

Hnc social care loss and grief



Loss is something we all share and experience in life. There are different types of loss which affect our everyday lives, emotions and relationships. If our attachment is strong then we will feel stronger emotions. The complexity of our attachment will also dictate how we move through our grief. Grief has several components: physical, behavioural, emotional, mental, social and spiritual. Looking at an anticipated death for example when someone is terminally ill planning can be made well in advance of the loss happening. We may then experience anticipatory grief. This type of grief gives the bereaved an opportunity to gain closure.

The bereaved would still feel emotions of fear, anger, guilt, sadness, blame and possibly denial. It can also have physical aspects such as upset stomach and shortness of breath. The impact of loss can also have cognitive responses like forgetfulness, lack of concentration or poor sleep patterns. However anticipatory grief gives the bereaved an opportunity to come to terms with the situation gradually, being able to attempt to start dealing with life without their loved one. Also they have the chance to say goodbye, thank you and I love you which can help with the process of healing after the death.

Also with an anticipated death the person who have been diagnosed has a chance to prepare by arranging the funeral, having last requests and ensuring loose ends are tied so there is no problems with the will or assets after their death. All these things will have an effect on the bereaved loved ones and make the impacts of loss less harrowing once they have gone. In an unexpected death for example a heart attack, the impacts of the loss are

intensified because there is no opportunity to prepare for the loss, say good bye.

This type of loss can produce intense grief which would trigger emotions of shock, anger, guilt, sudden depression, despair and hopelessness. This could then begin erratic behaviour fearing for the worst and/or suffering from nightmares. The suddenness of the death could also mean the deceased has left unfinished business with the will which family members need to handle and this can put a further strain on already fragile relationships. Sudden deaths can cause a loved one to question their whole belief system as they try to come to terms with their loss.

Two examples of a type of loss not associated with grief could be: A loss of employment could affect an individual because they then have a reduction in income and possibly not afford to keep payments on the mortgage therefore losing the family home. The financial strain could also mean less money is being spent on basic needs such as food, affecting the individual's physical well being. Emotionally the individual could suffer from a low self esteem, lack of confidence and a depreciating value of self worth. It could also lead to high levels of anxiety wondering when another job will come up.

Additionally this could lead to stress and cause problems within close family relationships. These effects could be magnified if it is the main bread winner in the family who has lost their job. A second loss which is not associated with grief could be loss of an individual's independence. I am familiar with a case where a boy who had been living freely at home was then moved into residential care. The impact of this loss on the said individual was feelings of

confusion, anger and fear. He developed behavioural issues and problems sleeping due to the stress of the change.

He felt trapped and unable to make basic decisions. It was only through lots of discussion and encouragement that trust was able to be developed. This individual was also going through emotions of abandonment and loneliness. I can relate John Bowlby (1986) theory in the above example of lost independence. Bowlby describes loss in three phases Protest, Disorganisation and Restructuring. The first phase Protest is made of emotions such as sadness, shock and disbelief. Appetite and sleep can also be disturbed at this stage according to Bowlby. In the incidence I spoke of the boy displayed these emotions.

During the second stage disorganisation signs of despair, depression and withdrawal become apparent. In the incidence above the boy had stopped being social and was finding it difficult to sustain relationships with people in his life he was portraying social isolation. This took him onto Bowlby's third stage restructuring where new levels of attachment are being formed and new interests, The boy developed trust and new relationships with his carers and starts to function in his new life. I am going to use Dr E Kubler Ross (1969) five stage model in relation to anticipated death.

Dr Ross does state not everyone who experiences a life threatening or a life changing event goes through all five stages. Reactions to illness, death or losses are unique to such individual, The five stages in the Kubler-Ross Model is Denial, Anger, Bargaining, Depression and Acceptance. Denial, when an individual maybe says things are going to be all right and pretend they are

ok with the news of finding out they have a terminal illness. This then swiftly moves onto anger and could wonder why them? Why now at this time? Bargaining, searching for some type of hope.

Then comes depression, wanting to stay away from loves ones and not discussing the illness realising the certainty of death. Which leads on to acceptance ready to face decisions and discuss, plan the death or ready to fight it and work towards recovery if possible? It is important to remember that these five stages may not necessarily be completed in chronological order nor may an individual go through all five stages. In relation to an unexpected death I have looked at Colin Murray Parkes (1996). Murray Parkes believes people have phases to go through in order to end the grieving process.

He states the four phases are Numbness, Searching and Pinning, Depression and Recovery. During the numbness stage the bereaved carries on as normal in denial this way keeping themselves away from the pain and the grief of mourning, especially if the death is sudden and/or traumatic. Murray Parkes states these factors can affect a person's grief response thus being the detriments of grief. This stage could last a long time as the bereaved may not be ready to adjust or move on. The last theorist I am going to use is Maslow hierarchy of needs 1943 in relation to loss of employment.

Maslow's hierarchy of needs is often portrayed in the shape of a pyramid, with the largest and most fundamental levels of needs at the bottom and the need for self actualisation at the top. Maslow theory suggests an individual's basic needs must be met before they have the desire or ability to meet the

rest. If an individual has lost their job it could lead to the loss of basic needs such as food or shelter due to no income. This also affects your security and well being, leading to relationships in the family suffering and low self esteem. References

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