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A REVIEW STUDY ON UNDERSTANDING GRIEF: ATTACHMENT, LOVE AND LOSS

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ABSTRACT There is a reason why the phrases "love and loss" appear so frequently in mourning literature. Love and loss are two sides of the same coin; when we choose one, we open the door to the possibility of the other (Kosminsky & Jordan, 2016, p. 53). It is hardly surprising, therefore, that some similarities arise in how we establish attachment relationships and react to them throughout detachment and reattachment. Each person we love is unique, regardless of how many close relationships we have or with whom we have them. As a result, mourning for that person is a one-of-a-kind experience when the time comes. However, these universal sentiments share certain characteristics, which provide a framework for comprehending loss (Shear In Neimeyer, 2016, p. 14). Loss is an inevitable part of life and development. This may sound paradoxical, but the truth is that new life, change, and forward progress can only occur through losing (changing) an old lifestyle, behaviour pattern, or other aspects of the status quo (Walter & McCoyd, 2009, p. 1). Grief and mourning are the terms we hear the most in the current condition of transition to the new normal during Covid-19 circumstances, whether it is the loss of a person or an object. Recognising necessity, the authors endeavoured to conduct a review study on grief and associated concepts such as attachment, love, loss, mourning and bereavement from various perspectives. Finally, a personal experience is shared to make the study more impactful. By breaking the notion down into its core components, the current study provides everyone interested in exploring grief with a methodical overview as well as a firm understanding of the concept. Those seeking further information in the original literature will find detailed references included.

KEYWORDS : Love, Loss, Attachment, Detachment, Reattachment, Grieving, Grief, Bereavement, Mourning.

INTRODUCTION

Why love if losing hurts so much? I have no answers any more, only the life I've lived. Twice in that life I've been given the choice: as a boy and as a man. The boy chose safety, the man chooses suffering. The pain now is part of the happiness then. That's the deal.

-William Nicholson, Shadowlands, 1993, p. 273

“Love” could be perceived by borrowing the term "hostages to fortune” from Francis Bacon's essay-“ Of Marriage and Single Life” (Bacon, 1625/1962, p. 22). Everybody who experiences love or develops an attachment to the other person or object confronts the potential to lose the person or object they care about and accept the reality of the loss. If love is perceived in this way, then “to grieve is to pay ransom to love” (Shneidman, 1983, p. 29). Looking from another angle, “Only people who avoid love can avoid grief. The point is to learn from it and remain vulnerable to love” (Brantner In Worden, 1982, p. xi). It implies the only way to avoid suffering the anguish of loss is to have nothing in our life worth losing (Corr et al., 2009/2006, pp. 210-11).

Bowlby's attachment theory (1969/1982) offers us a framework to comprehend the human inclination to form profound affectional bonds with others, as well as the intense emotional reactions that occur when those bonds are challenged or disrupted. In demand for security and protection; attachment bonds develop early in life. They are frequently oriented toward a few specific persons, and last for a long time. Not only for children but also adults, forming relationships with significant others is regarded as appropriate behaviour. Attachment behaviour, according to Bowlby, has survival value. Bowlby proposed that the child's caregivers provide a safe base of operations from which to explore the world. This interaction has an impact on a child's ability to build loving relationships later in life. This is comparable to Erik Erikson's (1950) idea of basic trust: via effective parenting, the person perceives himself as both capable of helping himself and deserving of support when problems emerge (Worden, 2009, pp. 13-14).

I. What Is Love?

Let us begin by recognising that love is not a singular concept. The word may be used as a noun or a verb, and it functions as a shorthand term for a diverse, time-varying experience in whatsoever case. For the objectives of the current study, let us concentrate on love as an attachment relationship and summarise some of the work performed by attachment investigators. Merriam-Webster defines attachment as a strong feeling of affection or commitment, which is quite similar to the concept of love. Attachment relationships can be defined operationally as involving two individuals who find it satisfying to be together and prefer not to be detached, who provide comfort and peace to each other when one of them is feeling down, and who serve as coaches and cheerleaders when things are going well. Throughout our lives, we are physiologically predisposed to seek, develop, and sustain attachment bonds, as well as to respond to their loss. The proposed brain mechanism has been termed as an "attachment working model," and the brain attachment system has been termed a "bio-behavioural motivational system" (Mikulincer & Shaver, 2014). A variety of research revealing that representations of intimate relationships are preserved in long-term memory and recalled in a range of settings supports the presence of the working model (Bowlby, 1980). Significantly, memory and other aspects of our internalised relationships exist in both sections of the brain linked with unconscious activities and areas connected with explicit functions that are part of our conscious perceptions. Internalised representations of our intimate relationships have been demonstrated to have an impact on a variety of cognitive processes, including reasoning, problem-solving, cognitive control mechanisms, future predictions, and goal-setting. It appears that anytime studies investigate whether attachment has an impact on a psychological result, they discover that it does. Attachment security is the notion that a loved one is available, sensitive, and responsive, which is the objective of the biological attachment system. When a sensitive responsive caregiver is unavailable, insecure attachment develops. Internalised representations of a secure relationship can assist with proximity-seeking and contribute to mental processes that help with self-control and self-concept. Close relationships are foundations in the building of

our self-concepts since they are marked by high degrees of dependency. Strong, mutually gratifying interactions have the greatest influence on one's sense of self. Generally said, the people we love determine who we are, so losing them leaves us unsure of who we are, confused, and lost. Positive, stable relationships have been proven to affect a variety of everyday psychological processes, including ambiguity tolerance, mood and attention management, compassion and empathy, and the inhibition of undesired thoughts. Biological regulating processes are also influenced by our relationships (e.g., eating behaviours, sleep quality, pain sensitivity, temperature sensitivity, and so on). It is painful to lose someone with whom we have a deep and beneficial relationship. What is the connection between all of this and bereavement? In simple English, the people whom we love have a profound impact on us in both known and unknown ways. At least, there are two more behavioural systems, both important in everyday life and are intimately related to the attachment system. One is the caregiver system, which motivates people to provide a safe haven of support and comfort when a loved one is stressed, and a secure base of encouragement and joy in a loved one's accomplishment. Adult love relationships are nearly usually reciprocal in nature, with partners providing and receiving a safe haven and secure base of support. Furthermore, the study indicates that being an excellent caregiver is even more crucial to people' well-being than receiving effective care. The loss of a loved one is typically connected with self-blaming thoughts and feelings of guilt since it represents a lack of adequate caregiving. The exploratory system is the second significant behavioural system associated with attachment. This system contains the drive to learn and grow, to seek new things, and to achieve goals. Basic human requirements for autonomy and self-efficacy are met by the exploratory system. The stimulation of the exploratory system and attachment have a reciprocal interaction. When a significant connection is believed to be in jeopardy, the attachment system would be activated. Losing a loved one is an obvious hazard, and one of the implications is that the exploratory system is inhibited (Neimeyer, 2016, pp. 14-16). Let's take a look at the landscape of loss via the lens of attachment theory.

II. Attachment And Loss

If the ultimate goal of attachment behaviour is to sustain an affectionate bond, events that threaten this bond elicit highly precise responses. The more serious the risk of loss, the more strong and diverse these emotions become. “In such circumstances, all the most powerful forms of attachment behaviour become activated— clinging, crying, and perhaps angry coercion. . . . When these actions are successful, the bond is restored, the activities cease and the states of stress and distress are alleviated” (Bowlby, 1977, p. 429). Withdrawal, indifference, and despair follow if the threat is not removed. There is evidence that all people, to some degree or another, mourn a loss. Anthropologists who have studied other societies, cultures, and reactions to the loss of loved ones indicate that there is an almost universal attempt to reclaim the rejoining lost loved one afterlife, regardless of the society studied, in whatever part of the world. According to the study (Parkes, 1997; Rosenblatt, 1976), preliterate societies tend to have fewer cases of bereavement pathology than more civilised societies (Worden, 2009, pp. 14-16). It might be because the people could accept such beliefs unconditionally in preliterate civilisations rather than civilised ones. This setting can create a sense of optimism and hope, having a good impact on the well-being of the left-behind love partner. It implies that psychological proximity, which has replaced physical proximity in the process of grief, serves a similar objective of allowing the hope of experiencing the presence of attachment figure availability.

Researchers have discovered both a "generalised" attachment style that is similar to a personality feature and a "specific" attachment style that describes each individual's emotional bond. According to Neimeyer, people in close relationships frequently have comparable experiences, therefore the generalised and specific attachment styles are often the same, but not always. Sometimes we have a secure attachment to a single individual but an insecure generalised attachment style, or vice versa. Insecure attachment is also a term that may be used to indicate a transient reaction to a change in an attachment relationship. It is common to feel uncomfortable about one's expectations of a loved one after losing (or forming) a close relationship. When a loved one passes away, we are suddenly faced with questions about our relationship with that person. Obviously, when we have had a strong positive relationship with the individual, this is very painful. Our sense of self, as well as our cognitive, emotional, and physiological regulation functions, are all affected when we lose the one whom we love (Neimeyer, 2016, p. 16).

II-1. Attachment Style

Adult attachment bonds differ from child-parent bonds in fundamental ways, because both spouses can function as attachment figures to one other. When an attachment figure's bond is lost due to death, the survivor has the challenge to retain or rebuild proximity to the attachment figure. Separation anxiety leads to seeking behaviour in an attempt to revive the lost relationship, but the bereaved eventually learn to accept the loss as permanent. The mourner can make a healthy adjustment to this new reality by internalising the deceased, such that psychological proximity replaces the former physical proximity. The mental image of the departed can provide emotional support to the bereaved, reducing the need for the deceased's physical presence, which is no longer available. Internal models or representations have been classified according to attachment styles (Ainsworth et al., 1978; Main & Solomon, 1990; Mikulincer & Shaver, 2003; Cited in Worden, 2009, pp. 66-70) as follows:

Secure Attachment Style: Many people develop a secure attachment style as a result of adequate parenting and other healthy early interactions. Secure attachments provide good mental models of being valued and deserving of support, care, and affection. Individuals with a secure attachment style feel sorrow after the death of a significant attachment figure, but they can process their grief and go on to form healthy continuing relationships with the deceased loved one. Initially, their intense grief (seeking and weeping) does not prevent them from accepting the truth of the loss.

Insecure Attachment Styles: When it comes to parenting and early relationships, there are four types of insecure attachment styles that people might develop (Some researchers may refer to the same phenomenon under different names). These different attachment styles have an impact on one's relationships during his/her life and are crucial mediators in the grief process when an attachment figure dies. They might make adaptation harder and lead to the development of complicated grief (Stroebe et al., 2006). Let's take a closer look at these insecure attachment styles:

- **Anxious/Preoccupied Attachment:** Also called anxious/ resistant. These are partnerships that make a person feel uneasy and make him hypersensitive to slights and other forms of perceived neglect in the relationship. These are people who have a backup boyfriend (or girlfriend) in case the present one does not work out. These people are unhappy with themselves and are much than likely to have their self-esteem needs to be met by their significant other. When a loved one dies, people with this attachment style frequently experience intense distress for a long period, which can lead to the complication of chronic or prolonged grieving. Their ability to affect regulation, as well as being able to deal with stress, may be impaired. They are likely to have a high level of rumination over the loss. Furthermore, excessive pain may be mediated by avoidant

behaviour, which involves avoiding to remind the loss to reduce the pain and suffering. When a person believes he or she is powerless and unable to cope without a loved one, this is a sign of low self-efficacy. This attachment style's behavioural characteristics include clinging and requesting support. The purpose of counselling for those who have this attachment style is to help them stop attempting to reclaim a physical connection to the departed and instead feel safe via psychological proximity (Field et al., 2005).

- **Anxious/Ambivalent Attachment:** Love and hatred coexist on nearly equal levels in ambivalent relationships. Individuals that create this type of bond view the other as undependable. When a relationship is endangered, it can become stormy, and rage might be seen. Worden (2009) refers to them as "angry attachments" in his clinical practice. This is analogous to a child's protest to reestablish the attachment figure's physical proximity. When a loved one dies, the intensity of anger and anxiety is exaggerated, thus the mourner may choose to focus on good sentiments, which are the polar opposite of anger. These are the mourners who exaggerate about their loved ones characteristics to avoid confronting the depths of their grief on the other end of their experience. When they tell about their loved one, the counsellor has the impression that no one could be that great. The focus of intervention should be on acknowledging and expressing both happy and negative emotions. If the anger cannot be addressed and blended with the loving sentiments, the person may suffer from depression or prolonged mourning, as well as extended rumination.
- **Avoidant/Dismissing Attachment:** The individual may have grown up with an inattentive parent and developed a false sense of self-sufficiency. The desire for self-reliance and independence is reflected in behaviour. Some of these people are thought to be untrustworthy. They value independency and self-sufficiency above anything else. Because they are less attached, these people may display few symptoms and emotional reactions after a death. These individuals have an overly positive view of themselves and a negative impression of others, whom they are less willing to turn to when they are stressed. There is still debate in the research over whether people with this attachment style develop a delayed mourning reaction after first showing little emotional reactions to a loss. Some, such as Fraley and Bonanno (2004), disagree. However, individuals with this attachment style are more likely to have bodily symptoms after a loss, either directly after the death or afterwards, as a result of unconscious yearnings for detachment (Stroebe et al., 2006).
- **Avoidant/Fearful Attachment:** Individuals who have this attachment style are more likely to have a difficult time adapting to the loss. Unlike the avoidant/dismissive person, who values self-sufficiency, they desire closeness but have a lengthy history of hesitant attachments owing to a fear of being hurt. When whatever attachments they have formed are taken away by death, they are extremely vulnerable to developing severe depression. This depression frequently serves as a shield against whatever rage they may be experiencing. The most common grieving behaviour is social isolation, which functions as a self-protective mechanism.

When healthy attachments are broken, it causes sadness. When a less healthy bond is disrupted by death, it causes feelings of anger and guilt (Winnicott, 1953). Attachment issues are especially important for those who are overly dependent or have trouble developing relationships. People who have been diagnosed with certain personality disorders may have a hard time dealing with loss. This is especially true for those who have been diagnosed with borderline or narcissistic personality disorders (see APA, 2013, pp. 766-768). Less healthy attachments, according to Jacobs (1999), can lead to separation disorders, which are the prevalent focus of traumatic grief (Worden, 2009, pp. 66-70).

III. Stressors, States Of Stress And Distress

Any homeostatic system has the property of being capable of effective operation only when the essential environmental circumstances stay within specific limitations. If they do not, the system becomes overburdened and finally breaks down. The mechanism that keeps body temperature near to the norm is an example borrowed from physiology. It works successfully as long as the ambient temperature stays within defined upper and lower limits. However, if the ambient temperature remains above or below these limits for an extended period, the system will be unable to fulfil its aim. As a result, body temperature increases or decreases, causing hyperthermia or hypothermia in the organism. Stressors are the environmental situations that cause certain physiological states, and the states themselves are states of stress. Our personal experience is one of distress. Because the purpose of attachment behaviour is to maintain an affectional bond, every condition that appears to jeopardise the relationship summons action to protect it; and the higher the threat of loss appears, the more intense and diverse the responses prompted to prevent it. All of the most powerful types of attachment behaviour, including clinging, crying, and maybe aggressive compulsion, are engaged in such situations. This is the protest phase, which is characterised by high physiological stress and mental suffering. When these efforts are effective, the bond is reestablished, the behaviours are stopped, and the stress and anxiety levels are reduced. However, if the effort to reestablish the relationship is unsuccessful, the effort will cease sooner or later. But, in most cases, it does not stop. Evidence suggests, on the contrary, that the effort to reestablish the relationship is continued at progressively long intervals- the distress of grief and maybe willingness to search are then refreshed. This indicates that the person's attachment behaviour is always primed and becomes triggered again in yet-to-be-defined circumstances. The organism is therefore in a state of chronic stress, which is sensed as chronic distress. Furthermore, both stress and distress are likely to resurface at regular intervals. It's important to specify how the terms "healthy" and "pathological" are used. Following in the footsteps of Sigmund Freud (1926), Engel (1961) has presented a useful parallel. He claims that the psychological anguish of losing a loved one is comparable to the physical trauma of being badly injured or burnt. He continues by using homeostatic principles: "The experience of uncomplicated grief represents a manifest and gross departure from the dynamic state considered representative of health and well-being . . . It involves suffering and an impairment of the capacity to function, which may last for days, weeks, or even months." Mourning processes might thus be related to the healing processes that occur after a major wound or burn. We know that such healing processes can take a course that leads to complete, or almost complete, the function being restored over time, or they can take any of several paths, each of which results in a degree of functional impairment. Similarly, grieving processes may follow a path that leads to a more or less full restoration of function over time, namely, a revival of the capacity to form and sustain love relationships; or they may follow a path that leaves this function impaired to varying degrees. The terms healthy and pathological can be used to the various paths followed by physiological healing processes, and they can also be applied to the various paths taken by grieving processes. Nonetheless, it must be noted that there are no clear borders in concerns of health and illness and that what appears to be the restoration of function can frequently conceal a greater vulnerability to subsequent stress. Engel's method of handling the problem is fruitful. When the mourner is in a state of biological disequilibrium

due to a sudden change, the processes at work, and the variables that influence the route, may be investigated in the same way that wounds, burns, and infections have been. To manage any kind of reaction to loss, the conceptual framework described so far has to be enhanced. This is more essential than ever when it comes to defence concepts (Bowlby, 1980, pp. V3, 41-43).

IV. Grief Is A Form Of Love

Grieving is not about forgetting.
Grieving allows us to heal, to remember with love rather than pain. It is a sorting process.

One by one you let go of things that are gone
and you mourn for them.

One by one you take hold of the things that have become a part of who you are and build again.

—Rachael Naomi Remen (In Willcox, 2015, p. 5)

IV. 1. Loss

There are many different sorts of losses that people face throughout their life (Hooyman & Kramer, 2006; Viorst, 1986). For example, breaking up with the loved one, losing an occupation, Traveling to new places, losing a valued object, failing in a challenge, having a bodily part amputated, or losing someone important. These and other disappointing losses all have one thing in common: the person who loses something is alienated from and deprived of the individual, object, position, or relationship that was lost. The end of the bond or relationship is the primary loss; secondary losses are those that occur as a result of the first loss. Endings, transitions, and other losses are strongly intertwined with death. What death means to those who survive relies on the losses that it entails for those people and how they interpret those losses. For example, death may signify the end of one's relationship with his/her partner, the loss of a parent, or the loss of children. Death may even provide alleviation from a painful attachment or a dying person's hardship (Elison, 2007; Elison & McGonigle, 2003). Whatever way the individual perceives a death-related loss, it will almost certainly include some difficulties and grief for him since the loss will have a significant impact on and will change his life pathway. Even if the individual perceives the death as a transition into the afterlife realm where he can rejoin the loved one, or as a shift of the loved person who died into a realm of ancestors who continue to interact with him, he will still be the one who has been left behind, and he will no longer be able to experience the joy of the direct, physical presence of his beloved who is dead. Furthermore, death-related losses can be problematic in some cases, such as when dying is prolonged and painful, or when death is abrupt, unexpected, or traumatizing. Losses that are not caused by death can also be hazardous in their own right (Harvey, 1998). Such losses can be just as painful as, if not more painful than, those caused by death. In the United States, for example, roughly half of all marriages now end in divorce. When this happens, one partner may want to end the relationship, while the other does not or is less committed to that ending. There may also be a third person (such as a child) who is involved in the incident and directly impacted by its consequences but is unable to control what is occurring. Each of these people will suffer different forms of losses as a result of the divorce. There will always be loss in divorcing, just as there is in death, but there may also be components of wilful choosing, shame, and blame that are not necessarily present in death. Divorce can also be clouded by theoretical (if not real) prospects for the reunion, as well as the unavoidable consequences of subsequent life decisions made by all parties involved in the incident. Note that we have simply included divorce as one example of the numerous sorts of loss that people might go through that do not involve death but are still traumatic. We may often identify persons or objects whose loss would be catastrophic to us as we reflect on our life. However, sometimes the true meaning and worth of a lost person or object are completely realised only after the loss has occurred. In any case, we must examine the underlying interconnections and attachments that underpin any feeling of loss to comprehend its ramifications (Corr et al., 2009, p. 212).

IV. 2. Bereavement

"The term bereavement refers to the state of being bereaved or deprived of something. In other words, bereavement identifies the objective situation of individuals who have experienced a loss of some person or thing that they valued" (Corless, 2001, Cited in Corr et al., 2009, p. 212). The loss of a loved one, according to our attachment system, has a wide variety of consequences beyond the painful realisation that the individual is no longer alive. In the attachment system, bereavement manifests as acute attachment insecurity or uncertainty regarding the availability of a responsive person. Regardless of the style of insecure attachment, we are talking about, response to loss is linked to attachment system activation, which has distinct effects depending on whether or not a reunion with the attachment figure is thought possible. If it appears that a reunion is feasible, proximity-seeking behaviour is heightened to locate and join the individual. If this is not possible, proximity searching is turned off. Most people alternate between hyperactive and deactivating behaviours in the days following a loss. They swing between an illogical optimism that the individual will return and the realisation that the loss is irreversible (Neimeyer, 2016, p.16).

IV. 3. Grief

The loss of a loved one not only creates attachment insecurity but also registers as ineffective caregiving and signals a period of suppression of the exploratory system. To put it another way, grief causes tremendous disruption, similar to an earthquake that shakes our life to its core. Grief is our immediate, in-the-moment reaction to the upheaval. Grief is often severe and overwhelming in the immediate aftermath of a loss, but it progressively reshapes with time. Bereavement initiates grief, which is a normal response to the loss of a loved one. Grief is a shorthand phrase for a complicated multi-component experience that varies and grows over time, and whose exact qualities are unique to each individual and each loss, much like the love that generates it. Grief mirrors love in one or the other ways. When a loved one passes away, it raises the issue of what happens next. Is our love dead as well? The majority of individuals would argue that it does not. So, if love never dies, does it remain the same? Again, the answer is definitely no. It is possible to love someone sincerely after they have died, but it is not the same as loving someone alive. What happens to love if it does not finish and does not stay the same? For one thing, it influences affecting with the essential characteristics of grief: yearning, longing, and sadness. Other aspects of grief and mourning are likewise inextricably linked to love. Grief is the feeling of being without the various services that our love relationships serve, as stated above. To put it another way, we still love someone who has passed away, but our love takes the shape of mourning or grief. As a result, grieving is a normal and unavoidable part of life. It is not, however, static. While a grieving storey is unlikely to unfold smoothly or predictably, several broad concepts may be utilised to track and aid the process (Neimeyer, 2016, p.17).

IV. 4. Types of Grief

IV. 4. 1. Normal Grief (Acute Grief)

Normal or acute grief, also known as uncomplicated grief, refers to a wide variety of emotions and behaviours that occur following a loss. Lindemann (1944) listed the following aspects of normal grieving that he observed in his patients:

1. Somatic or bodily distress of some type

2. Preoccupation with the image of the deceased
3. Guilt relating to the deceased or circumstances of the death
4. Hostile reactions
5. The inability to function as one had before the loss

Warden (2009, pp. 13-31) claims that the bereaved individuals at Massachusetts General Hospital display behaviours that are remarkably similar to those observed by Lindemann over 60 years ago. Warden divided his observations of normal grief behaviours into four groups as follows:

Table 1. normal grief behaviours (adapted from Worden, 2009, pp. 13-31)

Normal Grief Behaviors	
Feelings	Sadness, Anger, Guilt and Self-reproach, Anxiety, Loneliness, Fatigue, Helplessness, Shock, Yearning, Emancipation, Relief, Numbness
Physical Sensations	Hollowness in the stomach, Tightness in the chest, Tightness in the throat, Oversensitivity to noise, A sense of depersonalization: "I walk down the street and nothing seems real, including me." Breathlessness: feeling short of breath, Weakness in the muscles, Lack of energy, Dry mouth
Cognitions	Disbelief, Confusion, Preoccupation (e.g., obsessive thoughts about the deceased, Sense of presence of the deceased, Hallucinations
Behaviours	Sleep disturbances, Appetite disturbances, Absentminded behaviour, Dreams of the deceased, Avoiding reminders of the deceased, Searching and calling out, Sighing, Restless, Hyperactivity, Crying, Visiting places or carrying objects that remind the survivor of the deceased, Treasuring objects that belonged to the deceased

IV. 4. 2. Complicated Grief

According to DSM-5 complicated grief is termed as "persistent complex bereavement disorder" that is:

"Diagnosed only if at least 12 months (6 months in children) have elapsed since the death of someone with whom the bereaved had a close relationship. This time frame discriminates normal grief from persistent grief. The condition typically involves a persistent yearning/longing for the deceased, which may be associated with intense sorrow and frequent crying or preoccupation with the deceased. The individual may also be preoccupied with how the person died. Six additional symptoms are required, including marked difficulty accepting that the individual has died (e.g., preparing meals for them), disbelief that the individual is dead, distressing memories of the deceased, anger over the loss, maladaptive appraisals about oneself concerning the deceased or the death, and excessive avoidance of reminders of the loss. Individuals may also report a desire to die because they wish to be with the deceased; be distrustful of others; feel isolated; believe that life has no meaning or purpose without the deceased; experience a diminished sense of identity in which they feel a part of themselves has died or been lost; or have difficulty engaging in activities, pursuing relationships, or planning for the future "(APA, 2013, p. 789-792).

IV. 4. 3. Disenfranchised Grief

Disenfranchised grief was coined by Doka (1989, 2000, 2002) to describe grieving that is not acknowledged, validated, or supported by the mourner's social context. It does not match the conventions of grief in the griever's society. Hochschild (1979, 1983) defined "feeling rules" as standards that help an individual in determining what is an "acceptable" feeling in a given scenario. Disenfranchised grief results from disobeying the "feeling rules" or living in a period where the "feeling rules" are not established or are inconsistent (McCoyd, 2009). As a result, the bereaved person is unsure whether he or she is "allowed" to be sorrowful over a loss experience that is not recognised by social peers. Furthermore, it may leave the bereaved questioning if he or she is even "allowed" to refer to the experience as a loss. Doka now divides disenfranchised grief into five categories:

(a) Grief in which the partnership is not acknowledged, such as homosexual couples, adulterous relationships, and other socially sanctioned relationships;
(b) Grief in which the loss is not recognised as a "genuine" sorrow by cultural norms, such as when abortion, adoption, pet loss, amputation, and other losses are not considered deserving of sympathy;
(c) Grief in which the griever is isolated, as is frequently the case for those who are children, elderly, or developmentally impaired and are (incorrectly) assumed not to truly experience grief;
(d) Grief in which the conditions of death cause humiliation or shame, such as when a person dies from AIDS, alcoholism, criminality, or other causes considered moral failings on the part of the departed; and
(e) Grief is expressed in non-socially authorised ways, such as when a griever is perceived to be either overly expressive or insufficiently expressive—similar to the policing of grief (Doka, 2002, Cited in Walter & McCoyd, 2009, pp. 18-19).

T. Walter (1999, 2000) points out how policing grief may be harmful. He traces the history of policing grief from the Victorian era's enforced confinement, formalisation, and time-limited grieving to today's expectation of more expressive grief and a trend toward medicalisation of the grieving process. He claims that mutual help (or self-help) support groups arose as a kind of resistance to policing and medicalisation, while also developing norms that include the obligation of mourning in the same way as other group mates (2000, Cited in Walter & McCoyd, 2009, p. 13). Grieving people who are disenfranchised do not receive the social support and compassion from others that have been demonstrated to be crucial in processing such a loss and aiding them in going from acute to integrated healthy grief (Walter & McCoyd, 2009, p. 19).

IV. 4. 4. Ambiguous Loss

Ambiguous loss (Boss, 1999) appears to be a type of disenfranchised loss. Because the notion of who is lost is so ambiguous, what Boss refers to as "frozen grief" is hard to process. In the ambiguous loss, the lost entity is either physically present but psychologically absent—for example, a loved one with Alzheimer's disease or a loved one who has suffered head trauma/brain injury—or physically absent but psychologically present—for example, if someone is kidnapped or goes missing in action during a war. These kinds of losses are puzzling since it's unknown how to cope with them. Without an overt death in the first instance, grieving in socially sanctioned ways appears inappropriate and even brutal; in the second, grieving would eliminate the prospect of the lost one's return to the social context. The following variables, according to Boss, make it difficult for persons who are facing ambiguous loss:

- Uncertainty indicates that adjustment is impossible since it is unclear what one should adjust to.
- There are no rituals and minimal social supports accessible.
- Life's inconsistency is on show. It's difficult to believe in a rational reality when nothing appears to be clear or

rational.
- The grief is inexhaustible. The confusion remains, and there is little hope of finding a solution.

These kinds of losses also frustrate formal and informal support individuals, who are torn between expressing compassion and maintaining an unassuming sense of normalcy and/or optimism. Due to a lack of social support, disenfranchised and ambiguous losses are intensified. This might explain why peer support and mutual help groups appear to be so effective for grievers like these (Walter & McCoyd, 2009, pp. 19-20).

IV. 5. From Acute to Integrated Grief

The loss of a loved one is extremely heartbreaking. Most grieving individuals will adjust to their loss over time, with the help of others in their natural surroundings and maybe health care experts. The circumstances, environment, and outcomes of the loss all influence how, when, where, and with whom these symptoms are experienced and communicated. Culture, ethnicity, and spirituality may all influence how grief emerges and how a person copes. Symptoms might change over time as a person adjusts to a loss and grieving becomes integrated into their life. Shear and her colleagues (2017, Online Publication, 358: j2854.) have given some of the most common symptoms of acute grief and regular characteristics of integrated grief as follows:

Acute Grief Symptoms:
- Physical symptoms such as heart palpitations, butterflies in the stomach, frequent yawning, dizziness/ fogginess, intense yearning, longing, anguish, emotional agony.
- Sentiments of disbelief, difficulty recognising the truth of the deceased's loss, difficulties concentrating attention, amnesia.
- Loss of self-awareness, sense of purpose, and sense of belonging, as well as emotions of aimlessness, incompetence, and lack of contentment.
- Feeling separated off from other people and day-to-day existence

Integrated Grief Characteristics:
- Realisation of the death's actuality and implications.
- A blend of emotions, generally with bittersweet positive sensations dominating. The deceased's thoughts and recollections are accessible, but not overpowering.
- Feelings of competence and well-being are restored, as is a sense of self, purpose, and belonging.
- Interest and involvement in life and other people are revived, and happiness appears to be approachable.

IV. 6. Mourning Process and Adaptation to Loss

According to Freud "mourning is regularly the reaction to the loss of a loved person, or to the loss of some abstraction which has taken the place of one, such as one's country, liberty, an ideal, and so on" (Freud, 1917/1957, p. 243, Cited in Walter & McCoyd, 2009, p. 4). Grief is transformed as a result of adaptation to the reality of the loss in the process of mourning. Adaptation involves learning (revising memories) what finality and outcomes mean, assimilating this relevant data into the working model, and reinterpreting ourselves to reclaim our power to engage in life, regulate ourselves, rebuild relationships, and explore different opportunities for gratification and delight. This is sometimes referred to as "**finding a new normal**" (Neimeyer, 2016, p.16). Corr and his colleagues define mourning as "an essential process for those who are trying to cope with loss and grief, one that is equally important in helping such persons find a way to go forward with healthful living and adapt to the new world in which they find themselves." As a result, grieving has two distinct forms or features. It is both an inner, private, or intrapersonal process—our internal struggles to cope with or regulate both the loss and our grief reactions to that loss—and an outward, public, or interpersonal process—the overt, visible, and shared manifestation of grief, as well as attempts to get social support (Corr et al., 2009, p. 220).

"Another way to grasp the meaning of the term *mourning* is to consider the words of Jesus in the Sermon on the Mount: "Blessed are those that mourn, for they shall be comforted" [*King James, 2017, Matthew 5:4*]. But bereavement, loss, and grief are a burden; how can they be a blessing? The blessing in the experience of bereavement can only be in the capacity to mourn and grow through the loss" (Corr et al., 2009, p. 220).

As Shneidman (1980/1995, p. 179, Cited in Corr et al., 2009, p. 220) mentioned: "Mourning is one of the most profound human experiences that it is possible to have. . . .The deep capacity to weep for the loss of a loved one and to continue to treasure the memory of that loss is one of our noblest human traits." There is no schedule or advancement through stages that describe loss adaptation, but it generally involves learning what it means that a loved one has gone (Stroebe & Schut, 2010, Cited in Neimeyer 2016, p. 17). As we try to understand what loss means, we start to fathom our lives. There is a need for emotion management during bereavement since it is frequently a period of highly aroused emotions. Using self-observation and introspection with the reconsideration of troublesome parts of the loss, being open to meaningful interaction, and practising self-compassion are all common approaches to control emotions during severe mourning. Furthermore, having warm, pleasant thoughts of the deceased, giving oneself periods of distraction, enjoyment, delight, and dignity, as well as engaging in gratifying or rewarding activities may all assist with emotion regulation. Adaptation also necessitates redefining oneself, which is best accomplished when people adhere to self-determination values. This entails recognising genuine interests and values and devising strategies for putting them into action. Researchers have gathered evidence that much of our brain functions without our knowledge. There is evidence that we have a brain system that protects us from hazards to our psychological well-being, among other concerns. This "psychological immune system" involves immediately, and it is especially active when we are faced with a circumstance like grief, which is lifelong, out of our control, and hazardous. We might, however, inhibit this adaptive process by attempting to avoid, reject, or reinterpret the painful realities. For example, those who focus on second-guessing of a loss (e.g., believing that their loved one would still be alive if only someone had performed something differently), those who seek to avoid any reminder of the loss or those who attempt to escape the anguish of the loss by wasting a lot of time stroking, smelling, hearing, or looking at items that belonged to a deceased person. When normal adaptation to the new circumstances fails, acute grief coexists with interfering (complicating) processes, resulting in a distinct complicated mourning syndrome (Shear, in press; Shear et al., 2011; Cited in Neimeyer 2016, pp. 17-18).

IV. 7. Mediators of Mourning

To comprehend why people handle grief and the mourning process differently, it is necessary to understand the circumstances that mediate such a process. This is particularly significant while dealing with prolonged grief (Table 1).

Table 1. Mediators of Grief and Mourning (adopted from Worden, 2009, pp. 57-65)

Mediators of Mourning		
Mediator 1	Who was the person who died?	
Mediator 2	The Nature of the Attachment	• The strength of the attachment • The security of the attachment • The ambivalence in the relationship • Conflicts with the deceased • Dependent relationships

Mediator 3	How did the person die?	• Proximity • Suddenness or Unexpectedness • Violent/Traumatic Deaths • Multiple Losses • Preventable Deaths • Ambiguous Deaths • Stigmatised Deaths	
Mediator 4	Historical Antecedents		
Mediator 5	Personality Variables	• Age and gender,	
		• Coping Styles	• Problem-Solving Coping • Active Emotional Coping • Avoidant Emotional Coping
		• Attachment style	Secure Attachment Style
			Insecure attachment Styles: • Anxious/Preoccupied • Anxious/Ambivalent • Avoidant/Dismissing • Avoidant/Fearful
		• Cognitive Style • Ego Strength: Self-Esteem and Self-Efficacy • Assumptive World: Beliefs and Values	
Moderator 6	Social Variables	• Support satisfaction	
		• Social role involvements	
		• Religious resources and ethnic expectations	
Moderator 7	Concurrent Stresses		

V. Grief Theories

V. 1. Classical Grief Theory: Task-based Theories

V. 1. 1. Freud's "Grief Work" - Two Tasks of De-Cathexis and Re-Cathexis

Until recently, grief was not a topic that drew scientific interest. Even though grief, melancholia, and mourning were thought to have existed from the dawn of human attachment and separation, Freud was one of the first to study them in-depth. He provided the concept that grief may be for objects, values, and statuses other than death and that it is not limited to death. Grief and mourning, he adds, are "not abnormal," but rather a normal reaction to loss. Freud recognised psychotic (turning away from reality) thoughts, feelings, and behaviours as an acceptable (and normal) reaction to loss. He hypothesised in ways that today's grief-work practitioners could find it somehow surprising. His hypothesis was a "task-based theory" in many aspects, founded on the notion that the mourner needs to de-cathect from the lost entity. According to Freud's theory of behaviour, the mind "cathects" persons and loved entities with libidinal energy (cathexis), which is necessary to be withdrawn for a mourner to heal after loss. He felt that patients suffering from melancholia (now known as dysthymia or depression) were unable to drain libidinal energy (cathexis) and need assistance in doing so. The next step, according to Freud, was to transfer cathexis to a new love object. He claimed (Freud, 1917/ 1957) that grief is only complete when the ego is disengaged from the departed love object by de-cathecting libido. He proposed a year as the typical amount of time for this procedure to take place. **Freud (1917)** named the process **"grief work."** According to Walter and McCoyd, though basic, this task-based paradigm for grief work has occasionally reappeared as a blueprint for grief work in other forms. **Freud himself set the context for some of the modern reinterpretations of grief work.** He wrote to a friend who experienced the death of a child (as Freud himself had):

"Although we know that after such a loss the acute state of mourning will subside, we also know we shall remain inconsolable and will never find a substitute. No matter what may fill the gap, even if it be filled completely, it nevertheless remains something else. It is the only way of perpetuating that love which we do not want to relinquish" (E. L. Freud, 1961).

"He implies that de-cathexis may occur, but that re-cathexis is not likely to fill the gap, that it "remains something else" as a way of not relinquishing the loved one" (Walter & McCoyd, 2009, pp. 4-5).

V. 1. 2. Erich Lindemann's Three Tasks Grief Theory

Erich Lindemann conducted some of the earliest empirical studies on the mourning process (1944). He, likewise, considered that mourning tasks must be completed, but he went beyond Freud's two tasks of de-cathexis and re-cathexis. He proposed the following tasks:

1. Emancipation from bondage to the deceased (de-cathexis)
2. Readjustment to the environment in which the deceased is missing (one step more than Freud's theory)
3. Formulation of new relationships (re-cathexis)

Through step two, he admitted that bereaved people live in a social environment and that they must adjust to an environment that no longer encompasses their loved ones. Nonetheless, he set a period of 4 to 6 weeks as the typical for completing these tasks. Because of his time limit, mourners who wished to be considered as healthy avoided grief expression after 4 to 6 weeks, and grief-work practitioners started to consider grieving that lasted much longer as pathological in certain ways (Walter & McCoyd, 2009, p. 6).

V. 1. 3. Worden's Task-Based Grief Theory

In response to some of the stage- and phase- based theories, William Worden has become well-known for his task-based grief theory and intervention paradigm. The following steps are included in Worden's model (2009, pp. 48-53):

1. To accept the reality of the loss
2. To process the pain of the grief
3. To adjust to a world without the deceased
   1. External Adjustments
   2. Internal Adjustments
   3. Spiritual Adjustments
4. To find an enduring relationship with the deceased while embarking on a new life

Worden (2009) adds the sensation of emotional ventilation, which is now known as the grief-work theory. Many people accepted Worden's and others' suggestion that emotional ventilation (crying, mourning, and anger) was necessary before being healed from a significant loss. They added that if this form of ventilation did not occur and the individual appeared to be well, the attachment to the lost one could not have been that strong. This grief-work hypothesis did not match multiple research findings (Carr et al., 2006; Stroebe & Stroebe, 1991; Wortman & Silver, 1989, 2001). Worden's tasks, on the other hand, allow for the awareness that a relationship

with the departed does continue in a modified form— a significant step forth in grief work and grief theory (Walter & McCoyd, 2009, p. 7).

Freud depathologized grief, and other task-based thinkers assisted in explaining what tasks the mourners needed to complete to heal. However, the tasks were inflexible, simplistic, and indicated that completion of each of these tasks would result in a "cookie-cutter" sort of intervention. The same criticism expressed at an inflexible and oversimplified model is frequently levelled with stage-based theories (Walter & McCoyd, 2009, p. 7).

V. 2. Classical Grief Theory: Stage-based Theories

V. 2. 1. Elisabeth Kübler-Ross Five Stages of Grief

Elisabeth Kübler-Ross was a psychiatrist who specialised in end-of-life care. She was particularly concerned with the treatment of dying patients and conducted different studies on their views toward death. Her seminal book, On Death and Dying, defined the "five stages" that dying individuals go through as they approach death, and her paradigm has had great influence over the last few decades. The debate between two persons contemplating the meaning of death is the work's primary value:

1. First Stage: Denial and Isolation
2. Second Stage: Anger
3. Third Stage: Bargaining
4. Fourth Stage: Depression
5. Fifth Stage: Acceptance

These five stages of grief, first articulated in Kubler-Ross groundbreaking book, have become part of our common understanding of mourning and are now widely regarded as a response to any significant life transition (Kubler-Ross, 1969, 2009, pp. 31-91).

V. 2. 2. John Bowlby's Stage Theory of Grief

The empirical evidence of John Bowlby (1980) who followed World War II children as they were taken from their parents in military conflict nations and cared for in safer environments, inspired a second classic stage theory. He then researched widows (and widowers) and concluded that his findings in the children's study were reinforced (Walter & McCoyd, 2009, p. 10).

Four stages of mourning

According to John Bowlby, his observations of how individuals interact to the death of a close one demonstrate that their responses often evolve through a series of stages over the period of weeks and months. To be sure, these phases are not black and white, and the bereaved person may fluctuate for some time between any two of them. However, an overarching pattern may be detected as follows (Bowlby, 1980, pp. 85-96):

1. Numbing
2. Yearning
3. Disorganisation and despair.
4. Greater or less degree of reorganisation.

V. 3. A Blend Of Stages And Task-centred Models

V. 3. 1. Rando's Phase Theory of Grief

Even though Therese Rando's original grief work was presented as a process theory rather than a stage, Rando maintained the assumption that people go through comparable phases (whether stages or processes) that are pretty universal. She refers to them as the Six "R" processes, which she claims are the result of a healthy mourning process and are a mix of the stage- (phase in her terminology) and task-centred models. Her model of phases and tasks is given below (1993, p. 45). It outlines the procedures that the bereaved must follow to heal:

Avoidance Phase

1. Recognise the loss. The bereaved must accept and comprehend the truth of the loss.

Confrontation Phase

2. React to the loss. The mourner must go through the grief of loss, communicate it, and grieve secondary losses.
3. Recollect and re-experience the deceased's life and interaction. The bereaved should genuinely analyse and recall the relationship, as well as review and recall the sentiments he or she feels as a consequence of that relationship.
4. Relinquish old bonds to the deceased to create a "new normal" with new relationships and attachments.

Accommodation Phase

5. Readjust to the new ways of life in the new world while keeping the old memories in mind.
6. Reinvest. This is the moment to engage in new relationships and activities, as well as a sign that intense grieving is over (Walter & McCoyd, 2009, pp. 11-12).

V. 4. Transition To Postmodern Grief Theory

Rando (1993) and others have been criticised by certain thinkers for the "disciplining of grief" (Foote & Frank, 1999). Foote and Frank pointed out that the focus of Kubler-Ross (1969) on psychological processes implies that less (or no) attention is paid to the reality of the physical and social changes that occur simultaneously, allowing individuals to ignore the discomfort of confronting the very real attributes of dying and death. Similarly, T. Walter (1999, 2000) has acknowledged that regulating grief may be counterproductive. He said:

"In postmodern times, both old and new maps are challenged by those who claim no maps can be made of a land that is entirely subjective and individual (Stroebe et al., 1992) ….the desire (of both mourners and their comforters) for security, for a map, for fellow travellers, for rules that must be policed, is sufficiently strong that most mourners will never be allowed to be entirely free spirits" (2000, pp. 111–112).

Postmodern grief theories are based on a social constructionist view of the world (Berger & Luckmann, 1967), which claims that humans create their perceptions of the surrounding world in a manner that they subsequently accept as self-evident and truth. Because others will create their truths in various ways, this "true-ness" is an element of the construction. This leads to the postmodern concept that there are numerous truths, each shaped by a person's social and historical environment, personal and familial experiences, and the ability for thought and insight (Walter & McCoyd, 2009, pp. 13-14).

V. 4. 1. Meaning-Making and Grief

Although Vicktor Frankl is most recognised for Man's Search for Meaning (1946/1984), and White and Epston (1990) are best known for using meaning-making and story-telling through narrative therapies, Robert Neimeyer (e.g., 2001, 2016) is arguably best known for applying these principles to grief theory and intervention.

According to Walter and McCoyd, acknowledging grief and dealing with individuals in grief therapy is a collaborative effort, not a diagnostic and therapeutic intervention. Grief therapy is a dignified endeavour and process that involves listening to and observing people's stories and losses, and then challenging them in ways that allow them to be exposed to different alternatives while still also leaving room for them to ignore those possibilities. It's critical for clinicians treating mourning individuals to understand that tales will take many different shapes, and the therapist's job is not to coerce adherence to a "genuine" or "real" one. Instead, we are to aid the client in developing his or her coherent tale while also

assisting in shedding new light on potential blind spots that may enable a storey that fits the client's growing and dynamic perspective in ever more helpful and function-promoting ways (2009, pp. 14-16).

V. 4. 2. Dual Process Theory

Built on the theories of Bowlby (1980) and the stages of disorganisation and reorganisation, Dual Process Theory is another advancement of grief theory. Although Bowlby saw these as different stages in the healing process after a loss, Stroebe and Schut (1999) saw loss orientation and restoration orientation as a continuous process. The grieving individual cycles between moments of actively feeling the sadness and focusing on the loss, and then shifting into times of restoration orientation, which differs from the organisation stages. The bereaved focus on reconstructing their new lives and participating in new relationships, hobbies, and other diversions that take them away from active grief during the restoration orientation. Notably, children and adults appear to cycle between these stages in somewhat different ways, with children tending to spend more time in restoration orientation (especially when utilising distraction) and adults lingering in loss orientation more commonly (Walter & McCoyd, 2009, p. 16).

The modification of the assumptive world is another idea implied in the Dual Process Theory. Parkes (1988) was one of the first to describe the assumptive world as a collection of assumptions (e.g., my spouse will always be there to kiss me and says good night) that accumulate into a schema that determines one's perspective of the world. Grief, according to Parkes (1988), is a psychological shift that necessitates a readjustment of the assumed world:

"For a long time, it is necessary to take care of everything we think, say, or do; nothing can be taken for granted anymore. The familiar world suddenly seems to have become unfamiliar, habits of thought and behaviour let us down, and we lose confidence in our internal world" (Parkes, 1988, p. 57).

Although Parkes indicates that this is essentially a matter of "our internal world," we argue that the assumptive world includes layers of assumptions ranging from personal to societal and that they must be comprehended in the same manner that social workers employ an ecological viewpoint (Walter & McCoyd, 2009, p. 16-17).

V. 4. 3. Continuing Bonds and Grief

When Klass and his colleagues (1996) looked at the data from their various research populations, they found that "rather than letting go, they [the bereaved] seemed to be maintaining the relationship" (1996, xviii). They challenged the misconception that the objective is to disconnect from the deceased or lost one, instead emphasising that "the bereaved stay involved and engaged to the departed, and that the bereaved actively develop an inner representation of the departed as part of the normal mourning process" (p. 16). They go on to say:

"When we discuss the nature of the resolution of grief, we are at the core of the most basic questions about what it is to be human, for the meaning of the resolution of grief is tied to the meaning of our bonds with significant people in our lives, the meaning of our membership in family and community, and the meaning we ascribe to our individual lives in the face of absolute proof of our mortality… the idea that the purpose of grief is to sever the bonds with the deceased for the survivor to be free to make new attachments and to construct a new identity … the constant message of these contributions is that the resolution of grief involves continuing bonds that survivors maintain with the deceased and that these continuing bonds can be a healthy part of the survivor's on-going life" (1996, p. 22).

Klass and his colleagues (1996) identify a key paradigm change in how grief theorists and therapists see the nature and purpose of grieving. Aside from the idea that, like meaning-making, each person's grieving will have a somewhat unique conclusion, this also bears a warning. We must remember that, just as bereaved persons were "policed" into not expressing their sorrow (or, more recently, into full expression even when it did not meet their needs), certain subgroups of grievers may not feel the need for continuing bonds, while many others will find them soothing (Walter & McCoyd, 2009, pp. 17-18).

Concluding Thoughts

Life and death are two sides of the same coin (Corr et al., 2009, P. 1). The loss of something we respect, whether it's a loved one or a personally meaningful object, maybe an unpleasant and upsetting event. Loss triggers a cascade of homeostatic systems aimed at assisting the individual in recouping the loss, or adapting to it if that is not feasible. Loss may also be considered as a stressor, which might produce pathological reactions in some conditions. The death of a loved one is a specific sort of loss that necessitates bereavement. Grief is a universal response to bereavement that begins with "acute grief," a painful but often fleeting state that progresses to "integrated grief," a less stressful but timeless form of grief (see Fig. 1). However, for certain people, in specific situations, the shift from acute grief to integrated grief does not take place. Instead of healing, the symptoms of grieving are accompanied by complicated processes, causing them to stay intense, prolonged, and distressing. A state which is known as "complicated grief" (CG) (Zisook, et al., 2014, pp. 482:1-2).

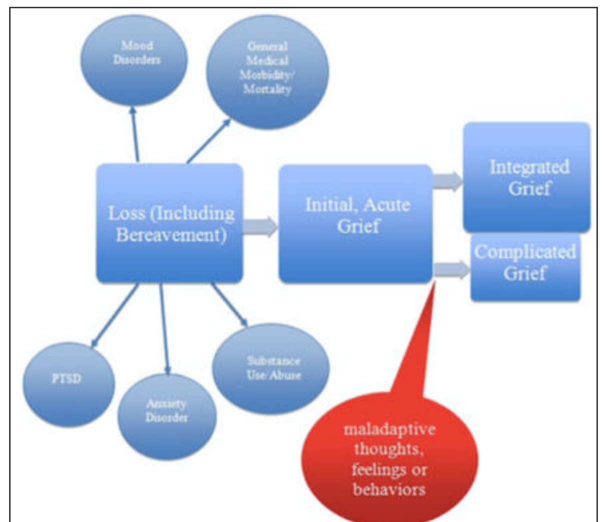

Fig.1 Loss, Grief, And Potential Adverse Consequences-Adapted From Zisook Et Al. (2014).

As Bowlby (1980) initially stated, we create close bonds with others as human beings. Separation from an attachment figure (Bowlby, 1980) is a threat to homeostasis that causes an alarm response (Selye, 1956), which is assumed to be linked to the activation of both the sympathetic and hypothalamic-pituitary-adrenal (HPA) systems (Bui, 2018, p. 86). Bereaved people experience frequent thoughts and preoccupations with the departed, feelings of yearning, yawning, and seeking for that person during the acute phase (Shear, 2015; Cited in Bui, 2018, p. 87).

Complicated grief (CG), prolonged grief disorder (PGD), and, more recently, persistent complex bereavement disorder (PCBD) have all been labelled as an inability to adjust after the first stress reaction (i.e., failure to transition from acute grief to integrated grief) (APA, 2013). While the reasons for not being able to achieve an integrated state of grief are complex,

several factors have been suggested, including challenges with emotion regulation, negative or unhelpful cognitive distortions (e.g., rumination, and counterfactual thinking), maladaptive behaviours such as avoidance, and external factors (e.g., lack of social support, financial hardship) (Shear, 2015; Zisook, 2014; Boelen et al., 2003; Shear et al., 2007; Cited in Bui, 2018, p. 88).

The death of a loved one, according to Engel (1961), is psychologically traumatic in the same way as being severely injured or burnt is medically traumatic. Grief is a departure from a condition of health and well-being, and just as healing is required in the physiological domain to restore homeostatic balance, a length of time is required in the psychological domain to restore the mourner to a comparable level of psychological equilibrium. As a result, Engel compares the process of mourning to the process of healing. As it can be with healing, a full function, or almost full function, can be restored, but there are also instances of the impaired function and insufficient healing (Worden, 2009, p.16). Therefore, at its core, grief is intended to be a healing process. The process of letting go of suffering and grieving for the lost love to reclaim our invested energy (de-cathexis) in the lost relationship and make way for change, as well as moving forward to allow re-cathexis to occur.

I (Heidari, M.) experienced Grief three times at various ages-three years, eleven years, and sixteen years old. First, I lost my father, then my brother, who took on the role of father for me, and finally my eight-year-old nephew, who was highly attached to me. In all three incidents, I experienced a sudden and unexpected loss. When I was three years old, my family members did not think of me as a person who needed to grieve, so they lied to me, "father had gone on a trip." I was experiencing the second loss when I returned home from school, and the storm surged in me. I faced the horrible news that my lovely brother had died in a car accident. The third tragedy occurred while I was away from the city for the summer vacation. When they summoned me to get back home urgently, and I faced the harsh reality. I could not believe my sweet nephew had perished in a car accident. Three losses, one after the other, pushed me into Persistent Complex Bereavement Disorder (PCBD). These unintegrated mournful grieves were causing me to behave maladaptive in various circumstances. Later on, as a psychotherapist, I saw how the uncompleted grief process trapped me. It was the time I realised how I was carrying the sorrow of unfinished grief in different incidents through clinging, crying, aggressive compulsion, and requesting support extraordinary when an incident activated my attachment system. Processing grief took quite a long journey to let the complex trauma get healed. When I was unaware of the trauma, anytime I wanted to talk about these three losses, I burst into tears extraordinary, and a tremendous sorrow occupied me all over. But now, after letting it go and moving on with the unfinished anguish, whenever there is a chance to talk about any of these incidents, I get a searing sensation of sadness for a few seconds, then I may shed a few drops of tears and take a deep breath, that is all. The sadness of loss is now the pain with which I have learnt to live in harmony. I certainly experienced that de-cathexis may occur, but re-cathexis is unlikely to fill the void completely, that is, to remain something else as a means of not to relinquish the loved one. Life has taught me that the pain of losing the loved one is a necessity that must be accepted and to live in peace with it. It implies that I transitioned from the highly complicated grief that lasted more than four decades to the integrated grief and this space became my "new normal." It is the where the loved ones live within me in a bittersweet memorial recollection contentedly. To make the long story short, I can refer to a sentence from *Kafka on the Shore* novel:

"*And once the storm is over, you won't remember how you made it through, how you managed to survive. You won't even be sure, whether the storm is really over. But one thing is certain. When you come out of the storm, you won't be the same person who walked in. That's what this storm's all about.*"

— Haruki Murakami, Kafka on the Shore, 2005, p.3

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