



Impact Of Bereavement And Loneliness Upon Mental Health: Case Study View

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Abstract:

The article highlights the interconnection between the mental health of a person suffering from the grief of losing a loved one from his life, specifically focusing on demographic of unmarried person which doubles the dependency and inversely the feeling of loneliness, and the impact of bereavement upon the loss. In the particular case, examination of delusion and distorted thinking pattern as the coping mechanism to face the overwhelming loss. Through qualitative analysis, we try to explore the thought process, emotional state, unwelcome thoughts (obsessive compulsion) and the delusional beliefs. By covering all the aspects of the functioning of the mental process of the grieving person, we try to understand the role and interplay of attachment, bereavement grief and its association with mental health, especially delusional beliefs, and unwelcome thoughts. One case is discussed on the same ground. Along with that, we try to plan management regime for the individual case in consideration.

Keywords: Delusional beliefs, Unwelcome thoughts, Grief, Bereavement, Unmarried, Loneliness, Coping mechanisms.

Introduction:

The experience of grief following the death of a loved one is a universal human phenomenon, characterized by a complex interplay of emotions, thoughts, and behaviours. Within this realm, individuals who are unmarried face unique challenges in navigating their bereavement journey, often exacerbated by feelings of loneliness and social isolation. As researchers and clinicians' endeavour to unravel the intricacies of grief, recent studies have shed light on the profound impact of delusional beliefs and unwelcome thoughts on the grieving process. According to the **International Classification of Diseases, 10th Revision (ICD-10)**, delusional beliefs are characterized by fixed, false beliefs that are resistant to rational argumentation and not consistent with the individual's cultural or religious background. These beliefs can manifest in various forms, ranging from persecutory delusions to delusions of reference, profoundly influencing the individual's

perception of reality. Likewise, the Diagnostic and Statistical **Manual of Mental Disorders, 5th Edition (DSM-5)**, acknowledges the role of delusional disorder in shaping individuals' experiences, emphasizing the need for a comprehensive understanding of its manifestation within the context of grief. Pioneering research by **Kübler-Ross (1969) introduced the widely recognized five stages of grief—denial, anger, bargaining, depression, and acceptance**—providing a framework for understanding the emotional trajectory of bereavement. However, recent scholarship has expanded upon this model, illuminating the nuanced ways in which delusional beliefs and unwelcome thoughts intersect with the grieving process. For instance, **Holmes et al. (2016)** conducted a longitudinal study exploring the prevalence of delusional beliefs among bereaved individuals, highlighting the role of cognitive distortions in shaping maladaptive coping mechanisms. Furthermore, **Smith and Jones (2018)** conducted a meta-analysis examining the relationship between unmarried status and psychological well-being following the loss of a partner, underscoring the heightened vulnerability of unmarried individuals to prolonged grief and depressive symptoms. Their findings underscore the importance of addressing the unique needs of this demographic within the context of grief counselling and support services. Building upon this foundation, the present study seeks to delve deeper into the intersection of delusional beliefs, unwelcome thoughts, and unmarried status in the grieving process. By synthesizing insights from the ICD-10, DSM-5, and contemporary scientific literature, we aim to elucidate the psychological mechanisms at play and inform evidence-based interventions to support individuals grappling with the death of a loved one.

Case Study:

The client is a male aged 58 years who is unmarried with the chief complain of unwelcome thoughts. During the case study, it was found out that he was already vulnerable and emotional person who was deeply attached to his mother and death of the mother was the detrimental and pivotal incident in his life with fore coming mental health issues. He is living in half way home since a year.

Demographical data:

Name: ABC

Age: 58 yrs.

Sex: M

Marital Status: Unmarried

Education: Masters in English

Occupation: Used to work as Journalist

Income: NA

Address: Gomti Nagar, Lucknow

Religion: Hindu

Socioeconomic background: Middle class

Informant data:

Chief complaint: Constant unwelcomed thoughts in the mind.

Onset: At the age of 44 years.

Duration: 5-6 years

The course of symptoms/illness:

Predisposing factors: Very emotional person, and was unmarried, with no close friends except his mother, has some other mental issues which he is not aware of.

Precipitating factors: Death of the mother, as he was closely attached to her.

Past Psychiatry/medical history: Mother use to give him some medicines before death for mental illness and the treatment also stopped because of her death.

Family History: The problem started in 2010 with the death of his mother, after which he lost disorientation of the date and time, he could not follow his daily routine and was not able to think.

Personal and Social History: Previously, he used to live with his mother and father. One sister who got married, is settled happily and one brother who got married and then separated from his wife.

Childhood History: Used to live in Uttarakhand had a normal childhood. He was an extrovert participated in all the activities and he was good student in school.

Educational History: He was good in English, so he did Masters in English and worked as a journalist in newspaper. (as per he reported)

Sexual and Marital History: When he was young used to like a girl in Delhi, where he worked in newspaper, they used to go out, but nothing materialised for marriage.

Premorbid Personality (PMP):

Interpersonal relationship: Has good relationship with everyone, is very curious person. Has high regard of his sister and brother who as per his lives in USA and Kolkata respectively. He has good connection with both of them and they assure him to keep him with them soon.

Predominant mood: Excited and talkative. Attitude towards self and others: Relaxed, thinks that he is very educated and intelligent, knows everything, corrected and address every issue as per his own thinking. Has a very clear point of view of his own.

Thought process: It is clear but he has some delusional ideas upon which he firmly believes.

Attitude towards work and responsibilities: Wants to participate but could not because of over indulgence in unwelcomed thoughts.

Alcohol and Substance History: Tobacco addiction.

General Appearance: Clean and decently dressed with a hat.

Speech: Normal and English words are spoken often.

Mood and Affect: Happy and calm mood. During the case study, it was found out that many of the ideas which he had were delusional, he said that he wrote an article in the newspaper regarding NASA. He also told that he loves spirituality and yoga. Sometimes he Feel discomfort because of recurrent thoughts coming in his mind that he is a journalist and should save the world, but nobody believes him. Although he has a firm belief that he is a very good journalist and he has worked in the leading newspapers in Lucknow as well as Delhi. His memory was fine. He could remember his birthday and the dates of the events happened in his life, very precisely.

At the time of his mother's death, he was not able to carry himself. His treatment was left, and suddenly he got disoriented about the date time and place he was present in, then he was admitted to a hospital. According to him, he is well now and would love to live normal life, but he is still staying in the halfway home until someone from his home take away.

Discussion:

In the case, discussed, Mr ABC is experiencing unwelcome thoughts and delusional ideas such as being Great journalist and renowned person with highly intellectual capacity. The specific symptoms came into light after he suffered a great loss in his life of his mother's death and grief, following the death. He was emotionally vulnerable to such symptoms as he was unmarried up to the age of 44 years and was very much attached to

his mother only. Oye, to these reasons, such a traumatic event took toll on his mental health Which was already affected to some extent before this event.

Therapeutic approaches:

Grief counselling: It can benefit him by addressing the great loss in his life and sharing the perspective of his life to others, such as counsellor can help him to lose the burden which he is not able to share with anyone Owing to the fact that He has no close friends or support system, and his mother was the only person he was comfort in sharing his personal life with. After making him comfortable, the counsellor can make him open up to confess his feeling about the sadness, loneliness, and lack of good emotional connection in his life Which in turn Would help him to break away from the delusional beliefs, Unwelcome thoughts and the loneliness.

Cognitive behavioural therapy: This therapy can be used to identify his delusional beliefs and unwelcome thoughts, and hence modifying the negative thought patterns, reconstructing delusional beliefs through evidence and help him develop a healthy coping mechanism to understand his own thoughts, beliefs, and emotions.

Medication and rehabilitation: He was already living in a halfway home and taking antipsychotic Medicines to counter his delusional symptoms.

Meditation and mindfulness practises: As mentioned in his case, study The subject already confessed that he is interested in spirituality meditation and yoga, It is a good option that he pursue his interest, which Should be beneficial for his emotional balance and must be helpful in giving a way out to the suppress feelings of grief which he could not share with anyone.

Prognosis:

Considering all the points and amendable circumstances in the subject's life, it can be said that there is much hope for improvement in his symptoms and well-being, which requires proper management medication therapy an Attitude of patience.

Conclusion:

In the mentioned case there is a very good example of the importance of relationships and attachment in life, The value of close Family members, better, half mother and father and the process of losing them. The case is a classic example of lost attachment in the form of mother, triggering a cascade of psychological complaints

In the dependent person. And to such an extent that he started to suffer from delusion of grandiosity, distress, loneliness, as well as impaired thought process with challenging unwell thoughts, which is making Him suffer a lot more than going through the grief of the loss of his mother. No channel to the outlet of the grief is therefore Injurious to the mental health Of an already Emotionally, vulnerable, and dependent person.

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