

How Do Adolescent's Deal with Loss of Grandparents? Rebt-Based Grief Counseling

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Abstract: Grandparents play a significant role in the lives of adolescents who have developed close bonding with them. Loss of such significant person produces sadness and sometimes even grief, depending upon the bonding between the deceased grandparent and the grandchild. Different psychotherapies are suggested to be useful in dealing with this situation. This study aimed at understanding the role of REBT based grief counseling in helping adolescents to deal with such loss. **Method:** 38 adolescent participants who approached the counsellor due to difficulties in dealing with the death of a grandparent were studied. They were offered grief counselling based on REBT. The level of depression was studied before and after the intervention. **Results:** There was a significant reduction in the level of depression and improvement in participant's subjective feeling of emotional and social well-being. **Conclusion:** The study indicates that REBTbased grief counselling can be useful in helping adolescents to deal with the loss of grandparents. REBT helps an adolescent to grieve naturally, accept the death of the grandparent and move ahead in life adaptively.

Keywords: Loss of Grandparent, Grief Counseling, REBT

1. Literature Review

The role of grandparents in the life of adolescent and adult grandchildren is an understudied topic. In India grandparent caring for grandchildren is normal as well as common. Grandparents may play an important role in some grandchildren's life even during their adolescence and rarely though, even during adulthood. With such a significant contribution, when the grandparents die, it may be emotionally disturbing for some adolescents and some of them may even experience complicated grief with the loss of such an important person in their life.

The reaction that adolescents may show to the death of a grandparent may range from complete acceptance to severe psychological disturbances, producing grief. Nature of grief and grieving process varies from one stage of life to another. Since adolescence is a stage marked with increased biological changes which are known to produce emotional and social changes in the growing adolescent, the heightened emotional state may sometimes make an adolescent respond to loss with severe depression and anxiety. The social changes during this stage with increased influence and interaction with peer group makes the person communicate more openly about their emotional state with their peers rather than parents.

Grief during adolescence should not be ignored, since it can have severe impact in daily life functioning of several adolescents. Some of the undesirable consequences that loss of significant person may produce due to lack of proper attention are – depression, substance abuse, somatic complaints as seen in terms of medical visits (Parkes, 1970) and in some cases even suicide (Bunch et al, 1971) and Complicated Grief Disorder.

Experience of grief by some adolescents on loss of a grandparent may be understood in light of different factors. One factor accounting for the disturbed state is the care offered by the grandparents. The changing nature of modern life, increase in women force joining work, increase in

divorce rate, has brought many grandparents and grandchildren closer to each other than before. It has increased the number of children being exposed to care by grandparents in addition to the care by parents. Grandparents take care of their grandchildren sometimes even when it is far beyond their energy and strength due to a sense of familial obligations (Jendrek, 1994) and in some cases due to their perception of family ties with the grandchild (Ganong and Coleman, 1998).

Many adolescents have either during the childhood or sometimes even right up to their adolescence, experienced an unconditional love from their grandparents. For others grandparents may be a companion who may play with them, guide them with their knowledge and at times even support them when the adolescent has problems with parents. With increased education level of grandparents, many grandparents may offer educational and developmental guidance. Development of spirituality and value system is a very important aspect of grandparental care. All these roles make grandparents a significant person in the life of those adolescents who have developed a strong relationship. As suggested by the Attachment Theory, loss of attachment object produces despair in the person.

According to Ens & Bond Jr. (2004) who studied the relationship between bereavement following death of a grandparent and adolescent death anxiety level, grief due to bereavement was found to be significantly associated with death anxiety. This points out towards another reason why some adolescent may respond with negative emotional state in face of grandparent's death. Death of the grandparent brings an individual in contact with the concept of 'death' and for many adolescents it could even be the first time when they directly face death.

According to the Social Reinforcement Theory, loss of a significant person brings about reduced reinforcement, producing disturbed emotional state. For many adolescent grandparents are not only sources of care, but also a source of knowledge, inspiration and unconditional love and motivation. Some grandparents even are a source of security

to a child when they face disagreements with parents or are exposed to parental conflicts. Loss of such an individual may be a loss of reinforcement and reinforcing experiences, which may produce disturbed emotional state.

All adolescents are not able to overcome grief of the loss of grandparent by themselves and some may require professional assistance in dealing with the situation. Grief counselling involving helping individuals to deal adaptively with the death of a loved one becomes important for such adolescents.

Adaptive response to the death of a dear person involves reorganizing one's life in a renewed way (Bowlby 1986), accepting that the deceased person is no more (Kubler-Ross 1969) and continue living meaningfully. This requires essentially coming to terms with death and all the experiences with the dead. Neimeyer (2004) refers to this as acceptance of the Event story (death) and the Back story (past experiences with the deceased person). Taking into account suggestions by Two-Track Model by Rubin (1999), coping with bereavement should involve a holistic approach that focuses on improving the adolescent's biopsychosocial functioning. It is necessary to assist the adolescent to return to the normal level of functioning (Track 1) with adaptive connection with the deceased grandparent (Track 2). This enables the person to remember the person and integrate the memories of the person without disturbing the functioning of the individual.

While undertaking grief counselling with adolescents, it is also necessary to understand the inter-individual differences in the grieving process. Wheeler-Roy & Amyot (2004) distinguishes between Intuitive Griever and Instrumental Griever. While the intuitive griever experiences emotional symptoms and may require help to express their emotions, instrumental griever who have cognitive disturbances may require cognitive measures to help them to deal with the problems related to the absence of the deceased person.

This suggests that some of the important objectives that should be focussed upon in grief counselling to help adolescents deal with the death of a significant grandparent would be to enable them to –

- Accept the death of the deceased grandparent
- Reduce the emotional turmoil experienced by the adolescent and develop an adaptive emotional state.
- Help them to continue association and remember the deceased grandparent along with development of new relations that helps to maintain equilibrium.
- Preserve physical and mental health and reorient them towards their educational and vocational goals
- Build resilience so as to enable the adolescent to move ahead in life with hope and optimism

Existential therapy and Cognitive therapy are some of the therapies that are used to help individuals to deal with grief in a clinical set up. Hypnosis too may be used to aid the mourning process (Hart, Brown & Turco, 1989). Lichtenthal and Cruess (2010) used written disclosure method as an intervention process for bereavement and found that it facilitates making sense of the situation and thereby reduces the emotional turmoil.

The present study aims at evaluating the importance of Rational Emotive Behavior Therapy (REBT) in helping adolescents to deal with grief experienced due to death of a grandparent. Rational Emotive Behavior Therapy is a therapy that uses cognitive as well as behavioural techniques in order to assist an individual to cope up with a problem situation. REBT may provide a useful framework to deal with the grief situation. It focuses on the individual's cognitions as well as emotions, which makes it suitable for both the kinds of grievers, intuitive as well as instrumental. REBT is also known for its flexibility and ease in modifying as per the requirement of the situation and person. In a grief situation, different adolescent may react differently and may require varying amount of time to cope with the situation. REBT may help an adolescent to accept the situation, continue to remember the person without adversely affecting their present level of functioning and to also move ahead with an improved level of control over the situation. It also helps the adolescent to get in touch with the death anxiety, challenge it and replace it with a more adaptive response. Its effectiveness in dealing with different problems of an adolescent makes it an appropriate therapy to help adolescents to deal with the grief response to the death of a grandparent

Resilience building is a very important feature of effective grief counseling. Although grief has a negative effect, it may be seen as a source of growing experience. From the evolutionary perspective, even if the experience is painful, in some cases grief may be useful in creating instructive memory (Nesse 2005). Freud interpreted grief as a source of redirecting the life instinct from the deceased person towards others and developing new associations and relations. In these ways grief may serve a positive function. As pointed out by Bonanno (2009), grief may not always be negative. Although it may at times produce delayed or sometimes chronic maladaptive response, majority of them recover and there are some in whom it may even produce resilience. Positive psychology researches have in fact suggested that facing difficult situation is a growth-promoting experience and may promote meaningful existence and spiritual development (Boyraz, Horne & Sayger, 2010) of the individual. REBT can effectively incorporate the concept of resilience and be useful in helping adolescents to move on adaptively with life.

The present study involved use of REBT based psychotherapy in helping adolescents to deal with the death of the grandparent.

Purpose: To empirically investigate the utility of REBT in helping adolescents experiencing emotional difficulties after the loss of grandparent with whom the adolescent had close bonding.

2. Methodology

Design

This study involved a Natural experimental method with a repeated measures design. The participants were assessed on their subjective feelings of emotional and social well-being and on the level of depression before and after the intervention.

Independent Variable

Individual grief counseling based on REBT

Dependent Variable

Level of depression as based on Beck's Depressive Inventory scores.

Subjective level of Emotional and Social well-being as reported by the participants

Sample

The sample consisted of adolescent students of an educational institution who approached the counsellor due to their difficulties in dealing with the loss of grandparent. The data was collected over a period of 4 years.

Instrument Used

Beck's Depressive Inventory.-

The Beck Depression Inventory (BDI- II) is a 21-item inventory created by Aaron Beck (Beck, Steer & Brown, 1996). It is a multiple-choice, self-report inventory that evaluates key symptoms of depression. Individual has to rate each item on a 4-point continuum with 0= least and 3= most. The total score is the total of the scores on the 21 items, which may range from 0 to 63. Higher the score higher is the severity of depression. It has a highest-retest reliability ($r = 0.93$). With respect to its convergent and discriminant validities, the BDI-II was more positively correlated with the revised Hamilton Psychiatric Rating Scale for Depression (0.71) than it was with the revised Hamilton Rating Scale for Anxiety (0.47).

3. Procedure

The study involved data of 38 adolescent participants who approached the counsellors of the counselling cell of an educational institution. These participants approached for their emotional problems, mainly sadness, associated with the death of the grandparent.

After gaining initial rapport with the participants, they were asked about their subjective feeling of how much the loss of the grandparent had affected them socially and emotionally on a rating scale of 1 to 7. Participants also completed the BDI- II.

Intervention was then initiated based on REBT. Grief and sadness was considered as normal and this was communicated to the participant. The main underlying thoughts related to the loss of grandparents were elicited and it was analysed in terms of its rationality. Participants were helped to understand how the emotions were linked to the thoughts. Gradually they were helped to analyse how the social and emotional problems were related to the irrational thoughts and beliefs. They were then helped to dispute the irrational thoughts. Followed by this the therapy was directed towards helping the adolescent to replace the irrational thoughts with a more rational and adaptive one.

The last two sessions involved focusing on building resilience by helping the client to understand the role played by the triggering events in again producing the emotional disturbance. It also involved helping adolescent to

understand how grief may be used as a measure to promote growth.

The intervention was undertaken on individual basis, with two sessions per week. Weaning was undertaken gradually when the participant seemed clinically stable and emotionally calm.

Post the intervention, participants were again asked to rate their subjective feelings of social and emotional well-being on the scale to 1 to 7 with 1 indicating very poor and 7 indicated 'very good'.

Treatment of Data

The level of sadness (as shown by the BDI score) after the intervention was compared with that shown before the intervention. The mean level of sadness post and pre-intervention was compared. T-test was used to find out whether the difference between the level of sadness in the two condition was statistically significant.

The rating of subjective feeling of 'emotional well-being' and 'social well-being' before and after intervention was compared. The mean of ratings given by participants before intervention and after intervention was computed. T-test was used to find out whether there is a statistically significant difference in the level of subjective emotional-well-being and social well-being.

4. Results

Overall in the 4 years of study, 57 participants had approached the counselling cell of the educational institution with complaints of emotional difficulties in dealing with the death of one of the grand parent. However 19 (33%) participants dropped out of the counselling at different stages of counselling.

The study thus included only those participants who continued with the intervention. A total of 38 participants continued with the intervention till they and the counsellor thought that the participant had gained insight into the problem and is able to deal effectively with the emotional state.

Socio-demographically, the mean age of the participants was 17.4 years. There was a predominance of female over males with 32 females and 6 males. All the participants came from middle class background with no past history of any mental illness or addiction in any of the participants. The predominance of female participants approaching the counsellor needs further studies on the gender differences in attachment, attachment experiences and even in terms of expression of grief.

Their decision of the participants to approach the counsellor of the educational institution was either voluntary (15= 39.4%) or due to suggestion by their friends (23 =60.5%)

All the participants had lost one of their grandparent and were feeling very sad and unable to deal with the sadness. The mean rating of emotional well-being at the pre-intervention stage was 3 while in the post intervention stage

they reported feeling very calm, with mean rating rising to 6.3. The mean rating of social well-being as subjectively stated by the participants also increased to 6.4 in the post-intervention level from 5.3 in the pre-intervention state. This shows that the loss had produced more emotional distress rather than social distress.

Analysis of the socio-demographic details of the deceased grandparent showed that the average age of the grandparent was 70.2 years. In 29 cases it was grandmother, while in 9 cases it was grandfather who had died. However there was no difference in the level of emotional disturbance of the participants in relation to the gender of the deceased grandparent. In majority of the cases, the grandparent was associated from the maternal side (26) than from the paternal side (12). Not all of them co-resided with the grandparent. 16 of them resided with the grandparent who had died while 22 of them were connected to the grandparent through telephone or constant visits. Analysis of the causes of death fell into 2 major categories – natural death and illness.

On average participants required 8 sessions. The psychotherapy process did not require much time for the rapport building, since the student approached voluntarily. This enabled in expediting the therapy process. The participants showed significant improvement with the intervention.

Table 1: Comparison of level of depression (BDI score) in the pre-intervention and the post-intervention condition

	Pre-intervention	Post-intervention
Mean BDI score	47.7	21.6
t-value	2.3*	

* $p < 0.05$

As shown by Table 1, comparison of the BDI scores suggests that the sadness of mood showed a reduction in the level of sadness. Thus exposure to psychotherapy based on REBT led to reduction in the level of emotional distress. This was also seen in their subjective experience of well-being.

Table 2: Comparison of Emotional well-being in the pre-intervention and the post-intervention condition

	Pre-intervention	Post-intervention
Mean ratings on Emotional well-being	3	6.3
t-value	2.1*	

*($p < 0.05$)

Table 3: Comparison of Social well-being in the pre-intervention and post-intervention condition

	Pre-intervention	Post-intervention
Mean ratings on Social well-being	5.3	6.4
t-value	1.7*	

*($p < 0.05$)

As seen in table no. 2 and 3, participants also experienced increase in the level of subjective feelings of emotional and social well-being. REBT thus helps in reducing the level of emotional distress produced by death of a significant person (grandparent) in the life of an adolescent.

With the therapy, the clients were able to explore the cognitions related to their emotional disturbance. Some of the cognitions that were related to their emotional disturbances were-

- 1) I was so attached to her or him and now I have nobody to share things with.
- 2) He or she was so kind and affectionate.
- 3) There are so many other old people who live far beyond 80s and 90s
- 4) I wished I was there with her when he or she died.
- 5) He or she was a strong source of inspiration to me.
- 6) He or she was a strong emotional support to me.
- 7) My grandmother or grandfather wanted to see me achieve my career goals.
- 8) The death happened all of a sudden and I was not mentally prepared for it.
- 9) He or she struggled with the medical problem during the last days.

The adolescents could relate their problems to different irrational thoughts related to death, illness and relationship. Different types of disputations- functional, logical, empirical and spiritual, enabled adolescent to question their own irrational cognitions. It enables them to accept the fact that death is beyond their control and becoming sad will not bring their grandparent back.

In the final stages of therapy, adolescents were able to understand the role played by the triggering event and state how they will be able to adaptively deal with the situation. They were encouraged to introspect into how their grief has helped them and will help them. Some of the ways in which they found themselves growing were –

- Increased seriousness towards studies
- Increased efforts towards building family relationships
- Valuing relations with others

Grief counselling based on REBT can be modified to help an adolescent to accept death of the grandparent and use the grief experienced by them in promoting their growth.

5. Discussion

The present study suggests that although most adolescents are able to deal with the death of their grandparent, there are some who experience difficulties in doing so. REBT holds a promising role in helping such adolescents.

Grandparents play an important role in the life of several adolescent. The analysis of the thought processes that were related to the disturbed emotional state were related to the care and affection offered to them by the grandparent. For some, their grandparents were a source of unconditional love and inspiration. The ailing state of the grandparent was another source of psychological pain experienced by the adolescent.

Co-residence is an important factor influencing family relationships. An adolescent may experience grief over the death of the grandparent not only because of co-residing with grandparents, but also because of the bonding with the grandparent. Although co-residence provides greater

chances of emotional bonding, it is possible to develop emotional bonding even through telephones and visits.

REBT has a good potential to help adolescents in dealing with this loss. The effectiveness of REBT in helping adolescents suggests that psychological disturbances associated with grief state is associated with an adolescent's belief pattern – namely those related to life, death, self and relationships. With disputational processes they were able to appreciate the fact that although their grandparent was a source of support and motivation to them, assuming that they will always be with them, is irrational. They were able to appreciate that their grandparent were with them till now and that they were fortunate to have positive experiences which may keep inspiring them and motivating them even in future. Helping them to develop a realistic perception - impermanent nature of life, unpredictable nature and lack of human control over death, relationship does not end with death of the person, is important to gain psychological strength

Unexpectedness and Lack of Control are two important characteristics of a grief situation. The unexpected nature of death and lack of control over death makes it difficult for an individual to accept the situation, causing high emotional and behavioural reactions. Adolescents participating in the study commonly stated how the death was unexpected. Even with those cases, where the grandparents were ailing, the specific time of death was perceived as unexpected. Death of the grandparent was also perceived as a situation beyond control. Through the process of REBT, they understand the belief pattern underlying the unexpectedness and lack of control and finally are able to come to terms with the fact that the world and events in the world does not move as per their expectation. Also they come to realise that everything is not within human control. Coming to terms with 'death' and 'suffering' through cognitive and emotional working is the core factor in helping adolescents to gain psychological stability after being disturbed by grandparent's death.

Grief process shows a wave-pattern of reaction (Morris, 2008), with the intense reactions subsiding and showing exacerbations in face of triggering events. Keeping this in view, grief counselling in the present study involved not only to help individuals to resolve their psychological issues related to death and emotional response to death, but to also build resilience in the clients. This was done by helping the participants to identify the triggering events, prepare, identify the irrational thoughts related to those events, appropriate method to challenge them and promoting more adaptive response to the triggering event. This helped in promoting growth by helping the adolescent to develop meaningful way to relating to the environment.

Although the intense symptoms decline in few weeks, it takes around 6 months for an individual to show complete acceptance and resume back to normalcy. (Maciejewski et al., 2007) In the present study adolescents were able to recover in a period of one month. This indicates the utility of REBT in helping adolescents experiencing grief.

This study also brings out the importance of peer group as a supporting force for adolescents. Adolescence being a stage

with increased peer influence, there is a greater comfort taking to their friends. Many adolescents approached the counsellor after being suggested by their friends. This shows the important role played by the friends in helping adolescents in the grieving and mourning state. This natural bond may be used by the adolescent counsellors to develop psychological first aid measures to help the adolescents experiencing grief through psycho-education.

REBT process with its emphasis on building resilience sees grief as providing an individual an opportunity for growth. This enables an adolescent to express grief and accept the grief reactions shown by them. Understanding that grief is not always negative helps them to use the experience adaptively.

The study also suggests that for many adolescents, difficulties in dealing with death of grandparent is due to their irrational beliefs related to life, death, self and relationship. Helping them to develop a realistic perception - impermanent nature of life, unpredictable nature and lack of human control over death, relationship does not end with death of the person, is important to gain psychological strength. For some adolescents the death of grandparent is shattering because of their difficulty in accepting their own reactions. Helping them to view grief as a growth-promoting event, helps in viewing themselves more realistically. The changes in the beliefs is useful in bringing equanimity and more adaptive emotional reaction to the death of the grandparent. Understanding the triggering events and its role in again producing the emotional disturbance helps in building resilience by preparing the adolescent to face future occurrences of disturbances. Roberts et al. (2016) suggest normalising rather than viewing the grieving process through the lens of pathology and helping the individual to find meaning of life and death, may help in producing a transforming experience.

Use of REBT in grief counselling process for adolescents is effective in integrating the past experiences with the grandparents, continue to cherish it throughout their lives, and use the essence of the rich relation as a guiding post to deal with present and future life events.

6. Conclusion

The study shows that some adolescents have difficulties in dealing with the loss of grandparents who have played a significant role in their life. REBT is useful in helping adolescents experiencing grief over such a loss. Cognitive processes play a mediating role between the loss and the emotional reaction to the loss. Helping adolescents to understand the role played by irrational beliefs regarding life, death, self and relationship and helping them to modify these thoughts and replace them with a more adaptive, logical and realistic thoughts plays a valuable role. REBT helps them to integrate the past and present and use it to accept future more realistically.

The conclusion has to be understood with due consideration of the limitations of this study. The first limitation concerns the sample. The study was conducted on a limited sample of a single institution and on clinical sample who visited the

counselling set up. It only studied the short-term implications. Long-term studies are necessary to understand the resilience-promoting impact of counselling. Also a more controlled study which controls the socio-demographic variables of the participants will help us to further validate the results of this study.

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