



## Research report

# Prolonged grief disorder three decades post loss in survivors of the Khmer Rouge regime in Cambodia



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## ABSTRACT

**Background:** During the Khmer Rouge (KR) regime from 1975 to 1979 millions of Cambodians were confronted with the death or murder of family members. The long-term psychological consequences of these traumatic losses have not yet been investigated. The purpose of this study was to determine the rate and potential predictors of prolonged grief disorder (PGD) in survivors of the KR regime.

**Method:** The Inventory of Complicated Grief-Revised (ICG-R) was administered in a sample of  $N=775$  Cambodians in face-to-face interviews who had lost at least one family member during the KR regime. Symptoms of PTSD were assessed with the PTSD Checklist-Civilian Version and symptoms of depression and anxiety with the Hopkins Symptom Checklist-25.

**Results:** The prevalence of PGD in the sample was 14.3%. PGD was moderately associated with symptoms of depression, anxiety and PTSD. The loss of a spouse, a child, or a parent was associated with higher symptom severity of PGD than was the loss of a sibling or distant relatives. PGD was predicted by the relationship to the deceased and symptoms of depression and PTSD.

**Limitations:** Limitations of the study include the non-random sampling recruitment. The ICG-R has not been validated for use in Cambodia.

**Conclusions:** The vast majority of Cambodians lost family members during the KR regime. Even three decades later, PGD was prevalent in a substantial proportion of the present sample and related to other psychiatric disorders. The results underline the importance of examining PGD in studies of war-related psychological impairment.

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## 1. Introduction

Between 1975 and 1979, during the terror of the Khmer Rouge (KR), millions of Cambodians suffered mass human rights violations, including forced labor, torture, and mass executions. It is estimated that between 1.5 and 2 million Cambodians – approximately one quarter of the population at that time – were killed, leaving behind substantial numbers of bereaved individuals (Kiernan, 2009).

Several studies focusing predominately on common stress-related disorders such as posttraumatic stress disorder (PTSD) and depression have demonstrated the psychological impact of these horrific events on survivors of the KR regime (Sonis et al., 2009; Marshall et al., 2005). However, little attention has

yet been paid to the psychological consequences of the loss of a significant other.

In general, grief following a significant loss is associated with physical and psychological impairment (Stroebe et al., 2007). The majority of bereaved persons are able to adjust to the loss and return to their daily activities after a certain time. However, in some cases, bereaved individuals fail to recover—their grief reactions become more severe and may take the pathological form of prolonged grief disorder (PGD) (Zhang et al., 2006). PGD (previously labeled “traumatic grief” (Prigerson et al., 1997) or “complicated grief disorder” (Horowitz et al., 1997)) is defined as a prolonged maladaptive grief reaction following bereavement and is characterized by intense longing and yearning for the deceased person over a period of at least 6 months (Prigerson et al., 1995b). Whether such grief reactions should be recognized as a distinct clinical entity in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V), is a matter of debate (Parkes, 2005). Many studies on the distinctiveness of

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PGD from conceptually related disorders indicate that although often comorbid, PGD is distinct from major depression with respect to clinical course and response to treatment (Prigerson et al., 1995a; Rosner and Wagner, 2009). Similar to PTSD, PGD is triggered by an etiological event. However, PGD can occur after traumatic as well as non-traumatic loss and avoidant symptoms refer to reminders of the loss and moving on without the deceased rather than the avoidance of fear-inducing stimuli as in PTSD (Prigerson et al., 2008). Only recently the American Psychiatric Association proposed revisions of “Bereavement Related Disorder” for the DSM-V (American Psychiatric Association, 2011), therefore acknowledging the fact that prolonged grief reactions have been the subject of extensive research in recent years. It might also be a sign for PGD to eventually be included in the DSM as distinct clinical entity if future research accounts for enough evidence for the proposal of a specific disorder.

Most of the studies on prolonged grief reactions were undertaken in clinical samples or certain bereavement subgroups (e.g., widows). Since little had been known about the general prevalence rate of PGD, Kersting et al. (2011) measured PGD in a representative sample of the German population and found a rate of 6.7% in the bereaved subpopulation. Another study using a population-based representative sample reported a PGD rate of 2.4% among the bereaved Japanese subpopulation using the Brief Grief Questionnaire (Fujisawa et al., 2010). However, these authors excluded those participants who had experienced the loss of a child, a loss, which has frequently been reported to leading to severe prolonged grief reactions (Prigerson et al., 2002). Research on the factors influencing prolonged grief in civilian settings has identified female gender, a close relation with the deceased, traumatic or violent loss, and lack of social support as risk factors for the development of PGD (Kersting et al., 2011; Vanderwerker and Prigerson, 2004; Neria and Litz, 2004).

Despite growing interest in PGD in recent years, research on its prevalence in survivors of war or mass violence is scarce. Responses to bereavement within conflict settings and cases of natural death may differ in terms of both prevalence and symptom severity: survivors of war and conflict are at high risk of being exposed to traumatic losses of significant others (i.e., through homicide, suicide, or accident (Currier et al., 2006)). Additional life stressors that occur during conflicts and war such as lack of food and water and lack of physical security may impede the grieving process (Momartin et al., 2004; Schaal et al., 2009).

Schaal et al. (2010) studied PGD in 400 survivors of the Rwandan genocide who had lost their parents and/or their husbands before, during, or after the genocide in 1994. For 62% of the participants, the primary cause of the PGD-related death was genocide. Eight percent of the sample fulfilled the criteria for PGD, which was predicted by time since loss, violent loss, severity of PTSD symptoms, and the importance of spiritual beliefs. Morina et al., 2010 measured PGD among 60 respondents who had lost first-degree relatives in the Kosovo war of 1998/1999 and reported a PGD rate of 38.3%. Female gender and symptoms of anxiety and depression were related to PGD. In another study, these authors also investigated the consequences of the loss of a parent due to war-related violence on mental and physical health outcomes and reported a PGD rate of 34.6% among the bereaved subgroup (Morina et al., 2011). Momartin et al. (2004) investigated PGD in a sample of 126 bereaved Bosnian refugees and reported a PGD rate of 31.0%. Traumatic loss was found to be the most consistent predictor of PGD, and the authors reported a strong association between PGD and depression.

Some studies have examined the impact of the relationship to the deceased on prolonged grief outcomes in civilian settings and suggested that the loss of a spouse or a child is associated with

higher symptom levels of PGD than the loss of other close or distant relatives. However, findings on whether losing a child or a spouse is significantly different from losing other family members have been inconsistent (Prigerson et al., 2002; Neria et al., 2007).

It can be assumed that survivors of conflict often face “bereavement overload” (i.e., confrontation with multiple loss in rapid succession) (Neimeyer and Holland, 2004). So far, few studies have evaluated the impact of multiple losses on PGD. Although some studies found that multiple loss did not reach significance as predictor of PGD (Morina et al., 2010; Schaal et al., 2010), there is evidence that multiple losses prolong the grieving process and impair the ability to carry on with life (Mercer and Evans, 2006).

Based on this background, we sought to determine the prevalence rate and potential predictors of PGD and to assess its associations with PTSD, depression and anxiety in a sample of survivors of the KR regime who had lost at least one family member during the KR regime. We expected respondents who lost a child or a spouse to experience higher symptom levels of PGD than those who lost other relatives. Based on previous research, we hypothesized that the symptom severity of PTSD, depression, anxiety and a close relation to the deceased (i.e., being a spouse or first-degree relative) would significantly predict PGD. We further examined whether female gender and the number of family members lost additionally predicted PGD.

The current study investigates PGD in a sample of conflict survivors assessing presence of prolonged grief 3 decades post loss. Moreover, it addresses the relationship to the deceased as a possible predictor for PGD in a post-war society. Last, it extends previous work on PGD to a Southeast Asian sample using a large sample size, thus providing further insights into the validity of the construct across cultures.

## 2. Methods

### 2.1. Participants

The cross-sectional study was carried out in Cambodia between October 2008 and May 2009. Inclusion criteria required subjects to have been born before 1975, to consider themselves victims of the KR regime, and to have experienced the loss of at least one family member during the KR regime. No further exclusion criteria were applied. Altogether, 1593 potential participants were contacted, of whom 796 people rejected participation. The main reasons stated for rejecting participation were lack of time (e.g., having to bring in the rice harvest) or reluctance to talk about the experiences of the KR regime. Twenty-two participants were excluded from the data analysis due to missing data regarding essential information. The final study group was thus made up of 775 individuals.

The study was approved by the University of Konstanz review board. Participants were recruited through a convenience sampling approach from 17 of the 24 provinces of Cambodia. Eligible participants were contacted through help of local legal non-governmental organizations ( $n=247$ ). The remaining participants ( $n=528$ ) were recruited directly in villages. After complete description of the study to the participants, written informed consent was obtained. Participants were informed that the data gathered would provide insight into how humans respond to violent or traumatic experiences they had lived in the past and how these now impact their daily lives. Face-to-face interviews were conducted by Cambodian psychological interviewers who had previously participated in a 2-week training course on the assessment of relevant concepts and use of the questionnaire measures. To maintain the quality of the interviews, trainers

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