ПСИХОЛОГІЯ ОСОБИСТОСТІ

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LOSS PROCESSES IN THE CONCEPTS OF DEPTH PSYCHOLOGY

У статті представлено теоретичне дослідження проблеми горя як багатовимірного процесу, що розкриває переживання індивіда в разі втрати значущих об'єктів, таких як близькі, здоров'я або соціальний статус. Для теоретичного розгляду автор пропонує розглянути класичні та сучасні моделі горя в рамках структурного підходу, який визначає горе у п'яти послідовних стадіях (емоційних реакціях на втрату): шок, заперечення, гнів, торг, депресія та прийняття. Увагу зосереджено на ключових завданнях переживання горя, серед яких усвідомлення втрати, інтеграція емоційного досвіду, адаптація до змін та відновлення життєвих перспектив. Проаналізовано фактори, що впливають на інтенсивність і тривалість процесу, включаючи індивідуальні особливості, соціальну підтримку і характер втрати. Визначено відмінності між нормативним та ускладненим горем, які потребують різних підходів до психологічної підтримки. Особливу увагу приділено ролі соціальних зв'язків та підтримки у зменшенні емоційного тягаря горювання. Підкреслюється важливість професійної психологічної допомоги у випадках ускладненого перебігу горювання. Обґрунтовано необхідність інтеграції досвіду втрати в життєву історію людини як ключового етапу подолання наслідків горя. Запропоновано рекомендації щодо оптимізації психологічної підтримки осіб, які пережили втрату. Зроблено висновок про важливість індивідуального підходу до підтримки з урахуванням особливостей емоційного реагування та життєвих обставин.

Подано короткий огляд зарубіжних теорій горя. Розглянуто феномен горя як природну реакцію на втрату. Точка зору Т. Комар є синтезом реляційних теорій у широкому розумінні, а також базується на теорії прив'язаності, сучасних дослідженнях втрати близької людини та теорії розвитку особистості. Особливу увагу приділено психологічним особливостям нормального та затяжного горя.

Ключові слова: горе, реакція на втрату, горювання, прихильність, стадії горювання, неперервність життя.

The article presents a theoretical study of the problem of grieving as a multidimensional process that reveals the experiences of an individual in the event of loss of significant objects, such as loved ones, health or social status. For theoretical consideration, the author proposes to consider classical and modern models of grief, within the framework of a structural approach that defines grief in five successive stages (emotional reactions to loss): shock, denial, anger, bargaining, depression and acceptance. Attention is focused on the key tasks of grieving, including awareness of loss, integration of emotional experience, adaptation to changes and restoration of life prospects. The factors that influence the intensity and duration of the process, including individual characteristics, social support and the nature of the loss, are analysed. The differences between normative and complicated grieving, which require different approaches to psychological support, are identified. Particular attention is paid to the role of social ties and support in reducing the emotional burden of grieving. The importance of professional psychological assistance in

cases of complicated grieving is emphasised. The necessity of integrating the experience of loss into the life history of a person as a key stage in overcoming the consequences of grief is substantiated. Recommendations for optimising psychological support for bereaved persons are proposed. It is concluded that an individual approach to support is important, considering the specifics of emotional response and life circumstances.

A brief overview of foreign grief theories is provided. The phenomenon of grief as a natural reaction to loss is considered. T. Komar's point of view is a synthesis of relational theories in a broad sense, and is also based on attachment theory, modern research on the loss of a loved one, and personality development theory. The article pays special attention to the psychological features of normal and prolonged grief.

Key words: grief, reaction to loss, grieving, attachment, stages of grieving, continuity of life.

Relevance of the topic. It is known that one of the most difficult challenges for a person is the experience of grief and loss. They are stressful for individuals regardless of social, gender, or age status. In addition, the problem of experiencing loss is poorly discussed in modern society.

At a meeting of the UN Security Council, it was announced that 10,233 civilians have been killed and 19,289 injured since the beginning of Russia's full-scale invasion of Ukraine. More than 100 Ukrainian civilians have been killed in Russian captivity, including one child.

The number of refugees from Ukraine reaches 6.3 million worldwide, and the number of killed and missing military personnel is not specified. Thus, the problem of loss and grief is quite relevant.

The purpose of this article is to theoretically understand the phenomenon of experiencing loss in depth psychology, to consider the psychological characteristics of grieving as a natural reaction to loss.

Theoretical foundations of grieving. Experiencing is interpreted by scientists of depth psychology as "a special internal activity, internal work, with the help of which a person manages to endure certain (usually difficult) life events and states, to restore the lost mental balance, in short, to cope with a critical situation" [1, p. 12]. Grief is a difficult experience of the loss of values that are important to a person: health, close people, certain relationships, and other vital meanings [1, p. 25]. Depending on the depth of the experience, grief manifests itself in mental (emotional pain) and physical suffering (cramps, attacks of shortness of breath), decreased vitality, insomnia, depressed mood, apathy towards the world, and a decrease in vital and social needs. In addition, loss is interpreted as a breakdown of connection with an important person, animal, place, thing, idea, etc. Loss is followed by grief.

Bereavement syndrome (sometimes referred to as "acute grief") is a strong emotion experienced as a result of the loss of a loved one. The loss can be temporary (separation) or permanent (death), real or imagined, physical or psychological. Types of loss: betrayal, guilt, loss of a loved one, impact on health, loss of property, etc.

The grieving process can include great sadness and despair, feelings of hopelessness, pain and suffering. However, the source of this pain is in the good that has happened and that is carried into the future with the help of that longing and memories (Bugge, Eriksen).

Grieving is a process by which a person works with the pain of loss, regaining a sense of balance and fullness of life. Although sadness is the predominant emotion in bereavement, it is also accompanied by emotions of fear, anger, guilt and shame[3, p. 12].

Normal grieving is a natural, yet extremely painful, experience as a response to the death of a significant attachment figure. Since our primary relationships with a small circle of family and friends are our primary emotional and physical regulators, the loss of our primary "safe base" can lead to disorganisation and alienation. Eating, sleeping, concentration and mood may be affected.

However, humans are naturally resilient. Our minds and bodies include mechanisms to cope successfully with difficulties. For most people, it is possible to achieve a 'new norm'. For 10-20 percent of people, this natural resilience is disrupted, which impedes healing, leading to complicated grieving (prolonged grieving) that requires comprehensive treatment.

The goal of grieving is adaptation. In order for adaptation to take place, the following tasks need to be addressed: Acknowledge the loss as being real. Belief and denial often occur at the same time. Understanding how the death occurred is also an important part of accepting the reality of the loss [1;2].

Gradually feel the pain of the loss while remaining connected to life and others. There is a twofold process - loss orientation and recovery orientation. Loss orientation is a person's focus in grief on feelings towards the lost loved one - intense longing, memories, "unfinished things", regret, etc. Recovery orientation is a focus on the secondary changes and growth that occur as a result of the loss - small steps towards resuming activities, expanding relationships and taking care of oneself (sleep, exercise, time in

nature, nutrition, mind-body techniques, including mindfulness). Some avoidance/distraction from feelings may be adaptive. Excessive avoidance of facing the loss can lead to complicated (prolonged) grieving [5].

Transform and continue the relationship with the deceased. The relationship changes from a physical presence to a more internalised presence, memory and personal guide [3].

Rebuild, modify, expand your sense of yourself and your identity - ask yourself "Who am I now?" as you face potential new roles, status and responsibilities. Does your current support system meet your changed needs [9].

Finding meaning and trust in life and other people. Death can challenge fundamental life values, expectations and philosophical/existential beliefs. This task is often associated with a reassessment of the sense of your purpose in the world, as well as with a rethinking of your goals and priorities [9].

Researchers identify the following types of grief [1; 2]:

Anticipatory (preemptive)grieving is the fear of losing a loved one during a battle or attack on civilians.

Delayed grieving - citizens focus on the family's survival; multiple losses accumulate. Combat veterans cannot show strong emotions during combat.

Uncertain grieving - occurs when the death leaves unanswered questions, such as missing persons.

Complicated grieving (prolonged grieving disorder) - intense acute grieving becomes chronic with widespread painful symptoms and dysfunction. The prevalence is usually 10-15% outside of war.

Normal grieving. Grieving is an innate response to the loss of a significant attachment - shock, suffering, anxiety, anger, longing, guilt, and despair.

Because relationships are psychobiological regulators, loss causes disturbances in biological, cognitive, and mental systems.

Slowed down viewing of relationships. Acute, persistent, painful feelings become emotional waves triggered by sharp reminders.

Although grieving is a deeply personal experience, it requires the ongoing involvement of others and witnesses.

There are a number of theories explaining why people experience such strong emotions after a bereavement. The first area of research within the psychology of loss concerns the loss of a loved one. The psychodynamic model developed by Freud and his followers is one of the most influential in explaining the effects of bereavement.

The psychodynamic model developed on the basis of the works of Freud and his followers is one of the most influential in explaining the effects of bereavement. According to this model, the first and most important relationships are formed in the early years of life, when attachment to caregivers, most often parents, is formed. Later, a person spends their emotional and physical energy trying to find someone else who can understand them, give them what they lacked in childhood, and establish close relationships. Therefore, when someone close to them dies, the person feels deprived. Emotionally, he feels that a part of him has been "cut off".

The Freudian model of mourning. Freud's own thinking about grieving went through a complex internal development that led to an expansion of sensitivity in relationships.

Starting with his foundational work "The Grief and Melancholy" (1917), he focused (in accordance with his theory of drives) on the grand task of grieving as a "detachment" (decathexis) of libidinous energy from the lost loved object and the transfer of this ultimate energy to a new object of love [7, p. 249, c. 250]. The mourner is persuaded to "break his attachment to the object that has ceased to exist" [7, p. 255]. This early (1917) model of bereavement became the dominant one for his followers in formulating appropriate grieving behavior. At the same time, Freud also argued that "people never voluntarily abandon a libidinous position, even when a substitute is already beckoning to them" [7, p. 244]. He wisely recognised that the process of letting go is painfully slow. Moreover, in his work On Transience (1916), Freud openly referred to mourning as a "great mystery". He acknowledged that he could not explain "from the point of view of the drive economy" why the process of mourning was so extremely painful [7, p. 306]. Freud also argued that when mourning goes wrong, a pathological process of melancholy occurs. He brilliantly created the concept of identification to partially explain the melancholic's frantic self-recrimination and inability to invest in a new love. Freud (1917) explains this process in figurative language: "The shadow of the object has fallen on the ego, so that the latter can henceforth be criticised... as an abandoned object" [7, p. 249]. He was also acutely aware that in melancholy, the attitude towards a lost lover is deeply marked by a conflict of intense ambivalence. In the absence of the object, the self becomes a target for accusations that should be directed at the other. In essence, relational rage is now realised unconsciously through the

identification of the patient's mind and body on the battlefield. Freud also recognised, in a sense, the psychic relationship between the mourner and the lost object, as the latter is of great importance to the mourner, "a value enhanced by a thousand connections" [7, p. 256]. Moreover, he defined identification as a consequence and compensation for the loss of the object: "By escaping into the ego, love is saved from extinction" [7, p. 255]. Thus, the "I" of the mourner changes through identification. The object is abandoned, but the love for the object is preserved, thus ensuring continuity. The external object connection is transformed into an internal identification. In other words, if I cannot have my loved one, I will become more like my loved one.

The linear theory of grieving according to E. Kubler-Ross is quite common: denial, anger, bargaining, depression, acceptance. These stages can be passed in any order or selectively. Most people have experienced these stages of grief at one time or another. People do not necessarily go through all the stages, their order can change and depend on the individual characteristics of the person, his or her social environment, and these stages can be repeated, or a person can get 'stuck' in one of them [7].

The model of dual practice of overcoming the lost. According to this model, grief is a gradual dual process. The model separates two processes in grieving.

1 Loss orientation: focusing on the painful aspects of the loss.

2 Recovery orientation: focusing on restorative feelings and self-care behaviours.

The recovery phase demonstrates more proactive, positive coping behaviours - more social interaction, listening to music again, etc. Slowly, wounds begin to heal and integrate. The lost person is remembered; the death no longer makes one incapacitated.

For most people, grief never ends; it can return in some form in each new life context [2].

The theoretical framework is based on the work of Robert Stolorow. Stolorow (2007) describes in phenomenological terms several potential effects of intolerable traumatic emotional experiences. One of them he calls "the loss of the absolutisms of everyday life" [4]. People say that their view of the world has changed forever after a traumatic event that cannot be processed. Stolorow describes this as "the destruction of one's own empirical world". One can also describe an aspect of this destruction as the loss of healthy negation or absolutism [4].

According to Stolorow, a person who has experienced a traumatic, unbearable affect as a result of a horrific event usually no longer perceives the world in a 'normal' way. The person does not just believe or suspect that the world remains dangerous but feels it to be dangerous. He or she feels, for example, that in our world people die in their sleep or that families are murdered. From this perspective, all other people seem to go on with their lives, just as the traumatised person did before the trauma. But instead, the illusions of a safe and everyday existence for the traumatised person are shattered. "Normal people" who continue to go about their daily lives seem unable to understand what the traumatised person is forced to acknowledge: that life is fragile and can end at any time. There seems to be a huge gap between the traumatised person's loss of absolutism and the 'normal' perspective [4, p. 4].

This feeling among those who have been traumatised does not give them an advantage, as if the sadistic saying "what doesn't kill you only makes you stronger" were true. People do not feel stronger because of such traumatic experiences. Instead, the perceived loss of security creates a sense of separation and isolation, "alienation and loneliness" [4, p. 14].

In addition, traumatic experience affects the sense of time. Trauma disrupts a person's sense of time, Stallow calls it a "loss of temporality". Time circulates back to the traumatic event [4].

This sense of time loss combines a feeling of alienation from others and a sense that the 'normal' in their safe worlds of experience with a coherent past, present and future will never be able to understand the detached, dissociated state in which the traumatised person lives.

Phenomenology of trauma in the grief reaction. Typical symptoms of grief (normal): Sleep disturbance. Anorexia - sudden weight loss or gain. Irritability. Difficulty concentrating. Loss of interest in news, work, friends, church, etc.Depression. Apathy and alienation; loneliness. Crying. Self-criticism. Suicidal thoughts. Somatic symptoms. Feeling tired. Use of medications (sleeping pills or sedatives). Hallucinations, identification with the deceased or a sense of their presence [3].

Atypical symptoms (pathological): Prolonged grief (several years). Delayed reaction to the death of a loved one (no expression of suffering for 2 or more weeks). Severe depression, accompanied by insomnia, tension, bitter reproaches and the need for self-criticism. The emergence of psychosomatic diseases, such as ulcerative colitis, rheumatic arthritis, and asthma.

Hypochondria: the development of symptoms that the deceased suffered from. Hyperactivity: a person begins to develop a frenetic activity without feeling the pain of loss. Vivid hostility directed against

specific people, often accompanied by threats, but only in words. Behavior inadequate to normal social and economic existence. There may be a complete change in lifestyle. Persistent lack of initiative, immobility. Weakly expressed emotions; inability to feel emotionally. Abrupt transitions from suffering to self-satisfaction in short periods of time. Suicidal plans may be hatched. Changes in attitudes towards friends and relatives; irritability, unwillingness to bother, withdrawal from social activity; progressive loneliness [3].

Therapy of complicated grief and trauma: the therapist's task [10].

Be patient with the extent to which the patient may feel that therapy is useless: 'You can't bring my wife back!'

Explore the patient's feelings about the dead, alienated self.

First, deal with the trauma through self-regulation, i.e. breathing, grounding practices with the client (G. Logan); consider EMDR.

Psychoeducation about grief and trauma - to normalise. Discuss fight/flight/freeze, numbness, dissociation as a defence, loss of feeling/thinking.

If there is a lot of loss, follow the client. You can focus on the less traumatic loss first.

The main goals of psychological therapy: To change the stagnant ('unhealthy') grieving process into a healing ('healthy') process by working on 3 tasks:

The first task is to face (not to resist) the reality of the loss, the consequences of the loss and the pain associated with it.

The second task is to maintain confidence in yourself, other people, life and the future. The third task is to participate in useful activities that help to adapt to new situations.

Conclusions. The analysis of the main works on the topic of grief allowed us to expand the range of knowledge and, accordingly, the conceptual apparatus regarding the phenomenon of grief. Grief is a universal experience of all people, a reaction to the loss of a significant object, part of identity or expected future, including heartache, sadness, anger, helplessness, guilt and despair. It has been determined that grief is extremely important for a person's psychological adaptation. It allows a person to come to terms with the loss and adapt to it. A number of theoretical models describing the grief process are considered (theories of Eric Lindemann, Elizabeth Kubler-Ross, Vamik Volkan, John Bowlby, Colin Parkes, George Pollock, etc.) and give an idea of the phases of the grieving process, the difference between acute and chronic stages of grief, forms of complicated grief, typical grief symptoms and pathological symptoms, and certain complexes of grief symptoms, which is important for counsellors working with people in grief. The age variability of the perception of death in children and adolescents is determined. The peculiarities of psychological counselling and psychotherapy of bereavement, including in accordance with the stages of grief, are considered.

References.

1. Voitovych M.V. Psykholohichni osoblyvosti horiuvannia.Aktualni problemy psykholohii. Tom V. Vypusk 19. 2020. S. 10-20

2. Vlasenko A., Vinnyk Perezhyvannia vtrat: spetsyfika, konflikt, transtendentsiia, podolannia. Teoriia i praktyka suchasnoi psykholohii . 2019 r., № 3, T. 1.S.33-37.

3. Sussillo, M. (2005) Beyond the grave—adolescent parental loss: "Letting go" and "holding on". 2005, *Psychoanalytic Dialogues,*15(4): 499-527.

4.Stolorow, R. D. (2007). Trauma and human existence: Autobiographical,psychoanalytic, and philosophical reflections. New York: Analytic Press.

5. Stroebe, M. & Schut. The dual process model of coping with bereavement: a decade on. *Omega*. 2010; 61(4): 273-89.

6.Weinburger, A. and Possick, C. (2024). Parenting following the death of a child in war or terror attack: Hyper-Enfranchised loss". Journal of Loss and Trauma. 2/12/2024,1-22. Open Access: Full PDF published online by using Google with the paper title,

7. Freud, S. (Mourning and melancholia. Standard Edition,14:237–258. London: Hogarth (1917). Press, 1957

8. Эlyzabet Kiubler-Ross. O smerty y umyranyy [Эlektronnыi resurs] - M., Sofyia. – 2001. – Rezhym dostupa k resursu http://www.ereading.club/bookreader.php/94233/Kyubler-Ross__O_smerti_i_umiranii.html

9. Neimeyer, R. Widowhood, grief, and the quest for meaning: A narrative perspective on resilience. In: Carr, Nesse, and Wortman, 2006, *Spousal Bereavement in Life.* NY: Springer. PDF Free Access.

10. Rothschild, B. (2003). *The body remembers: The psychophysiology of trauma and trauma treatment.* New York, NY: Norton.

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