

UNDERSTANDING LOSS AND GRIEF

Brisbane
14 March 2005

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Loss and Grief : What are we talking about?

Definitions: Loss and Grief

Loss is produced by an event which is perceived to be negative by the individuals involved and results in long-term changes to one's social situations, relationships, or cognitions.

Miller and Omarzu (1998)

Grief is

- ❖ the reaction to loss.
- ❖ The emotional response to loss: The complex amalgam of painful affects including sadness, anger, helplessness, guilt, despair
- ❖ (Grief) incorporates diverse psychological (cognitive, social- behavioural) and physical (physiological-somatic) manifestations.

Raphael (1984)

Stroebe, Hansson & Schut (2001)

Mourning is

- ❖ the psychological mourning processes that occur in bereavement; the processes whereby the bereaved person gradually undoes the psychological bonds that bound him or her to the deceased

Raphael (1984)

Grieving : the process of dealing with losses other than bereavement

Suffering: The width of the gap between reality 'what is' and what is desired

Physical Grief Reactions

- Heart palpitations
- Need to sigh a lot/ Trouble breathing
- Headaches
- Loss of appetite/Increased appetite
- Chills
- Fatigue
- Sleep disturbances
- Numbness, tingling or feeling of heaviness in the arms or legs
- Stiff neck/Jaw tenseness
- Easily startled
- Susceptibility to colds, allergies etc.
- Rapid shallow breathing
- Nausea/Upset stomach/ Diarrhea/Constipation/ Other gastrointestinal problems
- Tremors of hands, lips etc.
- Sweating
- Muscle weakness/aches/tenseness
- Faintness/dizziness
- Pains in chest (Needs checking by doctor)
- Backache
- Need to clear throat because of sensation of 'lump in throat'
- Lack of coordination

Psychological/ Emotional Grief Reactions

- Irritability/Anger/General agitation
- Restlessness/Highly excitable
- Sadness/Depression/ Crying
- Feeling lost/Isolated/Abandoned
- Wanting to be alone
- Recurrent dreams/Insomnia/ Night waking
- Numbness/Inability to feel anything/ Shock/Confusion
- Feelings of frustration
- Feelings of powerlessness/
- Hopelessness
- Anxiety
- Moodiness/ Periods of 'highs' and 'lows' following closely one after the other
- Guilt/blaming
- Feelings of apathy towards people and activities
- 'Flashbacks' of traumatic events
- Fears/Worrying about others/ Fear of loss of memorabilia or memories of the deceased
- Loss of interest in sex
- Feelings of being overwhelmed/Thoughts of 'can't go on', (even suicide) in some cases

Behavioural Grief Reactions

- Difficulty in concentrating/Slowness
- of thinking and decision making
- Difficulty expressing oneself verbally
- Forgetfulness
- Frequent arguments/ Family difficulties
- Disorientation
- Withdrawing socially/ Reluctance to leave Home
- Loss of work efficiency
- Hyperactivity/ Inability to carry out even the most minor tasks
- Increase in use of alcohol, tobacco and other drugs
- Difficulty in organizing daily tasks
- Avoidance of any reminder of the event/ Preoccupation with memorabilia of lost object
- Eating more or less

Social and Familial Grief Reactions

- Families are systems in their own right, rather than just a collection of individuals. Therefore, loss affects the dynamics of the whole family system, not just the individuals in that system (Walsh & McGoldrick, 1991).
- Characteristics such as ascribed roles, closed communication and inflexible power structures will hamper family and social functioning after a loss (Vess, Moreland & Schwebel, 1985-86).
- Social stigma and grief guilt

Spiritual Reactions

- The big questions of life can arise
 - Comfort in faith
 - Doubts/Loss of faith
 - Anger at God
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Understandings of Loss

1. Grieving is a normal, natural process.

Grieving / mourning moves a person from a state of significant disorganization to a position of being able to move on with life. There are several major theories and models regarding loss and grief, but no definitive working model. Some of the Schools of thought are:

- Psychodynamic viewpoint
- Attachment theory leading to stages /phases models of grieving
- Social Learning theories
- Cognitive / behavioral theorists
- Cross-cultural studies
- Constructivist Psychology

Other Important Concepts of Loss

- A. *Chronic Sorrow: Chronic sorrow is long-term sadness that accompanies ongoing loss and that sometimes comes to the fore, and sometimes sit uncomfortably on the periphery of the consciousness (Olshansky, 1962)*
- B. *Disenfranchised Grief: Grief that cannot be openly acknowledged, socially validated, or publicly mourned. (Doka, 1989)*
- C. *Ambiguous Loss: Boss (1999) introduces to term ambiguous loss to describe the situation in which the person is not fully sure if a loss exists is be grieved even when distress is experienced. Ambiguous loss is the incomplete or uncertain loss.*
- D. *Trauma and Loss*
- E. *Spirituality and Loss (We'll discuss this more in Session 2)*

Problem Mourning

Many theorists have attempted to define grieving that has 'gone wrong'. There is an abundance of terms to describe these variations from normal grief, including: complicated, maladaptive, truncated, unresolved, dysfunctional or pathological grief. Probably the most widely accepted point with respect to the definition of 'problem grieving' is that there is no universally accepted definition! However, we can say that, 'problem' grieving occurs when something interferes with the process of mourning and hence prevents a person from moving from a point of psychological disturbance associated with a loss, to an accommodation of that loss and a resulting ability to reinvest in life and the future

Grief and depression

Distinctions between grief and clinical depression may include:

Normal Grief	Clinical Depression
Responds to comfort and support	Does not respond to support
Often openly angry	Irritable and may complain but does not directly express anger
Related depressed feelings to loss experienced	Does not relate experiences to a particular life event
Can still experience moments of enjoyment in life	Exhibits an all pervading sense of doom
Exhibits feelings of sadness and emptiness	Projects a sense of hopelessness and chronic emptiness
May have transient physical complaints	Has chronic physical complaints
Expresses guilt over some specific aspect of the loss	Has generalized feelings of guilt
Has temporary impact upon self-esteem	Loss of self-esteem is of greater duration

Grief and Anxiety

The association between grief and anxiety has not been studied to the extent that grief and depression has been. However, Jacobs *et al.* (1990) found that 44% of bereaved spouses reported at least one type of anxiety disorder, particularly generalized anxiety and panic attacks, during the first year of bereavement.

Grief and Post-Traumatic Stress Disorder (PTSD)

Some situations of bereavement loss occur under highly traumatic circumstances – violent crime, road and industrial accidents, suicide, natural disasters, war, torture. In such situations, the effects of the traumatic manner in which the loss occurred complicates the normal grieving. Some people whose loss involves trauma will suffer from Post Traumatic Stress Disorder. Traumatic reactions differ from grief reactions in a number of ways.

	Traumatic Stress Reaction	Grief Reaction
Cognitions	Intrusive images of the scene	Longing images of the lost object, as present or alive
Affects	Anxiety	Sadness, Depression
Arousal	General and high in response to threat – fears further trauma	Searching for lost object focused on the object

(Raphael & Misso 1993)

In dealing with traumatic situations, grief reactions may be interspersed with trauma reactions. The care of the traumatized person differs from that of one who is grieving and if the incorrect approach is used, the effects of the trauma can be heightened, rather than reduced, eg. encouraging a grieving person to discuss his/her loss and the attachment to the lost object may be strongly resisted by a traumatized person who fears being reminded of the events of the loss.

2. The experience of loss is ‘integrated’ into the basic psychological functioning of the person, even from the earliest age.

- Loss becomes a part of us.
- The cumulative effect of losses on the long-term mental health and behaviour can be profound.
- It is important to remember that there are two sides of loss: growth and deterioration.
- Constructivist theories emphasize the uniqueness of the individual interpretation of both the external and internal worlds of the person confronting adversity. Consequently, while accepting that indeed there is a common process of grieving related to loss, these theorists emphasize that the particular experience is unique to the individual and involves a process of meaning reconstruction in the face of challenges to life constructs.

3. Dealing with loss is a very individual, mostly private, and even at times, lonely experience.

Many factors will affect the severity of individual reactions to loss. Some of these include:

- Where in the process of mourning a person is situated
- Where are other significant others located
- The Importance of the loss in the life of the person
- The circumstances surrounding the loss
 - Suddenness versus anticipation/chronicity
 - Guilt/Blame
 - The involvement of trauma
 - How the loss was handled at the time when emotions and images very raw
- The support available
- Other life circumstances
- Coping in the past
- The individual him/herself

Notes:

4. Losses rarely exist alone. A loss rarely exists alone.

Failure to deal with a secondary loss may affect the adjustment to the primary loss. Often secondary losses are not recognized.

THE PERSON WHO IS INCARCERATED
<u>Primary Loss:</u>
<u>Secondary Losses that May Result:</u>

5. A person experiencing loss remains a person.

A number of consequences can occur as a result of a person struggling with loss being defined only in terms of the loss.

So what does what we know about loss and grief teach us about caring for the people struggling to deal with loss

In providing care for those affected by loss, we need to consider the principles of:

Respect – Understanding – Enablement

In caring for people struggling to deal with loss, we find that there are three basic steps:

- Respect the world of the person
- Gain an understanding of the world and the manner in which the loss has disrupted the security of this world
- Enable/Empower people to regain some sense of control over the fear and pain in their world. Enablement will occur at all levels of care. To develop a comprehensive integrated approach to care we may need to consider encouraging 'safety' at each level.

One remaining theme of loss gives us some very powerful tools to understand how we can care for people at all levels:

6. Loss threatens a person's sense of safety, mastery and control.

A person's assumptive world, and hence sense of safety and security, can be seriously disrupted by loss. As such, loss robs people of the confidence that they can accurately predict the world by relying on the assumptions they have held. When an assumption central to a person's security is threatened by loss, the whole world becomes less secure. This loss of confidence in the predictability of the world can interfere with the ability to make decisions, or to trust his or her own reactions and those of others.

By arguing that loss and the associated grief can leave a person and his or her loved ones feeling very 'unsafe', care of both groups will fundamentally involve trying to rebuild a sense of safety and control within a changed world.

What do I do in my practice that makes people feel more 'safe'?
What do I do in my practice to make people feel less 'safe'?

Levels of 'Safety' Provision:

- *Internal 'Safety'*: Involves the actions we take and the behaviours we display that allow people to feel safe within themselves.
- *Interactional 'Safety'*: Involve enhancing the interactions of those who suffer loss.
- *Organisational 'Safety'*
Involves the way the organization enhances or diminishes safety.

7. Self-knowledge is a gift we give to the people struggling to deal with addiction with whom we work.

8. It is a humbling experience to be invited into the experience of loss of another.

One night a man was walking on the beach. He saw thousands of starfish washed to the shore. A little boy was picking them up one at a time and throwing them back into the ocean. The man

walked up to him and asked him,

'What are you doing?'

'Why are you doing this? And

'What does it matter?'

As the little boy picked up the next starfish, held it up to the moonlight, and got ready to throw it back into the ocean, he replied,

'It matters to this one'.

Linda Goldman
Breaking the Silence (1996) p.xiv

Recognizing a Different Paradigm

It is a mistake to suppose that God is only, or even chiefly, concerned with religion.

Archbishop William Temple, 1955

Most of our energy goes into upholding our importance. If we were capable of losing some of that importance, two extraordinary things would happen to us. One, we would free our energy from trying to maintain an illusory idea of our grandeur; and two, we would provide ourselves with enough energy to...catch a glimpse of the actual grandeur of the universe.

Carlos Castaneda

Man cannot discover new oceans until he has the courage to lose sight of the shore.

Unknown

For those who believe, no proof is necessary. For those who don't believe, no proof is possible.

John and Lyn St. Clair Thomas, Eyes of the Beholder

Doubt is a pain too lonely to know that faith is his twin brother.

Kahlil Gibran, The Prophet

Faith is an oasis in the heart which will never be reached by the caravan of thinking

Kahlil Gibran, The Prophet

All things are in the act of change; thou thyself in ceaseless transformation and partial decay, and the whole universe with thee.

Marcus Aurelius Antonius

Religious beliefs / spirituality and mental health

In terms of considering the effects of spirituality on mental health, we need to consider that there may exist theoretical differences that will affect the entire study of the area. Many consider that spirituality is an aspect of psychological functioning similar to others such as locus of control, self-esteem, coping strategies and attributional style. Therefore, it may affect mental health in a similar way to others. A different theoretical position is that spirituality is more than a factor influencing mental health, but is actually an independent part of the personality. Piedmont (1999) investigated the possibility that spiritual transcendence does in fact represent a factor of personality. He found that spiritual transcendence was independent of the other factors, although the research was conducted solely on undergraduate students.

Forgiveness. Interesting area that has put some light on this distinction is in the area of forgiveness. McCullough and Worthington (1994) provide a review of the literature concerning the value of encouraging people to forgive those who have hurt them. Techniques suggested for encouraging forgiveness among victims include:

- Regarding clients positively despite frailties or flaws
- Refocusing client's attention
- Fostering clients' empathy for the offender
- Employing ritual of a personal or religious nature
- Teaching clients to forgive themselves for their anger, bitterness, and other weaknesses and frailties
- Encouraging clients to attempt reconciliation with the offender if appropriate

Guilt. The issues of guilt, and the chance and motivation to change one's life, are often very difficult areas with which mental health professionals try to deal. The eradication of guilt by purely cognitive techniques is often less than effective. People will say often that they know why they shouldn't feel guilty, but that doesn't stop them feeling so. Particular groups who struggle with these issues include accidental killers or those who may have been in control of the means by which someone else was hurt, psychologically or physically. Some may fight the guilt by depersonalizing the victim, others by doing 'penance' through never allowing him or herself to be happy again or taking up a cause at a punishing rate. A few will try to deal with their guilt by finding the 'real cause', someone or something else to take the blame. Some try to bury the pain of guilt in drugs, alcohol, food or sex. Others punish themselves through self-harming behaviour, or destroying their own life and relationships because 'they don't deserve it'. Many constantly go over and over the situation in their minds and use 'if onlys' (counterfactuals) constantly. A few fortunate ones will find forgiveness, will be able to reframe the situation, or at least find a place to leave their guilt for some of the time. And this is what where religious traditions has in many situations been able to complement psychological care. If a person holds religious beliefs, issue of forgiveness and redemption can be discussed.

Let's consider just a few areas of mental health specifically. Two areas of mental health that can lead to long-term problems are those of serious mental illness and PTSD.

PTSD. Traumatic events can seriously affect a person's sense of self and leave the spiritual domain in disarray. People can come to doubt their safety in the world, their sense of the ability to control the world, and their faith in a protective God can permanently be changed. And a change in the view of God can have an effect on a person's mental health in terms of their coping, motivation, purpose in life (Jackson & Coursey, 1988) and self-esteem (Benson & Spilka, 1988). Some argued that those who reported religious experiences would also be more likely to dissociate in the face of traumatic incidents. However, Dorahy & Lewis (2001) found dissociation more affected by age than religious attitude or ritual.

Depression. In reviewing the literature concerning the effects of religious involvement on depression in a large national study, Schnitker (2001) suggested that the importance of religion in a person's life was more valuable when it wasn't at the extreme ends of the scale. Very little importance and intense importance were more likely associated with depression than moderate importance. Attendance at services had no independent effect, but there is a positive effect of spiritual help-seeking on depression.

What may spiritual care offer different from that of psychological care?

A. A different perspective

I must be willing to give up what I am in order to become what I will be.

Albert Einstein

B. Values and goals

C. Encouragement of the search for wholeness

Many of our psychiatric practices focus on the reduction of deficits as a means to improve mental health. In contrast, the emphasis of many religious traditions or branches of that tradition, is on building toward wholeness. , Vaughn (1990) argues that:

Psychologically healthy spirituality is based on experience rather than dogma, and it respects individual rights and different forms of worship. It is associated with creativity and with compassion. Some characteristics of psychologically healthy spirituality are also characteristic of psychological maturity (p.117)

He specifies these common characteristics that reflect both healthy spirituality and psychological maturity as:

- Authenticity
- 'Letting go' of the past
- Facing our fears
- Insight and forgiveness
- Love and compassion
- Community
- Awareness
- Peace
- Liberation
- Forgiveness / Transformation through Sanctification

In a similar way, many people whose psychological and health problems have seemed intractable have changed their lives totally as a result of a spiritual experience. This is a possibility accepted by pastoral care workers. Such an acceptance involves a personal belief system that believes in this possibility as it is made possible by forces beyond 'human understanding'. This deep belief in the ability of the oppressed and stressed to overcome adversity and become 'heroes' in their journey is a common theme in stories told within most religious traditions. In contrast to the psychological theories that encourage personal control as the key to life change, the spiritual tradition paradoxically accept that spiritual surrender is the path to control. Ramsay (1998) proposes that spiritual care can offer a powerful framework of care in the face of violence in the form of *compassionate resistance*.

In the face of radical suffering, God's fierce and tender love is embodied as the practice of compassionate resistance.

Our exercise of such power is rooted in our capacity to recognize God's image in each other, evoking in us a defiance of evil's dehumanising ways. When we mediate God's compassionate resistance, we exercise power that is at once trustworthy and steadfast, tender, nurturing, sustaining, fiercely protective, if necessary, and respectful. The goal of compassionate resistance is the survivor's power to reject the dehumanising effects of evil and to choose to live with courage, hope, and love for God, self, and others. For caregivers, compassionate resistance necessarily includes a commitment to advocacy and truth-telling for systemic and structural change. (p.226)

D. A moral frame of reference

E. Meaning in the face of suffering

F. Comfort in dealing with issues of death and dying and the future/hope

G. The use of rituals

H. Non-medical healing

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