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Reem Rehimi

**Anxiety, Depression, and
Persistent Complex Bereavement
Among the Families of the
Enforced Disappeared and Deceased
during the
Lebanese Civil War**

(A Thesis submitted to the Faculty of Social and Behavioral Sciences
in partial fulfillment of the requirements for the Master of Art in
Psychology – Emphasis: Counseling at Haigazian University, Beirut
in February 2022)

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DEDICATION

This dissertation is dedicated to the memory of all those lost in the Lebanese civil war, their families, and their loved ones.

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Hasan, for your unfailing support, thank you.

As I was walking up the stair,
I met a man who was not there.
He was not there again today,
Oh, how I wish he'd go away.

Hughes Mearns

Abstract

The purpose of this quantitative research was to study mental health implications, specifically symptoms of depression, anxiety, and persistent complex bereavement among the families of the deceased and forced disappeared during the Lebanese Civil War. The research aim was to compare the families of the deceased with the families of the forced disappeared on the following variables: symptoms of anxiety, symptoms of depression and symptoms of persistent complex bereavement.

A purposeful and convenient sample of 26 Lebanese individuals who had lost a core family member in the Lebanese civil war participated in the study, 13 of whom had lost a family member to death, and 13 others who had lost a family member to forced disappearance. Data were collected using a survey that included a demographic questionnaire, the “Beck Anxiety Inventory”, the “Beck Depression Inventory”, and the “Inventory of Complicated Grief”. Between-subjects t tests were used to test the hypotheses. As hypothesized, the results showed that individuals who had lost a core family member to enforced disappearance scored significantly higher on symptoms of anxiety, symptoms of depression, and symptoms of complicated grief than those who had lost a family member to death during the same time period in the Lebanese civil war. It is recommended to use clinical interventions that focus on psychoeducation, methods of narrative therapy that are based on storytelling for finding more positive meaning as well as approaches that increase the individuals’ tolerance for ambiguity.

Keywords: enforced disappearance, anxiety, depression, complicated grief, ambiguous loss

Chapter 1

ANXIETY, DEPRESSION, AND PERSISTENT COMPLEX BEREAVEMENT AMONG THE FAMILIES OF THE ENFORCED DISAPPEARED AND DECEASED DURING THE LEBANESE CIVIL WAR

Enforced disappearance is a phenomenon that has occurred throughout history but was first recorded during World War II due to what was known as the “Keitel Order”. It was the German order that demanded the transfer of certain individuals that were deemed dangerous to the security of Nazi Germany at the time to undisclosed locations keeping their whereabouts unknown. Their vanishing without leaving a trace was considered an appropriate measure to intimidate possible enemies of the Third Reich (Pervou, 2012).

As defined by the 2006 International Convention for the Protection of all Persons from Enforced Disappearance, enforced disappearance is the arrest, detention, abduction, or any other form of deprivation of liberty by agents of the state or by persons or groups of persons acting with the authorization, support or acquiescence of the state, followed by a refusal to acknowledge the deprivation of liberty or by concealment of the fate or whereabouts of the disappeared person, which place such a person outside the protection of the law (Yakintho, 2015).

Although such practice constitutes a breach to a variety of human rights such as right to life, right to liberty, and other, thousands of enforced disappearances have nonetheless globally occurred, for example, in Iraq, Columbia, Honduras, and Mexico (Solar, 2021). This research intends to study the enforced disappearance and its psychological correlates within the Lebanese context.

Since the beginning of the Lebanese Civil War in 1975, and for almost two decades, the Lebanese have suffered from a lethal combination of internal and regional conflicts, leaving around 150,000 persons dead, 800,000 displaced, and 17,000 forced disappeared (International Committee of the Red Cross, 1999). Years following the civil war, the Lebanese government did not provide any information regarding disappearances, and although addressed by international organizations with recommendations and steps towards resolving the disappearances problem, the situation was not settled (Sherry, 1997). Determined to know the truth about their loved ones, and position the cause on the government’s agenda, the families of the missing formed

a Committee of the Families of the Kidnapped and Disappeared in Lebanon (CFKDL) in 1982 powered with different forms of advocacy and street pressure. To this day, unfortunately, the families continue to wait for news on their missing loved ones' whereabouts, with faint expectations on finding them alive (Maalouf, 2019).

Such occurrence of loss without confirmation and closure, is referred to as ambiguous loss. Defined as the unclear physical or psychological loss of a loved one, and endured without verification, ambiguous loss hinders coping and causes psychological problems and impairment (Boss, 2004). Due to the lack of confirmation and vagueness characterizing such loss, individuals are often confused, and unable to begin their grieving process.

Ambiguous loss defies resolution, it is a loss in which individuals are denied the needed closure, and as such, its psychological implications are wide-ranging (Baraković et al., 2014). Prior research indicates that such loss causes prolonged grief and is associated with depression and anxiety symptoms. A study by Barakovic et al. (2014), based on a sample of women displaced during the war in Bosnia and Herzegovina, who had war missing family members, showed that these women have significantly higher results of anxiety, depression and somatization when compared to women displaced during the war, but with no missing family members (Baraković et al., 2014). Another study conducted among relatives of missing people in Italy showed that the mourning following this loss is characterized by traumatic or prolonged grief (Testoni et al., 2020). These people developed depression-like symptoms paired with feelings of shame and self-blame. Additionally, accepting the reality of loss was an extremely complex task for them, and reaching their closure seemed impossible (Testoni et al., 2020).

Although some studies showed that the symptoms of depression and anxiety among the families of the forcibly disappeared are more severe than those observed in people who faced a loved one's death (Baraković et al., 2014; Testoni et al., 2020), other studies hypothesized otherwise. In one cross-sectional study on prolonged grief among a sample of relatives of disappeared persons in Columbia, no differences were found in terms of depression and prolonged grief between the sample of bereaved individuals when compared to a sample of those who lost a significant other due to disappearance (Heeke et al., 2015). In another study, on the differential effect on mental health of the confirmed and unconfirmed loss of husbands among a population of women in Bosnia

and Herzegovina, no significant differences in terms of anxiety levels, social dysfunction, and somatic symptoms between spouses of those missing and those killed were found (Powell et al., 2010).

Hence, the understanding of psychological implications of ambiguous loss, especially when compared to confirmed loss, is still limited, and a need to further investigate it was necessary.

PURPOSE OF THE STUDY

This thesis was sponsored by a project by the office of the United Nations High Commissioner for Human Rights entitled “Dealing with the Past - Memories for the Future”. The project aims to support civil society and individual families in their collective efforts to seek the truth and move towards reconciliation following the period of the civil war in Lebanon.

The purpose of this research is to study mental health implications, specifically symptoms of depression and anxiety, and persistent complex bereavement among the families of the missing and forced disappeared during the Lebanese Civil War. In order to achieve that, the research aims to compare the families of the missing and forced disappeared with families who have lost a loved one on the following variables: symptoms of anxiety, symptoms of depression and symptoms of persistent complex bereavement.

RESEARCH QUESTION

That said, the research question the study aimed to answer is this: Do Lebanese families of the missing and forced disappeared show higher scores of symptoms of anxiety, depression and persistent complex bereavement compared to Lebanese families of deceased members?

RATIONALE

International research on ambiguous loss and its psychological implications remains scarce. Existing comparative research on psychopathology of loss post-disappearance and death, as a result of conflict and wars, is also very contrastive. While some research indicates that unconfirmed loss is more strongly correlated with anxiety, depression, PTSD, somatization and persistent complex bereavement, other research indicates otherwise and with regards to both, the topic remains under-researched. That said, one can conclude that, on the theoretical level, the lack in available studies as well as the

heterogeneity in the existing ones, make it difficult to understand psychopathology and the unique experience of post-disappearance, whereas on the practical level, it renders psychological interventions limited to the current knowledge level on this topic. Accordingly, this study, intends to fill in the gap in existing research on ambiguous loss, complicated grief and its correlated psychopathology, to gain more insight in this under-studied field.

In addition, local research on this topic in the Lebanese context is also considered very limited, especially in a country that has suffered tremendously such ambiguous disappearance. For instance, one study on the impact of disappearance on wives of the missing in Lebanon highlighted the complexity of the situation for those individuals. This study was conducted by Yakintho (2015) on a sample of 23 Lebanese wives of missing persons, who have never received clear information on their husbands' whereabouts. The study described the psychological implications of the loss on these women and their children which resulted, in some cases, in severe psychological trauma, psychosomatic symptoms, and even institutionalization. Another more recent study on the potentials of participatory arts in transitional justice for the families of the missing in Lebanon focused not only on the years of legal and financial distress these individuals have endured, but also on the psychological and emotional turmoil. According to Abdel Latif (2021), these families have been denied their right to truth and justice and deprived of having a healthy family life. As such and taking into consideration the limited local research on the legal, social, and psychopathological implications of the phenomenon of the forced disappeared in Lebanon, more investigation was needed to shed light on the perplexity of the situation and dire need for intervention.

SIGNIFICANCE OF THE STUDY

From a theoretical perspective, the findings of this study contribute to the limited research on ambiguous loss to generate valuable information for researchers on its psychopathological correlates of anxiety, depression, and complex bereavement with the aim of continuing an ongoing body of research and contributing to a more definite understanding of the topic given the current vague nature of existing research.

From a practical and clinical perspective, the findings will help clinical practitioners, such as, psychologists and counsellors, whether in their private practice or at organizational levels working with

families of the forced disappeared, implement tailored psychological interventions for this specific population suffering the consequences of unresolved loss.

Finally, not only did the research aim to highlight the need to adopt psychosocial support programs for families experiencing ambiguous loss, but also to shed light on the importance of family reunification programs adopted by policy makers.

Chapter 2

REVIEW OF THE LITERATURE

The purpose of this study was to compare the families of the missing and forced disappeared with families who have lost a loved one on the variables of symptoms of anxiety, symptoms of depression and symptoms of persistent complex bereavement. This chapter focuses on the review of literature of the study in order to provide the needed context to establish the study's hypotheses.

ENFORCED DISAPPEARANCE

Enforced disappearance is an ongoing violation of human rights frequently witnessed despite international conventions and legislation (Solar, 2021). Hundreds of thousands of people are frequently arrested, detained, and abducted against their will across all geographical contexts. Enforced disappearance constitutes an international crime and is defined as the deprivation of liberty against a person's will by the state or agents working on its behalf, followed by the concealment of the fate and whereabouts of the missing person which places such person outside the protection of law (Martinez, 2019).

The practice of an enforced disappearance of a person contravenes an entire range of human rights incorporated in the Universal Declaration of Human Rights, the Standard Minimum Rules for the Treatment of Prisoners and other individual human rights violated across the course of the disappearance such as the right to life, the right to liberty and security, the right not to be subjected to torture and other cruel, inhuman or degrading treatment or punishment, and the right to recognition as a person before the law (Office of the United Nations High Commissioner for Human Rights, n.d).

Many civil armed conflicts involved enforced disappearance and this practice has persisted in the last decade. There have been thousands of disappearances across the world in countries like Sri Lanka, the Philippines, Thailand, and Kashmir, since the late 1980s. Disappearances have also occurred in the Middle East over the past decades in Iraq, Yemen, Libya, Algeria, Syria, and Lebanon (UN: End 'Disappearances' Worldwide, 2010).

THE LEBANESE CONTEXT OF ENFORCED DISAPPEARANCE

In Lebanon, from 1975 until 1990, Lebanese factions, Palestinian militias, the Syrian military, and the Israeli military waged wars (Elghossain, 2020). Sieges of civilian populations, successive rounds of mass killings, displacement, abductions, and enforced disappearances characterized the 15 years of war in Lebanon. It is considered as one of the most long-lasting and destructive wars any country has endured since World War II, where the conflicts have left some 150,000 people dead, and 17,000 missing (International Committee of the Red Cross, 1999). Victims, most of whom were civilians, were abducted on the streets, at checkpoints, and from their homes. Three actors were predominantly responsible for the disappearances: Lebanese factions, Palestinian militias, and the Syrian regime (Elghossain, 2020). Between 1975 and 1977, newspapers featured dedicated sections to report the abductions (Maalouf, 2019).

In accordance with the decisions taken at the Arab Leagues Summit held in Riyadh, Saudi Arabia in October 1976, the Syrian military presence in Lebanon was formalized. In the second year of the country's civil war, specifically June of 1976, the Syrian troops - in large numbers - first entered Lebanon (Sherry, 1997). Pursuant to the summit, the Arab Deterrent Force (ADF) was created to impose ceasefire and part the opposing sides. The ADF included troops from other Arab states, but the bulk of forces were Syrian and under the command of the Syrian military. The Syrian presence included military intelligence officers, internal security officers, state security officers and other operatives and maintained detention facilities in several locations inside Lebanon; at least five locations (Tripoli, West Beirut, Ramlet El Baida Neighborhood in Beirut, Chtoura, and Anjar) (Sherry, 1997).

For the Lebanese, the “disappearances” phenomenon is a manifestation of the civil war and the Syrian presence in the country, and although Lebanese leaders acknowledged that the Syrian regime had imprisoned Lebanese in Syria, the Syrian government did not provide information regarding disappearances (Elghossain, 2020). Lebanese and Syrian government officials were addressed by the Human Rights Watch with expressions of concern and steps recommended to resolve the problem of the “disappearances”, but letters remain unanswered, and the persons continue to be detained/ disappeared (Sherry, 1997).

In November 1982, a Committee of the Families of the Kidnapped and Disappeared in Lebanon (CFKDL) was formed and was spirited with different activism forms, advocacy, and street pressure to place the cause on the decision makers' political agenda to reveal the truth about their loved ones (Touma, Zaghbour, 2020). The families of the missing have also formed one of the longest sit-ins in the contemporary Middle East and North Africa as they camped out occupying tents in downtown Beirut demanding the truth about the "disappeared" (Elghossain, 2020).

In 2005, the Lebanese and Syrian governments agreed to establish a joint committee on the "disappeared", the committee however did not publish reports of procedural approaches and did not resolve cases (Elghossain, 2020). And after decades of activism and struggle, Lebanese authorities passed the Law 105 in 2018 on the right to truth of the families of the disappeared, the right to know the fate of the missing and their whereabouts, and the location of their detention and remains (Touma, Zaghbour, 2020). In a symbolically significant step towards helping the families of the nearly 17,000 "disappeared" persons, the Lebanese have created a National Commission for the Missing and Forcibly Disappeared in June 2020 as the official body investigating the fate of those missing (Elghossain, 2020).

As hopes for finding the missing loved ones alive dimmed, the call shifted from the release of the detainees to a call for truth. To this day, the families of the "disappeared" continue to wait for official confirmation and news of the life and death of their relatives (Maalouf, 2019).

AMBIGUOUS LOSS

The forced disappearance does not only affect disappeared individuals, but their families as well. The families of the missing persons are plunged into a state of distressing uncertainty that severely disrupts their lives (International Committee of the Red Cross, 2020). This phenomenon of loss without confirmation, and potentially without closure, resembles an ambiguous loss. Ambiguous loss is an unclear loss of a loved one either physically or psychologically, endured without official verification or community validation (Boss, 2004). Due to constraints that block coping - beyond the control of the individual - ambiguous loss causes psychological problems, on a personal and family level. Such loss is confusing, it makes people perplexed and immobilized. Their problem solving and grieving are hindered as they cannot know whether the loss is final or temporary (Boss, 1999).

Beyond the lack of information about the missing person's whereabouts, there is no official verification that anything is lost; there is no death certificate, no body, and no funeral (Boss, 1999). Due to this existing uncertainty around such loss, individuals are denied of rituals important to grieving and cannot begin their grieving process (Baraković et al., 2014).

Ambiguous loss is broad and can occur in incidents of physical presence with psychological absence such as cases of Alzheimer's patients and addiction. Such loss also occurs when a person suffers serious head trauma and wakes up as a different person (Boss, 1999). Ambiguous loss is also in the form of physical absence with psychological presence such as cases of missing soldiers, disappearances during war and terrorism or incarceration (Renner et al. 2021).

Those who suffer such loss, deal with an array of psychological implications different from a clear-cut loss. The most apparent usual loss is death; it is a loss validated by rituals in which everyone agrees that a permanent loss has occurred, and the grieving process can begin. Most people deal with death with what is called normal grieving, a mourning that is meant to end. Fewer people deal with death with what is called complicated grieving; in the case of complicated grieving, the person remains stuck on the missing loved one. In the event of an ambiguous loss, the complicated grief is considered common given the complexity of the situation and the inability to achieve the detachment necessary for normal closure. The inability to resolve the loss is not related to personality defects, rather external factors (Boss, 1999).

Prior research exists on the psychological implications of ambiguous loss among families of the missing and forcibly disappeared throughout wars. In one study on ambiguous loss among a Syrian population, it was found that such loss characterized by boundary ambiguity is a predictor of complicated grief as well as lower quality of life (Renner et al., 2021).

MENTAL HEALTH CORRELATES POST DISAPPEARANCE

Several studies indicated that the enforced disappearance of a family member, has a significant negative impact on the mental health of the missing person's family members. The prolonged and complicated grieving resulting from the ambiguous loss is manifested in symptoms of anxiety, depression, and somatization (Baraković et al., 2013).

Such disappearance is also similar in its impact and psychological reactions to exposure to a traumatic event; it cannot be defined however as a post-traumatic stress disorder (International Committee of the Red Cross, 2020). The two experiences differ in that as opposed to individuals who experience a traumatic event who try to prevent themselves from running it in their minds and repeatedly thinking about it, those who are family members of a missing person will do all they can not to forget. Also, unlike the limitedness of duration that characterizes a traumatic event, the relatives of the missing find that their pain and stress have no fixed time limit (International Committee of the Red Cross, 2020). Although such loss or experience is traumatic, it is essential not to define this type of psychological suffering as post-traumatic stress disorder, in order not to diminish its particularity, and undermine the stress resulting from the uncertainty and ambiguity of the loss (International Committee of the Red Cross, 2020).

Of the major sources of the distressing uncertainty, are avoidance and active search. Families of the missing usually resist the idea of the missing person's death and have a strong fear of the permanent loss of a loved one. The family members would spare no effort or resource, to acquire any information on the whereabouts of the missing relative. Driven by an anxiety to know, they may resort to sources that are likely to tell them what they want and need to hear which could carry the risk of false hope and prevent the psychological readjustment necessary to cope with such absence (International Committee of the Red Cross, 2020).

The absence of the loved one becomes an inescapable feature of daily life. Each reminder of the missing person no matter how small, stimulates a state of unnatural alertness and worries, be it clothes, friends, important dates, or places the missing person usually went to. This constant worrying and intense anxiety affect aspects of daily life such as concentration, sleep, and other. They could also cause somatic problems such as chest pain, headaches, and muscular tension (International Committee of the Red Cross, 2020).

Several studies showed that, even years after war and disappearance, family members of the disappeared individuals, exhibit feelings of depression and anxiety, with symptoms more severe than those observed in people who faced a loved one's death (Lenferink et al., 2019). In one study by Zvizdic and Butollo on the post-war related experiences among a sample of 816 adolescents who have lost their fathers in Bosnia-Herzegovina - to confirmed and non-confirmed loss -

it was found that those whose fathers had disappeared and were still missing displayed the highest levels of depressive reactions and were more exposed to war-related traumatic events (Zvizdic & Butollo, 2001). Another study conducted on the long-term psychosocial consequences among a sample of 119 individuals who are first-degree relatives of people detained-disappeared or executed for political reasons in Chile more than 20 years' post-disappearance showed that anxiety disorders' prevalence rates were significantly higher among the relatives of the disappeared (Pérez-Sales et al., 2000).

Also, another recent study by Huang & Habermas (2021) was conducted to compare narrative coping and meaning making between ambiguous and definite loss on a sample of 90 Chinese individuals (30 individuals who have lost their parents to death, 30 individuals whose parents had gone missing, and 30 individuals who took care of a parent with Alzheimer's disease - for the purpose of also assessing mental health correlates of non-physical ambiguous loss, only psychological one). This study results showed that while there were no differences between the two groups of ambiguous loss in terms of protracted grief, both groups had higher PG results than the definite loss group. Moreover, when compared to the definite loss group, both ambiguous loss groups showed more biographical developmental consequentiality of the loss, more negative implications for the self, and more negativity of emotions (Huang & Habermas, 2021).

Furthermore, in other research on ambiguous loss, it appeared that unlike cases of bereavement and grief following a loved one's death, those who suffer ambiguous loss experienced their grief as disenfranchised (Thogersen & Glintborg, 2021). In this research, implications of ambiguous loss were assessed on a sample of individuals whose spouses are Acquired Brain Injury (ABI) survivors, in terms of ambiguous loss, physically present but mentally absent. This study showed that such individuals received less social recognition, sympathy, and support on their right to grief given there is no confirmed death. The social and cultural aspects to grief should not be undermined or overlooked, as such lack of social recognition in the cases of ambiguous loss worsens the reactions to loss and contributes to confusion among these individuals (Thogersen & Glintborg, 2021). The previously mentioned term "disenfranchised grief" refers to a loss that is not openly acknowledged or socially mourned. This grief does not only occur when someone dies and poses emotional processing and expression difficulties (Albuquerque et al., 2021). Such non-death

losses such as forced disappearance, incarceration, and military deployment cause ambiguous grief, and the lack of recognition around this form of loss and grief undermined the bereaved person's ability to move on and means that their grief is more likely to be disenfranchised (Knight & Gitterman, 2019).

Research however on ambiguous loss and its mental health implications is still limited. Although unconfirmed loss is associated with complicated grief, somatization, depression, anxiety, PTSD, and substance abuse, some prior studies did not find statistically significant results with regards to psychopathology between confirmed and unconfirmed loss. One cross-sectional study among a Columbian sample of 295 individuals who were relatives of deceased and disappeared individuals indicated that there are no differences between the two groups when it comes to traumatic exposure, PTSD, anxiety, and symptom severity of prolonged grief disorder (Heeke et al., 2015). Another exploratory study conducted in Honduras, which examined the psychosocial effects of political assassination and forced disappearance on surviving child family members, did not find significant differences of depression levels between the two groups (Munczek & Tuber, 1998). Furthermore, in a systematic review of 15 quantitative peer-reviewed articles that assessed psychopathology among family members of missing persons - mainly PTSD and depression - the comparative review showed no differences in psychopathology levels between relatives of missing and deceased persons; even in research where psychopathology levels differed between relatives of the missing and relatives of the deceased, not all psychopathology indices differed significantly (Lenferink et al., 2019).

Another research that found no statistically significant differences in psychopathology levels between family members of the missing or deceased, is one that was conducted on a sample of 14 adult children of service men missing in action and killed in action during the Vietnam War. The PTSD prevalence rates in this research had no statistical difference levels between the two groups (Reisman, 2003). Also, when social dysfunction and somatic symptoms were compared on a sample of women whose husbands were missing or killed in the 1992-1995 war in Bosnia and Herzegovina, no statistically significant differences were found across the two groups (Powell et al., 2010). In this same research, in terms of "existential grief", no statistical differences were also found between the two groups of women.

Based on the above, we concluded that such mixed previous results limit our understanding on the concept of ambiguous loss; accordingly, correlates of psychopathology among the families of the missing should be further investigated to obtain more insights into its nature and prevalence (Lenferin et al. 2019). Therefore, the purpose of our study was to shed more light on this topic by hypothesizing the following:

HYPOTHESES

Lebanese family members of the enforced disappeared during the Lebanese civil war (1975-1990) show:

- higher scores on symptoms of anxiety (measured by Beck Anxiety Inventory) compared to Lebanese families of deceased members during the same time period.

- higher scores on symptoms of depression (measured by Beck Depression Inventory) compared to Lebanese families of deceased members during the same time period.

- higher scores of persistent complex bereavement (measured by the Inventory of Complicated Grief) compared to Lebanese families of deceased members during the same time period.

The reason for expecting statistically significant differences between both family groups, whether in symptoms of depression, anxiety, or persistent complex bereavement, is because unlike confirmed death, the need to find answers in cases of disappearance shapes the family identity and history. The individual pain becomes a collective cause for many generations to come. Family members carry traces of parents' and grandparents' trauma which they eventually transfer to their own children; it is a trauma that is transmitted from generation to another (Guinote, Svoboda, 2021). To cite a relevant example, in one study on the impact of enforced disappearances in Lebanon, individuals who were children at the time of their fathers' enforced disappearance were interviewed, a daughter described her feelings as follows:

One memory I can't forget is of the day [my mother] found out my father was kidnapped . . . I remember how she looked, barefoot, screaming on the street. I can't forget it. It's stuck in my mind . . . we were young and we didn't understand what was happening, but when you see your mother like that you ask yourself, why is she acting that way, and then you discover the tragedy and, of course, you can't forget it.¹

¹ Souad Nehme Najim's daughter (Yakintho, 2015).

Another reason is that ambiguity destroys markers of life and death, and a person's distress is thereby hardly validated (Testoni, 2020). It persists for a long time, exhausting the family members on both the emotional and physical levels, as well as confusing them in ways that prevent them from restructuring their family roles. In other words, loss ambiguity creates boundary ambiguity, which in simpler terms means establishing boundaries between "who is in or out of the family" (Testoni et al., 2020, p. 3). In one report on the impact of enforced disappearances on women in Lebanon, it was found that these women-who have not received clear information on their husbands' fate- are stuck in a state of social and emotional limbo. These women share feelings of inability to know their familial status; they do not feel married, nor widowed. And of all the participants in this report, only one was remarried. These women emphasized that this inability to remarry is attributed to the husbands' unknown status; they state that had it been confirmed that the husband is dead, it would resemble a different situation in which they can move forward (Yakintho, 2015).

Chapter 3

METHODS

This chapter lays out the research methodology that was used to execute this study. It includes the description of the participants, a detailed description of the measures used, the procedure followed to carry out the study, and an explanation of the data analysis.

RESEARCH DESIGN

This study was a quantitative one based on a survey design applying cross sectional research methods to examine the proposed hypothesis. In this study, a between-subjects t-test was used to compare the scores of the two groups and determine whether there exists statistical evidence that group results are significantly different as hypothesized. An equivalent number of participants in each group was allocated to ensure a balanced design and decrease the possibility of threatening the validity of the t-test.

PARTICIPANTS

The sample size initially chosen from a convenient purposeful sample was fifty adult Lebanese individuals who are family members of enforced disappeared persons and fifty adult Lebanese individuals who are family members of deceased persons. The reason for choosing this sample size was based on the review of other psychological research conducted (Powell et al. 2010; Renner et al. 2021) using similar sample sizes when studying such population across these variables. However, due to the situation around COVID-19 and the inability to reach people in person, as well as difficulty finding and reaching this specific population, the sample size reached was 26 individuals consisting of 13 participants in each group.

One inclusion factor here was the time of the disappearance/death, which was between 1975 and 1990, during the Lebanese civil war. Another inclusion factor in this research was the relationship to the disappeared. The sample only included individuals who had close family relationships to the disappeared, primarily spouses, parents, and adult children. The reason behind this is that the research intended to shed light on boundary ambiguity and its psychological implications on core family members rather than extended family members or distant relatives who did not closely know the disappeared and were not as

directly affected by the loss. In this study, the aim was to obtain a sample size consisting of equal participants among the two groups. The contact information for the participants were retrieved from an international NGO after the participants gave their consent. The individuals were contacted over the phone, and briefed on the research, the survey link was then shared with them online. The data analyzed were collected from a sample of thirteen individuals who had lost a family member to death and thirteen individuals who had lost a family member to disappearance between 1975 and 1990 in the Lebanese civil war.

In the group of the 13 participants who are core family members of a person enforced disappeared during the Lebanese civil war, all the participants were females. Of those participants, five were between 40-49 years old, five were between 50-59 years old, two were between 60-69 years old, and one was between 70-79 years old. Six of them identified as married, three of them identified as single, two of them identified as divorced individuals, and two of them as widowed; none of the participants identified as separated. The majority of the participants, six individuals, have a high school degree, three have no education, two have middle school level education, and two hold a bachelor's degree; none of the participants holds a graduate degree. The geographical distribution is almost equal among the Lebanese districts with three participants living in Beirut, three living in the South, three in the North, two in the Beqaa, and two in Mount Lebanon (Table 1).

Table 1: *Enforced Disappearance Group Frequency and Percentages Demographics (N=13)*

		N	%
Gender	Male	0	0 %
	Female	13	100 %
Age	30-39 years	0	0 %
	40-49 years	5	38.46 %
	50-59 years	5	38.46 %
	60-69 years	2	15.38 %
	70-79 years	1	7.69 %
Marital Status	Single	3	23.08 %
	Married	6	46.15 %
	Separated	0	0 %

	Divorced	2	15.38 %
	Widowed	2	15.38 %
Education	No Education	3	23.08 %
	Middle School	2	15.38 %
	High School	6	46.15 %
	Bachelors Degree	2	15.38 %
	Masters Degree	0	0 %
	Ph.D.	0	0 %
Location	Beirut	3	23.10 %
	Beqaa	2	15.40 %
	Mount Lebanon	2	15.40 %
	North	3	23.10 %
	South	3	23.10 %

In the group of the 13 participants who are core family members of a person deceased during the Lebanese civil war, almost half was females and half was males. Nine of the participants were between 40-49 years old, two were between 60-69 years old, and two were between 70-79 years old. Nine of them identified as married, two of them identified as widowed, one identified as separated and one identified as single; none identified as divorced. The majority of the participants, five individuals, hold a bachelor's degree, three hold a master's degree, three have a high-school education, and two have middle-school level education. The geographical distribution is across two districts in Lebanon with 10 participants residing in the Beqaa and three participants residing in Beirut (Table 2).

Table 2: *Deceased Group Frequency and Percentages Demographics (N=13)*

		N	%
Gender	Male	7	53.80 %
	Female	6	46.20 %
Age	30-39 years	0	0 %
	40-49 years	9	69.23 %
	50-59 years	0	0 %
	60-69 years	2	15.38 %
	70-79 years	2	15.38 %

Marital Status	Single	1	7.69 %
	Married	9	69.23 %
	Separated	1	7.69 %
	Divorced	0	0 %
	Widowed	2	15.38 %
Education	No Education	0	0 %
	Middle School	2	15.38 %
	High School	3	23.08 %
	Bachelors Degree	5	38.46 %
	Masters Degree	3	23.08 %
	Ph. D.	0	0 %
Location	Beirut	3	23.10 %
	Beqaa	10	76.90 %
	Mount Lebanon	0	0 %
	North	0	0 %
	South	0	0 %

MATERIALS

The survey was prepared in the Arabic and English languages; however, all the participants took the Arabic version of the survey. The survey included a participant information letter (Appendix A), demographic questions (Appendix F), a consent form, and three psychological self-report measures (Appendices C, D & E). The consent form (Appendix B) included the purpose of the study in the form of a small overview and a brief description of the survey procedures. It also indicated the voluntary nature of participation, and the privacy and confidentiality of the answers provided.

The psychological measures were: The Beck Anxiety Inventory (BAI) (Appendix C), The Beck Depression Inventory (BDI) (Appendix D), and the Inventory of Complicated Grief (ICG) (Appendix E). All the tests were translated to Arabic from their original English language; the process involved forward and backward translation. The survey was counterbalanced by running different sections of the questionnaires to different participants. The survey used two block orders and their assignment to participants was random.

Demographic Form

This form was placed at the end of the survey and was intended to collect demographic information about the participants which are age, gender, marital status, residential location, and education level (Appendix F).

Beck Depression Inventory (BDI)

The Beck Depression Inventory (BDI) is among the most popular and most widely used self-report scales for screening for depression and assessing its severity in clinical practice and among the general population (Lee et al., 2017). Originally, it was developed in English in 1961, but was later translated into different languages with high levels of validity and reliability across different cultures.

The BDI has good psychometric properties and is considered a reliable tool for measuring the severity of symptoms of depression (Lee, 2017). In one study of the validity and reliability of the BDI across a sample of 1072 Korean adolescents, the test was found to have good internal consistency with a Cronbach's alpha score of .89; the items were significantly correlated with the total score. It also had a strong rate of concurrent validity with a score of .75 when compared to other self-report measures (Lee, 2017). The BDI was also found to be a reliable and valid measure across a sample from the general population from Khyber Pakhtunkhwa, Pakistan (Khan et al., 2015). It has also proven cultural relevance across a sample of 446 family caregivers of children with chronic diseases at the National Institute of Health in Mexico City (Toledano-Toledano, Contreras-Valdez, 2018).

The BDI is a 21-item scale inventory, each of the items is rated on a 4-point scale; it takes around 15 minutes to complete. Scores above 10 up to 18 indicate mild to moderate depression while scores from 19 up to 29 indicate moderate to severe depression, and scores above 29 up to 63 indicate severe depression. The first item of the test is as follows, 0- I do not feel sad, 1- I feel sad, 2- I am sad all the time and I cannot sap out of it, and 3- I am so sad and unhappy that I cannot stand it. Another sample item is as follows, 0- I get as much satisfaction out of things as I used to, 1- I don't enjoy things the way I used to, 2- I don't get real satisfaction out of anything anymore, and 3- I am dissatisfied or bored with everything.

Beck Anxiety Inventory (BAI)

The Beck Anxiety Inventory (BAI) is among the most widely used self-report instruments for assessing clinical anxiety (Toledano-Toledano et al., 2020). It was initially developed to assess for unique aspects of anxiety disorders that differ from depression (Oh et al., 2018).

The BAI has very good psychometric properties; the test's overall internal consistency is excellent with an alpha coefficient of .90, and it has a high test-retest correlation ($r = .67$). (Toledano-Toledano et al., 2020). On tests of convergent and discriminant validity the BAI does better than other measures of anxiety (Fydrich et al., 1992). It has also been validated across diverse populations such as general adult population, college students, mental health patients, and medical patients such as cancer patients (Toledano-Toledano et al., 2020). The test was additionally validated in a number of languages including, Chinese, French, German, Persian, Spanish, and others (Oh et al., 2018). When applied to family caregivers of chronically ill patients in Mexico, the BAI demonstrated usefulness in differentiating the different levels of anxiety symptoms (Toledano-Toledano et al., 2020).

The BAI assesses symptoms of anxiety based on 21 items rated on a 4-point Likert scale from 0 (not at all), 1 (Mildly, but it didn't bother me much), 2 (Moderately – it wasn't pleasant at times), to 3 (severely – it bothered me a lot) (Oh et al., 2018). Sample items include “numbness or tingling”, “hot and cold sweats”, heart pounding/racing”, “difficulty in breathing”, and “fear of worst happening”. The BAI anxiety levels are scored using ordinal categories: minimal (1–5 points), mild (6–15), moderate (16–30) and severe (31–63) (Toledano-Toledano, et al, 2020).

Inventory of Complicated Grief (ICG)

The inventory of Complicated Grief (ICG) is a scale designed to measure maladaptive symptoms of loss and assess for indicators of pathological grief. The test assesses for symptoms of grief that predict long-term functional impairments (Prigerson et al. 1995).

The ICG is a self-report measure consisting of 19 items related to bereavement thoughts and behaviours rated from “never” to “always” on a 5-point Likert scale. The first item is: ‘I think about this person so much that it's hard for me to do the things I normally do’, another item is “I feel envious of others who have not lost someone close”. 14 of the items include a reference to “the person who died” as the scale measures

grief, for the aim of this research, this phrase will be changed to “the person I lost” given the unconfirmed nature of loss and unconfirmed death. For example, instead of “I got out of my way to avoid reminders of the person who died”, the item will be changed to “I got out of my way to avoid reminders of the person I lost”.

The Inventory of Complicated Grief has good psychometric properties. It has very good internal consistency with an alpha coefficient of .94 and has good test-retest reliability ($r=.80$). The ICG has convergent and criterion validity and is considered a sound assessment tool for complicated grief (Prigerson, 1995). Across a Norwegian sample, the ICG was found to have high reliability and results support the use of the scale for bereaved populations (Thimm et al. 2019). Across another sample of 1138 Korean adolescents, results suggested that ICG is a useful tool for assessing complicated grief; results showed good scores of internal consistency, test-retest reliability, concurrent validity, and criterion related validity (Han et al., 2016).

ETHICAL CONSIDERATIONS

The Social and Behavioral Sciences Ethics Committee at Haigazian University ensured the ethical standards of this research since it involved human subjects. The committee ensured the protection of the rights of the research participants by making sure they are well informed about the research procedures.

Not only did the ethics committee have an obligation towards the researcher and research participants, but also it had an obligation towards the society which would ultimately be affected by the results; accordingly, it ensured that the research meets the high ethical and scientific standards expected by society.

PROCEDURE

First, a pilot study was conducted with 10 individuals who had lost family members during the same time period in the Lebanese civil war prior to the actual study, five of which had lost a family member to death and five others who had lost a family member to enforced disappearance during the war. The pilot study ensured that participants had no confusion with the survey given or problems with the procedure.

The pilot tested the reliability (Cronbach’s alfa) of the scales that were utilized in the study in the sample. The Cronbach alpha of the pilot was .951 for the 21-items of the BAI that measures symptoms of

anxiety. The Cronbach alpha of the pilot was .888 for the 21-items of the BDI that measures symptoms of depression. And the Cronbach's alpha of the pilot was .924 for the 19 items of the ICG that assesses indicators of pathological grief.

Once the pilot study was finalized and the reliability of the scales was determined, individuals who had lost family members to death and enforced disappearance during the Lebanese civil war were contacted to take the survey after providing their consent for participation. Data were collected in February 2022 from twenty-six individuals, and statistically analyzed using the Statistical Package for the Social Sciences to determine whether there are significant differences between the means of the two groups.

Chapter 4

RESULTS

The purpose of this study was to determine whether there are statistically significant differences in symptoms of anxiety, symptoms of depression, and symptoms of complicated grief between the families of the deceased and the families of the enforced disappeared during the Lebanese civil war. This chapter includes the reliability findings of the scales and the findings contributing to the hypothesis testing using the Statistical Package for the Social Sciences (version 26).

RELIABILITY TESTING

The reliability coefficients were calculated for each of the 3 scales used in this research. To verify the internal reliability of each of the scales, Cronbach's alpha was generated on SPSS. The reliability coefficient for the 21-item BAI gave a Cronbach's alpha of .951. The reliability coefficient of the 21-item BDI gave a Cronbach's alpha of .903. The reliability coefficient of the Inventory of Complicated Grief (ICG) gave a Cronbach's alpha of .913.

Table 3 provides details on Cronbach's alpha coefficients in previous literature and the current study.

Table 3: Comparison between the Literature and Current Cronbach's Alphas of the Scales

Scale	Previous Cronbach's Alpha	Current Cronbach's Alpha
Beck Anxiety Inventory	.91	.951
Beck Depression Inventory	.89	.903
Inventory of Complicated Grief	.94	.913

HYPOTHESIS TESTING

Hypothesis 1: Lebanese families of the enforced disappeared during the Lebanese civil war (1975-1990) will show higher scores on symptoms of anxiety (measured by Beck Anxiety Inventory) compared to Lebanese families of deceased members during the same time period.

To test this hypothesis, a between subjects t-test was run to show the presence or absence of a significant difference in symptoms of anxiety between those who have lost a family member to death and those who have lost a family member to enforced disappearance.

The results indicated that participants who are family members of a deceased person during the civil war have significantly lower BAI scores (7.92 ± 7.974) compared to participants who have a disappeared family member (20.54 ± 16.696). See Table 4.

Table 4: Difference between Groups on BAI Scores

Type of Loss	N	Mean	Std. deviation	Std. error mean
Enforced Disappearance	13	20.54	16.696	4.631
Death	13	7.92	7.974	2.211

Results showed that there is a statistically significant difference between those who have lost a family member to death and those who have lost a family member to disappearance $t(17.203) = 2.458, p = .025$. Therefore, hypothesis 1 was confirmed (Table 5).

Table 5: BAI Independent Samples Test

	Levene's test for equality of variances		t-test for equality of means						
	F	Sig.	t	Df	Sig. (2-tailed)	Mean difference	Std. error difference	95% confidence interval of the difference	
								Lower	Upper
Equal variances assumed	10.248	0.004	2.458	24	.022	12.615	5.132	2.024	23.207
Equal variances not assumed			2.458	17.203	.025	12.615	5.132	1.798	23.433

Hypothesis 2: Lebanese families of the enforced disappeared during the Lebanese civil war (1975-1990) will show higher scores on symptoms of depression (measured by Beck Depression Inventory) compared to Lebanese families of deceased members during the same time period.

To test this hypothesis, a between subjects t-test was run to show the presence or absence of a significant difference in symptoms of depression between those who have lost a family member to death and those who have lost a family member to enforced disappearance.

The results indicated that participants who are family members of a deceased person during the civil war have significantly lower BDI score (8.31 ± 7.465) compared to participants who have a disappeared family member (19.85 ± 11.239). See Table 6.

Table 6: Difference between Groups on BDI Scores

Type of Loss	N	Mean	Std. Deviation	Std. Error Mean
Enforced Disappearance	13	19.85	11.239	3.117
Death	13	8.31	7.465	2.071

Results showed that there is a statistically significant difference between those who have lost a family member to death and those who have lost a family member to disappearance $t(20.863) = 3.083, p = .006$. Therefore, hypothesis 2 was confirmed. See Table 7.

Table 7: BDI Independent Samples Test

	Levene's test for equality of variances		t-test for equality of means						
	F	Sig.	t	df	Sig. (2-tailed)	Mean difference	Std. error difference	95% confidence interval of the difference	
								Lower	Upper
Equal variances assumed	2.536	.124	3.083	24	.005	11.538	3.742	3.815	19.262
Equal variances not assumed			3.083	20.864	.006	11.538	3.742	3.753	19.324

Hypothesis 3: Lebanese families of the enforced disappeared during the Lebanese civil war (1975-1990) will show higher scores on symptoms of persistent complex bereavement (measured by the Inventory of Complicated Grief) compared to Lebanese families of deceased members during the same time period.

To test this hypothesis, a between subjects t-test was run to show the presence or absence of a significant difference in symptoms of complicated grief between those who have lost a family member to death and those who have lost a family member to enforced disappearance.

The results indicated that participants who are family members of a deceased person during the civil war have significantly lower ICG score (26.08 ± 13.188) compared to participants who are family members of a forced disappeared person (42.85 ± 14.605). See Table 8.

Table 8: Difference between Groups on ICG Scores

Type of Loss	N	Mean	Std. Deviation	Std. Error Mean
Enforced Disappearance	13	42.85	14.605	4.051
Death	13	26.08	13.188	3.658

Results showed that there is a statistically significant difference between those who have lost a family member to death and those who have lost a family member to disappearance $t(23.754) = 3.073, p = .005$. Therefore, hypothesis 3 was confirmed. See Table 9.

Table 9: ICG Independent Samples Test

	Levene's test for equality of variances		t-test for equality of means						
	F	Sig.	t	Df.	Sig. (2-tailed)	Mean difference	Std. error difference	95% confidence interval of the difference	
								Lower	Upper
Equal variances assumed	.126	.725	3.073	24	.005	16.769	5.458	5.505	28.033
Equal variances not assumed			3.073	23.754	.005	16.769	5.458	5.499	28.039

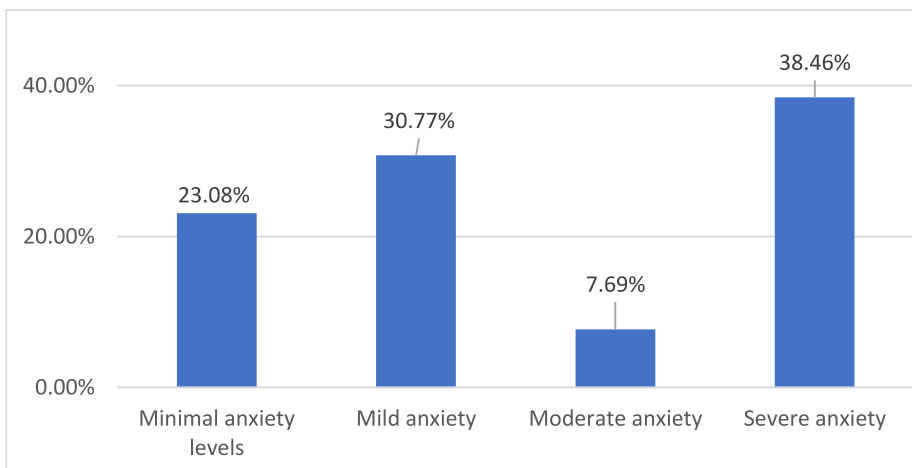
DISCUSSION

The purpose of this study was to determine whether there exists a significant difference in symptoms of anxiety, depression, and complicated grief between family members of individuals deceased and family members of individuals forced disappeared during the Lebanese civil war. The results obtained and presented in Chapter 4 will be discussed in this chapter and linked to existing literature on ambiguous loss. This chapter will also include clinical implications and limitations of the current study as well as recommendations for future research.

ANXIETY

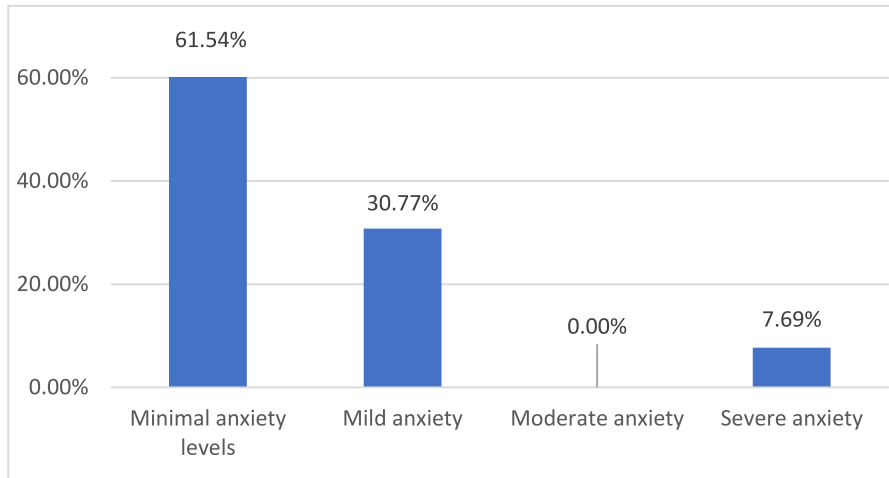
In this research, it was found that Lebanese individuals who have lost a family member to enforced disappearance in the civil war, have significantly higher symptoms of anxiety than individuals who have lost a family member to death in the same time period, with the majority of individuals participating in this research having severe symptoms of anxiety as shown in Figure 1.

Figure 1: *Anxiety Levels for Family Members of Disappeared Persons*



Symptoms of anxiety among the families of the deceased individuals however were significantly different in that the majority of participants had minimal anxiety levels as shown in Figure 2.

Figure 2: *Anxiety Levels for Family Members of Deceased Persons*



These results are complementary to prior research conducted in 2011 to investigate mental health disorders and stress reactions in a sample of Rwandans exposed to the 1994 genocide (Schaal et al., 2011), and other research conducted with the families of missing persons in the Nepali context following the conflict in Nepal (Robins, 2010); these studies concluded that these individuals experience significantly strong feelings of anxiety.

This anxiety can be explained due to a changed family role and social status after the disappearance; many individuals have to take up a new family role (such as the father's role) following the incident of disappearance which is also linked with depression and somatization beyond anxiety (Baraković et al., 2013). Unlike cases of death however, families of the missing persons have no idea whether the missing individual will return or not and accordingly experience feelings of anxiety due to their inability to anticipate the situation (Boss, 2002).

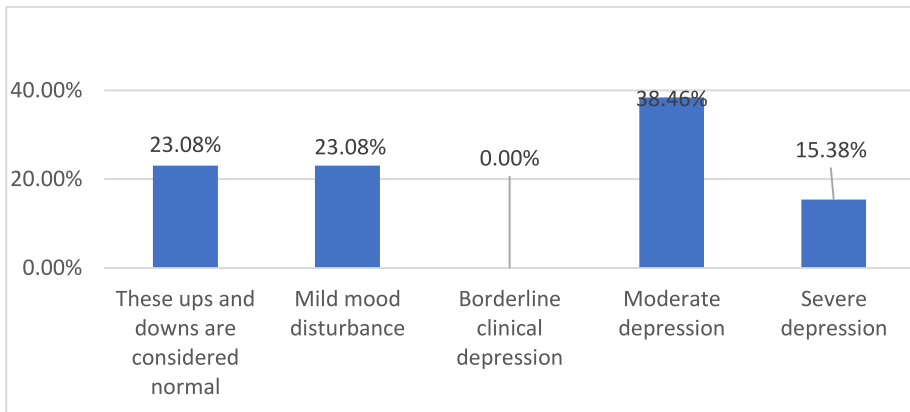
According to prior research, not only does anxiety occur as a symptom of depression or trauma, but also as an anxious disorder such as generalized anxiety (Pérez-Sales et al., 2000). Often, this anxiety is also paired with chronic somatic symptoms of high intensity (Robins, 2010).

DEPRESSION

As hypothesized, depression levels significantly differed as well between those who had lost a family member to death and those who had lost a family member to disappearance.

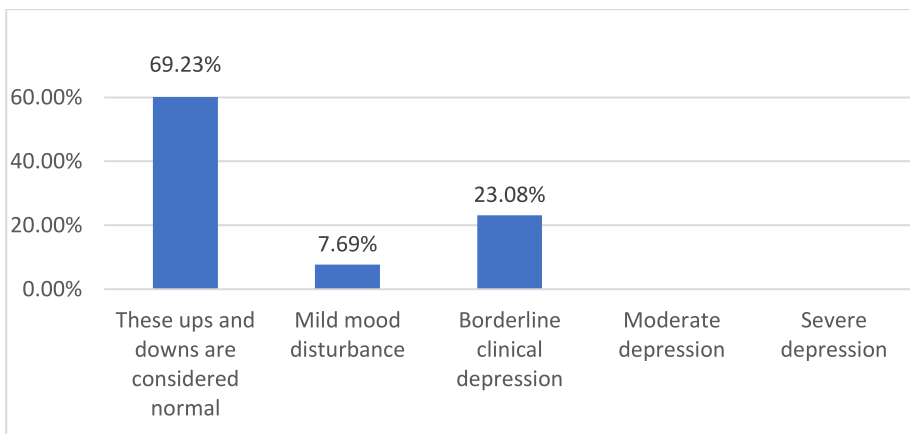
The majority of the participants with a war missing family member had moderate depression and around 16% of them had severe depression as shown below in Figure 3.

Figure 3: *Depression Levels for Family Members of Enforced Disappeared Persons*



On the other hand, none of the participants who had a deceased family member in the war had moderate or severe depression. The vast majority had mood disturbances that are considered normal as shown in Figure 4.

Figure 4: *Depression Levels for Family Members of Deceased Persons*



As mentioned earlier, the symptoms of depression faced by individuals who suffer an ambiguous loss are long lasting and intense. They include feelings of immense sadness, disappointment, and dissatisfaction. They also include feelings of discouragement about the future and in some instances suicide ideation. These individuals can feel more irritable, lose interest in others, and even have difficulty in taking decisions. The depression symptoms can also be somatic in that such persons get tired more easily yet have more difficulty sleeping; the symptoms can also extend to loss of appetite and weight loss.

The findings in this research are in line with previous research on ambiguous loss and symptoms of depression. Studies on mental health correlates of ambiguous loss within families of missing persons due to war across different countries indicated that these individuals have grave depressive symptoms that persist for years following the loss (Zvizdic & Butollo, 2001). The most striking attribute about depressive symptoms in this research is their long-lasting effect; the individuals who had a missing family member during the Lebanese civil war still scored highly on the BDI with levels of moderate and severe depression thirty years after the incidents of disappearance.

PERSISTENT COMPLEX BEREAVEMENT

The study results showed that while almost all individuals who had lost a core family member to enforced disappearance had complicated grief, these results were lower by almost 30% for the group of individuals with a deceased family member.

Following the death of a parent, partner, or a child, family members go through a mourning process, which may develop into a pathological grief; in the case of an ambiguous loss however, this process of mourning cannot even begin. Although loss is a challenging experience, most people can successfully adapt to it without developing long-term consequences (Testoni et al., 2020). In cases of loss due to death, the necessary detachment is achieved, the loss is dealt with, and closure is enabled. The primary difference between clear-cut loss and ambiguous loss is the paradox of absence-presence, or what is referred to as “boundary ambiguity”. In cases of ambiguous loss such as enforced disappearances, a definitive separation is not achieved leading to complicated grief due to this unresolved loss and the inability to comprehend the finality of the loss (Testoni et al., 2020).

Although complicated grief only occurs in the minority of bereaved individuals, it commonly occurs in cases of individuals facing an

ambiguous loss causing them to be entangled in a futile struggle and freezing their grief process (Shear, 2012). Rather than accepting the inevitability of the loss and learning to emotionally regulate which is the normal grief process following the event of death, in the event of disappearance the course of grief is altered to the worst preventing the progression of the natural healing process (Shear, 2012).

As hypothesized and shown in this research, those who faced the disappearance of a loved one deal with a lot of complicated grief symptoms that are not common in clear-cut losses; and, these symptoms persist for a long time following the incident, hence, the terminology of persistent complex bereavement. These individuals are in constant feeling of disbelief over the loss, they feel a great deal of loneliness, and feel strongly bitter over the loss even with the passage of time.

CONCLUSION

Ambiguous loss is of complex nature, and a need to further investigate it still exists in order to develop specific interventions and adequate psychological support for the family members dealing with the disappearance of a loved one.

This study showed that the Lebanese family members of enforced disappeared individuals during the Lebanese civil war have significantly higher scores on symptoms of anxiety, depression, and persistent complex bereavement than family members of deceased persons during the same time period. It is worth noting that Lebanon has been assailed by multiple crises, COVID-19, the blast at the port of Beirut, and an economic crisis, all of which are known to cause mental health problems such as depression and anxiety (Ng et al., 2013). Yet, amid the ongoing crises, the scores for the family members of deceased individuals were still significantly lower than the scores of those dealing with enforced disappearance on the same symptoms, further reinforcing the need for distinct psychosocial interventions for this population.

CLINICAL IMPLICATIONS

The findings of this study served to contribute to the limited research on ambiguous loss which in turn generates valuable information for researchers and clinical practitioners on its psychopathological correlates of anxiety, depression, and complex bereavement with the aim of continuing an ongoing body of research and contributing to a

more definite understanding of the topic given the current vague nature of research.

The findings allow clinical practitioners working with the families of the forced disappeared to better understand the significantly negative psychological implications of ambiguous loss on mental health years after this type of loss that defies resolution, and accordingly, develop tailored psychological interventions to facilitate closure and to work effectively with this specific population to prevent persistent complex bereavement.

Traditional grief and trauma therapies are not generally recommended when dealing with this type of loss. The interventions should increase the individuals' tolerance for ambiguity to build their resilience, and they can also include family and community approaches (White & Epston, 1990). Interventions can include psychoeducation and methods of narrative therapy that are based on storytelling for finding more positive meaning (Boss, 2004).

Finally, this research highlighted the need to adopt effective psychosocial support programs for families experiencing ambiguous loss and shed light on the need to accompany those who experience non death losses.

POLICY IMPLICATIONS

This research also aimed to advocate for the thousands of individuals who had lost a family member to enforced disappearance and place this cause on the policy makers' political agenda. It aimed to shed light on the need to reveal the truth about the missing loved ones and put family reunification programs in place.

LIMITATIONS OF THE CURRENT STUDY

One of the limitations of the study is that the sample size for this research was smaller than the one initially proposed. The proposed sample size was 100 individuals, 50 of whom are family members of disappeared persons and 50 of whom are family members of deceased persons. The sample size however was enough for the t-test to be valid as a t-test is feasible with small sample sizes (Winter, 2013).

Access to individuals whose core family members had been enforced disappeared or deceased during the Lebanese civil war is also one of the limitations of this research as the Lebanese civil war has ended many years ago and many international organizations do not share contact

information for these individuals for confidentiality and data protection purposes.

Another limitation is that most of the participants were women; the findings could therefore not be generalized for males. All of the participants were also over 40 years old; accordingly, generalizability was limited.

FUTURE RESEARCH RECOMMENDATIONS

The findings of this research provide a foundation for future psychological research on families of missing persons in Lebanon. For future research however, quantitative studies can be conducted with larger samples that include both males and females to further validate the significant differences in symptoms of anxiety, symptoms of depression, and symptoms of complicated grief between groups dealing with confirmed and ambiguous loss following wars, particularly in Lebanon since research on this topic is scarce.

One of the recommendations for future research on the same topic is to also include a more expanded demographics section that includes socio-demographic elements such as employment, household income, number of dependents and others that could provide further insight on correlates related to loss, grief, and mental health.

In addition, in order to gain more knowledge on potential risk factors among the family members of missing persons for developing and maintaining psychopathology over a long period of time, longitudinal studies can be conducted rather than cross-sectional design studies.

Of the other future research recommendations is a mixed-methods approach in the study design. Beyond a quantitative analysis, future research can include qualitative approach to avoid the limitations of a single approach. It could be interesting to include testimonies from interviews with individuals who had lost a family member to death and disappearance to further examine the context that shapes research results.

Future research on ambiguous loss and complicated grief could also expand the scope of research beyond war related disappearances to different types of unresolved and unconfirmed loss.

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Appendix A

PARTICIPANT INFORMATION LETTER

Dear Ms./Mr.

I am Reem Rehimi, a student at Haigazian University from the Faculty of Social and Behavioral Sciences. I am currently carrying out a research study titled Anxiety, Depression, and Persistent Complex Bereavement among the Families of the Forcedly Disappeared and Deceased during the Lebanese Civil War advised by Dr. Hanine Hout.

You are being asked to take part in this study since the study aims to examine psychological implications among close family members of individuals forced disappeared and deceased during the Lebanese civil war.

Kindly read the below information to decide whether you would like to participate in this research study.

Purpose of the Research Project

This research study aims at studying mental health implications, specifically symptoms of depression and anxiety, and persistent complex bereavement among the families of the missing and forced disappeared during the Lebanese Civil War to help psychologists and counselors working with families of the forced disappeared, implement tailored psychological interventions for this specific population as well as shed light on the importance of family reunification programs adopted by policy makers. This study will contribute towards the partial fulfillment of my academic study requirements at Haigazian University.

What will I be asked to do?

- If you choose to participate in this research study, you will be asked to fill in a questionnaire. Your participation will involve completing a survey that entails statements that you will have to rate based on agreement, and a demographic form for approximately 45 minutes.

Participation in this project is voluntary. You are free to withdraw anytime without having to give any reason for your withdrawal.

What are my rights?

- Participation in this study is completely voluntary, anonymous and confidential. Your name or any other identifying information will not be asked.
- Data you provide along with data from all participants in the present research will be stored in aggregate in a password protected folder and in the office of Reem Rehimi. The data will be analysed and reported in aggregate. Only the principle investigators of this study will have access to the compiled data which will be stored for a period of 10 years post data. During this time, you have the right to inspect the data.

- You have the right to withdraw your consent or discontinue participation at any time for any reason. Your decision to refuse participation or withdraw will not involve any penalty or loss of benefits to which you are entitled. Discontinuing participation in no way affects your relationship with Haigazian University.
- This research study has been reviewed and has received clearance from the Haigazian University ethics committee. If you have any further concerns about your rights as a research participant, please, do not hesitate to contact the SBS ethics committee (email: SBS.Ethics@haigazian.edu.lb)

What are the risks and benefits of participation?

- Participation in this study does not involve any physical risk or emotional risk to you beyond the risks of daily life.
- You will receive no direct benefits from participating in this research; however, your participation does help researchers better understand psychological implications faced by family members directly affected by the loss of loved ones to death or disappearance during war.

Contact information

If you have any questions or concerns about the research, you may contact:

Name, Title: Reem Rehimi, MA Counselling Psychology Candidate
 Affiliation: Haigazian University
 Telephone: +96176751574
 Email: rrehimi@students.haigazian.edu.lb

Name, title: Hanine Hout, Ed. D., Assistant Professor
 Affiliation: Haigazian University
 Telephone: +9611349230
 Email: hanine.hout@haigazian.edu.lb

Appendix B

PARTICIPANT CONSENT
ANXIETY, DEPRESSION, AND PERSISTENT COMPLEX
BEREAVEMENT AMONG THE FAMILIES OF THE ENFORCED
DISAPPEARED AND DECEASED DURING THE LEBANESE
CIVIL WAR

Please read the following statements and place a check mark in the boxes adjacent to them.

- I have volunteered to participate in this research project conducted for purposes of study. My participation is voluntary and does not involve payment of any kind.
- I agree to participate in this research project conducted for purposes of study. My decision is voluntary and does not involve payment of any kind.
- I know that I can choose to withdraw from participation any time without any penalties or consequences whatsoever. I also hold the right to decline to respond to any question(s) that I may feel uncomfortable with.
- My participation involves an answering a questionnaire for approximately 40 minutes.
- I have been assured that the researcher will maintain my identity confidential.
- I have been assured that the information from this survey will be used for the purpose of academic study only/publication/educational use.
- I have received the assurance that this research study has been duly reviewed and approved by the Haigazian University ethics committee.
- I agree that the data gathered be kept in a secure location under the care of the study investigators for a period of 10 years.
- I have been assured that I can access my data (if identified) at any time.
- I have read, listened and fully understand the explanation given to me. All my questions have been satisfactorily answered.
- I, therefore, choose to voluntarily participate in this research study.
- I have received a copy of this consent form co-signed by the researcher.

Participant consent

Date: _____

Name: _____

Signature: _____

Investigator

Date: _____

Name: _____

Signature: _____

Appendix C

BECK ANXIETY INVENTORY (BAI) - ENGLISH

Below is a list of common symptoms of anxiety. Please carefully read each item in the list. Indicate how much you have been bothered by that symptom during the past month, including today, by circling the number in the corresponding space in the column next to each symptom.

Not at All 0 / Mildly but it Doesn't bother me much 1 / Moderately, it wasn't pleasant at times 2 / Severely, it bothered me a lot 3

Numbness or tingling	0	1	2	3
Feeling hot	0	1	2	3
Wobbliness in legs	0	1	2	3
Unable to relax	0	1	2	3
Fear of worst happening	0	1	2	3
Dizzy or lightheaded	0	1	2	3
Heart pounding / racing	0	1	2	3
Unsteady	0	1	2	3
Terrified or afraid	0	1	2	3
Nervous	0	1	2	3
Feeling of choking	0	1	2	3
Hands trembling	0	1	2	3
Shaky / unsteady	0	1	2	3
Fear of losing control	0	1	2	3
Difficulty in breathing	0	1	2	3
Fear of dying	0	1	2	3
Scared	0	1	2	3
Indigestion	0	1	2	3
Faint / lightheaded	0	1	2	3
Face flushed	0	1	2	3
Hot / cold sweats	0	1	2	3

BECK ANXIETY INVENTORY (BAI) – ARABIC

أدناه قائمة بأعراض الفلق الشائعة. يرجى قراءة كل عنصر في القائمة بعناية. حدد مدى إزعاجك من هذا العرض خلال الشهر الماضي، بما في ذلك اليوم، من خلال تدوير الرقم في المساحة المقابلة في العمود بجوار كل عارض:

ليس على الإطلاق / بشكل معتدل ولكنه لا يزعجني كثيرًا / بشكل معتدل ، لم يكن لطيفًا في بعض الأحيان / بشدة ، لقد أزعجني كثيرًا.
تتميل أو وخز الشعور بالحرارة التذبذب في الساقين.

عدم القدرة على الإسترخاء.

الخوف من حدوث الأسوأ.

دوار أو دوخة.

خفقان القلب / تسارع الدقات.

فقدان التوازن أو عدم الثبات.

الرعب أو الخوف.

التوتر.

الشعور بالاختناق.

الرجف في اليدين.

الاهتزاز وعدم التوازن.

الخوف من فقدان السيطرة.

صعوبة في التنفس.

الخوف من الموت.

الخوف.

عسر الهضم.

الشعور بالإغماء والدوار.

احمرار الوجه.

التعرق الساخن / البارد.

Appendix D

BECK DEPRESSION INVENTORY (BDI) – ENGLISH

For each of the statements below, please select the response that most accurately applies to how you are feeling:

1. 0 I do not feel sad.
 1 I feel sad.
 2 I am sad all the time and I can't snap out of it.
 3 I am so sad and unhappy that I can't stand it.
2. 0 I am not particularly discouraged about the future.
 1 I feel discouraged about the future.
 2 I feel I have nothing to look forward to.
 3 I feel the future is hopeless and that things cannot improve.
3. 0 I do not feel like a failure.
 1 I feel I have failed more than the average person.
 2 As I look back on my life, all I can see is a lot of failures.
 3 I feel I am a complete failure as a person.
4. 0 I get as much satisfaction out of things as I used to.
 1 I don't enjoy things the way I used to.
 2 I don't get real satisfaction out of anything anymore.
 3 I am dissatisfied or bored with everything.
5. 0 I don't feel particularly guilty.
 1 I feel guilty a good part of the time.
 2 I feel quite guilty most of the time.
 3 I feel guilty all of the time.
6. 0 I don't feel I am being punished.
 1 I feel I may be punished.
 2 I expect to be punished.
 3 I feel I am being punished.
7. 0 I don't feel disappointed in myself.
 1 I am disappointed in myself.
 2 I am disgusted with myself.
 3 I hate myself.
8. 0 I don't feel I am any worse than anybody else.
 1 I am critical of myself for my weaknesses or mistakes.
 2 I blame myself all the time for my faults.
 3 I blame myself for everything bad that happens.
9. 0 I don't have any thoughts of killing myself.
 1 I have thoughts of killing myself, but I would not carry them out.
 2 I would like to kill myself.

- 3 I would kill myself if I had the chance.
10. 0 I don't cry any more than usual.
1 I cry more now than I used to.
2 I cry all the time now.
3 I used to be able to cry, but now I can't cry even though I want to.
11. 0 I am no more irritated by things than I ever was.
1 I am slightly more irritated now than usual.
2 I am quite annoyed or irritated a good deal of the time.
3 I feel irritated all the time.
12. 0 I have not lost interest in other people.
1 I am less interested in other people than I used to be.
2 I have lost most of my interest in other people.
3 I have lost all of my interest in other people.
13. 0 I make decisions about as well as I ever could.
1 I put off making decisions more than I used to.
2 I have greater difficulty in making decisions more than I used to.
3 I can't make decisions at all anymore.
14. 0 I don't feel that I look any worse than I used to.
1 I am worried that I am looking old or unattractive.
2 I feel there are permanent changes in my appearance that make me look unattractive.
3 I believe that I look ugly.
15. 0 I can work about as well as before.
1 It takes an extra effort to get started at doing something.
2 I have to push myself very hard to do anything.
3 I can't do any work at all.
16. 0 I can sleep as well as usual.
1 I don't sleep as well as I used to.
2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
3 I wake up several hours earlier than I used to and cannot get back to sleep.
17. 0 I don't get more tired than usual.
1 I get tired more easily than I used to.
2 I get tired from doing almost anything.
3 I am too tired to do anything.
18. 0 My appetite is no worse than usual.
1 My appetite is not as good as it used to be.
2 My appetite is much worse now.
3 I have no appetite at all anymore.

19. 0 I haven't lost much weight, if any, lately.
1 I have lost more than five pounds.
2 I have lost more than ten pounds.
3 I have lost more than fifteen pounds.
20. 0 I am no more worried about my health than usual.
1 I am worried about physical problems like aches, pains, upset stomach, or constipation.
2 I am very worried about physical problems and it's hard to think of much else.
3 I am so worried about my physical problems that I cannot think of anything else.
21. 0 I have not noticed any recent change in my interest in sex.
1 I am less interested in sex than I used to be.
2 I have almost no interest in sex.
3 I have lost interest in sex completely.

BECK DEPRESSION INVENTORY (BDI) – ARABIC

لكل بيان أدناه، يرجى اختيار الرد الذي ينطبق بكل دقة على كيفية شعورك:

1. 0 لا أشعر بالحزن.
1 أشعر بالحزن.
2 أشعر بالحزن في كافة الأوقات ولا أستطيع التغلب على حزني.
3 أشعر بحزن شديد وعدم السرور لدرجة أنني لا أستطيع تحمل هذا الحزن.
2. 0 لا أشعر بالإحباط بصورة خاصة بشأن المستقبل.
1 أشعر بالإحباط بشأن المستقبل.
2 أشعر بأن ليس لي من أمل أتطلع إليه.
3 أرى المستقبل ميووس منه وأشعر بأن الأمور لا يمكن أن تتحسن.
3. 0 لا أشعر بالفشل.
1 أشعر بأنني فشلت أكثر مما قد يفشل في المعدل أي شخص آخر.
2 بالنظر إلى حياتي في الماضي، لا أرى سوء الكثير من الإخفاقات والفشل.
3 أشعر بأنني كشخص لست إلا بفاشل حقيقي.
4. 0 أحصل على قدر من الرضا من الأشياء كما اعتدت سابقاً.
1 لا استمتع بالأشياء بالطريقة نفسها كما في السابق.
2 لم أعد أحصل على رضا حقيقي من الأشياء التي أحصل عليها.
3 أشعر بعدم الرضا أو الملل من كل شيء.
5. 0 لا أشعر بالذنب بشكل خاص.
1 أشعر بالذنب في أكثر الأوقات.
2 أشعر بذنب كبير في غالبية الأوقات.
3 أشعر بالذنب في كافة الأوقات.
6. 0 لا أشعر بأنني أعاقب على ما يحدث معي.
1 أشعر بأنني سأعاقب على ما أقوم به.
2 أتوقع العقاب.
3 أشعر بأنني معاقب.
7. 0 لا أشعر بعدم الرضا من نفسي.
1 أشعر بعدم الرضا من نفسي.
2 أشعر بالاشمئزاز من نفسي.
3 أكره نفسي.
8. 0 لا أشعر أنني أسوأ من أي شخص آخر.
1 أنا انتقد نفسي بسبب نقاط ضعفي أو أخطائي.
2 ألوم نفسي طوال الوقت على أخطائي.

- 3 ألوْم نفسي على كل شيء سيء يحدثُ.
9. 0 ليست لدي أفكار لقتل نفسي.
1 تراودني أفكار لقتل نفسي، ولكنني لن أنفذها.
2 أود أن أقتل نفسي.
3 كنت لأقتل نفسي لو أتحت لي الفرصة.
10. 0 لا أبكي أكثر من المعتاد.
1 أبكي الآن أكثر من المعتاد.
2 أبكي طوال الوقت الآن.
3 كنت أستطيع البكاء في السابق، ولكن الآن لا أستطيع البكاء على الرغم من أنني أريد ذلك.
10. 0 لا أشعر بالغضب حالياً من الأشياء نفسها كما كنت أفعل في السابق.
1 أشعر حالياً بغضب بسيط بالمقارنة مع ما كنت عليه بصورة اعتيادية.
2 أشعر بالانزعاج التام أو القلق في أكثر الأوقات.
3 أشعر بالانزعاج في كافة الأوقات.
11. 0 لم أفقد الاهتمام بالآخرين.
1 أشعر باهتمام بالآخرين أقل مما كنت عليه في السابق.
2 فقدت الاهتمام الأغلب بالآخرين.
3 فقدت كل الاهتمام بالآخرين.
12. 0 أتخذ القرارات بشكل جيد كما كنت أفعل دائماً.
1 أخشى اتخاذ القرارات أكثر من اي وقت مضى.
2 أواجه صعوبة كبيرة في اتخاذ القرارات أكثر من اي وقت مضى.
3 لم يعد باستطاعتي اتخاذ القرارات.
13. 0 لا أشعر بأنني أبدو أسوء من السابق.
1 أخشى أن أبدو عجوزاً أو غير جذاب.
2 أشعر بتغييرات دائمة في شكلي تجعلني أبدو غير جذاب.
3 أعتقد بأنني قبيح المظهر.
14. 0 أستطيع العمل كما في السابق.
1 أبذل جهداً إضافياً لبدء العمل على شيء.
2 عليّ أن أضغط على نفسي بشدة للقيام بشيء ما.
3 لا أستطيع القيام بأي عمل على الإطلاق.
15. 0 أستطيع النوم كما في السابق.
1 لا أنام ما أعدت القيام به في السابق.
2 أستيقظ قبل ساعة أو ساعتين من المعتاد وأجد صعوبة في العودة إلى النوم مجدداً.

3 أستيقظ قبل ساعات من الموعد المعتاد للاستيقاظ ولا أستطيع العودة إلى النوم مجدداً.

16. 0 لا أتعب أكثر من المعتاد.

1 أتعب بسهولة أكثر من المعتاد.

2 أتعب من القيام بغالبية الأعمال.

3 اشعر بتعب كبير من القيام بأي شيء.

17. 0 شهيتي ليست أسوء من السابق.

1 شهيتي ليست جيدة كما اعتدتها في السابق.

2 شهيتي أسوء حالياً.

3 لا أشعر بالشبهة على الإطلاق.

18. 0 لم أخسر الكثير من الوزن، إذا خسرت وزناً، مؤخراً.

1 خسرت أكثر من 2 كيلو.

2 خسرت أكثر من 4 كيلو.

3 خسرت أكثر من 6 كيلو.

19. 0 لست قلقاً على صحتي أكثر من المعتاد.

1 أقلق بشأن المشاكل الجسدية مثل الألام العامة وآلام المعدة المضطربة، أو الإمساك.

2 أقلق جداً من المشاكل الجسدية ومن الصعب التفكير في الكثير من المشاكل الأخرى.

3 أقلق جداً من مشاكلي الجسدية لدرجة أنني لا أستطيع التفكير في أي شيء آخر.

20. 0 لم ألاحظ أي تغيير حديث في اهتمامي بالجنس.

1 أنا أقل اهتماماً بممارسة الجنس مما كنت عليه.

2 ليس لدي أي اهتمام بالجنس.

3 فقدت الاهتمام في الجنس تماماً.

Appendix E

INVENTORY OF COMPLICATED GRIEF (ICG) – ENGLISH

For each statement below, please select the response that most accurately applies to how you are feeling:

- | | | | | | |
|-----|--|--------|-----------|-------|--------|
| 1- | I think about this person so much that it's hard for me to do the things I normally do. | | | | |
| | Never | Rarely | Sometimes | Often | Always |
| 2- | Memories of the person I have lost upset me. | | | | |
| | Never | Rarely | Sometimes | Often | Always |
| 3- | I feel I cannot accept the loss of this person. | | | | |
| | Never | Rarely | Sometimes | Often | Always |
| 4- | I feel myself longing for the person I lost. | | | | |
| | Never | Rarely | Sometimes | Often | Always |
| 5- | I feel drawn to places and things associated with the person I lost. | | | | |
| | Never | Rarely | Sometimes | Often | Always |
| 6- | I can't help feeling angry about the loss of this person. | | | | |
| | Never | Rarely | Sometimes | Often | Always |
| 7- | I feel disbelief over what happened. | | | | |
| | Never | Rarely | Sometimes | Often | Always |
| 8- | I feel stunned or dazed over what happened. | | | | |
| | Never | Rarely | Sometimes | Often | Always |
| 9- | Ever since I lost this person, it is hard for me to trust people... | | | | |
| | Never | Rarely | Sometimes | Often | Always |
| 10- | Ever since I lost this person, I feel as if I have lost the ability to care about other people or I feel distant from people I care about. | | | | |
| | Never | Rarely | Sometimes | Often | Always |
| 11- | I feel lonely a great deal of the time ever since I lost this person. | | | | |
| | Never | Rarely | Sometimes | Often | Always |
| 12- | I have pain in the same area of my body or have some of the same symptoms as the person I lost. | | | | |
| | Never | Rarely | Sometimes | Often | Always |
| 13- | I got out of my way to avoid reminders of the person I have lost. | | | | |
| | Never | Rarely | Sometimes | Often | Always |
| 14- | I feel that life is empty without the person I have lost. | | | | |
| | Never | Rarely | Sometimes | Often | Always |
| 15- | I hear the voice of the person I lost speak to me. | | | | |
| | Never | Rarely | Sometimes | Often | Always |

- 16- I see the person I lost stand before me.
Never Rarely Sometimes Often Always
- 17- I feel that it is unfair that I should live when I have lost this person.
Never Rarely Sometimes Often Always
- 18- I feel bitter over this person's loss.
Never Rarely Sometimes Often Always
- 19- I feel envious of other who have not lost someone close.
Never Rarely Sometimes Often Always

INVENTORY OF COMPLICATED GRIEF (ICG) – ARABIC

لكل بيان أدناه، يرجى اختيار الرد الذي ينطبق بكل دقة على كيفية شعورك تجاه الشخص الذي فقدته:

أبداً نادراً أحياناً في الغالب دائماً

أفكر في هذا الشخص لدرجة أنه من الصعب عليّ القيام بالأشياء التي اعتدت القيام سبها.

أنزعج من الذكريات التي تراودني بشأن الشخص الذي فقدته.

أشعر بأنني لا أستطيع التغلب على فكرة فقدان هذا الشخص.

أشعر بالاشتياق إلى الشخص الذي فقدته.

أشعر بالانجذاب إلى الأماكن والأشياء المرتبطة بالشخص الذي فقدته.

لا أستطيع إلا الشعور بالغضب من فقدان هذا الشخص.

أشعر بأنني لا أستطيع أن أصدق فقدان هذا الشخص.

أشعر بالذهول أو الانزعاج بسبب ما حدث.

منذ فقدان هذا الشخص يصعب عليّ الوثوق بالأشخاص.

منذ فقدان هذا الشخص ، أشعر وكأنني فقدت القدرة على الاهتمام بالآخرين أو أشعر

بالبعد عن الناس الذين أهتم بهم.

أشعر بالوحدة كثيراً منذ فقدان هذا الشخص.

أشعر بألم في نفس المنطقة من جسدي أو لدي بعض من نفس الأعراض التي كان

يعاني منها الشخص الذي فقدته.

خرجت عن سلوكي الصحيح لتجنب تذكر الشخص الذي فقدته.

أشعر أن الحياة فارغة من دون الشخص الذي فقدته.

أسمع صوت الشخص الذي فقدته يتحدث معي.

أرى الشخص الذي فقدته يقف أمامي.

أشعر أنه من الظلم أن أعيش بعد فقدان هذا الشخص.

أشعر بالمرارة بسبب فقدان هذا الشخص.

أشعر بالحسد من الآخرين الذين لم يفقدوا شخص قريب.

Appendix F

DEMOGRAPHIC SHEET - ENGLISH

Gender

- Male
- Female

Age Group

- 30-39 years
- 40-49 years
- 50-59 years
- 60-69 years
- 70-79 years
- 80-89 years

Residential Location

- Beirut
- Mount Lebanon
- Beqaa
- South
- North

Current Marital Status

- Single
- Married
- Separated
- Divorced
- Widowed

Education Level

- No education
- Middle school
- High school
- Bachelor's degree
- Master's degree
- PhD

DEMOGRAPHIC SHEET – ARABIC

الجنس

ذكر

أنثى

الفئة العمرية

30-39

40-49

50-59

60-69

70-79

80-89

مكان السكن

بيروت

جبل لبنان

البقاع

الجنوب

الشمال

الحالة الزوجية الحالية

أعزب

متزوج

منفصل

مطلق

أرمل

مستوى التعليم

لا تعليم

مدرسة متوسطة

ثانوية

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