

Post-traumatic coping with the loss of a child among women and men

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ABSTRACT

Trauma, a word derived from Greek, literally means 'injury'. It is defined as a reaction to a strong emotional stimulus which cannot be processed at a specific moment in a person's life. Trauma makes one feel powerless. They are very uncertain about their future and feel as they have no control over it which leads to a great deal of anxiety. People differ in the way they react to a crisis. For some of them, crisis is a source of strength, whereas for others it cannot be ever processed in a constructive manner. The researchers in the field of psychology are looking for solutions to that problem. This paper presents the issues associated with the loss of a

child and life after having worked through trauma (considering women and men alike). The research was conducted on the group of 44 individuals (including 22 women and 22 men) and was focused on the way they were coping with the loss of a child. The research was conducted at the 'By Dalej Iść' Foundation ('to go on'). The research procedure was based on the Posttraumatic Growth Inventory, which consists of statements that describe different changes which occur as a result of experiencing a traumatic event.

Key words: trauma, child loss, mourning, stress, posttraumatic growth

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INTRODUCTION

'In a peculiar way, death is an intrinsic part of a psychological crisis' Pilecka [1]. For the one dying the end of life means the end of a crisis; however, for their close relatives it is the beginning of a painful and difficult period of life Pilecka [1]. The death of an important and close relative is the most intense traumatic experience Orwid [2], the most stressful crisis in life Oleś [3]. Even though one's death is not always intentional, their close ones often feel deeply injured by it. The word 'hurt' reflects that state perfectly. When it comes to trauma, the feeling of being hurt is the reason for one to feel helpless and incapable of taking action Szymkiewicz [4]. The loss of a close relative frequently causes trauma, especially if the said relative is a child. To rebuild one's world it is necessary to come to terms with the loss. The process of mourning, necessary in trauma, may lead to renouncing numerous identifications and becoming independent from the object of the mourning. 'The term: mourning is used to denote an objectively existing situation of a human being who experienced death of someone important to them' De Walden-Gałuszko [5]. Specific problems that appear during the process of working through the mourning stem from the moment of a child's death. At that time, a certain fixed and excessively positive image, the foundation of 'progressive abstraction', is formed more frequently; it happens when the particular remembered traits 'become detached' from the image and create a myth of an extraordinary child DeWalden-Gałuszko [5]. A child's death frequently makes parents convinced that they have no control over their lives; it destroys the natural order of things and evokes the feeling of injustice. Parents frequently react by feeling guilty and angry. Mothers experience loss more profoundly as their connection to their child is of a particular kind; their past and future lives become meaningless when they are measured against this great and painful loss Pilecka [1]

The development and changes which result in growth after the experienced trauma as the subject of scientific research are a comparatively new field of interest, even though trauma and the influence it exerts upon *conditio humana* have been known and studied for a longer period of time. Trauma – the lack of balance between the requirements of the world and one's abilities to meet them – has been consistently present throughout the time, a psychological reaction to it – extraordinarily complex. In medicine and psychology, the awareness of the role of trauma in the occurrence of mental disorders was alternatively noticed and ignored, studied for the first time by the French scientists in the 19th century cf. Lis-Turlejska [6]. The research led to distinguishing post-traumatic disorders in connection to the First

and Second World Wars. During the period between the wars, interest in the corresponding issues became less intensive and so it had remained until the year 1952, when in the classification known as the Diagnostic and Statistical Manual of Mental Disorders I, the category of global stress reaction was introduced. The second version of it, developed sixteen years later, contains a reference to a temporary and situation-conditioned disorder. The breakthrough occurred in the year 1980, when PTSD (Post-traumatic Stress Disorder) was clearly distinguished in DSM-III.

The issues associated with trauma have been gathered on the basis of various theories. Freud viewed trauma as a tremendous anxiety stemming from a separation or loss of something that is necessary to live. An experience which cannot simply be processed with the use of cognitive and emotional skills possessed by a human being.

The process of coping with trauma includes working through the pain caused by a traumatizing event, starting to view the event as meaningful and, *ipso facto*, assimilating and internalizing it as an element of one's life Garland [7]. The research conducted in recent years shows that trauma is one of the experiences which affect the majority of people. Therefore it is not unpredictable and exceptionally unusual. According to the Polish research, 75.6% of the studied individuals experienced no less than one traumatic experience, whereas 16.5% reported four or more of such events Lis-Turlejska [8].

The psychopathological symptoms affect between 7 and 40% of the studied group which consisted of people experiencing trauma Dolińska [9] As far as the PTSD occurrence is concerned, there is still no systematic Polish research in that field Lis-Turlejska, 2002. However, it should be pointed out that the predominant conclusion in several studies of this kind is: the majority of the individuals who have experienced a traumatic stress do not function in a disturbed way.

Initially, the research in trauma used to concentrate on the detrimental aftermath, however, the studies conducted in the 1990s shed a new light on the issues discussed in this paper by showing that the majority of individuals had not developed PTSD as a consequence of trauma Briere [10]; for many people, symptoms subsided after some time Kaniasty [11]. The victims of the Holocaust, observed several years after the war, functioned in a healthy and productive way; their families were full of strength which seemed to have been passed on from generation to generation Helmreich, 1992, quoting: Lis-Turlejska [6].

Stressors may lead to a positive outcome, development Heszen, Sęk [12]. It is possible for one to strongly believe that the benefits arising from their difficult situation are greater than the

sustained loss Dudek and Banach [13]. It has been noticed that trauma does not make it impossible to function well and that it might even constitute an impulse for development Kuleta, Trzópek [14]. In turn, growth itself is not an easy task – it happens by means of disintegration and integration, falling apart, lacking stability, experiencing extreme situations, by pain and suffering Dąbrowski [15]. Therefore a crisis may be a difficult and painful stimulus for the growth of a human being Kubacka-Jasiecka [16]. Every stage of trauma may become a stage of growth when trauma has been overcome and dealt with in a constructive manner McGowan [17]. Traumatic events change an individual and loss is always a part of them. The death of a close person frequently results in trauma. In the research conducted by Lis-Turlejska [8], 21.8% of the studied individuals reported the death of a close relative as an example of the experienced trauma. It was referred to as the most common trauma in a sample (more common than having an accident, experiencing violence during childhood and witnessing a death). In turn, the process of mourning – inseparable from death – means overcoming a loss and allowing oneself to live on. Readiness to experience mourning presents itself in the acceptance of the reality of death, the ability to simultaneously comprehend loss and the possible growth is the clearest manifestation of maturity Segal [18]; McGowan [17]. Nowadays, people are afraid of death, unable to function having experienced loss. They tend to escape and display escapist defense mechanisms, coping mechanisms, isolate their children from the subject of death. Parents think that the latter action will protect the child from being hurt. Dying will always be difficult, however, it allows the human life to acquire a new meaning. The men who have survived trauma are frequently deeply hurt, nonetheless stronger.

A traumatic event opens the road to change for many people. The process is usually connected with a conscious effort. Readiness and ability to undertake that effort constitute the principal difference between those who grow through adversities and those who are destroyed by them. In America, in 1996, Tedeschi and Calhoun introduced the concept of posttraumatic growth (PTG). Beyond doubt, the changes which come as a result of the posttraumatic growth seems as an opposite of Post-traumatic Disorder, even though they frequently occur together. The changes may manifest themselves directly after a traumatic experience, appear later on or not at all Tedeschi, Calhoun [19]. Trauma may change the way people perceive themselves and the world surrounding them. An individual affected by trauma taps into their personal strength, reevaluates what matters to them in life and becomes more confident, open and aware.

Posttraumatic growth has several typical features: it is seen most clearly in a crisis and during changes in one's life which cannot be explained; misconceptions and erroneous interpretations accompany it frequently. It is not a coping mechanism, but a result of one; at the same time, it forces people to make crucial changes in their world-view. It has been proven by the research conducted by Taylor [20], who arrived at the conclusion that loss, a drastic disorder of the order existing hitherto or an intense stress, may constitute an impulse for growth if there are contributing personality factors. Tedeschi and Calhoun [21] claim that between 30 and 90% of the individuals affected by trauma have experienced PTG, whereas other researchers estimate the occurrence rate at approximately 50-60% cf. Mamcarz, Popielski [22].

The experience of trauma does not always lead to posttraumatic growth. However, the essential assumption made by the authors of that concept is that the processes which cause disturbances are also the foundation of growth and positive changes. In Poland, growth as the aftermath of trauma is the subject of intensive research, although there not many studies of this kind conducted at the moment Dudek, 2003; Ogińska-Bulik, 2010; Felcyn-Koczevska, Ogińska-Bulik, 2011, et al [23]. The available data do not allow for a conclusive statement about the reasons behind the fact that some people experience development as a result of the trauma, whereas others do not. It should be noted that several factors exert influence upon that situation: type and intensity of the experienced trauma, personality of the individual, cognitive processing of trauma, inclination to disclose that process to others Tedeschi [19], ability to notice the meaning and significance of a traumatic experience, as well as religiousness, strategy for coping with stress, experiencing positive emotions and search for support Fredrickson, Tugade, 2003; Helgeson et al 2006; Linley, Joseph, 2004; Tugade, Fredrickson [24]. Resilience is also a significant factor in the reduction of the symptoms of maladjustment (as the result of the experienced trauma) – a comparatively new construct – being conducive to positive changes Connor, 2006; Ogińska-Bulik, Juczyński [25], being able to detach oneself from the difficult events.

The objective of the research was to examine how women and men function after experiencing trauma that is the loss of a child and how they cope. Our interests include the question whether factors like sex, age, education and habitual residence exert influence on the level of emotional discomfort after the loss, partners' perception, as well as acceptance and, *ipso facto*, the posttraumatic growth of the studied individuals.

MATERIALS AND METHODS

The Posttraumatic Growth Inventory consists of 21 statements which describe different changes which occur as the result of the experienced traumatic event. The Inventory takes into account five factors: Relating to Others — 1; New Possibilities — 2; Personal Strength — 3; Spiritual Change — 4 and Appreciation of Life — 5.

Hypotheses

For the purpose of the conducted research, the following hypotheses were adopted:

H 1. It was assumed that women display a higher level of posttraumatic growth than men.

H 2. It was assumed that young individuals display a lower level of posttraumatic growth than the older ones.

H 3. It was assumed that individuals with different educational background differ in the level of posttraumatic growth.

H 4. It was assumed that individuals living in the countryside display a lower level of posttraumatic growth than individuals living in towns.

Participants

The research was conducted in 44 individuals, 22 women and 22 men, who had experienced the loss of a child. Their ages were between 23 and 58 ($M=36.64$; $SD=9.611$). To participate in the research an individual had to experience their child's death at least a year before the start of the research, had undergone therapy and had participated in a support group. 23 of the studied individuals received secondary education, seventeen – higher education, whereas four elementary education (Fig.1). The largest number of the studied individuals lived in a town (19 individuals) and the smallest number in the countryside (9 individuals). 16 individuals lived in a city (Fig. 2).

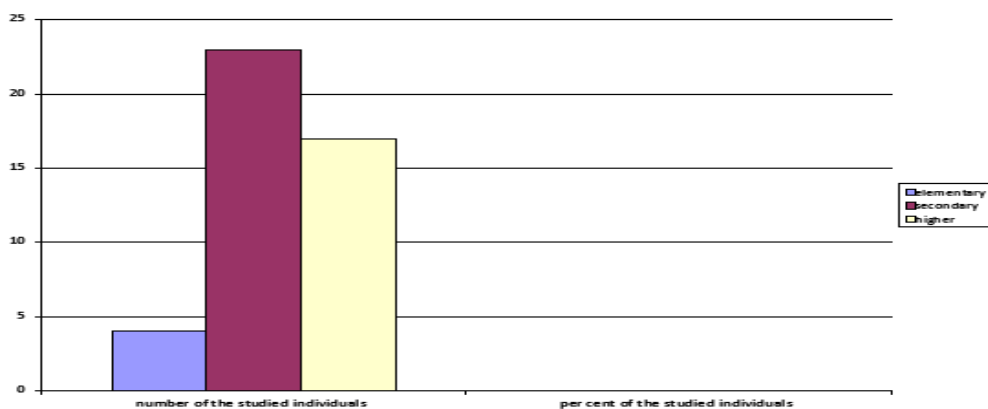


Fig. 1. Education of the studied individuals

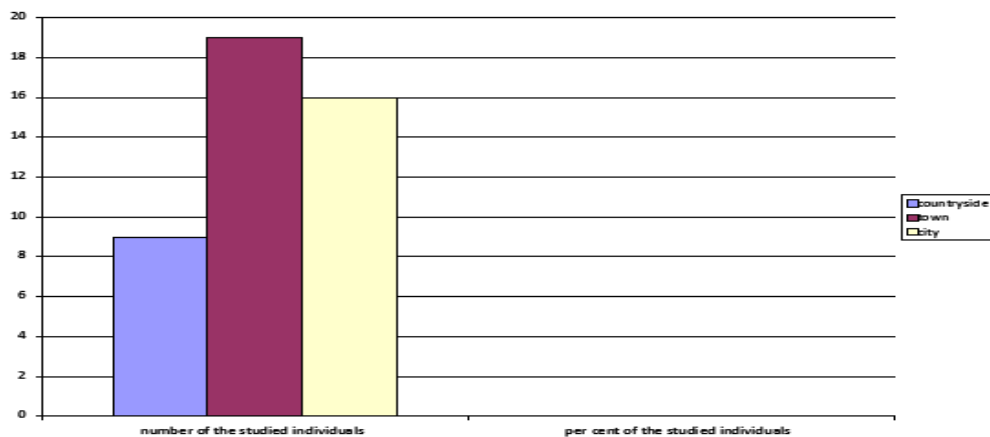


Fig. 2. Habitual residence of the studied individuals

RESULTS

The results received in relation to the adopted hypotheses are as follow:

H 1. Posttraumatic growth and sex

Posttraumatic growth of an individual after the loss of a child is determined by a general result received in the Inventory (the higher the score the higher the level of posttraumatic growth).

The studied individuals received in the Posttraumatic Growth Inventory, on average, the score of 56.40 points. The lowest result amounted to 29 points and the highest one to 86 points.

It was assumed that women would present a higher level of posttraumatic growth than men.

However, the research did not confirm that hypothesis (Table 5). In order to broaden the scope of possible interpretations, all five factors included in the research method were subjected to analysis.

The conducted analysis showed that the hypothesis was partially confirmed (consistency in the 'Relating to Others' and 'Spiritual Change' aspects).

The results received by women were statistically significantly different than those of men. In case of both factors, women displayed a higher level of posttraumatic growth than men (Table 1 and Table 2). The differences in relation to the three remaining factors were not significant from the statistical perspective.

Table 1. Posttraumatic growth among women and men who lost a child

Sex	Number of the studied individuals	Mean	Standard deviation
Women	22	58.1818	14.58191
Men	22	54.6364	16.90744

Table 2. Comparison of posttraumatic growth in women and men; factor 'Relating to Others'

	Sex	Number of the studied individuals	Mean	Standard deviation
Relating to Others	Women	22	19.2273	5.73155
	Men	22	15.1364	6.31171

H 2. Posttraumatic growth and age

For the purpose of the research it was assumed that people younger than 35 would be classified as young individuals and people older than 35 would be classified as older individuals (the classification reflects the reproductive aspect).

It was assumed that young individuals present a lower level of posttraumatic growth than the older ones. The research did not confirm that hypothesis. It was revealed that younger individuals presented a higher level of posttraumatic growth in comparison to the older people.

It was assumed that a difference in education meant a difference in the level of posttraumatic growth. The research did not confirm that hypothesis. Education did not exert any influence on coping after the loss of a child.

Table 3. Test for the homogeneity of variance

Levene's test	df1	df2	Significance
.903	2	41	.413

H3. Posttraumatic growth and education

Table 4. One-way analysis of variance ANOVA

	Sum of squares	df	Mean square	F
Intergroup	289.002	2	144.501	.574
In the groups	10317.634	41	251.650	
Total	10606.636	43		

H 4. Posttraumatic growth and the habitual residence

It was assumed that the habitual residence may exert influence upon posttraumatic growth. The research confirmed the adopted hypothesis.

Individuals living in the countryside presented a lower level of posttraumatic growth than individuals living in towns. No significant difference between the inhabitants of cities and towns was ascertained.

Table 5. Posttraumatic growth among women and men – Residence (N – number of the studied individuals)

	N	Mean	Standard deviation	Standard error	95% confidence interval for the mean	Minimum	Maximum
					Lower confidence bound	Upper confidence bound	
Country side	9	44.4444	14.87541	4.95847	33.0102	55.8787	29.00
Town	19	60.6842	14.69714	3.37175	53.6004	67.7680	37.00
City	16	58.0625	14.76242	3.69061	50.1962	65.9288	31.00
Total	44	56.4091	15.70560	2.36771	51.6342	61.1840	29.00

Table 6. Test for the homogeneity of variance II

Levene's test	df1	df2	Significance
0.086	2	41	0.918

Table 7. One-way analysis of variance ANOVA II

	Sum of squares	Df	Mean square	F
Intergroup	1679.371	2	839.686	3.856
In groups	8927.265	41	217.738	
Total	10606.636	43		

Table 8. Multiple comparisons

(I) Habitual residence	(J) Habitual residence	Mean difference (I-J)	Standard error	Significance	95% confidence interval	
					Lower confidence bound	Upper confidence bound
Countryside	Town	- 16.239*	5.97102	0.029	-31.144	-1.3349
	City	-13.6180	6.14831	0.097	-28.965	1.7293
Town	Countryside	16.2397*	5.97102	0.029	1.3349	31.1446
	City	2.62171	5.00685	1.000	-9.8764	15.1198
City	Countryside	13.6180	6.14831	0.097	-1.7293	28.9655
	Town	-2.6217	5.00685	1.000	-15.119	9.8764

Dependent variable: development, *; The Bonferroni correction. Difference of mean is significant at the level of 0.05.

DISCUSSION

The problem analysed in the presented research was the post-traumatic coping after the loss of a child. The objective was to acquire more information about the posttraumatic growth among the individuals affected by their child's death. There is no doubt that this type of loss leaves great mark on the individual [2]. Prior to the commencement of the research, four research hypotheses were formulated – three of them were not confirmed.

The objective of the research was to verify the hypotheses formulated in the methodological part. The hypotheses were formulated on the basis of the following research question: do the differences in sex, age, education and habitual residence result in the differences in the posttraumatic growth? Is there anything specific about posttraumatic growth among the people who lost a child?

On the basis of the results of the research, the following conclusions were formulated.

In the first hypothesis, it was initially assumed that women would display a higher level of posttraumatic growth than men. The received results allowed to conclusively state that the hypothesis was not confirmed. It is noteworthy that women talk more frequently about the death of their child, cherish the memories of them, repeatedly visit the cemetery and look after the grave, 'measure their life by the death of their child'. What is more, they more frequently take advantage of various forms of the social support offered by their family and friends as well as the professional assistance of psychologists and psychiatrists. It can be assumed that thanks to those activities, their way of coping with trauma is more effective than in the case of men.

The authors of the concept of 'posttraumatic growth' have concluded that women display more intensive growth after the loss of a child (trauma). That phenomenon results from the greater emotionality of women and more frequent application of positive reassessments. Men do not show their pain and suffering as they isolate themselves completely from that experience.

In conclusion, a more detailed analysis of the results made it possible to partly confirm the first hypothesis. That confirmation came as a result of a detailed analysis of the factors in the Inventory discussed earlier. The results received by the studied individuals indicated that women and men differ in a statistically-significant way in the aspects of: 'Relating to Others' and 'Spiritual Change'. Women displayed a higher level of the post-traumatic way of coping with loss. That results from the fact that women need of lot of conversation about the sustained loss. That is confirmed by the fact (referred earlier in the paper) of seeking specialists' assistance more frequently.

Men avoid talking about the loss and tend to refrain from social activities, isolate themselves and lapse into addiction.

As far as the second aspect, 'Spiritual Change', is concerned, as it has already been mentioned, women predominantly look after the 'house of their Little Angel' on the cemetery. They spend there the majority of their free time, decorate and look after the grave, believing that their children are 'angels' who look at them 'from above'.

The second research hypothesis in which it had been assumed that young individuals display a lower level of posttraumatic growth after the loss of a child than the older ones was not confirmed by the results of the research. That may stem from the fact that it is more likely for a women under 35 to become pregnant again. Older women, (those older than 35), in spite of the acquired life experience may be aware of the fact that every subsequent pregnancy may not only exert a negative influence upon them, but, first and foremost, upon the child. That is the result of the stress which accompanies a pregnant woman and fear whether the foetus is developing correctly. Additionally, a number of tests which are recommended for women over 35, may also have negative impact on the child developing in their womb. Apart from that, it may be assumed that younger women are not emotionally mature enough to have children and their pregnancies might have been unwanted. In order to verify that assumption, it would be necessary to analyse personality of the studied individuals, for example by conducting the EPQR personality test.

The third hypothesis, concerning the education of the studied individuals and the post-traumatic coping after the loss of a child, was also not confirmed. The results of the research did not show statistically-significant differences between the respondents. That may be the result of the fact that loss of a child is an intense experience which cannot be aided by education, the acquired knowledge ceases to be of any importance.

The only hypothesis which was confirmed by the results of the research was the fact that individuals living in the countryside displayed a lower level of posttraumatic growth than individuals living in towns. That may result from the fact that individuals living in the villages encounter death more frequently and become accustomed to it very early on (contact with death by seeing cattle slaughter, hunting), and, as a result, death is not perceived by them as an experience as traumatizing as it is for individuals living in towns and cities.

When analysing the data presented above, one should remember about the limitations of the conducted research, among others about a small number of the studied individuals and about using only one method for the measurement of

posttraumatic growth. Those hypotheses might as well not have been confirmed due to the fact that too little time has passed since the loss. In spite of those limitations, the received results may be useful and constitute the starting point for conducting subsequent research into the subject discussed in the paper.

CONCLUSIONS

Nowadays, people try to avoid difficulties and pain. They live in a world created by themselves. Not until they experience a traumatic event are they forced to face overwhelming, yet true, feelings (yearnings, anxiety) and needs, which confront them with the reality. The following conclusions were drawn from the obtained research results:

1. Women display a higher level of posttraumatic growth than men only in certain aspects.
2. Parents, who lost their child before turning 35, display a higher level of posttraumatic growth, than those, who experienced the loss after turning 35.
3. The educational background has no impact on the coping with the post-traumatic experience after child's death.
4. Parents, who lost their child and live in rural areas, display significantly lower intensity of post-traumatic experience than parents who lived and were brought up in urban areas.

The results of the conducted research confirmed the majority of the hypotheses formulated by the authors. They revealed that certain psychological and social variables correlated significantly with further development after the trauma of experiencing a child's death.

The studies on the posttraumatic growth have significant clinical implications. When therapist try to help patients whose child has died, their focus is on the trauma itself with no regard to the potential benefits derived from it. Tedeschi and Calhoun claim that therapists and clinicians may support developmental changes that stem from trauma. To do that they need to provide understanding and support, listen to the patient without making an effort to solve the problem, retell the traumatic story with the patient, focus on the struggle of doing that and not the trauma itself. Finally, full awareness of the specific personality traits that support the posttraumatic growth may allow therapists to help their patients derive benefits from the painful experience [21]. The results of the conducted research confirm the need to treat posttraumatic growth holistically.

The characteristics of the posttraumatic growth of the individuals in mourning (mainly after the loss of a child), based on the results of the conducted research, are in many aspects consistent

with the analysed data. However, it is difficult to find research on the subject of people who lost their children, which would analyse many variables in a comprehensive way.

The study was conducted with some difficulties, resulting from the nature of the research. First of all, people in mourning are a very difficult and demanding group to study. Many of them are withdrawn into their grief, sometimes react aggressively by manifesting unwillingness to cooperate. They are suspicious, find the research inappropriate, odd. They feel that it violates their most intimate experiences. In addition, gathering the sample group turned out to be more time-consuming than previously assumed. It was significantly easier to reach the mothers who had lost a child than fathers. It was due to the way, in which men deal with the loss of a child. The age of the late offspring was also a contributing factor. The research itself - i.e. an interview and filling in a questionnaire - was difficult for the respondents due to the recurring painful memories. Therefore the subjects took frequent breaks.

It is definitely worth to continue and broaden the research project on the developmental impact of trauma on the individuals who experienced the loss of a child. The aim of further research would be systematizing and gathering a sample group that would be similar when it comes to the following variables: the circumstances of the child's death, age of the late child, previously not considered demographic data of the mourning parents. It will allow for a more detailed analysis of the posttraumatic growth. There are many other questions when it comes to the personality variables, their influence on the posttraumatic growth and their relation to its dynamics. The analysis of the variables like the connection to a child, defensive and coping mechanism could be valuable from the scientific perspective.

Conflicts of interest

None

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'Light coffins are the heaviest to carry.'; that is why, I thank you, my late Nadusia, that, in spite of your untimely passing and pain which you were destined to experience in such a short time, you give me strength and allow me to believe in a brighter future.

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