

# Grief Counseling

## Grief Reactions: Assessment and Differential Diagnosis

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# Objectives

- Screen for and assess normal vs. complicated grief reactions.
- Utilize guidelines for the differential diagnosis of grief reactions.
- Develop a practical approach to determine if grief therapy is indicated or not.

# Bereavement Grief Mourning

- **Bereavement:** the experience of losing a loved one to death. The time spent in bereavement depends on how attached the person was to the person who died, and how much time was spent anticipating the loss
- **Grief:** the normal and natural psychological, emotional, physiological, social and cultural reactions to losing a loved one (or other kinds of loss and change)
- **Mourning:** showing grief in public, affected by personal and family beliefs, religious practices, and cultural customs and rituals.

# Types of Grief

**Normal:** the normal and natural psychological, emotional, physiological, social and cultural reactions to losing a loved one (or other kinds of loss & change)

**Anticipatory:** may occur when a death is expected but before it happens; may help bereaved but not help the dying person; does not always occur

**Disenfranchised:** grief not acknowledged by society:

loss of stigmatized/hidden/discounted relationship, pregnancy (abortion, miscarriage), pet, job, home, etc.

**Complicated/Prolonged**

[briefly named Traumatic Grief, but renamed because of confusion with Traumatic Bereavement - loss due to violent causes- and PTSD]

# Types of Loss

- Death of a loved one
- Loss of a loved one through relationship conflict or breakup, serious illness of a loved one, moving to a new home, etc.
- Personal loss of one's abilities, capacities, health & well-being through aging, illness, accident or trauma
- Loss of financial & job security, social status
- Loss of idealized self
- Disenfranchised losses of stigmatized/hidden/discounted relationship, pregnancy (abortion, miscarriage), pet, job, home, etc.

# Ambiguous Loss

- **Physically absent but psychologically present** because status of being dead or alive is unavailable (lost soldiers, kidnapped/missing children, etc.).
- **Psychologically absent but physically present** (dementia, severe mental illness, substance abuse disorders and other illnesses that rob the mind).
- Without the markers of a clear-cut loss (death certificate, mourning rituals, opportunity to honor and dispose remains), **ambiguous loss defies resolution**. Not knowing what to do, the loss is denied and relationships are put on hold.

# The Myth of Kubler-Ross' Stage Theory of Grief

Kubler-Ross: studied terminally ill grieving own death

*Denial-Dissociation-Isolation → Anger → Bargaining → Depression → Acceptance*

- No empirical support for grief as (1) divisible into distinct stages, (2) linear, or (3) time-bound
- Does not account for cultural & religious contexts
- Acceptance most commonly reported response (even soon after death) → most bereaved are resilient in face of loss
- A mistaken belief in grief stages harmful to bereaved led to believe they are not coping “normally”

# The Myth of Worden's Grief Work in Normal Grief

## Worden's 4 Tasks of Grief Work

- *Accept reality of loss*
  - *Experience the pain of grief*
  - *Adjust to an environment in which the deceased is missing*
  - *Emotionally relocate the deceased and move on with life*
- 
- If grief is unique, how can there be universal tasks?
  - No empirical support for grief work perspective for normal grief
  - The model encourages providers to identify task(s) of mourning that are “not completed” and “help” bereaved “resolve” each task. Studies have found this practice to be harmful for many of the bereaved.



# The Myth of Closure

- Grief research indicates that everyone's experience with grief is distinct and there's no specific timeline for grieving.
- Many who share their experience with grief describe the importance of meaning making and "continuing bonds". The concept of "continuing bonds" explains that people who grieve often search for ways to stay connected with their deceased loved ones.

# The Problem of Closure

- Closure talk frames grief as bad and something that needs to end.
- Closure is often seen as the “normal end stage” of grief, with “normal grieving” translated as “finding closure.”
- Expecting people to “find closure” within a particular time frame or after specific rituals does not help the understanding of grief and can contribute to pathologizing and medicalizing normal grief.

# Normal Grief

- **Physical** expressions of grief often include crying and sighing, headaches, loss of appetite, difficulty sleeping, weakness, fatigue, feelings of heaviness, aches, pains, and other stress-related ailments.
- **Emotional** expressions of grief may include feelings of sadness & yearning, worry, anxiety, frustration, anger, or guilt.
- **Social** expressions of grief may include feeling detached or disconnected from others & isolating from social contact
- **Spiritual** expressions of grief may include questioning the reason for your loss, the purpose of pain and suffering, the purpose of life, and the meaning of death.

# Normal Grief

Reaction to loss is influenced by

- Relationship with the lost person
- Coping style
- Personality
- Life experiences.

Expression of grief is influenced in part by the cultural, religious, and social rules of the community

# Grief Experiences Are Embedded Within a Context

- Grief is a unique experience that occurs within a historical, social, cultural, and political context
- There is a complex interplay between contextual variables that mediate and moderate an individual's grief experience (impact of family & friends, professional helpers, social norms, legal and medical systems, etc.)

# Grief Experiences Are Embedded Within a Context

- Understandings of grief may affect the amount and type of support one receives from family and friends
  - The status of a particular bereavement might impact one's access to professional help
  - Cognitive appraisal may affect how one perceives the support he or she receives.
- (Breen & O'Connor, 2007)

# Respecting the Mourner's Culture

- Death, grief, and mourning are normal life events. All cultures have practices that best meet their needs for dealing with death.
- The ways in which people of all cultures feel grief personally are similar even though different cultures have different mourning ceremonies and traditions to express grief.
- Cultural issues that affect people who are dealing with the loss of a loved one include rituals, beliefs, and roles.
- Different cultures have different myths and mysteries about death that affect the attitudes, beliefs, and practices of the bereaved.
- Understanding the ways different cultures respond to death can help people of these cultures work through the normal grieving process.
- **Helping people cope with death of a loved one includes showing respect for their culture and the ways they honor the death.**

# Respecting the Mourner's Culture

The following questions may help caregivers learn what is needed by the person's culture

- What are the cultural rituals for coping with dying, the deceased person's body, and honoring the death?
- What are the family's beliefs about what happens after death?
- What does the family feel is a normal expression of grief and the acceptance of the loss?
- What does the family consider to be the roles of each family member in handling the death?
- Are certain types of death less acceptable (for example, suicide), or are certain types of death especially hard for that culture (for example, the death of a child)?



# Little Evidence Grief Counseling Needed in Normal Grief

- “...many bereaved individuals will exhibit little or no grief...these individuals are not cold and unfeeling or lacking in attachment but, rather, are capable of genuine resilience in the face of loss. Almost half of the participants in this study (46% of the sample) had low levels of depression, both prior to the loss and through 18 months of bereavement, and had relatively few grief symptoms (e.g., intense yearning for the spouse) during bereavement. An examination of the prebereavement functioning of this group revealed no signs of maladjustment... They did, however, have relatively high scores on several prebereavement measures suggestive of the ability to adapt well to loss (e.g., acceptance of death, belief in a just world, instrumental support).”
- “How many of the bereaved individuals who do not exhibit overt grief reactions will eventually develop delayed grief reactions? The evidence is unequivocal on this point: No empirical study has ever clearly demonstrated the existence of delayed grief.”

Bonanno, G. A. (2004). Loss, trauma, and human resilience: have we underestimated the human capacity to thrive after extremely aversive events?. *American psychologist*, 59(1), 20.

# Little Evidence Grief Counseling Helpful in Normal Grief

“Grief interventions are further complicated by the belief held by most service providers that their interventions are efficacious...However, research has demonstrated that grief interventions for those with “normal” grief show little to no effect, and in a high proportion of cases, the bereaved participants would have been better off without the intervention.”

Breen, L. J., & O'Connor, M. (2007). The fundamental paradox in the grief literature: A critical reflection. *OMEGA-Journal of Death and Dying, 55*(3), 199-218.

# Who Needs Grief Counseling?

- Gamino et al. : 3 clusters of non-clinical griever whose loved ones died between 12-40 months prior to the study.
- **High Growth (largest group)**
- **Low Impact Grievers (2<sup>nd</sup> largest group)**
- **High Grief: (smallest group)**

# Who Didn't Need Grief Counseling

## **High Growth (largest group)**

- Less distraught over loss
- Activated healthy coping (optimism, social support), see loss as posttraumatic growth)
- Rarely sought counseling. If they did, focus on personal growth and transformation.

## **Low Impact Grievers (2<sup>nd</sup> largest group)**

- Low levels of both distress and post-bereavement growth
- Took losses “in stride” without major upheaval.
- Older than other groups, losing elderly loved one from illness & natural causes.
- If seeking help, preferred antidepressant medications over counseling.

# Who Needed Grief Counseling

## **High Grief: (smallest group)**

- Highest levels of distress
- Least adaptive (pessimistic, less social support, didn't find mourning rituals comforting)
- More likely to have lost loved one through suicide or homicide
- Most often sought grief counseling

# Why It's Important to Diagnose Complicated Grief

- Randomized, controlled trials provide support for the efficacy of a targeted psychotherapy for complicated grief that provides an explanation of this condition, along with strategies for accepting the loss and for restoring a sense of the possibility of future happiness.

# Diagnosing Complicated Grief

Unusually severe and prolonged grief that significantly impairs function that is more likely

- after the loss of a child or life partner
- after a sudden death by violent means
- after discovering the body of the deceased
- if high levels of pre-loss insecure attachment and dependency and/or low levels of social support
- if pre-existing anxiety, stress and/or depressive disorders pre-loss

# Complicated Grief Clinical Features

**Acute grief symptoms that persist for more than six months**

**following the death of a loved one, including:**

- Feelings of intense yearning or longing for the person who died – missing the person so much it's hard to care about anything else
- Preoccupying memories, thoughts or images of the deceased person, that may be wanted or unwanted, that interfere with the ability to engage in meaningful activities or relationships with significant others; may include compulsively seeking proximity to the deceased person through pictures, keepsakes, possessions or other items associated with the loved one
- Recurrent painful emotions related to the death, such as deep relentless sadness, guilt, envy, bitterness or anger, that are difficult to control
- Avoidance of situations, people or places that trigger painful emotions or preoccupying thoughts related to the death
- Difficulty restoring the capacity for meaningful positive emotions through a sense of purpose in life or through satisfaction, joy or happiness in activities or relationships with others



# Complicated Grief Depression & PTSD

Comparing rates in elderly grievers,

- only 7.4% suffered from complicated grief (Maercker et al. 2005)
- 16% to 24% from major depression (Shuchter & Zisook 1993)
- and 20% to 31% from PTSD (Schut et al. 1991)

# Major Depression

- Five (or more) significant and daily symptoms present during the same 2 weeks causing significant distress & impaired functioning
- At least one of the symptoms is either **depressed mood** or marked loss of interest or pleasure (**anhedonia**).
- ◉ Significant weight loss or gain or decrease or increase in appetite
- ◉ Insomnia or hypersomnia
- ◉ Psychomotor agitation or retardation
- ◉ Fatigue or loss of energy
- ◉ Feelings of worthlessness or excessive or inappropriate guilt
- ◉ Diminished ability to think or concentrate, or indecisiveness
- ◉ Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide

# Posttraumatic Stress Disorder

## **Traumatic event**

- Trauma survivors must have been exposed to actual or threatened death, serious injury, sexual violence. The exposure can be direct, witnessed, indirect

**Intrusion or Re-experiencing:** Intrusive thoughts or memories, nightmares, flashbacks

**Avoiding** thoughts or feelings, people or situations connected to the traumatic event

## **Negative alterations in mood or cognitions**

- Memory problems exclusive to event, negative thoughts or beliefs about self or the world, distorted sense of blame for self or others, being stuck in severe emotions related to trauma, severely reduced interest in pre-trauma activities, feeling detached, isolated or disconnected from other people

## **Increased arousal symptoms**

- Increased arousal symptoms of being “on edge,” wary and watchful of further threats. Symptoms include difficulty concentrating, irritability, increased temper or anger, difficulty falling or staying asleep, hypervigilance, being easily startled.

**[Subtype: Dissociation (Depersonalization and/or Derealization)]**

# Complicated Grief vs. Depression

- **Sadness related to missing deceased** vs. pervasive sadness
- **Interest in memories of deceased, longing and yearning for contact, pleasurable reveries** vs. pervasive anhedonia
- **Guilt focused on interactions with deceased** vs. pervasive guilt
- **Preoccupation with positive thoughts of deceased** vs. rumination about past failures or misdeeds
- **Intrusive images of person dying & avoidance of reminders of loss (situations & people)** vs. not prominent in depression

# Complicated Grief vs. PTSD

- **Triggered by loss** vs. physical threat/trauma
- **Primary emotion is sadness** vs. fear
- **Nightmares rare** vs. common
- **Painful reminders more pervasive and unexpected** vs. most often linked/specific to traumatic event
- **Yearning & longing for deceased and pleasurable reveries** not prominent in PTSD

Treating Complicated Grief

**Grief Counseling Session Two!**

# Objectives

- Define and assess normal vs. complicated grief reactions
- Describe and utilize guidelines for the differential diagnosis of grief reactions
- Describe and utilize guidelines for when grief therapy is indicated and when it is not

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