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Determining the Association of Grief Intensity and Prolonged Grief Disorder among COVID-19 Bereaved – A Preliminary Study

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(This research article is a brief extract of an unpublished thesis submitted towards a Master of Arts in Family Life Education at Urban India Ministries FRTI. This article has been co-authored by Kiran Moses, Blessy Lenin (faculty- UIM) and Olive Nagarajan (Faculty, UIM FRTI). Kiran Moses is a psychological counselor with Home Shanthi, the Counseling Department of UIM and can be reached at kiran.m@urbanindia.org, Blessy Lenin is a psychological counselor and adjunct faculty at UIM-FRTI. She can be contacted at blessylenin@gmail.com. Olive Nagarajan is a psychological counselor with Home Shanthi, the Counseling Department of UIM, faculty of UIM-FRTI and can be reached at olive.n@urbanindia.org)

Abstract

India has seen one of the worst ever public health crisis due to Covid-19 leaving behind a large population of those who are bereaved. Researchers across the globe are concerned about the rising mental health crisis as a result of this pandemic. This research was prompted in an endeavor to determine the association of Grief Intensity and the prevalence of probable Prolonged Grief Disorder (PGD) among the COVID-19 bereaved adults in India. Grief Intensity Scale (GIS) which is the validated, online revised version of Prolonged Grief scale (PG-13R) (Prigerson et al., 2021)) was used in this study. Results indicated that 28% of participants exhibited prevalence of probable Prolonged Grief Disorder (PGD). However, loss factors such as suddenness of death, social support and type of relationship with the deceased failed to exhibit significant relationship with grief intensity. Sub-group analysis indicated that preoccupation and loneliness correlated with type of relationship-immediate family while longing and denial

correlated with no social support. Further study is warranted to explore the subjectivity of loss contributing to increase in probable PGD.

Keywords

grief intensity, probable PGD, bereavement, type of relationship, social support, suddenness of death, COVID-19.

At the time of writing this paper there are speculations of the fourth wave of the pandemic around the corner but the caution around the world has gradually diminished and people are trying to get back to their familiar routine. An incredible number of 0.5 million Indians which is 8.4% of the global 6 million population lost their lives to one of the worst public health crises, yet an even bigger number of the bereaved population amidst us is suspected to be suffering in the aftermath of this pandemic. Arguably, during this unprecedented crisis the factors surrounding COVID-19 related deaths have changed the landscape of grieving but could also pose a significant mental health risk in the painful grieving process. The aim of this paper is to determine the intensity of grief and its association with the rise in prevalence of Prolonged Grief Disorder (PGD), a new mental health disorder listed in the text revision of Diagnostic and Statistical Manual- Fifth Edition (DSM-5-TR) and the Eleventh revision of the International Classification of Diseases (ICD-11) among COVID-19 bereaved.

Review of Literature

Loss and grief are fundamental to human life. Grief can be defined as a natural response to the loss in all of its totality including its physical, emotional, cognitive, behavioral and spiritual manifestations. ‘Grief is the price we pay for love’ and a natural consequence of forming emotional bonds to people, projects and possessions (Hall, 2014). Processing grief is a

journey towards the acceptance and accommodation of loss, rather than a 'cure' (Funeral Guide, 2018). The grieving process is both universal and unique, influenced by the circumstances of the death, coping abilities, stress response of the bereaved person(s), their relationship to the deceased, the context and timing in which the bereaved person mourns, external support system and the consequences of loss (Shear, 2014). In the arduous journey of grieving, over a period of time the person moves from intense acute grief to integrated grief when they accept the finality of death, re-engage with life, envision their life having potential for happiness and seek new connections (Zisook et al., 2014) resulting in resilience and post-traumatic growth and this is considered normal grieving (Shear, 2014). However, a significant minority of people 7% (Shear, 2014) even after a considerable passage of time continue to suffer from intense yearning for the loved one, insistent intrusive thoughts of the deceased, inability to accept death, excessive guilt and anger, inability to restore functioning of life (Zisook et al., 2014) (Shear, 2014) and this is understood as complicated grief. Studies show, among many factors, Social isolation or loss of a support system increases the risk of developing complicated grief (Mayo Clinic, 2021).

Historically, pandemics have had a strong influence on grief and loss. The Bubonic plague (13th century), The Spanish Flu (1918) and the more recent viruses such as SARS, EBOLA, NIPAH, and ZIKA are all associated with multiple losses unlike the losses happening due to any other type of illnesses (Varshney et al., 2021). WHO reports, COVID-19 has globally caused 6,204,155 fatalities up until 20 April 2022 (WHO, 2022), bequeathing immeasurable grief on humankind as a whole. The Indian sub-continent witnessed a massive carnage with a phenomenal 5,22,006 fatalities up until April 22, most of them from the second wave of the Covid-19 pandemic. *The Lancet*, a British medical journal, reported an estimated 1.5 million

children losing a parent or a caregiver, including over a million who lost one or both parents, as well as 91,000 who became widows (Singh, 2021).

The experience of the bereaved was compounded by the contemporary stressors such as financial precarity, uncertainty about the future, breakdown of routine, and the loss of face-to-face mourning rituals due to social isolation and restriction (Carr et al., 2020). Grief, due to loss of life was also impacted enormously by the stigmatization of COVID (Bagcchi, 2020) pre-existing vulnerability (Patel & Balaji, 2020), fear and anxiety surrounding the potential limitation of medical facilities or equipments, inaccessibility to medical treatment (Nair & Banerjee, 2020) (Wallace et al., 2020) the ambiguity and horror of unpredictable, unexpected nature of death during COVID-19 (Mayland et al., 2020) and 'bereavement overload' where multiple deaths were witnessed in a family in quick succession (Kokou-Kpolou et al., 2020). The excessive and collective toll of deaths led to the denial of the recognition of each individual's bereavement and ultimately caused the disenfranchisement of mourning at an individual level. During the second wave, the pandemic also affected India's vast rural population, overwhelming local health facilities as well as crematoriums and cemeteries which were running at their full capacity. The nation also witnessed the horror of scores of shallow sand graves (AFP, 2021) and dead bodies floating in dozens in River Ganga (Rashid, 2021). Such devastation due to limitations and inability to perform funerals, burial or memorial rites or ceremonies across the socio-economic group can impede "psychological closures" (Nair & Banerjee, 2020) as it deeply hurts the human dignity in death.

A review on the experiences of grief during previous pandemics, with lessons for the COVID-19 times, highlights the possibility of risk of complicated grief (Varshney et al., 2021). The factors surrounding the circumstances of COVID-19 related deaths could accentuate a rise in

chronic, traumatic and disenfranchised grief in the aftermath of this pandemic outbreak. This will probably have substantial mental and physical health consequences (Kokou-Kpolou et al., 2020). These consequences could lead to a new psychiatric category that has been recently introduced under the Eleventh revision of the International Classification of Diseases (ICD-11) and the text revision of Diagnostic and Statistical Manual- Fifth Edition (DSM-5-TR) called prolonged grief disorder or PGD, (Gang et al., 2022) earlier understood as complicated grief. (The Center for Complicated Grief, n.d.). As per Gang et al., (2022) the DSM-5-TR diagnosis of PGD requires 12 months or more to have elapsed since the death. A recent study during the pandemic in China showed that there was no difference found in the levels of grief symptoms between participants who lost loved ones more than 6 months ago and those who lost loved ones less than 6 months ago (Tang & Xiang, 2021). However, there is a possibility that under the circumstance of mass bereavement, a shortened time criterion would facilitate providing timely help for those in need. For these reasons, the primary outcome variable is referred as "probable PGD"

The DSM diagnosis of PGD is distinct from post-traumatic stress disorder (PTSD), major depressive disorder, and generalized anxiety disorder (Carr et al., 2020) yet often co-occurs with depression, anxiety and PTSD.

People who struggle to handle grief for prolonged periods of time feel 'over the edge', anxious, hypervigilant or depressed which cause more devastation to the lives of individuals. Suicidality is a major risk for complicated grief, which can often go undetected, and hence needs prompt attention and interventions. (Nair & Banerjee, 2020) Therefore it is important to identify prolonged acute grief which is shown to be a strong predictor for development of PGD (Gang et al., 2022) which through timely assessment can be a significant preliminary step towards an individual's management of grief.

The existing research done in the Indian context predicts the potential nature towards developing complicated grief (Varhsney et.al, 2021). A couple of other research works done (Ramadhas and Vijaykumar, 2021) (Hamid & Jahangir, 2020) highlight the aspect of complicated grief and prolonged grief respectively. Although these research highlight the relevant type of grief, it is limited to factors pertaining to specific socio-religious-cultural context. Failure to understand the social and contextual implications of grief during the COVID-19 crisis might eventually lead to under-detection of the problem, thus increasing psychological morbidity and impairing the quality of life. Hence, a research done in a wider Indian demographic context with the association of grief intensity scale will provide an extensive understanding of prolonged grief alongside the existing research.

The main aim of this preliminary study is to determine the association of grief intensity and prolonged grief disorder among COVID-19 bereaved.

Methodology

Quasi-experimental quantitative research was done to determine the association of Grief intensity and Prolonged Grief Disorder among COVID-19 bereaved.

Participants

Online survey was conducted between February & March 2022. 85 participants who fulfilled the following inclusion criteria, took part in the survey.

- Indian citizens, 18 yrs. and above, both male and female
- Lost relative/ friend to COVID during 2020 & 2021 in India
- Minimum time lapse between death and taking this survey is 6 months.

Data Collection

The questionnaire consisted of the following.

1. Introduction to the survey
2. Informed consent
3. Optional fields: Participant's name, email/ mobile number – to be filled in only if they would like to receive the Grief Intensity Score in case they required professional help.

Mandatory Fields

Socio Demographic questions - City/ State, Age, Gender, Educational qualification, Confirmation if a loved one was lost to COVID, Relationship with deceased, Time lapse between death & taking this survey which is a minimum of 6 months, Suddenness of death, Satisfaction level of social support received.

Grief Intensity Scale (GIS) authored by Prof Holly Prigerson was used with permission.GIS is a self-rated scale consisting of 10 Likert-scale questions pertaining to the symptoms of grief, which uses 5 - point Likert format (1- Not at all, 2- Slightly, 3- Somewhat, 4 – Quite a bit and 5 – Overwhelming) to evaluate the intensity of the grief symptoms. A symptom threshold score of 30 or greater was shown to correspond well to a probable diagnosis of PGD (Prolonged Grief Disorder) using the DSM-5-TR criteria (Prigerson et al., 2021) *(Note: the scores of this online assessment are not equivalent to clinical diagnosis made by a trained mental health professional)* (Gang et al., 2022b).

In this research, the independent variables used are: Type of Relationship with the deceased, Satisfaction level of social support received and Suddenness of death. The dependent variables are Grief Intensity Score and the 10 symptoms of grief i.e. Longing, Preoccupation, Role Confusion, Denial, Avoidance, Emotional Pain, Re-engagement, Detachment, Meaninglessness and Loneliness.

The participants were advised that in case of needing further professional help in the area of managing their grief, they could voluntarily provide their contact details. Those who expressed their desire to know their Grief Intensity Score and their need for further professional help were responded to as and when such responses were received during data collection. The survey responses were collated and analyzed.

Results

Online survey was taken by 85 participants of whom 3 were disqualified for non-COVID deaths. Below are the socio-demographics findings of the 82 qualified participants. Of the 82 respondents 36 (44%) of them were male and 46 (54%) female. Ages of the respondents ranged from 18 to 87 with 68% of them falling in the age group of 26-59 years.

35 participants (43%) had lost their immediate family members such as parent, spouse or sibling, while 42 participants (57%) had either lost a friend or an extended family member such as grandparent, uncle, aunt, cousin or others. 80% of them felt that their loved one faced a sudden death while 20% of them did not feel it was a sudden death. 32% showed that they did not receive any social support, 39% acknowledged they received social support and 29% responded saying they somewhat received social support during the death of their loved one.

Table 1 - Recording the Mann-Whitney U Test to Compare Groups (Type of Relationship) on Total Grief and Various Symptoms of Grief.

Statistic	**Mann-Whitney U Statistic**	**Z**	**Asymp. Sig. (2-tailed)**
Total	660.000	-1.278	.201
Longing	646.000	-1.475	.140

Preoccupation	559.000	-2.319	0.020*
Role Confusion	697.000	-.988	.323
Denial	744.000	-.476	.634
Avoidance	711.500	-.818	.413
Emotional Pain	727.000	-.647	.518
Reengagement	720.500	-.740	.459
Detachment	715.000	-.807	.420
Meaninglessness	683.500	-1.146	.252
Loneliness	484.000	-3.118	0.002*

** P<0.05; Significant Differences exist in Preoccupation and Loneliness*

Table 2 - Recording the Mann-Whitney U Test to Compare Groups (Social Support) on Total Grief and Various Symptoms of Grief.

	Chi-Square	**df**	**Asymp. Sig.**
Total	3.059	2	.217
Longing	7.301	2	0.026*
Preoccupation	1.871	2	.392
Role Confusion	.003	2	.999

Denial	7.698	2	0.021*
Avoidance	4.359	2	.113
Emotional Pain	2.954	2	.228
Reengagement	3.631	2	.163
Detachment	.639	2	.727
Meaninglessness	.253	2	.881
Loneliness	.939	2	.625

** P<0.05; Significant Differences exist in Longing and Denial based on Support*

Table 3 - Recording the Mann-Whitney U Test to Compare Groups (Suddenness of Death) on Total Grief and Various Symptoms of Grief.

	Mann-Whitney U Statistic	**Z**	**Asymp. Sig. (2-tailed)**
Total	420.000	-.833	.405
Longing	485.000	-.032	.974
Preoccupation	483.500	-.051	.960
Role Confusion	369.000	-1.572	.116
Denial	427.500	-.758	.448

Avoidance	456.000	-.408	.683
Emotional Pain	455.500	-.406	.685
Reengagement	408.500	-1.042	.297
Detachment	388.500	-1.322	.186
Meaninglessness	447.000	-.545	.585
Loneliness	469.500	-.232	.816

P>0.05; No differences exist in Total Grief or any of its Symptoms based on Suddenness of Death.

Relationship between the dependent variable namely Total Grief Score and the independent variables such as Suddenness of death, Social Support received, Relationship with the deceased could not be established, therefore a sub-group analysis was performed to establish the relationship between the various symptoms of grief and the three variables such as suddenness of death, social support and type of relationship.

Discussion

The aim of this study is to estimate the intensity of grief and its correlation with loss related factors among the COVID-19 bereaved and predict the prevalence of probable PGD. Acute grief has shown to be a strong predictor for the development of PGD (Bolen & Lenferink, 2020). As per Gang. J et al., (2022) using the DSM-5-TR symptom threshold of 30 for meeting diagnostic criteria for probable PGD, a dichotomous GIS variable was created with GIS scores >30 categorized as probable PGD, and GIS scores <30 were categorized as non probable PGD.

The 23 out of 82 participants who showed higher GIS scoring and volunteered to provide their contact details, were responded to with a short message acknowledging their grief and were offered counseling help in case they would choose to avail of it. Following which 6 participants reached out for counseling help and scheduled their counseling sessions of whom 2 were provided tele-counseling.

Hypotheses

Following are the null hypotheses

1. Social support during COVID times does not influence the intensity of grief among the COVID bereaved.
2. Type of Relationship with the deceased of COVID does not influence the intensity of grief.
3. Suddenness of death due to COVID does not influence the intensity of grief among the bereaved.

1st Null Hypothesis

Social support during COVID-19 times does not influence the intensity of grief among the COVID-19 bereaved is retained. However, a sub-group analysis was conducted to find that 2 symptoms, per table 1, namely "Longing" (yearning for the deceased) and "Denial" (trouble believing that the person is really gone) show significant correlation with not receiving social support due to social isolation during the death of their loved one. Research indicates that "Yearning" is a more dominant characteristic associated with grief (Haley, 2014). A recent research study in India also states that the state's failure in containing the suffering and death toll has exacerbated underlying "denial" related to bereavement. Pandemic related protection measures have obstructed the social and psychological support that post death rituals give. This

is imperative in guiding the grieving process making the loss real and final and lessening the emotional isolation of the bereaved (Gupta, 2022). Studies clearly reveal that social support is perceived to be one of the strongest determinants of positive psychosocial outcomes after bereavement (Breen, 2021)

2nd Null Hypothesis

Type of Relationship with the deceased of COVID does not influence the intensity of grief is retained. A sub-group analysis was conducted and 2 symptoms per Table 1, namely "Preoccupation" (Trouble doing the things as usual) and "Loneliness" (Feeling alone or lonely without the deceased) show significant correlation with Type of Relationship with the deceased. John Bowlby describes the process of mourning from the perspective of bio-behavioural understanding of attachment relationships. Studies reveal death of an attachment figure results in acute grief symptoms. Acute grief is a preoccupying experience in which feelings of yearning and longing for the deceased are accompanied by unfamiliar and unmanageable intense emotions. The bereaved person is consumed with thoughts and memories of the deceased and are relatively uninterested in other people and usual life occupations (Katherine Shear et al., 2007). Various attachment factors seem to also contribute to experiencing complicated grief. Especially anxious attached individuals are less able to cope successfully with loss. Bowlby's study reveals that the bereaving people's attachment to the deceased, or high emotional dependence on the deceased in the past relationship may disrupt the process of reorganizing (Field & Filanosky, 2009). Depending on the type of bonding, loss of the attachment figure may lead to excessive ruminating about the deceased, experiencing loneliness as a result of yearning for the loved one. Loneliness, specifically, has been called "the 21st century social determinant" of poor outcomes in health (Cacciatore et al., 2021).

3rd Null Hypothesis

Suddenness of death due to COVID does not influence the intensity of grief among the bereaved is retained. The sub-group analysis failed to show any significant correlation to any symptoms of grief. While it is empirically proven that unexpected death is the worst traumatic experience in one's life (Keyes et al., 2014), further research on the subjective traumatic levels of loss in the context of pandemic and its influence on Grief intensity (Tang & Xiang, 2021) could have explained loss characteristics comprehensively.

Although Spiritual beliefs & their implication on complicated grief was not in scope of my research, in the viewpoint of empirical literature, religious practices can be significant coping resources in dealing with loss (Burke & Neimeyer, 2014). For many individuals ''God functions psychologically as an attachment figure'' by representing a safe haven and a secure base, much in the way that a primary caregiver does for the young child (Rowatt & Kirkpatrick, 2002). Having said that, Spirituality and religiosity have been found to be positive predictors of subjective well-being. Meaning making is a subjective process, Robert Neimeyer argues that meaning making is central to effective working through grief (Neimeyer & Thompson, 2014). Research has shown the important role spirituality & religion often play in the meaning making process. However, this body of research is very limited (Lewis Hall & Hill, 2019). Inclusion of spirituality & religion in the study of meaning making and subjective well-being is recommended in the pandemic context.

Limitations

1. Small sample size. Survey link was shared with a large group of people but only those contacted one on one participated.

2. Sensitive nature of study. Some people expressed inability in handling their intense emotions as they took the questionnaire and therefore discontinued/ did not submit form.
3. Limitation of online questionnaire – It was difficult to know how the participants were emotionally affected while responding to the questionnaire.

Scope for Further Studies

1. Owing to the complex nature of grief in the premise of pandemic, appropriate coping and early intervention strategies for the bereaved individuals may be studied.
2. A further qualitative research to explore subjectivity of loss contributing to increase in probable PGD in India could be undertaken.
3. Quantitative Research can be conducted for early detection and intervention to minimize the public health risks posed by PGD.
4. Given the relationship between complicated grief and complicated spiritual grief, and the benefits of spiritual practices in coping with loss, a further qualitative study of complicated spiritual grief and its implication to PGD may be undertaken.
5. To study grief intensity among divergent socio economic groups in India to understand the Prevalence of PGD so as to implement the appropriate support for such people.
6. Better modalities of data collection in quantitative research related to intense grief may be explored in future studies to cover large samples to get a deeper insight.

Recommendations

For the Family Life Educators

1. To engage in community based action, proactive psycho-educative sessions to be provided to create an awareness about Prolonged Grief Disorder and its debilitative impacts.

2. To sensitize various support groups under religious and social categories to educate the bereaved of the need to avail professional grief counseling in case grief continues to persist and incapacitate life.

For the Counselors:

1. To facilitate appropriate coping and early intervention strategies for the bereaved individuals .
2. To be equipped to facilitate effective grief counseling to the intensely bereaved under the new landscape of pandemic grief.

Conclusion

In conclusion, the rise in probable PGD found in this small sampled study validates the concerns and advocates early interventions for people bereaved due to COVID-19. Systematic research to explore subjectivity of loss contributing to increase in probable PGD and associated comorbidities in the post-pandemic aftermath might help shape management and preparedness for such futuristic crises.

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