Effect of Bereavement on Prosocial behaviour among Adults: A Review

1Manisha Yadav and 2Dr. Shubhangi Gupta
1Research Scholar, Faculty of Behavioural Sciences, SGT University, Gurugram, Haryana
2Assistant Professor, Faculty of Behavioural Sciences, SGT University, Gurugram, Haryana

(Received: 02 September 2023 Revised: 14 October Accepted: 07 November)

ABSTRACT:
People who lost their loved ones are the ones who are badly affected mentally, socially, emotionally and even physically. During and post covid times were full of challenges and problems for all the individuals who have lost their loved ones. These people are bereaving differently on different levels after the post covid time. A review was done on 60 papers related to bereavement and non-bereavement showing prosocial behaviour. The aim of the study is to focus on gender as a mediating variable between bereavement and prosocial behaviour. It was seen that prosocial behaviour showed a positive correlation with bereavement. No direct correlation of gender as a mediating factor between pro-social behaviour and bereavement was found. Other factors such as the duration of bereavement are yet to be explored. Using prosocial acts as an intervention for overcoming the pain and suffering of a bereaved person is there, but prosocial behaviour as a consequence of bereavement is yet to be explored. Very few studies are there which proved the fact that prosocial behaviour is an outcome or consequence of bereavement. This paper may be relevant for social workers and other professionals employed in positions in which they encounter trauma and high emotional stress while bereaving. Prosocial as an intervention. it is well established. However, seeing prosocial as a consequence of bereavement is something that studies should focus on.

BEREAVEMENT
Bereaving adults often experience the traumatic experience in their lives. People who have lost their love one’s face lots of negative emotional experience in their life. From the past, bereavement was associated with different symptoms but itself bereavement was not considered as disorder. One such paper by Shear, Skritskaya, N. A. (2012) stated that anxiety can be resulted from grief and loss of a loved one can trigger the onset of a DSM-IV anxiety disorder so, bereavement-related anxiety disorders need to be recognized and treated. Bereaved people mostly commonly diagnosed by psychiatric disorders with mental health problems include posttraumatic stress disorder (PTSD), major depression, and conditions of disturbed, non-normative grief (Maercker et al., 2013). Bereavement people shows post traumatic symptoms like stress, depression, anxiety and flashbacks (Varma & Hu, 2022). 61 spouse carers of hospital patients who passed away within the previous 6–18 months were questioned by Allen et al. in 2021. More suffering-focused ruminating and less sensations of relief were associated with decreased wellbeing and the majority of carers saw the death as at partially relieving. The bereaved person’s body also shows physical effects as a consequence of bereavement. One such study is given by Cohen et al.’s (2015) which investigated the relationship between grief and inflammatory biomarkers was to determine whether levels of cortisol and inflammatory biomarkers differ significantly depending on bereavement state and/or the frequency of recent bereavements. It was discovered that respondents who had experienced a loss had higher inflammatory levels than those who hadn't. This also demonstrates the fact that a person who has lost a loved one also experiences bodily suffering. With the above studies we can conclude that bereavement effects not only a person’s mental health but physical health as well.
To understand bereavement more, there are some definitions and theories given by researchers. From the past years researches are trying to define bereavement. One such study is given by Lee, 2015. While defining bereavement, DSM-5 has been used for reference (Lee, 2015). As such bereavement is proposed to have 16 symptoms, which are divided into three domains (Lee, 2015).

Killikelly and Maercker (2022) stated that Grief reactions are difficult to summarize. There are many bereaved people who suffer deeply and in the initial time after the loss, they take lot of time accepting the death of their love ones and others find it difficult to cope with the loss and find their way back to their normal lives.

Djelantik et al. (2020) in his study indicated that nearly half of the bereaved adults experienced prolonged grief disorder. Another study by Katz et al., 2021 stated that there is a lot that parents and families are still suffering as a result of COVID-19. Death, grief and bereavement all took at the same time. So, health professionals across the world should be aware of psychological distress caused by that time and the risk of onset of prolonged grief disorder.

The degree to which bereavement can be categorized as a disorder has been the subject of extensive research since the past years.

The new criteria of the eleventh version of the International Statistical Classification of Diseases and Related Health Problems (ICD-11) of the World Health Organization (WHO) provide a frame of reference to answer this question. For the first time, the ICD-11 lists a clinical diagnosis for the syndrome of pathological grief with the new Prolonged Grief Disorder.

Formerly known as complicated grief disorder, Persistent complex bereavement disorder is a DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, 5th ed.) diagnosis assigned to individuals who experience an unusually disabling or prolonged response to bereavement.

Grief is same for everyone, mostly every individual regardless of background will eventually experience the loss of someone close to them (Daly et al., 2019). Prolonged grief (PG) is a potentially debilitating consequence of bereavement (Maccallum, & Bonanno, 2022). The first systematic review by Lundorff et al. (2017) on prevalence on prolonged grief in adult bereaved people. The result suggested that one out of ten bereaved adults is at risk for prolonged grief disorder. One study resulted that approximately half of the bereaved adults following unnatural loss of the deceased person experienced prolonged grief disorder (Djelantik, 2020). Recent studies showed that bereaved people should be accessed for the diagnostic of Prolonged grief disorder. It is very important to timely diagnose the bereaved person and provide an appropriate intervention for the same. For that health professionals should also considers the factors associated with person who is grieving by the loss of love ones. (Michael and Cooper's, 2013) also
highlighted various factors which play a role in mediating the relationship between bereavement and post-traumatic growth such as the age of the bereaved, social support, time since death, religion, and active cognitive coping strategies all.

After getting accepted bereavement as a disorder in (DSM)-5 (American Psychiatric Association, 2013) and in the International Classification of Diseases (ICD) 11, New studies suggest to focus on interventions after diagnostic of the bereavement. One such paper by Eyetsemitan (2022) which stated to focus more on helping the deceased rather than rumination on loss impact on the bereaved person.

GENDER DIFFERENCE AND BEREAVEMENT

To check if there is a gender differences in bereavement, some recent studies have been analyzed. Pohlkamp et al. (2019) looked at a study conducted across the country on the psychological wellbeing and grieving of bereaved parents 1 to 5 years post bereavement. According to the findings, mothers displayed more severe symptoms of grieving, sadness, and posttraumatic stress disorder than fathers.

To see if there are gender differences in prolonged grief, Lundorff et al. (2020) looked into it. According to the study’s findings, men experienced prolonged mourning as an acute, reducing emotion, but women experienced prolonged sadness as an adjourned, increasing reaction.

During the COVID-19, the world has faced the pandemic. The people who have lost their love ones still grieving. Living in a nation with the highest COVID-19, women have reported high depression than men (Wang, 2022).

Prolonged grief disorder (PGD) as a disorder is recently included in ICD-11, so, gender differences in growth trends are unknown. Not much studies are there showing gender differences in bereavement among adults.

PROSOCIAL BEHAVIOUR

Prosocial behavior gives a positive meaning in one’s life and provides positive well-being.

“Prosocial behavior is denoting or exhibiting behaviour that benefits one or more other people.” (American Psychology Association).

Over the past studies and researches attempted to explain the term and the consequences of prosocial behaviour through various theories, models and hypothesis. Relationship between volunteer work and personal well-being was established by Thoits and Hewitt (2001) six aspects of personal well-being such as, life satisfaction, happiness, self-esteem, physical health, sense of control over life and depression. Result of this study showed positive correlation between volunteer work and well-being.

Carlo & Randall, 2002 gave six tendencies of prosocial behaviours among individuals:

<table>
<thead>
<tr>
<th>6 PROSOCIAL TENDENCIES</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Altruistic</td>
<td>Helping voluntary (Eisenberg &amp; Fabes, 1998)</td>
</tr>
<tr>
<td>Compliant</td>
<td>Helping others in response to a verbal or nonverbal request (Eisenberg et al., 1981)</td>
</tr>
<tr>
<td>Emotional</td>
<td>Helping others under emotionally evocative circumstances</td>
</tr>
<tr>
<td>Dire</td>
<td>Helping in crisis or emergency situations (Carlo &amp; Randall, 2002).</td>
</tr>
<tr>
<td>Public</td>
<td>“Prosocial behaviors conducted in front of an audience are likely to be motivated, at least in part, by a desire to gain the approval and respect of others (e.g., parents, peers) and enhance one’s self-worth” (Buhrmester et al., 1992)</td>
</tr>
<tr>
<td>Anonymous</td>
<td>acting as a helper without knowing the recipient.</td>
</tr>
</tbody>
</table>
Using this model, Lampridis and Papastylianou, 2017 aimed to investigate the different prosocial tendencies in Greek young adults and examine the relationship between prosocial behavioural tendencies and individualism–collectivism. This study resulted as:

<table>
<thead>
<tr>
<th>Altruism and Compliant</th>
<th>Most preferable prosocial tendencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dire and Emotional</td>
<td>Moderate preferable prosocial tendencies</td>
</tr>
<tr>
<td>Public and Anonymous</td>
<td>Least preferable prosocial tendencies</td>
</tr>
</tbody>
</table>

Other model was explained by Son and Wilson (2012) who have also established the relationship between volunteer work in community and three dimensions of well-being: Hedonic (positive mood), Eudemonic (purpose of life) and social (Feeling of belonging to the community). Results show that volunteering enhances eudemonic and social well-being (but not hedonic well-being).

Aknin et al. (2012) resulted in supporting the fact that prosocial spending increases happiness. More studies are there finding positive correlation between happiness and prosocial happiness or charity. Aknin et al. (2013) demonstrated that after giving more to charity when connected with some cause, people feel happier. Cross cultural evidence is there to support prosocial spending and well-being. Aknin et al. (2013) collected data from 136 countries and conducted experiments within two different countries i.e., Canada and Uganda. The result showed that prosocial spending money on others is consistent with happiness. Aknin et al. (2015) studied prosocial behaviour leads to happiness in a small-scale rural society indicated that giving to others is emotionally rewarding. This study investigated the people of a small-scale, rural, Western culture, farming without electricity, and less formal education and resulted displaing emotional rewards from engaging in prosocial activities. This shows benefits of prosocial behaviour is universal in diverse societies and cross-culturally. One such study conducted on 378 undergraduates Chinese’s shows the positive relationship between prosocial behaviour and positive mood which promotes physical functioning (Guo et al., 2017). Studies on prosocial behaviour and happiness have found positive correlation all across cultures, populations and different socio-economic background.

Various variables have been predicted of prosocial behaviour to promote the well-being that is emotionally, culturally and cognitive variable (Martí-Vilar et al., 2019). There is a positive linkage among social capital, prosocial behaviour, and subjective well-being (Helliwell et al., 2017).

Lyubomirsky and Layous (2013) used a positive activity model including four mediating variables: positive emotions, positive thoughts, positive behaviors, and need satisfaction, for studying the effect of positive activity on well-being. Nelson et al., (2016) and Wiwad and Aknin, (2017) supported the fact that the motives other-focused helping leads to higher positive affect than self-focused helping and suggested that selfish motives while helping others should be promoted which would result in more emotionally rewarding.

Prosocial behaviour aims to gain social acceptance or lessen one’s personal distress (Bierhoff & Rohmann 2004). According to a different approach, prosocial behaviour incentives frequently combine elements of more egoistic (egoistic) and more altruistic (altruistic) action (Batson et al., 1981).

Prosocial behaviour increases self-worth and self-esteem in one’s life. The study reported that those people experiences greater meaning in their lives as compared to others who are not engaged in prosocial activities. (Klein, 2017)

**GENDER DIFFERENCES AND PROSOCIAL BEHAVIOUR**

This study aimed to find out whether gender also plays an important role while showing prosocial behaviour. Are there any other factors which are responsible for them in showing more prosocial behaviour as compared to other. Is this a dispositional trait or a situational trait which can promote the prosocial behaviour.

Torstveit et al. (2016) investigated whether a dispositional trait such as guilt proneness can be associated with prosocial behaviour. The result of this suggested that women are more inclined on prosocial behaviour than men.
Abdullahi and Kumar (2016) sought to determine whether prosocial behaviours differed by gender. The Prosocial Personality Battery (PSB), which measures seven characteristics, is used in the study to gather data. The findings indicate that apart from moral reasoning when it comes to perspective-taking and sharing concerns, both genders were equally disturbed on the majority of prosocial conduct variables. However, females score higher than males in, indicating that they have a better understanding of others’ mental states and are more concerned with morality in society. Subjects chosen by students also showed gender mediated difference in prosocial behaviour. Females and social science majors had higher favourable attitudes towards prosocial conduct. Additionally, males and students studying science and technology were more inclined towards individualism than females, who were more inclined towards collectivism (Lampridis and Papastylianou, 2017).

Although studies have shown gender difference in prosocial behaviour, but these differences do not give clear indication on the factors showing gender differences in prosocial behaviours. Hence, while most of the studies resulted, that female shows more prosocial behaviour as compared to male. More research should have been done in this area focusing on factors which are responsible for them in showing prosocial behaviour.

**BEREAVEMENT AND PROSOCIAL BEHAVIOUR**

Hopelessness is an essential element of unbearable suffering (Dees, 2011). A ray of hope in a person can help a bereaved person to over their lifetime sufferings after the loss of their love ones. The results of many studies proved that prosocial behaviour can help the person in moving towards the life. Grief can’t be vanished from their life but yes prosocial behaviour as an act can help managing the bereavement process. Frazier, 2013 stated that Bereaving and non-Bereaving adults both shows prosocial behavior. Many studies have supported the fact that bereaving adults are more driven to prosocial behavior than non-bereaving adult. A study by Frazier, 2013 showing results that individuals with more traumatic experience are engaged in more prosocial behavior.

Cacciatore (2014) used a case study of a bereaved parent and used a mindfulness-based bereavement care that resulted in consistent with social work values. Stress on emotional functioning can be reduced by involving in prosocial activities (Raposa, 2016).

Now this shows the engaging in prosocial behaviour can be used as an intervention in reducing the pain and suffering.

Dore (2000) resulted that participants who are helping others showed greater decreased in depression and increased regulation of one’s own emotions.

Bereaving adults are more likely to help other people who are in pain and feel more connected and relatable to them. They tend to involve in prosocial behavior for their own emotional relief as helping others promotes happiness (Wiwad, 2017). Bereavement adults take prosocial behavior as a positive coping mechanism from their own grief. A study resulted those positive effects of managers perceived stress on their prosocial coping behaviors and employee outcomes This results that prosocial behavior can also be used as a coping mechanism to reduce the stress in a person. (McCarthy et al., 2019).

One study supports the fact that post traumatic people experience involuntary intrusions such as flashbacks after the traumatic experience. Results in this showed that compared to non-prosocial behavior, prosocial engagement (i.e., performing charitable donations) reduced involuntary traumatic intrusions (Varma & Hu, 2022). Bereaved people also help others going through the same grief, helps each other and provide support in their lifetime journey towards healing and share their ways so that other might get help from them (Denhup, 2019). These people also join support groups and a common platform where they can help others in overcoming the grief by sharing their journeys. This is also a kind of prosocial act and helps the bereaved person as well in minimizing the pain. Studies on pregnancy loss are there which supports the fact that women engagement in prosocial behaviour resulted higher level of posttraumatic growth as compared to those who don’t involve in prosocial activities (Freedle and Oliveira, 2021). Gabalawy et al. (2021) examined the elements of posttraumatic growth (PTG) theory which included:
1) the nature of the index event
2) the relationship between suffering and PTG
3) prosocial correlates of PTG.

The findings demonstrated a relationship between PTG and almost all trauma-related, specific psychopathology/affect (such as anxiety, positive affect), and prosocial (such as empathy, volunteerism) variables.

Discussion and Conclusion

Psychiatric disorders with mental health problems include anxiety, posttraumatic stress disorder (PTSD), major depression, and conditions of disturbed, anxiety and flashbacks can be resulted from grief and loss of a loved one (Maercker et al., 2013, Varma & Hu, 2022 and Kritzskaya, 2012). Cohen et al.'s (2015) investigated the relationship between grief and inflammatory biomarkers discovered that people who have lost the love ones experienced higher inflammatory levels than those who hadn't. This also demonstrates the fact that a person who has lost a loved one also experiences bodily suffering. With the above studies we can conclude that bereavement effects not only a person’s mental health but physical health as well.

Health professionals across the world should be aware of psychological distress caused by the time and the risk of onset of prolonged grief disorder. Recent studies showed that bereaved people should be accessed for the diagnostic of Prolonged grief disorder. It is very important to timely diagnose the bereaved person and provide an appropriate intervention for the same. For that health professionals should also considers the factors associated with person who is grieving by the loss of love ones. (Michael and Cooper's, 2013). New studies suggest to focus on interventions after diagnostic of the bereavement. Eyetsemitan (2022) stated to focus more on helping the deceased rather than rumination on loss impact on the bereaved person.

Prolonged grief disorder (PGD) as a disorder is recently included in ICD-11, so, gender differences in growth trends are unknown. Studies by Pohlkamp (2019), Lundorff (2020) and Wang (2022) showed that female bereaved more than males. But not much studies are there showing gender differences in bereavement among adults.

Studies on prosocial behaviour and happiness have found positive correlated all across cultures, populations and different socio-economic background. Guo et al., (2017), Aknin et al. (2015) and Aknin et al. (2013).

Nelson et al., (2016) and Wiwad and Aknin, (2017) supported the fact that the motives other-focused helping leads to higher positive affect than self-focused helping and suggested that selfish motives while helping others should be promoted which would result in more emotionally rewarding.

Although studies by Lampridis and Papastylianou (2017), Abdullahi and Kumar (2016) and Torstveit et al. (2016) have shown Females shows more prosocial behaviour than male, but these differences do not give clear indication on the factors showing gender differences in prosocial behaviours. More research should have been done in this area focusing on factors which are responsible for them in showing prosocial behaviour.

Cacciatore (2014) used a case study of a bereaved parent and used a mindfulness-based model of bereavement care that resulted in consistent with social work values. Stress on emotional functioning can be reduced by involving in prosocial activities (Raposa, 2016 and Dore, 2000). There are many studies which shows the engaging in prosocial behaviour can be used as an intervention in reducing the pain and suffering.

Bereaving adults are more likely to help other people who are in pain and feel more connected and relatable to them. They tend to involve in prosocial behavior for their own emotional relief as helping others promotes happiness (Wiwad, 2017). Bereavement adults take prosocial behavior as a positive coping mechanism from their own grief. Prosocial behavior can also be used as a coping mechanism to reduce the stress in a person. (McCarthy et al., 2019). The above studies itself are contradictory. Some studies are there using prosocial acts as an intervention for overcoming the pain and suffering of a bereaved person. But prosocial behaviour as a consequence of bereavement is yet to be explored.

Very few studies are there which proved the fact that prosocial behaviour is an outcome or consequence of bereavement.

Bereaved people also help others going through the same grief, helps each other and provide support in their lifetime journey towards healing and share their ways so
that other might get help from them (Denhup, 2019). These people also join support groups and a common platform where they can help others in overcoming the grief by sharing their journeys. This is also a kind of prosocial act and helps the bereaved person as well in minimizing the pain.

The effect of bereavement in prosocial behavior in relation to duration of bereavement (for example taken as 12 months, 18 months and 24 months) is yet to be explored. Very few studies have been found taking bereavement and prosocial behaviour in terms of duration of bereavement.

Very few studies are there which are focus on the interaction effect of gender, bereavement and prosocial behaviour. So, more studies should be there focusing on gender taken as a variable between bereavement and prosocial behaviour.

This study is not without limitations. It includes studies with the use of self-report measures that carry the chance of dishonest responses. Even though the study includes a diverse population, only papers published in English were included.

References


32. https://dictionary.apa.org/prosocial


