

An Investigation into the Normal and Abnormal Mourning Components among Employees Following their Colleagues' Death at Unexpected Events

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Abstract

Background and objectives: The present study deals with the emotional process of mourning among employees after colleagues' death in unexpected events. **Materials and methods:** To gather data for this study, which was of qualitative type, seven employees working in district 3 of Isfahan Education office were interviewed via semi-structured interview method. These participants were selected through purposive/theoretical sampling procedure until saturation point. To put it more precisely, since they had lost their colleagues in unexpected events, they fitted the study purpose. Content analysis of interviews, cyclical analysis method, and also development and extension of themes as well as merging them by paradigm were used to analyze data. Furthermore, the coding process was also done by referring to the study research questions about normal mourning, abnormal mourning, emotional symptoms of mourning, symptoms of restrained mourning, and the way employees come to terms with their colleagues' unexpected death, and the impact of employees' emotional support from one another to deal with pathologic mourning. **Results:** The findings revealed that while encountering their colleagues' death, employees showcase different emotional reactions. This, in turn, implies their difference in experience and attitude to life. **Conclusion:** It seems that offering psychological programs for the persons who have lost their colleagues can contribute to mitigate the effects of mourning, improve their behavior, and speed up the process of returning to normal state.

Key Words: Normal mourning, Pathologic mourning, Psychological impacts, Colleague's death.

1. Introduction

People lose their beloved ones for different reasons including, but not limited to, natural death, unexpected death, accident, flood, earthquake, etc. Each loss exerts its own influence which is different from other losses (1). In psychology, mourning is typically defined as the feeling of trepidation that is often felt after loss of a beloved person. Mourning is likely to disrupt the normal conditions of life and cause numerous signs in people (2).

Any compromise with mourning can affect the life and future of people (3). When a beloved person dies, it is natural for others to show mourning reaction and it usually does not need to be treated. However, reactions to abnormal mourning might complicate the situation and give rise to other disorders such as depression (4).

Abnormal mourning reactions may occur when mourning has not been done or have been postponed until another person's death. Complicated mourning reaction is likely when mourning is severe and its process lasts for more than two months. In this case, symptoms such as inability to refer to death or talk about death are among its obvious signs. Additionally, clear signs of depression such as extreme compunction and thinking of death, which are not typically seen at normal deaths, can also indicate complicated mourning (5). Symptoms of complicated mourning can be observed in patients who tolerate the tribulation of several losses, those who have not passed a normal mourning time period, or those who avoid death-related conditions such as attending graves. These symptoms can also be seen in people who are bereft of social support sources at time of mourning and cannot perform appropriately at work or home at least two or three months after loss (6). It is expected that people experience severe sorrow and abnormal mourning merely for their close beloved persons. However, such feelings might also sometimes happen at time of an unexpected death of a colleague who is neither a close friend nor a family member (7). When a colleague dies unexpectedly, work place is a reminder of them for other employees. In this case,

employees are, in fact, experiencing a joint mourning. Thus, their emotional support to one another can reduce the time of seclusion and sorrow. Time of mourning is, however, different in different people (8). The most commonly observed emotional processes at time of mourning are: depression, disappointment, crying, shock, guilty feeling, anxiety, mental preoccupation, loneliness, hopelessness, etc. (9). Colleagues show different reactions and feelings to the deceased which are all valid. To deal with mourning, talking about feelings and comprehending them (instead of curbing and hiding them) is of great importance (10). People who care about their mental and physical health often do not know that mourning is the foundation of their specific physical and mental state (11). Counseling and treating mourning by considering factors such as emotional state of persons, prediction of their behavior, recognition of their needs and supportive sources, and creating a coherent philosophy of life that helps them to accept death, can substantially help them to deal with their mourning (12). For many of people, it is hard to listen to others' mourning utterances and mourners usually have little chance to express their pains and tribulations. In addition, if the remaining supportive system is also mourning, the available support level decreases considerably (13). Counseling and psychotherapy of mourning can be placed in the rehabilitation counseling group in that in all kinds of tribulation, people feel psychological pressure and their immunity system might hurt which needs to be rehabilitated (14).

However, few studies, if any, have ever been conducted about the emotional processes of mourning among employees after their colleagues' death in unexpected events (which often happen in today's communities) and the effect of such feelings on different people. The present study, then, aimed to discover and identify the mourning emotional reactions in employees who had encountered their colleagues' death in unexpected events.

2. Materials and Methods

Method

Given the recognition keys of abnormal mourning and tracking its stages in the under study people, the research was chosen to be qualitative. Data collection was also done using a semi-structured interview with open items with seven employees who were directly engaged with these events. The interview was flexible enough as the participants were allowed to express their feelings and experiences related to the event. The participants' permission was also obtained to record the interviews. The interviews were then transcribed word by word and were then examined accurately to extract and discover key words and terms pertinent to mourning, its kinds and stages.

Purposive sampling

For purpose sampling, the persons who were willing to take part in the study and share their experiences were interviewed (three interviews). Then, based on the obtained data, the interview was continued via theoretical sampling to make the issue more tangible. Theoretical sampling was used for specifying potential participants in which they were selected because of their ability to clarify the studied issue. In this sampling, further samples were also taken simultaneous with the data analysis process to develop the theory more (15). Theoretical saturation was achieved when all categories developed desirably based on properties and variety and any further data collection and analysis could add to the concept trivially (16).

The participants were selected in a way that could provide the researcher with the best information. Thus, the researcher attempted to consider the most possible variety in the sampling procedure so that a wider spectrum of views could be covered. After running the interviews, seven persons were chosen as the participants.

Research tools

The researcher made use of semi-structured interview with open items to gather data. It gave the participants the chance to openly depict their feelings, experiences, and views on the event. This tool is also suitable for qualitative studies because of its flexibility and depth.

Data collection setting

The setting of qualitative research was the place where the participants' experiences had happened (17). The data collection setting included the venue where the participants picked out based on their career and their comfort. Having obtained the permission of the officials of Isfahan Education office (District 3) and also the permission of the participants, the researcher set out the intended interviews.

Procedure

In this study, field research method was used meaning that the sampling procedure was done in the place where the participants had lost their colleagues. The researcher then ran the interviews to garner intended data. Accessible Iranian and non-Iranian theses, books, articles, and websites were also used.

Data collection procedure

In this study, the researcher first shared the issues associated with the objectives, outcomes, consent, confidentiality, and relations with the interviewees. Further, the exit option from the study as well as the use and limit of results were also shared by explaining the goals and stages of the study to them. The researcher provided the interviewees with succinct useful information regarding the study so that the relationship between the obtained information and the asked questions could become clear. Then, the interview process started with an open question and continued in a way that the study purposes were covered. It was also tried to encourage the participants to express their views deeply.

The interviews lasted from 30 to 40 minutes (40 minutes on average). It was tried not to lead the participants to any certain responses. All the interviews were recorded and the participants were informed about it. While interviewing, techniques such as observation and note taking were also used to record any non-verbal data such as psychological states like anxiety. The parts depicting common concepts were signaled, summarized, and coded. The main codes were categorized and compared based on their properties and the sub-categories were also specified. The coding process started by specifying and naming the concepts and then information was transported and reduced to determine categories. As these categories appeared, the hypothesis started to develop. The process involved repetitive reading and listening to the recordings so that the researcher could grasp the points and understand the phenomenon.

Coding

The coding process included open coding. The analysis procedure commenced with open coding in which data were separated and concepts were obtained from raw data. The facets and features of concepts were also determined simultaneously. All data were coded. The primary ones were temporary as they were modified at time of analysis. Codes were directly obtained from data and any pre-conceived idea was avoided.

The primary categories created in the open coding stage were constantly compared and similar ones were merged and received more abstract labels. Categories and sub-categories were also continuously juxtaposed based on their features and dimensions so that their real relationship could be ensured. Overall, 33 primary categories and 160 open codes were obtained from the interviews.

The questions guiding the open coding were as follows:

1. How is normal mourning among employees after unexpected death of their colleagues?
2. How is abnormal (pathologic) mourning among employees after unexpected death of their colleagues?

Ensuring about the validity of data

To foster the study validity, the researcher double checked the findings of study with the participants. The participants were asked to express their opinions about the interpretations. If any interpretation was not confirmed by the participants, their intended modifications were done.

Data analysis

To analyze data, content analysis and cyclical analysis methods were used. To put it more clearly, data were gathered, reduced, organized, analyzed, and interpreted. The participants' permission was also sought to record the interviews and transcribe them verbatim for analysis. Finally, the important terms related to mourning of colleagues were recognized by reading and analyzing the transcriptions accurately (18-21).

3. Results

Demography

The participants of the study were 7 employees of Isfahan education office in district 3. They had lost two of their colleagues in unexpected events in one month. The participants were four males and three females and their education degree ranged from primary education to master level (Table 1).

Table 1. Demographic Characteristics of the Participants

Row	Gender	Age (Year)	Education	Work Experience (Year)	Familiarity with deceased person (Year)
1	Female	28	Bachelor	9	3
2	Female	45	Master	25	3
3	Female	44	Master	26	6
4	Male	42	Master	22	6
5	Male	43	Bachelor	20	7
6	Male	36	Diploma	15	5
7	Male	38	Primary	18	6

Normal Mourning Findings

Normal mourning is a natural and expected reaction to a close person's death. In the interviews done with the employees who had lost their colleagues in unexpected events, all of them showed feelings of sorrow, wrath, guilty, shock, regret, and anxiety all of which have been described as normal mourning reactions (22). In fact, what distinguished between normal and abnormal mourning is the degree of expressing and showing these feelings and the way people deal with the mourning and its outcomes. The expressed feelings by the employees and their open coding have been shown in the following. Table 2 shows the codified concepts and issues as well as the participants' quotations in the normal mourning stage.

Table 2. The codified concepts and issues as well as the participants' quotations in normal mourning.

Related Codes	Supporting Quotations
Fear	Since the death happened, I fear the building in which the death happened I have bad feelings about this building This building makes me fear feeling
Discouragement	I do not like this place. I feel discouraged as I step into it
Expecting a bad happening	When a person works here, I feel something bad may happen to them at any moment
Simultaneity of two deaths	It is a dreadful building. Two of my colleagues died in this building in only one month
Charity giving	Whenever I come here, I give charity
Superstitious thinking	I feel pity to the employees of this building. I ask myself "do not they fear working here?"

Getting upset	When Mr. "S" died, I got really angry and upset because although he was a wise man, he himself put himself in trouble
Simmering with anger	I simmered with anger for his stupidity because he did not ask for help from any person. It was his own fool
Anger with oneself	I am angry with myself for not being able to help him
Getting angry	Mr. "H" was not a reckless person. I feel angry when I hear he put himself in danger recklessly. I easily become nervous for small things nowadays
Anger with deceased	The way he died makes me angry. Why a person should be so reckless? Why did not he think about the outcome of his act?
Anger of inability against death	A person who is responsible for a family should have taken care of oneself. Why death cannot be prevented?
Sadness	I am very upset. I want to cry
Tendency to cry	The more I cry, the less I feel relaxed
Sorrow feeling	It seems the whole office is gloomy I cannot have my previous feeling to this office. I think everything changed after his death. I smell sorrow in this place
Heart pressure	I feel my heart is under lots of pressure
Heavy heartedness	When I think about him, I feel heavy hearted
Tearing	I feel upset and start to cry as soon as I see his photo
Feeling of a Person's absence	Seeing his room makes me cry. I become very upset when I see his vacant seat. His family life changed forever. It is really upsetting. I have put his photo under my desk. It makes me feel sorrowful every morning

Table 3 reveals the reconsidered list of emotional states related to normal mourning.

Table 3. Reconsidered list of emotional states related to normal mourning

Studied States	Interpretation
Fear	Fear that person's life might be in jeopardy in the future and they might not be able to counter emotions or not have enough stability toward life problems even without being aware of its main cause
Wrath	Wrath is typically felt tangibly. Muscles are affected and become tough and may result to a real act such as yelling at oneself, others, society, or intellectual beliefs
Sorrow	Feelings of sorrow and missing which affect all aspects of his life and cannot be removed easily

Abnormal mourning findings

In this research study, two of the interviewed employees (28%), who had lost their colleagues in unexpected events, made use of defensive mechanisms more. Issues such as inability to refer to death and relevant issues and inability to return to normal conditions and life after passing of long time from the death time were observed in the participants (23). Unexpressed mourning appears in another form. Expressing mourning by physical signs or abnormal behaviors were symptoms of abnormal mourning among the participants. Table 4 shows the codified concepts and issues as well as supporting quotations of the participants in the abnormal mourning stage.

Table 4. Codified concepts and issues and supporting quotations of the participants in the abnormal mourning stage.

Primary Categories	Codes	Supporting Quotations
Mental Preoccupation	Continuous thinking	When I do not have much to do, I always think what happened to him
	Mental engagement	There is no single day that I do not think about him
	Continuous picturing	As soon as I step into the office and see his empty place, I cannot stop thinking why he passed away like this. I was thinking about him for some consecutive days
	Face Picturing	I continuously remember his face
	Unintentional thinking	I think about him unintentionally. Sometimes, I unconsciously think about him for a long time and ask what happened to him
	Intruder thinking	“Why this happened?” has become an eternal question to me
Shock and Denial	Shock	I do not believe this. I feel shocked
	Lack of belief and acceptance	I have not yet believed the news
	Expectation of attendance	Although it happened a long time ago, I still wait for him to open the door and enter.
	Disbelief	I do not like the news to be real. I did not believe it even when I was in his funeral ceremony
	Consternation and wonder	When I heard the news, I was shocked for some hours and thought it is wrong because I had seen him at three that day and the news was told at 7.00 I shocked I thought I was sleep and I would wake up soon and I would be

		said that it was false news. I do not believe he is dead
Mental Collapse	Collapse	It is justifiable that some people use drugs. This man had his normal life but he suddenly died without any reason
	Destruction	One is collapsed from inside
	Lack of commitment	He tried to have a good and correct life but suddenly died. This makes me think I should do whatever we like

Table 5 shows the reconsidered list of emotional states in abnormal mourning.

Table 5. The reconsidered list of emotional states in abnormal mourning.

Studied States	Interpretation
Mental Preoccupation	One cannot keep their mind away from the absence and continues to review special concepts in their mind. They keep thinking about the next person that they are to lose. They cannot focus on their daily works or talk without mental preoccupations. Unexpected memories continuously come to their mind
Shock and Denial	The person feels shocked even if they are ready for death. The happened situation seems unreal for them and eventually feels puzzled and cannot make themselves accept that the deceased person has died. They hope one day they get rid of this nightmare. Denial and pretending to be unaware of the happening
Emotional Collapse	Collapse and instability of persons which is affected by dependence and lose their emotional control and might cause them to use drugs and provide reasons and excuses for their behaviors.

4. Discussion

According to the literature, it is expected that the mourning process mitigates after about two months from death. However, this study, which dealt with the mourning of employees on their colleagues’ death in unexpected events, revealed that some persons showed behaviors with more excitements. Based on the study results and after the interviews, symptoms of complicated or pathologic mourning were observed in some of the participants.

- Using defensive mechanisms remarkably in some of the employees including: denying the colleague’s death and rejecting the happened reality, feeling shocked by hearing the death news and avoiding its acceptance for a while, and constant picturing of the deceased. Additionally, the suppressing mechanism (preventing from remembering and expressing experiences with the deceased, expressing misery feelings, disappointment feeling, indifference to the colleague’s death, and expressing vulnerability feeling) was also observed in some of the participants. These are all in line with social psychological theory that depicts abnormal mourning as mourning for which no improvement occurs and the mourner continues to look for the deceased person as long as they perceive mourning real. This, in

turn, gives rise to disappointment and disorder and suppressing the pain of absence and lack of expressing feelings make the mourning abnormal. To counter it, it is necessary to leave behind all mourning tasks (24).

Providing pretexts and mentioning unreal reasons were obvious in these persons. Pretending to be indifferent and attributing unpleasant words and phrases to the environment implied their reaction making.

Although all the employees had thought about the deceased in days after the death and had tried to remember his memories, words, and behavior, two of the employees had mental preoccupations about the deceased and talked about mental, emotional, and physical problems that this preoccupation had created to them. These people cannot separate from deceased and has difficulty redefining and recovering them which eventually causes abnormal mourning (25).

One of the interviewees expressed comments that implied emotional collapse. He described the death of his colleague as disaster. This finding is in accordance with cognitive theories stating that: the mourner regards the mourning as a menacing situation and feels that there is no effective strategy to counter it. Hence, no improvement would occur for them until they can integrate their perception and understanding from the absence with extant schemes (26).

One of the interviewees eschewed mourning. Although he was sad, he tried to hide his feeling. To confirm this finding, the analytic-cognitive theory states that abnormal mourning is, in essence, inability to completely express guilt and wrath feelings and also inability to replace thinking approaches (27).

One of the employees maintained that: death is the punishment of a person who acts recklessly. He said that he had no common point with the deceased and started to blame the deceased person for being careless, negligent, and hardworking. Despite showing much regret and emotional feelings, he attempted to appease the survivors and meet their needs. This finding conforms to the study showing that existence of relationship between deceased and survivor can predict higher levels of mourning (28). In a study conducted on psychological patients, it was revealed that those who had bilateral relationship with deceased were more exposed to complicated mourning compared with those having a healthier relationship with deceased (24).

One of the interviewees mentioned the deceased as a peerless person whom no one can fill his empty place. This finding is congruent with the behavior orientation according to which society plays a role in abnormal mourning. Unexpectedness of death, lack of a suitable person to replace the deceased person, and importance degree of absence are influential in determining the severity of mourning reactions. Avoiding mourning or strengthening it are also contributors to complicated mourning.

5. Conclusions

The findings of this research study revealed that normal and pathologic mourning had high frequency in people who had lost their colleagues in unexpected events. The study also unraveled that outcomes of losing a colleague in unexpected events can seriously affect mental and psychological aspects of other employees. Regarding normal mourning, components such as fear, discouragement, charity giving, sadness, regret, wrath, tendency to cry, heavy heartedness, anger with the deceased, and absence feeling had the highest frequency. Additionally, with regard to pathologic mourning, components such as continuous thinking, mental preoccupation, constant imagination, face imagination, shock, lack of belief and acceptance of death, and mental collapse had the highest frequency among the participants. It seems that offering psychological programs for the persons who have lost their colleagues can contribute to mitigate the effects of mourning, improve their behavior, and speed up the process of returning to normal state.

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