

PROLONGED GRIEF AND SOCIAL SUPPORT AMONG BEREAVED YOUNG ADULTS

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Abstract

The present study investigated the relation between prolonged grief and social support among bereaved young adults. A sample of 180; age range 18-30 (M=22.07, SD=3.735) bereaved young adults through purposive sampling were approached for this study. Using a correlational study design, it was hypothesized that there is a relationship between prolonged grief and social support. Additionally, prolonged grief differs with social support by the gender and relationship with the deceased. Risk of Prolonged Grief was assessed using PG-13 and Social Support was measured using Multi-dimensional Scale of Perceived Social Support. Results demonstrate a significant gender difference in Prolonged Grief where women were more vulnerable to prolonged grief in comparison to men. A significant negative correlation between Prolonged Grief and Social Support (Friends, Family and Significant Others) was observed meaning higher levels of social support may be associated with lower levels of Prolonged Grief. A two way Multivariate Analysis of Variance illustrated a significant mean difference between gender, relationship to deceased and combined dependent variable (PG-13 & MSPSS). Findings draw attention to the unique experience of bereavement among young adults from a university in Pakistan. Implications for clinicians and researchers help understand the possible risk and vulnerability for young adults who lose close loved ones and have less social support to get through this difficult time. The findings are significant in understanding how someone experiencing extreme form of grief may benefit from social support.

Keywords: Prolonged Grief, Social Support, Bereavement

1. INTRODUCTION

Little is known about young adults' experience of bereavement in Pakistan. Research has indicated the extent to which social support is essential to human experience and coping especially during and after bereavement (Cacciatore et al., 2021). Recent decades were significant to the investigation of bereavement-related grief. The passing of a loved one is evaluated as the most stressful life occasion (Holmes & Rahe, 1967; Keyes, 2014).

Bereavement research was significant in understanding further risks associated with grief. Many outcomes

such as depression, impaired immune function, a decrease in quality of life, stress, and vulnerability to psychological abnormality have emerged to be significant in association with bereavement (Zisook, & Shear, 2009; Buckley et al., 2012; Riley et al., 2023). It has engaged researchers in enquiry that if grief is a normal and appropriate response to losing someone to death, then when or if it should be a concern for bereaved individuals, their friends, family, and social group? Can grief be complicated to an extent where it impairs life functioning significantly? What are the factors associated with complicated grief? What possible protective factors could be studied further in association with complicated grief? The current research explored literature from the previous decade to sketch an evolved response to these questions. Since these questions may be pertinent in all economic and social settings.

Complications with symptoms of grief became an area of interest to researchers during the previous century. Ideally, bereaved individuals adjust to reality as they engage in activities to seek pleasure or maintain relationships. This helps them adjust to a life without their lost loved one. They come to terms with the loss as they accept the reality that their deceased loved one is no more. The challenge is battled when a normal grief response results in functional impairment after a significant time period has lapsed. This raises concerns for researchers as well as clinicians. If grief remains unresolved it may put an individual at risk of psychological maladjustment causing impairment of functioning.

The terms complicated grief and prolonged grief emerged as atypical forms of grief. Yearning and longing, which is characterized by searching and being reminded of the deceased loved one, are two significant symptoms of Prolonged Grief. Reminders of the deceased may not serve well in the interest of bereaved individuals, especially if they cause significant impairments in everyday functioning (American Psychiatric Association, 2022).

There is evidence for this impairment in neuropsychological studies lately linking complicated grief mediated by a reward related activity in the brain (Chiloy et al., 2020). Ground breaking work of O'Conner, et al, (2008) compared a complicated grief group with an uncomplicated grief group. Along with pain-related activity, there was evidence for a reward-related activity within the nucleus accumbens as individuals with complicated grief were exposed to cues related to the deceased loved one. Yearning, a noted symptom of complicated grief and related disorders, may be associated with this reward-related activity. If the neural pathway of reward resulting from consistent reminders of the loved one is strengthened and is causing a significant amount of distress, one may experience severe dysfunction with regards to mental health and everyday life function. O'Conner (2008) notes a biological basis for prolonged grief where individuals end up being 'stuck in a vicious cycle of reward and pain' that is associated with bereavement.

1.1 Prolonged Grief

Prolonged Grief, interchangeably termed as complicated grief, was initially only added to ICD-11 as 'Prolonged Grief Disorder (PGD)'. PGD's symptomatology is distinct from other disorders such as Major Depressive Disorder, Post-Traumatic Stress Disorder and Generalized Anxiety Disorder (American Psychiatric Association, 2013). Prigerson et al., (2009) validated PGD symptomatology and it was recognized as a new syndrome. This condition was characterized by 'debilitating recurrent pangs of distressing emotions coupled with heightened yearning, longing and searching for the deceased.' An individual may be preoccupied with thoughts of the deceased loved one. The person is at risk for Prolonged Grief Disorder when he/she is occupied with the symptom criteria 6 months post-loss and if these symptoms impair adequate functioning (Prigerson et al., 2009; American Psychiatric Association, 2022). As an emerging diagnosis, a combination of criteria proposed by Katherine Shear and Holly Prigerson was included, titled 'Persistent Complex Bereavement Disorder (PCBD)' in DSM-V's third section. After arduous and thorough research, APA officially approved the Prolonged Grief Disorder as a distinct disorder for DSM 5-TR (Prigerson, et al., 2020). The revised Diagnostic and Statistical Manual of Mental Disorder (DSM-V-TR) includes Prolonged Grief Disorder as a listed disorder (American Psychiatric Association, 2022)

Growing literature is helping identify risk factors and protective factors aligned with prolonged grief disorder. Studies report that young bereaved adults may stand at a risk of atypical complicated grief (Claycomb. et al., 2015; Mash, et al., 2014). Risk of prolonged grief may vary across gender. Its risk may increase based on the relationship with the deceased as well (Al-Gamal, et al., 2018). Moreover, prolonged grief has previously been associated with social support. Against the occurrence of Prolonged Grief Disorder; social support is known to serve as a protective factor. More available social support is associated with reduced risk of Prolonged Grief (Burke, et al., 2010; Heeke, et al., 2019).

1.2 Social Support

Sarason et al., (1983) define perceived social support as support that one may get from significant others,

friends, and family available to extend support as well as the satisfaction that comes with the received social support. It has been established as a significant resource in relation to coping. Higher-quality social support is termed as a “protective buffer” which helps individuals cope and adjust better with stress (Winefield, et al., 1992). Multi-Dimensional Scale of Social Support by Zimet, et al., (1988) has been extensively used by researchers to evaluate perceived social support. Vanderwerker & Prigerson (2004) report that bereaved participants adjusted well in the context of complicated grief when they had social support. Jordan et al. (2014) noted the absence of social support as a prospect of PGD. Moreover, social support is strongly positively correlated with high levels of satisfaction with life. The absence of this element has significantly contributed to the emergence of negative emotions, including loneliness, anxiety, and depressive feelings, which, in turn, have a profound impact on an individual's overall functioning and outlook on life and the world in general. (Riggo, et al., 1993)

Current research was essential in order to explore the dynamics of prolonged grief in the cultural context of Pakistan. Little is known about the manifestations of symptoms of prolonged grief among young adults. The research provided an insight into a sample of young adults from a local university. Specifically, the aim of current study was to study the phenomenon of prolonged grief in a sample of bereaved young adults. The present study determines whether Prolonged Grief and Social Support among young bereaved adults may or may not be related. This would establish a basis for researchers and clinicians in Pakistan to view forms of complicated grief and its consequences in the light of indigenous research. This research was able to yield antecedents for future researches as well as provides contemporary researchers with insights particularly about research in grief.

The present study hypothesized a relationship between Prolonged Grief and Social Support. Furthermore, it hypothesized that there will be gender differences in risk of prolonged grief & social support in relation to ‘relationship with the deceased’.

2. METHOD

2.1 Research Design

A correlational research design was employed.

2.2 Participants

Using Purposive Sampling, Bereaving Young Adults (N=180) from Forman Christian College University (A Chartered University) were recruited for the current research.

2.2.1 Inclusion Criteria. Young Adults between the ages of 18-35 who have experienced the death of a close family member or friend at least six months before the study.

2.2.2 Exclusion Criterion. Young adults bereaved for less than six months.

2.3 Measures

A questionnaire inclusive of demographic variables, PG-13 and MSPSS was administered.

2.3.1 PG-13. Prolonged Grief was assessed using PG-13 (Prigerson, H. G., 2009). This 13-item screening tool evaluates the risk of Prolonged Grief Disorder on a 5-point Likert Scale. The alpha coefficient for internal consistency was 0.94 and test-retest reliability was 0.80. Prolonged Grief is assessed over five criteria (A-E). These criteria are based on event, separation, duration, emotional-cognitive and behavioral symptoms and impairment condition. The maximum score is 60 with a cut-off value of 36. Cases that have a score ≥ 36 and have experienced a loss for more than six months qualify for further diagnosis. View Appendix E for a complete scoring guide.

2.3.2 Multi-dimensional Scale of Perceived Social Support (MSPSS). This is a comprehensive research tool designed to measure available support. The co-efficient Alpha reported was 0.92 and test-retest reliability, 0.85. This 12 item scale is assessed on a 7 point Likert Scale. Responses range from “Very strongly disagree (1) to Very strongly agree (7). Included questions are like, “My friends really try to help me”, “I can talk about my problems with my family” etc. There are three subscales of MSPSS: Family Subscale (MSPSSFam), Friends (MSPSSFren) and Significant Other (MSPSSSO). The mean total score on any scale from 1 to 2.9 is characterized as low support; 3 to 5 as moderate support and 5.1 to 7 illustrates high support (Zimet, Dahlem, Zimet, Farley, 1998)

2.4 Procedure

Young adults at Forman Christian College participated in this research. Brief introduction of the researcher

and research was given. They were asked whether they experienced loss of any loved one in their life and at least six months have passed or not. They were asked about their interest to participate in the research. The researcher explained the purpose of the research. Certain ethical considerations were taken in the current research. Participants were clearly explained the right to withdraw and voluntary participation in the research. They were assured that no identifying information is being obtained in order to maintain anonymity of their responses. They were clearly explained the nature of the questions involved in the questionnaire. An informed consent and what it represents were discussed in detail. They were informed that if they experience any distress during process; the researcher has a licensed therapist on board who has agreed to give the first counseling session with charges waived. However, no participant signed up for a session. Each participant was assured that he/she can withdraw at any point in time. Two participants did not agree to participate while the rest agreed to fill questionnaire. Written informed consent was obtained from all participants. Data on computer was stored in an encrypted folder.

2.5 Data Analysis

Data was entered in IBM SPSS-Statistic 23.0 Software Package for analysis. Pearson product-moment correlation co-efficient was used to determine correlation between Prolonged Grief and Social Support. Two-way Multivariate analysis of variance was used to determine gender differences in risk of Prolonged Grief & Social Support in relation to Relationship with the deceased.

3. RESULTS

3.1 Descriptive Analysis

Table 1. Descriptive statistics for demographical information

		N	%	M	SD
Gender	Men	87	48	-	-
	Women	93	52	-	-
Age		-	-	22.07	3.735
Relationship to Deceased	Immediate Family	132	73	-	-
	Extended Family	27	15	-	-
	Friends	21	12	-	-

The descriptive statistics for demographical information is presented in Table 1. Most majority of the sample reporting losing an immediate family member.

Table 2. Descriptive Statistics of the MSPSS and PG-13

Variables	<i>M (SD)</i>	Range	<i>Cronbach's α</i>
MSPSS	55.22	19.35	0.94
PG-13	26.9	9.56	0.85

Note. Measured using MSPSS (Multidimensional Scale of Social Support) and PG-13

Table 2 presents descriptive statistics for Multidimensional Scale of Social Support (MSSS) and Prolonged Grief -13 (PG-13) for the research sample. Using 36 as a cut-off score, the prevalence was calculated. All the cases which had a total score ≥ 36 were selected. Using the responses, these cases were cross checked against the criterion of Prolonged Grief as listed in DSM 5-TR (American Psychiatric Association, 2022). 9%

Participants met the criteria for Prolonged Grief. Among these individuals, women outnumbered male young adults. Overall mean scores for subscales in social support indicated moderate support i.e. 3-5 (Zimet, et al. 1988). Overall the mean for total social support was moderate. Cronbach's alpha values for the two scales used was calculated. Reliability Analyses revealed that both the scales had adequate internal consistency.

3.2 Inferential Statistics

Table 3. Pearson Correlation Matrix among Social Support Scores and PG-13 (N=180)

	1	2	3	4	5
1. MSPSS Family	1	-	-	-	-
2.MSPSS Friends	.611*	1	-	-	-
3. MSPSSSO	.550**	.667**	1	-	-
4. MSPSS Total	.836**	.881**	.862**	1	-
5. PG_13	-.235**	-.338**	-.386**	-.372**	1

Note. Measured using MSPSS (Multidimensional Scale of Social Support) and PG-13. MSPSSFam (Family subscale), MSPSSSO (Significant Other Subscale) & MSPSSFren (Friends Subscale), PG-13 (Prolonged Grief) * $p < 0.05$, ** $p < 0.01$

3.2.1 Hypothesis 1. To test the first hypothesis, i.e. 'there will be a negative correlation between Prolonged Grief and Social Support', Pearson product-moment correlation analysis was conducted to determine the relationship between Prolonged Grief and Social Support. Results are presented in Table 3.

Preliminary analyses were performed to ensure no violation of the assumptions of normality, linearity and homoscedasticity. The relationship between Prolonged Grief (as measured by the PG-13) and Social Support (as measured by the Multi-dimensional Scale of Social Support & its subscales) was investigated using Pearson product-moment correlation coefficient. Overall significant relationships were observed. Social Support by family and scores on the PG-13 were negatively correlated. Social support by significant other and scores on the PG-13 scale were negatively correlated. Social support by Friends and PG-13 scores were negatively correlated. Lastly, total social support and PG-13 scores were negatively correlated illustrating that grief is complicated when there is less perceived social support. An increase in perceived social support is associated with less complicated form of grief. Overall, the correlational values were significant, however the strength of the relationship is small in size.

3.2.2 Hypothesis 2. For the second hypothesis i.e., there will be gender differences in risk of prolonged grief & social support in relation to relationship with the deceased, a two-way between-groups multivariate analysis of variance was performed to investigate the interaction between gender and relationship to deceased on the combined dependent variables. Two dependent variables were Prolonged Grief and Perceived Social Support

Table 4. Gender and Relationship to Deceased

Variables	Wilk's λ	F	P	partial η^2
Gender	0.88	11.951	0.000	0.121
Relationship to Deceased	0.93	0.301	0.877	0.003
Gender x Relationship to Deceased	0.931	3.127	0.015	0.035

Note. partial η^2 = effect size, Wilk's λ = Multivariate test,

Preliminary assumption testing was conducted to check for normality, linearity, univariate and multivariate outliers, homogeneity of variance-covariance matrices, and multi-collinearity, with no serious violations noted. Box's test was applied to check the assumptions of equality of variances and results indicated no such violation. There was a statistically significant difference between men and women in their 'relationship to deceased' on the combined dependent variables: $F(4, 346) = 3.13, p = .015$; Wilks' Lambda = .93; partial eta squared = .003.

Table 5. Interaction of Gender & Relationship to deceased with Combined Dependent Variable

Source	Dependent Variable	SS	Df	MS	F	P	Partial η^2
Gender	PG	1819.429	1	1819.429	22.92	.000	.116
	SS	311.453	1	311.453	.821	.366	.005
Relationship to deceased	PG	70.240	2	35.120	.442	.643	.005
	SS	43.586	2	21.793	.057	.944	.005
Gender x Relationship to deceased	PG	609.188	2	304.594	3.837	0.023	.042
	SS	577.914	2	288.957	0.761	0.469	.009

Note. PG: Prolonged Grief, SS: Social Support

When the results for the dependent variables were considered separately, the only difference to reach statistical significance, using Bonferroni adjusted alpha level of 0.025, was Prolonged Grief: $F(5, 174) = 3.84, p = 0.00$, partial eta squared = 0.12. Furthermore, results revealed gender differences in Prolonged Grief but not in social support. Similarly, there is no significant difference levels of relationship to the deceased with the combined dependent variables.

Table 6. Mean differences among gender in prolonged grief

Gender	Relationship	Mean Difference	Std. Error
Men	Immediate	24.388	1.088
	Extended	23.182	2.686
	Friend	19.111	2.970
Women	Immediate	29.662	1.105
	Extended	27.500	2.227
	Friend	35.750	2.572

Note. Relationship with deceased is divided into immediate family, extending family or friend

An examination of the mean scores indicated that women reported slightly higher levels of Prolonged Grief when they had lost an immediate family member or friend as compared to men. Overall, women were more likely to experience high levels of grief in every degree of relationship with the deceased as compared to men.

4. DISCUSSION

The current study reports moderate levels of social support from friends, family, and significant others. Previous research by Al-Gamal et al. (2018) conducted on a sample from the undergraduate level, dominated mainly by young adults, found a similar trend of social support. While they noted a 13% prevalence of Prolonged Grief Disorder, the current study reported a 9% prevalence with women at a higher risk. This is consistent in the present sample from Pakistan and aligned with established trends by previous researchers (Jordan & Litz, 2014; Prigerson et al., 2013).

The study failed to reject the first alternative hypothesis due to significant relationships found between Prolonged Grief and Perceived Social Support. The demonstrated correlation in current research is inverse, meaning higher levels of social support may be associated with lower levels of Prolonged Grief. Similarly, lower levels of social support are associated with higher levels of Prolonged Grief. Previous researchers draw support to this relationship as Jordan and Litz (2014) held that an absence of social support could be a risk factor for PGD. Although Anderson (2010) found a no relationship between social support and complicated grief, most studies support the negative correlation between two the variables (Burke et al., 2010; Kristensen et al., 2010; Rheingold & Williams, 2015; Wagø, et al., 2017).

It is worth noting that social support has been negatively correlated with psychological distress. While studying mental health among parents who lost a son to military accidents, Kristensen, et al., (2010) noted that people with complicated grief listed several mental health struggles. As far as associations between disorders are concerned, research on a varying sample by Rheingold & Williams (2015) illustrates correlations between minimal social support and both PTSD & Major Depressive Disorder. Reports of unresolved complicated forms of grief may be concerning providing evidence for ongoing psychological distress experienced due to the nature of grief.

Social support may act as a protective factor and may hold implications for stakeholders investing in and looking after young adults. Al- Gamal et al. (2017) in their undergraduate students' study observed that students who had less support and experienced intense grief were more likely to experience depression. Specifically, among bereaved college students, Cousins et al. (2014) noted that receiving higher social support from friends and family was associated with higher levels of social adjustment in a wide variety of adjustment domains. Social support from friends, specifically, correlated with educational adjustment and social adjustment. Complicated Grief was also negatively correlated with social support at a significance of $r = -.28$, $p < 0.10$ in a sample of African-American homicidally bereaved individuals (Burke et al., 2010). It may be concluded that across studies and samples, increased perceived social support has been recognized as a buffer against overall psychological and social emotional ill-being.

Analysis for the second hypothesis revealed that high levels of Prolonged Grief were experienced by women in all three domains of relationship with the deceased (immediate or extended family or a friend). Generally, women are considered to be more vulnerable to mental health problems (Olff, et al., 2007). This highlights analysis from the current study. There were gender differences in Prolonged Grief where women were more susceptible to high severity. Previously, (Jordan and Litz, 2012; Prigerson et al., 2013) similar vulnerability factors for women were found. A similar pattern can be seen in the context of general psychological symptoms resulting from bereavement in a comparison among widows and widowers. Chen, et al., (1999) explored gender differences in the occurrence of symptoms related to traumatic (complicated) grief, depression, and anxiety. They recognized that widows were more likely to experience higher levels of traumatic grief

Ways in which college students resolve their grief while competing with their academic needs, Cupit, et al., (2016) established that there is high likelihood for women to request counseling services at college as compared to men. Similarly, in their college bereavement study, Chye, et al., (2018) noted that women exhibited severe grief reactions as compared to men. In a homogenous sample of bereaved parents of children lost in a terror attack, Wágo, et al., (2017) found men to report lower levels of complicated grief as compared to women. This trend was consistent as reported by Wago et al (2017), where a sample of people grieving from a terrorist activity demonstrated higher grief intensity among women.

A possible explanation for this could be drawn from higher levels of dependency vested by women in their interpersonal relationships as well as upon the deceased (Mash, et al., 2014). This Study quotes women reporting more dependency as compared to men ($t(1,153) = 6.46$, $p = .012$). Morina, et al., (2010) worked with a sample of individuals who had previous war-related experiences. Consistent with other researches, Morina, et al., (2010) reported that women are six times more vulnerable to PGD as compared to men and this was similar to the results of other researches (Schaal, et al., 2010; Varga et al., 2015, Ahmed et al., 2002). Similarly, Kristensen, et al. (2010) found mothers to experience higher levels of grief as compared to

fathers upon losing a son. Moreover, women are more likely to resort to avoidant behavior and anxiety when faced with stressful triggers in life (Craske, 2003). A predominant feature of complicated grief is prolonged denial which leads to significant impairment and adjustment without the lost loved one. Men are usually not encouraged to express and accept their emotions (Creighton, et al., 2013). In Pakistani culture, patriarchy is prevalent which might limit the expression of grief among men, resulting in higher reported severity of grief in women.

Gender differences can also be explained when comorbid conditions accompanying PGD are considered. A research focused on stress and depression examined 111 outpatients with major depressive disorder (MDD). The findings indicated that among individuals dealing with depression, women who experienced Complicated Grief (CG) had higher rates of panic disorder, social anxiety disorder, and post-traumatic stress disorder. This pattern was not found in men with MDD (Sung et al, 2011).

For the second hypothesis, the current findings suggest that women who experience the death of close and immediate family members may be more likely to experience higher levels of prolonged grief. Highlighting the risk at which college students stand while coming to terms with their grief, Cupit et al. (2016) showed that the degree of emotional connection to the deceased among college students significantly influenced their sense of purpose in their college journey. In previous research, a group of women who lost an immediate family member were more likely to opt for counseling than their male peers. Liew & Heather, (2018) established a high risk of grief severity for women specifically when they lost an immediate family member. A clinical sample investigated by Ahmed et al. (2002) revealed that more women experienced complicated grief as compared to men and losing a member from immediate family appeared to be a significant correlate of high grief intensity. Similarly, Mitchell, et al, (2004) established that having a close relationship with the deceased is a risk factor for complicated grief.

4.1 Implications

The current research highlights the significance of social support in bereavement and might be an important consideration for clinical intervention plans. Clinicians may develop treatments keeping the social environment of the client in mind. Efficacy was noted for randomized clinical trials of CBT in relation to symptom reduction of Prolonged Grief Disorder (Bryant, et al, 2014). While empirically examining the efficacy of meta-cognitive therapy in a sample of individuals with PGD, Wenn, et al, (2015) observed reduction in "PGD symptomatology, metacognitions, rumination, depression, anxiety, and stress compared to control group". The results of the research may facilitate practitioners and mental health workers in understanding the nature of prolonged grief in relation to social support. Moreover, findings with respect to bereaved young adults could be useful for universities and administration. University counseling centers may start support groups for those who are grieving. Policymakers may be influenced to form constructive policies, which may cater to the needs of the sample population.

4.2 Conclusion

Further research may explore the impact of comorbidity on the expression of PGD and how pre-existing conditions might contribute toward the risk of developing PGD. A comparison of personality traits in relationship with PGD may give trait vulnerability for complicated grief. Further groups can be studied in the sample population such as widows or women experiencing perinatal loss. These groups would be especially useful to study in a sample population of Pakistan, a society dominated by patriarchy. Overall, the results highlight the risk of the female gender being more susceptible to prolonged grief during the course of bereavement. Findings draw an insight into the complicated forms of grief experienced by young adults from a Pakistani Culture. Young adults are at the risk during the time when they have ample responsibilities to meet. Both clinicians and academicians may be mindful of these risks and take steps to eliminate the greater risk in the young population.

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