

Grief, Traumatic Loss and Coping following Bereavement:

Case Study of Women

Salma Kaneez¹

ABSTRACT:

Loss of a loved one is a very painful and often a traumatic experience for most of the people. The burden of the loss can be carried over a life time or laid down. Grief is a profound and complex response for those who have been left behind. There found different gender reactions in grief and traumatic event. Women tend to experience more intense emotional reactions such as shock, denial, anger, depression that may linger on for quite some time, especially when they were widow and mother. Individuals grieve differently, yet coping with bereavement depends upon the personal characteristics, available support, coping mechanism, faith and self concept of sufferers. Using the case study approach, this article explores the grief, trauma (psychological response) and coping pattern among bereaved women while struggling with the loss. The cases of three Muslim women widowed during the last one year were analyzed. Findings highlight the importance of social support, religious or spiritual beliefs, traumatic growth in bereavement and coping with the loss of a family member.

Keywords: grief, trauma, bereavement, coping.

Bereavement is a universal life experience individuals have to grapple with the loss of a loved one. The human loss is mostly carries immense psychological burden that can be carried over a life time or laid down. The sense of irrevocability makes death a stressful event that often gives way to emotional crisis for the bereaved. Spousal bereavement is considered one of the most devastating losses during the life course, which can lead to decreased well-being and functioning with the experience of multiple negative emotions including sadness, helplessness, anger (Dutton and Zisook, 2005) and depression (Segrist, 2008). Grief is the emotional response to loss, the complex amalgam of painful affects including sadness, anger, helplessness, guilt and despair (Raphael, 1984). Grief is therefore a normal reaction to loss and refers to the distress resulting from the bereavement. It is multidimensional with physical, behavioral and meaning component. It is characterized by a complex set of cognitive, emotional and social adjustment that follows the death of a loved one.

¹UGC Post Doctoral Fellow in the Dept. of Psychology, AMU., Aligarh.

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Although people vary in the types of grief they express (Christ G. et al., 2003), most grieving people show similar patterns of intense distress, anxiety, yearning, sadness, preoccupation and these symptoms gradually settle overtime.

Working through grief is a painful process for most of the people. Results of previous researches show that patterns of adjustment to bereavement are influenced by various factors including spirituality (Bisconti et al., 2004). In addition, grief reactions appear to be stronger when coping mechanism are not appropriate for the loss, when the bereaved person does not receive adequate support (Macias et al., 2004) and widows show stronger grief reaction than men (Shear et al., 2006 and Neria et al., 2007). All bereavements are traumatic, but vary in outcomes. Partner's death among women in particular is the most traumatic loss, because it leads to a loss of identity resulting in increased level of emotional and social loneliness.

OBJECTIVE:

The present study aimed to examine the perception of loss following bereavement, psychological reactions to loss (grief), and the coping resources the respondents (widows) used to deal with the conjugal loss.

METHODOLOGY:

In the present study, the case study method was adopted for data collection. The participants were three recently bereaved (within 1 year of loss) Muslim widows with age range of 40 to 50 years. All were middle class women, non-working and literate (above 10 years of schooling). The instruments for data collection were the observation and semi-structured interview schedule. The schedule contained items pertaining to the initial reactions to death, view about death and dying, psychological responses, available support, coping resources and positive or negative part of their experience. Being a sensitive subject, the participants already acquainted with the researcher, were made agreed to share their experiences as part of the research to investigate into peoples' attitude to death and bereavement.

Case -1:

A 40 years old widow with two young children lost her husband aged 48 due to severe liver infection within three months of diagnosis. Having a nuclear family and dependent status, it was a shock for her. Since the deceased was under regular doctor's advice, the family did not expect the loss so early. She said, "*We were hoping that he would soon be alright but he left us.* She could not foresee how to take care of her family and manage all things. She said, "*I was so hopeless and distressed that I could not comprehend what to do?*" Symptoms of sadness, difficulty in falling asleep, helplessness and disbelief were the initial responses to death. She told that relatives and friends took every responsibility of the last journey of the deceased. She was thankful to her parents and relatives who counseled her to play dual role for the sake of her children. She was made to realize that her children were disturbed, as they became irregular to school and studies. Faith in God and asking His help to resolve the crisis was her submission.

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She revealed, *“It is very difficult but we are alive to keep his (deceased) memory in our heart forever.”* Fulfilling husband’s dream seemed the only reason to stay back into life.

Case -2:

A 57 years old government employee died of cancer diagnosed three months before. It was a traumatic loss for the 45 years old widow and three dependent children (above 14 years of age). Medical care for cancer patient itself added financial burden to the family. Death of the head of the family resulted in sadness, depression, uncertainty, helplessness, anxiety followed by financial woes and blame on doctors. Their strong spiritual and religious belief helped them while confronting and accepting the loss due to death. They had poor social support and connection. Hence, psychological difficulties got linger on before their taking refuge into religion for final solace. She exclaimed with sorrow, *“Only God has to rescue us.”* The gradual decline in their sufferings was possible through their belief in God and hope that elder son aged 20 years would take over the charge of family responsibilities.

Case -3:

A woman aged 47 years with her five children was traumatized upon the sudden death of her husband, 52 years (Government employee) due to heart attack. The acceptance of death was very difficult. The sudden departure of loving and caring man led to the feeling of anger, numbness, disbelief, anxiety among family members. Question of survival, role change, financial uncertainty and marriage prospects of daughters were the harsh realities she visualized. She said with certainty, *“it was like a darkness, but Allah will save us.”* It took longer time to recover from the loss before they learned to calm down. The support of family acquaintances and kin relationship were quite helpful in healing. Being a Muslim, acceptance of God’s will and finding support through prayers were the important resources. The family worked through the grief that finally subdued when the elder son came forward to shoulder the responsibilities in the absence of his father.

Interpretative analysis of the above cases brings into focus the following three main themes;

(a) Grief and Women :

Death of a loved one always poses problems in recovering from the loss. There found different reactions by the bereaved depending upon the nature and circumstances of death, relationship with the deceased and personal characteristics. The sudden death with little or no preparation results in more abrupt and difficult grieving process. Besides the normal grief in loss, the suddenness and untimely (unexpected) death carry extra burden of shock and the sense of being broken and overwhelmed. There is no opportunity to anticipate and for getting through the loss and resultant grief. For example in Case-3, the respondent lost her husband during the very first heart attack. It was a traumatic event for the entire family over gripped by severe emotional conditions such as shock, denial, numbness, yearning persisted for quite some time. Initially, it was hard to believe dying and death but gradually they learned to live without the deceased.

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Given the Indian social milieu, death of a spouse is very traumatic for a woman in the sense a long relationship comes to an end. The emotional feelings in response to death sometimes intensified by the anticipated financial worries, if the deceased happened to be the only breadwinner. As common in all three cases, the post-death scenario necessitated a major social adjustment for the surviving spouse to parent alone, face single life and find some alternative employment or source of income.

(b) Bereavement and Social Support:

The most important factor in healing from loss is enlisting the support of the people. While dealing with death, the support bereaved received is crucial because it affects their ability to cope and recover from the personal trauma. It is natural to vent the feelings while grieving, as sharing the loss makes the burden of grief easier to carry. Indian collectivistic culture and traditions fortunately created a dominant atmosphere of sharing and cooperation in the midst of bereavement (death). The involvement of religious community is beneficial while negotiating with the loss. The bereavement is not limited to the immediate family, rather it impacts the whole social framework. In all our cases, the bereaved individuals got and utilized available support as the coping resource to tackle pain and suffering in loss. Researches suggest that family/ social support is instrumental in understanding and handling bereavement and associated grief as an inseparable part of human experience. Respondents viewed that social visits by the family people and friends brought a sense of relief and togetherness. Therefore, sharing time and talking with bereaved sympathetically were significant elements for social environment congenial in grieving and healing process.

(c) Religion/ Spirituality and Bereavement:

The beliefs and practices that stems from cultural–religious worldview reflects how people respond to bereavement. Religion and spirituality are significant constructs associated with bereavement that may act as buffers to declining physical and mental health status (Richardson, 2007). Spiritual and religious perspectives provide many resources for understanding and coping with loss. In the context of death, Muslims, for instance, consider acceptance of fate, belief in its being and expression of God’s will as the basic tenant in Islam. Prolong public expression of grief and ritualized mourning are discouraged in Islamic practice which places great value on the acceptance of God’s (Allah’s) will with restraint and understanding (Rubin & Yasein-Ismael, 2004). The religious faith provides guidance to people about coping with loss, teaching spiritual beliefs and perception that treat death as another life transition within the life cycle of an individual. All participants in our study have faith in their religion and asked God’s help to deal with the crisis, as evident from their statements. The first respondent expressed thus, *“It is very difficult to live with the loss, but Allah helps me and gave me courage and strength to face the reality. Whenever I feel depressed or anxious I recite Quran and pray God to forgive my husband and place his soul in peace.”* In Case-2, the widow described her state in similar words, *“I pray Allah to shower mercy on my husband and children. Life and death are pre-determined by Him. We have only to follow.”* Respondent-3 told, *“Now we have learned to live without him.”*

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Perhaps it was Allah's will. When I felt depressed and helpless, I asked Him to help me. It is none but Allah who will give us strength to carry on the task left by my husband. I used to recite Quran, pray God to forgive us and do charity regularly to restore harmony in the life after death." The subjective responses of the participants revealed that the religious beliefs influence the process of coping with bereavement. Through the use of cognitive assimilation strategies, positive coping comes into play as the individual attempts to frame that loss within a pre-existing religious and spiritual schemas (Michael et al., 2003; Pargament, 1997). The finding is consistent with the previous research that found spirituality to have a positive impact on managing bereavement process and a belief in after life can generate a greater acceptance of death of a spouse (Dezulter et al., 2009; Walsh et al., 2002).

Participants spoke of a number of rituals or religious- spiritual practices (prayer, reciting Quran, charity) which facilitated emotional processing, reinforcing their sense of identity, relationships and social engagements. All religious traditions prescribe specific prayers, behaviors and funeral ceremonies to deal with death, which comfort mourners and give them a sense of belonging to a broader community (Wuthnow et al., 1980). Through these resources, individuals may find solace and comfort and over time, working through their grief in ways that allow them to find peace and acceptance and to return to their normal daily lives (Halifax, 2008). Religious / spiritual beliefs help sufferers to find meaning for the life and death of their deceased. One respondent told, *"It was unbelievable to live without my husband, but God did what was good for him."* Another respondent stated, *"He was in tremendous pain, now Allah has freed him of all pains."* Of course normal life is forever changed after the loss of spouse, but it created better understanding with life, death, and new situations among the widowed

CONCLUSION:

In sum, spousal bereavement is the most traumatic life cycle event for women and those left behind, often resulting in major social, psychological and spiritual transitions. It disturbs the vital functions within the family such as parenting functions including emotional nurturing, education and protection. Acceptance of a loss of loved one requires time and shift in cognitive and emotional approach to living. Social support is essential to successful grief reconciliation. Among the coping strategies utilized by the bereaved, religious coping is recognized as the most valuable resource. Religious coping enhances a person's psychological resource, e.g., sense of mastery and self esteem and help the individual to build an interpretative frame work (Siegel, et al, 2001) or cognitive schema (e.g., search for and finding meaning). Acceptance of fate and belief being the expression of God's will as enshrined in Islam, were commonly invoked by the Muslim widows. In the loss, the ultimate focus remained on the relationship with God. In fact the connectedness with God, religion and community of believers serve to heal the sense of loneliness and bereftness (acute emotional deprivation) that the widow feels so acutely. The relationship with God helps to provide support and strength, reduces loss of control and helplessness. Moreover, religious beliefs and practices provide a cognitive framework that can decrease suffering and strengthen one's purpose and meaning in the face of trauma (Pargament,

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1997). Hence, bereaved seeks control through a partnership with God, asks God's forgiveness for himself and deceased. The findings underline the need to develop counseling techniques and infrastructure where the social support is lacking. In contrast to man, women allowed greater latitude in expressing emotional turmoil during significant loss. They are more defined by relationships which prohibit them to return to their normal functioning quickly. It is therefore recommended that women may be encouraged to equip themselves with the skill oriented education and training to meet economic uncertainties consequent to the spousal death.

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