



# Prolonged grief following the recent death of a daughter among mothers who experienced distal losses during the Khmer Rouge era: Validity of the prolonged grief construct in Cambodia



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## ABSTRACT

This study addressed the validity of the prolonged grief (PG) construct in a Cambodian context. Eighty mothers who lost a young adult daughter stemming from a crowd stampede incident during the annual water festival were interviewed at the six-month post-loss point along with a control group of similarly aged women who were not recently bereaved. Both groups were assessed for PG, PTSD, anxiety, and depression symptoms and well as for the number of distal losses experienced during the Khmer Rouge (KR) regime – knowing that all the women were old enough to have lived through the KR regime. Support for the discriminant validity of PG was shown in a factor analysis in which its core symptoms were distinguished from anxiety, depression, and PTSD symptoms. Also, support was found for its incremental validity as shown in the unique sensitivity of PG in distinguishing the two groups when controlling for the other symptoms. Lastly, a positive relationship was found between the number of distal deaths experienced during the KR regime and PG symptom severity among the group of recently bereaved mothers, providing support for the predictive validity of PG. Implications as well as study limitations are discussed.

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## 1. Introduction

On November 22, 2010 during the annual Water Festival in Phnom Penh, Cambodia, a tragic incident occurred wherein approximately 350 Cambodians lost their lives as a result of crowd congestion on the Koh Pich bridge that led to panic and stampeding resulting in crushing and suffocation of people (Mydans, 2010). The gravity of this event for Cambodians was reflected in an official day of mourning that followed and a public statement by the prime minister Hun Sen that this was the worst tragedy encountered by Cambodians since the horrific Khmer Rouge regime between 1975 and 1979 where almost 25% of Cambodians died – often at the hands of violent means (Kiernan, 2002). Such a comparison highlights the shadow of the past regime that continues to haunt Cambodians who lived through it, as shown in the significant incidence of lifetime PTSD among KR survivors (Sonis et al., 2009).

In the bereavement literature, there is evidence that those who experienced losses earlier in life are at greater risk for psychopathology including prolonged grief disorder (PGD) following

the death of a significant other in adulthood (Silverman et al., 2001; Luecken, 2008; Prigerson et al., 2009). It is also known that the death of a child is the type of loss associated with the most severe grief (Murphy, 2008; Song et al., 2010). Finally, there is evidence that sudden loss – especially of a more shocking or gruesome nature, as what occurred in the Koh Pich bridge stampede incident – is more difficult to integrate than expected loss (Parkes, 2008). Knowing that a significant number of those who died in the Koh Pich incident were young women in their late teens through late 20s, all three of these risk factors may apply to their parents – having lived through the KR Regime and thus having experienced varying degrees of losses at a younger age, the unexpected nature of the recent death, and the fact that it involved the death of a child. Therefore, a high incidence of PGD is likely to be found among these parents. Such a loss may be especially debilitating for mothers, given her importance as a role model in the socialization of her daughter among Cambodians (Ebihara et al., 1994). To our knowledge, this is the first study to address the impact of the Koh Pich bridge stampede incident on adjustment to bereavement and how exposure to distal loss stemming from the KR period may affect response to this more recent loss. Specifically, it serves the dual aims of addressing the psychological consequences of such loss while simultaneously examining the validity of the PGD construct in a Cambodian context.

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PGD has been proposed as a distinct mental disorder stemming from the loss of a loved one (Prigerson et al., 2008, 2009). This diagnosis requires the presence of severe grief symptoms of at least six months duration after the death. These symptoms include separation distress characterized by intense yearning for the deceased and intense emotional pain, and additional cognitive, affective, and behavioral symptoms linked to the death. In order to qualify as a PGD diagnosis, these symptoms are at a level of severity such as to significantly interfere with the bereaved's occupational and social functioning.

A large body of literature exists in support of the validity of PGD as a distinct diagnosis from other comorbid disorders stemming from bereavement including depression and anxiety disorders as well as PTSD (Prigerson et al., 2008, 2009). Although the majority of studies addressing PGD have been conducted on Western populations, there has been an increasing number of such studies with non-Western cultures including Taiwan (Chiu et al., 2010), Rwanda (Schaal et al., 2009), and Pakistan (Prigerson et al., 2002). Of particular relevance to the present study, Stammel et al. (2013) recently examined PGD among Cambodian survivors of the KR regime. Their study provided support for the predictive validity of PGD stemming from distal loss in showing that KR survivors who experienced a greater number of deaths or who lost a close relative during the KR period were at greater risk for developing PGD. The present study extends the work of Stammel et al. (2013) in contributing to the further validation of the PG construct in a Cambodian setting addressing other aspects of validity in addition to its predictive validity, including its discriminant validity and its incremental validity over other bereavement-related measures of distress.

An important evidence base for PGD is its distinct clinical phenomenology when compared with other co-morbid symptom constellations shown in factor analytic studies involving bereaved individuals in which PGD symptoms are shown to load on a separate factor from these other symptoms. In a number of such studies, PGD items have been distinguished from bereavement-related anxiety and depression as well as PTSD symptoms (Boelen et al., 2010; Golden and Dalgleish, 2010; Ogrodniczuk et al., 2003) – thereby providing support for the discriminant validity of PG symptoms. The present study extends this work to a Cambodian context in showing that PG symptoms can be distinguished from anxiety, depression, and PTSD symptoms in a factor analysis.

In addition to providing support for the discriminant validity of PGD, this study addressed its incremental validity in terms of its sensitivity in detecting degree of distress as a function of time since the death beyond other bereavement-related symptom measures. This was addressed by including a similarly aged control group of women from the same villages where the bereaved mothers who lost their daughters in the Koh Pich bridge stampede resided. Because the mothers in this control group were also known to have experienced past albeit more distal losses – in having survived the KR regime and its aftermath – important differences between the two groups in time since the loss provided a basis for determining whether PG symptoms were a more sensitive index in distinguishing the two groups than anxiety, depression, and PTSD symptom measures. Research on the trajectory of bereavement-related distress has shown that symptoms typically decrease over time (Bonanno et al., 2008). However, different types of bereavement-related symptoms are also known to have different trajectories of change over time. For example, Thompson et al. (1991) found that among older widowed adults the reduction in depression and general psychopathology symptoms leveled out at six months post-loss whereas grief-specific symptoms continued to decrease over a 30-month post-loss period. Such results suggest that PG symptoms may be a more sensitive marker of bereavement-related distress than other co-morbid symptoms of bereavement.

We therefore expected that PG symptoms would provide greater sensitivity than these other symptom measures toward distinguishing the group of mothers who recently lost daughters in the Koh Pich stampede from a control group of women who experienced loss at a more distal point in time.

This study also addressed another aspect of the predictive validity of PG in terms of the effects of earlier losses on response to later losses. In a study on conjugal bereavement, Silverman et al. (2001) found that the incidence of PG disorder was higher among recently widowed older adults who had experienced death of a parent in childhood relative to those who did not experience such childhood adversity. Other studies have similarly found that death of a parent in childhood may be a risk factor for later psychopathology (Luecken, 2008). Finally, multiple losses have been associated with more severe grief (Mercer and Evans, 2006; Stammel et al., 2013). Thus, among mothers who lost daughters in the Koh Pich bridge stampede those who experienced loss of a parent or a greater number of losses during the KR period would have more severe PG symptoms – knowing that many of these mothers were children during that time. We expected that this would especially hold true among mothers who were children during the KR period in light of evidence that significant losses in childhood, especially the death of a parent, have long-term consequences for psychological adjustment (Silverman et al., 2001; Luecken, 2008).

### 1.1. Present study

This study builds upon previous work of Stammel et al. (2013) toward further validation of the PG construct in a Cambodian context. Their study examined PG stemming from distal losses during the KR regime but did not address the impact of more recent bereavement or the effect of more distal loss during the KR regime on response to more recent loss. The present between-group design study involving mothers who have lost daughters stemming from the Koh Pich crowd stampede incident with similar aged mothers from the same villages who had not experienced a recent loss provided such an opportunity. Knowing that the mothers in both groups were born prior to or during the KR regime, and knowing that virtually all Cambodians who lived through that period were faced with varying numbers of losses of loved ones, the study design provides a means for assessing the PG construct in terms of its sensitivity in distinguishing the effect of recent loss from more distal loss over-and-above anxiety, depressive, and PTSD symptoms. It also provides the opportunity for examining the cumulative effects of more distal and recent losses on PG.

We investigated the degree of psychological distress among mothers at the six-month post-loss point of their daughter's deaths stemming from the Koh Pich bridge stampede incident. This amount of time following the loss was sufficient for determining the incidence PGD, given the criterion that PG symptoms must remain elevated for at least six months in order to receive a PGD diagnosis (Prigerson et al., 2008, 2009). In light of the unexpected and shocking nature of this loss and relatively close proximity to the time of the death at the time of assessment, we expected that these women as a group would have a high incidence of PGD as well as a high incidence of clinical levels of bereavement-related anxiety, depression, and PTSD symptomatology.

Toward further validation of the PG construct in a Cambodian setting, this study addressed the following hypotheses: (1) following previous work largely conducted on Western samples, PG symptoms were expected to load on a distinct factor from anxiety, depression, and PTSD symptoms – providing support for the discriminant validity of PG in terms of its distinct phenomenology; (2) in support of its incremental validity in terms of its sensitivity

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