

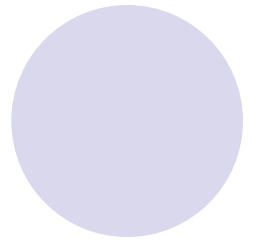
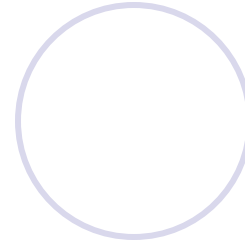
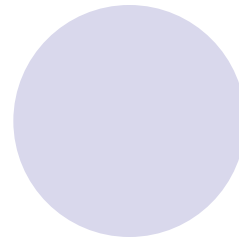
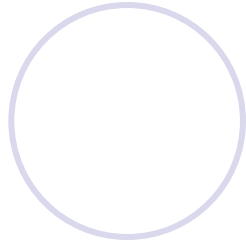
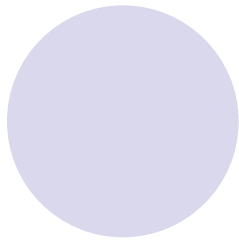


Theories around loss & bereavement



25 & 26 May 2016

Shirley Thompson



Objectives:

- Define bereavement terms
- Identify myths associated with grief
- Identify theories related to grief
- Describe normal grief reactions
- Discuss typical grief stages

Bereavement



- Bereavement “to be robbed” or “deprived of something valuable”
- In our society it commonly refers to the death of a significant person.
- Bereavement can be expressed in various acts of mourning such as funeral ceremonies or the withdrawing from public activities

Grieving



- Refers to the psychological components of bereavement, the feelings evoked by a significant loss, especially the suffering entailed when a loved one dies

Mourning

A decorative graphic at the top of the slide consists of two groups of circles. The first group on the left has a solid light purple circle on the left and an outlined light purple circle on the right. The second group on the right has a solid light purple circle on the left, an outlined light purple circle in the middle, and a solid light purple circle on the right.

- The actions and manner of expressing grief (often culturally related)

Theory of loss and bereavement

- Since Freud, grieving and mourning have been conceived as the processes whereby the bereaved person adjusts to the reality of their loss, enabling them to disengage from the deceased and reinvest in new relationships



Understanding bereavement

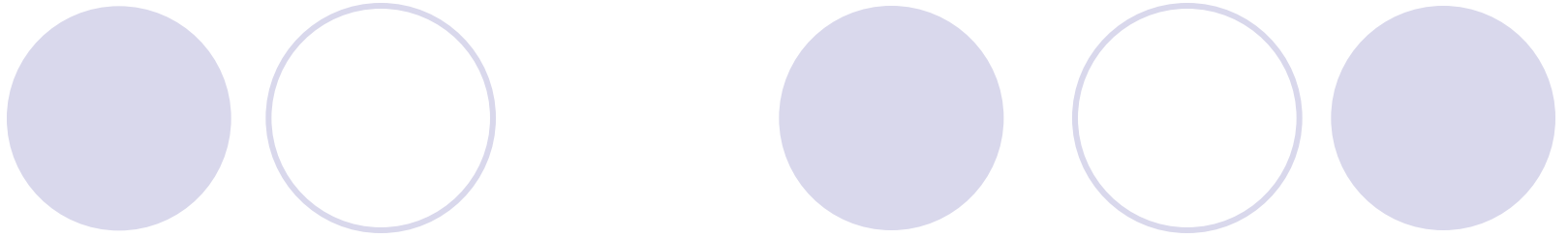
- Each person has an individual response to their specific loss.
- Theoretical concepts of what is “normal” regarding bereavement can help predict a greater risk of complicated bereavement and even diagnosis of pathological, unresolved grief
- Example - people who remain in denial and continue to state that they can see, hear and even confer with the deceased
- However these occurrences may in fact be a comfort for the bereaved

Psychological models of bereavement

- John Bowlby's attachment theory(1969-80)
- Kubler Ross (1969)
- Colin Murray Parkes psycho-social elaborations (1972)
- Worden (1991)
- Silverman and Klass (1996)
- Stroebe and Schutt (1999)

John Bowlb's attachment theory

- Bowlby believed that there are four distinguishing characteristics of attachment:
- **Proximity Maintenance** - The desire to be near the people we are attached to.
- **Safe Haven**- Returning to the attachment for comfort and safety in the face of fear or threat.
- **Secure Base**- The attachment figure acts as a base of security from which the child can explore the surrounding environment
- **Separation Distress**- Anxiety that occurs in the absence of the attachment figure.



- The theory implies a cause-effect relationship between early attachment
- Patterns and later reactions to bereavement, arguing that ‘whether an individual exhibits a healthy or problematic pattern of grief following separation depends on the way his or her attachment system has become organised over the course of development’

A Child's concept of death

- Up to the age of 3 a child is concerned only about separation. Also death is not a permanent fact for a three year old. It can feel temporary.
- After 5 children regard death as meaning someone has been taken away
- Around 9 – 10 the realistic conception begins to show, they begin to understand that death is a permanent biological process

Kubler- Ross (1969)

Bowlby's Attachment Theory

- Bowlby argues that attachments develop early in life and offer security and survival for the individual
- When affectional attachments are broken or lost, individuals experience distress and emotional disturbances such as anxiety, crying and anger.
- He identifies 4 phases of mourning

1. Numbing
2. Yearning and searching
3. Disorganisation
4. Reorganisation



Worden: Tasks of mourning

- Understands mourning as a process.
- With four tasks
- 1. Accept the reality of the loss
- 2. Work through the pain and grief
- 3. Adjust to an environment in which the deceased is missing
- 4. Emotionally relocate the deceased and move on with life
- Worden himself warns that grief does not fit into neat boxes. Bereaved people will move back and forth from one task to another during their grief.

Kubler-Ross Five stages of grief



- Denial
- Anger
- Bargaining
- Depression
- Acceptance

A guide not a rigid process

Silverman and Klass: continuing bonds

- Silverman and Klass do not see bereavement or grieving as ever fully resolved, culminating in “closure” or “recovery” They propose that rather than “letting go” the bereaved person negotiates and renegotiates the meaning of their loss over time. Death is permanent, however grieving and mourning can maintain the presence of the deceased in the web of the family, they are remembered and not forgotten, they continue to have a role in the memories of the bereaved.

Stroebe and Schut: Dual process

- A dynamic model in which the person oscillates between loss orientation and restoration. Suggesting that the grieving person will focus on the restoration plans or activities when focusing on the loss becomes too much to bear. Both orientations are sources of stress, are burdensome, and are associated with distress and anxiety
- The coping task may not be to return to previous levels of functioning but to negotiate meaningful life without the deceased



Is mourning necessary?

- All theory would say yes!
- There are different views and theories, however it is essential that bereaved people adapt to their loss by working through the phases/ tasks/stages of grief
- For example, they cannot handle the emotional impact of a loss until they have come to terms with the fact that the loss has happened

Abnormal grief reactions: complicated mourning

- Risk factors for complicated grief reaction
 1. Past losses and separations can have an impact on current losses, separations and attachments
 2. People who have had a history of depressive illness also run a higher risk of developing a complicated reaction



- While death and dying are for many people the ultimate trauma, people can experience similar emotional upset when dealing with many of life's challenges, especially if confronted with something for the first time.

i.e. Diagnosis of serious illness, Divorce



Healthcare professionals

- Often present at the time of bereavement
- Do not necessarily have the knowledge, expertise or confidence to cope with bereaved individuals.
- Grief is a unique experience and theories of grief & bereavement can help healthcare professionals understand how people deal with the loss of a loved one



Healthcare professionals role

- Healthcare professionals need to ensure that they respect the individuality of the bereaved person and offer appropriate person-centred care and support.
- Need to remember that culture and gender may also affect how a person grieves.
- Understand and be aware of all the different factors that can influence the grieving process to be able to offer sensitive support to individuals who are bereaved

References

- Bowlby J (1973) Attachment and Loss: Separation, Anxiety and Anger. Volume II. Hogarth Press, London
- Bowlby J (1980) Attachment and Loss: Sadness and Depression. Volume III. Howarth Press, London
- Freud S (1961) Mourning and Melancholia. In Strachy J (Ed) The Complete Psychological Works. Standard edition, Hogarth Press.
- Kubler-Ross E (1969) On Death and Dying, Macmillan, New York NY
- Parkes CM (1998) Bereavement. Studies of grief in adult life 3rd (Ed) Penguin publishers
- Silverman and Klass (1996) Continuing bonds. New Understandings of grief. Phil.PA, USA: Taylor and Francis.
- Stroebe M, Schutt H (1999) The duel model of coping with bereavement, rational and descriptive. Death studies, 23, 3, 197-224