The passing of a loved one is a universal experience and every person will experience loss or heartache, at some point in their life. Some people obviously appear upset, some do not, grief is individual, dependent on; age, gender, development stage, personality, their normal stress reactions, the support available, their relationships or attachments, other death experiences, how others react to their own grief around them (Thompson & Hendry, 2012).

This essay explores several models and theories that discuss the complexities of loss and grief. A discussion of the tasks, reactions and understanding of grief through the different stages from infants to the elderly, will also be attempted.

Part One: Grief models and theories
Theories and models that have been developed to explain how or why we feel what we do and ways of working through grief. Many professionals have expanded on Freud’s model of bereavement, which emphasises that grief about personal attachments and the process of experiencing pain, detaching from the deceased and rebuilding a new life with them (Walsh, 2012). Margaret Stroebe and Hank Schut’s model attempts to explain how people alternate from intense pining and normality for the deceased and rebuilding a new life with them (Walsh, 2012). Psychologist J. William Worden’s stage-based model outlines four tasks of grief, to: accept, work through, adjust, maintain and move on (Worden & Winokuer, 2011). Therese Rando’s model outlines how people proceed through six phases of mourning in order to work through grief; recognition; understanding/acknowledging loss; reacting to separation; recollect or re-experience relationships; readjust or reinvent (Rando, 1986).

John Bowlby stated that attachments develop early in life, if broken or lost, an individual will experience distress or emotional disturbance (Smith, 2004; Walsh, 2012; Windell 2012). Bowlby’s theory of attachment explains how attachments influence the degree of grief experienced; why some people are affected more than others. Every infant will form an intense attachment to the significant people who provide their basic needs of shelter, food, protection and love, crucial in the development of infants (Smith, 2004; Walsh, 2012). Bowlby’s expansion of Freud’s findings, discovered that attachments established by infants, either real or assumed, have important consequences throughout their entire life (Santrock, 2014). The fear of the unfamiliar, produces/aids a healthy attachment with the primary caregiver or mother, which can be perceived in two ways; being with the mother, the child shows contentment – if they cannot see her, the child is obviously upset (Weiten, 2001; Windell 2012). This separation occurrence is also determined as the first form of grief that a person learns to regard reactions to the loss of the significant other.

Elisabeth Kübler-Ross’s model to first explain the behaviour or thinking experiences of the terminally ill and encouraged the attention towards the quality of life for dying people or their families (Santrock, 2014; Walsh, 2012). A person’s grief transitions through five stages: denial and isolation, anger, bargaining, sadness or depression and acceptance (Santrock, 2014; Walsh, 2012). The first stage is a temporary defence of denial and isolation, the person does not believe that it is really happening, they feel very alone. Anger is the second stage, the person gets angry at the situation and the realisation that loss is major or why me? Bargaining, the person questions what they could have done or do differently, wondering what they can do to stop or reverse the unavoidable. Sadness or depression begins when the person understands that they will die, and is their emotional response. Acceptance is considered, that the person comes to terms with death, often wishes to be left alone and they begin to plan for the end or their future.

Eric Lindemann’s model of outlines tasks to work through grief, such as emancipation, readjustment and formation (Walsh, 2012). Lindemann’s model theorises grief as a process of simultaneous change through various loss dimensions; emotional, social, physical, spiritual, lifestyle, practical and identity losses (Walsh, 2012). His model helps those offering support to gain a better understanding their circumstances or grief outlined in the main areas that are affecting the individual to understand what resources are available to the bereaved.

Part Two: Understanding grief reactions/responses and help/support

Everyone will die or lose loved ones, however, we still struggle with this reality by defending ourselves against it from a young age (Day, 2008). Infants do not have the cognitive ability to understand death of others or themselves, however they do experience the feelings of loss in reaction to separation from their main caregiver, the first step for them to develop an awareness of death (Walsh, 2012).

Children begin to test the reality of death as they reflect on the information received from others, they will struggle to understand what death means (Walsh, 2012). When children reach the age of 9 or 10 years old, they have learned that death becomes unavoidable, however, death is final or scary, but death happens mostly to old people, not them (Walsh, 2012).

Adolescents comprehend that death is permanent, irreversible, affects everyone and they may present with behaviour that indicates denial (Walsh, 2012). Adolescents become more thoughtful about death, as they are now capable of mature/thoughtful reflections on the meaning of life/death. When confronting their own death, adolescents may struggle with existential questions or the probing, philosophical questions that get down to the nature of who we are or why we are even here (Walsh, 2012). This carries on throughout adulthood, till their end or death.
All adults fully comprehend the impact of death and the full complex range of responses of different people in different situations increased sensitivity and openness to others and alternate ways of coping (Walsh, 2012). When adults are confronting their own death, they feel anxious and uncomfortable; some may seek assistance from their elders or spiritual/pastoral leaders (Walsh, 2012). Elderly people have gone through a life of change or adaption, which is the difference between old adults and those at earlier stages of development, they begin to expect loss as they age they must work through the grief of multiple deaths which provides some preparation for their own passing (Jeffrey’s, 2011). Elderly spend a lot of time reminiscing, thinking of what they experienced or what they have done in their lives, often when others die they are left wondering why they are still there (Jeffrey’s, 2011). The world becomes lonely, sometimes unfriendly after loss of spouse. Elderly begin to anticipate their own death and contemplate the end of life, death becomes a bigger part of life during old age (Walsh, 2012). A large part of aging is experiencing multiple and sequential non-death losses, including the physical changes in family, job, social roles, also working through shifts in their cognitive thinking (Jeffrey’s, 2011).

Common grief reactions
An individual’s grief reaction is generally determined by the circumstances surrounding the loss, the social support, the cultural influences or the media intrusions; whether they are high-profile losses or the individual already has multiple stressors (Walsh, 2012). Grief symptoms felt by individuals of all ages, can show in forms of physical pain or health issues; headaches, appetite or sleep disturbances, stomach upsets (Jeffrey’s, 2005). Pre-teens have a developed heightened sensitivity to others emotions (anger, stress, etc.) and an increased awareness of vulnerability and may present regressive and impulsive behaviours that indicate they under stress (Walsh, 2012). Pre-teens, like younger children learn to reflect how others react around them. They are capable of empathy and expressing caring for the others who are grieving. Pre-teens may become especially anxious about the family and their safety or well-being, they tend to take on more adult responsibilities, try to please those around them and spend more time with friends for moral support. (Ewart, Neser & Hendry, 2008).

For school age children, their relationships with their peers/adults are important and the loss of a parent can change the very core of a young child’s existence (Jeffrey’s, 2005; Worden, 1996). School age may react to grief by appearing afraid of the dark or school, and worry about their own health (Walsh, 2012). They may also regress emotionally, develop episodes of separation anxiety, become clingy, use baby talk, become aggressive or withdraw altogether (Jeffrey’s, 2005).

Adolescents are prone to the exposure of unhelpful responses to stress (Walsh, 2012). Adolescents are at risk to unhelpful responses or maladaptive coping strategies; substance abuse/risk taking or taking on adult roles and tasks before they are ready or matured (Walsh, 2012). Teens can appear more forgetful, easily distracted, may blame themselves for the death or they may say or act like they do not care at all (Ewart, Neser & Hendry, 2008).

Generally adults struggle with feelings of responsibility for others and may be ambivalent about meeting own needs (Walsh, 2012). They may perceive tears/sadness as weakness, or develop an unhealthy need for drugs or alcohol, etc., to numb the pain (Walsh, 2012).

Grief becomes complicated as a result of sudden, unexpected or traumatic deaths, as grief more difficult for everyone to understand or comprehend (Thompson & Hendry, 2012). Some grieving individuals may never know what fully happened, the death or circumstance, could have been preventable (XXXXXX XXXXX). The body of the deceased may never be found, or look unharmed or be mutilated, further investigation may be required, the media may be involved due to public interest/curiosity and people must also have to deal with the overwhelming intrusion. Older people are more prone to experience complicated grief in response to the death of a child or spouse (Santrrock, 2014). Eric Lindemann’s studied the survivors of the Boston Coconut Grove nightclub of 1942 and noticed the common reactions were physical or bodily distress, a preoccupation with vivid images or the people who died, they expressed feelings of anger/hostility or guilt (Walsh, 2012). They presented with an impaired functioning in work/family roles and were displaying symptoms of post-traumatic stress disorder, since the accident: vivid flashbacks, anxiety, etc., (Santrrock, 2014; Walsh, 2012).

Major ‘tasks’ of grieving people
( J.) William Worden’s model outlines the major tasks or stages the grieving person should work through
during times of grief (Walsh, 2012). The first task involves accepting the loss or coming to terms with the end of the person’s life or relationship. It is not uncommon for people to feel shock or disbelief after they have learned of the loss, or feel as if they are living in a dream or surreal reality. Some people will deny that the loss has taken place in order to protect themselves from intense emotional pain. Rituals such as funerals can help the person to come to terms with the reality of the loss.

The second task, to experience the pain and work through it (Walsh, 2012). Once the person allows themselves to accept the irreversibility of the loss, they may experience intense waves of emotions. These may include: sadness, longing, nostalgia, emptiness, anger, numbness, and anxiety. It can be tempting to avoid these feelings through distraction, but allowing time and space to feel emotions while seeking support can be helpful. Our body has a natural process for resolving grief, and if we honour it, we will experience relief. This task can be exhausting, so it is important to engage in basic self-care such as eating regular meals, sleeping, and drinking water.

The third task, to adjust to the new environment or world without the deceased or relationship (Walsh, 2012). Gradually, people start to resume their normal routine after a loss. Sometimes people may feel guilty, believing that they have somehow forgotten or dishonoring the deceased by engaging in activities. This stage may involve learning new skills that the bereaved person may have performed. Therefore, it is natural to feel overwhelmed and resentful in this stage if someone is taking on many new responsibilities. The person may feel angry at the situation, and blame the deceased or others. However, this can also be a time of independence, self-discovery, and development.

The final task, is finding an enduring connection with the deceased in the midst of embarking on a new life or a ‘new normal’ (Walsh, 2012). A person’s relationship to the loss changes over time, but it never ends. Freud’s term ‘decathexis’ describes the ‘letting go of the attachment’, or the adaptive response to the loss of a significant object / person, intellectually and emotionally. Freud & Bowlby also stated that in time, grieving people could, on their own or with help, emotionally / intellectually achieve decathexis, and withdraw energy (libido) from the dead (XXXXX XXXX). They determined that the failure in letting go often is described as depressing.

Help and support assistance
Basic assistance to help and support people going through grief, is to acknowledge the loss, to express or share feelings/memories, to encourage sharing, offer to listen, allow for differences in age etc., (Walsh, 2012). Infants and small children require normal routines or surroundings, a consistent carer, frequent or lengthy periods of attention, reassurance and comfort to assist them to move through changes (Walsh, 2012). Death should be explained in simple/direct terms, questions should be answered honestly/directly in an age-appropriate manner, using descriptive to make it easier for them to understand that mummy is sad or angry. It is important that the adults in a child’s grief needs are various dependent upon their age and maturity, but everyone needs time to process the reality or circumstances of the situation (Jeffrey’s, 2005). Everyone needs to feel safe, that someone is there for them, respecting them and allowing them to work through the loss in their own way. Allow plenty of time for questions, the expression of feelings, sharing memories, or to participate in ceremonies/ remembrance activities. It may be appropriate or helpful for them to view the body, or attend a funeral / memorial service, or even take part in the ceremony. Children can let off balloons, read a poem or a eulogy, carry flowers, many things to contribute to service and this will help with the grieving process.

Adults and the elderly should be encouraged to take time to attend to own feelings as well as others; provide opportunities for expression/discussion of conflicting feelings; to maintain social connections with their peers or family (Walsh, 2012). Empathic listening and tangible expressions of support with the preparation of meals, or taking care of elderly family members or child care. Opportunities to reminisce or share memories with others are known to be helpful anytime.

For elderly, it may be important to help conduct informal/formal life reviews to emphasis strengths or contributions to life (Walsh, 2012). Help may be required to identify or participate in new activities/roles/relationships. Encourage living wills; making plans for the future or to just sit and talk about their feelings or fears, death or dying.

At any point during the grieving process, if a person is presenting with PTSD or complex grief symptoms, they
should attend professional help, whether it be a counsellor or psychologist or psychiatrist, anyone who deals in helping grieving individuals (XXXXX XXXXX). Not everyone has the skills to work such stress as death or grief, and professional help or a support group of sorts, would benefit them greatly.

CONCLUSION-

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