



New Trends
in Psychology

The Mourning Process from Shattering to Integration

Diana Alexandra Iacob¹

Abstract: Grief is the process by which the experience of loss and the pain associated with it are integrated at a psychological level and whose completion allows the person to reorient themselves towards life, a world and a life that no longer include the deceased person. The loss of a loved one is a natural event in the course of life and is at the same time one of life's greatest challenges. The death of a loved one is a major stressor for at least two main reasons: loss (the sudden break in the attachment relationship) and the confrontation with the theme of death, perhaps one of man's greatest fears.

Keywords: grief; loss; death; grief; grief stages; fear; process; grief processing; grief complicated; prolonged grief disorder; grief psychotherapy; adaptive strategies

1. Introduction

Grief is an intense psychological and unfamiliar experience (characteristics of traumatic experiences), for overcoming and mental processing of which people often need the help of a specialist. It is not only the loss of a loved one that can trigger the grieving process, but also the following events:

- Divorce or the break-up of the couple relationship.

¹ Student, Faculty of Behavioural and Applied Sciences, Specialization Psychology, Danubius University of Galati, Romania, Address: 3 Galati Blvd., 800654 Galati, Romania, Tel.: +40372361102, Fax: +40372361290, Corresponding author: iacobdianalexandra@gmail.com.



Copyright: © 2024 by the authors.
Open access publication under the terms and conditions of the Creative Commons Attribution (CC BY) license
(<https://creativecommons.org/licenses/by/4.0/>)

- Illness (loss of health)
- Loss of job.
- Loss of financial stability or social status.
- Loss of a job.
- Loss of a pet.
- Illness of a loved one.
- Loss of a friendship.
- Loss of a sense of security following a traumatic event.

In the stages of bereavement, we distinguish:

- Loss as an experience;
- Grief as a psychobiological response to loss (the common pattern is a mixture of emotions, thoughts, memories and images of the deceased);
- Denial;
- Anger;
- Negotiation;
- Depression;
- Acceptance.

2. Stages and Feelings Associated with Grief

The mental suffering caused by bereavement has emotional, physical, behavioural, social and spiritual implications. Depending on individual personality, family values, culture and religious beliefs, grief may manifest itself differently. Although the way it manifests itself and how it is experienced is different, there are nevertheless some orderly and predictable stages in the process of processing loss:

Shock and disbelief - immediately after a loss or traumatic event, many people feel numb, do not believe that the event happened or even deny it.

Sadness - is the healthy and normal feeling to be felt in a situation of loss. There may be feelings of inner emptiness, despair, longing for loneliness.

Guilt - another common feeling is regret or guilt over things left unsaid or undone.

Anger - often the loss may seem unfair and provoke anger or rebellion. This is where the need arises to blame someone for the injustice (God, the doctor, the person who has chosen to leave us because we feel abandoned, even ourselves). For many, therapy to overcome loss is an exercise in forgiveness or release of anger.

Fear - a significant loss can trigger feelings of anxiety, helplessness and insecurity, even going as far as panic attacks.

The loss of a person can make us anxious about the changes in our lives that we will have to face and generally frighten us with fear of the unknown that awaits us in a new phase of our existence.

Physical symptoms - because of the intense levels of stress associated with the mental distress caused by the loss, the body responds physically as well as emotionally. Common physical problems may include fatigue, nausea, dizziness, weight loss or gain, pain and/or insomnia.

3. Characteristics of the Mourning Process

Grief has irregular manifestations in intensity and duration. Each person who has suffered a loss has a unique way of processing and mentally integrating it, in other words a unique way of walking this difficult road, with many bumps and bumps, ups and downs, but which ultimately leads to accepting the inevitability of the loss, integrating it into the reality of current life and reimagining a positive future. Complicated grief syndrome occurs when this transformation does not take place, in other words, the grieving process has failed.

Successful bereavement means that the person is able to remain emotionally connected at a deep level with the person they have lost, but at the same time is able to imagine a future without them.

It is thus clear that bereavement is a complex process that is long and arduous. One of its challenges is that it is an emotionally intense process against which the natural tendency to resist is activated. It is precisely this tendency that is preferable to be faced and overcome in order to allow the information associated with the loss to be assimilated and integrated. When faced with such a reality, we are often overwhelmed by strong emotions whose management exceeds our usual capacity for

emotional regulation, and often the search for an escape route and emotional respite can easily trigger avoidance mechanisms.

There is no simple definition of normal grief. Katherine Shear defines uncomplicated grief as opposed to complicated grief, because grief has a wide variety of manifestations both between individuals and for the same person after apparently similar losses.

The intensity and duration of emotions and behavioural manifestations are influenced by many factors: personality, attachment pattern, vulnerability, age and health, spirituality and beliefs, resources, number of losses suffered, nature of relationship with the deceased, type of relationship (parent, child, spouse, sibling, etc.), and the nature of the relationship.), the type of loss (unexpected vs. gradual, anticipated, natural causes vs. suicide, accident vs. murder), and those factors which in some cases are responsible for pathology (complicated grief) .

The grieving process is not a continuous process, but an oscillating one, with ups and downs, involving the oscillation of attention towards and away from the painful reality of death.

The range of cognitive, social and behavioural emotional disturbances is wide, on a continuum from barely noticeable changes to profound distress and severe dysfunction. The experience of a loved one's death can be an intensely traumatic event, and emotions and states such as grief, loss, anger, guilt, anxiety, regret, fear, depression, loneliness, unhappiness, helplessness, depersonalization, feeling overwhelmed, are just a few of those that can follow such a shock. At first they are omnipresent, without periods of 'emotional respite', then they come in waves, alternately in bursts, but also with short periods of calm, so that, towards the end of the mourning period, they are activated only on the basis of multiple triggers. The tendency to excessively control these waves of emotions because of their unfamiliarity or intensity (the person may even feel ashamed or frightened about what they are feeling) interferes with the natural grieving process, paving the way for complicated grief.

Grief is not just grief - in the uncomplicated grieving process, the presence of positive emotions is normal, however there are cases where the person feels ashamed because they can experience peace, tranquility, joy and often sabotage themselves by turning them into guilt and severe self-criticism. Positive emotions that occur naturally within a period of up to 6 months after the death, are a sign of resilience

and are associated with favourable prospects for the person's emotional development.

For most people, bereavement never ends, but two levels or stages of this process can be identified: acute bereavement and integrated bereavement.

Acute bereavement is the process that takes place in the immediate aftermath of the death, characterised by emotions of a nature and intensity unusual in everyday life: sadness, long periods of crying, intense preoccupation with memories and thoughts of the person who has died, difficulty concentrating, disinterest in activities other than those related to bereavement. Acute bereavement is a mixture of trauma and separation reaction. This state can be and is present, typically, most of the day, every day, for about 6 months.

Experiencing acute bereavement often involves a certain kind of feeling of protest, a struggle to accept the presence and effect of death, longing and an intense desire to be with the person who has been lost (not infrequently the desire to die in order to be with them again). Somatic distress is manifested by uncontrollable sobbing, digestive symptoms, loss of appetite, dry mouth, feelings of inner emptiness, sleep disturbances, fatigue, exhaustion, restlessness, difficulty in initiating and completing various activities.

Feeling disconnected from the world and others, indifferent and irritable are symptoms of blocked and/or impaired functioning of normal mechanisms and behaviors.

This palette of feelings and symptoms changes, however, over time, as the experience of death and its associated information is mentally processed. During the transition to integrated bereavement, the bereaved person becomes able to accept the finality and consequences of death, reconfigure their relationship with the deceased and adaptively revise their life plans for the future.

The later, uncomplicated form of bereavement, namely integrated bereavement, is that stage in which the loss has been integrated into autobiographical memory and thoughts and concerns about the deceased are no longer intrusive and persistent; however, the loved one who has chosen to leave is not forgotten and feelings of grief and sadness are still present, but at an adaptive level that allows the person to function satisfactorily in everyday life.

It is important to understand that mourning does not mean separation from the person who has died, but finding ways in which the psychological relationship with the

person who has died can be preserved and at the same time transformed with new meaning.

There is no scientific evidence to automatically recommend treatment or specialist interventions for uncomplicated bereavement; people who are struggling with the process can, however, benefit from therapeutic support and psychological education so that they can better understand what is happening to them, find their natural resources to cope with the experience and move through the process. Although the trajectory of grief symptoms varies greatly and often evolves intermittently, with ups and downs, over time the grief is balanced by interest in and towards life .

However, for a certain proportion (on average 10%) of people experiencing a loss, the normal (uncomplicated) grieving process is derailed, blocked, hindered, complicated, and symptoms do not decrease in intensity or/and are maintained for a period longer than 6 months, resulting in complicated grief.

4. Bereavement Therapy - Grief Psychotherapy

Loss can sometimes be so overwhelming, that even the neural networks in which pleasant memories and resources are stored, can no longer be activated and used. Through processing, they can be brought back into the adaptive information circuit.

Some mental health professionals diagnose prolonged bereavement disorder when grief continues to be intense, persistent and debilitating after 12 months. However, counseling with a specialist during such a period can help anyone going through a loss.

Approximately 10% to 20% of bereaved people have prolonged bereavement disorder. Several studies have shown that individual and group psychotherapy sessions are highly effective in the treatment of bereavement grief. They can help ease the transition through the different stages of grief and help to make it easier to adjust to life after the loss.

Inspired by Transactional Analysis, Integrative Psychotherapy, developed by Richard Erskine, is a relational psychotherapy, so bereavement therapy will also take place in a relational context. This may mean genuine interpersonal contact between client and therapist or empathic communication between client and therapy group members, or even in communication between client and the internal image of the other. For some people, a combination of these three approaches is most appropriate.

That is why the therapy group often provides a space to explore feelings of loss and to integrate grief.

For most people, ‘good grief’ means being able to remember and think about the person they have lost while experiencing mild, medium intensity, positive feelings.

The processing of memories plays an important role in coping with loss: memories of the lost person are the bridge between the world and life as it was before, with his/her presence, and the reality of now, the world and life as it is without his/her physical presence. The internal adaptive representation of the lost person is essential in coping with the grieving process. It is important to be aware that we do not lose attachments to the deceased, these attachments are transformed through a dynamic process that takes place over a period of time, depending on one’s internal rhythm.

The overall strategy is to process dysfunctionally stored memories (past and recent) and to provide appropriate psychoeducation, support for the development of resources in the stage of bereavement, by going through the process of the 6 related stages:

- 1) Recognition and awareness of loss.
- 2) Reaction to separation.
- 3) Re-experiencing the relationship and the deceased person.
- 4) Letting go of old attachments and internal representation of the “old world”.
- 5) Mental readjustment and reintegration into a new world without, of course, forgetting the lost person.
- 6) Reinvestment.

There is little solid research on the use of psychiatric drugs to treat complicated grief. However, antidepressants may be helpful for people suffering from clinical depression as well as prolonged bereavement disorder.

Most people experiencing the loss of a loved one will recover gradually without intervention. Approximately 15% of bereaved people suffer from depression within 1 year of the loss. For those who become depressed and/or suffer from prolonged bereavement disorder, intervention is necessary.

Discussion with a professional therapist can provide valuable insight and support, but there are various adaptive strategies that can help the bereaved person move through the grieving process more smoothly. For example, socializing and talking

with family, loved, important and trusted people, writing in a journal of thoughts, or any creative activity can be very helpful in expressing emotions and feelings, as well as exercise which is also excellent for relieving stress and improving physical and mental health. All of these can contribute to the healing process.

Other modalities that help in increasing endorphin levels can be : prayer, meditation, sun exposure, massage, baths .

Grief and healing are part of the process of loss, part of life, and it is important to allow ourselves to reflect on the importance of these two processes. The loss of a loved one is one of the most painful experiences we can go through, and grieving and overcoming the stages associated with it can be an arduous journey. It is important to take time to grieve and allow ourselves to heal.

“Do not die with your dead, honor them and live your life as they would have wanted you to live” (Chito Lopez).

References

Jenaro Rio Cristina (2020). *Grief - how to cope with loss*.

Kast Verena (1982). *Grief and separation. Phases and opportunities of the psychological process*.

Katherin Shear (2012). *Grief and mourning gone awry: pathway and course of complicated grief*.
Dialogues in Clinical Neuroscience