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THE GRIEVING PROCESS AFTER CHILD LOSS FROM THE PERSPECTIVE OF THE CONTINUING BONDS THEORY: A SYSTEMATIC CASE STUDY

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continuing bonds theory
stages of grief
systematic case study

Summary

The authors present the grief of a mother after the loss of her child. This case study is an illustration of the research problem of the mourning process from the perspective of the continuing bonds theory and the ability to mentalize. According to the theory, the bond with the deceased is initially manifested by a strong need for physical closeness, stress associated with separation and a psychological protest that evolves over time into despair. In the situation of a proper mourning process, the people who experience the loss move on to the reorganization phase, consisting in the establishment of a psychological bond. Therefore, the aim of the research analysis was to determine which topics related to the description of death and experiencing grief refer to physical, specific ways of coping (characteristic of the first stages of mourning), and which refer to mental states indicating the reorganization of the experience of loss. This case study is part of a larger project investigating parents after their child's death.

Introduction

Grief after the loss of a child

The aim of the paper is to provide the reader with an understanding of the conceptualization of mourning from the perspective of the continuing bonds theory and to illustrate the problem with an example from research. The death of a child is an experience leading to the most disorganized mourning process in comparison with responses to the death of other loved ones [1,2]. Mourning can continue to the end of the parent's life [3,4]; it also carries a risk of disturbing the emotional development of other children in the family [5]. For this reason, experiencing grief after the death of a child, especially when the process is impeded or blocked, requires particular attention of researchers and clinicians.

Strong stress associated with the loss results in the activation of regulation strategies characteristic of the attachment system [6–8] and the system affects equally the child and the parent [9]. This is true, among other things, for the urge to maintain or re-establish physical proximity at times of separation [10, 11].

The mourning process from the perspective of attachment theory

Bowlby and other researchers of the continuing bonds theory [6, 9, 12–14] believe that a parent's response to their child's death is similar to a child's response when separated from the attachment figure. The parent's separation stress reaches a level comparable to that of the child, leading to the activation of mechanisms of affect regulation. The type of regulation mechanism depends on the dominant pattern of attachment. Mary Ainsworth differentiated four patterns of attachment: trusting (secure) attachment, dismissive (anxious-avoidant) attachment, preoccupied (anxious-ambivalent) attachment, and disorganized attachment (with an unresolved trauma) [8]. Secure attachment is characterized by the ability to think about the emotions associated with the loss. The dismissive attachment style is associated with deactivation of the attachment system and avoidance of experiencing sadness and grief, defensive withdrawal, and renunciation of attachment behaviours [6, 15, 16]. Increased anxiety and avoidant behaviours also involve a higher risk of pathological grief and the occurrence of prolonged depressive symptoms after the death of a loved one [17]. A preoccupied (ambivalent) type of attachment combines excessive preoccupation with loss and the inability to find comfort. An overly dependent relationship with an attachment figure in adult life, characteristic of the anxious-preoccupied attachment style, leads to the persistence of 'psychological alarm', expressed as recurrent thoughts (rumination) about the deceased, avoidance of everything associated with the loss [18], and denial of its finality [19]. The disorganized style linked to unresolved trauma results in the lack of a consistent regulation strategy and the inability to work through the loss.

Continuing bonds theory in the mourning process

The continuing bonds theory builds on the concepts of John Bowlby as well as reflects the practice of maintaining ties with the deceased observed across many cultures, which is a natural way of adapting to the loss [20]. Its central premise is the belief that a constructive transformation of the bond rather than its termination is an adequate response to the death of a loved one [9, 21]. From the perspective of the theory in question, blocking the grieving process is connected with the inability to transform the existing bond with the deceased [6, 22]. This may take the form of persistent or even increasing behaviour aimed at maintaining physical proximity to him or her [9].

The first period following the loss is described as the **protest phase** [6] and is characterized by intense yearning, protest against separation and the desire to re-establish physical proximity [23, 24]. The individual does not fully recognize the irrevocability of the loss, which is manifested, among other things, in the desire (compulsion) to visit places frequented by the lost person, using his or her possessions, seeing his or her face in a crowd, and mistaking ambient sounds for the voice of the deceased or their footsteps [9, 23, 25]. Strategies of this kind bring temporary relief or regulate emotions in the short term, but become psychologically disorganizing when employed continually for months or even years, because repeated attempts at re-establishing physical proximity cannot be ultimately effective [26]. As a result, these strategies may reactivate the tendency to avoid anything that reminds the bereaved of the deceased, leading to intermittent intrusions of memories and avoidant behaviours [27]. A decline in the behaviours described above within several months of the loved one's death indicates a gradual acknowledgement of the finality of the loss [28].

In the **despair phase,** the mourner experiences deep sadness and withdrawal, which is related to the gradual recognition of the irrevocability of the loss [9]. Repeated failure to attain the goal of re-establishing physical proximity leads to the feeling of helplessness [29]. The pain of the loss is reflected in the occurrence or even escalation of behaviours aimed at continuing the physical bond notwithstanding the sense of the deceased's permanent absence.

The final stage, referred to as the **reorganization phase,** provides an opportunity for transforming the desire to be reunited with the deceased into a psychological bond [9]. Some behaviours related to the continuation of the bond, such as retaining the deceased's possessions, are regarded in this phase as using transitional objects allowing to experience partial connection to the deceased while helping to experience his or her psychological or spiritual presence [9, 30]. The deceased becomes an object of identification, begins to form an important part of the mourner's autobiography and is regarded as a key factor in retaining family and cultural heritage [9, 20].

Research indicates the coexistence of strategies for continuing bonds and strategies of separation from the lost object. Mothers who have miscarried or had an abortion report both strategies for continuing the bond (talking to the child, naming the child, retaining certain possessions, e.g. the nightgown they have worn in hospital) and strategies of separation from the child (disowning the child and forgetting its existence) [13]. Differences have also been noted in the methods of maintaining the connection to the dead child between parents who experience grief in a disorganized way (increased depressiveness, recurrent thoughts about the child's death) and those who are coping better with the loss. In the internalization phase, the former do not internalize the positive qualities of their child [12]. This means

that they are unable to identify with it or to experience positive feelings when they reminisce about their child.

Apart from the ability to regulate emotions through the internalization of the attachment figure, the reorganization phase also enables a better understanding of one's behaviour and attitudes during the earlier stages of grief. This possibility is associated, among other things, with the ability to experience the world, oneself and relations with others in terms of mental states, i.e. the capacity for mentalization [31].

Mentalization

Mentalization is defined as the ability to understand the behaviour of oneself and others in terms of underlying mental states, i.e. feelings, thoughts, and desires [31]. Mentalizing makes it possible to interpret and regulate one's emotional experiences [32]. On the one hand, mentalization serves as a mechanism of emotional regulation; on the other hand, the effectiveness of this mechanism depends on the level of stress experienced. Intense emotions reduce the capacity for conscious and controlled reflection and activate fast and automatic processing of information. The relationships between excitation and the ability to maintain a reflective attitude are mediated by the attachment style. Securely attached people maintain their ability to reflect for a longer time and regain it more quickly than individuals with an anxious or disorganized pattern of attachment [33]. These regularities are particularly important in the context of the death of a loved one, which is one of the most difficult emotional experiences and strongly activates the attachment system [6, 34].

The purpose of the account of a mother's experiences after her child's death presented in this paper is to relate mourning to the description of her ability to mentalize. A systematic case study was adopted as research method [35, 36]. This approach is used in projects addressing specific research questions, both in quantitative and qualitative analyses of data. Its key element is the cooperation of the research team, where the results are discussed together.

Methods

Aim of the study

The study was exploratory in nature. Its main research question was: How is the capacity for mentalization related to experiencing grief and the ability to give an account of the experiences of loss over time? The main aim of the research analysis was to determine which topics related to the description of death and experiencing grief refer to physical, specific ways of coping (characteristic of the first stages of mourning), and which refer to mental states (characteristic of the later stages of mourning associated

with acceptance and reorganization of the experience). The second objective was to assess to what extent the subject's retrospective account of experiencing her child's death and the mourning period is coherent and to what extent she is aware of the changes that have taken place during the three years following the child's death. This case study is part of a larger project investigating parents after their child's death.

The subject

The case of Ms A. was selected because of her ability to describe her experiences in a free, comprehensive, and spontaneous way, which provided better access to her personal narrative. The subject herself developed and introduced new themes related to her grief after her daughter's death due to a genetic defect at ten months old, four years prior to the study. At the time of the study, the respondent was over 30 years old and had a half-year-old son. She held a university degree, was employed, and had a good relationship with her partner both at the time of the study as well as in the period preceding the child's death and during mourning. Both before the study and afterwards, the subject attended a support group run by a children's hospice.

Research instruments

1.   Interview about experiencing the child's illness and death

For the purposes of the research project, an interview consisting of ten questions was constructed, five of which concerned the child's death and the subject's subsequent experiences. (How do you remember the time around your child's death? Can you describe what was happening at that time? What happened after the funeral, what were the next days/weeks/months like? Can you describe your behaviour/experiences/thoughts related to your deceased child? How did they evolve over time? Which moments after your child's death were the most difficult? What was helpful to you then?).

2.   Adult Attachment Interview

The assessment of the mentalizing capacity consists in analyzing the narrative obtained through the Adult Attachment Interview (AAI)[37][1]. AAI is semi-structured and contains questions which concern the interviewee's relational experiences with their childhood caregivers, their impact on his or her development, and the evaluation of these relationships from an adult perspective.

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[1] Polish version of the interview by Karolina Dejko-Wańczyk and Bernadetta Janusz.

Methods of analysis

Thematic analysis

A thematic analysis was applied to the interview about the experience of the child's illness and death in order to identify central, recurrent themes in the subject's discourse [38]. In this study, an essentialist approach was used because the aim of the study was to obtain a description of a retrospectively experienced reality of grief. One should bear in mind, however, that it is impossible not to construct meaning altogether in conversation, in the very process of interviewing [39, 40].

In the thematic analysis, a theme is defined as a common thread that captures and illustrates important (in relation to the research question) content in the data. In the present case, a theoretical, deductive method of data analysis was used [40]. In the initial phase of coding, a semantic approach was utilized, i.e. categories were named on the basis of the explicit meaning of the statements. At the stage of grouping the categories into main themes, the analysis was performed through the assignment of meaning to the emergent patterns of speech [41].

The following stages of data analysis were implemented: 1. generating initial codes (categories), primarily on the basis of the semantic meaning of the subject's statements. 2. grouping the codes according to their meaning – at this stage, the theoretical aspect of coding was incorporated. 3. grouping the codes into main themes which are relevant from the perspective of the research question. 4. ensuring that the codes contained in the themes are internally coherent, rearranging the codes and determining the themes that will constitute the final stage of the analysis.

To ensure reliable coding, the first two authors of the paper carried out the first three stages of data analysis. The fourth step consisting in the organization of the categories into an internally coherent pattern and final definition of themes was completed by the first and the third author of the article.

Reflective Functioning Scale

In order to assess the capacity for mentalization, the narrative obtained through the Adult Attachment Interview is analyzed using the Reflective Functioning Scale (RFS) [43]. RFS measures four criteria to assess the reflective ability: (a) awareness of the nature of mental states; (b) explicit attempts to understand the mental states underlying the behaviour; (c) recognition of developmental and systemic aspects; (d) recognition of mental states arising during the interview and in relation to the interviewer. They are assessed on an 11-point scale, from 1 (antireflective attitude) to 9 (exceptionally high reflective function). The average mentalizing capacity in healthy individuals (those not diagnosed with mental disorders or personality disorders) is 5 [42].

Experimental procedure

After the establishment of contact, presentation of the aim of the study and receipt of the subject's written consent, a semi-structured interview about the experience of the child's illness and death was conducted. It began with an open-ended question, "Please tell me about your deceased child," followed by questions about the mourning process. Upon completion of this part of the study, another interview was conducted according to the Adult Attachment Interview protocol. The two interviews were recorded and subsequently transcribed for analysis. The subject gave her written consent to the use of the data for scientific purposes.

Results

Capacity for mentalization

The participant's mentalization score was RF=5. This means that she had the ability to assign meaning to her experiences, thoughts, and feelings, and had a consistent model of her experiences. However, her ability did not include the more complex aspects of interpersonal relations, such as internal conflicts and ambivalence. She was able to recognize the developmental perspective and the consequent changes in the way of experiencing relations with her loved ones. The analysis showed that the subject had a more complex picture of her relationship with her children than with her parents (attachment figures) in childhood. The highest scoring items concerned the subject's relationship with the deceased child and experiencing grief as well as reactions to separation from her children. For both aspects, her reflective functioning was rated at RF=7 (very high level). The level of mentalization about the relationships with attachment figures was rated at RF=4-6 (average to high ability to mentalize).

Results of the thematic analysis

As a result of the thematic analysis, the following main themes were identified: awareness of ongoing changes and transformations (12); experiencing the child's physical presence in specific places (11); detailed description of the circumstances of the death (10); responses to the social environment (7); reflection on experiences at the moment of death (6); description of emotional states and ways of coping (5). Four of the main themes are directly related to the research questions of the analysis presented here and will, therefore, be defined and presented in detail below.

Detailed Description of the Circumstances of Death (10): This theme is made up of categories characterized by a very detailed description of what happened. The codes included here contain references to specific behaviours and statements which describe the sequence of events in detail. Such

statements were strongly emotionally charged. They were not subject to commentary or reflection. *"And it was taking her* [the nurse] *forever to get here, I don't know, it must have been 7 p.m. And it was really taking forever… In the meantime, I called my husband and told him to hurry up from work. And so my husband returned and we went to the bedroom, we were sitting, lying with her* [the daughter] *on our bed. Finally, the nurse arrived. When my husband went downstairs to open the door and bring all that equipment, I left the room and he, M., did too, I left the room for a moment to open the door here upstairs, 'cause it was jammed or something. It was seconds. And when I came back to her, I saw that she just wasn't breathing anymore, that's the first thing. Another thing was that she had very glassy eyes, and, I don't know, I was just sure that she was running out of breath, you know? And that nurse did nothing, I mean she wasn't able to, she just didn't do anything.*

Experiencing the Child's Physical Presence in Specific Places (11): This theme was made up of categories containing descriptions of specific places (home, the grave) and objects (photographs) which evoke the child's presence or give a sense of being with her. A strong urge to stay in those places and handle these objects is being manifested particularly in the first months after the death (the subject makes references to specific points in time.) Leaving a place (e.g. a long absence from home) or being unable to handle the objects generates stress because the place is associated with the child's presence. *At home she's with us most. All the time, in fact. I don't think so much about it nowadays, but there were months, I don't know how long it went on, if it was months or years, but I simply kept talking to her; I can feel her more here than at the cemetery. And at the cemetery, it's also, I mean, it's so palpable. Because there's a picture there, just like here, you know?*

Reflection on Experiences at the Moment of Death (6): This theme is comprised of categories containing retrospective descriptions of experiences and needs, taking into account the experiential complexity (conscious decisions, automatic responses). The categories include references to the changes in the subject's own mental states at that time, situate the experiences in the context of her other life experiences. *It's one of the hardest things, one of the moments to which… One of the most difficult moments of the whole story to which I return. And it all happened so quickly then. Yes, it went very fast. That was the moment I keep reproaching myself for, that if I'd had the knowledge that I have now… Well, of course, I wouldn't have been calm, but it would have happened a bit more slowly. I would have taken more time to say goodbye to her.*

Experiencing Contact with the Child at Times of Stress (8): This theme is made up of categories containing descriptions of behaviour (talking to the child) and experiences (feeling comforted by dreams of the child) focused on feeling its presence and assigning meaning to the event. Experiencing

contact with the child is associated with relief, solace, awareness of one's state and the need for change. *I'd come home. I'd say, mommy's home now, and, I don't know, that we'll make dinner now. It was the same in the store, I kept talking to her, I'd say, we'll get the cabbage now. Because that's how I would talk to her as we sat together for those ten months. Cause you talk to kids all the time, right? I just never stopped talking to her. On a trip to the mountains, crying again, I pushed the pram with a friend's daughter who was just a baby then. I was pushing this pram on and on and on. I was thinking, God, why is it like this, that I'm pushing this pram with someone else's child in it, for fuck's sake. And then at the top of the mountain, right in the middle, there's a young roe, just standing and staring. It kept staring at us. I just walked by it. I did. It stood there, I don't know, maybe 50 centimetres away from me and the pram. It just followed us with its eyes. And afterwards, I saw the roe a few more times. And of course, I stopped crying then, because that was probably the point, that I should let it go. R: For you it was a sign, right? Yes, it was a sign for me that my daughter is here again and she shows herself to me and tells me to get a grip.*

Awareness of Changes and Transformations (12). The last theme contains a description of successive behaviours and different states experienced by the subject and her awareness of the ongoing changes in her grieving process (e.g. fading away of the memories of the sensual experiences associated with the child, reduced intensity of pain and anger.) *Yes, because at one point I just stopped, I mean, sure, I felt her here at home 'cause I thought about her all the time. But, well, I didn't have dreams about her, you know? I would just like to... Of course, time also makes you stop seeing her with your mind's eye, you're unable to remember, to recreate her face, her features, her smell... But this was still the time when we didn't quite feel that she was really gone and she wouldn't be back. That it wasn't holidays, that she hadn't gone away somewhere and would be back soon. Only that she's not coming back and that's it.*

Overview of the results

The research analysis indicates that the mother, characterized by a good general capacity for mentalization (RF=5), can address her relationship with the deceased child and her mental experiences. It should be emphasized, however, that certain aspects of the investigated experience remained at the level of a specific reconstruction of events. This is particularly the case with the circumstances of the child's death – **Detailed Description of the Circumstances of Death.** Similarly, the description of experiences in **Experiencing the Child's Physical Presence in Specific Places** was very detailed and precise. The subject usually situated those experiences in the first months after the child's death, specifying their dates and timeframes.

A different kind of theme was the **Description of Contact with the Child at Times of Stress,** where less attention was paid to specific locations and the contact with the child was more in the form of conversation, dreams, or seeing its presence when communing with nature. In this case, the subject was able to see the impact of those experiences on her short- and long-term emotional reactions. Similarly, the theme **Awareness of Changes and Transformations** indicates that the respondent was able to give a retrospective account of the events and her emotional states. Large portions of her narrative were characterized by continuity, i.e. provided a sequential description of events and mental states that resulted from each other.

In summary, the interviewed mother, characterized by a good general capacity for mentalization, was able to give a coherent account of the experiences related to her child's death, which occurred in the first three years after the death. She identified the need to keep in touch with the places and objects associated with her daughter. She also described the sense of relief and transformation through the changing forms of contact with her daughter. Finally, her narrative situated her changing behaviours and mental states in time and gave some of the reasons for the changes taking place in her.

Discussion

The retrospective description of a mother's grief after the death of her child captures to some extent the process of transforming the behaviour associated with continuation of the bond [9]. The memories of the moment of death and the first weeks after the death are clearly dominated by the need to maintain the physical bond. Of particular interest is the description of the respondent's experience of her meetings with the roe, which may be understood as an experience of contact with a transitional object [30], having the quality of a physical encounter and serving to regulate emotions, but also facilitating a gradual change of the mother's attitude to separation from the child and to her life.

The ability to transform a physical bond with the deceased child into a psychological one appears to depend, among other things, on one's capacity for mentalization, which, in turn, is conditional on the readiness to work through and express one's experiences and a more effective emotional regulation [31]. The regulatory aspect of mentalization is particularly important in situations of increased stress [33], among which the death of a loved one may be considered a special instance [43].

It must also be noted that certain experiences related to the death of a child are so intense and painful that mentalizing about them is extremely difficult or even impossible. In this study, such an experience was the moment of death; the account of it was permeated by detailed sequences of events and images, which were reconstructed as though they remained unaltered. This indicates that they

constituted a trauma [43-45], which is an experience that exceeds the power of emotional regulation. Losing the first child may also be associated with particularly difficult experiences – guilt over not being able to save the child or loss of the newly acquired identity as a mother. An experience of this kind may further impair regulatory skills. This also applies to individuals whose ability to cope with emotions is based on mature and effective mechanisms, which include a well-developed capacity for mentalization.

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