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## Standardization Of the International Prolonged Grief Disorder Scale

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### A B S T R A C T

The upcoming plan for the standardization (validity and reliability) of the International Prolonged Grief Disorder Scale is in the form of an exploratory survey research, and in terms of its purpose, it is among applied research. Therefore, it is designed and implemented in order to identify the people who are involved in corona-related mourning. The instrument used in this research is the International Scale of Prolonged Grief Disorder, whose guidelines and scoring are previously formulated. Prolonged Grief disorder has not been investigated in Iran so far, and in this research, we intend to standardize this tool, as well as evaluate the generalizability of its culture supplements questions (originally developed for Europe) and adapt it to the cultural factors of our society. The results indicate that the Persian form of the International Prolonged Grief Disorder Scale has good validity and reliability, and its results can be generalized to different strata of society. The use of this questionnaire is recommended to specialists and counselors to diagnose Prolonged grief disorder.

**Keywords:** Lack Of Close Relatives, Grief, Prolonged Grief Disorder, Cultural Supplements.

### INTRODUCTION

Death is a natural event in life, and all people somehow experience this phenomenon. Due to the death of their relatives, individuals struggle with grief ([de Feijter, O'connor, Arizmendi, Ikram, & Luik, 2021](#); [Johannsen et al., 2022](#); [Kustanti et al., 2021](#); [Li & Prigerson, 2016](#); [Tremel, Kaiser, Plexnies, & Kersting, 2020](#)), which can be a sore and stressful experience ([Diolaiuti, Marazziti, Beatino, Mucci, & Pozza, 2021](#); [Eisma, Boelen, & Lenferink, 2020](#); [Eisma & Tamminga, 2020](#); [Li & Prigerson, 2016](#); [Nair & Banerjee, 2020](#); [Tremel et al., 2020](#)). Some individuals accept the loss of their beloved ones over time, while a few manifest severe reactions of sorrow ([Johannsen et al., 2022](#); [Kustanti et al., 2021](#); [Li & Prigerson, 2016](#); [Pohlkamp, Kreicbergs, Prigerson, & Sveen, 2018](#); [Robinaugh, Toner, & Djelantik, 2022](#); [Tremel et al., 2020](#)). Their grief does not alleviate; rather, it increases with time, stabilizes abnormally ([Eisma et al., 2020](#); [Eisma, Tamminga, Smid, & Boelen, 2021](#); [Johannsen et al., 2022](#); [Kustanti et al., 2021](#); [Li & Prigerson, 2016](#); [Pohlkamp et al., 2018](#); [Robinaugh et al., 2022](#); [Tremel et al., 2020](#)), intensifies the symptoms of grief, and leads to a functional disorder known as Prolonged Greif Disorder (PGD) ([de Feijter et al., 2021](#); [Johannsen et al., 2022](#); [Pohlkamp et al., 2018](#); [Robinaugh et al., 2022](#); [Stelzer, Höltge, Zhou, Maercker, & Killikelly, 2020](#); [Yi et al., 2018](#)).

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Grief is a common reaction and bereavement to the loss of a close relative ([Eisma et al., 2021](#); [Kustanti et al., 2021](#); [Pohlkamp et al., 2018](#); [Wilson, Underwood, & Errasti-Ibarrondo, 2021](#); [Yi et al., 2018](#)), and involves psychological, spiritual, cultural, social, and physical dimensions ([Chen, Du, Wu, & Jin, 2021](#); [Diolaiuti et al., 2021](#); [Nair & Banerjee, 2020](#); [Pohlkamp et al., 2018](#); [Stelzer et al., 2020](#)). Holly G Prigerson et al. (1995), define grief as a mental reaction to losing beloved ones and impatience for their absence ([Yi et al., 2018](#)).

PGD has been introduced as a new disorder in the International Classification of Diseases (ICD-11) ([de Feijter et al., 2021](#); [Djelantik, Robinaugh, & Boelen, 2022](#); [Eisma et al., 2020](#); [Eisma et al., 2021](#); [Johannsen et al., 2022](#); [Killikelly, Merzhvynska, et al., 2021](#); [Killikelly et al., 2020](#); [Kustanti et al., 2021](#); [Rosner, Comtesse, Vogel, & Doering, 2021](#); [Stelzer et al., 2020](#)), and the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) ([de Feijter et al., 2021](#); [Djelantik et al., 2022](#); [Eisma & Tamminga, 2020](#); [Eisma et al., 2021](#); [Johannsen et al., 2022](#); [Killikelly et al., 2020](#); [Reiland et al., 2021](#)). This disorder is diagnosed by the main symptoms of severe longing for and mind rumination about the deceased, ([Eisma & Tamminga, 2020](#); [Johannsen et al., 2022](#); [Killikelly et al., 2019](#); [Killikelly, Merzhvynska, et al., 2021](#); [Li & Prigerson, 2016](#); [Pohlkamp et al., 2018](#); [Stelzer et al., 2020](#); [Tremel et al., 2020](#)), as well as emotional pain, functional disorders, and violation of social norms ([de Feijter et al., 2021](#); [Eisma et al., 2020](#); [Johannsen et al., 2022](#); [Killikelly et al., 2019](#); [Killikelly, Merzhvynska, et al., 2021](#); [Li & Prigerson, 2016](#); [Pohlkamp et al., 2018](#); [Stelzer et al., 2020](#); [Tremel et al., 2020](#)), and continues more than six months after the loss of the beloved one ([Djelantik et al., 2022](#); [Eisma & Tamminga, 2020](#); [Johannsen et al., 2022](#); [Killikelly, Smid, Wagner, & Boelen, 2021](#); [Maccallum & Bryant, 2019](#); [Pohlkamp et al., 2018](#); [Rosner et al., 2021](#); [Tremel et al., 2020](#); [Wilson et al., 2021](#); [Yi et al., 2018](#)). Individuals with PGD may suffer from some symptoms, like severe denial of loss, declined self-esteem, and inability to establish new relationships ([Killikelly, Smid, et al., 2021](#); [Yi et al., 2018](#)).

PGD is a potentially detrimental consequence entangling almost 10% of bereaved individuals ([de Feijter et al., 2021](#); [Johannsen et al., 2022](#); [Kustanti et al., 2021](#); [Maccallum & Bryant, 2019](#)). The prevalence of PGD is high throughout the world and reaches about 49% ([Djelantik et al., 2022](#); [Rosner et al., 2021](#)). Likewise, the prevalence rate has been reported at 75-88% in developing Asian countries ([Djelantik et al., 2022](#)), and 12-43% in western countries ([Yi et al., 2018](#)). The primary diagnosis criteria of PGD were first determined by Horowitz, Bonanno, and Holen (1993), under the term of pathologic grief and became a springboard for extensive research on its traumatic signs, factors, and consequences ([Tremel et al., 2020](#)).

Intensive studies in this domain have examined PGD predictors at cognitive, emotional, biological, environmental ([Killikelly et al., 2019](#); [Wallace, Wladkowski, Gibson, & White, 2020](#); [Yi et al., 2018](#)), individual, and social levels ([Killikelly et al., 2019](#); [Mayland, Harding, Preston, & Payne, 2020](#); [Wallace et al., 2020](#); [Yi et al., 2018](#)), and categorized them into three general groups: individual predictors (including mental disorders, prior experiences of loss, age, gender, social factors, and attachment styles), relations with the deceased (involving family connections, marital relationships, and attachment), and loss properties (encompassing the time, cause, and nature of loss, the experience of death, and lack of preparedness) ([Killikelly et al., 2019](#); [Yi et al., 2018](#)). Furthermore, simultaneous socioeconomic stressful factors ([Eisma et al., 2021](#); [Yi et al., 2018](#)) vary according to the mentioned characteristics. Hence, studying different societies, especially those with various cultures, is imperative ([Li & Prigerson, 2016](#); [Rosner et al., 2021](#))

Grief is a global phenomenon in the culture of every human and should be investigated in different cultures. The universal approach has revealed that mental disorders carry the main symptoms of psychological pathology. Concerning the grief arising from the loss of a close

relative, it stipulates that culture should be accentuated since it plays a crucial role in bereaving styles and intensifies disorder-causing symptoms ([Johannsen et al., 2022](#); [Killikelly, Smid, et al., 2021](#); [Killikelly et al., 2020](#); [Mayland et al., 2020](#)). Besides, if significant cultural signs are examined, the prediction degree of the diagnostic criteria of the disorder increases ([Johannsen et al., 2022](#); [Killikelly, Smid, et al., 2021](#); [Killikelly et al., 2020](#)).

Various tools have been designed for the detection of entangled individuals. Research groups have employed different terminologies and conceptualizations and developed evaluative instruments since the diagnostic criteria change over time ([Killikelly et al., 2020](#); [Kustanti et al., 2021](#); [Trembl et al., 2020](#)).

With respect to the explanations above, the present study aimed to standardize the PGD questionnaire in Iran, examine and assess the generalizability of the cultural supplements of the questionnaire, and rewrite them if necessary.

## METHODOLOGY

The current research is an exploratory survey, and in terms of its purpose, it is among applied research. The present study was sent to the university as a research project and its administrative procedures were approved.

Various assessment tools have been designed to identify individuals involved in bereavement. Research groups have used different terms and concepts and develop assessment tools as diagnostic criteria have changed over time ([Trembl et al., 2020](#)). The tool examined in this research is the International Prolonged Grief Disorder Scale ([Kustanti et al., 2021](#)). The first part consists of a narrative definition of disorder in ICD-11 (questions from previous measures (i.e. the integration of items from the PG-13 ([Holly G. Prigerson, Vanderwerker, & Maciejewski, 2008](#)), and the SCI-CG ([Bui et al., 2015](#))) and the second part questions about on culture norms items measuring the core, accessory criteria as well as the functional and the cultural appropriateness criterion. Furthermore, it consists of guidelines on how to score the cultural supplements items originally developed for Europe (e.g. Switzerland and Ireland). All items are presented below.

### **Scoring guidelines and questionnaire questions:**

*obtain a global score for grief severity:* Create a summed score over items 1 - 13. The higher the value, the more severe the grief.

*Distinguish individuals with Prolonged Grief Disorder (PGD) from those without:*

Core symptoms: At least one of items 1 or 2 must be endorsed with often (4) or always (5).

Accessory symptoms: Provisory Regulation: At least one of items 3-12 must be endorsed with often (4) or always (5).

Functional impairment criterion: Item 13 must be endorsed with often (4) or always (5).

Culture criterion: Item 14 must be endorsed with often (4) or always (5).

*Criteria Description:*

Items 1-2 = Core symptoms, Items 3-12 = Accessory symptoms, Item 13 = Functional impairment criterion, Item 14 = Culture appropriateness criterion, Item 15 = Time criterion.

The basic population of the research includes the students of Zanjan province (in Iran). The number of samples is 100 persons. Due to the special conditions and limitations of traffic and social communication, available and targeted sampling method and internet implementation was used. The working method is that the questionnaire is designed online and will be published through social networks (Telegram, WhatsApp, Instagram).

Content validity and face validity will be used to determine the validity and Cronbach's alpha method will be used to determine the reliability of the research.

## RESULTS

The statistical population and sample were 21-48-year-old university students who Between 6 months and 1 year passed since the death of one of their family members. Table 1 shows the demographics of the subjects of the PGD questionnaire.

**Table 1.** The demographics of the subjects of the PGD questionnaire

Demographic	Options	Frequency
Gender	Woman	68%
	Man	32%
Marital status	Single	65%
	Married	35%
Number of children	No child	58%
	One child	17%
	Two children	15%
	Three child and more	11%
Education	Bachelor's degree	58%
	Master's degree	25%
	PHD and above	17%
Economic level	Weak	16%
	Medium	73%
	Rich	11%

Table 2 descriptive information for grief and cultural supplements of the PGD questionnaire are presented in the first point of the questionnaire implementation and the second point of the questionnaire implementation.

**Table 2.** Descriptive information for grief questions and cultural supplements questions of the PGD questionnaire

Components	Point	N	Minimum	Maximum	Mean	Std. Deviation
Grief questions	First point	100	19	67	39/63	11/69
	Second point	100	21	67	40/25	11/08
Cultural supplements questions	First point	100	20	93	44/61	17/73
	Second point	100	20	93	45/23	17/44

### Basic validity of PGD questionnaire

Among the professors of the psychology department of Zanjan University, three experts in this field were appointed by the research council of the faculty and the content and face validity of emotional grief questionnaire questions, which included the two parts of grief questions and the cultural supplements questions, were confirmed. The questions of the first part were examined based on the clinical symptoms of PGD and its content validity was determined, The questions of the second part were also analyzed based on Iranian culture and its content validity was determined. The content validity results of the questions are presented in Table 3.

**Table 3.** Content validity results of grief questions and questions of cultural supplements

<b>grief questions</b>	<b>Content validity results</b>
1. I am longing or yearning for the deceased.	0/96
2. I am preoccupied with thoughts about the deceased or circumstances of the death.	0/94
3. I have intense feelings of sorrow, related to the deceased.	0/96
4. I feel guilty about the death or circumstances surrounding the death.	0/92
5. I am angry over the loss.	0/93
6. I try to avoid reminders of the deceased or the death as much as possible (e.g., pictures, memories).	0/91
7. I blame others or the circumstances for the death (e.g., a higher power).	0/90
8. I have trouble or just don't want to accept the loss.	0/90
9. I feel that I lost a part of myself.	0/96
10. I have trouble or have no desire to experience joy or satisfaction.	0/93
11. I feel emotionally numb.	0/91
12. I have difficulties engaging in activities I enjoyed prior to the death.	0/95
13. Grief significantly interferes with my ability to work, socialize or function in everyday life.	0/94
14. My grief would be considered worse (e.g., more intense, severe and/or of longer duration) than for others from my community or culture.	0/92
15. When did the loss occur? (circle one)	0/96
<b>questions of cultural supplements</b>	<b>Content validity results</b>
1. I experience strong physical problems since the loss (e.g., headache, problems with appetite).	0/70
2. I would do anything to feel close to the deceased (e.g., visit their grave everyday, sleep next to their picture).	0/75
3. Since the loss my behavior has changed drastically in an unhealthy direction (e.g., excessive alcohol consumption).	0/69
4. The loss shattered my trust in life or faith in God/a higher spiritual power.	0/70
5. It is impossible for me to focus.	0/75
6. My grief is so intense that I feel stuck in grief.	0/70
7. I just can't seem to fall back into a rhythm.	0/72
8. I feel paralyzed and disconnected, (e.g., as if I am not in my own body).	0/75
9. I have no energy or desire to engage in activities.	0/70
10. This life holds no meaning since the death.	0/68
11. I want to die in order to be with the deceased.	0/73
12. I don't feel close to other people or feel no satisfaction when being around others.	0/70
13. I feel like I have completely lost control.	0/71
14. I am searching for the deceased with the hope to find him/her.	0/71
15. I feel life is hopeless because of the loss.	0/73
16. I constantly look back upon the past relationship.	0/69
17. I feel so helpless since I lost him/her.	0/74
18. I feel he/she is beside me.	0/75
19. I cry loudly when I think of the loss.	0/69
20. I can't trust others since the loss.	0/70

### Reliability of PGD questionnaire

The questionnaire was completed by the subjects in two points in time, the second point in time was implemented 20 days after the first point. The reliability (internal consistency) of the questionnaire was calculated by Cronbach's alpha method. The reliability of the PGD questionnaire is presented in Table 4.

**Table 4.** The reliability (internal consistency)

Question sections	Point	Cronbach's alpha
Questions grief	First point	90%
	Second point	88%
Questions of cultural supplements of grief	First point	95%
	Second point	94%
All questions of the PGD questionnaire	First point	96%
	Second point	95%

As the above table shows, the Cronbach's alpha coefficient for bereavement questions in the first and second points and cultural supplements questions in the first and second points are very similar across the two points in time. Cronbach's alpha coefficient for all the questions of the two sections in the first and second points is 0.96 and 0.95, respectively, which indicates a sufficient reliability of the questionnaire.

### Test-retest reliability of PGD questionnaire

The test-retest reliability of the PGD questionnaire by Pearson correlation method is presented in Table 5.

**Table 5.** Pearson correlation of first and second stage of PGD questionnaire

Question sections	N	Pearson correlation	Sig. (2-tailed)
Questions grief	100	0.99	p<.001
Questions of cultural supplements of grief	100	0.99	p<.001
All questions of the PGD questionnaire	100	0.99	p<.001

As can be seen in Table 4, the correlations between the first and second points in time was highly significant for the two parts of grief questions and questions of cultural supplements, as well as for all questions of the PGD questionnaire. In general, the average re-test coefficient is equal to 0.99, which indicates an excellent re-test reliability.

## CONCLUSION

The results of the present survey on the PGD questionnaire which was filled out by students who had lost their beloved ones indicated that the Persian version of this questionnaire exhibits acceptable validity and reliability. The most basic form of validity, content face validity, was confirmed by three specialists. The Cronbach alpha results for the two subscales (grief and cultural supplements) and the whole scale revealed the suitable internal consistency reliability of this questionnaire.

Since this reliability parameter was examined among university students from different communities of Iran, the items associated with the cultural supplements originally developed for Europe also encompassed the different Iranian cultures and could be a helpful instrument for diagnosing the PGD of Iranian communities.

It is worth mentioning that no item was omitted in the present study, and the questions reflecting cultural supplements needed no revision. The results of this research were in line with the findings of studies by Killikelly et al. (2020), and Stelzer et al. (2020), both of which examined Chinese and German samples. The outcomes also corresponded with the findings of Kustanti et al. (2021), research on Swiss, Chinese, Israeli, Portuguese, and Irish samples.

We can generally conclude that the Persian version of the PGD questionnaire enjoys proper validity and reliability, and the results of this scale can be generalized to different social communities. It is suggested that specialists and counselors use this questionnaire for PGD detection.

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