

Empty Garden: Coping with Grief and Bereavement

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Abstract: ***Problem Statement:** Grief is not a disease or a sign of weakness. We experience this emotional turbulence as we progress in life. Any significant loss can trigger feelings of emptiness and searching for internal resources to heal and to move on. **Purpose:** Where grief is our natural response to loss, bereavement implicates death of a loved one. This rollercoaster process of adaptation to an irreplaceable loss can vary in people. What helps us cope in grief is our support system, our beliefs as well as looking at future. **Methods:** Focus group intervention for grief was done by using The Brief COPE that measures the frequency of engaging in behavioural and cognitive strategies for coping with general life stressors. **Results:** Responses showed recent deaths, to loss of romantic relationships and break ups in friendships as the antecedents to ongoing grief. To overcome feelings of despair, people engaged into act of kindness towards someone to relieve sadness. Gratitude was seen as a protective factor towards grief especially in the younger population. **Conclusion:** Any form of grief brings with it vulnerability and needs time to recover. It is vital to look for coping skills where self-care is most important. Coping skills were discussed where journaling thoughts, opening to friends, and seeking professional help were seen to be most favourable.*

Keywords: Agony, Anguish, Bereavement, Discomfort, Despair, Gloom, Melancholy, Misery, Heartbreak, Mourning, Pain, Regret, Sadness, Unhappiness, Worry.

1. Introduction

“Grief is in two parts. The first is loss. The second is remaking of life”

Anne Roiphe

Grief is not the opposite of life but a part of it. It is a normal process of living life and losing someone or something as we go forward. Grief is an expression of feeling at loss for a loved one. The intensity of pain or sadness may decrease but the vacuum we grieve about, stays. Grief regulates a mix of emotions from anger, sadness to guilt all helping us deal with a permanent loss.

Like happiness, grieving is processed differently by us due to individual differences in our coping mechanisms. We may find some people act with aggression in grief while others passively displaying it. Some may calm themselves after mourning, while some may mourn for the rest of their lives. Mourning is our cultural expression of grief that includes rituals and customs allowing families to cope with their loss with the help of social support.

Bereavement comes in when a person experiences permanent loss of a loved one or a thing. As grieving is painful and the griever needs to find peace for themselves, it is important to allow time before healing. More than anything else, there is a lot of emotional baggage which needs to be addressed before moving forward in healing.

For example, a person may describe a painful relationship with the deceased and reeling under shock intensity and timing of their loss. In grief, people wish they could rectify and forgive or seek forgiveness from the deceased. As there is no physical contact, it is noticed that griever feels regretful for a very long time.

Coming to terms with grief does not mean that the pain attached to it has healed. Grieving for a deceased stirs up thoughts of losing future with the deceased. Mourning years after the deceased is the bereavement which brings back both happy and sad memories of loss.

There are numerous theoretical constructs in understanding grief. Starting with Freud (1957) who proposed the original ‘grief work’ theory, which involved the breaking of ties with the deceased, readjusting to new life circumstances, and building new relationships.

Kübler-Ross (1969) proposed the ‘stage theory’ where grief proceeded along with series of predictable stages including shock and denial, anger, resentment and guilt, depression, and finally acceptance. Stroebe and Schut (1999) proposed a ‘dual-process model’ with grief being a process of oscillation between two modes, a ‘loss orientation’ mode when the griever engages in emotion-focused coping, and a ‘restoration orientation’ mode when the griever engages in problem-focused coping. Bonanno et al (2002) suggested chronic grief was associated with pre-loss dependency and resilience with pre-loss acceptance of death, whereas Neimeyer and Sands (2011) suggested that the construction of meaning was the main issue in grief. Hall (2011) has proposed that loss provides the possibility of life-enhancing ‘post-traumatic’ growth as the individual integrates the lessons of loss and resilience.

Losing a loved one through death is a nearly unavoidable part of the human experience and grief is a common client concern; however, research on grief and bereavement in the contemporary counselling literature is scarce (Crunk et al., 2017).

2. Participants

Our focussed group had participants who were experiencing (a) bereavement (i. e., lost a human loved one through death) (b) fluent in English and (c) 18 years of age or older.

3. Materials

The Brief COPE (Carver, 1997) is a 28-item abbreviated version of the original 60-item scale (i. e., the COPE; Carver et al., 1989) that measures the frequency of engaging in behavioral and cognitive strategies for coping with general life stressors. The Brief COPE uses a 4-point Likert-type

scale with response options ranging from 0 (I haven't been doing this at all) to 3 (I've been doing this a lot). The Brief COPE demonstrated acceptable internal reliability on each of the seven subscales ($\alpha > .60$) The Brief COPE was administered with a demographics questionnaire to capture background information about the participant (e. g., gender, age, relationship to the deceased), as well as relevant information about the participant's grief and bereavement.

4. Procedure

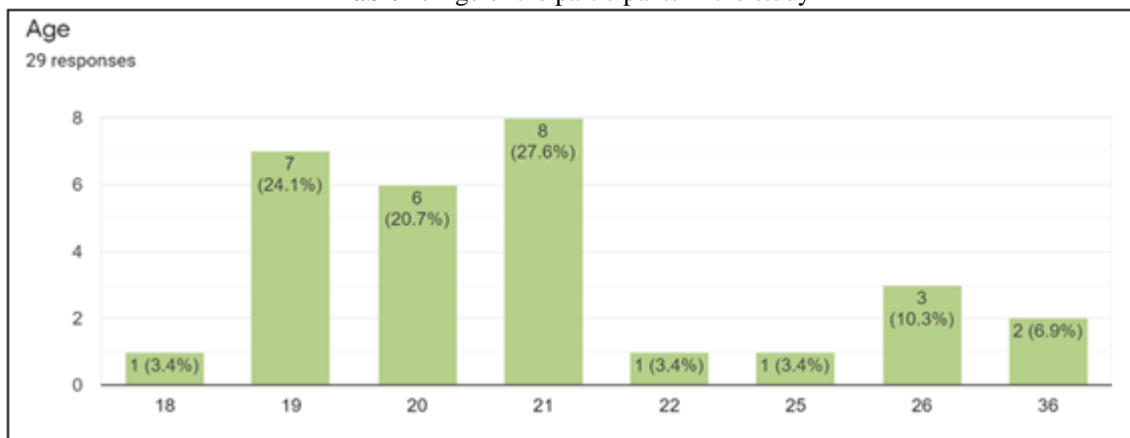
This research was conducted as a focus group discussion around coping skills for grief and bereavement. Participants might have experienced emotion (e. g., tearfulness, anger) while participating in this study; however, the likelihood of

experiencing overwhelming discomfort or distress from completing self-report questionnaires was considered low. Any information that could have been used to identify participants was removed from data.

5. Results

Our sample was a focussed group of 29 female participants who came from different grief experiences and needed psychological help to cope with their loss. This research was a qualitative data analysis where we discussed coping mechanisms used by the participants. Out of 29 participants, 18 were single, 10 were in a committed relationship and 1 was divorced. Participants were in age bracket of 18 to 36 years old as shown in table 1.

Table 1: Age of the participants in the study



When discussed what was participant's grief (20.7%), they reported loss of their grandparents either due to terminal illness or Covid. As they were living in a joint family, they were unable to recover from their loss of grandparental affection and care.

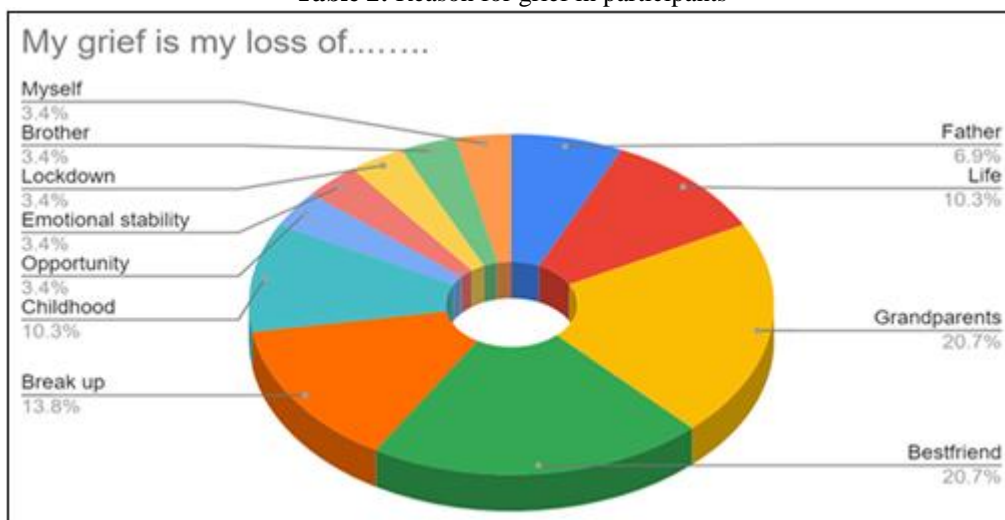
Next, loss of a best friend either due to a fight or moving away was reported by (20.7%). There was a lot of guilt of not being able to connect again and feeling of self-loss.

Third common reason for grief was breakup (13.8%) reported unhappiness due to heartbreaks. They explained feeling lost and mentally being "stuck" in the past relationship as their cause of grief.

Fourth commonly reported reason for grief was reported to be life (10.3%) explaining life in pandemic, loss of interests and feeling depressed due to COVID.

Lastly, participants (6.9%) reported loss of father as their reason for grief bringing in emotional, financial, and social instability in the family. Others miscellaneous reasons for grief ranged from childhood, loss of a sibling, emotional instability in relationships and regrets over lost opportunities as shown in table 2.

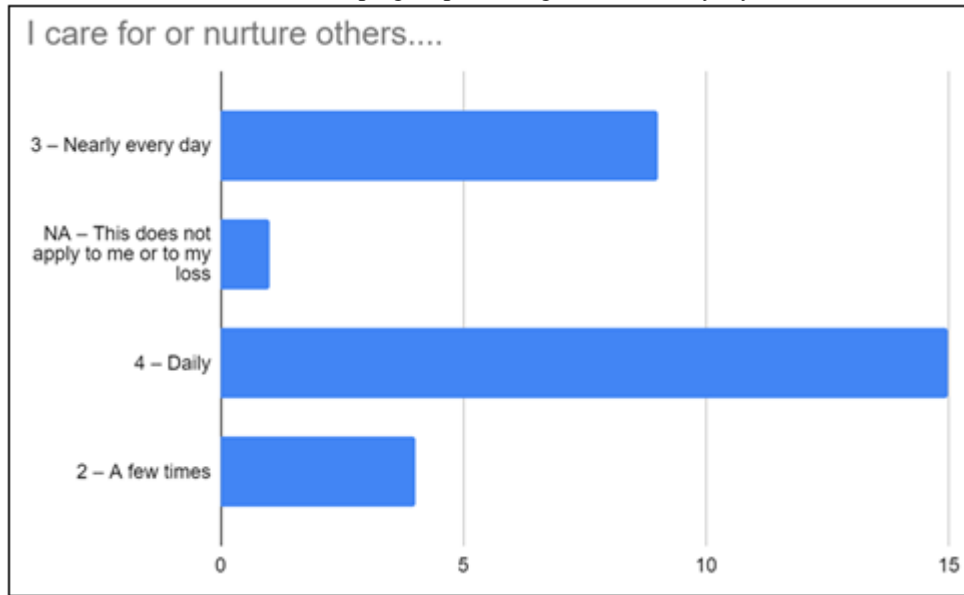
Table 2: Reason for grief in participants



Further in discussion, group discussed how they managed their daily interactions, while coping with grief. Participants (n=29, 51.7%) reported caring and nurturing for others due

to their loss. They felt the need to support and protect the ones, they loved as it was an insight of how valuable loved ones are in their life as shown in table 3.

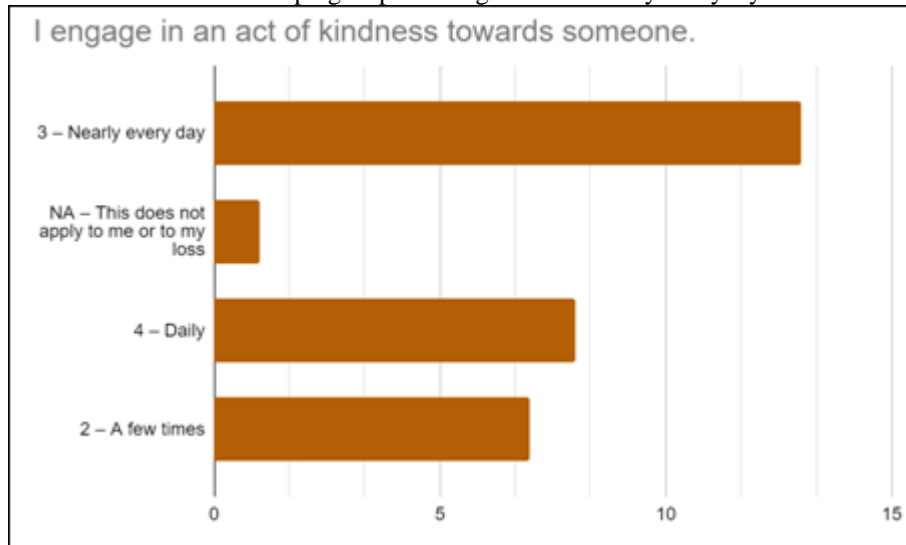
Table 3: Coping response in grief done everyday



Regarding things done nearly every day to cope with grief, (n=29, 44.8%) participants reported to engage in an act of kindness towards someone to make themselves feel relaxed.

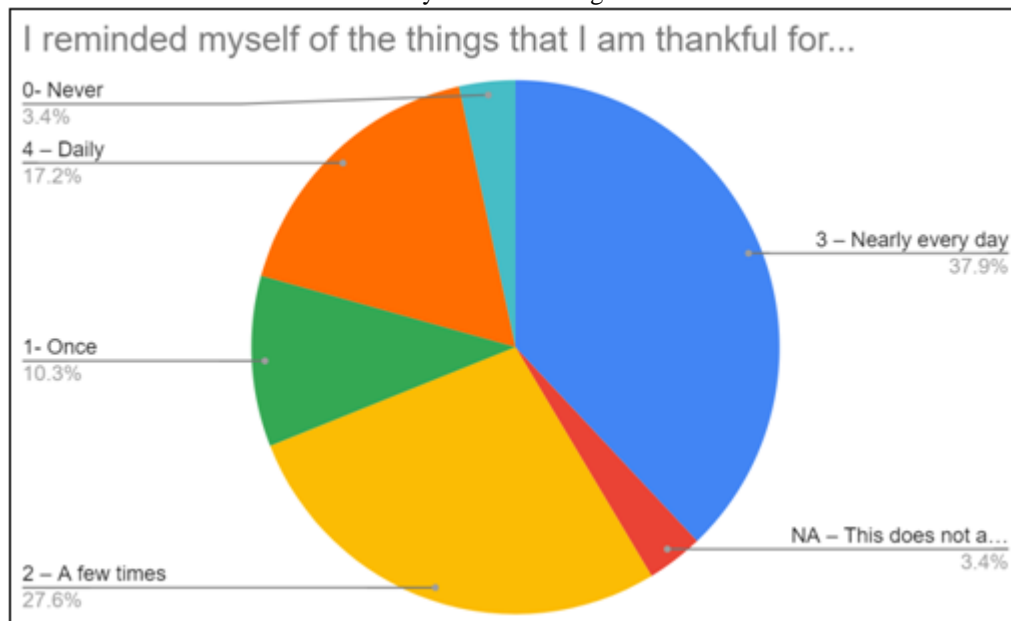
It could simply be reaching out to a friend, helping an elderly, or simply smiling that made them feel better as shown in table 4.

Table 4: Coping response in grief done nearly everyday



Gratitude was discussed as an emotional release of the ongoing grief process. Gratitude provided a powerful source of healing as well as a protective emotional mechanism of

not slipping into bouts of depressive thoughts as shown in table 5.

Table 5: I reminded myself of the things that I am thankful for

As participants began feeling comfortable discussing their grief and coping skills, they shared how consciously spending more time with closed ones, going through old albums, cards, videos helped them reminisce the “good old days”.

Some discussed journaling, taking physical activity like sports and dance to deal with anxiety, seeking therapy helped them stay on track. Social support, self-talk, visualization of “being with them” helped them complete unfinished discussions. Participants mentioned how they were trying to not ‘suppress grief’ instead of acknowledging “sadness” and learning to deal with it.

Letting it out with anger outbursts and crying helped participants in their vulnerable moments. Some used their low moments to create art and poetry as a tribute to their loved ones.

Of the three questions that stood out for participants, it was noticed that caring for others, engaging in an act of kindness and gratitude echoed with participants in their process of grief. Statistically, there was a higher rank correlation between caring for others and gratitude ($r_s = 0.51679$, $p (0.0041)$) as compared to caring for others and engaging in acts of kindness ($r_s = 0.45295$, $p (0.01361)$).

6. Discussion

One factor that might distinguish bereaved individuals’ grief reactions is how they cope with their grief (Meichenbaum & Myers, 2016), or the “processes, strategies, or styles of managing the situation in which bereavement places the individual”. Previous studies indicate that individuals who can make meaning of their loss experience greater resilience and posttraumatic growth compared to those who struggle to make sense of their loss (Bonanno et al., 2004; Currier et al., 2006; Davis et al., 1998). Other studies indicate that certain aspects of social support are associated with adaptive bereavement outcomes (e. g., physical assistance; Bottomley et al., 2017; Burke et al., 2010).

7. Conclusion

Grief is a common and often highly distressing reaction to the loss of a loved one and accepts it differently. Our participants showed resilience in grief by feeling gratitude and reaching out to those who matter to them in their coping.

8. Limitations of the study

Focused group of female participants as well as only qualitative data for analysis. With online data collection trained researchers are not present to evaluate and help lessen the magnitude of distress that participants might experience through their involvement in the focus group discussion.

9. Future Recommendations

A follow-up assessment with the present sample is warranted to examine test-retest reliability, as well as to longitudinally assess prospective changes in coping. This would allow us to make firmer conclusions about the direction of the relation between coping and bereavement distress, examining whether the coping strategies participants endorse predict bereavement outcomes.

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