

# RATE OF PSYCHOPATHOLOGY IN THE FIRST DEGREE RELATIVES OF THE DECEASED DURING BEREAVEMENT PERIOD

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## ABSTRACT

### OBJECTIVE

To measure the rate of psychopathology in the first degree relatives of the deceased within the period of bereavement.

### DESIGN

Cross sectional exploratory study

### PLACE AND DURATION OF THE STUDY

The study was carried out in five cities of Pakistan from June 2011 to May 2013

### SUBJECTS AND METHODS

A purposive convenient sample of 290 participant was drawn from different public and private sector colleges and universities, public hospitals, and members of general society. Inclusion criterion restricts the participants to be selected irrespective of gender, aged at least 16 and having experienced the death of a first-degree relative in the past one year. Exclusion criterion is defined as the presence of any already existing psychiatric disorder before the death of the deceased relative.

### RESULTS

Majority of the participants were female, married, and were living in rural residences. Split up of participants as per categories of age range and education level were almost equal. 74.8 percent of the participants reported considerable levels of psychopathology in the bereavement period.

### CONCLUSION

The instance of psychopathology is quite high among the first degree relatives during the period of bereavement so the general public, health care providers and mental health professionals should be sensitized to pick up the early signs of psychiatric disorders in the bereaved population to avoid the complications and burden of full blown disorder so that it may save the bereaved families from the disadvantages additional to the bereavement and its loss.

### KEY WORDS

Psychopathology, First degree relatives, Bereavement.

## INTRODUCTION

Death of a loved and significant individual starts the process of grief.<sup>1</sup> Death of a first degree relative and bereavement is found to accompany psychiatric morbidity. Studies hint that grief may harbor other psychological problems and risks.<sup>2,3,4,5,6,7,8,9</sup>

Distress related to death of self or significant others was found most salient common factor in a number of samples compared together; on the other hand death distress also incorporates anxiety, depression, and obsession.<sup>10</sup> Researchers have long been agreed that a unified element of emotional distress comprising mal adaptive symptoms of grief is found in bereaved individuals other than pure anxiety and depression.<sup>11,12</sup> Quality of life and sense of well being of the bereaving individual gets affected also due to the bereavement process.<sup>13</sup>

Dietrich found out that in 50% of the bereaved individuals, two or more MMPI-168 clinical scales were pathologically abnormal while that rate was 28% in controls. The interaction between parent loss and child's sex was found significant as affecting the scores on Psychopathic Deviate, Masculinity-Femininity, Psychasthenia, and Schizophrenia scales.<sup>14</sup>

A study demonstrated that prolonged grief disorder represents the symptoms of depression along with the cognitive, emotional, and behavioral symptoms of prolonged grief disorder. However, the symptom cluster of separation distress presents a grief specific dimension that may surface unrelated to depressive symptoms.<sup>15</sup>

Although extensive research has been conducted in developed countries regarding this phenomenon so far, but its evidence in developing countries is not well documented and studies from Pakistan are not found easily. Current study was conceived to assess the rate of psychopathology during the period of bereavement in our local settings.

## METHOD

### Participants

A purposive sample of 290 participants from the general strata of the society was included. Inclusion criterion was defined as participants to be selected irrespective of gender, aged at least 16 and having experienced the death of a first-degree relative in the past one year. Exclusion criterion is defined as the presence of any already existing psychiatric disorder before the death of the deceased.

## INSTRUMENTS

### Demographic Variable Performa

A demographic variable Performa constructed by the researcher would be used.

This Performa would include questions about bio data, relation of the bereaved to the deceased, time passed since death of the relation, how and when they got the news.

### Self Reporting Questionnaire 24(SRQ-24)

Self Reporting Questionnaire is a 24-item screening questionnaire developed by World health Organization to use in developing countries in general medical settings. It is a self-administered questionnaire that gives a single score indicating the degree of psychiatric disturbances characterizing different psychiatric disorders. First 20 items deal with the neurotic disorders and general health while last 4 items cover psychotic disorders. It has been translated into several languages. The SRQ -24 responses are given in 'yes' or 'no' format. It can also be used as a 20-item instrument instead of 24 items. It has been validated in 1980.<sup>16</sup> Validation of SRQ-24 urdu version in primary care settings of Pakistan was carried out by Minhas et al.<sup>17</sup>At the cut of score of 4/5 sensitivity was calculated to be 63% and specificity was calculated to be 77%. Positive predictive value was 47% while negative predictive value was 0.85%.

### Procedure

Participants were approached. Written informed consent was obtained from all the participants before data collection. The instruments were applied onto the literate participants as self administered scales while onto the illiterate participants instruments were applied in an interview format. All the ethical standards were strictly observed during the course of research. The data were analyzed on SPSS version 14.

### RESULTS

The descriptive statistics have shown that out of 290 bereaved individuals included in the study, 121 (41.7 %) were male and 169 (58.3 %) were females. The age range of the sample was between 16 to 92 years. The sample is almost distributed equally to all age groups. 45 (15.5 %) of the participants were between the ages of 21 to 15 years, 39 (13.4%) participants were between the age of 51 to 60 years, 37 (12.8 %) were between the age of 26 to 30 years (see table 1). 22 (7.6 %) participants were illiterate, 53 (18.3 %) of the participants were educated up to the matriculation, 47 (16.2 %) up to intermediate level, 67 (23.1 %) up to graduation, and 54 (18.6 %) participants were educated up to masters level (see table 2). 97 (33.4 %) were single, while 165 (56.9 %) were married. Majority of the participants were living in rural residences i-e- 256 (88.3 %).

The SRQ-24 scores of the first degree relatives of the deceased in the period of bereavement showed that most of the participants were experiencing psychopathology. Keeping the score of 5 and above as cut off point, about three forth of the participants obtained a score above the cut off (see table 3).

### DISCUSSION

Majority of the participants were female, married, and were living in rural residences. Split up of participants as per categories of age range and education level were almost equal. Three forth percentage of the participants reported considerable levels of psychopathology in the bereavement period. They were experiencing five or more psychiatric symptoms at the time of interview. The participants

consisted of the first degree relatives of the deceased who were in the period of bereavement i-e- one year after the death. This period is said to be the bereavement period in which the grief usually settles down by itself. Previous research reported that first year after the death of a family member or relative is important for the instance of psychopathology.<sup>18</sup>

This evidence also established that death of a first degree relative accompanied psychiatric disturbances in most of the people. A recent research found that significant psychopathology was seen in 50% of the bereaved individuals, whereas rate was 28 % in control population.<sup>14</sup> Previous research agrees that psychiatric disturbances accompany the period of bereavement.<sup>2,3,4,5,7,8,9,10,11,12,15</sup>

Why psychopathology is seen increased in the first degree relatives of the deceased in the period of bereavement (after the death of a relative)? At one hand it may be because of the perception of loss but on the other hand, some previous researches report that experiencing the death of a friend or relation increases the likelihood of fear and awareness of death in terms of personal life and ideal self. The awareness magnifies the perception of threat.<sup>19</sup> Other studies also concluded after meta analysis that awareness of death increased the fear of death<sup>20,21</sup> These researches talked about the awareness of death in general; not the awareness of death of a first degree relative which is more impact creating. This increased fear of death after the experience of the death of a first degree relative may contribute the symptoms that may be translated as psychopathology.

### CONCLUSION

The instance of psychopathology is quite high among the first degree relatives during the period of bereavement so the general public, health care providers and mental health professionals should be sensitized to pick up the early signs of psychiatric disorders in the bereaved population to avoid the complications and burden of full blown disorder so that it may save the bereaved families from the disadvantages additional to the bereavement and its loss.

**Table: 1**  
Descriptive statistics for the bereaved first degree relatives.

Variables		Frequency	Percent
Gender	Male	121	40.9
	Female	169	57.1
Age Range	16-20 years	34	11.7
	21-25 years	45	15.5
	26-30 years	37	12.8
	31-35 years	32	11
	36-40 years	33	11.4
	41-45 years	24	8.3
	46-50 years	18	6.2
	51-55 years	17	5.8
	56-60 years	21	7.2
60+ years	29	10.1	

**N=290**

**Table: 2****Descriptive statistics for the bereaved first degree relatives.**

<b>Education</b>	Illiterate	22	7.6
	Primary	10	3.4
	Middle	14	8.3
	Matriculation	53	18.3
	Intermediate	47	16.2
	Graduation	67	23.1
	Masters	54	18.6
	Professional	13	4.5
<b>Marital Status</b>	Single	97	33.4
	Married	165	56.9
	Divorced	3	1
	Widow/widower	25	8.6
<b>Residence</b>	Urban	34	11.7
	Rural	256	88.3

**N=290****Table: 3****Psychopathology in Bereaved first degree relatives**

	<b>Frequency</b>	<b>Percent</b>
Below cut off 5	73	25.2
Above cut off 5	213	74.8

**N=290**

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