective mechanism against the emotional pain of grief. The cognitive attachment model suggests that autobiographical memories of individuals experiencing intense grief are mostly negative and focused on loss, resulting in intense emotional reactions (Maccallum and Bryant, 2013). Individuals experiencing intense grief frequently employ maladaptive strategies like rumination or experiential avoidance (Eisma and Stroebe, 2020; Smith et al., 2024), which worsen their distress (Kennedy et al., 2021). The revised dual representation theory (Brewin et al., 2010) indicates that intrusive memories in psychological disorders such as post-traumatic stress disorder (PTSD) manifest in either a field perspective (first-person or self-immersed) or an observer perspective (self-distancing). A self-immersed perspective produces more emotionally potent imagery, while an observer perspective requires generating an image from a non-experienced viewpoint, diminishing the recall of unwanted negative memories and their associated emotions (Brewin, 2015). A study found that veterans with PTSD exhibited reduced physiological reactivity when reflecting on their trauma from a self-distanced viewpoint (Wisco et al., 2015). A third-person perspective can help the bereaved reframe their loss, alleviate negative feelings, and foster emotional relief (Travers-Hill et al., 2017).

However, the role of self-distancing in bereavement adaptation remains largely unexplored. A preliminary investigation into the relationship between self-distancing and post-loss adaptation found that bereaved individuals who used more distancing language showed reduced avoidance behaviors, lower psychological distress, and fewer PTSD symptoms (Kaplow et al., 2018). However, the study by Kaplow et al. had a limited sample size ($N = 44$) and could not establish a causal relationship.

1.2. The present investigation

In the following, we report on three studies: one cross-sectional study and two experimental manipulation studies, investigating the impact of self-distancing on bereavement adaptation. Study 1 involved a cross-sectional survey with a larger sample to investigate the relationship between self-reported self-distancing and grief symptoms. We examined the relationship between self-distancing and grief rumination, alongside grief symptoms. Grief rumination involves repetitive thoughts about the causes and consequences of death, which can lead to adverse outcomes after bereavement (Eisma and Stroebe, 2017). Self-distancing helps interrupt the rumination cycle by shifting focus away from repetitive thoughts. Moreover, self-distancing may help the bereaved gain a more objective perspective on grief, assisting them in discovering new meaning or resolution, which can reduce rumination. A recent study supports the hypothesis, showing that self-distancing was associated with and even reduced rumination (Orvell et al., 2023).

Study 2 investigates the effects of self-distancing on emotional responses during bereavement recollections through experimental manipulation to test causal links. Self-distancing has taken various forms, including reflective perspective manipulation through visual and linguistic techniques, imaginal exercises, expressive writing, and daily diary interventions (Dorfman et al., 2021; Orvell et al., 2023; Park et al., 2016; Travers-Hill et al., 2017). Research shows that one-session visual and language strategy-based perspective manipulation training is effective in various domains, including the reduction of negative emotional arousal (Kross and Ayduk, 2008), the promotion of positive emotionality (Dorfman et al., 2021), the enhancement of well-being (Orvell et al., 2023), the decrease of physical arousal (Wisco et al., 2015), and the increase of help-seeking behavior in individuals with depression (Hollar and Siegel, 2023). Study 2 will use a one-session perspective manipulation exercise to promote self-distancing, examining its impact on immediate negative and positive emotions related to bereavement recollections. A self-immersion group will serve as a comparison based on prior research (Wisco et al., 2015).

Considering that Study 2 focused on immediate memory recall, it is important to investigate whether self-distancing can mitigate grief symptoms over an extended period. Study 3 aims to evaluate the effectiveness of self-distancing in alleviating persistent grief emotions, precisely grief symptoms, among the bereaved. To enhance the intervention dosage, Study 3 will implement a 3-day expressive writing intervention, with 15 min allocated each day, as used by Park et al.

(2016). This study confirmed the enduring effect of the 3-day expressive written training on self-distancing and emotion reactivity at one- and six-month intervals. Expressive writing has been incorporated into specific grief interventions (Wagner et al., 2006). Study 3 will employ a 3-day expressive writing intervention to facilitate self-distancing and assess its impact on reducing grief symptoms in bereaved people. Like Study 1, Study 3 will examine the predictive influence of self-distancing on grief rumination.

Study 3 aims to differentiate between self-distanced and self-immersed perspectives in expressive writing, examining which perspective more effectively facilitates grief adaptation amidst the ongoing debate about the efficacy of self-reflection approaches. Research indicates that third-person writing increases the use of words related to sadness, suggesting that this perspective facilitates a more comprehensive expression and experience of emotions (Fuentes et al., 2021). When writing about traumatic life events, third-person writing may enable participants to experience greater benefits and yield positive, enduring effects compared to first-person writing (Andersson and Conley, 2013). However, other researchers have indicated that writing in the third person may exacerbate symptoms of depression (Giovanetti et al., 2019). The controversy arises from the characteristics of the population and the nature of events being documented. Previous studies indicate that self-distancing is particularly beneficial for individuals in vulnerable situations (Hollar and Siegel, 2023; Orvell et al., 2023). Consider non-vulnerable individuals writing about minor unpleasant events from a third-person perspective. This approach can amplify the negative consequences of minor events, leading to heightened rumination and depression. In contrast, having vulnerable individuals document traumatic events from a third-person perspective may facilitate meaning-making and emotional processing. In Study 3, we selected individuals with high levels of grief. We instructed them to document their significant bereavement experiences from either a first-person or a third-person perspective to elucidate the impact of perspective differences. Moreover, grief interventions tend to be more effective for individuals experiencing elevated levels of grief (Yu et al., 2022).

The research investigates the role of self-distancing in adapting to bereavement. It comprises three studies that use cross-sectional surveys, experimental manipulations, and expressive writing interventions to examine the effect of self-distancing on grief symptoms and grief rumination. These studies combine these methods to provide theoretical support for low-intensity interventions targeting elevated grief and suggest new directions for future grief interventions.

2. Study 1

In Study 1, hypotheses are:

H1. The higher the self-distancing in the face of bereavement, the lower the grief symptoms.

H2. The higher the self-distancing in the face of bereavement, the lower the grief rumination.

2.1. Method

2.1.1. Participants

This study was approved by the Ethics Committee of East China Normal University (Approval Number: HR2-0048-2022). G*Power software was used to calculate the required sample size ($\alpha = .05$, *power* = 0.80). The required sample size was $n = 84$ to detect a medium effect size (*effect size* = 0.30) in a correlation analysis.

Participants were recruited through WeChat, a Chinese online social media platform. They completed questionnaires via Wenjuanxing, an online survey platform. The study recruited adults aged 18–65 years who had lost a loved one less than five years ago and were able to communicate normally in writing. Participants were excluded if they reported a severe physical or mental health problem or were undergoing treatment for mental illness. Data were collected over two months, and 220 bereaved individuals were recruited. Thirteen participants dropped out because they did not complete the questionnaires. The final sample consisted of 207 people (76 male, 131 female). The average age was 23.74 years (SD = 5.27). Demographic and loss-related information is presented in Appendix I.

2.1.2. Measures

Demographic and loss-related information: Demographic information included sex (1 = male, 2 = female); age (years); place of residency (1 = provincial capital or metropolis, 2 = medium-sized city, 3 = township or rural area); education background (1 = high school and vocational school, 2 = college and university); and relationship status (1 = single, 2 = in a relationship). Loss-related information included a relationship with the deceased (1 = immediate [parent, siblings, partner, child], 2 = other); length of bereavement (months); and cause of death (1 = non-violent, 2 = violent).

Self-distancing was measured using the questionnaire created by Ayduk and Kross (2010b). The Chinese version was developed using a forward and backward translation process, which is considered the gold standard when translating materials (Guillemin, 1995). The wording was modified to suit the context of bereavement. The questionnaire contains two questions using a 7-point Likert scale. The first item is "When you recall the death of him/her, to what extent are you adopting an immersive perspective as an experiencer, or to what extent are you observing the events from a distance as an observer?" (1 = totally as an experiencer, 7 = totally as an observer). The second item is "When you think and analyze your thoughts or feelings about his/her death, how far do you feel the event is from you?" (1 = very close, totally as an experiencer, 7 = very far, totally as an observer). The total score reflects the level of self-distancing. The higher the score, the higher the self-distancing tendency. The internal consistency reliability, as indicated by the Spearman-Brown coefficient, was 0.82 in the current sample.

Grief Rumination was assessed via the Utrecht Grief Rumination Scale (UGRS), which was developed by Eisma et al. (2013), and a Chinese version was developed by Tang et al. (2019). The scale contains 15 items, comprising five subscales (i.e., meaning, reactions of others, counterfactuals, injustice, and reactions). It uses a 5-point Likert scale (1 = never, 5 = always). The total score was calculated by summing the item scores. The higher the score, the higher the grief rumination. The internal consistency, as indicated by Cronbach's α, was 0.92 in the current sample.

Grief Symptoms were assessed using the International Prolonged Grief Disorder Scale (IPGDS), developed by Killikelly et al. (2020). The first 13 items measure the bereaved person's grief reactions, defined as longing/yearning and emotional distress. Each item is rated on a 5-point Likert scale (1 = not at all, 5 = very much). In this study, the total score of the 13 items was used to represent the severity of the grief reaction. The higher the score, the more severe the grief reaction. The internal consistency (Cronbach's α) of the scale was 0.93 in the current sample.

2.1.3. Data analysis

IBM SPSS Statistics 24.0 was used to generate descriptive statistics and to conduct correlation analyses. As the distribution of self-distancing was skewed, Spearman correlation analyses were used.

2.2. Results

Correlation analyses revealed that self-distancing was significantly negatively correlated with both grief rumination and grief symptoms. The correlations were weak but statistically significant. Table 1 presents the descriptive statistics of the three study variables and the correlation coefficients between the variables. After controlling for variables related to grief symptoms and grief rumination (i.e., sex, relationship with the

Table 1
Descriptive statistics and Spearman correlations in study 1.

Variable	Score range	*M* (*SD*)	1	2
1. Self-distancing	2–14	4.89 (2.66)	1	
2. Grief rumination	15–75	43.80 (13.30)	−0.23**	1
3. Grief symptoms	13–65	37.36 (11.28)	−0.25***	0.80***

Note. $N = 207$. *$p < .05$. **$p < .01$. ***$p < .001$.

deceased, length of bereavement, and cause of death), the results remained unchanged.

2.3. Discussion

Study 1 examined the relationship between self-distancing and grief symptoms, as well as between self-distancing and rumination, in a sample of bereaved adults, providing initial evidence for the role of self-distancing in post-loss adaptation.

Self-distancing was negatively related to grief symptoms and rumination, supporting H1 and H2. Grief symptoms and rumination both decreased as self-distancing increased. The results aligh with those of Kaplow et al.'s (2018), which demonstrated that self-distancing was significantly negatively correlated with PTSD and avoidance in bereaved individuals. The current study expanded on Kaplow et al. (2018) by confirming a significant negative relationship between self-distancing and two additional variables related to grief adaptation (i.e., grief symptoms and grief rumination) in a larger sample. The findings also tentatively suggest that self-distancing may be a beneficial emotion regulation strategy in managing grief symptoms. However, the associations were weak. One possible explanation for this is a floor effect, as indicated by relatively low scores on the self-distancing measure. Bereaved individuals may naturally adopt a self-immersion perspective when recalling their bereavement experiences, which could result in a low correlation coefficient.

3. Study 2

Study 1 used a cross-sectional design, which made it impossible to infer causality between self-distancing and grief rumination and symptoms. To address this limitation, Study 2 employed an experimental approach to examine the causal effects of self-distancing on immediate positive and negative emotions. In this study, we formulated two hypotheses:

H3. Adopting a self-distancing perspective would decrease negative emotions compared to self-immersion.

H4. Participants adopting a self-distancing perspective would report more positive emotions than those using a self-immersion perspective.

3.1. Method

3.1.1. Research design

We applied a two-way mixed experimental design. The between-group variable was the type of self-reflection, determined by random assignment to either a self-distancing or self-immersion group. The within-group variable was the time point (i.e., before and after the self-reflection perspective manipulation). The dependent variables were self-reported negative and positive emotion intensity. The interaction between group and time was used to estimate the experimental effect.

3.1.2. Participants

Based on our experimental design, the required sample size was $N = 34$ to detect a medium effect size ($\alpha = .05$, *power* $= 0.80$). The recruitment criteria were identical to those in Study 1. A total of 60 bereaved adults enrolled. Five participants declined participation during the informed consent stage. Four participants were excluded due to high depression scores (PHQ-9 ≥ 15). The decision was based on evidence of a positive correlation between depressive symptoms and the distress experienced when recalling negative events (Bylsma et al., 2011). Data from six participants were excluded from the analysis. Reasons included failure to write from the assigned perspective (self-distancing or self-immersion) or low scores in adherence to the assigned perspective (see the Procedure for detailed information). In total, 45 participants completed the experimental task. There were 21 people in the self-distancing group (5 male and 16 female) and 24 in the self-immersion group (8 male and 16 female). Participants had an average age of 23.36 years (SD = 4.93) and an average bereavement duration of 20.64 months (SD = 15.87). Detailed demographic and loss information is provided in Appendix II.

3.1.3. Measures

Before the experiment, participants completed the questionnaire used in Study 1 to collect demographic and loss-related information.

Patient Health Questionnaire (PHQ-9): The PHQ-9 assesses depressive severity (Kroenke et al., 2001). The Chinese version has demonstrated strong psychometric properties and suitability for clinical practice and research (Wang et al., 2014). The PHQ-9 consists of nine items rated from 0 (not at all) to 3 (almost every day). Total scores range from 0 to 27, with higher scores indicating greater depressive severity. In this study, a cut-off score of 15 was used (Wang et al., 2014). In the current sample, the internal consistency (Cronbach's α) was 0.84.

Positive and Negative Emotions: The Positive and Negative Affect Scale (PANAS) was used to measure participants' immediate emotional states. Originally developed by Watson et al. (1988), the scale was adapted into Chinese by Qiu et al. (2008). The scale consists of 18 items across two dimensions (positive and negative emotions) and uses a 5-point Likert Scale (1 = a little, 5 = very much). The internal consistency (Cronbach's α) was 0.92 for positive emotions and 0.91 for negative emotions.

3.1.4. Procedure

The experiment was conducted online (i.e., Naodao, https://www.naodao.com/). Before the experiment, participants reviewed the experimental procedures and provided informed consent. They then completed the pre-test survey, which included demographic and loss information as well as PHQ-9. To evoke the bereavement experience, participants received the following instructions: *Now, please recall the death of your loved one. Imagine the time and place where the bereavement occurred, and think about how you felt then. Try to fully immerse yourself in the emotions you experienced at that time. Take as much time as needed.* Participants then completed the PANAS scale to reflect their immediate emotional responses.

Following this, the participants were assigned to the experimental task. Participants in both groups were asked to analyze their feelings and thoughts and to write them down in approximately 150 words. However, the specific instructions varied depending on the group assignment. The instructions given to each group are presented below.

The self-distancing group's instructions were: *Now, please return to the scene of the event as a bystander. Take a few steps back, as if you were comforting a friend, and observe yourself at that moment. Reflect on the grief you experienced, and ask yourself why he/she (referring to yourself) had those feelings or thoughts. Then, describe the feelings or thoughts in the third person ("he/she" or your name) on a piece of paper in approximately 150 words.* To evaluate the effectiveness of the instructions, participants answered two questions on a 7-point Likert scale: "How well did you follow the instructions?" (1 = not at all, 7 = a lot) and "To what extent did you view the events from an observer's perspective?" (1 = not at all, 7 = a lot).

The self-immersion group's instructions were: *Imagine returning to the time and place of the bereavement and reliving the situation as if it were happening again. Visualize the scene in your mind, and reflect deeply on the*

experience: What happened to you? How did you feel? Why did you feel that way? Then, describe the experience in the first person ("I") in approximately 150 words. Similar to the self-distanced group, participants were asked to rate how well they followed the instructions and the extent to which they viewed the event from an experiencer's perspective (1 = not at all, 7 = completely).

Following the perspective manipulation writing task, participants completed the PANAS again. The experimenter determined whether they had successfully adopted the assigned perspective based on the writing content and perspective scores. If participants failed to write their thoughts and feelings from the specified perspective or scored below five on the perspective scale, their data were excluded from the analysis. To mitigate potential negative emotions evoked by the experiment, participants were instructed to recall and describe a happy event from the last two weeks (Siedlecka and Denson, 2019).

3.1.5. Data analysis

IBM SPSS Statistics 24.0 statistical software was used to generate descriptive statistics and to conduct repeated measures ANOVAs, *t-tests*, and χ^2 tests. Partial eta square (η_p^2) was reported as the effect size for *F*-tests, and Hedges' *g* was used as the effect size for *t-tests*.

3.2. Results

No significant group differences were found in demographic or loss-related factors, the self-reported implementation of the instructions, or the degree to which participants adopted the assigned perspective. Before the intervention, no group differences were found in the positive and negative emotions evoked by recalling bereavement events. See Appendix II for detailed information.

Two repeated-measures ANOVAs with a 2 (Group: self-distancing vs. self-immersion) x 2 (Time: pretest, posttest) design were conducted. The dependent measures were the intensity of negative and positive emotions. Table 2 shows the intensity of positive and negative emotions at the two time points.

For negative emotions, the main effect of the group was not significant, $F(1, 43) = 0.19$, $p = .67$, $\eta_p^2 = .004$. The main effect of time was also not significant, $F(1, 43) = 1.90$, $p = .18$, $\eta_p^2 = .04$. However, the interaction between Group and Time was significant, $F(1, 43) = 5.31$, $p = .03$, $\eta_p^2 = .11$, indicating that the reflection perspective had a differential impact on negative emotions during the pretest and posttest. Simple effects analyses were conducted to further explore this interaction. There was no significant group difference either in the pretest ($p = .65$) or posttest ($p = .22$). However, in the self-distancing group, negative emotions in the pretest were significantly higher than those in the posttest, $t(20) = -2.27$, $p = .02$, Hedges' $g = -0.41$, and the effect size was close to medium in size, indicating that negative emotions decreased from pretest to posttest. In the self-immersion group, there was no effect of time ($p = .50$).

For positive emotions, the main effect of the group was not significant, $F(1, 43) = 0.30$, $p = .59$, $\eta_p^2 = .007$. The main effect of time was significant, $F(1, 43) = 6.01$, $p = .02$, $\eta_p^2 = .12$. The interaction between Group and Time was also significant, $F(1, 43) = 4.51$, $p = .04$, $\eta_p^2 = .10$.

Table 2
Positive and negative emotions scores at two times.

Variables	Self-distancing Group (n = 21)		Self-immersion Group (n = 24)	
	M (*SD*)		*M* (*SD*)	
	Pretest	Posttest	Pretest	Posttest
Positive Emotions	15.19 (5.41)	15.00 (5.94)	17.33 (6.65)	14.67 (5.34)
Negative Emotions	20.19 (6.99)	17.38 (6.38)	19.25 (6.60)	19.96 (7.39)

Simple effect tests were used to follow up on the main effect of time and indicated that positive emotions were lower in the posttest than in the pretest ($p = .02$). Simple effects tests were also used to follow up on the interaction between Time and Group. The results showed no significant group differences in positive emotions in the pretest ($p = .25$) or posttest ($p = .84$). The self-distancing group showed no significant time effect ($p = .82$). In contrast, in the self-immersion group, positive emotions were significantly lower in the posttest than in the pretest ($t(23) = -4.02$, $p = .002$, Hedges' $g = -0.43$).

Fig. 1 illustrates the intervention effects found in the two repeated measures ANOVAs.

3.3. Discussion

The results of Study 2 suggest that self-distancing could reduce the immediate negative emotions experienced by recalling bereavement events, supporting H3. This is consistent with the results of previous studies (Kross et al., 2011; Sun et al., 2020; White et al., 2015). In individuals with clinical conditions (e.g., those with depression or high anxiety traits), self-distancing is beneficial for reducing the intensity of negative emotions (Kross and Ayduk, 2008; Kross et al., 2012). According to the Construal Level Theory (CLT), psychological distance can influence cognitive and emotional experiences by affecting the construal level (Fujita et al., 2006). Self-distancing can increase the psychological distance between the self and the experience, allowing for a broader perspective, thereby adjusting their cognitive processing and re-evaluating the relevance and importance of the adverse events. Another possible explanation for this effect is provided by the revised dual representation theory (Brewin et al., 2010). The revised dual representation theory states that manipulating the viewpoint in traumatic mental imagery activates allocentric (viewpoint-independent) spatial processing. Disrupted allocentric processing has been observed in individuals with PTSD (Smith et al., 2024) and has been correlated with more intrusive imagery (Sierk et al., 2019). Importantly, allocentric processing is thought to rely on neural systems that contextualize traumatic memories within the autobiographical memory base, thereby helping to reduce unwanted negative memories and emotions (Brewin, 2015). Conversely, under self-immersion, participants take an egocentric (viewpoint-dependent) perspective, which, according to the revised dual representation theory, would lead to more emotionally salient imagery due to weak contextual representations in the autobiographical memory base (Bisby and Burgess, 2017).

Self-distancing did not increase positive emotions, failing to support H4. The result was inconsistent with previous studies showing that increased spontaneous self-distancing can predict the rise of positive emotions (Dorfman et al., 2021). A plausible explanation for this null finding is that, when faced with traumatic events, such as the death of a loved one, people may suppress positive emotions. Research in individuals with PTSD indicated that people experiencing symptoms of PTSD rated positive emotions negatively and had difficulties regulating them (Weiss et al., 2018, 2019, 2021). A study found that Chinese bereaved people believed they should not display positive emotions, such as happiness or joy, as showing them is considered unloving to the deceased and gives rise to feelings of survival guilt (Zhou et al., 2023a, b). Thus, upregulating positive emotions may be more difficult for those experiencing trauma, such as the death of a loved one.

4. Study 3

Study 3 drew on prior research (Park et al., 2016) and employed a 3-day expressive writing intervention, with 15 min of writing each day, to test the effect of self-distancing on grief symptoms and grief rumination. We hypothesized the following three hypotheses:

H5. Building on the study by Park et al. (2016), both self-distancing and self-immersion expressive writing training would improve

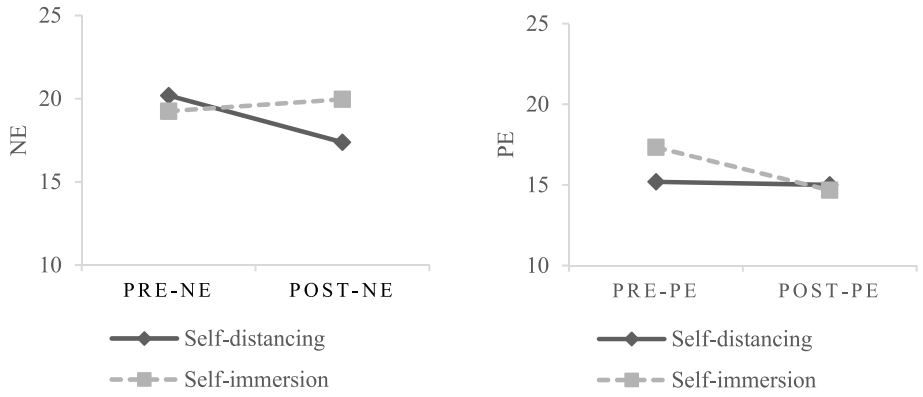

Fig. 1. Effect of the interaction between group and time on negative and positive emotions.
Note: NE = Negative Emotions, PE = Positive Emotions, PRE-NE = Pre-Test Negative Emotions, PRE-PE = Pre-Test Positive Emotions, POST-NE = Post-Test Negative Emotions, POST-PE = Post-Test Positive Emotions.

self-reported levels of self-distancing.

H6. Those who receive self-distancing training, relative to those who receive self-immersion training, would show more significant reductions in grief symptoms from baseline.

H7. Those who receive self-distancing training, relative to those who receive self-immersion training, would report more significant reductions in grief rumination from baseline.

4.1. Method

4.1.1. Research design

A two-way mixed experimental design was used. The between-group variable was the type of expressive writing (self-distancing vs. self-immersion), with participants randomly assigned to one of the two groups. Each group completed a 15-min writing task daily for three days. Participants completed questionnaires at three time points: before the intervention (Baseline), one day after the end of the intervention (Time 1), and 15 days after the intervention (Time 2). Thus, the within-group independent variable was time (i.e., Baseline, Time 1, and Time 2). The dependent variables were self-distancing, grief symptoms, and grief rumination. The interaction between group and time estimated the intervention effect.

4.1.2. Participants

The required sample size was $N = 28$ to detect a medium effect size (effect size $F = 0.25$, $\alpha = .05$, *power* $= 0.80$) in a 2 (between-group) $\times$ 3 (within group) repeated-measures analysis of variance.

Participants who had lost their loved ones between three months and five years were recruited. The three-month time criterion was established based on research conducted by Litz et al. (2014) and Reitsma et al. (2023), demonstrating the efficacy of an early intervention for clinically significant grief symptoms. Other recruitment criteria were identical to those used in Study 1. Eighty-two participants were recruited. They were randomly assigned to either the self-distancing or self-immersion writing group. Twenty-five participants withdrew after the baseline assessment, and four dropped out during the intervention phase. Two participants did not complete the Time 1 and Time 2 follow-up questionnaires, so their data were not included in the analysis. Two participants' data were excluded from the study because they did not use the assigned perspective. The perspective manipulation was assessed based on the writing content. Eighteen participants were excluded from data analysis because their baseline IPGDS score was lower than 32.5, half of the total score. Finally, the data of thirty-one participants were included in the study: 16 participants in the self-distancing group (6 male, 10 female) and 15 in the self-immersion group (3 male, 12 female). The average age was 22.16 years (SD = 3.15). Demographic and loss-related information is presented in Appendix III.

4.1.3. Measures

All questionnaires used in Study 3 were the same as those in Study 1. In Study 3, Cronbach's α was 0.92 for the UGRS and 0.83 for the IPGDS.

4.1.4. Procedure

The intervention was conducted online, and the process is described below. Before the intervention, participants were presented with the study information and provided informed consent.

Baseline Assessment: After completing the demographic and loss-related information, the self-distancing questionnaire, UGRS, and IPGDS, participants were randomly assigned to the self-distancing or the self-immersion group.

Expressive Writing Intervention Procedure: Participants were asked to complete a 15-min writing task following the same instructions for three consecutive days. All participants recorded a video of the writing process to ensure they engaged in the task. The task instructions are shown below.

By referring to Park et al. (2016) and Fuentes et al. (2021), the writing instructions for the self-distancing group were: *"Please recall the loss and return to that scene as a bystander. Take a few steps back (like comforting a friend) and observe your emotions or reactions. Ask yourself why he/she (referring to yourself) has those feelings or thoughts, what the deepest feeling is when he/she thinks about it, and what thoughts he/she has. Please write your thoughts and feelings in the third person or using your name on paper."* A brief script of self-distancing expressive writing is presented in Appendix IV.

The writing instructions for the self-immersion group were: *"Please recall the loss and return to that scene as if it happened to you again. Look at the scene in your mind and think about it: what happened, what your deepest feelings are when you think about it, why you feel that way, what your thoughts are, etc. Please write your thoughts and feelings in the first person on paper."* A brief script of self-immersion expressive writing is presented in Appendix IV.

Follow-up questionnaires on Day 1 and 15 after the end of the intervention: After the three consecutive days of writing, all participants completed the follow-up questionnaires on Day 1 (Time 1) and Day 15 (Time 2). The experimenter determined whether they had been successfully manipulated based on the writing content. The data were not included in the analysis if the writing was not from the specified perspective.

4.1.5. Data analysis

IBM SPSS Statistics 24.0 was used to generate descriptive statistics and conduct repeated-measures ANOVAs, independent samples *t-tests*, and χ^2 tests. η_p^2 was used to measure effect size in *F*-tests, and Hedges' *g* was used for effect size in *t-tests*.

4.2. Results

There were no significant group differences in demographic characteristics, loss-related information, self-distancing, grief rumination, or grief symptoms at baseline. The detailed results are presented in Appendix IV.

The descriptive statistics of self-distancing, grief symptoms, and grief ruminations across three time points are shown in Table 3.

A 2 (Group: self-distancing, self-immersion) × 3 (Time: Baseline, Time 1, Time 2) mixed ANOVA was conducted, with self-reported self-distancing scores as the dependent variable. The main effect of time was significant, $F(2, 58) = 5.63$, $p = .006$, $\eta_p^2 = .16$; the main effect of group was not significant, $F(1, 29) = 1.07$, $p = .31$, $\eta_p^2 = .04$; and the Time × Group interaction was not significant, $F(2, 58) = 0.01$, $p = .99$, $\eta_p^2 = .000$. We conducted simple effects analyses to further investigate the significant main effect of time. The level of self-distancing was significantly higher at Time 2 than at Baseline, $t(30) = 2.92$, $p = .007$, Hedges' $g = 0.62$; and scores were also significantly higher at Time 1 than at Baseline, $t(30) = 2.79$, $p = .01$, Hedges' $g = 0.55$. There was no significant difference between Time 1 and Time 2 scores ($p = .53$) (Fig. 2).

To compare the effect of the two types of writing intervention, we conducted two 2 (Group: self-distancing, self-immersion) x 3 (Time: Baseline, Time 1, Time 2) mixed ANOVAs, one for grief symptoms and the other for rumination as dependent measures.

For the dependent measure of grief symptoms, the main effect of time was significant, $F(2, 58) = 14.19$, $p < .001$, $\eta_p^2 = .33$; the main effect of the group was not significant, $F(1, 29) = 0.13$, $p = .73$, $\eta_p^2 = .004$; and the interaction between Time and Group was significant, $F(2, 58) = 3.37$, $p = .04$, $\eta_p^2 = .10$. We tested simple effects to further investigate the significant main effect of time. Grief symptoms at Time 2 were significantly lower than Time 1 and Baseline ($t(30) = -3.47$, $p = .002$, Hedges' $g = -0.57$; $t(30) = -4.69$, $p < .001$, Hedges' $g = -0.89$). The symptom difference between Baseline and Time 2 was not significant ($p = .10$). We then conducted simple effects analyses to further investigate the significant Time × Group interaction. There were no significant group differences at any of the three time points ($p > .05$). However, the pattern of change over time differed in the two groups. In the self-distancing group, grief symptoms at Time 2 were significantly lower than at Time 1 ($t(15) = -2.31$, $p = .04$, Hedges' $g = -0.54$). Grief symptoms at Time 2 and Time 1 were significantly lower than at Baseline ($t(15) = -4.94$, $p < .001$, Hedges' $g = -1.34$; $t(15) = -3.23$, $p = .006$, Hedges' $g = -0.65$), achieving a medium effect size in both instances. In the self-immersion group, grief symptoms at Time 2 were significantly lower than at Time 1 ($t(14) = -2.52$, $p = .02$, Hedges' $g = -0.59$) (Fig. 3). Grief symptom differences between Baseline and Time 1, and between Baseline and Time 2 were not significant ($p > .05$) (Fig. 3).

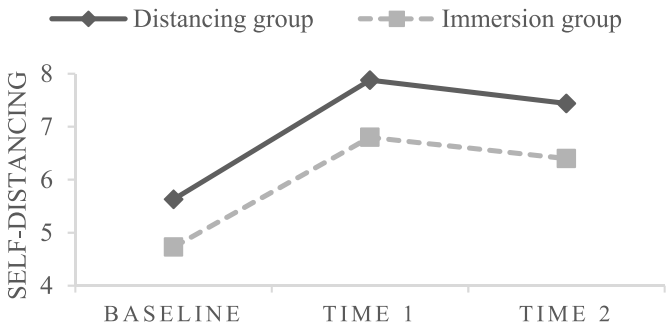

Fig. 2. Changes in self-reported self-distancing over time.

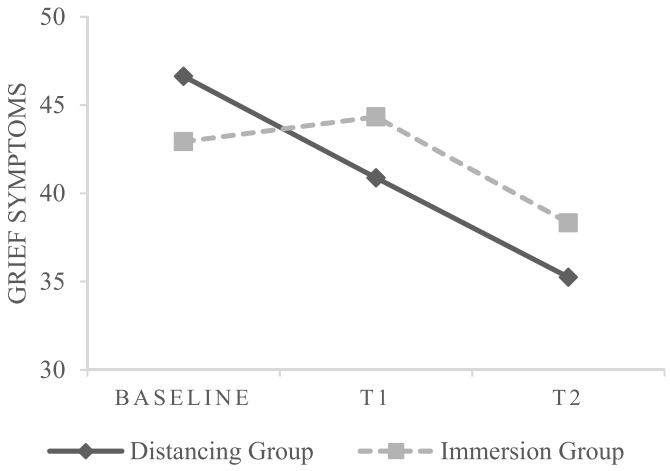

Fig. 3. Changes in grief symptoms across time.

We conducted a supplementary analysis for each of the items. The results showed that in the self-distancing group, three items decreased significantly from baseline to Time 1 (i.e., sorrow, guilt, losing part of oneself), and eleven items decreased significantly from baseline to Time 2 (except for numbness and difficulty in engaging in daily activities). In the self-immersion group, no items decreased from baseline to Time 1, and three items were lower at Time 2 compared to baseline (i.e., longing or yearning, sorrow, and losing part of oneself). Please see Appendix V for detailed information.

For the dependent measure of grief rumination, the main effect of time was marginally significant, $F(2, 58) = 3.42$, $p = .05$, $\eta_p^2 = .11$; the main effect of group was not significant, $F(1, 29) = 0.48$, $p = .49$, $\eta_p^2 = .02$; and the interaction effect between Time and Group was significant at the trend level, $F(2, 58) = 2.65$, $p = .09$, $\eta_p^2 = .08$. Simple effects analyses were conducted to follow up on the main effect of time, which showed that grief rumination was lower at Time 2 than at Time 1 ($t(30) = -3.47$, $p = .002$, Hedges' $g = -0.59$). Although the interaction effect was significant only at the trend level, we conducted simple effects analyses to explore the pattern of results that might have contributed to the trend. The results showed no significant group difference at any of the

Table 3
Self-distancing, grief symptoms, and grief rumination at three times.

Variable	Self-distancing ($n = 16$)			Self-immersion ($n = 15$)		
	M (*SD*)			*M* (*SD*)		
	Baseline	Time 1	Time 2	Baseline	Time 1	Time 2
Self-distancing	5.62 (2.96)	7.88 (4.13)	7.44 (3.71)	4.73 (2.46)	6.80 (3.91)	6.40 (3.31)
Grief symptoms	46.63 (6.50)	40.88 (10.29)	35.25 (9.78)	42.93 (6.47)	44.33 (7.21)	38.33 (11.98)
Grief rumination	50.19 (13.42)	49.19 (13.54)	40.81 (15.48)	48.33 (11.87)	51.27 (10.90)	48.93 (13.17)

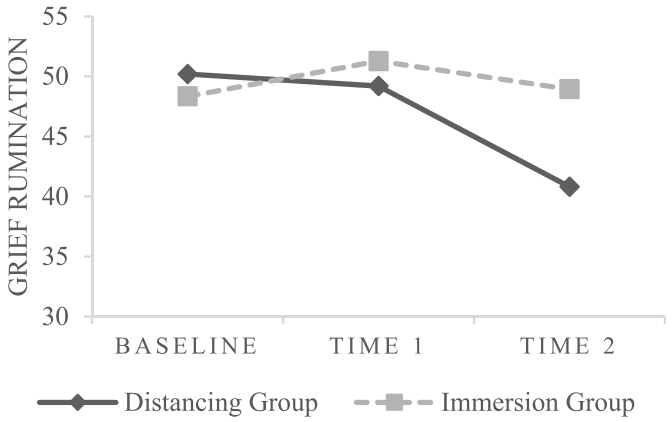

Fig. 4. Changes in grief rumination across time.

three time points ($p > .05$). In the self-distancing group, grief rumination at Time 2 was significantly lower than at Time 1 ($t(15) = -2.22$, $p = .04$, Hedges' $g = -0.63$), and also lower than at Baseline ($t(30) = -2.31$, $p = .04$, Hedges' $g = -0.54$), achieving a medium effect size (Fig. 4). The difference in grief rumination between Time 1 and Baseline was not significant ($p = .68$). No significant effect of time was identified in the self-immersion group ($p > .05$) (Fig. 4).

4.3. Discussion

The results showed that both self-distanced and self-immersed expressive writing improved self-distancing and grief symptoms in this subclinical sample. However, self-distancing writing also led to a significant reduction in grief rumination.

Both groups showed increased self-distancing over the three time points in the study, indicating that self-immersion and self-distancing writing were similarly effective in improving self-distancing. These results support H5 and are consistent with evidence that expressive writing, whether self-distancing or self-immersion, promotes self-distancing (Park et al., 2016).

Both the self-distancing and self-immersion groups showed a decrease in grief symptoms. The significant reduction in grief symptoms in the self-distancing group occurred from baseline to Time 1 and Time 2, while in the self-immersion group, it occurred from Time 1 to Time 2. The results demonstrate that in a vulnerable population, such as bereaved individuals with elevated grief, writing about negative experiences from two self-reflection perspectives is effective. The findings support prior studies about the benefits of expressive writing (Baikie and Wilhelm, 2005; Gortner et al., 2006; Park et al., 2016) and expand on them by showing that both first-person and third-person writing interventions are effective. Overall, the 3-day writing intervention from both perspectives reduced grief symptoms in individuals with elevated grief, and the effect lasted for at least 15 days, making these interventions promising low-intensity strategies for the subclinical PGD population.

Self-distancing expressive writing works better than self-immersion writing, supporting H6. The reason may lie in the allocentric spatial processing of self-distancing. Although both groups are exposed to painful bereavement experiences, expressive writing from a self-distancing perspective allows individuals to engage in allocentric processing, alleviating the painful emotions associated with intrusive images and gently alleviating grief emotions (Brewin, 2015). In contrast, a self-immersed perspective involves egocentric processing, which leads to intensified grief emotions associated with intrusive images (Bisby and Burgess, 2017). Self-distancing expressive writing is more effective in reducing unwanted negative experiences, being a gentler and more acceptable low-intensity intervention method, especially for people with elevated grief.

Supplementary analysis revealed that, at Time 1, one day after the intervention, self-distancing expressive writing led to reductions in three grief symptoms (sorrow, guilt, and losing part of oneself). In contrast, self-immersed expressive writing did not alleviate any grief symptoms. Fifteen days post-intervention, the self-distancing group exhibited significant reductions in 11 grief symptoms compared to baseline, while the self-immersed group showed reductions in only three items. These findings suggest that self-distanced writing can alleviate grief symptoms such as sorrow and guilt in the short term; in the long term, it can reduce a broader range of grief reactions, including non-acceptance, avoidance, and difficulty experiencing joy. In contrast, the self-immersed approach does not effectively alleviate grief symptoms in the short term and may even exacerbate some grief reactions (e.g., numbness). In the long term, it only mitigates a limited number of grief symptoms, such as longing, sorrow, and losing part of oneself. The results imply that self-distancing is more than just a distraction strategy for emotional regulation. Through allocentric processing, it may help the bereaved integrate bereavement events into autobiographical memory, accept the reality of loss, reduce avoidance, and process the pain of grief (Boelen et al., 2006; Brewin, 2015; Worden, 2018).

Self-distancing writing reduced grief rumination, showing a medium effect size, supporting H7. Viewing a difficult memory from a third-party perspective can help individuals change their original thinking and form new perspectives, a cognitive reappraisal strategy (Moser et al., 2017). Writing from a third-person perspective may assist bereaved individuals in obtaining new answers to some of the questions they may ruminate on, such as the unfairness of fate and the meaninglessness of life. Moreover, self-distancing writing may help the bereaved confront and accept the reality of their loss, reducing avoidance and rumination. Rumination across three time points in the self-immersion group showed no significant changes. Compared to the self-distanced group, the self-immersion group may have engaged in a more concrete recall of the event with less dynamic reconstruing of the content, which is less likely to affect their rumination (Ayduk and Kross, 2010). The findings tentatively suggest that self-distancing writing may help reduce grief rumination as a low-intensity intervention for the subclinical PGD population. However, caution should be exercised when interpreting these results, as the interaction term was significant at the trend level. Although the study was adequately powered, the sample size was small. Further studies recruiting larger samples may provide more conclusive support.

5. General discussion

Our series of three studies investigated the effect of self-distancing on grief reactions. Study 1, using cross-sectional questionnaires, identifies a correlation between daily self-distancing and reduced grief symptoms as well as diminished grief rumination. Study 2 experimentally manipulated self-reflection types (self-distancing vs. self-immersion) and found that a self-distancing writing exercise was more effective in enhancing positive emotions and reducing negative emotions during the recall of bereavement events. Study 3 employed a low-intensity self-distancing intervention to investigate its impact on grief symptoms and grief rumination. The findings indicated that bereaved individuals experiencing elevated grief benefited from both self-distancing and self-immersion writing exercises, which enhanced self-distancing and mitigated grief symptoms to a certain degree. Only the self-distancing intervention resulted in a reduction of grief rumination. The interventions may be particularly relevant for young individuals who have experienced bereavement within three months to five years. Young individuals, who often have limited experience and coping mechanisms for managing significant grief, may be more vulnerable to severe post-loss reactions and require a longer recovery period (Breen et al., 2023; Chater et al., 2022; Smith and Ehlers, 2021). The interventions may apply to bereaved individuals beyond China, as the adaptive advantages of self-distancing extend beyond Chinese cultural contexts (Ayduk and

Kross, 2010). The findings from our research may have significant implications for managing grief reactions across diverse populations. Future studies should replicate this research across diverse cultural contexts to evaluate the generalizability of the findings.

It is important to note that this research has some limitations. First, most participants lost a non-immediate relative. This is similar to previous studies (He et al., 2014; Zhou et al., 2023a,b), which found that relatively few bereaved individuals who lost a first-degree relative participated in bereavement research in China. Due to the collectivist culture and death taboo (Zhou et al., 2023a,b), older individuals who have lost a first-degree relative may be more reluctant to reflect on their bereavement experience and participate in research. The current studies' sample limits the generalization of the findings, and future research should replicate the studies with a sample of individuals who lost a first-degree relative. Second, we only tracked the intervention's effect for 15 days after its conclusion, which may not be enough to capture the longer-term impact of self-distancing on post-loss adaptation. Future studies could follow participants over a more extended period to test the duration of the self-distancing intervention effect. Third, Study 3 did not include a non-intervention control group. If a non-intervention control group had been included, it would be more convincing to conclude that the reduction in grief symptoms and rumination was due to training rather than the passage of time. The effect of time should be minimal, as most participants lost their loved ones at least six months ago, the average bereavement length was two years, and the study period was under 20 days. The level of grief symptoms and rumination is unlikely to decrease naturally over such a short period. Finally, future studies could explore how self-distancing helps bereaved individuals regulate their emotions to identify the mediating mechanisms through which self-distancing improves post-loss adjustment. For example, emotion acceptance or meaning reconstruction may explain the link between self-distancing and better grief-related outcomes.

The studies offer several scientific merits. First, it provides evidence for the revised dual representation theory, suggesting that the self-distancing (or observer) perspective is not merely a form of distraction or avoidance but a beneficial emotion regulation strategy for bereaved people (Brewin et al., 2010). Secondly, the studies expand prior research by showing that self-distancing mitigated negative emotions but had no enhancing effect on positive emotions, at least after a one-time self--distancing exercise among the bereaved people. Thirdly, both expressive writing interventions (i.e., self-distancing and self-immersion) improve self-distancing and alleviate grief symptoms in this vulnerable sample (i.e., bereaved people with elevated levels of grief). However, writing from the self-distancing perspective shows more significant benefits, as it also decreases grief rumination. The findings highlight the importance of perspective in determining the effectiveness of expressive writing.

The studies also hold clinical value. First, both interventions were concise and easy to implement. Self-distancing can be taught as an emotion regulation strategy to help bereaved individuals manage their emotions (Shear and Colleen, 2016). When bereaved individuals experience grief-related emotional distress in their daily lives, they can adopt a self-distanced perspective to better regulate their emotions. In this way, self-distancing training serves as a low-intensity intervention to help individuals manage painful grief emotions. Second, self-distanced expressive writing serves as an intervention to address grief rumination. Helping bereaved individuals view their bereavement experiences from a third-party perspective may be a promising way to reduce grief rumination.

Thirdly, self-distancing intervention strategies can be integrated into existing evidence-based practices. In grief-focused cognitive behavior therapy, clinicians and clients often find exposure-based techniques challenging to implement despite their demonstrated superior outcomes (Maccallum and Bryant, 2013). We suggest, in instances where reluctance is high or there are difficulties in emotion regulation, clinicians use it in a graded approach, beginning with visualizing bereavement experiences from a distanced perspective. Once the bereaved can tolerate the exposure, they can use self-immersion for the imaginal exposure. Manipulating perspective during imagery exposure has shown some promise in PTSD (Kaur et al., 2016). Taken together, the present data provide preliminary evidence that training in self-distancing can equip bereaved individuals with essential skills to mitigate both immediate and long-term negative grief emotions and grief rumination. Based on the medium to large effect size of a three-day self-distancing intervention on grief symptoms and rumination, self-distancing shows promise as a stand-alone or adjunctive training regime in clinical practice to promote grief adaptation.

6. Conclusion

Current evidence-based grief interventions are often complex and intensive, placing significant demands on therapists and posing challenges in regions like China, where specialized grief practitioners are scarce (Gao et al., 2022). For bereaved individuals who do not meet the diagnostic criteria for PGD but still experience prolonged grief reactions, simpler and more accessible interventions could better address their needs.

The studies utilized a cross-sectional survey and two experimental designs to explore the effects of self-distancing on post-loss adaptation and to develop brief, low-intensity interventions for young bereaved people with elevated grief. Study 1 found that self-distancing was negatively correlated with prolonged grief symptoms. Study 2 demonstrated that self-distancing reduced immediate negative emotions during bereavement recall. Study 3 revealed that self-distancing writing tasks alleviated prolonged grief symptoms and grief rumination for 15 days or more in bereaved individuals with elevated grief, while self-immersion writing tasks relieved only grief symptoms. Overall, the findings highlight that self-distancing effectively reduces immediate negative emotions and mitigates prolonged grief symptoms and rumination in bereaved individuals with elevated grief or subclinical PGD. Future interventions could integrate self-distancing techniques into existing grief practices or apply them to bereaved individuals with high grief levels but no PGD diagnosis, offering a scalable and practical solution to unmet grief support needs.

CRediT authorship contribution statement

Ningning Zhou: Writing – review & editing, Writing – original draft, Supervision, Resources, Project administration, Investigation, Funding acquisition, Formal analysis, Conceptualization. **Fei Ren:** Writing – original draft, Visualization, Project administration, Methodology, Investigation, Formal analysis, Data curation, Conceptualization. **Chenqian Cao:** Writing – original draft, Formal analysis, Data curation. **Zhuang She:** Writing – review & editing, Resources. **Kirsten V. Smith:** Writing – review & editing, Funding acquisition. **Juzhe Xi:** Writing – review & editing, Supervision, Funding acquisition.

Data transparency

This is the first and only article to describe the results of this research. We have not published or submitted any articles based on the same dataset, and these findings have not been presented at any conferences.

Transparency and openness

We report how we determined our sample size, all data exclusions (if any), all manipulations, and all measures in the study, and we follow JARS (Appelbaum et al., 2018). All data and analysis codes are available at http://osf.io/m524s. Research materials are described in the paper. Data were analyzed using SPSS 26.0. This study's design and its analysis were not pre-registered.

What is the public health significance of this article?

The studies indicate that one-session self-distancing training can help bereaved people reduce immediate negative emotions triggered by recalling bereavement experiences. Three-day self-distancing and self-immersion writing tasks can alleviate grief symptoms in bereaved individuals with elevated grief, with effects persisting for at least 15 days. Notably, the self-distancing writing task also reduces grief rumination in this group.

Ethic approval statement

This study was approved by the Ethics Committee of East China Normal University (Approval Number: HR2-0048-2022).

Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.socscimed.2025.117743.

Data availability

All data and analysis code are available at http://osf.io/m524s.

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