Original article

Morbid grief II: The phenomenology of pathologic grief process, depression and anxiety among close relatives of 'red-terror' victims.

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Abstract: To study the phenomenology of morbid grief and it's association to general distress, depression and anxiety, 91 randomly selected close relatives of the 'red-terror' victims completed four sets of questionnaires. All the questionnaires are self-rating, Amharic translated and with acceptable face validity, but not yet concurrently validated with their corresponding English versions.

The percentage of positive endorsement and the mean score of each of the 34-items of ETIG (Expanded Texas Inventory of Grief) has ranged from 85.7% to 100% and from 1.71 to 4.81 respectively, indicating high degree of morbid grief. Items indicating 'good outcome' were found to show the opposite, i.e. 'bad outcome' even 18 years after the bereavement. The syndromes that belong to the complications of grief reaction are vivid and circumscribed. The magnitudes of endorsement and the mean scores of some of the items appear to be characteristic of the nature and circumstances of the loss and appropriate interpretation is necessary. The correlations between BTIG mean scores and the mean scores of GHQ-30 (General Health Questionnaire-30 item version), BDI (Beck Depression Inventory), and SAI (State Anxiety Inventory) were found to be weak, but significant. The GHQ-30, the BDI, and the SAI mean scores were found to have moderate to strong positive correlation coefficient to one another indicating common linkage they have to the pathologic grief reaction. [*Ethiop. J. Health Dev.* 1997;11(3):251-256]

Introduction

Sigmond Freud and Karl Abraham (1) tried to differentiate normal from pathologic grief early in the century and their approach was descriptive. They have mentioned that certain characteristics as being common in normal grief while other characteristics were common to pathologic grief. But subsequent studies have indicated that some of the characteristics are found both in normal and pathologic forms of grief and at present this is a fairly common experience. The relationship between normal and abnormal grief reaction is seen today as a continuous one and what determines pathology is the intensity of a reaction or the duration of a reaction rather than simple presence or absence of a specific behaviour (2).

Chronic (morbid) grief commences within two weeks of the major loss of a significant attachment figure. The bereaved individual fails to demonstrate a phasic response with progression into any one of several of these phenomenological patterns without diminution of intensity of the response with time for months or years. The bereaved individual's whole existence is dominated by the ongoing grief for, and focus on, the lost individual, often to the extent that other relationships and functionings are significantly impaired (3). Sometimes the grief could be exaggerated and clinical depression or anxiety or alcohol or substance abuse may develop. Other rare complications include Post-Traumatic Stress Disorder and, very rarely, Mania in persons with the history of affective disorder(3).

In paper I (11) we have tried to show the intensity of the morbid grief reaction, the degree of distress, depression and anxiety among close relatives of 'red-terror' victims. Theoretically, it is expected that grief will diminish as a function of time from the death and this was proved in a number

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of studies (4,5), but in those bereaved due to 'red-terror', the scores remained relatively high.

This paper deals with the analysis of the order of positive endorsement of each item of ETIG and it's mean score which will definitely cast more light of the phenomenology of morbid grief characteristic to our respondents. It also assesses the outcome of the grief reaction and comments upon those items that indicate 'good' outcome. This study will also clarify the relationship of the morbid grief scores, as measured by the BTIG, to other existing psychological constructs such as GHQ-30, BDI and SAI scores.

Methods

For the selection of samples, the test materials used and the statistical analyses, please refer back to the methods of paper I (11). **Results**

The demographic variables were given in paper I (11) (Table 1) and discussed appropriately. Table 1 shows the 34-items of the ETIG and the mean score of each item in a descending order. It also shows the percentage of positive endorsement of each item by the 91 respondents who lost a close relative or relatives 18 years ago in the 'red-terror'.

The mean score has ranged from 1.71 for 'Guilt feeling' to 4.81 for 'feeling it is unfair' and the percentage of positive endorsement has ranged from 85.7% for 'acquiring the habits and interests of the deceased' (i.e. identification) to 100% for 'feeling it is unfair' and for 'lack of substitution'. The lowest positive endorsement of 85.7% mentioned above is very highly significant ($P<0.001$).

When the mean scores of items in Table 1 were compared with those reported by Lundin (8) 8 years after the loss and by Zisook et al (5) 4.5 years (average) after the loss, a marked tendency of higher scoring was observed in all except in 4 items (i.e. F4, F14, F19 and F22)

Table 1: **Response of 91 close relatives of the 'red-terror' victims to the Expanded Texas Inventory of Grief (ETIG) in the descending order of mean scores (18 years after bereavement), Addis Ababa, 1996.**

No.	Item	Mean Score**	(+ve) endorsement %
1 (F6)	I feel it is unfair	4.81	100
2 (F1)	I cry inside for him/her	4.69	98.9
3 (F2)	I still get angry when I think of him/her	4.66	98.9
4*(F5)	I am preoccupied with thoughts of him/her	4.64	97.8
5 (F11)	No one will ever take his/her place in my life	4.56	100
6 (F24)	Things and people around me still remind me of him/her	4.41	98.9
7 (F25)	I very much miss the person	4.40	95.6
8 (F16)	I cry when I think about him/her	4.37	96.7
9*(F23)	I get upset when I think about him/her	4.37	97.8
10 (F26)	It is painfull to recall memories of him/her	4.35	95.6
11 (F32)	I can't avoid thinking about him/her	4.29	96.7
12*(F30)	I still feel the need to cry for him/her	4.23	97.8
13 (F17)	A numbness comes over me when I think of him/her	4.22	96.7
14 (F15)	Sometimes I dream about him/her	4.20	94.5
15 (F29)	My health has not been good since he/she died	4.15	97.8
16 (F13)	I have to laugh when I think about him/her	4.13	92.3
17 (F18)	I feel physically ill when I think of him/her	4.04	96.7
18*(F21)	I can not accept his/her death	4.01	91.2
19*(F31)	I get upset each year about the time that he/she died	4.01	96.7
20 (F20)	I have never known a better person	3.81	95.6

21 (F12)	I hide my tears when I think about him/her at time	3.79	91.2
22 (F7)	I feel he/she is still with me	3.65	96.7
23 (F10)	I would feel better if I could really cry	3.60	96.7
24 (F19)	I feel I have adjusted well to the loss	3.55	93.4
25 (F27)	I try to avoid thinking of him/her	3.29	93.4
26*(F28)	I feel just like the person who died	3.18	92.3
27 (F22)	I am now functioning as well as before	3.03	91.2
28 (F3)	Since he/she died, I am more like him/her	2.89	95.6
29 (F8)	I have acquired the habits and interests of him/her	2.74	85.7***
30 (F33)	I feel I have the same illness as him/her	2.62	92.3
31*(F34)	I have pain in the same area of my body as him/her	2.44	93.4
32 (F14)	Now I can talk about the person without discomfort	1.81	95.6
33 (F9)	I have found someone to talk his/her place	1.74	91.2
34 (F4)	I feel guilty when I think of him/her	1.71	90.1

* The seven items of BTIG

** 1= completely false, 2= mostly false, 3= Partly true and partly false, 4= mostly true, and 5= completely true. *** P<0.001

and one additional item, (F9), in case of Zisook's report. The significance of comparatively low scoring in F4, F14, F19 and F22 will be discussed later together with other observations shown in Table 2.

As shown in Table 3, there is a weak positive correlation between BTIG and GHQ-30 (r=+0.294, P<0.01) and similar weak positive correlation between BTIG and BDI (r= +0.247, P<0.02). Between BTIG and SAI the correlation is negative (r= -0.23, P<0.05) but similarly weak.

GHQ-30 has shown a moderate correlation with BDI (r= +0.631, P<0.001) and a strong correlation with SAI (r= +0.736, P<0.001). BDI and SAI also has shown a moderate correlation (r= +0.647, P<0.001) between themselves.

Table 2: **Sub-sets of items for a good outcome, Addis Ababa, 1996.**

Sub-set A	(Low scoring items)	**Mean score**
F 4	Guilt feelings	1.71
F 16	Sad when thinking about the lost person	4.37
*F21	Not accepting the loss	4.01
*F23	Feeling of being upset	4.37
F26	painful to recall memories	4.35
*F31	Upset at the anniversary of the loss	4.01
Sub-set B	(High scoring items)	
F 14	Ability to talk about the lost person without discomfort	1.81
F 19	Feeling of good adjustment	3.55
F 22	Better functioning	3.03

* Three items of BTIG

Discussion

One hundred percent positive endorsement and the highest mean score of 4.81 for 'feeling it is unfair' deserves special comment. The inventories were completed between February and May 1995 which coincided with the first and the second court trials of the political officials who are held responsible for the 'red-terror'. There were also some coverages of the trials in the mass-media and mass demonstrations were held in Addis Ababa asking the Government for a fair and quick trial. In such circumstances 100% positive endorsement and the highest score for the 'feeling it is unfair' is expected. Probably respondents have simply expressed their accurate feelings.

'Guilt feeling', item F4, which has 90.1% positive endorsement and the lowest mean score, 1.71, also deserves special comment. 'Guilt feeling', though a common experience of survivors in normal

circumstances, is irrational and yields itself to reality testing. Some survivors handle their own sense of culpability by projecting their guilt on to others and blaming them for the death. Finding someone to blame can be an attempt to affirm control and find a sense of meaning in 'a difficult-to-understand situation' (1). Bowlby has mentioned the mental processes (i.e. defense) that mitigate the painfulness of mourning and in particular he has shown that projection is a frequent and inevitable accompaniment of object loss(6,7). In the 'red-terror' there are real persons or political organizations held responsible for the act of killing and who are on trail at this moment. In such circumstances, though positive endorsement of 'guilt feeling' on the inventory is expected, it is unlikely to get higher scores and our finding could be a proof to that.

Another item, (F11), which shows 'lack of substitution for the deceased' was positively endorsed by 100% of respondents with 4.56 mean score. This indicates that they all still miss the deceased very much and feel 'no one will ever take his/her place'. Other two items, F20 and F25, indicating 'lack of substitution for the deceased' or 'feeling of missing of the deceased' were both positively endorsed by 95.6% of the respondents with mean scores of 4.40 and 3.81 respectively. 'Finding a substitution', item F9, though endorsed by 91.2%, has one of the lowest mean scores, 1.74, which is 31st in rank. The overlap in the percentages of endorsement between items indicating 'lack of substitution' (F11, F20, F25) on one hand and item (F9), an item indicating 'finding a substitution, on the other hand demonstrates a continuous effort of the bereaved to reorganize themselves- i.e. to accommodate to the loss by facilitating their ability to live without the deceased and by facilitating emotional relocation of the deceased to a new place in their life which allows the bereaved to move forward with life and form new relationships. The discrepancy in scores between the two groups of items could indicate that our respondents are rather disorganized due to morbid grief.

The 'degree of mourning' as manifested by 'cry inside' (F1), was endorsed positively by 98.9% of the respondents with 4.69 mean score which is the second highest score. Other items related to crying or tearfulness, (F10, F12, F16 and F30), were endorsed positively by respondents ranging from 91.2% to 97.8% with mean scores ranging from 3.60 to 4.37.

'Remembering the deceased by things and people around' (F24) was endorsed by 98.9% with the mean score of 4.41.

Items expressing 'identification with the deceased' (F3, F8, F28, F33 and F34) have relatively lower mean scores ranging from 2.44 to 3.18 and their percentage of positive endorsement (85.7% to 95.6%) is also relatively on the lower side except F3 which has 95.6% endorsement.

Memories or thoughts about the deceased (F18, F26, F23 and F2) as 'causes of distress' (pain and anger/upset) was endorsed by respondents ranging from 95.6% to 98.6% and the mean scores too are quite high, 4.04, 4.35, 4.37, and 4.66, respectively.

Items still indicating 'perceptual set for the lost individual' (F7, F15, F32 and F5) were endorsed by respondents ranging from 94.5% to 97.8% and the mean scores range from 3.65 to 4.64. 'Anniversary mourning' (F31) was endorsed by 96.7% with a mean score of 4.01. These two syndromes also are quite prominent.

'Not accepting the loss' (F21), which has the same mean score of (4.01) as (F31), is known to be manifested with a greater intensity during the 'anniversary mourning'. Other specific grief reactions indicating 'not acceptance of the reality of the loss' include:- a) yearning and pining for the lost individual, b) need to talk about the lost individual, c) recurring of memories, which are usually idealized, d) distress at reminders of the loss which could be intense, e) sadness and f) nostalgia (3).

'Better functioning' (F22), which has an equal percentage of endorsement (91.2%) as 'not accepting the loss' (F21), has a lower mean score (3.03) than (F21) which is 4.01. Mean scores of items 'better functioning' (F22), and 'feelings of good adjustment' (F19) must be taken cautiously when interpreting the outcome of the grief reaction of our respondents.

Table 3: **Pearson product-moment correlation coefficient (r) between different inventories and their level of significance(p), Addis Ababa, 1996.**

	GHQ-30	BDI	SAI

	r	p	r	p	r	p
BTIG	+0.294	<0.01	+0.247	<0.02	-0.23	-0.23
GHQ-30	--	--	+0.631	0.001	+0.736	+0.736
BDI	--	--	--	--	0.647	0.647

Examining the sub -sets of items for a 'good outcome' of grief reaction (see Table 2), the respondents have scored high in sub-set A (i.e. low scoring items) except in F4 (i.e. guilt feeling) which was already discussed in detail. High scores in sub-set A indicate a 'bad outcome'. The mean scores in sub-set B (i.e. high scoring items) are relatively lower indicating again a 'bad outcome'. The score for F14 (i.e. 1.81) is indisputably low, but one might argue that scores for F19, i.e. 'feeling of adjustment' and for F22, i.e. 'better functioning' are not low enough in themselves. Our answer will be that they are not comparatively high enough. In fact, when compared to Lundin's (8) and Zisook's (5) studies, our respondents have lower mean score in all items of the sub-set B indicating comparatively 'bad outcome'. The authors believe that in chronic grief reaction where the outcome is expected to be 'poor', items F19 and F22 may score moderately high as the bereaved have lived and functioned in the same circumstances for a long time and have adapted or adjusted to it.

The magnitude of associations(r) between BTIG on one hand and GHQ-30, BDI, and SAI on the other hand, though weak, are significant and these indicate that a change in BTIG score is rarely associated with changes of similar degree in the other scales. In other words, higher degree of mourning is rarely associated with higher degrees of distress, as measured by GHQ-30, or depression or anxiety. Risk factors or susceptibility for developing complications like depression and anxiety depends on (9): a/- age and gender of the bereaved, b/- the nature of attachment to the deceased and c/- personality trait of the bereaved (i.e. constitutional factors). During acute bereavement there is coincidence of pathologic grief, major depression and anxiety disorder, but the longitudinal data suggests a relationship between pathologic grief and major depression only. Anxiety feelings in chronic grief may be intense, but are not as frequent as depression and do not reach diagnostic criteria for the disorder (3,10).

The week negative correlation between BTIG and SAI could be explained by the fact that SAI is a sensitive indicator of change in the level of anxiety and is concerned with how respondents feel during filling in of the forms. Possibly, some respondents who did not show sufficient degrees of grief on the inventory might have been worried by their insufficient responses and thus leading to a relatively higher scores on SAI.

Moderate to strong correlations between GHQ-30 and BDI, GHQ-30 and SAI, and BDI and SAI which are very highly significant (or significant at 0.1% level) indicate that a change in one of these variables is associated with similar, though not equal changes in others. As these variables are complications of grief reaction as mentioned earlier, these correlations also indicate the common linkage they have to the pathologic grief reaction.

In conclusion, this study shows that our respondents experience several signs and symptoms of bereavement even 18 years after the loss of their loved ones in the 'red-terror'. Percentage of positive endorsement and in particular the mean score of each item of the ETIG, was quite high when compared to other studies except in those items whose high scoring indicate 'good outcome'. In other words the results have indicated higher degrees of morbid grief with 'bad outcome'. The rank of the endorsement and the mean score of each item appear to be specific to the nature of the grief or to the circumstances of the loss.

The syndromes that belong to the complications of grief are vivid and circumscribed. The 'feeling that it is unfair' and 'guilty feeling' with their highest and lowest mean scores, items indicating 'feelings of missing' with a wide range in their mean scores and similarly items indicating 'tearfulness' with a wide range in their mean scores are endorsed by significantly high percentage of respondents. 'Remembering the deceased' was quite high in endorsement and mean score. The items manifesting 'identification with the deceased' have scored relatively low and the percentages of endorsement also are generally low. The distress caused by memories or thoughts about the

deceased is quite remarkable and the percentage of endorsement of items and their mean scores too are relatively on the higher side.

Items indicating the 'presence of perceptual set for the lost individual 'and the 'anniversary mourning' are as prominent as items indicating 'not accepting the reality of loss'. When examining the sub-sets of items indicating 'good outcome', there is clear evidence that the outcome is 'bad'.

Interpretation of all these items has to take into account the chronic nature of the grief and the circumstances of the loss. Such an approach will help in the proper assessment and counselling those who lost relatives in the 'red-terror'.

This study also shows that a higher degree of bereavement does not necessarily mean, or rarely mean, a higher degree of distress, depression or anxiety, but there is a strong evidence that the distress as measured by GHQ-30, the depression and the anxiety all have a strong common linkage to the grief reaction.

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