



The Impact of Prolonged Grief Disorder on Experiential Avoidance in Parentally Bereaved Emerging Adults and the Moderating Role of Coping Skills

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ABSTRACT

A person's relationship with their parents is one of the most wonderful things that can happen to them. This study primarily focused on individuals who have lost this precious relation in childhood. The objective of the research was to explore the relationship between experiential avoidance and prolonged grief disorder (PGD) in parentally bereaved emerging adults, and to determine the moderating role of coping skills in relationship between experiential avoidance and PGD. The study was quantitative in nature and research design of the study was correlational experimental design. For this purpose, Brief Experiential Avoidance Questionnaire, Brief COPE Inventory, and PG13-r were used. The total of 200 participants who were parentally bereaved emerging adults (67 males and 133 females) from Karachi, Pakistan were recruited based on the inclusion and exclusion criteria. The results showed significant association between experiential avoidance and PGD. It concluded experiential avoidance is significantly a predictor of emotion-focused and avoidant-focused coping whereas, problem-focused coping skills play a moderating role between both the variables. The findings proved the type of coping style an individual use can determine experiential avoidance and PGD. This research conclusively provided parentally bereaved emerging adults will involve in experiential avoidance that will lead to any of the coping skills; problem-focused, emotion-focused, and avoidant-focused. This, in turn, may lead to PGD.

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1. Introduction

Pakistan is one of those countries which is still in its developing phase. One of the professors of Jinnah Hospital has quoted the average age of a common man in Pakistan is 45 to 50 years with a concerning trend of declining. In contrast, the developed countries like Canada and Japan report significantly higher life expectancy, ranging from 80 to 90 years. According to the survey of 2019, the population between the ages of 35 and above is decreasing drastically. Health is the most neglectful domain in Pakistan. One of the major reasons of the rising health problems among the citizens of Pakistan is their poor lifestyle. Pakistan spend the least on healthcare as the percentage of it's GDP in contrast to other developing and under-developed countries. The poor health is not limited to the lower class but it extends to the middle and upper class because of their poor living styles. This has created a lot of leading causes of death among people like Ischemic Heart Disease, cancer, acute respiratory infections, diabetes, and stroke.

Diabetes is the common disease happening to the people of Pakistan. It is estimated to be as the total of 45.1% among all the diseases. The chronic kidney disease is considered to be

as the second most common disease prevalent in people of Pakistan. Other diseases include stroke, tuberculosis, and low respiratory infection. This suggests that there are children who experienced the death of their parents at an early age. The paraprofessionals have quoted patients do come with physical complaints like headaches or increase or decrease blood pressure. However, they have noticed there's underlying causes are psychological issues. Most of them have faced the death of their parents from any physical illness, war, or conflict. Though it's a resilient nation but many of the patient's experience grief and cope either through taking pills or going for psychiatric help. The prevalence of PGD with grief intensity was measured to be 15% who were closely related to the deceased individual (Siddiqua et al., 2024). The chances of psychopathology are high for those who have experienced the death of first relatives. The parentally bereaved adolescents are prone to develop major depressive episodes. The research demonstrated parentally bereaved children experience the same psychological consequences as the adolescents. Such children face the problem of low self-esteem. The experience of parental death in early life will lead to child's feelings of abandonment. It's a misperception that those children who faced the death of their parents will forget this experience or cope with the loss when reach adulthood. The experience of parental death in early age will negatively impact the adulthood. There are few of the parentally bereaved individuals who use unhealthy coping strategies like experiential avoidance which may results in prolonged grief in later life (Nesmith, n.d.).

2. Literature Review

The unique and unforgettable relationship a being make is the relationship with his parents. This bond is based on unconditional positive regard. The child will never experience that soothing and comforting zone other than his parents' arms regardless of his age (Kurma, 2020). Although the relationship between the child and his parents evolves over time, parents often remain the closest one experiences. As a child, the need for nurturance, support, and guidance is primarily given by his parents. This relationship significantly changes once the child enters the phase of adolescence and youth. It's most likely to be on equal grounds. They both need each other. The people who have lost one of their parents or both the parents go through parental bereavement, and often speak about their feelings of sadness, guilt, shock, anger, and denial. Such feelings remain with the children and continue in their later life. Facing the death of a parent is one of the most traumatic experience a person can face in an early age. Though the attachment theory has focused on the attachment processes in the first years of early childhood but the social and biological necessity and the enduring nature of creating strong attachment bond stays throughout the life (Bowlby, 1963). This experience is a transformative event which alters children of any age permanently both psychologically and physically (Krisch, 2019). The adults who've lost one or both of their parents in childhood is known as childhood parental bereavement. The loss of loved one deeply affects the spiritual, mental, physical, and emotional well-being of an individual, often results in adverse consequences throughout life. Childhood parental bereavement is children are frequently exposed to and unsupported throughout their period of grief.

Parentally bereaved emerging adults are as important population as other population of the country. They go through a lot of emotional and psychological challenges in life. There are psychological consequences for those who are parentally bereaved before the age of 18 (Cerniglia et al., 2014). One of the studies has aimed to study the individual experience of those who have witnessed the death of either of the parents before the age of 18 and how it affected their adult life. This has negatively impacted people such as low self-esteem, trust issues, and relationship challenges, feelings of loneliness, and inability to express their feelings (Ellis, Dowrick, & Lloyd-Williams, 2013). Several researches have concluded parentally bereaved children will have unhealthy coping mechanism as adults.

The individuals who faced parental death are involved in different kinds of coping styles like problem-focused, emotion-focused, and avoidant-focused coping. The emotion-focused is the emotional reaction towards the stressor whereas, the avoidant coping is to ignore the stressor and problem-focused involves solving, managing or to alter the situation. Unhealthy coping skills tend to develop psychological problems in parentally bereaved children (Ferow, 2019). The adaptive approach among all coping mechanism is problem-focused coping. Experiential avoidance is one of the emotional regulation strategies experienced by bereaved individuals. This can either be adaptive or maladaptive depending upon the duration and context in which its employed. The maladaptive form of experiential avoidance results in a

vicious cycle. The individual seeks to change the content of personal thoughts and feelings, or to regulate the frequency with which such thoughts and emotions arise. For example, suppression of thoughts (Gold & Wegner, 1995; Hayes et al., 1996). Parentally grieving children often engages in experiential avoidance for an extended period, which can complicate the grieving process (Cohen, Mannarino, & Knudsen, 2004). Overall researches have demonstrated an association between experiential avoidance and unhealthy coping skills, such as emotion-focused and avoidant-focused coping. This pattern of coping links with the development of PGD in later life (Spuij et al., 2012). Prolonged grief is the maladaptive response towards the loss which involves excessive yearning and/or longing for the loved one, face difficulty accepting the loss, and feels stunned or shocked by the loss. Few people experience prolonged grief and notice a substantial decrease in life engagement. Research indicated that a parentally bereaved person will face prolonged grief disorder (Brent et al., 2009). The ones who are bereaved in childhood or adolescents face prolonged grief. The coping mechanism employed by parentally bereaved individuals determine their vulnerability to developing PGD.

Buqo, Ward-Ciesielski and Krychiw (2022) the study aimed to explain the relationship between the approach and avoidance focused coping strategies and symptomatology of prolonged grief. In this study, participants lost a loved one within the past 5 years. The findings concluded the prolonged grief correlated with avoidance focused coping strategies. While, the avoidance-focused coping was associated with prolonged grief, no such correlation was found with approach-focused coping. Many children demonstrate adaptive adjustment following parental death, while some exhibits maladaptive behaviors may result in PGD (Abicht, 2014). The researches have concluded the association between the avoidance focused coping and prolonged grief. Many ways of coping are acquired by a bereaved individual in response to painful emotions. One of the techniques is distraction like watching television or socializing (Endler & Parker, 1990). They involve in experiential avoidance which leads to PGD (Karekla & Panayiotou, 2011). Therefore, the loss of a parent during childhood negatively affect the development of coping mechanisms in adulthood (Høeg et al., 2016). Several researches have demonstrated individuals who experienced loss of parents during childhood are more likely to use maladaptive coping skills such as emotional eating, excess intake of medications, and highly involves in self-blame (Høeg et al., 2017). The ones who lost their loved ones often involves in experiential avoidance (Hardt, Williams, & Jobe-Shields, 2022). It is one of the emotional regulation strategies in which the person desires or wanted to suppress the unwanted internal experiences like bodily sensations, memories, thoughts, and emotions. The parentally bereaved individuals during childhood tend to be at a higher risk for developing PGD (Hamdan et al., 2012). Many studies have concluded bereavement faced in childhood and/or adolescence leads to prolonged grief in adulthood (Hagan et al., 2012). In 2021, Prolonged Grief Disorder was originated in DSM-5-TR (Prigerson et al., 2021). The criteria of PGD highlights the symptoms should be present for at least 12 months of post loss (Dhivya et al., 2023; Ragmoun, 2024; Ragmoun & Alfalih, 2024).

3. Theoretical Framework

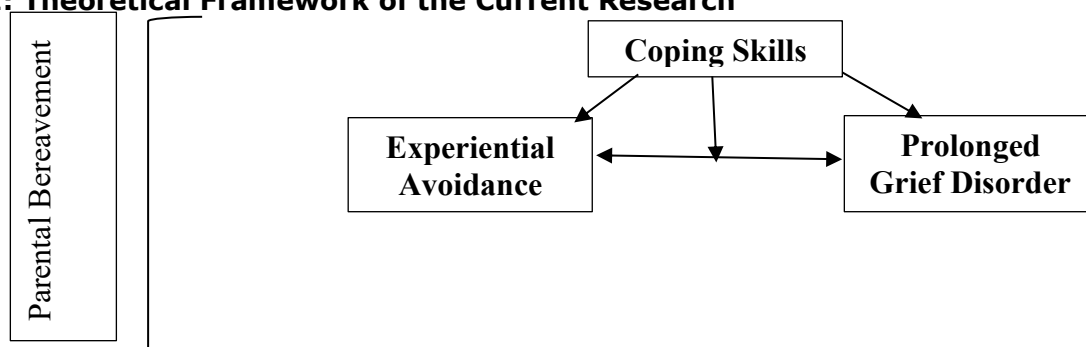
This concept is further supported by John Bowlby's Attachment Theory which highlights the crucial role of early relationships in psychological development. Every child relies on his parents for all the support, care, nourishment, and protection. Each child forms an attachment in his childhood. Bowlby's primary focus was to investigate children's distress and anxiety faced if they're separated from their primary caregiver. Here, primary caregiver is referred to as parents. He considered such attachment as the lasting psychological connectedness among human beings which serves as an evolutionary function of advancing survival of the species through the security and safety of its offspring. People with secure attachment styles usually cope with grief. In comparison, the ones with insecure attachment styles struggle with grief. They experience experiential avoidance such as avoiding painful thoughts, feelings, or memories associated with the deceased (Martin, 2019). Further, the individuals who have lost their loved ones are unable to reach at the final stage of normal grief. This could be persistent yearning for the attachment figure, emotionally attached to someone, or to accept the loss. It helps to constitute pathological grief. The experience of parental death in childhood will not only create disturbances in childhood, it may create difficulties in emerging adulthood too.

Moreover, Parents play an essential role in teaching and helping their children about coping strategies. While growing up, the child may face several stressors in life. His parents play a primary role to cope with life’s stressor. Following the parental loss, children often develop their own way of coping. There are two types of coping; problem-focused and emotion-focused coping. Problem-focused coping is referred to as active coping response which involves the planning, changing, and solving the situation. Whereas, the emotion-focused coping strategies are the ways to manage the emotions that are created by the stressful situations through emotion-oriented strategies. These strategies include venting, minimization, self-blame, distancing, and positive reappraisal. Subsequently, another coping strategy known as avoidant coping skills aimed to dampen the emotions and thoughts that are linked to the stressful situation. Such as distraction, mental disengagement, denial, usage of alcohol or drugs (Carver, Scheier, & Weintraub, 1989). A lot of problems are faced by an individual following the parental death such as challenging emotions. The person tries to cope with the grief. Grief is the intense sorrow which occurs because of someone’s death. While some people able to cope with the parental loss and survive without them, others struggle to adjust and face difficulties in resuming their lives. The responses of grief are not predefined but it is heterogeneous pattern as people adapt to the death of a loved one. The trajectory model evaluates the course of grief by noticing several patterns which occurs after 3 years following the loss.

The most common grief trajectory, observed in approximately 46% of individuals who have experienced the death of the loved one which is characterized by low levels of grief symptoms. On the contrary, individuals experience the high or moderate levels of grief following the parental loss which tend to decrease with time. However, some bereaved individuals experience low levels of grief shortly after the loss, with grief level increases during the 6 months following the loss. 7-10% of the bereaved individuals experience high grief trajectories that relates to prolonged grief. The symptoms impair functioning which necessitates interventions. Individuals who experience prolong bereavement responses may result in functional impairment that exceeds cultural norms. This is known as PGD (Szuhany et al., 2021). Furthermore, ‘Prolonged Grief’ is the persistent form of grief. It dominates the individual’s life following the loss of loved one. Acute grief typically lasts for 6 months following the loss. However, it may result into PGD if the individual is unable to cope with the loss for at least 1 year. The bereaved individuals tend to avoid painful memories associated with the loss which contributes in the development of PGD (Iglewicz et al., 2020).

The proposed theoretical framework suggests that people do involve in experiential avoidance which leads to PGD; however, coping skills play a moderating role between them. As mentioned above, the attachment bond is not created between the child and his parents if the child has faced the death of any of his parent. This will have a huge impact on the child’s later life. The child may engage in experiential avoidance, leading to the development of maladaptive coping skills, which can contribute to the beginning of PGD. This study will focus on those emerging adults who have lost their parents before the age of 18. This will help to find the link between experiential avoidance, coping skills, and PGD. Taking this into consideration, the current research will focus on exploring the moderating effect of coping skills in relationship between experiential avoidance and prolonged grief disorder in those emerging adults who are parentally bereaved since an early age. This will help to take necessary measures or interventions in order to ignore the difficulties of full blown disorder in later life. This will support parentally bereaved emerging adults as children to not have any other disadvantages in life other than the parental loss.

Figure 1: Theoretical Framework of the Current Research



The current research will use the Brief COPE Inventory (28-items) to measure the effective and ineffective ways of coping in stressful life events, Brief Experiential Avoidance Questionnaire (15-items) in order to measure the experiential avoidance of adults who are parentally bereaved as children and PG-13- R (13-items) will be used to measure whether the participants are experiencing the symptoms of PGD or not. Then, the analysis will be done whether the adults who faced parental death in early life are involved experiential avoidance and is coping skills serve as a moderation between experiential avoidance and PGD. In addition, to know if there is any association between PGD and experiential avoidance. And, does experiential avoidance predict coping skills like emotion or avoidant-focused coping. Therefore, understanding this association is crucial, as early interventions can help transform experiential avoidance in healthy coping mechanism following the parental loss. Without such interventions, it may lead to PGD.

3.1. Rationale of the study

Youth is the population in every country and is the great asset. The emerging adults are the future of tomorrow and it play the role of nation-building than no other population can play. Their physical and mental well-being is important for the country as it will take the country on the next level of success. This population can bring social reform and lead the country towards betterment. The significance of this study is the emerging adults of the countries such as Pakistan is often neglected. Often parents are considered to be as idols of their children's lives. Many children recognized their parents as irreplaceable and interchangeable with regard to any other person. It becomes emotionally disturbing for the children to lose any of the parents. By experiencing such an incident, such children become parentally bereaved when they become youths. It affects their well-being. While It might make them stronger, it can also make them weak and vulnerable. The parentally bereaved children will face problems in decision making, no financial assistance, and difficulty in identity formation when they reach youth (Murrell et al., 2018).

Children who experience the loss of their parents in early life often struggle with managing their emotions. Even when they grow older they tend to not have enough coping skills to deal with stressors of life (Ferow, 2019). This study going to recognize the impact of grief on emerging adults of our country emphasizes the need for required interventions and support. It highlights the importance of developing helpful psychological strategies to ensure this population are not neglected, as unhealed individuals can have challenges in later life. Many researches have worked for treating several mental disorders in people who are parentally bereaved as children.

Several studies have highlighted individuals with such experience who involve in experiential avoidance, which leads to unhealthy coping skills, and, in turn, increases the risk of prolonged grief disorder (PGD) in their adult life. Research have concluded the persistent involvement in experiential avoidance leads to PGD in bereaved adults (Kersting et al., 2011). In my knowledge, the researches done to check the moderating effect of coping skills in relationship between the experiential avoidance and PGD in emerging adults who are parentally bereaved since an early age, is not extensive. The parentally bereaved individuals as children have gone through the major loss in their lives. In order to protect individuals from developing PGD and other severe psychological problems, it is important to understand the role of coping skills and experiential avoidance following the parental loss, and how it can lead to PGD in later life.

3.2. Research Objectives

- To determine the association between experiential avoidance and PGD in parentally bereaved emerging adults.
- To investigate experiential avoidance, predict coping skills like emotion or avoidant-focused coping.
- To know the moderating role of coping skills in the relationship between experiential avoidance and PGD in parentally bereaved emerging adults.

3.3. Research Questions

- Q1. Is there any association between experiential avoidance and PGD in parentally bereaved emerging adults?
- Q2. Can experiential avoidance predict coping skills like emotion or avoidant-focused coping?

Q3. Is there any moderating role of coping skills in the relationship between experiential avoidance and PGD in parentally bereaved emerging adults?

3.4. Research Hypothesis

- H1. There will be an association between experiential avoidance and prolonged grief disorder in parentally bereaved emerging adults.
- H2. The experiential avoidance will predict emotion-focused and avoidant focused coping skills in parentally bereaved emerging adults.
- H3. There will be the moderating role of coping skills in relationship between experiential avoidance and prolonged grief disorder in parentally bereaved emerging adults.

4. Methodology

4.1. Research Design

This study was quantitative in nature and based on correlational experimental design. This study targeted parentally bereaved emerging adults and three scales were used to know whether there's an association between experiential avoidance and Prolonged Grief Disorder, does experiential avoidance predict emotion-focused and avoidant-focused coping skills, and were coping skills play a moderating role between experiential avoidance and prolonged grief disorder. The coping skills was measured through Brief COPE Inventory. The experiential avoidance and PGD was measured through the Brief Experiential Avoidance Questionnaire (Gámez et al., 2014) and PG-13-Revised.

4.2. Sample Size and Sampling Procedure

The research was conducted in Karachi, Pakistan. The targeted population of this study was obtained through purposive, convenience sampling, and snowball sampling technique. This included 200 emerging adults who were between the ages of 18-25 years, faced the death of at least one of their parent before the age of 18, and the duration of parental death was at least 1 year. The reason for choosing this population is that they are in that phase of life where they make important life decisions, need emotional support, and make new relationships. Moreover, the time frame chosen for this study is to ensure that participants could recall enough information about the parental loss which increases the homogeneity of the sample.

4.3. Inclusion Criteria

- Adults who have experienced the death of mother, father or both at least 1 year ago.
- Age range of participants must be between 18-25.

4.4. Exclusion Criteria

- Adults who have experienced any other traumatic incident in childhood except parental death.
- Individuals who have experienced parental death less than 1 year ago.
- Individuals who are below the age of 18 or above the age of 25.
- Differently abled adults.
- Individuals who have not opted for therapy before and who haven't suffered from psychological illness previously.

4.5. Measures

4.5.2. Brief Experiential Avoidance Questionnaire

This scale is the reduced-item version of the Multidimensional Experiential Avoidance Questionnaire. The scale was established by Wakiza Gámez in 2014. This scale consists of 15 items to measure the content of experiential avoidance related content. The Likert scale is from 1 (strongly disagree) to 6 (strongly agree). The calculation is done by reverse scoring of item no. 6 and then, summing all items. The highest score in this scale is 90 which is high endorsement of experiential avoidance and 15 which is low endorsement of experiential avoidance. The internal consistency is $\alpha = .84$.

4.5.3. Brief Cope Inventory

This questionnaire is helpful in identifying the affective and ineffective ways of coping with a stressful life events. The original scale was established by Charles Carver in 1989 which contains 60-items. This scale is the shorter version of the original scale with 28-items (see Appendix D) which is divided into the items related to three kinds of coping; problem-focused,

emotion-focused, and avoidant-focused coping skills. This scale was established in 1997. The alpha reliability of all the items is more than .50.

4.5.4. PG-13-Revised

The PG-13- Revised corresponds to the new DSM-5-TR criteria for Prolonged Grief Disorder. This scale measures all the symptoms that are mentioned in the criteria for PGD in DSM like yearning, identity disruption, preoccupation, disbelief, intense emotional pain, avoidance, emotional numbing, intense loneliness, feeling that life is meaningless, and difficulty with reintegration. This scale has 13 items. This is a diagnostic tool but can be used as a screener. The internal consistency of this scale is high i.e. Cronbach’s $\alpha = 0.93$.

4.5.5. Procedure

The initial phase of the research was to take permission from the authors of the scales. The second step was to gather participants through purposive, convenience sampling and snowball sampling technique. The participants were recruited through different organizations, universities, and online through the circulation of brochure. All participants were chosen on the basis of inclusion and exclusion criteria. The participants were informed about the nature of the study and asked to sign the informed consent form. They were told about their right to withdraw from participation and confidentiality of their identity, personal information, findings, and responses. Participants completed demographic questionnaire after completing informed consent.

The Brief Experiential Avoidance Questionnaire, Brief COPE Inventory, and PG-13-Revised Scales were administered to gather relevant data. After data collection, data was organized, evaluated and analyzed using IBM SPSS Statistics to find out the results. The descriptive statistics, statistical analysis of variables, regression analysis between variables, moderation analysis with HAYE’s Process Model, and independent samples t-test was done to find out the results.

5. Results & Discussion

Table 1: Frequencies and Percentages of Demographic Variables of Emerging Adults (N=200)

Variables	F	%
Gender		
Male	67	33.5
Female	133	66.5
Age		
18	26	13
19	8	4
20	25	12.5
21	23	11.5
22	30	15
23	26	13
24	33	16.5
25	29	14.5
Parental Death		
Mother	20	10
Father	172	86
Both	8	4

Note: F= Frequency, %= Percentage

The table above indicated the distribution of emerging adults who participated in the current research based on demographic variables including age, gender, and faced which parent’s death.

Table 2: Correlations between Experiential Avoidance and PGD

Variables	EA	PGD
EA	-	.574**
PG	-	-

Note: EA=Experiential Avoidance, PG= Prolonged Grief Disorder

Table 2 above shows a moderate positive relationship ($r = 0.57, p = 0.01$) between Experiential Avoidance and PGD.

Table 3: Correlations between Experiential Avoidance and Emotion and Avoidant Focused Coping

Variables	EA	EFC	AVF
EA	-	.181	.581
EFC	-	-	.464
AVF	-	-	-

Note: EA= Experiential Avoidance, EFC= Emotion-Focused Coping, AVF= Avoidant- Focused Coping.

Table 3 above shows the significant relationship between experiential avoidance and Emotion-focused coping and strong and significant relationship between experiential avoidance and Avoidant-focused coping.

Table 4: The Moderating Role of Coping Skills (Problem-focused coping) in Relationship between Experiential Avoidance and PGD

Predictor	β	P	ΔR^2	ΔF
Constant	31.5	.04		
EA	-.2	.49		
PFC	-1.72	.16		
EA*PFC	.034	.09	0.02	7.0

Note: EA= Experiential Avoidance, PFC= Problem-Focused Coping, β = Standardized Beta, ΔR^2 = Adjusted R-square

As shown in table 4 above, there is a significant moderation effect problem-focused coping skills on experiential avoidance and prolonged grief disorder. Therefore, there’s a moderating role of problem-focused coping skills in relation between experiential avoidance and PGD.

Table 5: The Moderating Role of Coping Skills (Emotion-focused coping) in the Relationship between Experiential Avoidance and PGD

Effect	Coefficient	SE	95% CI		P
			LL	UL	
Constant	-17.23	15.54	-47.87	13.41	0.27
EA	.49	0.27	-0.04	1.01	0.07
EFC	.52	0.56	-.59	1.62	0.36
EA*EFC	0.0	0.01	-.02	0.02	0.95

Note: EA= Experiential Avoidance, EFC= Emotion-Focused Coping, SE= Standardized Error, LL= Lower Limit, UL= Upper Limit, *** $p < .000$

As shown in table 5, there is no significant moderation effect of emotion- focused coping skills on experiential avoidance and PGD.

Table 6: The Moderating Role of Coping Skills (Avoidant-focused coping) in Relationship between Experiential Avoidance and PGD

Effect	Coefficient	SE	95% CI		P
			LL	UL	
Constant	-15.05	9.81	-34.39	4.29	.13
EA	0.32	0.17	-.02	.66	.68
AFC	1.52	0.66	.22	2.81	.22
EA*AFC	-0.0	0.01	-.02	0.02	.8

Note: EA= Experiential Avoidance, AFC= Avoidant-Focused Coping, SE= Standardized Error, LL= Lower Limit, UL= Upper Limit, *** $p < .000$

As shown in the table 6, there is no moderating role of avoidant-focused coping skills in the relationship between experiential avoidance and PGD.

Table 7: Simple Linear Regression Analysis Showing Experiential Avoidance as a Predictor of Emotion-Focused Coping (N=200)

Variable	B	SE	β	R ²	ΔR^2	p
EA	20.829	2.034	.181	0.33	.028	.000
Constant	20.82	2.034				

Note: EA= Experiential Avoidance, B=Unstandardized Beta, SE=Standard Error, β =Standardized beta, R²=Effect size, ΔR^2 = Delta R squared, CI=Confidence Interval

The Table 7 above shows that experiential avoidance is a significant predictor of emotion-focused coping. A modification in the predictor variable of experiential avoidance will cause a noteworthy predictive change of 28% in emotion-focused coping skills.

Table 8: Simple Linear Regression Analysis Showing Experiential Avoidance as a Predictor of Avoidant-Focused Coping (N=200)

Variable	B	SE	β	R ²	ΔR^2	p
EA	4.361	1.118	.581	0.338	.334	.000
Constant	0.205	0.020				

Note: EA= Experiential Avoidance, B=Unstandardized Beta, SE=Standard Error, β =Standardized beta, R²=Effect size, ΔR^2 = Delta R squared, CI=Confidence Interval

Table 8 above shows that experiential avoidance is significantly predicting avoidant-focused coping. The predictive change came out to be 33.4%.

Table 9: Simple Linear Regression Analysis Showing Experiential Avoidance as a Predictor of Prolonged Grief Disorder

Variable	B	SE	β	R ²	ΔR^2	p
EA	-6.714	3.069	.574	.330	3.26	0.000
Constant	.553	.056				

Note: EA= Experiential Avoidance, B= Unstandardized Beta, SE= Standard Error, β =Standardized beta, R²=Effect size, ΔR^2 = Delta R squared, CI=Confidence Interval

Table 9 above shows that experiential avoidance is significantly predicting prolonged grief disorder. The predictive change came out to be 32.6%.

Table 10: Simple Linear Regression Analysis Showing Avoidant-focused Coping as a Predictor of Prolonged Grief Disorder

Variable	B	SE	β	R ²	ΔR^2	p
AFC	-4.771	2.299	.662	.438	.435	0.000
Constant	1.805	.145				

Note: AFC= Avoidant Focused Coping, B=Unstandardized Beta, SE=Standard Error, β =Standardized beta, R²=Effect size, ΔR^2 = Delta R squared, CI=Confidence Interval

Table 10 above shows that avoidant-focused coping is significantly predicting prolonged grief disorder. The predictive change came out to be 43.5%.

Table 11: Mean, Standard Deviation and t-value for Gender Differences in Experiential Avoidance, Coping Skills, and Prolonged Grief Disorder

Variable	Males (n=67)		Females (n=133)		t(df)	P	Cohen's d
	M	SD	M	SD			
EA	56.50	9.46	52.42	10.44	2.78	.008	0.409
PFC	19.76	3.61	21.48	4.35	-2.97	.006	0.430
EFC	23.74	4.46	27.13	5.58	-4.64	.000	0.671
AVC	15.46	3.47	15.36	3.72	.177	.863	-
PG	23.49	9.32	22.79	10.21	.482	.641	-

Note: EA= Experiential Avoidance, PFC= Problem-Focused Coping, EFC= Emotion-Focused Coping, AVC= Avoidant-Focused Coping, PG= Prolonged Grief, M=Mean, SD= Standard Deviation

The table 11 above shows the differences between males and females scores on the variables of experiential avoidance, coping skills like problem-focused coping, emotion-focused coping, and avoidant-focused coping, and prolonged grief disorder. The table indicates that there is significant difference between males and females mean scores on the variables of experiential avoidance, problem-focused coping, emotion-focused coping, and prolonged grief

disorder. This reflects males involve in experiential avoidance and have symptoms of prolonged grief disorder more than females whereas, females involve in problem-focused and emotion-focused coping more than males. There is no significant difference between males and females mean scores on the variables of avoidant-focused coping.

6. Discussion

The loss of either one or both the parents is the life-long impact on an individual. As hypothesized, this study identified a significant positive correlation between experiential avoidance and PGD. Indeed, losing a parental figure whether a mother or a father is the most heartbreaking experience a person can face. However, this can be a vulnerable experience for those who faced the parental loss before the age of 18. This is in line with literature (Murrell, 2017) as the ones who experienced parental death before the age of 18 will have life-long impact in their later lives. This will not only determine their coping responses but increase the likelihood of engagement in experiential avoidance.

Moreover, this study, also hypothesized that experiential avoidance predicts emotion-focused and avoidant-focused coping skills. The results of this study highlighted experiential avoidance as a weak predictor of emotion-focused coping, whereas a strong predictor of avoidance-focused coping. However, previous researches demonstrated there is positive correlation between experiential avoidance and coping styles like emotion-focused (specifically negative expression of affects) and avoidant-focused coping (Karekla & Panayiotou, 2011). Nonetheless no study to date has investigated experiential avoidance as the predictor of emotion-focused or avoidant-focused coping. The findings of this study has contributed in filling the gap in existing literature that experiential avoidance is predictor of emotion-focused and avoidant-focused coping. It is a weak predictor with the former whereas, a strong predictor with the latter. In addition, this study concluded there's no moderating role of coping skills between experiential avoidance and PGD.

Coping skills like emotion-focused and avoidant-focused have no significant moderating role between experiential avoidance and prolonged grief disorder. However, problem-focused coping skill plays a significant moderating role between both the aforementioned variables. Hence, a new finding in the literature has been added by this study as no researches have explored the moderating role of coping skills between experiential avoidance and PGD before. This can be further analyzed by several researches those are involved in excess experiential avoidance often have maladaptive coping styles like emotion and avoidant-focused coping (Fledderus, Bohlmeijer, & Pieterse, 2010) which may lead to psychological outcomes. On the other hand, individuals who engage in problem-focused coping skills tend to exhibit active coping response like relying on their own potentials and social networks. This aligns with previous studies that concluded the disassociation between experiential avoidance and active/problem-focused coping skills.

Additional demographic analyses were done in order to have more idea about the different levels of impact these variables create. This study has highlighted gender differences among all the variables. The current research has shown that males have significantly high experiential avoidance than females. Since this study is conducted in Pakistan, cultural factors plays a huge role in males who engage in experiential avoidance rather than females. Pakistan is one of those collectivist countries which is known for its patriarchy. The gender roles are assigned in Pakistan. The Manly and Ladylike standards are not created by nature but are socially constructed (Awan & Rasheed, 2019). Traditional masculine norm emphasizes men to be strong regardless of his emotional vulnerability and discourage the expression of emotions such as crying. This aligns with the findings of the current study, which indicate men involves in experiential avoidance more than females. Women are expected to be sensitive, and to express their emotions. They are considered as the subordinate. As males are traditionally emphasized to be the head of the family who are expected to provide and protect their families, they often feel compelled to suppress their emotions.

This societal expectation leads them to disconnect with their feelings and manage challenging situations (Fatima, 2024). Most importantly, this research has concluded males exhibit more symptoms of PGD as compare to females. This further concluded individuals who are involved in experiential avoidance often tend to have PGD. Hence, the association between experiential avoidance and PGD is proven once again. This study clearly conveys this message

to the countries like Pakistan to equip the males with emotional regulation techniques or resources that facilitates the effective processing of their emotions.

Equally important, the concept of open communication surrounding death is non-existent in societies like Pakistan. The belief of 'time will heal' may adversely contribute to grieving process. This sociocultural reluctance to acknowledge and discuss the loss may contribute in the development of symptoms of PGD (Purandare & Sathiyaseelan, 2018). While the current research highlights the vulnerabilities of parentally bereaved youth in a South Asian context, its implications are unexamined. It's essential to use therapeutic techniques such as CBT, DBT, and ACT approaches to address experiential avoidance. This could significantly enhance the practical application of this finding. A good initiative may be the psychological screening of children following the parental loss. Most importantly, the myth of 'time heals' need to be reconsidered. Time alone is insufficient in healing process rather acknowledge and putting efforts in dealing emotions timely will contribute in healing. Otherwise, delaying will make the healing process difficult over time.

6.1. Limitations

The participants of the study were parentally bereaved emerging adults (age range falls between 18-25), sample size was 200, majority belonged to upper middle class, and all belonged to Karachi, Pakistan. Such factors affect the generalizability of the study. It is recommended for the future researchers to modify this study by focusing on other age group, socioeconomic status, and geographical area. Moreover, this study highlighted significant differences between males and females with regards to all the variables. However, it is recommended for future researchers to do in-depth comparative study to analyze the differences between males who faced the death of a mother or father and females who faced the death of a mother or father.

7. Conclusion

The study focused on young adults who lost one or both of their parents in early age. This highlighted significant relationship between experiential avoidance and PGD and experiential avoidance predicts emotion-focused and avoidant-focused coping skills. However, there's no moderating role of coping skills (i.e. emotion and avoidant-focused coping skills) between the experiential avoidance and PGD. The problem- focused coping skills play a moderating role between the experiential avoidance and PGD. To translate the findings into practice, there are several recommendations proposed. It can be useful for awareness building about the adverse impact of parental death during childhood. The countries like Pakistan should prioritize the introduction of grief-related interventions to its nation. Also, school counselors to be trained in therapeutic strategies like ACT, CBT, and DBT along with psychological screening of children following the parental death. It's important to take measures as soon as possible rather than perceiving that time will heal everything.

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