

Bereavement

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1. Core Definition

Bereavement refers to the objective state of having experienced a loss, particularly through death. It is the period following the death of a significant person, such as a family member, partner, or close friend. This state is a universal human experience, transcending cultural and socioeconomic boundaries, and is a completely normal phase of life that initiates a complex psychological, social, and physiological process known as grief. While often used interchangeably, it is crucial to distinguish bereavement (the state of loss) from grief (the internal, emotional response to loss) and mourning (the external, culturally-influenced expression of grief).

The experience of bereavement is not merely an emotional reaction but encompasses a holistic impact on an individual's life. It fundamentally alters the survivor's world, requiring adaptation to a new reality without the deceased. This period involves not only processing the emotional void left by the absence of the loved one but also adjusting to changes in roles, routines, social networks, and often, one's sense of identity. The duration and intensity of bereavement vary widely, influenced by the nature of the relationship, the circumstances of the death, and the bereaved individual's coping resources and support systems.

Historically, societies have developed various rituals and cultural practices to support individuals through the period of bereavement, recognizing its profound impact. These practices, collectively known as mourning, serve to acknowledge the loss, provide social validation for the bereaved's distress, and facilitate the reintegration of the individual back into social life, albeit in an altered capacity. The modern understanding of bereavement has evolved to include sophisticated psychological models that aim to explain the multifaceted nature of this profound human experience.

2. Etymology and Historical Development

The term "bereavement" originates from the Old English word "bereafian," meaning "to deprive of," "to seize," or "to rob." This etymological root powerfully conveys the sense of having something precious forcibly taken away, highlighting the involuntary and often traumatic nature of loss through death. The concept has been recognized throughout human history, with ancient civilizations establishing intricate customs and beliefs surrounding death and the treatment of the bereaved. These practices often reflected beliefs about the afterlife, the spiritual significance of death, and the social hierarchy of the deceased and their survivors.

In the Western world, the understanding of bereavement underwent significant shifts. Prior to the 20th century, death was often a more public and integrated part of life, with home deaths common and community involvement in mourning rituals widespread. The industrial revolution and advancements in medicine gradually led to a more institutionalized approach to death, often occurring in hospitals, thus somewhat isolating the bereaved from the immediate dying process. This shift, coupled with cultural trends towards stoicism and a deemphasis on public displays of grief, contributed to a period where grief was sometimes considered a private burden to be overcome quickly.

The mid-20th century marked a pivotal moment in the academic study of bereavement. Key figures like Erich Lindemann's work on acute grief following the Coconut Grove fire (1944) and John Bowlby's development of attachment theory (1969-1980) laid foundational psychological understandings. Lindemann described common grief reactions and the necessity of "grief work," while Bowlby's theory emphasized the innate human need for attachment and the distress that results from its severance. Later, Elisabeth Kübler-Ross's work on death and dying (1969) popularized the concept of "stages" of grief, profoundly influencing public and professional perceptions of the bereavement process, despite subsequent academic critiques regarding their linearity. These contributions established bereavement as a legitimate field of study, moving it from purely a social or religious phenomenon to a subject of psychological and sociological inquiry.

3. Key Characteristics

Bereavement often consists of a complex interplay of emotional, cognitive, physical, behavioral, and spiritual manifestations. As the source content highlights, common emotional responses include **sadness**, profound sorrow, and a sense of emotional numbness, which can serve as a protective mechanism against overwhelming pain. Crying is a frequent and natural expression of distress, often accompanied by feelings of guilt, regret, anxiety, and sometimes even relief, depending on the circumstances of the death and the relationship with the deceased. Anger, directed at oneself, the deceased, others, or even a higher power, is also a common and normal part of the grieving process.

Cognitively, individuals experiencing bereavement may struggle with concentration and memory, often feeling preoccupied with thoughts of the deceased or the circumstances surrounding the death. They may experience a sense of disbelief, constantly replaying memories or seeking to understand "why." Illusions or a sense of the deceased's presence can also occur, particularly in the initial stages. Physically, common symptoms include **sleep problems** (insomnia or excessive sleeping), changes in appetite, fatigue, general aches and pains, and heightened sensitivity to noise or other stimuli. These somatic complaints are a direct reflection of the significant stress the body undergoes during this period.

Behaviorally, bereaved individuals might exhibit social withdrawal, a decreased interest in previously enjoyed activities, or restlessness. Some may engage in self-destructive behaviors, while others may become highly organized or driven as a coping mechanism. Spiritually, bereavement can lead to questioning one's faith, purpose, or the meaning of life, particularly if the death challenges core beliefs. It can also, conversely, deepen spiritual convictions or lead to a search for new meaning. As emphasized in the provided content, there is **no one proper way to grieve**, and everyone experiences bereavement in a different way, reflecting the highly individual nature of this human response.

While the source mentions that "many individuals experience the Kubler-Ross Model when experiencing grief and bereavement," it is important to note that this model (denial, anger, bargaining, depression, acceptance) is often misunderstood as a linear progression. Contemporary grief theories, such as the Dual Process Model (Stroebe & Schut), propose a more oscillating pattern between loss-oriented coping (focusing on the loss itself) and restoration-oriented coping (adjusting to life without the deceased and managing secondary stressors). This model better accounts for the fluctuating nature of grief, where individuals move back and forth between confronting the pain of loss and engaging in activities that help rebuild their lives. Other models, like Worden's Tasks of Mourning, suggest active tasks the bereaved must accomplish rather than passive stages they pass through.

4. Significance and Impact

The significance of bereavement lies in its profound and often long-lasting impact on an individual's psychological, social, and physical well-being. Psychologically, unresolved or complicated bereavement can lead to long-term mental health challenges, including chronic depression, anxiety disorders, post-traumatic stress disorder (PTSD) if the death was sudden or traumatic, and substance abuse. It can significantly impair cognitive functioning, affecting decision-making, work performance, and academic achievement. The emotional toll can be immense, leading to a diminished quality of life and persistent feelings of emptiness or despair.

Socially, bereavement often disrupts established relationships and social networks. The bereaved may withdraw from social interactions, or friends and family may feel uncomfortable or unsure how to provide support, leading to feelings of isolation. Roles within families and communities may shift dramatically, requiring complex readjustments. For instance, a surviving spouse may face financial challenges, single parenthood, or the loss of their primary confidant. The community impact of widespread bereavement, such as after a natural disaster or pandemic, can be immense, affecting collective mental health and social cohesion.

Physically, the stress of bereavement can manifest in various ways, including a weakened immune system, increased susceptibility to illness, cardiovascular problems, and exacerbation of existing

chronic conditions. Studies have shown a higher mortality rate among recently bereaved individuals, particularly spouses, a phenomenon sometimes referred to as the "widowhood effect." This highlights the critical need for comprehensive support systems that address the holistic needs of the bereaved, not just their emotional state.

Beyond individual suffering, understanding bereavement is crucial for public health, social policy, and the development of effective therapeutic interventions. Recognition of bereavement's impact has led to the implementation of bereavement leave policies in workplaces, the establishment of grief counseling services, and educational programs aimed at normalizing grief and equipping individuals with coping strategies. Furthermore, research into bereavement continually refines our understanding of resilience, meaning-making in loss, and the factors that facilitate healthy adaptation versus those that contribute to complicated grief.

5. Debates and Criticisms

One of the central debates in the field of bereavement revolves around the concept of "**complicated grief**" or "prolonged grief disorder." While the vast majority of individuals eventually adapt to loss, a subset experiences persistent, debilitating grief symptoms that interfere with daily functioning for an extended period. The inclusion of Prolonged Grief Disorder (PGD) in the DSM-5-TR (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision) and the ICD-11 (International Classification of Diseases, 11th Edition) has sparked significant discussion. Critics argue that pathologizing grief risks medicalizing a natural human experience, potentially leading to over-diagnosis and unnecessary pharmaceutical interventions. Proponents emphasize the importance of identifying and treating severe, chronic grief that significantly impairs life, ensuring that those who truly suffer receive appropriate support.

Another area of debate concerns the universality versus cultural specificity of grief. While the experience of loss is universal, the expression and meaning attributed to it are deeply embedded in cultural, religious, and social contexts. What is considered "normal" grieving behavior in one culture might be seen as inappropriate or absent in another. This diversity challenges universal models of grief and underscores the importance of culturally sensitive approaches in bereavement support and counseling. Understanding these nuances prevents misinterpretations of grieving behaviors and ensures that interventions are tailored to the individual's cultural background and belief system.

The utility and potential harm of "stage models" of grief, such as the Kubler-Ross model mentioned in the source, have also been widely debated. While popular and comforting for many, these models are often criticized for implying a linear progression through distinct stages, which does not accurately reflect the messy, oscillating, and highly individualized reality of grief. Critics argue that such models can create unrealistic expectations for the bereaved, leading them to feel they are

grieving "incorrectly" if their experience does not align with the prescribed stages. More contemporary models emphasize the dynamic, non-linear nature of grief and focus on tasks, processes, or ongoing bonds with the deceased, offering a more flexible framework for understanding the bereavement journey.

Finally, there is an ongoing discussion about the concept of "grief work" - the idea that the bereaved must actively confront their loss, express their emotions, and detach from the deceased to achieve resolution. While some level of processing is undoubtedly beneficial, extreme interpretations of this concept can place undue pressure on individuals, particularly those who prefer more avoidant coping styles or maintain continuing bonds with the deceased. Modern perspectives increasingly acknowledge that grief does not necessarily involve severing ties but often means finding new ways to relate to the memory of the loved one, integrating their presence into one's ongoing life, and finding meaning in the experience of loss without necessarily achieving a definitive "closure."

Further Reading

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