

# Research Review of the Bereaved Parent's Mental Status after Losing Their Only Child

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## Abstract

Since the one-child policy started to be implemented in 1970s, China's population growth rate has decreased rapidly and a great number of one-child families have appeared consequentially. In the meanwhile, the population of China's Bereaved Parents who lost their only child has reached to 10 million, they faced huge mental and economic problems, and some of the parent have stick into the sadness and can hardly overcome it.

**Keywords:** Bereavement; Grief; Trauma

## Background

The current psychological researches about the bereaved parents mainly focus on grief assessment; their meaning construction of bereavement, the mental development after, grief counselling and its effects, this article tries to review existing related literature and researches.

As for the research methods, questionnaire forms have been adopted to assess the parents' grief, such as Texas Revised Inventory of Grief (TRIG), The Grief Experience Questionnaire (GEQ), Bereavement Phenomenology Questionnaire (BPQ), Hogan Grief Reaction Checklist (HGRC), the Inventory of Complicated Grief (ICG) and so on.

## Current Scenario

In the researches on meaning construction of bereavement, Riches and Dawson agreed with that bereavement would increase the survived family member's anxiety, acute or chronic sorrow was quite normal, and, furthermore, what they need was to understand rather than "therapy" [1]. The research showed that fathers were more likely to return to work and participated in some "distractive activation" after the bereavement, because fathers were supposed to be strong and supportive. Mothers experienced more severe bereavement and more difficulty in adjusting to child's death. Mothers had higher score in somatic symptoms, fathers, on the other hand, have comparatively less

sadness but more blame attitude, both of the parents expressed more anger and aggressive behaviours after the bereavement. What's more, mothers tended to think they were allowed to be "open" to express their sadness; as a result, they were more inclined to emerge themselves in the bereavement and neglecting other aspects of life.

Lichtenthal et al. pointed out that the bereaved parent's meaning construction has mainly reflected in the spiritual and religious aspects [2]. In the aspect of meaning seeking, they shared the perspective that the bereavement made them more sympathetic towards others' suffering and motivated them to help people in need. There were some connections among meaning construction, meaning seeking and sadness symptoms. Comparing to the bereaved parents who could not adjust themselves to the bereavement and failed to find any positive meaning from it, the ones able to seek and construct the meanings would experience less sadness, they were also easier to recover from deep sorrow.

In the aspect of bereaved parent's mental development, Rogers interviewed 10 bereaved mothers to understand bereaved parents' sadness experience and their coping mechanism, and found that the parents who lost their child experienced more sadness and reacted more fiercely than other bereaved one, their reaction to the bereavement included denial, untypical reaction, desperation, somatic symptoms and death anxiety, etc. [3]. They also tended to experience excessive irritation and self-blame. The parent coped bereavement with relatives and friends' support, group support, psychological counselling and religious beliefs.

Zisook and Shear's research manifested that the strength and duration of sadness could influenced by many factors in which included personality, attachment style, gene, spiritual or cultural identification, support, resource and the type of bereavement [4]. They found that sadness was not a status but a process, the process was based on bereavement and waved forward continuously. They were not only facing the sadness of separation from the dead, but also facing the necessity of finding a new and meaning way to keep the connection with the dead. Pro-longed complicated grief reaction will turn into chronic and continuous without timely and effective

intervention, and, in that case, may have serious consequential effects on the bereaved parents.

Hasui and Kitamura have found that the interviewed parents who lost their infant behaved more aggressive, however, in many cases, their aggression and impulsive behaviours could be integrated constructively [5]. The bereaved parents swinging from crash and integration, their aggression and guilt should not be considered as an obstacle in therapy but a motivation to promote integration because aggression and guilt are part of the adjusting process.

As for grief counselling and its effect assessment, Jordan and Neimeyer found that grief counselling's effect was not obvious, they assumed that maybe most people sinking into the grief do not need counselling or the counselling methods applied in researches were not effective enough, the third possible reason might be the research design and methods were problematic which could not reveal the effectiveness of the counselling [6]. They also considered that formal interventions were not in need all the time. Although most unfinished grieves could be self-healed in nature, it was proved that part of the grieved experiences could be worse rather than better in the second or third year after the lost. They pointed that the best time to intervene the bereavement process was 6 to 18 months after the bereavement.

Gallagher et al. have assessed their interviewee's grief counselling in voluntary institution and summarized that most interviewees participating in the experiment gave a relative high evaluation to the counselling and experiences after it. Different assessment methods and interviewee's character may explain why the consequence was not consistent with the former viewpoints [7].

Raphael and Nunn put forward some questions existing in the grief counselling which included developing a relationship with the bereaved one and their families, exploring the bereavement, reviewing the bereaved relationship and offering support, then, they made the conclusion that empathy, concerned attitude, to some extent, is more important than the counselling itself [8].

Current researches in China mainly focused on assessing bereaved parent in demographic or social perspective, researchers tried to evaluate the effect of China's One-Child policy, exploring how to take care of the bereaved parent when they are older and how to support them by implementing policies. Hong and Xiaowen [9] have put forward a new perspective to grief researches Attachment Theory Perspective, in which they assumed that ones' attachment style formed in

childhood should affect them how to manage the grief, to make the matter more detailed, it means the one who had developed a safe attachment style in childhood would treat grief more positively, the one who developed an avoidant attachment style, on the contrary, would deny to face the bereavement, the anxiety attachment style, on the other side, might be inclined to have more negative response given this situation. In addition, they also thought there was some overlapping in the field of trauma and grief from the perspective of trauma researches. Yang and Shan have proposed some grief mentoring strategies in their researches, which included attitude to grief, dealing grievous emotion with empty chair technique and role play, etc. [10].

The bereaved parent may lock themselves in their own world and refuse to connect any others, their social function maybe retrogrades consequently, and they might need psychological favour to dredge sadness. But, in China, very few researches focus on bereaved parents' mental development, grief counselling and its effect assessment.

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