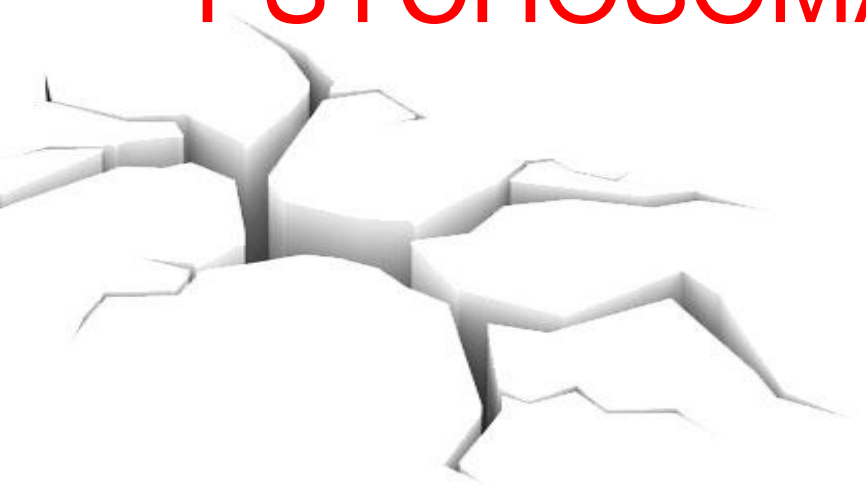


GRIEF AND BEREAVEMENT

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PSYCHOSOMATIC FELOWSHIP OF TMSU



Loss

Loss is defined as the experience of parting (seperating) with an object, person, or relationship that one values.

(Craven & Hirnle, 2009)

Definitions

- **GRIEF** is the process of psychological, social & somatic reactions to the perception of loss
- **MOURNING** is the cultural response to grief
- **BEREAVEMENT** is the state of having suffered a loss.
- **GRIEF WORK** is the work of dealing with grief, requiring the expenditure of physical and emotional energy

A person with long hair is lying in a hospital bed, appearing to be asleep or unconscious. A caregiver is leaning over the person, holding their hand. The scene is dimly lit, suggesting a hospital or care facility setting. The overall mood is somber and caring.

GRIEF

According to John Bowlby, Grief is the physical, emotional, somatic, cognitive and spiritual response to actual or threatened loss of a person, thing or place to which we are emotionally attached. We grieve because we are biologically willed to attach.

SYMPTOMS OF GRIEF

Grief is expressed **physically, emotionally, socially,** and **spiritually.**

Physical expressions of grief often include , headaches, loss of appetite, difficulty in sleeping, weakness, fatigue, nausea, aches, pains, headaches, palpitations

Emotional expressions of grief include feelings of sadness and yearning. But feelings of worry, anxiety, frustration, anger, crying , numbness, guilt are also normal.

Social expressions of grief may include feeling detached from others, isolating yourself from social contact, and behaving in ways that are not normal for you.

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.

THE 5 STAGES OF GRIEF

Elisabeth Kubler-Ross, identified five stages of grief :

1. Denial (this isn't happening to me!)
2. Anger (why is this happening me?)
3. Bargaining (I promise I'll be a better person if...)
4. Depression (I don't care anymore!)
5. Acceptance (I'm ready to go on with life)



Denial



Anger



Bargaining



Depression



Acceptance

Denial

It is first stage which is also known as shock phase. In this stage, the world becomes meaningless and hide from the facts.

(Craven & Hirnle, 2009)



Anger

In the second stage, anger may be directed toward fate (destiny), God, family members, healthcare providers.



(Craven & Hirnle, 2009)

Bargaining

In third stage, bargaining occurs as the client seeks to delay the dreaded event; the client bargains with God for more time and, in return, promises to do something to repay God for this favor.



(Craven & Hirnle, 2009)

Depression

In the fourth stage, depression occurs when the client acknowledges the reality and inevitability (unable to avoid) of the impending death.



(Craven & Hirnle, 2009)

Acceptance

In the final stage, person is able to make peace with loss, and start interest in worldly activities.

(Craven & Hirnle, 2009)

Stages of the Grief Cycle

"NORMAL" FUNCTIONING



Shock and Denial

- Avoidance
- Confusion
- Fear
- Numbness
- Blame

Anger

- Frustration
- Anxiety
- Irritation
- Embarrassment
- Shame

Depression and Detachment

- Overwhelmed
- Blahs
- Lack of energy
- Helplessness

- Empowerment
- Security
- Self-esteem
- Meaning

RETURN TO MEANINGFUL LIFE

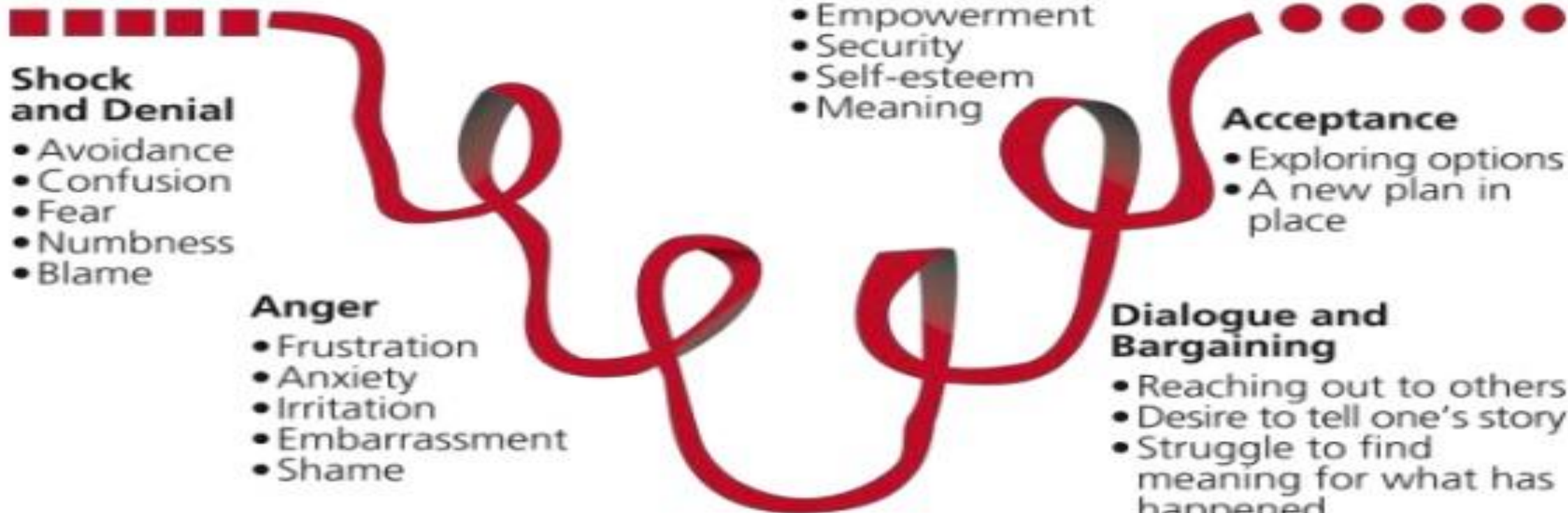


Acceptance

- Exploring options
- A new plan in place

Dialogue and Bargaining

- Reaching out to others
- Desire to tell one's story
- Struggle to find meaning for what has happened





COPING WITH GRIEF

Grieving a significant loss takes time. Depending on the circumstances of your loss, grieving can take weeks to years. Grieving helps you gradually adjust to a new chapter of your life.

- Attend (or organize) memorial or funeral services.
- Talk to family or friends
- Seek counselling
- Get enough sleep or at least enough rest.
- Try and get some regular exercise.
- Keep a balanced diet.
- Drink plenty of water.
- Drink alcohol in moderation.
- Do what comforts, sustains & recharges.
- Engage in social activities
- Seek spiritual support



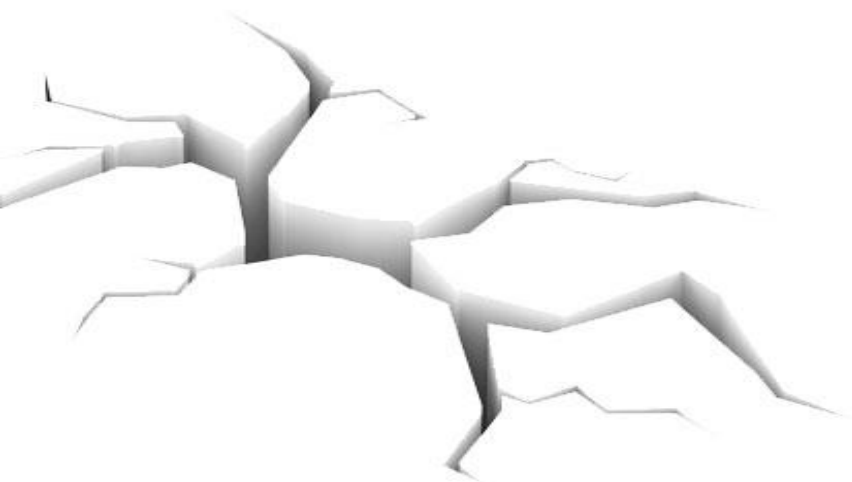
TYPES OF GRIEF REACTIONS

- **Anticipatory Grief**
Anticipatory grief may occur when a death is expected. Anticipatory grief may help the family but not the dying person. Anticipatory grief does not always occur.
- **Normal Grief/ Common Grief**
Normal or common grief begins soon after a loss and symptoms go away over time. Many bereaved people will have grief bursts or pangs. Grief is sometimes described as a process that has stages.
- **Complicated Grief**
There is no right or wrong way to grieve, but studies have shown that there are patterns of grief that are different from the most common. This has been called complicated grief. It includes Minimal grief reaction and Chronic grief reactions.



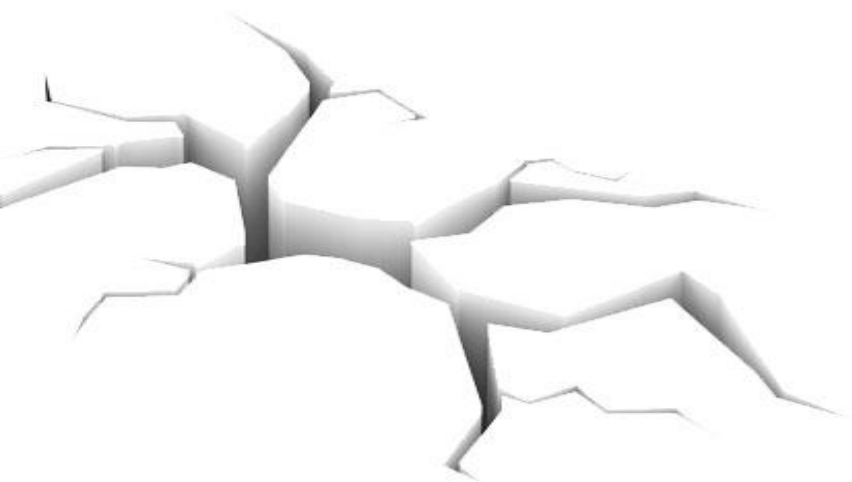
Normal grief

- Contrary to what the name might suggest, there really are **no set guidelines** to define normal grief in terms of timelines or severity of grief.
- Many people define normal grief as the ability to move towards **acceptance** of the loss. With this comes a **gradual decrease in the intensity** of emotions.
- Those who experience normal grief are able to continue to **function** in their basic daily activities.



Anticipatory grief

- Anticipatory grief often starts when the person that are caring for gets a **significant diagnosis** and their health begins to deteriorate.
- It can be difficult to speak with others about anticipatory grief because the person you care for is still alive and you may have feelings of **guilt or confusion** as to why you are feeling this kind of grief.



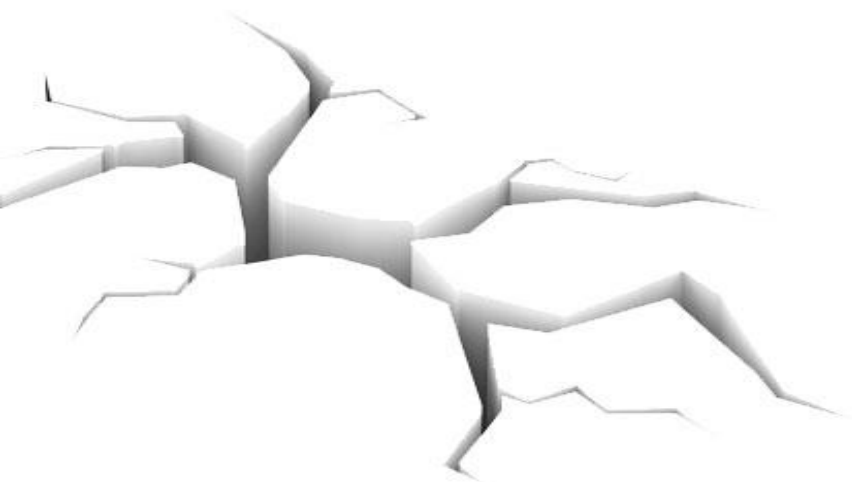
Delayed grief

- Delayed grief is when reactions and emotions in response to a death are **postponed** until a later time.
- This type of grief may be **initiated by another major life event** or even something that seems **unrelated**.
- Reactions can be excessive to the current situation and the **person may not initially realize** that delayed grief is the real reason for becoming so emotional.



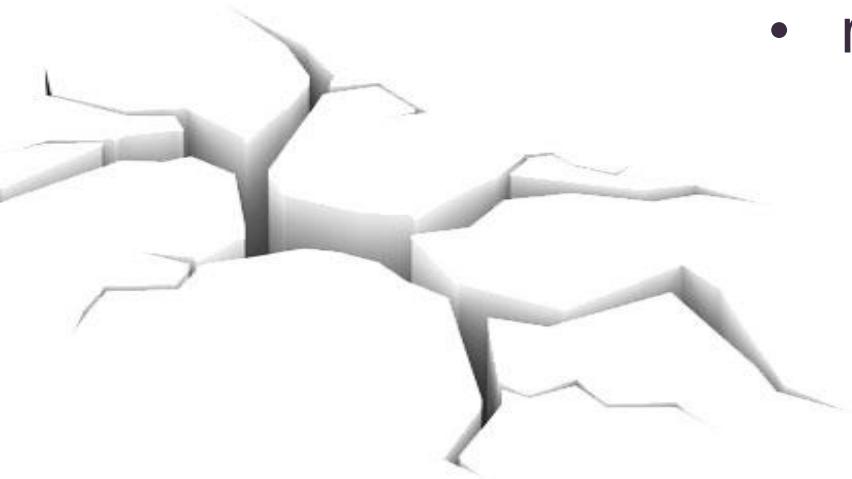
Complicated grief (traumatic or prolonged)

- severe in **longevity**
- impairs the ability to **function**
- the nature of the loss or death (**was it sudden? violent? Multiple?**)



warning signs that someone is experiencing traumatic grief include:

- self-destructive behavior
- deep and persistent feelings of guilt
- low self-esteem
- suicidal thoughts
- violent outbursts
- radical lifestyle changes



FACTORS AFFECTING COMPLICATED GRIEF

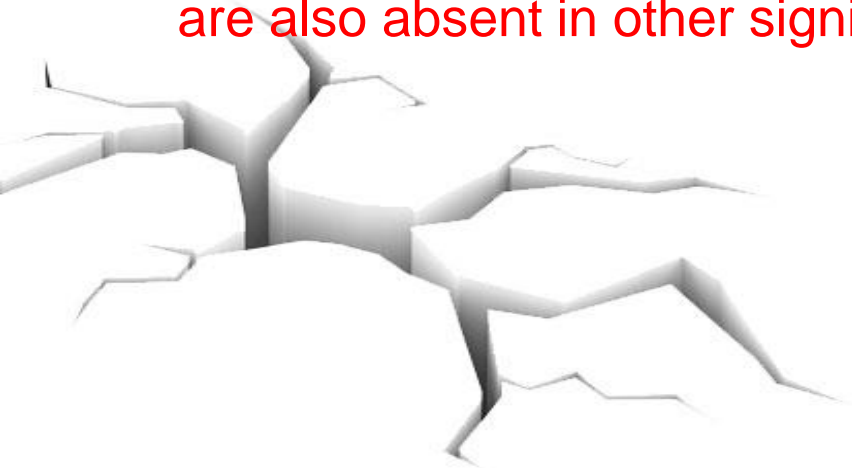
The following factors affect the grief response-

- Whether the death is expected or unexpected.
- The personality of the bereaved.
- The religious beliefs of the bereaved.
- Whether the bereaved is male or female.
- The age of the bereaved.
- The amount of social support the bereaved has.



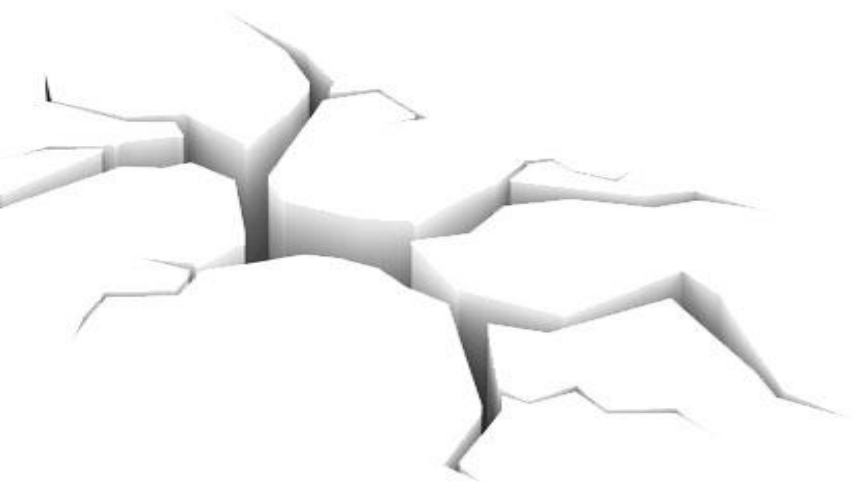
Disenfranchised grief (ambiguous)

- when someone experiences a loss but **others do not acknowledge** the importance of the loss in the person's life.
- Others may not understand the importance of the loss or they may **minimize** the significance of the loss.
- **The loss of an ex-spouse, a pet, or a co-worker**, loss such as when the person you are caring for has **dementia** or a decline in their physical abilities, the person is **physically present but they are also absent in other significant ways**



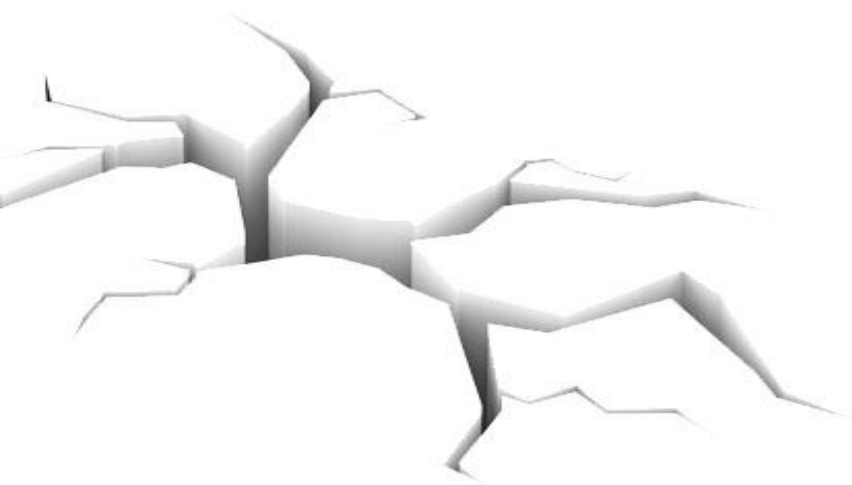
Chronic grief

- This type of grief can be experienced in many ways: through feelings of **hopelessness**, a sense of **disbelief that the loss is real**, **avoidance** of any situation that may remind someone of the loss, or **loss of meaning** and value in a belief system.
- If left untreated, chronic grief can develop into **severe clinical depression, suicidal or self-harming thoughts, and even substance abuse.**



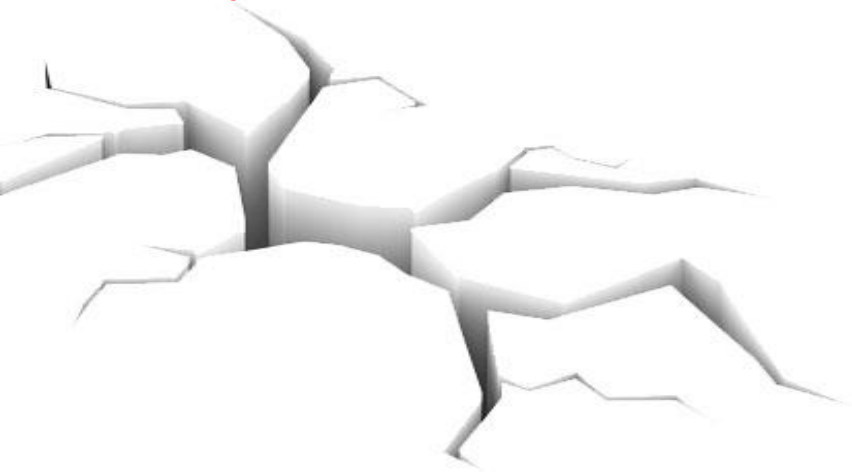
Cumulative grief

- This type of grief can occur when **multiple losses** are experienced, often within a **short period of time**.
- Cumulative grief can be stressful because you **don't have time to properly grieve** one loss before experiencing the next.



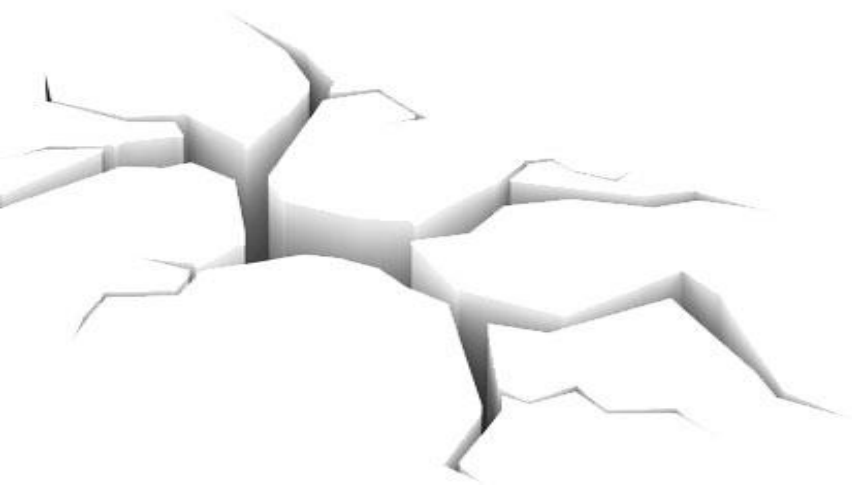
Masked grief

- Masked grief can be in the form of **physical symptoms or other negative behaviours** that are out of character. Someone experiencing masked grief is **unable to recognize that these symptoms or behaviours are connected to a loss.**



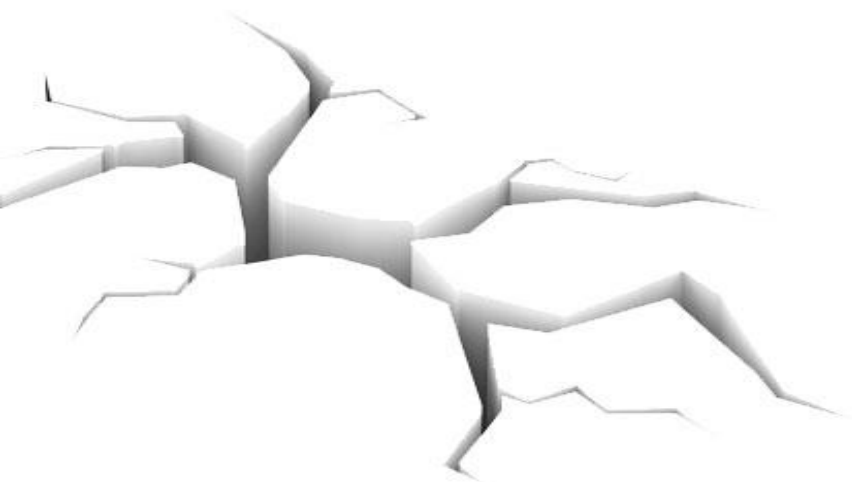
Inhibited grief

- This type of grief is when someone **doesn't outwardly show** any typical signs of grief.
- Often this is done **consciously** to keep grief private.
- Problems can arise with inhibited grief through **physical manifestations** when an individual doesn't allow themselves to grieve.



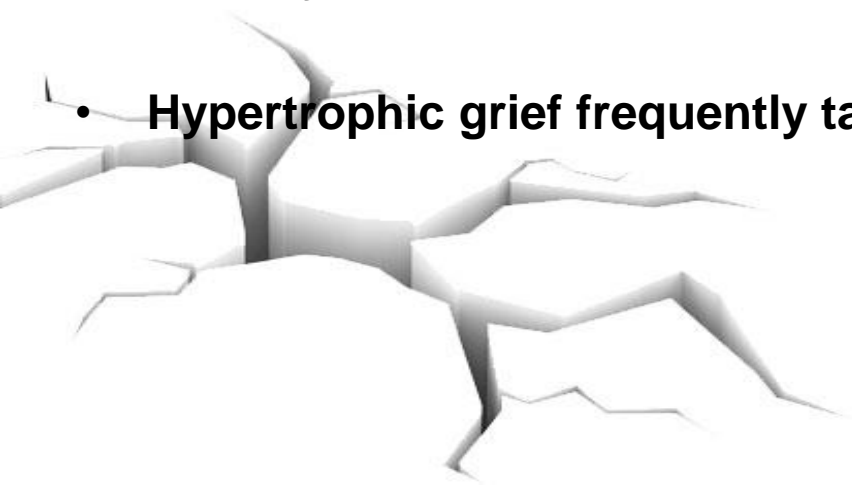
Collective grief

- Collective grief is felt by a **group**. For example, this could be experienced by a community, city, or country as a result of a natural disaster, death of a public figure, or a terrorist attack.



Hypertrophic Grief.

- **After a sudden and unexpected death**
- Bereavement reactions are **extraordinarily intense**
- **Customary coping strategies are ineffectual** to mitigate anxiety, and withdrawal is frequent
- When one family member is experiencing a hypertrophic grief reaction, **disruption of family stability can occur.**
- Hypertrophic grief frequently takes on a long-term course, albeit one **attenuated over time.**



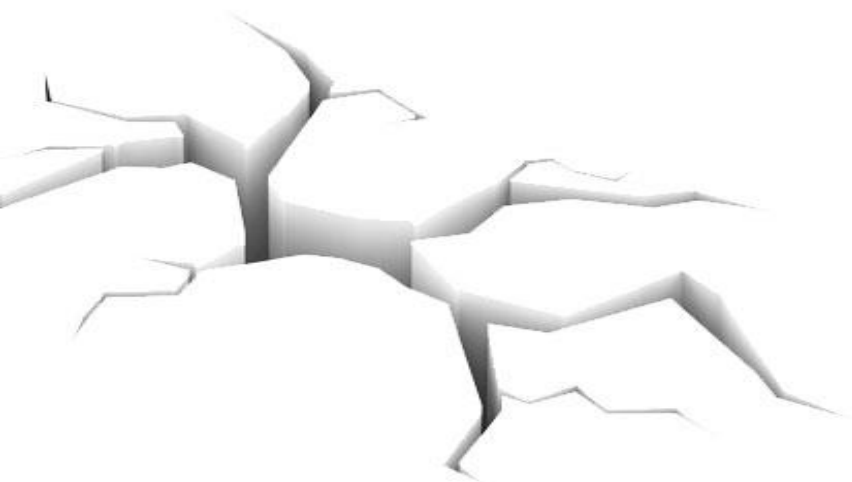
Delayed Grief.

- **Absent or inhibited grief** when one normally expects to find overt signs and symptoms of acute mourning is referred to as delayed grief.
- This pattern is marked by **prolonged denial**;
- **Anger and guilt** may complicate its course.



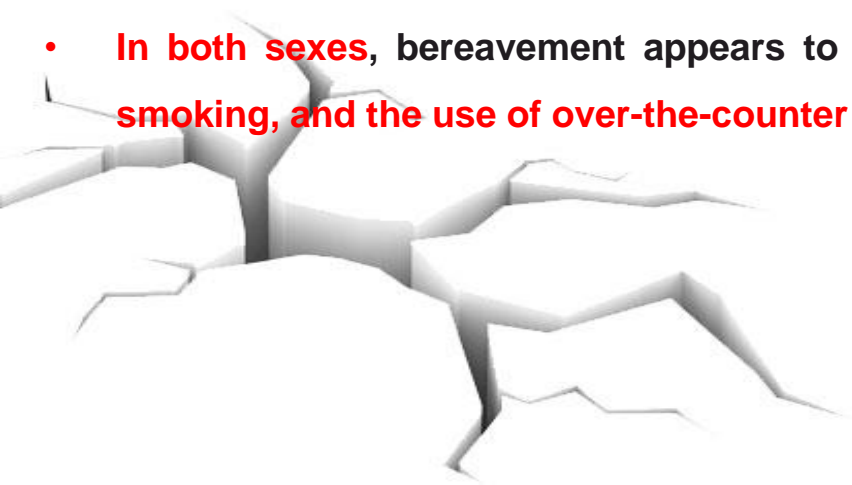
Traumatic Bereavement

- Traumatic bereavement refers to grief that is **both chronic and hypertrophic**.
- This syndrome is characterized by **recurrent, intense pangs of grief** with **persistent yearning, recurrent intrusive images** of the death; and a distressing admixture of **avoidance and preoccupation** with reminders of the loss.
- **Positive memories are often blocked** or excessively sad, or they are experienced in prolonged states of reverie that **interfere with daily activities**.
- **A history of psychiatric illness** appear to be common in this condition.



Medical or Psychiatric Illnesses Associated with Bereavement

- Medical complications include **exacerbation of existing diseases and vulnerability to new ones**
- Increased **mortality** rate, **especially in men**
- The highest relative mortality risk is found immediately after bereavement, particularly from **ischemic heart disease**.
- The greatest effect of bereavement on mortality is for **men older than 65 years**.
- Higher mortality rates in bereaved **men** than in bereaved women are due to increases in the relative **risk of death by suicide, accident, cardiovascular disease, and some infectious diseases**.
- **In widows**, the relative risk of death from **cirrhosis** may increase.
- **In both sexes**, bereavement appears to exacerbate health-compromising behaviors, such as **increased alcohol consumption, smoking, and the use of over-the-counter medications**.



Bereavement and Depression.

- Most bereaved individuals experience **intense sadness**, but **only a few meet DSM-5 criteria** for major depressive episode.
- Grief is a complex experience in which **positive emotions take their place beside the negative ones**. Grief is fluid and changing, an evolving state in which emotional **intensity gradually lessens** and positive, comforting aspects of the lost relationship come to the fore. Pangs of grief are **stimulus bound**, related to internal and external reminders of the deceased person.
- This differs from depression, which is more pervasive and characterized by much difficulty experiencing positive feelings. **Major depressive episode** is associated with poor work and social **functioning**, pathological psychoneuroimmunological function, and other neurobiological changes, unless treated.

Bereavement During Childhood and Adolescence

- Children **younger than 2** years may show **loss of speech**
- Children **younger than 5** years are apt to respond with eating, sleeping, and bowel and bladder dysfunctions. Strong feelings of sadness, fear, and anxiety can occur, but **these feelings are not persistent**
- **School-age children** may become phobic or hypochondriacal, withdrawn
- **Adolescents**, as with adults in behavioral problems, somatic symptoms
- Adolescent boys losing a parent may become delinquent

THANKS FOR YOUR ATTENTION

