

Grief, Loss & Bereavement in the time of COVID-19

PAQUITA DE ZULUETA

JUNE 2020

BACP WEBINAR



GRIEF

“No one told me that grief felt so like fear. I am not afraid, but the sensation is like being afraid. The same fluttering in the stomach, the same restlessness, the yawning. I keep on swallowing.

At other times it feels like being mildly drunk, or concussed. There is a sort of invisible blanket between the world and me. I find it hard to take in what anyone says.”

C.S Lewis *A Grief Observed*.

GRIEF

“Grief is different. Grief has no distance. Grief comes in waves, paroxysms, sudden apprehensions that weaken the knees and blind the eyes and obliterate the dailiness of life. Virtually everyone who has ever experienced grief mentions this phenomenon of ‘waves’.”

Joan Didion. *The Year of Magical Thinking*.

Normal or Uncomplicated Grief

Derived from old French *grever* – to burden, afflict, oppress. Latin - *Gravis* – weighty, heavy.

Loss and grief are a fundamental part of human life.

The great majority of bereaved do not need help other than from family & friends.

It is a universal human response to the disruption of an affectional bond i.e the loss of a loved one. “Grief is the form love takes when someone we love dies” (Shear 2016).

Grief - a disrupted attachment

Bowlby's work describes how we form attachment 'working models' – a neurobiological affective-cognitive system that relates to our sense of self and how we self-regulate.



Death of a loved one disrupts our 'assumptive world' (Colin Murray Parkes) and we have to create a new one. 4 attachment styles (Mary Ainsworth):

Secure –
autonomous

Avoidant –
dismissive

Anxious –
preoccupied

Disorganised
– unresolved

Myth busting

- **Grief does not evolve in stages** (Kubler-Ross). This stage model does not address the full physical, psychological, social, cultural and spiritual aspects of bereavement. Nor is grieving a linear process (see below).
- There is now a shift away from the necessity of 'letting go' of the deceased towards a **recognition of the potential for a healthy role of maintaining bonds** with the deceased.
- **Research evidence** fails to support idea that grieving is necessarily associated with depression, anxiety, PTSD or that a complex process of grief work is critical to recovery. Indeed there is the possibility of 'post-traumatic growth' following loss.

From stages to Oscillation

Dual processing model
of Stroebe and Schut
(1999)

Dual Process Model of Coping with Bereavement

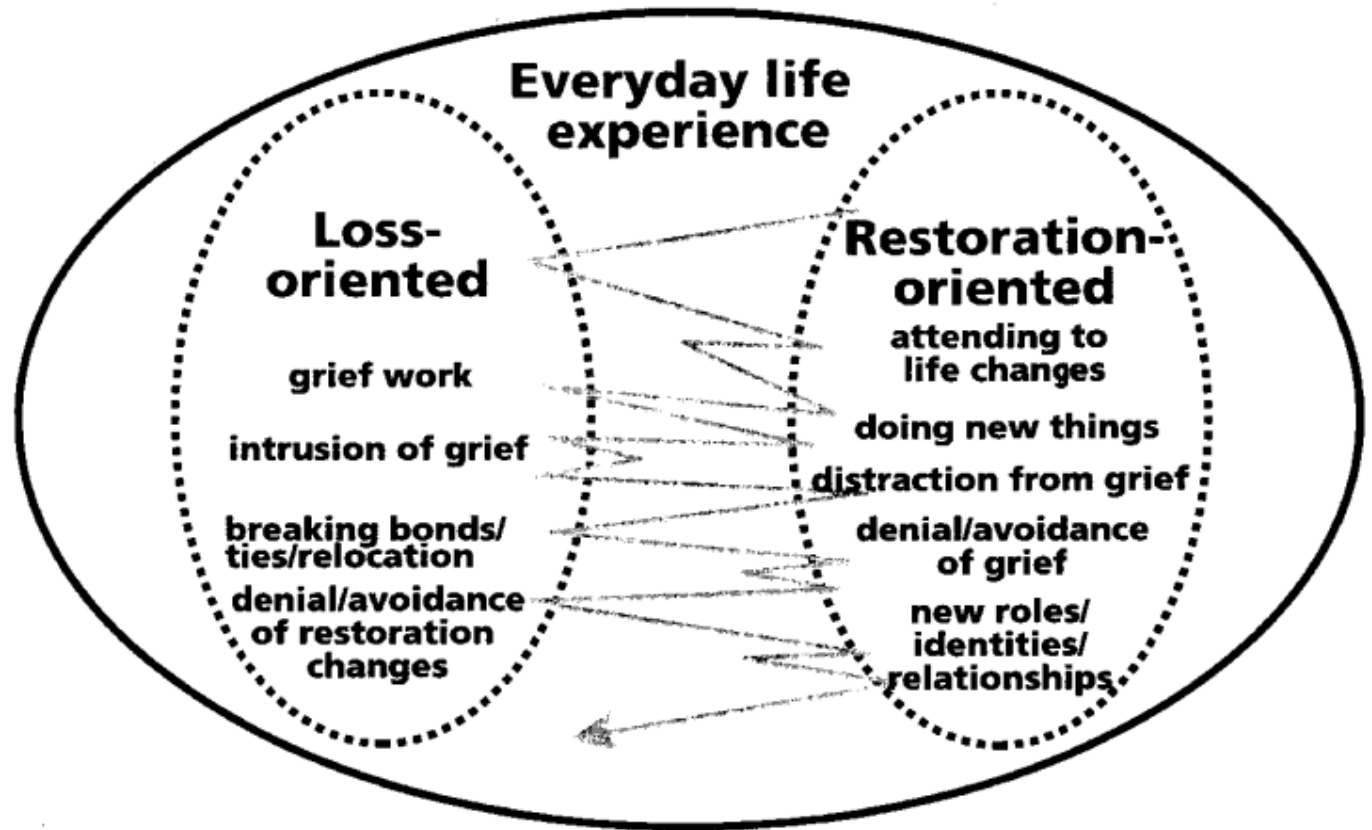


FIGURE 1 A dual process model of coping with bereavement.

Worden's Tasks of Mourning

1. To accept the reality of the loss
2. To process the pain of grief
3. To adjust to a world without the deceased
 - a) External adjustments – daily living
 - b) Internal adjustments – who am I now?
 - c) Spiritual adjustments – finding meaning, new assumptive world
4. To find enduring connection with the deceased while embarking on a new life.

Meaning reconstruction

The attempt to find or create new meaning and purpose in life as a survivor, as well as in the death of the loved one. The need to recreate a self narrative and identity.

The construction of meaning as interpersonal as well as personal, anchored in cultural as well as intimate contexts. (Neimeyer 2000). [Social constructionism]

Meaning-making has 2 concepts and two distinct processes:

1. Making sense of the loss
2. Finding benefits from the loss (Davis, Nolen-Hoeksema, Larson 1998)

But some individuals do not search for meaning and adjust well to loss.

Complicated or Complex Grief

Complicated grief (CG) – also called Prolonged Grief Disorder (PGD) ,
Complex grief or Traumatic Grief (less used now). Intense/chronic grief.

Around 10-15% of bereaved people experience CG.

People with CG suffer prolonged acute grief symptoms, and struggle unsuccessfully to rebuild a meaningful life without the deceased person.

People with CG get stuck with loss-related and restoration-focused processes. Significant impairment in social, occupational and other functions.

A candidate for DSMV? (Shear et al. 2011)

Symptoms of CG –

NB: Must still be present after 6+ months

- Intense yearning or longing. Cannot accept person has died.
- Preoccupying memories, thoughts or images of the deceased person that may be intrusive and interfere with engaging in meaningful activities or relationships. Rumination. Compulsively seeking proximity.
- Recurrent painful, hard-to-control emotions such as guilt, anger, bitterness.
- Avoidance of situations or people that threaten to trigger memories.
- Difficulties in restoring a sense of purpose or joy in life.

Risk factors for CG

Antecedents: Depression/anxiety disorders, early insecure attachment, multiple trauma or loss.

Relationship based – Nature of the relationship, who died.

Death circumstances – sudden, traumatic, multiple, preventable, ambiguous, stigmatized (suicide).

Personality – coping style, attachment style, age/gender, self efficacy/esteem, 'assumptive world'.

Social support, roles, religious resources, cultural expectations,

Other concomitant stressors

Will COVID19 increase risk for CG?

Many Covid-19 deaths are traumatic – with little warning and often in inhumane circumstances. Relatives often unable to see their loved ones before/after death and if they can, they may be unable to be close to them or to hold them.

The sheer numbers of deaths leading to mass disposal of bodies or even mass burials – profoundly depersonalising. The person becomes a statistic.

The social support, religious rituals and cultural practices severely curtailed such that people are deprived of the solace and support they would normally receive.

Good therapy

“Good psychotherapy must be focused on helping people confront their loss, regain confidence in themselves, their lives and their future and undertake activities that are fulfilling and give meaning”

Paul Boelen 2016

Integrated therapy for CG – NB ‘no size fits all’

- Working out which of the 4 tasks they struggle with and work with those.
- Grief monitoring diary. Letter writing. Journaling.
- Positive and negative memories. Dream interpretation. Working with ‘Linking objects’.
- Imaginal revisiting – can include positive coping imagery/rescripting /EMDR.
- Personal goals work. Restoring self esteem. Self compassion. Restoring relationships.
- Gestalt techniques – facilitated conversation with deceased. Empty chair/photos.

The compassionate response to suffering

“Compassion is a sensitivity to suffering in self and others with a commitment to try to alleviate and prevent it. The courage to be compassionate lies in the willingness to see into the nature and causes of suffering - be that in ourselves, in others and the human condition.”

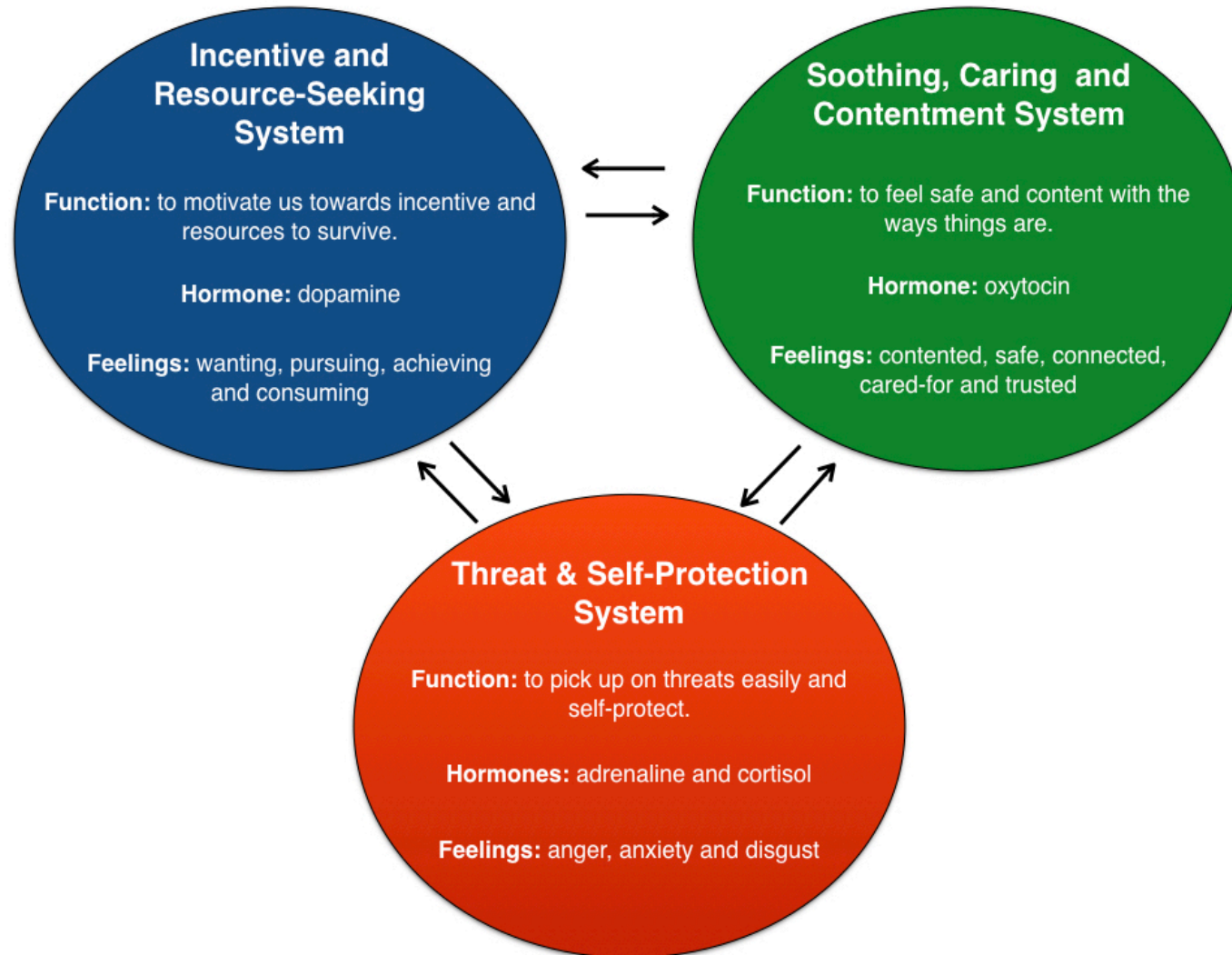
<https://www.compassionatemind.co.uk/>

Compassion

Perception, Emotion, Cognition & Action

- ◆ **Awareness** of, & resonance with the suffering of the other (emotional empathy).
- ◆ **Imagination & perspective** taking – what illness means for *this* particular person (cognitive empathy).
- ◆ **Distress tolerance** (can manage ‘emotional contagion’ and not be overwhelmed) – resilience.
- ◆ **Motivation** to relieve the suffering of another leading to compassionate **action**.

THE SCIENCE OF COMPASSION: Three Emotion Systems [Paul Gilbert]



Gilbert, P. (2009). *The Compassionate Mind - A New Approach to Life's Challenges*. London, United Kingdom: Constable & Robinson Ltd.

Imbalance of the Systems

Fear, competition+, overload and stress activate the *Threat System* *shutting down* the affiliative system. People hunker down for survival. They are 'tuned out'.

In a high stress, high threat environment, there may be increased aggression, reduced compassion, reduced ability to self-soothe, and reduced resourcefulness and creative problem solving.

Compassion focused therapy: Key elements of CFT

Developing the compassion system & self soothing with specific exercises such as compassionate meditation, compassionate imagery, compassionate self-talk etc.

Damping down self attacking, self –criticism – particularly relevant if there is strong guilt and/or shame.

Mindfulness training – non-judgmental awareness.

Self compassion training - developing:
1) Mindfulness of one's own suffering, 2) self kindness and 3) awareness of our common humanity (Kristin Neff) <https://self-compassion.org/>

CONCLUSION

- Grief is a normal yet painful process that integral to the human condition.
- It is distinct from depression, anxiety or PTSD although it may share some of the symptomatology.
- Complicated (complex) grief does seem to be a distinct, disabling condition which benefits from tailored therapy.
- As therapists we should not intervene too soon but be aware of those who are most at risk of CG & offer therapeutic support when appropriate.

Selected References - articles

Boelen PA. Improving the understanding and treatment of complex grief: an important issue in psychotraumatology. *European J Psychotraumatology* 2016; 7:32609.

Glass RM. Is grief a disease? Sometimes. *JAMA* 2005;293:2658-2660

Hall C. Bereavement Theory: recent developments in our understanding of grief and bereavement. 2014. *Cruse Bereavement Care*.

Neimeyer RA. Searching for the meaning of meaning: grief therapy and the process of reconstruction. *Death Studies* 2000; 541:541-558.

Prigerson HG, Jacobs SC. Caring for bereaved patients. *JAMA* 2001. 286:1369-76.

Stroebe M & Schut H. The dual process model of coping with bereavement: rationale and description. *Death Studies* 1999; 23:197-224

Shear MK. Complicated grief treatment. 2010; *Cruse Bereavement Care*.

Selected Bibliography

Joan Didion. *The year of magical thinking*. Fourth Estate 2005.

C.S. Lewis. *A grief observed* 1966.

Colin Murray Parkes. Holly Prigerson. *Studies of grief in adult life*. 4th Edn. 2010

Colin Neimeyer (ed) *Techniques of grief therapy*. Routledge. 2015.

Julia Samuels. *Grief works*. Penguin. 2018.

Worden WJ. *Grief counselling and therapy*. A handbook for the mental health practitioner. Routledge 5th edn 2018

Gilbert P. *Compassion focused therapy – distinctive features*. Routledge 2010.



Thank you.

p.dezulueta@imperial.ac.uk

@PdeZ_doc