

Bereavement and Mental Health: A daughter-in-law's path to Grief Therapy, A case study on coping strategies in a bereaved individual

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Abstract--This case study explores the psychological impact of sudden bereavement and the therapeutic journey of a 47-year-old married woman coping with the unexpected loss of her mother-in-law. The participant, a working professional with a close and affectionate bond with her mother-in-law, experienced profound grief marked by guilt, shock, denial, and regret following the death. These emotions led to significant disturbances in her psychological, emotional, social, and behavioral functioning, including withdrawal, low self-worth, and disrupted sleep and eating patterns.

Therapeutic intervention was provided using an integrative approach. Guided imagery, rooted in psychodynamic principles, was employed to address unresolved guilt and looping thoughts. Psychoeducation, cognitive behavioral therapy, and family counseling facilitated restructuring of maladaptive cognitions, restoration of interpersonal relationships, and improved emotional regulation. Mindfulness practices and relapse prevention strategies further enhanced coping, self-acceptance, and resilience.

Findings highlight that a culturally sensitive, multi-modal therapeutic approach can effectively reduce grief symptoms, promote recovery, and restore adaptive functioning in individuals experiencing sudden familial loss. This case study contributes to the limited literature on grief therapy within the Indian cultural context, particularly among middle-aged women, and underscores the importance of tailored interventions that address emotional, cognitive, and relational dimensions of bereavement.

Index Terms— Grief Counselling, Sudden, Bereavement, mindfulness, Case study, cultural Context.

I. INTRODUCTION

Bereavement is one of the most profound life stressors, often associated with intense emotional pain, psychological distress, and social disruption. The sudden loss of a loved one can trigger a complex

interplay of grief responses, including denial, guilt, regret, and depressive symptoms, which may significantly impair daily functioning (Stroebe & Schut, 1999; Neimeyer, 2012). While grief is a universal human experience, its expression and impact are deeply influenced by cultural, familial, and relational contexts.

In India, family relationships play a central role in an individual's identity and sense of belonging. The death of a family member, particularly one with whom the individual shares a strong emotional bond, often carries unique implications for mental health and coping. Although much of the grief literature originates from Western contexts, there is limited exploration of grief experiences within Indian families, especially among women navigating dual responsibilities of professional and familial roles (Parkes & Prigerson, 2010).

This case study focuses on a 47-year-old married woman who experienced the sudden loss of her mother-in-law, with whom she shared a close and nurturing relationship. The unexpected bereavement led to overwhelming grief, guilt, and psychological distress, resulting in behavioral, emotional, and cognitive disturbances. Through an integrative therapeutic approach—including guided imagery, psychoeducation, cognitive behavioral therapy, family counseling, and mindfulness practices—the intervention aimed to reduce symptoms of grief and guilt, promote resilience, and restore adaptive functioning.

By presenting this case, the study seeks to contribute to the literature on grief therapy in the Indian context, highlighting the role of culturally sensitive, multi-modal interventions in supporting recovery following sudden familial loss.

II. CASE PRESENTATION

Demographic details

Name: XY

Age; 47years

Gender; female

Marital Status: married

Occupation: IT employee

Education: Bachelor's in engineering

Religion: Hindu

Location: Bangalore, India

Socioeconomic Status: Middle class

Living Situation: Lives in a rented house of 3 bedroom with her husband and son after the death of her mother-in-law

III. PRESENTING PROBLEM

XY 47-year-old married women working in an IT company presents a significant emotional distress following the recent death of her mother -in- law. It was a sudden death with just a complaint of stomach pain just a few hours before death. Her presenting problem can be categorized in the following.

1. Intense emotion and distress, and sadness;

XY is experiencing intense sadness and deep sorrow over the loss of her mother-in-law. She is frequently crying and shows emotional numbness at times. She expresses that she feels stuck and is unable to move forward from the past incident

2. Denial and difficulty in accepting the loss:

She is not ready to accept that her mother-in-law has died, and she still feels she is alive and she sees her, feels her, and communicates with her. But people around her tell her she is dead, and one cannot see her.

3. Guilt and self-blame:

She experiences overwhelming guilt and shame with the notion that she was heedless when her husband woke her up to say her mother-in-law wants to talk to her, she ignored, saying that she would talk to her tomorrow. She regrets that she should have spoken to her, or taken her to the doctor that night itself, and maybe she wanted to share something with XY, and she takes the blame for the death on herself.

4. Sleep Disturbance:

Her mother-in-law died at night, and every night she feels her mother-in-law is calling her, and she runs to the room and talks to her as if she is alive, and her sleep is completely disturbed.

5. Appetite and weight loss;

Due to lack of sleep, the loop has been created in most of the things, firstly her appetite, she is having difficulty in cooking, skips meals, she finds food unappealing, and lacks comfort. Loss of interest in daily routine and social withdrawal: Due to poor sleep patterns and eating patterns, she is becoming increasingly withdrawn from family, friends, and even her job; she has taken a prolonged leave and is not interested in working. She was very social and charming now she does not want to meet people, as they keep reminding her that her mother-in-law is dead, while she tries to tell them she is alive. Her previous activities have diminished, and she no longer enjoys activities that she once found joyful and fulfilling.

Ethical Considerations and Consent

This case study was conducted in adherence to ethical principles of clinical research and psychological practice. The participant was informed about the purpose of the study, the therapeutic process, and the potential use of anonymized details for academic and publication purposes. Informed consent was obtained before the commencement of therapy and data collection. To ensure confidentiality, the participant's identity has been protected by the use of pseudonyms, and all identifying personal and familial details have been altered or omitted. The participant was assured that refusal to participate or withdrawal from the study at any stage would not affect the therapeutic support provided. The therapeutic interventions were implemented in line with professional ethical standards, prioritizing the participant's well-being, safety, and autonomy. Care was taken to provide culturally sensitive support, recognizing the participant's family values, spiritual beliefs, and social context. Family members who participated in interviews also provided verbal consent. This case study complies with the ethical guidelines of the American Psychological Association (APA, 2017) and aligns with the principles of beneficence, nonmaleficence, autonomy, and respect for human dignity.

IV. METHODOLOGY

Objective:

The purpose of this case study is to explore the effectiveness of grief counseling in assisting a woman

struggling with prolonged grief. This study aims to identify the most effective methods for coping with the deep emotional challenges that accompany loss. Through a detailed examination of her experiences and the support provided, we hope to shed light on the therapeutic strategies that can facilitate healing and help individuals navigate their grief journey.

Purpose and Goals of Grief Counselling:

While grief can be associated with many forms of loss (including following a separation or divorce), here we focus on the processing related to bereavement. However, many of the concepts can be extrapolated to other aspects of living (American Psychological Association, 2022).

“The overall goal of grief counseling is to help the survivor adapt to the loss of a loved one and be able to adjust to a new reality without him or her” (Worden, 2010, p. 84).

It is helpful to highlight what psychologists and counselors call the “four tasks of mourning.” They facilitate adaptation to loss, involving confronting what has happened and restructuring thoughts, and include (Worden, 2010):

Accepting the reality of loss, processing the pain of grief, the Grieving process

The grieving process is a common emotional and psychological responses that tend to emerge at various stages of grief

The initial stage is shock and disbelief: in this stage individual may experience a sense of numbness or disbelief, especially if the loss was sudden or unexpected.

Emotional turmoil: an individual experiencing intense sadness, anger, guilt, frustration, or relief.

Adjustment of life with the loss: over time, one will accept the loss and carry on their routine, adjusting to the loss and restructuring their priorities. It’s a challenge for the coping person, but he will overcome it with time.

Finding meaning: everything happens for a reason, and the wisest person will find meaning in his /her loss or will identify the ways to enhance their ability due to the loss

Recovery and moving forward: this would be the last stage of grief, where a person finds a sense of emotional resolution. In this stage, they learn to live with the loss and go forward, but grief and loss cannot be forgotten; they only go with the person’s life.

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The overarching purpose of grief counselling is to provide clients with the emotional support, psychological insight, and practical tools necessary to cope with the grief, while the goal may be varied based on the individual's specifications, type of loss, and other factors.

Some of the aims of the grief counselling are

Normalization of grief response: Grief can often make individuals feel isolated or abnormal in their experiences. Grief counseling helps validate the various emotional responses to loss, normalizing them as a part of the human experience.

Processing Emotions:

Grief often involves complex, mixed emotions. A key goal of grief counselling is to help individuals understand and articulate their emotions, such as anger, sadness, guilt, shame, and confusion. By acknowledging these feelings, individuals can work through them rather than avoiding them.

Facilitating emotional Adjustment: Grief Counseling helps individuals adjust to a new reality without their loved ones or former way of life. This may involve creating a new routine, redefining self-identity, or learning to live with the absence of what has been lost.

Developing Healthy coping strategies: A significant part of grief counseling involves helping clients develop healthy coping strategies, learning coping mechanisms to manage the emotions, pain of grief. This can include self-care, practice, mindfulness, relaxation techniques, or finding new sources of emotional support.

Fostering Meaning-Making: Grief counseling encourages clients to find meaning in their loss and begin to make sense of their experiences. This process of meaning-making can provide emotional closure and help the individual grow emotionally from the experiences.

Preventing complicated grief; In some cases, grief may become prolonged or complicated, leading to mental health conditions like depression, anxiety, or post-traumatic stress disorder [PTSD]. Grief counseling works to mitigate the risk of these complications by providing early interventions and therapeutic support.

Encouraging Resilience: ultimately, grief counseling is about helping individuals bounce back from their emotional devastation of loss. It aims to support clients in building resilience and finding a sense of hope and possibilities for the future.

Research Approach

The present study adopts a qualitative research approach, as it focuses on understanding the subjective experiences, emotions, and coping mechanisms of an individual undergoing grief. The qualitative approach enables an in-depth exploration of the psychological, behavioral, and cognitive changes experienced by the participant.

Research Design

A single-subject case study design was employed. The case focuses on a 47-year-old married Hindu woman, referred to as XY, who experienced the sudden and unexpected loss of her mother-in-law. This bereavement resulted in intense grief, feelings of guilt, and a perceived loss of purpose in life. XY resides in Bangalore with her husband (LM), their son, and her mother-in-law (before her death). She works in an IT company and has a close bond with her mother-in-law. The sudden loss triggered emotional distress and noticeable changes in her psychological and behavioral functioning. The case study design allowed for a comprehensive understanding of her lived experience and therapeutic journey.

Data Collection Methods

Multiple sources of information were utilized to ensure depth and reliability:

In-depth Interviews – Conducted with XY, her husband, and immediate family members to gather perspectives on the client's grief, coping, and changes in functioning.

Direct Observation – The therapist observed XY's behaviors, emotions, and responses throughout the intervention process.

Clinical Analysis – Continuous assessment and reflective notes by the therapist documented the progression of therapy and the client's adaptation.

Sample Size

The sample consists of a single participant (XY), with supplementary insights obtained from her husband and family members. Being a single-subject case study, the research relies primarily on the therapist's detailed observations, therapeutic interactions, and interviews with the participant and her family.

Ethical Considerations

Ethical guidelines were strictly followed throughout the study:

Informed Consent: Before data collection, consent was obtained from XY and her family members to participate in interviews and therapeutic sessions.

Confidentiality: The identity of the participant and her family members has been protected by using pseudonyms (XY, LM). Any identifying details have been omitted to ensure privacy.

Voluntary Participation: Participation in the study was entirely voluntary, and the participant had the right to withdraw at any stage without consequences.

Non-Maleficence: Care was taken to ensure that the therapeutic and research process did not cause any additional psychological distress to the participant.

Cultural Sensitivity: The participant's cultural and religious background as a Hindu woman was respected and acknowledged during the therapeutic process.

V. TREATMENT PLAN

Objectives:

The primary goal of the treatment plan is to provide Mrs. XY with the necessary support to process her grief healthily and adaptively. To rebuild her emotions, resilience, and assist her in regaining a sense of purpose and functioning in her daily life.

The treatment plan is grounded in grief counselling techniques, the psychodynamic approach of guided imagery, and cognitive behavioral therapy.

1 Grief Counselling:

Establishing a safe therapeutic Relationship:

Build rapport and provide a non-judgmental space for Mrs. XY to express her Grief, fear, and emotion. This is essential for establishing trust and ensuring she feels supported.

Emotional dependency was very intense. Understanding it and to what level a person depends on the other person for emotional support, self-worth, and validation. Thus, first the level of emotional dependency and the level of guilt had to be learnt, which could take place only through a good rapport built. The therapist can identify the dependency pattern of emotional reliance through good and supportive conversation. Exploration of the attachment issues how close she was to her mother-in-law, is also very important to rebuild self-esteem and autonomy.

Reassure her that grief is a natural process that can take time and that she is not expected to move on immediately, but a process she can take at her own pace.

2 Emotion Focused Intervention:

Help Mrs. XY explore her current emotional responses to the loss, including her intense sadness, numbness, confusion, guilt, and anger. Her validation of these feelings will help her begin to accept her grief rather than avoid or suppress it.

Engaging her in the memory writing, which she did to come out of her deep emotion, was helpful. Her journal writing and letter writing to her mother-in-law were soothing for her mind.

3 Facilitating Acceptance:

Using psychoeducation to explain the stages of grief and introducing the concept that grief is not linear, it can involve a period of acceptance interspersed with the waves of intense emotion. Grief and self-blame in grief are rooted in the human tendency to assign responsibility for the events that are beyond control. She has the guilt of not attending at the last moment; her ignoring attitude has created a sense of self-blame. The thought of what she wanted to tell me, what she wanted to share with me, how did I miss? All these things running in her mind are not letting her resolve the problem.

Emphasized to her that acceptance does not mean forgetting, but rather finding a way to incorporate the loss into her with meaningfulness.

The second main focus was the psychodynamic therapy, which helped in sorting out the guilt and blame and the confusion of the death and life of her mother-in-law.

Psychodynamic therapy:

Guided Imagery Intervention

During therapy, XY was guided into a calm and relaxed state through deep breathing exercises. Once centered, she was invited to revisit the night of her mother-in-law's illness and reimagine the situation in a more supportive and compassionate way. In this visualization, XY attended to her mother-in-law, offered comfort, and received words of gratitude and blessing from her before her peaceful passing.

Through this restructured imagery, XY was able to process her unresolved guilt, transform her self-blame into acceptance, and perceive her mother-in-law's departure as peaceful and affirming. On returning from the exercise, XY reported feeling relieved, emotionally lighter, and spiritually reassured,

expressing that her mother-in-law was at peace and that she could now pray for her with love rather than regret.

Cognitive behavior therapy:

Behavioral Activation: Encourage XY to engage in activities that she once enjoyed, such as attending religious services, helping poor people, writing articles, visiting friends and pursuing hobbies, and feeding dogs and birds.

Gradually, she engaged in these activities and counteracted her current social withdrawal and anhedonia, and regained her self-worth and purpose of living.

Addressing her sleep disturbance:

Teaching XY sleep hygiene practices to manage her sleep issues. This may include maintaining a consistent sleep routine, avoiding caffeine in the evening, and using relaxation techniques to ease anxiety before bedtime. JPMR [Jacobs' progressive muscle relaxation technique] worked well for XY.

Addressing low appetite: This issue was sorted once sleep and daily activities fell in place, still some physical exercise and vitamin D tablets, and a balanced diet chart were provided for a better immune system, metabolism, and regular eating habits were inculcated.

Building coping skills:

Equip XY with a coping mechanism to deal with overwhelming emotions. This includes strategies such as mindfulness, deep breathing, and grounding techniques to stay in the present moment and reduce emotional distress.

Strengthening her abilities to handle life challenges without becoming overwhelmed by her emotions or withdrawing from life.

A family therapy support from her husband and her son was required:

Family therapy:

Helped more effectively because LM though was retired but was disassociated to XY as she was more close to her mother-in-law he was spending less time with her and her son was in hostel visiting once in a while was also not much attached, hence this session helped the family navigate out of the grief from each one of them and reinstated the need to be supportive to one another and create a good communication for better bonding and mutual support in the family.

Psychoeducation and Emotional Regulation:

Psychoeducation on the nature of grief, how it would impact mentally, emotionally, physically, and spiritually, was explained. Different stages of grief were explained [denial, anger, bargaining, depression, acceptance], and the experiences of emotional upheaval and confusion.

Use mindfulness-based approaches to help her remain in the present and avoid becoming in ruminating or anticipatory anxiety.

Analysis of Outcome: The intervention effectively addressed both the emotional and cognitive aspects of grief.

Grief counseling provides normalization and structured support, aligning with Worden's model that emphasizes acceptance and adaptation.

VI. DISCUSSION AND CONCLUSION

This case highlights how sudden bereavement can lead to intense grief complicated by guilt, self-blame, and social withdrawal. XY's distress reflected the emotional weight of her caregiving role and cultural expectations within an Indian family context. Guided imagery was particularly effective in helping her reframe unresolved memories and release guilt, while CBT, mindfulness, and family therapy supported emotional regulation, cognitive restructuring, and social reintegration. These findings align with previous research emphasizing the value of integrative and culturally sensitive approaches in grief therapy (Neimeyer, 2012; Stroebe & Schut, 1999).

Conclusion

An integrative therapeutic approach—combining guided imagery, CBT, mindfulness, psychoeducation, and family support—helped XY achieve acceptance, restore self-worth, and reduce grief intensity. Although based on a single case, this study contributes to the limited literature on grief therapy in Indian cultural contexts and underscores the importance of personalized, holistic interventions for individuals experiencing sudden familial loss

APPENDIX

Guided Imagery Protocol

- Participant seated in a calm, well-lit room.
- Deep breathing (6–7 breaths) to induce relaxation.
- Visualization of the night of her mother-in-law's illness, reimagining compassionate care and receiving blessings.

- Focus on emotional release, acceptance, and closure.
- Gradual return to present with relaxation techniques.

VII. ACKNOWLEDGMENT

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