**Managing Death**

**Introduction**

Loss of a loved one to death is a natural occurrence through which most people encounter at one point of their life. It is subsequently followed by the reaction of grief and suffering towards the loss, which varies amongst individuals. The reactions towards this loss can range from the normal grief characterised by ultimate moving on, to the prolonged grief, that impacts adversely on the health of an individual. The bereavement therapies, therefore, aim at enabling an individual to cope positively with the loss and avoid the prolonged incidence characterised by ill health and, sometimes, fatality of the bereaved. The essay focuses on outlining one of the major theories of grief and loss and its application on the case scenario presented. Additionally, interventions that ought to be undertaken to ensure effective bereavement will be outlined. The essay, however, focuses on the continuous bond theory as being the most effective in providing solution to this scenario.

**Case Scenario**

The case highlights a couple whose child passed away a year ago and where one of the parents has not been able to move on. Tina is the mother of the deceased newborn baby and still continues thinking of him a year on and manifests symptoms associated with prolonged grief. She is unable to come into terms with the loss and, as a result, has adopted withdrawal symptoms where she does not want to try to have another child. There is the mention of financial constraints that would adversely affect her situation. Additionally, the fact that their family lives away rules out the efficiency or application of the family-centred approach in the interventions.

Graham, on the other hand, seems to have moved on as manifested by his desire to have another baby. It should, however, be noted that this can be attributed to adopting a positive coping strategy. Counselling is, however, paramount to restore the relationship of the couple and, at the same time, ensure that they overcome their loss.

**Discussion**

Many theorists have stepped forth to explain the theory of grief and loss, particularly associated with death. There exists no distinct reason as to why some people grieve longer than others, and this can only be explained by different predictors. The traditional theories have inclined towards severing of the attachments that exist between the bereaved and the deceased if moving on is desired (Brewer & Chen, 2007). The traditional theorists, on the other hand, incline towards maintenance of the emotional connections between the bereaved and the deceased for ultimate moving on.

Continuous bond theory postulates that the bereaved should be encouraged to maintain their emotional attachment with the deceased so as to move on to the future. This is essential in ensuring that people exhibiting prolonged grief adopt positive coping strategies. According to Field et al. (2005), there are three major stages of bereavement in regard to continuous bond. He postulated that the efficiency of continuous bond is dependent on the extent to which physical manifestation is converted to a mental representation. There are two forms of the continuous bond theory physically and psychologically (Muller, Judd & Yzerbyt, 2005). Psychological elements entail memories like the anniversary event of the deceased in the case study.

The protest stage is the first reaction of a bereaved person after loss and is characterised by constant refusal of the loss (Field & Filanosky, 2010). As a result, the bereaved person continues to seek a way to reestablish contact through instincts with the deceased and can actually manifest their images in their dreams. The first stage is characterised with shock, denial and pain. Subsequent failure of the bereaved to establish contact leads to progression in the stage of despair (Neimeyer, 2006). At this stage, the bereaved comprehends the permanence of the loss but fails to give up the emotional goal of reuniting with the deceased. In spite of the fact that the deceased is gone and will never come back, the bereaved refuses to move on emotionally so as to preserve the connections that exist between the two (Holland, Currier, Coleman & Neimeyer, 2010). This is the current stage by Tina in the case study. This can be attributed to the fact that she constantly thinks of her a baby and is not willing to engage in actions that would seem to replace her. Lastly, there is the stage of acceptance that is characterised by relinquishing of the emotional zeal to reconnect with the deceased and ultimate moving on. The interventions should focus on guiding Tina from the stage of despair to that of acceptance. Additionally, the plan of intervention should feature short-term goals like promoting the health of Tina, which has evidently deteriorated (Maciejewski, Zhang, Block & Prigerson, 2007).

There are two major aspects of the continuous bond that the interventions of this case study will be based on. The cultural aspect is essential in the efficiency of the continuous bond theory. This can be attributed to the fact that researchers have established a positive correlation between collectivism in the process of adopting positive coping strategies after loss and a non- significant one with individualism (Laurie & Neimeyer, 2008). Collectivism can be defined as the sense of responsibility or obligation towards a group, and focus is not just on personal interests (Klass, 2006). In structuring the interventions, a support group would, therefore, form an essential part in the continuous bond. Literature has established a positive impact of the social groups on the coping strategies adopted by bereaved (Owens, Lambert, Lloyd & Donovan, 2008). The support groups form a basis or an opportunity of disseminating information and relevant experience. The bereaved are in a position to relate their nature to a person who has been through the same process. This will be a guided process, and monitoring of the progress will be evaluated effectively so as to ensure that Tina benefits maximally. This is very beneficial, especially to the parents without prior experience. Tina is likely to adopt positive adaptive strategies due to sense of responsibility for the group rather than for a particular individual.

Meaning making, which constitutes the sense making or benefit finding, is the other aspect of the continuous bond that is an applicable scenario presented (Fritz & MacKinnon, 2007). Benefit finding seeks to identify any positive aspect associated with the death of the child (Owens, Lambert, Lloyd & Donovan, 2008). For instance, in the case scenario, Tina would be told that the lung problem would likely to pose negative or adverse effects on the later life of the child. In this regard, explanation would seek to express why Tina should be thankful that the kid did not undergo suffering associated with acute problems associated with lungs and is rather relieved from pain. There is further the mention of the fact that the problem did not have any hereditary link (Keesee, Currier & Neimeyer, 2008). This is comforting to the role of the parents that are also threatened upon passing on of a baby. Additionally, this should be cited in the subsequent counselling sessions to encourage Tina to try having other children.

Loss of a child has been cited as a complicated bereavement that requires precision and time to effectively guide the parent through coping with the loss. There are five major tools that have been cited as being beneficial in the intervention process of managing loss through death. The first tool is that of accepting guilt. Theorists postulate that the parents should not be afraid of showing guilt in regard to the occurrence of death. This tool has been cited as a major step to finding comfort as there are no issues not discussed (Michael & Snyder, 2005). Guilt is likely to arise in event to the loss of roles and, in this case, that of a mother. The mother would likely feel that she could have caused harm to the child or could have contributed to death of the child in one way or the other. Tina would also blame herself for failing to effectively protect her child by cautioning the doctor to take care of the baby. Additionally, the failure of the medical practitioner to diagnose this problem early enough would also fall under acceptance of guilt. It is further worth noting that emergence of such feelings would contribute to the meaning-making aspect of the continuous bond theory (Lalande & Bonanno, 2006). For instance, feeling of reluctance by the doctor in detecting the problem early enough would be the major reason as to why Tina is not ready to go through the process again. In this regard, counselling should focus on correcting such ideas that are represented mentally by Tina.

The second tool of managing bereavement is that of allowing a positive mood to flourish, especially happiness. In spite of the fact that mourning is a painful process, Tina should not avoid laughter and happiness that is likely to erase the past over time. It is essential for Graham to be present during the counselling sessions so that he knows how to support the wife through creation of happiness. This is also essential due to the fact that their relationship ought to be affected by the demise of their baby. Scholars have attempted to explain that parents who have bereaved by their child mourn differently and are not concerned with the extent of grief presented by the other party (Parkes & Prigerson, 2010). As a result, it is common for misunderstandings to arise due to feeling of neglect or disregard. It is also worth noting that divorces associated with demise of a baby are not significant, and what may only suffer is the relationship between spouses.

Thirdly, the bereaved needs to be encouraged to continue focusing on the positive and avoid the negative (Gilles & Neimeyer, 2006). This is pegged on the fact that relapse to the negative perspective is likely to impact adversely on the bereaved. The bereaved is encouraged to foster self-reliance by instilling sense of responsibility from her end. Social dimensions and the presented financial constraints will only be solved if the bereaved adopts positive coping strategies and not focus on the past.

Fourthly, the plan of all interventions has to be gradual and be at the pace of the bereaved. Short goals should be first realised before the long-term ones can be implemented (Park, 2010). For instance, actions to reduce symptoms associated with prolonged grief should be addressed before attempts to try having other children can be undertaken. In this regard, Graham plays an essential role of ensuring that the meaning-making face is effective, and, ultimately, that Tina is able to move on. Lastly, the bereaved is encouraged to communicate her needs to others, especially those in charge of her care. Due to the fact that different people mourn differently and all actions are not likely to work in the uniform, Tina is likely to benefit more from the interventions if she identifies her needs. As a result, they are likely to understand the gap between the real situation and the desired results (Hardison, Neimeyer & Lichstein, 2005). The interventions of bereavement, therefore, need to be more inclusive and seek to realise all the set goals in a short-term as well as long term manner.

**Conclusion**

Different theorists have varied postulations regarding the issue of bereavement and the process of mourning. According to the earlier postulations regarding bereavement, the bereaved ought to scrap or erase all the emotional attachments that he had with the deceased so as to move on. This was based on the fact that the emotional energy was entrapped by the deceased, and the bereaved would only move on by retrieving it and shifting it to the living world. The modern theorists, on the other hand, have considered this to be an act of improper bereavement and focus on the positive impacts associated with maintaining the emotional connections. In spite of the critics that surround this phenomenon of loss and grief, it is worth noting that none of them is effective in offering solutions to all situations. In this regard, the focus should be on incorporating a multidisciplinary approach and constructing a tailor-made approach for each and every person due to the fact that people handle loss differently.

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