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## Comparison of Symptoms of Grief Reaction, Death Anxiety, and Psychological Distress among Bereaved People due to Corona, Natural Death, and Cancer

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### ABSTRACT

**Introduction:** Grief is a complex reaction that occurs after the death of a loved one and has stages. The individual cannot return to normal life until these steps are completed.

**Aim:** This study aimed to compare symptoms of grief reaction, death anxiety, and psychological distress among bereaved people due to the corona, natural death, and cancer.

**Method:** This study was a causal-comparative study. The research statistical population included all first-degree bereaved people of those who died due to corona, cancer, and normal death, in the period of the second half of 2020 and the first four months of 2021 in Sanandaj, among which 180 people (each group 60 people) were selected. These samples were selected from among the different strata of the society who had passed away at least one month ago. Based on this, a purposive sampling method was used. The research tools included the Grief Experience Questionnaire (GEQ), the Lovibond depression-anxiety-stress scale (DASS-21), and the Templer Death Anxiety Scale (1970). The obtained data were analyzed using one-way and multi-way analyses of variance in the SPSS23 software environment.

**Results:** The results showed that the rate of grief reaction and psychological distress in corona patients was more severe and higher than those suffering from cancer and natural death ( $P < 0.01$ ). In addition, anxiety about death due to corona was higher than death due to natural death ( $p < 0.01$ ), but there is no significant difference between bereaved people from cancer and corona in death anxiety ( $p < 0.05$ ).

**Conclusion:** According to the results, bereaved people due to corona need special psychological services and counseling.

**Keywords:** Grief reaction, Death anxiety, Psychological distress, Cancer, Corona

### INTRODUCTION

Humans are social beings with different relationships with their surroundings and experience deep attachments in relation to their relatives and friends, which sometimes lead to long-term separation and sometimes to death and face people with grief (Marris, 2018). Grief is a complex reaction that occurs after the separation or death of loved ones. In terms of clinical point of view, it is an attempt to reconnect and adapt to the situation, and the price that humans pay for loving (Worden, 2018). These reactions are a multidimensional process that is experienced in different sensory, physical and behavioral domains (Morris, Fletcher, and Goldstein, 2019).

Human death can be due to different reasons, such as old age, various diseases, which lead to expected deaths, sudden and untimely death, such as road accidents, and various types of murder and suicide, which are among the most stressful human experiences.

More than 250 thousand people are definitely infected in Iran and 12 thousand deaths have been identified as a result of this virus. (Mohammadi, Nakhaizadeh and Arazi, 2021). Corona was identified in China at the beginning of 2020 and was named Covid-19 by the World Health Organization. This virus spread from Wuhan, China all over the world and led to the death of some patients (Piond, Khomerian, and Sotoudezadeh, 2020). When a person dies with a confirmed covid infection, his body is out of reach and no longer seen by the family. The restrictions experienced at the moment of saying goodbye may culturally and religiously disrupt the family. People who experience the sudden death of family members have already experienced the grief of predicting the death of a loved one, and now a simple goodbye is prevented. They cannot even receive emotional and physical support or affection from family members or friends to not worsen the conditions of disease transmission (Shore, Gelbar, Koch, and Sower, 2016).

In addition, cancer is another chronic disease, which is the second leading cause of death in the world. It starts from one or more cells and its cells abnormally and rapidly multiply and their number increases and they form a cancerous tumor, which makes this cell mass unable to perform its tasks and activities (Khaleqkhah Mir Mahdi and Abbasian, 2019). According to the International Organization for Cancer Research, the growth rate of cancer patients in Iran will reach 35% by 2025, which is significant compared to the forecast of the average growth of cancer in the world, which is 27% (Abachizadeh and Karamatinia, 2016). This disease is one of the most destructive events, which is a bitter experience for the life of the patient, his family, and those around him (Salehi, Zarani, Fati, and Shear Bafchi, 2020). In addition, unsupported care needs can double the problems and psychological distress of their caregivers (Rasouli, Reinjfell, Moksens, and Eilertsen, 2021).

Death anxiety is among the emotional experiences that occur in grieved people (Belsky, 1999). Death anxiety is the anxiety and fear that creates in people with the awareness of the reality of death and dying and includes cognitive, motivational, and emotional elements. This anxiety can be different according to the stages of development and social-cultural events (Rodger and Hartley, 2019). This anxiety is a vague and anxious feeling of fear or discomfort caused by perceptions of a real or imaginary threat to one's existence (Rieger, 2017). Regardless of age, every person has a kind of relationship with death. At the same time, the understanding of people's death changes permanently in this process. Death anxiety is an emotion that starts at birth and lasts a lifetime. There is no consensus on how age changes death anxiety. On the other hand, death is a reality that happens outside of a person's own life. Therefore, people's attitudes towards death change due to their experiences of the death of those around them (Söğütlü, Gökteş 2019).

Psychological distress is among other problems that bereaved people have. In fact, the death crisis of a loved one is the most stressful event that any person can experience in his life. This reaction creates several disorders characterized by actual physical symptoms. This reaction can also exacerbate symptoms that are in the general category of mental disturbance. Psychological distress is rarely defined as a separate concept and is a term synonymous with pressure, stress,



and anxiety (Hales, Odin, & Lo, 2016). Mental disturbance is partially defined as emotional pain and suffering that consists of symptoms of depression and anxiety, these symptoms are often associated with physical symptoms (Chen, Komaromy, & Valentine, 2015). Depression, anxiety, and stress are the main components of disturbance and decrease in mental health, which significantly and negatively affect bereavement reaction (Mousavi, 2019).

The past studies discussed the effect of specific time and cultural background, type and intensity of the event, and psychological structure of people on the reaction to loss (Rafiei Ardestani, Eskandari, Borjali and Farrokhi, 2017) and the effects of Corona on people's daily life (Vahdani, Javadi, Sabzi and Arian, 2020). Momeni and Sahabi Negha (2020) conducted a study on the complications of bereavement during the outbreak of covid-19. They concluded that during the outbreak of covid-19, complicated bereavement has increased and it is necessary to identify and treat it. Anxiety related to (COVID-19) and worry about death depend on individual differences in affected individuals (Silva, Sampaio, & Pereira, 2021). Emotional worry, tenacity, and positive overexcitement were proposed as predictors of corona anxiety in diabetic patients (Amir Fakhraei, Masoumi Far, Ismaili Shad, Dasht Bozorgi, Darvish Baseri, 2019). Smith, Wilds, and Eilers (2020) studied social disconnection after bereavement and its role in psychological distress. They showed that a high level of social disconnection coincided with high psychological distress. Götze, Brähler, Gansera, Schnabel, Gottschalk-Fleischer, and Köhler (2018) investigated anxiety, depression, and quality of life in family caregivers of cancer patients during home care and after the patient's death. They concluded that 31.9% of the caregivers had high death anxiety and 2.29% had high levels of depression and there was no change in their quality of life with time. Another study showed the high incidence of mental distress in the survivors of Covid-19 in the early recovery period (Cai, Ekumi, Wang, Yuan 2020). In addition, covid-19 causes a high prevalence and a wide range of psychological disorders among people and different categories of society, especially among the medical staff (Karimi and Khalili, 2020).

According to the research conducted in the field of grief reaction, death anxiety, and psychological distress in bereaved people, paying attention to the increasing prevalence of cancer and epidemic diseases in recent years, including Covid-19, and the duration of the disease leads to death in people and problems related to bereavement in their surviving relatives. In addition, the nature of psychological symptoms and using internal forces to relieve the consequences of bereavement and coping with grief may vary in different people. Therefore, according to the mentioned materials and assuming the influence of psychological and personality characteristics of coping with bereavement, this research aims to compare symptoms of a grief reaction, death anxiety, and psychological distress among bereaved people due to the corona, natural death, and cancer.

### **Materials and methods**

This research is applied in terms of purpose and terms of method of implementation, it is a causal-comparative type of event, which explores cause-and-effect relationships between phenomena. The research statistical population included all first-degree bereaved people of those who died due to corona, cancer, and normal death, in the period of the second half of 2020 and the first four months of 2021 in Sanandaj. These samples were selected from among the different strata of the society who had passed away at least one month ago. Based on this, the purposeful sampling method was used. The statistical sample size was calculated using the formula of Tabachnik and Norcross (2001), which was estimated to be 102 people in this study,



but for greater validity, 60 people were considered for each group, and the total sample size was 180 people. Entry criteria included having experience of bereavement in first-degree relatives, tendency to answer questionnaires, having literacy, accessing the mobile phone, and not having significant physical and mental diseases such as diabetes, psychotic disorders such as schizophrenia, and severe depression. The exit criteria included the opposite of these cases. The questionnaires were first checked in terms of validity and reliability to collect data. Then it was prepared online and placed in the Sanandaj obituary telegram group. Subjects were selected randomly and without being pressured, considering their satisfaction with completing the questionnaires. The objectives of the study were explained to the participants. It was avoided to write details that would cause identification to remain confidential and comply with the principle of confidentiality of the information of the questionnaires. Questionnaires that were not completely completed were excluded from the research. In the following, the data obtained from the research were analyzed using descriptive statistics and one-way and multi-way analysis of variance through SPSS23 software.

**The Grief Experience Questionnaire (GEQ):** The Grief Experience Questionnaire (GEQ) was designed and built by Barrett and Scott in 1998 to measure grief reactions with 34 questions and its scoring range is based on a 5-point Likert scale from never to always. Questionnaire components: 1. Guilt (8 items), 2. Trying to justify and cope (6 items), 3. Physical reactions: (5 items), 4. Feeling abandoned (4 items), 5. Judgment of the person or others about the cause of death (4 items), 6. Embarrassment and shame (4 items), 7. Notoriety (3 items). The minimum possible score is 34 and the maximum is 170. A score between 34 and 68: the grief experience is low. A score between 68 and 102: the grief experience is moderate. A score above 102: the grief experience is high.

Mehdipour, Shahidi, Roshan, and Dehghani's research (2008) used two methods to determine construct validity: principal component analysis and convergent validity by calculating the correlation of the grief experience questionnaire with the GHQ and SCL-25. In addition, the reliability of the questionnaire was obtained through Cronbach's alpha for the whole 88% and it was calculated from 40% to 86% for the components. The validity and reliability of this questionnaire were confirmed in the research of Barrett and Scott (1998) and the overall Cronbach coefficient was calculated as 0.89. The reliability of this questionnaire was obtained through Cronbach's alpha for a total of 0.91 in the research of Ismailpour and Bakhshalizadeh (1993), Mr. Cronbach's coefficient was calculated as 0.90 in the present study.

**Templer's Death Anxiety Scale (DAS):** This questionnaire was created by Templer in 1970 with 15 items that measure the subjects' attitudes towards death. Subjects indicate their answers to each question with yes or no options. In this case, the scores of this scale can be variable between zero and 15, where a high score indicates people's high anxiety about death.

Rajabi and Bahrani (2011) used two tests of the Death Anxiety Scale and the Overt Anxiety Scale to investigate the validity of the Death Anxiety Scale. The result was 0.40 for the correlation coefficient of the Death Anxiety Scale with the Death Anxiety Scale and 0.43 for the correlation coefficient of the Death Anxiety Scale with the overt anxiety scale. Rajabi and Bahrani investigated the reliability and validity of this questionnaire in Iran and showed a reliability coefficient of 0.62 and an internal consistency of 0.73. Templer obtained the retest coefficient of this questionnaire at 0.83 and reported its validity at the desired level. Conti, Weiner, and



Flaching (1989) determined the validity of the questionnaire at 0.76 and the correlation of each question with the total score from 0.30 to 0.74 with an average for elderly people and 0.44 for students.

Lavibond and Lavibond Depression- Anxiety- Stress Scale (DASS-21): The DASS scale was developed in 1995 by Lavibond and Lavibond. Its short form contains 21 statements, each of the 7 statements measures a psychological factor or construct. The range of answers varies from never to always. Scoring is from 0 to 3 score zero for the never option, score one for the little option, score two for sometimes, and score three for always an option. They implemented the questionnaire in a large sample of 2914 people and evaluated its validity using Cronbach's alpha for all three components of depression, anxiety, and stress respectively (0.91, 0.84, and 0.90). In addition, Crawford and Henry conducted the test in a sample of 1771 people in England and declared its reliability with Cronbach's alpha of 0.95 for depression, anxiety 0.90, and stress 0.93 and total scores of 0.97. Sahibi, Asghari, and Salari (2014) validated this questionnaire on Iranian society and performed the psychometric characteristics of the test on a sample of 1070 people. Its reliability was obtained by Cronbach's alpha for the subscales of depression, anxiety, and stress, respectively, 0.77 for depression, 0.79 for anxiety, and 0.78 for stress. The correlation of the anxiety scale with the Zong test was 0.76, the correlation of the depression scale with the Beck test was 0.70, and the correlation of the stress scale with the perceived stress test was 0.49.

### **Discussion**

The present study generally aimed to compare the symptoms of grief reaction, death anxiety, and psychological distress among bereaved people due to corona, natural death, and cancer. The results showed that the grief reaction in people bereaved by Corona was more severe and more than in those bereaved by cancer and natural death. There was no research with similar results to the present research but the results of this research were indirectly similar to the results of Imani (2020), Münch, Müller, Deffner, Kiepke-Ziemes, et al. (2020), Vahadani et al. (2020). In this regard, one of the well-known theories is the Kübler-Ross theory, which considers loss to have five stages: denial, anger, bargaining, depression, and acceptance, and people pass these stages over time. Later, these five stages were used to describe grief and stages of bereavement (Momini and Sahab Negah, 2020).

The covid-19 pandemic and the physical distancing measures in many countries have caused disruptions to life and the normal and mental experience of bereavement. Even before death, terminally ill patients admitted to the hospital were isolated. Accordingly, family members and loved ones couldn't be present in such fateful moments became (Decreto, 2020). The death of a patient in quarantine and carrying out the funeral ceremony by special groups except the family practically deprives the patient's family of contact with the lost person, seeing and touching him and saying goodbye to him in the last moments after death. In fact, they do not have the opportunity to grieve and perform mourning ceremonies and emotional discharge during the burial. Another important point is that not only the patients who died from the disease but also their families were exposed to rejection from society. This issue causes a decrease in the willingness of friends and relatives to stay at the deceased's house due to the fear of the spread of the disease, which can lead to the intensification of isolation, feeling alone, and experiencing loss without sufficient emotional support and sympathy from others. This lack of social support from the people around them causes the bereaved not to express different emotions during mourning (Wetherell, 2022). As a result, it will cause many problems in solving the grief of



people in the epidemic, and the bereaved cannot go through the natural mourning process and show more intense emotional reactions due to corona disease.

The results of death anxiety showed that death anxiety in people due to cancer and corona is more than in those bereaved by natural death. The results of this part of the research are indirectly related to the results of research of Nasirzadeh, Akhundi, Jamalizadeh, and Khorramnia (2020), Ahmadi Farsani, Hashmati, Hashemi, and Rezazadeh (2019), Mirhosseini, Nohi, Jan Zoregi, Mohajer, Fadafan (2020), Lashgari, Azimian, Ranjbaran and Soliman (2019), Eggen, Reyners, Shen, Bosma, Jalving, et al. (2020). They showed that death anxiety is more in patients with corona and cancer and it is also consistent with the results of the studies of Boroujerdi (2019), Pravin (2021), and Lopez (2021). When people experience the death of people around them, their level of death anxiety increases so they also experience the fear of dying. The higher the death rate, the higher the death anxiety experience (Langs, 2004). Lashkari (2019) stated in his research that gender and family relationships were predictors of death anxiety. Women compared to men and children and siblings showed more death anxiety while caring for the patient compared to other family members. Another point is that if there is less control over the factors that lead to death in special conditions, the person is less likely to be dominated by those unpleasant conditions and take his life. In such a situation, the level of death anxiety will increase. Cancer and Corona are still not fully understood and no definitive treatment has been discovered for either of these two diseases. Therefore, when people put themselves in the place of those who die due to these two diseases, there is a basis for creating death anxiety in those around them. In this regard, the present study showed that the level of death anxiety in bereaved people due to corona disease and cancer is more than that of natural death.

The results of psychological distress showed that the bereaved people due to Corona experience more psychological distress than the bereaved due to cancer and natural death. This research is indirectly related to the results of Shahid Haq Moghadam, Fathi Ashtiani, Rah Nejat, Ahmadi Tahor Soltani, Taqwa et al (2019), Nasirzadeh et al. (2019), Shahyad Mohammadi (2021), Oh, Marinovich, Rajkumar, Besecker, Zhou, et al. (2021), Kyzar, Purpura, Shah, Cantos, Nordvig (2021). They showed that the amount of psychological distress in corona patients and other people involved with coronavirus increases. The research of Alizadeh Far and Safarinia (2020), which points to a significant increase in psychological distress in the treatment staff, is consistent with the results of this research.

Alizadeh Far and Safarinia (2020) showed that when people's lives face a crisis, they get confused, reducing their ability to control and predict the flow of life. This event will cause anxiety in people and a lack of predicting the future, and it is one of the most basic features of crisis situations. During pandemics, different theories were observed about the source or reason of the infectious agent and the vaccines that are used for prevention, which cause mental problems and anxiety, and stress in society. In addition, people try to attribute the cause of the pandemic to the secret conspiracies of powerful global actors. Rumors are among other things that have destructive effects on people's mental health during pandemics. According to studies, exposure to social signs such as a frightened person or hearing his voice can stimulate or strengthen fear, which is called contagious fear (Shaheh Haq Moghadam et al., 2020). Such conditions as described will be more and more terrifying for the families who have lost their



loved ones due to Corona. Therefore, these families experience the problems of unresolved grief and rejection from relatives in addition to the anxiety and depression that have affected the whole society in the Corona situation. As a result, the bereaved people due to Corona experience more psychological distress than those bereaved due to natural death.

### **Conclusion**

According to the results, the grief reaction and psychological distress in the bereaved people due to Corona was more intense and more than in those bereaved due to cancer and natural death. In addition, the death anxiety in bereaved people due to cancer and corona is more than natural death. The present study also had some limitations: the people participating in the study were limited to Sanandaj, which prevents the generalization of the results, only one self-assessment questionnaire method was used to collect data and data was collected online due to the observance of social distance during the corona disease. It is recommended to solve the existing limitations in future research. The amount of grief reaction, death anxiety, and psychological distress in the bereaved people due to Corona had a significant difference with other bereaved. Therefore, counselors, psychologists, and specialists of specialized Corona clinics are suggested to hold counseling courses and prepare and compile training packages in this field and apply these research variables to other patients who struggle with chronic and excruciating pain.

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