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**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 sectionalexploratory study

## PLACE AND DURATION OFTHESTUDY

The study was carried out in five cities of Pakistan from June2011to May 2013

## SUBJECTSAND METHODS

A purposive convenient sample of 290 participant was drawn from different public andprivate 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 degreerelativein thepast oneyear.Exclusion criterionis 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 livingin ruralresidences. Splitupofparticipants 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 burdenoffullblown disorder sothat it may save the bereaved families from the disadvantages additional to the bereavement and its loss.

## KEYWORDS

Psychopathology,First degreerelatives,Bereavement.

## INTRODUCTION

Death of a lovedand significant individual starts the process of grief.' 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. 2,3.4,s,ti,7,8,9**

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." Researchers have long beenagreed thata unified element of emotional distress comprising mal adaptive symptoms of grief is found in bereaved individuals other thatpureanxiety and depression."·" Qualityof lifeand sense of wellbeing ofthebereavingindividualgetsaffectedalsodueto thebereavement process."

Dietrich found out that in 50% of the bereaved individuals, two or more MMPl- 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,andSchizophrenia scales."

A study demonstrated that prolonged grief disorder represents the symptoms of depression along with thecognitive, emotional,andbehavioral symptoms of prolonged grief disorder. However, the symptom cluster of separation distress presents a grief specific dimension that may surface unrelated to depressive symptoms."

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 rateof psychopathologyduringtheperiod of bereavement in our localsettings.

## 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*

Ademographic variable Performa constructed by theresearcher would be used.

ThisPerforma wouldinclude questionsaboutbio data,relation of the bereaved to the deceased, time passed since death of the relation, how andwhentheygot thenews.



***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 20items deal with the neurotic disorders andgeneral health while last 4 items cover psychotic disorders. It has been translated into several languages.TheSRQ-24 responses aregivenin 'yes' or 'no' format. **It**canalsobe usedasa 20-item instrument instead of 24items.It has beenvalidated in 1980."Validation of SRQ-24urdu version in primary caresettingsof Pakistan was carriedout by Minhas et al." Atthe cut of score of 4/5 sensitivity was calculated to be 63% and specificity was calculated to be 77%. Positive predictive value was47% whilenegative predictivevaluewas0.85%.

**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 scaleswhile ontotheilliterateparticipantsinstruments 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. Theage range of the sample was between 16 to 92years.Thesampleisalmost distributed equally to all agegroups. 45 (15.5 %) of the participants were between the ages of 21 to 15 years,39(13.4%)participantswerebetween theage of 51to 60years, 37 (12.8 %) were between the age of 26 to 30 years (see table 1). 22 (7.6 %) purticipilnts were illiterute, 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 wereeducated up to masterslevel(see table 2).97(33.4

%) were single, while 165 (56.9 %) were married. Majority of the participants were livingin ruralresidencesi-e-256(88.3%).

The SRQ-24 scores of the first degree relativesof the deceased in the period of bereavement showed that most of the participants were experiencing psychopathology.Keeping the scoreof 5 andabove as cut off point, about three forth of the participants obtained a score above the cut off (seetable 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 andeducation levelwere almost equal.Three forthpercentage 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 degreerelatives of thedeceased who werein 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."

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.14 Previousresearch agreesthatpsychiatric disturbances accompany theperiod of bereavement."-'·'·'·'·'·10 11 1rn

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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 handit maybe because of the perceptionof loss but on the other hand, some previous researches report that experiencing the death of a friendor relation increasesthe likelihood of fear andawareness of deathin terms of personal life and ideal self. The awareness magnifies the perception of threat.1' Other studies alsoconcludedaftermeta analysisthat awareness of deathincreased the fear of death·2<)01These researches talked about the awareness of death in general; not the awareness of death of a first degree relative which ismore impact creating.This increased fear of death after the experience of the death of a first degree relative may contribute the symptoms thatmaybetranslated aspsychopathology.

## CONCLUSION

The instance of psychopathology is quite high among the first degree relatives during the period of bereavement so the general public, health careprovidersand mentalhealth professionalsshould 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 thebereavement andits loss.

**Table: 1**

**Oescriptive statistics for the hereavecl 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.l |

**N=290**

# Table: 2



Desc.-iptive statistics for the bereaved first degreerelatives.

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

**N=290**

# Table: 3

**Psychopathology in Be,·eaved fir·st degree relatives**

|  |  |  |
| --- | --- | --- |
|  | **Frequency** | **Percent** |
| Below cut off 5 | 73 | 25.2 |
| Above cut off 5 | 213 | 74.8 |

**N=290**

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