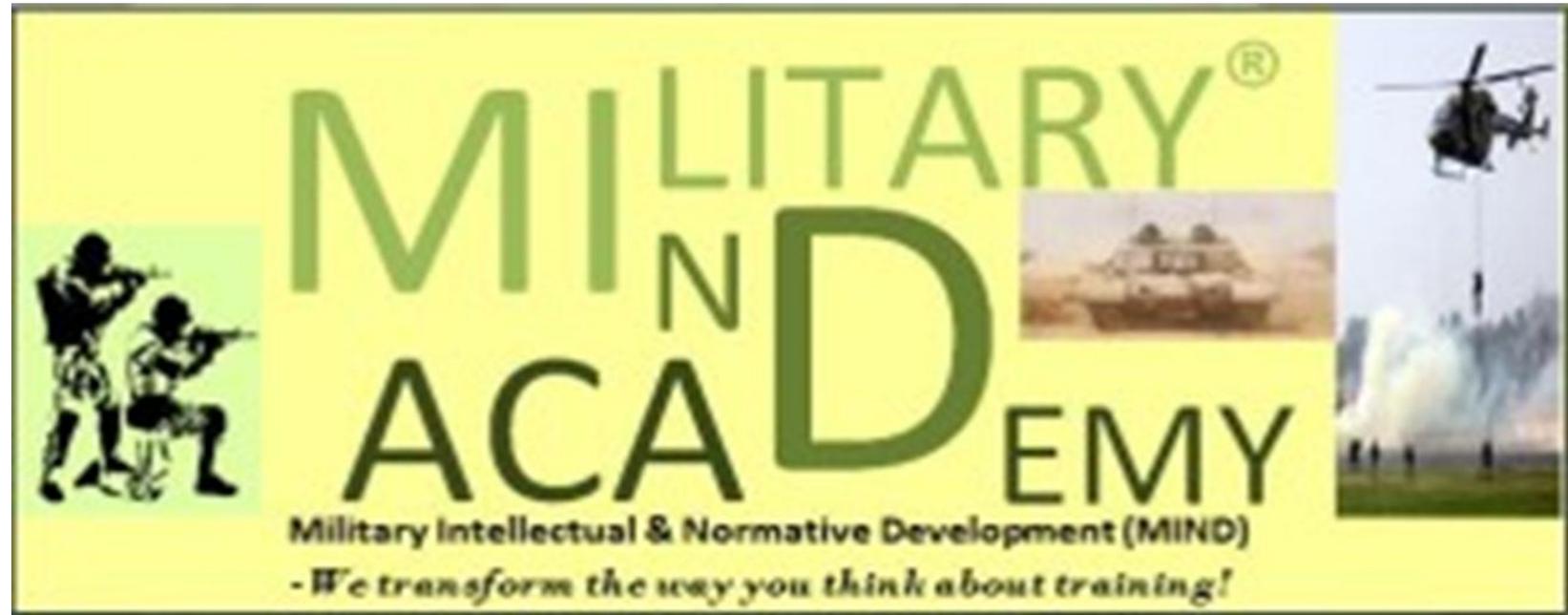


# Impact of Grief Resolution on Soldier Resilience: Indian Case Studies

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THE ULTIMATE WEAPON IS A HIGHLY TRAINED MIND!

# Review of literature

Most research on combat veterans to date has focused on pathological reaction to stress and trauma, with posttraumatic stress disorder (PTSD) at the forefront (Rawat & Wadkar,2007)

PTSD can occur after exposure to an extreme traumatic stressor involving direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; or **witnessing an event that involves death, injury, or a threat to physical integrity of another person**; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate. (American Psychiatric Association,1994)

- Research indicates that there are **identifiable characteristics of individuals who cope well in the face of grief resolution**. These individuals seek out social support and talk about areas of difficulty, utilize rationalization as a defence mechanism, and engage in active problem solving (Yi, Smith, & Vitaliano, 2005).
- Resilient soldiers believe that they can grow from both positive and negative experiences; they exhibit positive emotions such as gratitude and interest, laugh, and have a sense of control over events, as well as tendency toward an overly positive view of themselves (Rawat & Wadkar, 2007)

# Research

The research involved detailed study of two combat veterans as respective entities, through

- Observation
- Interaction
- Semi structured interviews
- Self reports

# Definitions

- **Loss** is experienced when something or someone that one is attached to, is removed or taken away
- Any event that involves change is a LOSS
- Loss and the resulting bereavement is a natural and integral part of life.
- **Bereavement** – is the total experience of the reaction & response to the loss of a close relationship – this involves :
  - **Grief** – the emotional & physical pain of the loss
  - **Reaction** – emotional pain of the grief, gradually reacting cognitively and behaviorally as new identity is formed and life is rebuilt
  - **Adaptation** – letting go what is lost; compromising; gradually adjusting and accepting new life
  - [ Note: this is a cyclical process ]

# Definitions (Contd.)

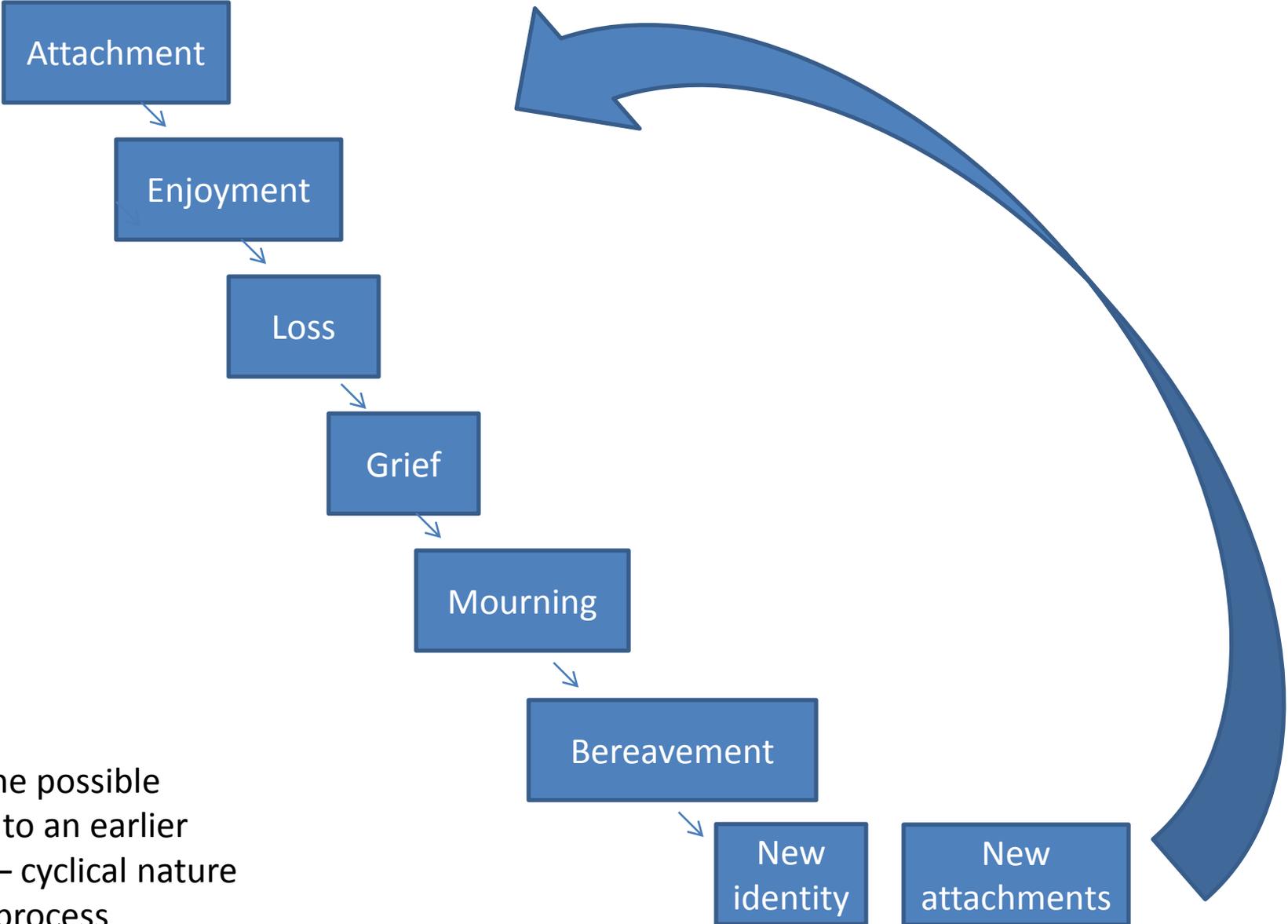
- **Grief** is defined as a natural emotional reaction to a loss that a person experiences in life. It is a process...
- **Resolution** is achieved when grief is handled appropriately through mourning.
  - **Mourning** - the period spent grieving for the loss
- **Resilience** – An ability to bounce back in face of adversity

# DEFINITION – Anticipatory Grief

- Anticipatory grief (AG) is the process for any loss that is anticipated in the future
- Losses can be better handled/satisfactorily resolved if
  - time was spent understanding what has already changed and
  - anticipating what is going to be lost;
  - what the potential effects of the loss are; and
  - what might do to prepare for it.

EFFECTIVE RESOLUTION Entails ACTIVE INVOLVEMENT!

# Natural cycle of life includes 'loss' and 'grieving'



With the possible  
revert to an earlier  
phase – cyclical nature  
of the process

# Characteristics of Acute grief

Lindemann (1944)

- Somatic distress
- Preoccupation with thoughts of the deceased
- Guilt towards deceased/event
- Hostile reactions
- Loss of function
- Tendency to assume traits of the deceased in one's own behaviour
- Tendency to assume responsibility and wishes of the deceased

# Stages of Grief

## Kubler-Ross(1969)

- Denial
- Anger
- Bargaining
- Depression
- Acceptance

The focus of handling grief is on co-facilitation of a process and accurate interpretation of the soldier experience through diagnosis, and prescribing an action plan with the client perspective leading the way forward.

# The tasks of Grieving

Worden (1991)

1. Accept the reality of loss
2. Work through pain of grief
3. Adjust to an environment in which deceased is not there
4. Emotionally re-locate deceased and move on with life

Counseling is a facilitative process

Grief counseling promotes movement through the 4 tasks

Grief therapy – addresses areas of conflict/complication that hinders a normal processing of the 4 tasks

# The Processes of Mourning

Rando Six 'R' Processes of Mourning (1993)

- **Avoidance phase** – **RECOGNIZE** the loss cognitively
  - Acknowledge the loss
  - meaningfully understand the situation
- **Confrontation phase** – **REACT** to the separation caused
  - fully experience pain,
  - find appropriate expression for full range of emotions
  - Identify and grieve secondary symbolic losses that emerge

# The Processes of Mourning (slide2)

## Rando Six 'R' Processes of Mourning (1993)

- **RECOLLECT** and re-experience the deceased and the relationship, through reviewing and remembering
- **RELINQUISH** and release the old attachments to the deceased and the old world
- **Accommodation phase** –
  - **READJUSTING** to a new world without forgetting the old
  - **REINVESTING** in a meaningful life

# Categories of Loss

## Humphrey & Zimpfer (1996)

- Relationship loss
  - **Death of a significant other** , divorce, illness, institutionalization, abandonment, rejection, moving away, separation
- Loss of some sense of Self
  - Losing an integral part of our self that we invested, an identity or belonging to some group, a role we played, due to abuse, illness, physical changes, disappointments, professional life changes, **impairment**
- Treasured objects
  - Significance is intangible, usually occurs in the loss of a home, family heirlooms, prized possessions
- Developmental losses
  - Natural part of letting go of a physical/educational/social phase of development – like maturing, ageing, retirement, etc

Emphasis on the need to assess secondary and symbolic loss – losses that develop as a consequence of the main loss event

# Perspectives on Loss

Humphrey & Zimpfer (1996)

- Philosophical
  - Meaning of life is questioned
  - Core issues of their existence & mortality

Theorist Ernest Becker (1973):

Man can live fully and authentically, when he faces this ultimate reality that “every loss involves change and letting go that needs to be processed”.

- Spiritual
  - Emotional anchor to God is taken away
  - Promise of the Afterlife offers hope
  - Religion can create guilt and fear – punishment from God

# Perspectives on Loss (slide2)

Humphrey & Zimpfer (1996)

- Spiritual (contd.)
  - Can make people see themselves as ‘bad’, and other forms of judgments can take place
  - Fatalism (India) – Karma, Soul learning, etc
  - Reincarnation
  - Those that do not believe in God may feel a sense of meaninglessness to life & might even adopt a new found belief in God

Philosophical perspectives bring existential questions to the surface and Spiritual perspectives provide an answer, direction, solace and even an opportunity for immortality

# Perspectives on Loss (slide3)

Humphrey & Zimpfer (1996)

- Psychological
  - Loss of a sense of self
  - Loss or compromise of meaningful roles

Factors that contribute are personality, coping styles, present stressors, mental health, attitudes, knowledge

Since relationships are not created in a linear fashion – all that has gone into it has to be reviewed, reversed, grieved and let go.

- Emotional components that make it valuable or painful must also be reviewed

# Perspectives on Loss (slide3)

Humphrey & Zimpfer (1996)

- Sociological
  - HOW one grieves or even fails to grieve is influenced by their social environment and the norms of their community
  - encompasses the impact of one's culture on the bereaved - belief systems, religion, rituals
  - The family system – joint or nuclear or single parent
  - The gender of the bereaved, family of origin, ethnicity impacts the social impact
  - Multicultural setting of society and mixed influences, taboos, support systems all play a role

# Perspectives on Loss (slide3)

Humphrey & Zimpfer (1996)

- **Physical**

- All aspects of biology, psychology, , general functioning of the bereaved

Loss and its resolution are integral aspects of homoeostatic balance

- Similar to healing after a physical illness
- Not a pathological condition, but a natural function that **requires time and attention**, with a distinct focus on different emotional tasks

# Benefit of using Perspectives in the process of handling grief & AG

- These perspectives can be used effectively to understand the LOSS history of a soldier
- Gives information on the areas that need to be explored, reviewed & resolved so as to heal and be complete
- Helps the counseling psychologist to assist the bereaved or the person handling grief using a Client-centered approach

# Causes of unresolved grief

- Ambivalence is the root cause of not resolving grief (Freud)
- Clients resist the pain of grief and bereavement process (Lindemann)
  - The continued denial / avoidance leads to distorted manifestations of grief and potential problems in resolution

(Contd)

# Causes of unresolved grief

**Indications other than denial of handling the grief period are:**

- Over-activity without a sense of loss
- Acquisition of the symptoms of the deceased/development of some medical disease
- Severe alterations in relationships with family & friends
- Abnormal hostility towards certain persons
- Self-destructive behavior

# Causes of unresolved grief

- Loss of a significant other can predispose a soldier to problems of handling loss as the normal process for resolution and searching for new meaning has been hastened or negated.
  - The soldier may keep the search alive & this part may evolve into a split personality with an agenda of its own, impairing overall growth
- How one has experienced early relationships also influences bereavement
  - Cognitive biases impact how they form relationships with significant others
  - Unhealthy and unfulfilling early attachments influence the loss experience

# Causes of unresolved grief

- 5 factors regarding failure to grieve  
Worden (1991)
  - Relational (ambivalent or narcissistic relationships)
  - Circumstantial (uncertainties regarding death/multiple losses)
  - Historical (past complicated issues such as early losses)
  - Personality (how one copes, how well one is integrated)
  - Social (socially unacceptable death, lack of support systems)

# GRIEF RESOLUTION

# Rationale of the study

- Soldiers must be trained in eliciting precise response to crisis situations involving personal loss to help other survivors in team and prevent further loss.
- Their responses must display camaraderie and infuse bonding and cohesion in the team, permit appropriate response to grief and loss, reduce risks, increase personal hardiness and resilience as well as identify those at risk beyond 'normal response to abnormal events'

# Objectives of study

Attempts to study how soldier react in a crisis involving grief and suggest optimal interventions before, during and after grief in combat. With focus on those characteristics that make the soldier come out stronger.

# Method or Research Design?

The study is not defined by a specific methodology , but by the object of study (Grieving combat veterans ) as a specific , unique way to understand PTG and identify pattern of healing that helped soldier to work through their grief and gradually form a different identity and provided opportunity for self restoration and readaptation to a new life.

# Method

**Case history method, Grief Counseling & Therapy (as needed), Simulations in real environments or induced environments**

1. Identify the target population
2. Set up meetings
3. Record their stories
4. Enhance the story through structured questionnaires to elicit the History of Loss... take them through the motions of handling grief
5. Create a list of impending losses (loss of life /limb,/team member , mental strength, morality, religious sentiments, faith in God, etc)
6. Facilitate the soldier through the tasks of grieving for the impending set of losses
7. Test their response through a form of stimulation or real experience
8. Re-test steps 4 to 7...
9. Review whether problem has a satisfactory resolution or there is need to re-define and/or re-research the problem!

# Case studies

- Case study 1
- Case study 2

# Case study 1

- Capt. RD is a 24 serving combat veteran with 3 years of military service
- He lost his arm two years after he got commissioned when his patrolling party was ambushed by Afghani mercenaries along the line of control in Jammu and Kashmir.
- Belongs to a middle class family and has two unmarried sister and a mother
- Highest stress score, Least religiosity score.

- Held himself responsible for death of his colleagues
- He found that he had to shoulder responsibilities of his mother and sisters
- Felt disturbed due to physical disability and lost faith in god.
- Feels astonished by bouts of angry moods and often goes into shell
- He could not overcome the grief stemming from loss of soldiers
- Developed an aversion to loud noise.

# Case study 2

- Capt. AB is a 26 year old serving combat veteran with four years of military service.
- He is wheel- chair bound ever since he suffered injuries during enemy shelling on line of control in Siachien glacier.
- The officer could not be medically evacuated from the post after 23 days of injury as inclement weather and snowstorms prevented casualty evacuation at air maintained post.
- He was operated and both of his legs amputated from knees.
- Belongs to agricultural family from Punjab
- During training he represented IMA Dehradun and Services in shooting at national shooting championship, where he was awarded gold medal as best shooter.

- Before combat experience not religious at all
- After experiencing combat in glaciated war zone, he reported that his perception changed considerably
- Reported that although the injury sustained in military operations did change and impact his life tremendously, it also made him realize the immense support and backing of the organisation which made him feel worthy and wanted.
- The officer reported that the army furnished adequate facilities, stimulation, guidance, and encouragement which opened new windows of opportunities and allowed him to invest the requisite drive and determination.

- According to him, it is a peculiar imperative responsibility of every soldier who has incurred a disability in combat to explore the reaches of one's potentiality: his purpose is not to convince himself as to what he cannot do but to discover how many things he can do and which of these he enjoys most.
- Being fond of sports he started playing wheel- chair basketball for an hour daily, that gives him great satisfaction and joy , besides keeping him fit. In his spare time he enjoys gardening and reading books on nature and wildlife.

- According to his spouse, he has overcome his initial stage of disbelief on becoming confined to a wheel-chaired after amputation of his legs and has now accepted his physical disability.
- According to his mother he has become more religious after he returned from the combat zone in Siachen glacier.

# Experiences of grief shared by AB\* & RD\*

- To experience the depths of aloneness, meaninglessness and anxiety
- To experience the risk of exploration, understanding, and cognitive acceptance
- To fully experience all dimensions of pain: psychologically, spiritually, cognitively, emotionally, and physically
- To experience the present environment that is a reminder of the loss
- To experience the risk of uncertainty: letting go, new choices
- To experience integration of the loss experience and to reinvest in meaningful living.

# Findings

- A counselling approach that facilitates building and rebuilding a strong social support, emphasizes hope and acceptance, enhances effective and realistic problem solving and develops confidence in soldiers ability to adapt to new situations
- Self efficacy appears to be a healing component of successful grief and resolution.
- The support system and other coping resources of an individual (Including Counselling) play a crucial role in grief resolution.

# Findings

- Grief counselling needs to address environmental as well as cultural context of the client.
- Nothing that is ever lost is replaced; a meaningful part of an identity and investment of time is reorganised after grief and incorporated in memory in a way which has the potential to console as well as be growth producing.
- That which has been lost is always a part of an individual and integrated within. Grief has the potential to kindle within positive memories of the departed and hold the possibility of tremendous growth.

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Obrigado pela vossa atenção!

Questions/Comments/Suggestions?

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