PSYCHOLOGY OF GRIEF

[1]Prof.(Dr.) Komal Verma
[1]Professor, Amity Institute of Behavioural and Allied Sciences,
Amity University Rajasthan, India.

[2]Ms.Rimjhim
[2]Student, Department of Psychology, Jamia Millia Islamia, India

ABSTRACT

The impact of grief on the life of an individual cannot be suppressed but it sure can be tackled constructively. Grief is not something easy to cope with. Some people seek counseling services to help them move on or get closure after the deaths of their loved ones. While, due to stigma associated with counseling, many people refrain from seeing a counselor or therapist, for that matter. Some people live their whole lives suppressing this grief or fall under depression, which slowly destroys their lives. This research article highlights a review of studies which will help in giving an insight into the tentative schedule

Keywords: grief, loss of chid, case study, practical implications, awareness.

INTRODUCTION

Grief and Bereavement: Grief is the feeling of loss experienced usually due to the death of a loved one. It's the single most powerful, crippling, and intense emotion known to mankind after love. Bereavement is defined as "the loss of a loved one by death". When someone close to us dies, we are bereaved. It is an objective fact. The word bereavement comes from the same root as rob, and Old English word berofian, meaning "unwilling deprivation by force or having something withheld unjustly and injuriously".

Grief counselling is very important. It helps people resume their normal functioning. Not everyone needs it, but sometimes the loss is too much to bear. Losing someone or something that you love and care about is very painful. After a significant loss, you may experience all kinds of difficult and sometimes surprising emotions – including shock, anger, sadness, and guilt. And sometimes it may feel like these feelings will never let up and will last forever. It is important to remember that, even though these feelings may sometimes be frightening and overwhelming, they are "normal" reactions to loss. And, as you will see, one key and necessary part of any grieving process is you allowing yourself to feel whatever feelings you feel and accepting those feelings as just a "normal" part of the process, (Miller, 2012)

The process of grief can be described as reflecting many themes and issues that people confront (Cavanaugh and Blanchard-Fields, 2010).But it is not very clear that if griefing is experienced in stages like dying or one experiences randomly (Kubler-Ross & Kessler, 2005). We must recognise our emotions, behavioural patterns, relationships if we are loosing someone close as it will help us in choosing effective coping startegies which at

times are based on our cultural aand religious beliefs to ease our pain. (Ivancovich & Wong, 2008).

Factors effecting grieving process: It's the process which defines how individual or family will be able to cope. It has been reported by bereavement experts that parents want to return to their normal life and functioning after loss of their child but this doesn't mean that they will repress or will try to forget the memories of their child. Instead, they would like to adapt new life along with memories of their lost child and would like to maintain that relationship for mental wellbeing.. (Worden J.W. 2002)

Factors that may interfere with the grief process:
   • Avoiding emotions
   • Overactivity leading to exhaustion
   • Use of alcohol or other drugs
   • Unrealistic promises made to the deceased
   • Unresolved grief from a previous loss
   • Judgmental relationships
   • Resentment of those who try to help

Grieving the loss of a child: No parent should ever have to bury their own child. But, this is life and it happens. Many parents have lost their children to accidents, and diseases. Some of them seek help, while others live their lives struggling to find peace of mind, many fail at which. Loss of a child is quite difficult to cope with professional help. Many a times, people are unable to complete the grieving process, and get stuck in one stage for a very long time.

Grieving parents say that their grief is a lifelong process, a long and painful process The hope and desire that healing will come eventually is an intense and persistent one for grieving parents (U.S. Department of Health and Human Services, 2005).

As they attempt to move forward, bereaved parents realize they are survivors and have been strong enough to endure what is probably life's harshest blow. By addressing their grief and coping with it, they struggle to continue this journey while making this devastating loss part of their own personal history, a part of their life's story, a part of their very being, (U. S. Department Of Health And Human Services).

Coping with Grief: Some people choose spirituality and religiosity as their coping mechanism and use it to support them when they are unable to stand on their own. It gives them purpose, and peace by believing in concepts like Karma, reincarnation, spirit worlds and notion "Death is not the end".

Halifax (2008), in his studyhe explored great territories of grief which clearly defined that grif is a deep sorroew which one feels after loosing someone closed. And there is a huge psychological impcact on ones life. This effects individuals identity, loss of a loved one, , the loss of relationship, the loss of place or thing, and the loss of capacity. In both religion and spiritual domain death is considered to play central role in creating human experience (Park and Halifax, 2011),

According to Klugman (2006), in United States people reported their experience of soul of the dead body which was in contact of the closed one. Similarly in other studies it was documented that soul and physical bosy are different entities, and a possibilities is there that soul may remain in touch with deceased (Benore & Park, 2004).

Effect of Grief: This sense of loss and grief affects the health of an individual, both psychological and physical. Physical effects associated with bereavement, according to Reid and Dixon (2000) includes insomnia, memory loss, diminished concentration, and loss of motivation. These physical manifestations, though not completely understood and not as obvious as the emotional and mental responses to bereavement are present and create hindrance in normal working of a person.

People suffer from depression, insomnia, stress, anxiety, phobias, to name a few. And these in turn cause problems, like heart issues, cholesterol, eating disorders, and growth issues in children, thyroid and others. (Porter, 1999)Everyone has his or her own way of perceiving situations and, therefore, of responding to a loss. Because of this, grief is an extremely individualized response. It is next to impossible to conclude what role bereavement plays in the onset and progression of an illness, because one cannot determine the intensity of factors that pre-exist in an individual that also contribute to illness (Bumell and Bumell, 1989). Changes in behaviour include crying, change of relationships, avoiding reminders and social withdrawal.

Support systems:

Support groups: To deal and cope with life problems in ones life , counselling psychology has defined support group therapy to be very viable and effective tool (Gladding, 2009). Along with there are other therapies like group and individual which help in coping with various psychological problems related to grief (Corey and Corey (2006), Markus and King (2003), and Piper and Ogrodnicuk (2004. Support groups makes client field that they are not alone and this feeling gives them strength to fight back and cope with problems. There people share their problems, information, memories, photographs, stories and much more. Grief support groups are of many kinds, there are support groups for loss of parents, loss of child, loss of spouse, loss due to terminal or chronic illnesses, and many more.

People have reported lot of relief and advantages of grief support system. It helps in validating their issues and thoughts as they get to know that other people around them also suffer from similar problems. (Hoy, 2007; Rando, 1991; Worden, 2009, Humphrey, 2009). And when everyone shares their experiences and stories it helps in venting out one;s emotions and also the concept of overhearing and social expectation is controlled. (Hoy, 2007; Neimeyer, 2009).Thus, these support groups have proven to be the effective source of personal resolution of grief (Joyce et al.,(2009),& Holmberg (2007)).

METHODOLOGY

Research Design: The research was a qualitative study done using the case study method to completely analyse and study each subject. Researcher Robert K. Yin defines the case study research method as an empirical inquiry that investigates a contemporary phenomenon within its real-life context; when the boundaries between phenomenon and context are not clearly evident; and in which multiple sources of evidence are used. (Yin, 1984)

It is a multi-case study which has employed both quantitative and qualitative methods to gain and analyse the information. A semi-structured interview has been used based on two questionnaires, PG-13 and Grief/depression Assessment Inventory.

Rationale: The study was done to see the various coping mechanisms used by grieving mothers and the effect they have on their lives. The study also aims at revealing the lack of

awareness about grief counselling among population. It also tries to throw some light on healthy and unhealthy coping ways.

Sample: The method used was purposive sampling.A total of 15 mothers were selected and contacted for the research. They were briefed about the research, only 12 of them gave consent for the research. So, the final sample consisted of 12 females who had lost their children, one way or the other. These mothers ranged from 23 years to 57 years, with a mean age of 42.9 years and standard deviation of 9.34. Two of these had miscarriages, one was stillborn, one dies of brain tumor, one of congenital heart disease, four died of road accidents, one by drowning and Two by unexplained causes. Two of these belonged to lower socio-economic class, two belonged to upper socio-economic class and eight belonged to middle socio-economic class.

Tools used: The study was done using structured guided interviews. Two questionnaires were used for the same. The questionnaires involved are : PG-13 (Prolonged Grief disorder) by Prigerson and Maciejewski (2012) and grief depression inventory by Schneider(2001). These were used to create a semi-structured interview. PG-13 assesses the severity of grief and its symptoms over the previous month. There are a total of 13 items, each of which were measured on a 5 point scale. Items 1 to 5 measured frequency using the following scale-

- ▪ 1- not at all
- ▪ 2-at least once
- ▪ 3-at least once a week
- ▪ 4-at least once a day
- ▪ 5-several times a day

The items 6 to 2 were used to measure severity from the following scale-

- ▪ 1- not at all
- ▪ 2-slightly
- ▪ 3-somewhat
- ▪ 4-quite a bit
- ▪ 5-overwhelming

This inventory aims at addressing and assessing cognitive, behavioural and emotional symptoms of the grief. The total score is derived from totalling the item scores. A previous study shows that the measure has a good internal consistency : a=0.92, (Field et al., 2014).

The grief/depression inventory by John M. Schneider was also used. It was given in 2001. The first two questions have many options while the other 11 questions have 4 options- grief, depression, none or both with their description given. This inventory is not intended for any professional diagnosis, nor it can used in place for more comprehensive diagnostic methods.

Procedure: An open beginning and research questions: The interviews were based on a semi structured questionnaire.

Interviews: The interviews were conducted using a semi-structured questionnaire. The questionnaires used were PG-13 by Prigerson and Maciejewski, and Grief/depression inventory by Schneider. Before administration, the pilot study was done on 5 individuals. Minor rectifications were done to improve the quality of questionnaire. Then, the research was done on the final sample of 12. The interviews were digitally recorded and later analysed. The average interviews were of 20.55 minutes. They consisted of questions formed from the questionnaires and the rest were evolved as per the subjects. The friends, immediate

family members and their neighbours were also interviewed to get a clear picture of their psychological state and the difference in it since the death of the child.

Coding process: According to Charmaz, 'coding id the pivotal link between collecting data and developing an emergent theory to explain these data. Through coding, you define what is happening in the data and begin to grapple with what that means'. The raw data was collected, recorded and filed. The initial coding was done based on it and then focussed coding was done. This formed the basis of the analysis. The information from other sources i.e. friends, family, neighbours, was used to aid the analysis of the case studies.

Thematic Content Analysis: It involves becoming familiar with the data to generate initial codes. After formation of code, themes were searched. The themes were then reviewed and defined. The theme of the study was, hence, found to be "The factors affecting psychological states of a grieving mother". The theme provided reports which led to the construction of a theory presented in the conclusion.

Conceptual Mapping: It refers to a graphical organisation and representation of the collected data. It begins with the main concept, then branch out to show how main ideas can be broken into specific topics. This helps in the formation of codes and categories.

The focussed coding was done for all the interviews. Then descriptive codes were formed as per the focussed codes:
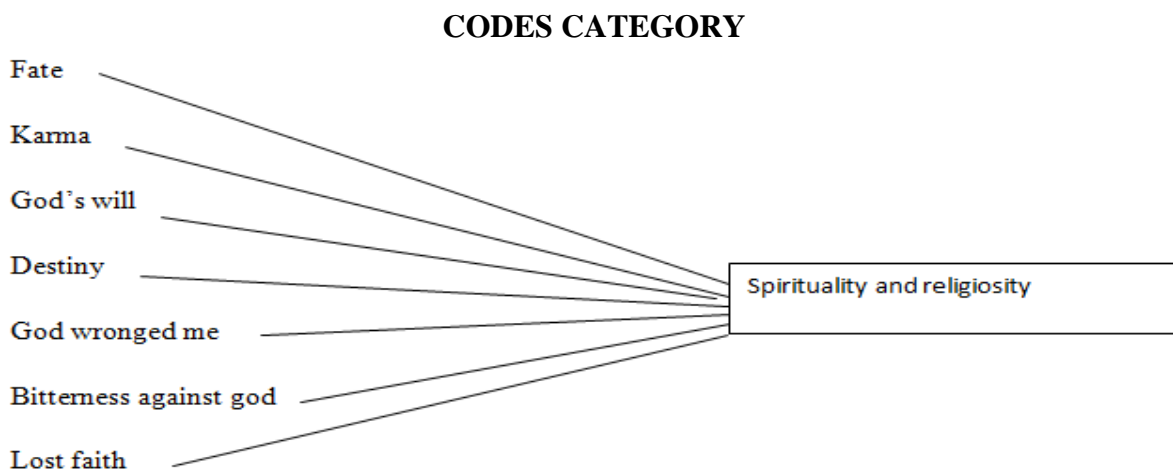
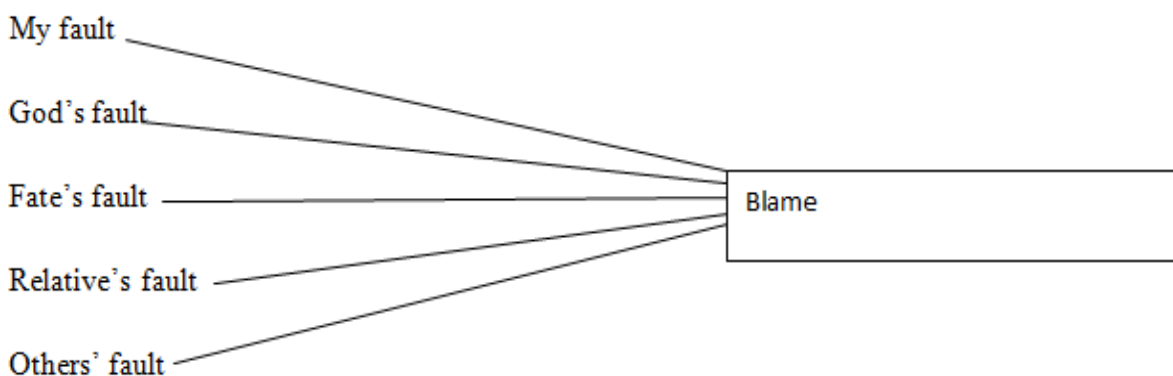**CODES CATEGORY**

Fig 1.1 Factor 1: Spirituality and Religiosity

Fig 1.2 Factor 2: Blame

Financially unstable

Cannot raise another child → Socio-economic status

Money can't buy happiness
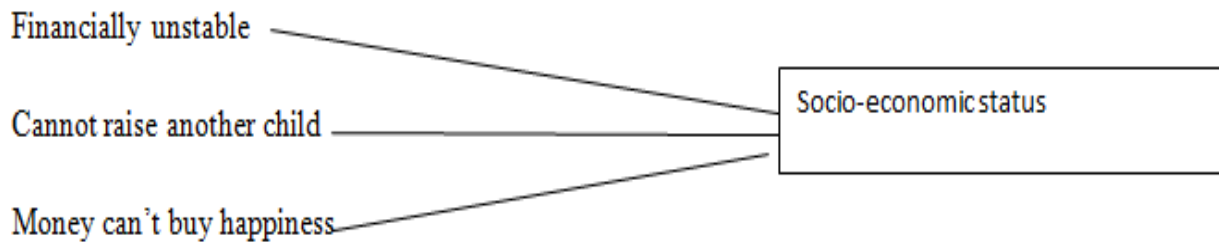
Fig 1.3 Factor 3: Socio-economic status

Road accidents

Miscarriage

Still born

Drowning

Physiologically weak → Cause of death

Chronic terminal illnesses
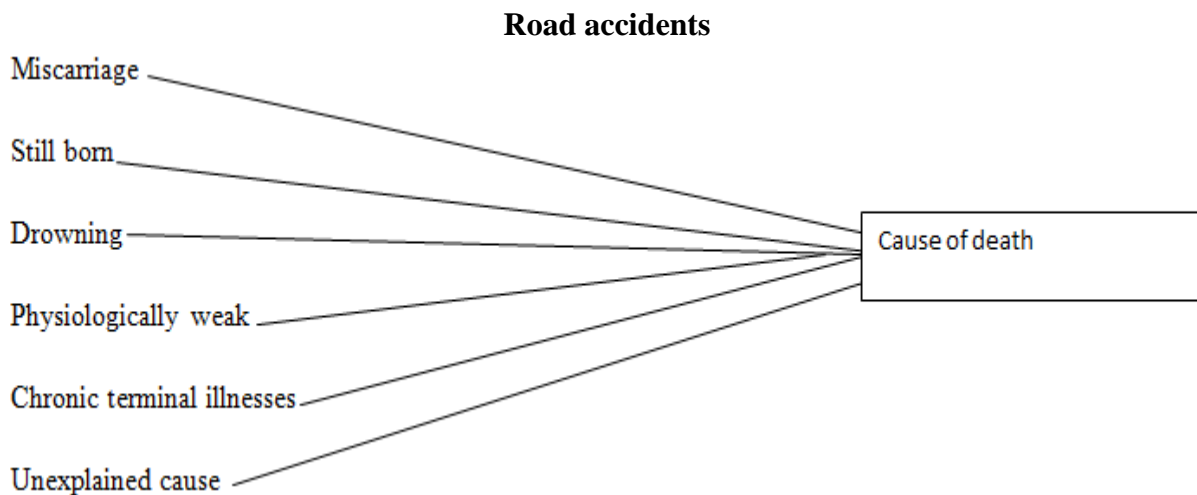
Unexplained cause

Fig 1.4 Factor 4: Cause of death

The Categories formed are:
- Spirituality and religiosity
- Blame
- Socio-economic status
- Cause of death

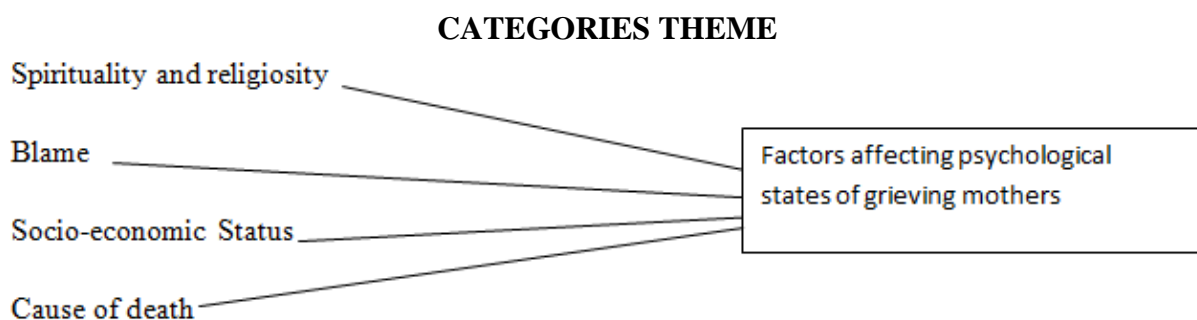**These categories led to the formation of the theme:**

CATEGORIES THEME

Spirituality and religiosity

Blame → Factors affecting psychological states of grieving mothers

Socio-economic Status

Cause of death

Fig 2.1 Categorical basis of Theme

ANALYSIS AND DISCUSSION

        The purpose of the study was to shed some light on the psychological trauma of losing a child to any cause and to offer a different perspective as to what affects the intensity and the coping abilities of the grieving parent. For the same a qualitative method was employed for a thorough and better understanding of each of the 12 cases. For analysis, focussed coding was used and as a result the theme " factors affecting the psychological

states of grieving mothers" was formulated. Under the same, four main categories were formed: spirituality and religiosity, blame, cause of death and socio-economic status. These factors somehow led to the varied coping mechanisms and response system of the subjects.

SPIRITUALITY AND RELIGIOSITY: Of all the 12 mothers, two have completely shunned their faith and belief in God. They don't pray or follow any ritual as per their religion anymore. One of these two has completely given up jewelleries and colors. Two of the remaining ten, believed in God because their deceased children did, and this gave them hope. One of these two worships her deceased son's things too, and believes that his spirit is here and that he might come back. Out of other eight, four had completely lost their faith, until they had another child, or adopted a daughter. One of these four had been involved in unhealthy coping ways, until she found her faith and this has helped her cope in much better ways. Now, the remaining four believe in God and everything being a part of his plan. Two of these were miscarriages and were able to cope quite easily when compared to others, while the other two made their faith their pillar and used it to move past all the grief. In one of these, it had worked quite well, while in other it helped her put on a mask and be able to function properly. Both of these mothers had lost their children to diseases, the only difference was that one had a congenital heart disease, while the other had brain tumor.

BLAME: One of these 12 women, one blames God for her loss. One woman blames herself, her husband also blames her, and now, has resorted to drinking and domestic abuse. Another woman blames her bad fate and has made her peace with it. She believes whatever happens happens for a reason. The rest of the women blamed themselves and their bad Karma, and had low self worth. The focus of blame obviously makes the path either smooth or real bumpy. Women who blame themselves are leading a very depressed life. However, the women who blame God show their anger and feel weak and helpless. The women who blame fate, and believe that some things just happen, were coping in a comparatively better way.

CAUSE OF DEATH: The two women who had lost their child to miscarriage were able to cope in much better way than those who had lost their child to some accident or disease. The mother who had lost her 16 year old child to a congenital heart disease was also able to cope in a much better way. The mother who had a still born did cope well as compared to others, but was completely fine after having two healthy children. Four mothers lost their children to road accidents and were unable to cope with their loss. They are still grieving and have withdrawn from the society. The mother who lost her child 5 days after he was born had trouble coping up till she gave birth to two healthy children. Another mother who lost her child to an unknown cause couldn't cope and adopted a daughter afterwards. The mother, who lost her child to drowning, suffered from various other mishaps afterwards. She had unhealthy coping ways for years, as she turned to adultery and boycotting social gatherings, running from household responsibilities, but now seems to be in a better shape after regaining her faith.

Among the women who had lost their child to accidents had the most difficulty in coping, but the one that was seeking counselling services seemed to be doing so much better than the others.

SOCIO-ECONOMIC STATUS: Among these mothers, two belonged to a lower socio-economic status, two to upper socio-economic status and eight to middle socio-economic status. One of the two lower socio-economic class women had lost her child to miscarriage,

while the other to an unexplained cause. She had quite a difficult time coping with the loss, while the former woman was in a better psychological state. The women of the middle class families had mixed responses. Only one woman was seeking counselling services and was diagnosed as insomniac and depressed by the psychiatrist and she belonged to upper socio-economic class.

AGE AND TIME SINCE DEATH: These mothers belonged to different age groups and had been suffering from grief for varied time periods. Their ages and time duration of grief seemed to have very little effect on their psychological states. The mother who lost her child more than a decade back was still grieving, while a mother who lost her child a few years back initially lost her way, but then shifted to better coping after regaining her faith. On the other hand, a mother who lost her child years back was fine and had coped well, but a mother who lost her child days back was losing faith. The "time since death" might or might not affect the individual for a different causes of death, but mothers who lost their children to similar causes and had similar "time since death" showed similar responses. The mothers who lost their children to accidents more than a decade back had similar psychological state and coping responses.

CONCLUSION

The study was conducted to understand the psychological states and coping strategies used by women who have lost their children to any cause. The focus was on the factors that affected their lifestyles, response mechanisms, and grieving manner for the trauma they experienced. These people are a few of many who are in desperate need of clinical help. They are unable to accept and process their losses. They are unable to cope with it healthily and many times lose their way. Life is difficult for them, many become suicidal or socially inactive, and some go for denial while some of them go emotionally numb. Grief doesn't have an expiry date, the least we can do is lessen the pain and cope with it positively.

Here are some recommendations for medical institutions:

- There should be more than one grief counselor present at all times in any hospital.
- Collaboration with other medical professionals will help all kinds of clients.
- These services should either be govt. funded or part of the health insurance for people from a poorer section of the society.
  Here are some recommendations for social support groups:
- Social support groups for grieving should be made in every locality.
- They need to form a network including all the hospitals and non-profit organizations, psychologists, and other independent support groups.
  Here are some recommendations for the families of the grieving:
- People who have recently lost someone near and dear should be made to visit grief counselor.
  Here are some recommendations for media:
- The medical institutes and grief support groups and other medical professionals should form groups and contacts through social media.
- Awareness needs to be spread through media, help camps, follow-ups, and collaboration with other medical professionals.

These recommendations can be formed as a model to be followed in hospitals and support groups. It can eliminate the chances of permanently damaging the grieving family members. Also, those who are economically poor can have access to these services.

LIMITATIONS:

There are some limitations to this study:

-more cases with a diverse backgrounds were not taken.

-collaboration with a grief counselor was not done.

-subjects might relive their experiences and this could affect their psychological state.

REFERENCES:.

- Benore, E. R., & Park, C. L. (2004). Religiousness and beliefs in continues attachment after death. *International Journal of the Psychology of Religion,* 14, 1-22.
- Burnell, G. M., & Burnell, A. R. (1989). *Clinical management of Bereavement.* New York: Human Science press.
- Cavanaugh, J. C., & Branchard-Fields, F. (2010) *Adult Development and Ageing.* (6th edition). UK: Wadsworth, Cengage Learning. Available from net library database.
- Charmaz, (2006) *Constructing Grounded Theory: A Practical Guide through qualitative analysis.* London: Sage Publications.
- Corey, M. C., & Corey, G. (2006). *Groups: Process and Practice.* Pacific groove, CA: Brooks/Cole.
- Field, N. P., Strasser, J., Taing, S., Horuchi, S., Chhim, S., & Packman, W. (2014). Prolonged Grief following the recent death of a daughter among mothers who experienced distal losses during the Khmer Rouge era: validity of the prolonged Grief Construct in Cambodia. *Psychiatry research.* 219, 183-190.
- doi:http;//dx.doi.ord/10.1016/j.psychres2014.05.014
- Gladding, S. T. (2009). *Counselling: A Comprehensive Profession.* Upper Saddle River, NJ: Pearson.
- Halifax, J. (2008). *Being with Dying: Cultivating Compassion and Fearlessness in the presence of death.* Boston: Shambhala.
- Holmberg, L. (2007). Words that made a difference: Communication in bereavement. *Journal of Loss and Trauma,* 12, 9-29.
- Hoy, W. G. (2007). *Guiding people through grief: How to start and lead bereavement groups.* TX: Compass Press.
- Humphrey, K. (2009). *Counselling Strategies for Loss and Grief.* Alexandria, VA: American Counselling Association.
- Ivancovich, D. A., &Wong, T. P. (2008). The role of existential and spiritual coping in anticipatory grief. In A. Tomer, G. T. Eliason, & P.T.P. Wong (Eds). *Existential and Spiritual Issues in death attitudes.* 209-233.
- Joyce, A., Orgrodniczuk, J. S., Piper, W. E., & Weidman, R. (2009). Follow- up outcomes in short- term group therapy for complicated grief. *Group Dynamics: Theory, Research and Practice.* 13(1), 46-58.

- Klugman, C. M. (2006). Dead Man Talking: Evidence of post death Contact and continuing Bonds. *Omega: The Journal of Death and Dying, 53, 249-262.*

- Kubler-Ross, E., & Kessler, D. (2005). *On Grief and Grieving: on finding meaning of grief through the five stages of loss.* New York: Scribner.

- Markus, H. E., & King, D. A. (2003). A Survey of group psychotherapy training during pre-doctoral psychology internship. *Professional Psychology: Research and Practice.* 32(2), 203-209.

- Miller, H., (2012). Major coping Strategies, *The Knowledge of Life series.* Los Gator, CA: The Henry Miller group LLC.

- Neimeyer, R. A. (2009). *Constructivist Psychotherapy.* NY: Routledge.

- Park, C. L. (2005). Religion as a meaning- making framework in coping with life stress. *Journal of Social Issues,* 61, 707-730.

- Park, C. L., & Halifax, R. J. (2011). Religion and Spirituality in adjusting to bereavement: Grief as burden, Grief as gift. In R. A. Neimeyer, D.L., Harris, H. R.

- Porter, M. (1999) *Grief Stress and Health: Physiological Reactions to bereavement.* Texas: Texas tech. University.

- Piper, W. E., & Ogrodniczuk, J. S., (2004). Brief group therapy. In J. L. DeLucia-Waack, D. Gerrity, C. R. Kalodner, &M. T. Riva (Eds.), *Handbook of Group Counselling and Psychotherapy,*641-650. Thousand Oaks, CA: Sage.

- Rando, T. A. (1991). *How to go on living when someone you love dies.* New York: Bantom Books.

- Reid, J. K., & Dixon, W. A. (2000). The relationships among grief experience, problem- solving appraisal, and depression: An explanatory Study. *Journal of Personal & Interpersonal Loss,* 5(1), 77-93.

- Stroebe, W., Abakoumkin, G., & Stroebe, M. (2010). Beyond depression: Yearning for the loss of a loved one. *Omega*, 61, 85-101.

- U. S. Deptt. Of Health and Human Services. (2005). *The death of a child – The grief of parents: A Lifetime Journey.* McLean, VA: Circle Solutions Inc.

- Worden, W. (2002). *Grief Counselling and Grief Therapy: A Handbook for the mental health Practitioners.* (3rd edition). New York: Springer.

- Worden, J. W. (2009). *Grief Counselling and Grief Therapy: A Handbook for the mental health Practitioners.* (4th edition). London: Routledge Taylor & Francis Group.

- Wortman, J. H., & Park, C. L. (2008). Religion and Spirituality in adjustment following bereavement: An integrative review. *Death Studies.* 32. 703-736.

- Yin, R. K. (1984). *Case Study Research: Design and Methods.* Newberry Park, CA: Sage Publications.