

Original article

Morbid grief III: The influence of variables on the degree of grief reaction, depression and anxiety among close relatives of the "red-terror" victims.

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Abstract: To analyze some of the variables of the bereaved and of the victims that could significantly influence the degree of grief reaction, depression and anxiety, 91 randomly selected close relatives of victims of the 'red-terror' have completed the ETIG (Expanded Texas Inventory of Grief), BDI (Beck Depression Inventory), and SAI (State Anxiety Inventory) 18 years after the loss. All these questionnaires are self-rating, Amharic-translated and with acceptable face validity, but they are not yet concurrently validated with their corresponding English versions. The results have shown that the older age group (60-79 yrs) had a mean score of (131.63) on ETIG which is significantly higher ($P<0.05$) than that (118.56) of the youngest age group (20-39 yrs). The widows/ers had the highest mean score (139.95) on ETIG which is significantly higher ($P<0.01$ and $P<0.001$) than those of married (124.83) and singles (117.61), respectively. They were also found to have a mean score of 56.62 on SAI which is significantly higher ($P<0.05$) than that of singles (47.70) only. Parents who lost son(s) had a mean score of 132.26 on ETIG which is significantly higher ($P<0.01$) than those who lost brother(s) (118.93). Among the variables of the victims, where the dead body was given to relatives for funeral services, the mean score on the ETIG was 109.2 and this was found to be significantly lower ($P<0.02$ and $P<0.001$) than where the dead body was left on the street and not given to relatives (127.89) or where the dead body was neither left on the street nor given to relatives (129), respectively. It was recommended that the older age group, widows/ers, parents who lost son(s) and those who could not confirm the death of the victim by seeing the dead body, should get priority for counselling. [*Ethiop. J. Health Dev.* 1997;11(3):257261]

Introduction

In Paper I (first phase of this study which was reported in the same issue of EJHD) (4) it was shown that close relatives of the 'red-terror' victims of the Ethiopian revolution in the late 1970's still suffer from a morbid grief 18 years after the loss. Paper II (5) has dealt with the phenomenology of morbid grief and its association with the general distress, depression and anxiety and it has indicated that the outcome of their grief reaction was 'bad'. Variables that could affect the course of mourning were not examined so far. Five categories of variables were identified by Bowlby (1):

1. The identity and role of the person lost,
2. The causes and circumstances of the loss,
3. The age and sex of the person bereaved,
4. The social and psychological circumstances affecting the bereaved about the time of and after the loss, and

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The disordered mourning follows the loss of immediate family members with whom there has been, until the loss, a close relationship, in which lives are deeply interwind (1). It was reported that loss

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5. The personality of the bereaved with special reference to his/her capacities for making love relationships and for responding to stressful situations.
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of a child is usually followed by severely disordered mourning whereas loss of a sibling during adult life is not frequently followed by disordered mourning, but no adequate systematic data are available by which that supposition can be checked (1). There are also difficulties in determining the differential incidence of disordered mourning by the age and also by the sex of the bereaved as there are difficulties in determining the differential incidence of disordered mourning following losses of different kind (1).

The causes of loss and the circumstances in which it occurred in the 'red-terror' were more or less similar, but social and psychological circumstances affecting the bereaved were quite different and the influence of some of the relevant variables on the course or the degree of mourning have to be understood so that effective help could be provided to the bereaved.

This paper deals with the analyses of some of the variables of the bereaved and of the victims that could significantly influence the degree of the grief reaction, the depression and the anxiety of the close relatives of victims of the 'red-terror'.

Methods

For the selection of samples, the test materials used and the statistical analyses, please refer back to the methods of paper I (4). **Results**

Table 1 shows some of the variables of the bereaved thought to be relevant for the analyses. Among the three arbitrary age groups, the mean ETIG score was found to be increasing with age. However, the difference is significant ($P < 0.05$) only between group A (age range 20-39) and group C (age range 60-79). The difference between groups A and B or between B and C is not significant. With regard to depression and anxiety there are no significant differences between any of the age groups.

The difference between male and female mean scores on ETIG, BDI, and SAI are not significant. Similarly, no significant differences between the two religion groups on the above mentioned inventories.

With regard to marital status, the mean score on the ETIG of the widows/ers (139.95) is the highest which is significantly higher than the mean scores of married groups (124.83) and singles (117.61). But no significant difference was found between the married group and the singles. The mean score on SAI of the widows/ers (56.52) is also the highest, but this mean score is significantly higher ($P < 0.05$) than that of singles (47.70) only. No significant difference on BDI was found between the different marital groups.

Examining the employment status, those who are pensioned or dependent on others have higher mean scores than the employed group on all the inventories, but none of these mean scores is significantly higher than the corresponding mean score.

Now, coming to traditional mourning, there is no significant difference on ETIG, BDI and SAI mean scores between the group permitted to carry on traditional mourning and the group prevented.

Those who lost son(s) have higher mean scores on ETIG, BDI, and SAI (132.26, 26.37, and 53.49, respectively) than those who lost brother(s) (118.93, 20.9, and 47.8, respectively), but the difference is significant ($P < 0.01$) only on ETIG.

Table 2 shows the different variables of the deceased which are considered to be appropriate for the analyses. Examining the different age groups for significant differences on ETIG, BDI, and SAI, mean scores have shown no such significant differences. The same thing is true when the 'circumstances before bereavement' were examined : imprisonment, torturing the victims before actual killing or dumping the mutilated body on the street have not shown significant differences on the mean scores of ETIG, BDI or SAI.

Other variables of the deceased, such as leaving children behind, neighbourhood participation in the traditional mourning, experience of mourning before the ‘red-terror’, and employment status of the deceased have not manifested significant differences on the mean scores of ETIG, BDI, and SAI.

Table 1: **The different variables of the bereaved and their mean scores, SDs and levels of significance on ETIG, BDI, and SAI, Addis Ababa, 1996.**

Variables	No*	mean	ETIG SD	Significance P< **	Mean	BDI SD	Significance P<**	Mean	SAI SD	Significance P<**
Present Age (yrs):										
A(20-39)	36	118.56	22.38	P<0.05	20.58	11.38		48.81	14.1	
B(40-59)	22	127.18	2.61	(A&C)	24.14	13.45	NS	52.68	13.84	
C(60-79)	32	131.63	23.65		25.47	14.47		53.94	15.15	
Sex:										
A male	49	122.53	22.92	NS	25.35	13.7	NS	49.82	14.64	
B female	42	130.26	18.95		22.19	13.62		54.29	14.36	
Religion:										
A Christ.	80	126.3	20.95	NS	23.8	13.0	NS	3.35	4.69	
B Muslim	11	124.64	25.71		18.82	11.68		4.82	4.59	
Marital Status:										
A Single	23	117.61	20.91	NS(A&B)	19.35	12.43		7.70	3.66	
B Married	40	124.83	23.43	P<0.01 (B&C)	24.28	12.25	NS	0.23	4.06	
Marital Status:										
A Single	23	117.61	20.91	NS(A&B)	19.35	12.43			47.70	NS(A&B)
B Married	40	124.83	23.43	P<0.01 (B&C)	24.28	12.25	NS		50.23	NS(B&C)
C Widow/er	21	139.95	10.04	P<0.001 (A&C)	21.90	12.33		56.52	14.50	P<0.05 (A&C)
Employment Status:										
A Self/ others	27	121.04	22.74	NS	21.67	14.27		50.93	12.56	NS
B Pension/ dependent	60	128.75	20.74		24.90	12.25		2.90	15.68	
Traditional mourning:										
Permitted	33	25.03	21.25	NS	21.52	13.21	NS	53.36	11.31	NS
Prevented	44	126.39	23.86		23.14	12.87		48.32	15.75	

Relationship of victims to bereaved:										
Son(s)	43	32.26	17.55	P<0.01	26.37	14.18	NS	53.49	5.33	NS
Brother(s)	29	118.93	21.10		20.90	12.13		47.80	12.88	

* Number of respondents was 91. Only major groups are included for analyses. Few have not responded to certain questions.

** Appropriate tests, Z or T, were used depending on the number in the groups

NS= Not significant

SD= Standard Deviation

The only variable that has manifested significant differences on the mean scores of grief inventory (ETIG) is the 'Circumstances soon after death'. Those who were given the dead bodies to arrange their own burial services (i.e. group C) have significantly less mean score on ETIG than both group A ($P<0.02$) and group B ($P<0.01$) but no such significant difference was observed between groups A and B.

Discussion

In papers I and II (4, 5), it was shown that 91 respondents who lost close relatives in the 'redterror' 18 years ago are still suffering from a severe form of morbid grief, depression and anxiety. The effects of some of the variables on the mean scores of grief, depression and anxiety are shown in Table 1 and 2.

Results on Table 1 indicate that the older age group (60-79 yrs) are more severely ($P<0.05$) affected by the chronic grief reaction than the youngest age group (20-39 yrs). It is also true that they suffer more from depression and anxiety than the youngest age group, though not significantly so.

Widows/ers suffer significantly more from chronic grief reaction than married ($P<0.01$) and singles ($P<0.001$). Though they are also more anxious, they are significantly so ($P<0.05$) when compared to singles only.

Those who lost son(s) in the 'red-terror' suffer more than those who lost brother(s) from chronic grief reaction, depression and anxiety, but significantly ($P<0.01$) so in grief reaction only. Earlier in the introduction, it was stated that there are no adequate systematic data to check the supposition that loss of a child is followed by a severely disordered mourning than the loss of sibling. But the above finding (see also Table 1),

Table 2: The different variables of the victims and their mean scores, SDs, and the level of significance on ETIG, BDI and SAI, Addis Ababa, 1996.

Variables	No*	mean	ETIG SD	Significance P< **	Mean	BDI SD	Significance P<***	Mean	SAI SD	Significance. P<***
AGE (yrs)(at time of deaths):										
A(10-19)	29	126	22.14		23.21	12.72		50.83	16.81	
B(20-29)	54	128.07	20.44	NS	23.43	14.02		51.63	14.47	NS
C(30-39)	16	130.06	22.54		23.25	10.42		52.25	14.06	
D(40+)	11	129.18	24.94		22.00	11.19		54.82	14.64	
Circumstances before deaths:										
A.Imprisoned	17	118.71	18.57		22.35	10.68		53.882	11.40	
B.Imprisoned +Tortured	26	127.19	22.31	NS	23.12	14.57	NS	50.70	17.16	NS
C.Imprisoned +Tortured +dead body on the street	34	126.71	21.87		21.97	13.41		49.41	15.04	
Circumstances after death:										
A. Body left on street not given	36	127.89	20.7	NS(A&B)	23.08	13.86		50.19	14.79	
B. Body not left on street, not given	38	129	21.87	P<0.01 (B&C)	22.92	14.14	NS	52.76	16.08	NS
C. Body given to relatives	9	109.2	18.52	P<0.02 (A&C)	27.56	9.50		56.44	19.51	
Children left:										
A. Yes	15	127.8	21.91	NS	25.3	14.42	NS	53.0	15.69	NS
B. No	76	125.76	20.67		21.40	11.12		51.07	13.75	
Neighbourhood participation in mourning:										
A. Yes	46	129.2	21.91	NS	25.3	14.42	NS	53.0	15.69	NS
B. No	45	122.91	20.67		21.40	11.12		51.07	13.75	
Mourning before										
A. Yes	51	123.9	22.34	NS	24.49	13.79	NS	52.98	15.55	NS
B. No	38	128.3	20.45		21.1	11.90		50.39	13.86	
Employment state:										
A.employed	39	126.46	21.69	NS	23.26	12.52	NS	51.1	15.27	NS
B. Student	51	126.02	23.45		23.16	13.04		52.38	14.24	

* The number of victims were over 91 as there were some multiple losses. Only major groups were included for analyses. Few have not responded to certain questions.

** Appropriate tests, Z or t, were applied depending on the number in the group.

NS= not significant

SD= Standard Deviation

whereby 43 respondents who lost son(s) are compared to 29 respondents who lost brother(s), is adequate enough to support that supposition. These above findings imply that the older age group, the widows/ers and parents who lost son(s) suffer more and therefore deserve priority for counselling. Here, it has to be remembered that there is a possibility of an overlap of these three variables, i.e. old age, widowhood and being a parent who lost a son(s) 18 years ago in the 'red-terror'. Lundin (2), in his assessment of bereavement outcome 8 years after the loss, found that parents as a group had a more pronounced grief reaction than widows and widowers which is contrary to our finding though the same instrument (i.e. ETIG) is used in both studies. He compared the mean scores of each item whereas we compared the mean scores of all items. The most important difference is that our respondents have recorded their present marital status and not their marital status at the time of the loss. In fact there were only five respondents in our study who lost their spouses in the 'red-terror'. The rest (i.e. 16) lost their spouses after the 'red-terror' was over. Therefore, these could be considered as having 'bereavement overload'.

Table 2 has shown one very important variable which has a considerable effect on the degree of mourning. That is 'giving the dead body for funeral services/ rituals'. The mean score of this group (i.e. group C) on ETIG is 109.2 which is comparatively the lowest recorded mean score in both Tables 1 and 2. It is known that the funeral rituals help in aiding the healthy resolution of grief as follows (3):

1. Seeing the body of the deceased loved one helps to bring home the reality and finality of death which is the first task of mourning.
2. It helps the grief process as it allows to express thoughts and feelings about the deceased.
3. The ritual can also be a reflection of the life of the person who is gone, and
4. It helps to draw a social support network close to the bereaved family shortly after the loss has occurred and this can facilitate the grief process.

Here, it has to be remembered that 'giving the dead body for the funeral rituals' is not the same as 'permitting traditional mourning' which can be performed without seeing the dead body. It was already stated (see result) that there is no significant difference whether traditional mourning is permitted or prevented. It is concluded from the findings of this study that old age group, widows/ers, and parents who lost sons suffer more from pathologic grief reaction. It is also concluded that carrying out funeral services is associated with comparatively lowest degree of pathological grief reaction. We have already recommended setting up a bereavement counselling services for those who suffer from a pathologic grief and we believe that the findings of this paper will help in giving priorities for treatment to certain groups and in monitoring the outcome.

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