

An Essay on Loss and Grief

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INTRODUCTION

This essay explores my experience of loss and grief after the death of my father in 1997 and how my grieving process relates to theories put forward to explain and deal with bereavement. Hall (2014) suggests that “loss and grief are fundamental to human life”..Harvey (1998) perceives loss as a life experience relating to something irreversible and emotions towards what is lost. Hall (2014) defines grief as “the response to the loss in its totality – including its physical, emotional, cognitive, behavioural and spiritual manifestations – and as a natural and normal reaction to loss”. It has been argued that in order to understand grief it is important to understand the role of attachment. Mallon (2008) observed that in order to have loss there must be attachment. As a result many theories of attachment play a major role in bereavement counseling. Bowlby (1980) emphasised the role of attachment in relationships. He suggests that a child’s emotional growth will be compromised if the child does not have attachment to a significant other person. The consequences can be that the individual may have difficulties connecting with others.

This essay will first explore some of the salient theories on grief and bereavement. Secondly, a discussion of my experiences grieving my father’s death drawing on some key elements of bereavement theories will follow. Finally, a summary of the discussion will conclude the essay.

THEORIES OF BEREAVEMENT AND LOSS

Freud (1953 – 1974) was the first major contributor to the theory of grief. His theory stressed that grieving individuals search for an attachment that has been lost. His work involved the process of breaking the links that bonded the survivor to the deceased. He identified three elements namely:

- Freeing the bereaved from the bondage to the deceased
- Readjustment to life without the deceased
- Building new relationships.

Parkes (1971, 1996) argued that Freud’s concept of grief was useful in considering grief to be part of a rebuilding process which he calls ‘psychosocial transition’. Freud (1953-1974) argued that the grieving experience for the bereaved requires that they acknowledge their separation from the deceased by going through a process that includes painful emotions of guilt and anger. Furthermore, these emotions must be expressed. Key to Freud’s approach was the idea that if the bereaved failed to work with or complete their grief work, then the grieving process would become complicated and compromise recovery. This model stresses the importance of moving on as quickly as possible in order to return to ‘normal’ functioning.

Influenced by Freud (1953-1974), several grief theorists including Kubler Ross (1969), Bowlby (1980) and Parkes & Weiss (1983) conceptualised grief as a process of predictable phases and tasks. One of the most recognised was Kubler Ross (1969), who proposed the five-stage model that constituted the following stages:

- Shock and denial
- Anger
- Resentment and guilt
- Bargaining
- Depression and Acceptance.

The model insists that failure to complete the stages would result in acute mental health complications. Hall (2014) argues that the stage theories were popular because they suggest a sense of conceptual order while offering hope of recovery and closure. Despite their popularity, most stage theories attracted criticism in the same way that Freud’s proposition attracted criticism for their lack of empirical evidence and their rigidity. Furthermore, the stage theories have been challenged for their inability to capture the complex, diverse and multi-faceted nature of the grieving experience. Baxter and Diehl (1998) argue that since grief is considered to be fluid, it is unlikely that individuals are able to go through the stages in a methodical manner as advocated by the stage theorists. In short, they do not take account of factors such as the physical, psychological, social, cultural and spiritual needs that impact on the bereaved people, their families and intimate networks (Hall 2014).

Despite these criticisms, early stage theories have provided great groundwork and influence on current theories such as the Dual-Processing theory developed by Stroebe and Schut (1999) and Worden (2008). Hall (2014) argues that “these theories take account of many of the risks and protective factors identified by research and provide an important context for appreciating the idiosyncratic nature of attachment to the deceased that is lacking in the earlier stage theories”. Both models provide frameworks that guide intervention. Richardson and Balaswamy (2001), when evaluating the Dual Processing Model, suggested that avoiding grief can have both positive and negative outcomes. They proposed that this is where bereavement is perceived as including Loss of Orientation and Restoration Orientation. The griever in the loss-orientation is preoccupied with emotions, yearning and ruminating about the deceased, whereas, restoration orientation involves taking over the responsibilities and the roles undertaken by the deceased and making lifestyle changes, setting up a new identity without the deceased (Richardson, 2007; Bennett, 2010a).

Worden (2008) suggests that grieving should be considered as an active process that involves engagement with four tasks:

Accepting the reality of the loss

Processing the pain of grief

Adjusting to a world without the deceased (including both internal, external and spiritual adjustments)

Finding an enduring connection with the deceased whilst embarking on a new life.

To understand what the client is experiencing, Worden identified seven determinants that need to be considered:

Who the person who died was

The nature of the attachment to the deceased

How the person died

Historical antecedents

Personality variables

Social mediators

Concurrent stressors

EXPERIENCES OF GRIEF

In discussing my grieving process, I am going to draw on Worden's (2008) four tasks indicated above. The seven determinants indicated above will be used to guide the discussion and interpret the experience utilising relevant theoretical perspectives.

i. To accept the reality of the loss

I was in the UK undertaking my nursing course when my father died in Zimbabwe from a sudden heart related problem. I was informed early in the morning soon after my brother received news of his death. Since I was living alone, I had to make several phone calls home to confirm his death and to ascertain how he died and establish why more was not done. I remember crying but the tears did not correspond to my emotions. For a long time I felt detached from my feelings. My emotions appeared to be bottled up and were difficult to release. My immediate response to the news reflects Bowlby and Parkes (1970)'s proposed first stage of grief where the individual experiences numbness, shock, and denial. I had always dreaded the day my father would die. I remember pacing up and down my bedroom, feeling very alone and helpless. During one of the calls from my brother, he mentioned that he needed me there. That was the time that I realised that this was real. It was at this moment that I started to call friends and informing them of the news. I cannot remember most of what happened but I remember one of my friends took over and made the necessary travel arrangements and spoke to my family in Zimbabwe. I believe that I only accepted the loss much later when I found that I could not share with him that I had bought a beautiful house. I desperately needed his comments and praises. My letter with the surprise information and pictures was in the post box when he passed away.

ii. To process the pain of grief

I believe I experienced the pain of losing my father when I returned to the UK after going through three weeks of the funeral and other rituals related to death in my culture. The cultural rituals are a mixed bag of tears, laughter, praying, singing and sharing memories and kinship with the deceased. This, to a large extent, eased me into the grieving process. However, the real pain of his loss took place when I returned to the UK where I could grieve in private. I found myself avoiding friends and other associates. It was as if my identity had been taken away and that made me tearful. This echoes the suggestion by Caserta and Lund (1992) that the bereaved may have to redefine their identity. Prompting questions like 'Who am I now that I am no longer a daughter?' Hall (2011) and Caserta and Lund (1992) suggest that this can set in motion a process of re-learning ourselves and the world. On reflection, friends and associates reminded me of “the me” that I had lost. The pain would come and go. I often cried on my own. The crying and anxiety concurs with Bowlby's proposition that loss of the affectional attachment results in emotional disturbances such as anxiety, crying and anger (Freeman, 2005). I experienced this for over a year and felt lost. Although functioning, I was no longer myself. I started having frequent dreams of my father and would look forward to going to bed where I could be with my father.

iii. To adjust to a world without the deceased

It is difficult to identify exactly when it was that I adjusted to a life without my father. It took a long time. Although we lived far from each other, my father played a major role in most of my decisions and reassurances. Two events contributed to my adjustment. Firstly, my mother encouraged me to register for a Masters course that I was talking myself out of. Suddenly, I saw my father's qualities in her. The security and trust I had in my father had transferred to my mother. Secondly, crying uncontrollably at a church in the UK the day I received news that my brother had died in a car accident. On reflection I realised that although I was crying for the loss of my brother, I was also finally crying for my father. Taking over care for my brother's children added to the adjustment of living without my father.

iv. Finding an enduring connection with the deceased whilst embarking on a new life

Being ancestral believers, the bond between my late father and me remains but it manifests in a different form to the bond we had when he was alive. I believe that spiritually, my father and my forefathers protect me and help me achieve my ambitions by chasing away bad spirits and creating luck and opportunities for me. My family and I participate in cultural rituals in remembrance of him and our forefathers. Psychologically, my bond with my father remains as he continues to be my role model. As a result, I dedicate most of my achievements to him. This continued connection and perceived role played by my father 18 years after his death confirm Datson and Marwit's (1997) argument that continued bonds with deceased can have positive outcomes. Therefore, letting go is not necessarily the requirement for successful grieving. According to Hall (2014) "this idea represents recognition that death ends a life, not necessarily a relationship".

CONCLUSION

The discussion above illustrates that the theoretical perspectives of loss and bereavement have developed from emotional attachment to more holistic approaches. These theories not only carry on the influences of the early work focused on emotions and attachment but take account of the social, economic, cultural and spiritual needs experienced by bereaved people. Significantly, these theories do not center 'letting go' as a requirement of successful grieving. On the contrary, a continued bond with the deceased can be positive. My experience largely confirmed the complexity of the grieving process. Some of the experiences indicated above confirmed some of the early theorists observations such as the emotional rollercoaster and the early stage theorists' suggestions of shock in the early stages. I did not however experience the full stages of grieving in chronological order, and the experience was by no means quick. Factors such as my culture and spiritual beliefs contributed significantly to my grieving process and influenced the outcome of my continued bond with father. In view of this it can be argued that there is a place for the different approaches to loss and bereavement in supporting bereaved people. However, the multi-cultural society encouraged by globalisation requires that we take account of the wider aspects of the bereavement process.

REFERENCES

- Baxter, E. A. and Diehl, S. (1998). Emotional stages: Consumers and family members recovering from the trauma of mental illness. *Psychiatric Rehabilitation Journal*, 21(4)
- Bennett, K. M. (2010a). "You can't spend years with someone and just cast them aside": Augmented identity in older British widows. *Journal of Women and Aging*, 22, (3), 204-217
- Bennett, K. M. (2010b). How to achieve resilience as an older widower: Turning points or gradual change? *Ageing and Society*, 30 (03), 369-382.
- Bowlby, J. (1980). *Attachment and loss. Volume 3, Loss, sadness and depression*. New York: Basic Books
- Bowlby, J. and Parkes, C. M. (1970). Separation and loss within the family. In E. J. Anthony & C. Koupernik (Eds.), *The child in his family: International Yearbook of Child Psychiatry and Allied Professions* (pp. 197-216), New York: Wiley
- Caserta, M. S. and Lund D. A. (1992). Bereavement stress and coping among older adults: Expectations versus the actual experience. *Omega*, 25, 33-45.
- Datson, S. L. and Marwit, S. J. (1997). Personality constructs and perceived presence of deceased loved ones. *Death Studies*, 21 , 131 -146
- Freud, S. (1953/1974). Mourning and melancholia. In J. Strachey (Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 14). London: Hogarth. (Original work published in 1917.)
- Freeman, S. (2005). *Grief and Loss: Understanding the Journey*. Belmont, CA: Thompson Brooks/ Cole.
- Hall, C. (2011). Beyond Kubler-Ross: Recent developments in our understanding of grief and bereavement. Retrieved June 19, 2015, from <http://www.psychology.org.au/publications/inpsych/2011/december/hall/>
- Hall, C, 2014. Bereavement theory: recent developments in our understanding of grief and bereavement, *Bereavement Care*, 33:1, 7-12, .Retrieved

Harvey J. H. (1998). Perspectives on Loss, a Sourcebook. Philadelphia, PA: Taylor and Francis

Kubler-Ross, E. (1969). On death and dying . New York: Springer

Mallon, B. (2008). Attachment and loss, death and dying. Theoretical foundations for bereavement counselling. In Praise for the Book: Dying, death and grief: Working with adult bereavement. (pp. 4-17). London: SAGE Publications Ltd.

Parkes, C. M. (1971). Psycho-Social Transitions: A field for study. Social Science and Medicine, 5. 101-115

Parkes, C. M. (1996). Bereavement: Studies of Grief in Adult Life (3rd Ed.). London, London: Routledge

Parkes C. M. and Weiss R. S. (1983). Recovery from bereavement. New York: Basic Books.

Richardson, V. E. (2007). A dual process model of grief counseling: Findings from the Changing Lives of Older Couples (CLOC) study. Journal of Gerontological Social Work, 48 (3/4), 311-329.

Richardson, V. E. and Balaswamy, S. (2001). Coping with bereavement among elderly widowers. Omega: Journal of Death and Dying, 43 (2), 129-144.

Stroebe M. S. and Schut, H. (1999). The dual process model of coping with bereavement: rationale and description. Death Studies 23(3) 197-224.

Worden J. W. (2008). Grief counseling and grief therapy: a handbook for the mental health practitioner (4th ed.). New York: Springer

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Loss causes grief which brings unhappiness and sorrow. Grief is the deepest pain an individual has to deal with after a loss. When a beloved one vanishes grief sets in, and the life became a complete unhappiness. Mourning is a natural way of expressing grief it is the simplest form of grief management that a human has mastered over time to a substantial extent. In all parts of the world the surroundings of people play a crucial role in grief management. Analyzing the Bharati Mukherjee story Management of Grief this paper gives a brief examination of the three elements: loss, grief and unhappiness. Try Our Service with Huge DISCOUNTS. For first-time In conclusion some people associate grief and loss with only death but as can be seen from the beginning of this essay grief and loss are not exclusive to those who have experienced a death. There are many other forms of grief and loss that are equally intense for those experiencing other types of loss such as end of a relationship, rape and infertility to name a few. Although there are some common symptoms in response to loss and grief there is no universal predictable emotional path that every individual follows and the grief process is very personal and unique to every

individual. There are many Loss and grief in nursing is a widely discussed psychosocial theory and in this essay we will look at it further in nursing care. Loss is an inevitable part of life, and grief is a natural part of the healing process, or to be defined individually, "Loss is wider than a response to a death, important as that is. It is any separation from someone or something whose significance is such that it impacts our physical or emotional well-being, role and status" (Weinstien 2008, p.2). We also want to illustrate the different responses to loss and how we as nurses can help and care during the grieving process. This can be helped achieved through the different theories of loss which we also look at and how we can apply these theories in nursing care and practice.