Towards a "new" vision on grief and mourning

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Ladies and gentlemen - dear colleagues,

First of all I would like to thank the Escola Superior de Saude de Setubal and the organisation of this symposium for getting the opportunity to give this presentation.

Introduction

In Flanders there is – for the time being – an enormous evolution in the way of dealing with loss and bereavement on the one hand and grief and mourning on the other hand. In this lecture, I would like to start with a synthesis of the "old" version on mourning, including the evolution in this vision and the basic characteristics. Also I would like to describe some myths that were and are widely spread. In the second part, I would like to picture the most important actual insights that are used to create new theories on and models of mourning, developed in an interdisciplinary context.

Terms that occur frequently in the literature on the subject of dealing with loss are mourning, grief and bereavement. Although they are at times used interchangeably, there is now a growing agreement that there are conceptual differences between them. They are used widely in various disciplines to explain the multifaceted consequences of death. Their meaning and implications reflect the many levels of the process – personal, social and situational – that follow the loss of a loved one.

Grief is an individual event that takes place within a specific context for which society and religion or philosophy have developed a set of rules and norms. In other words, though grief following death is a universal phenomenon, there are diverse ways to define what is normal and complicated within a specific cultural context.

The term mourning , as it is applied today, refers to a set of practices and acts that are defined in cultural, social and religious terms. It provides a framework of guidelines for the bereaved and the community to which the bereaved belongs. To mourn is to integrate the loss in the continuity of someone's identity in time and space.

The term bereavement is understood to describe an objective situation for an individual who has recently experienced the loss of someone significant through death; this emphasises the social or external component of the process, in contrast to grief which represents the internal emotional response to loss.

The term grief, more than bereavement and mourning, is most often linked with a therapeutic intervention, commonly referred to as grief counselling and grief therapy. Grief represents the emotional response to loss frequently associated with individuals who experience a loss through death and have sought therapy.

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The person who has experienced a loss is a bereaved person and this term indicates his of her social position. Here, grief will be associated with the emotional response to loss, and bereavement will be used to emphasise the objective components of the process.
Acute grief is different from bereavement or mourning. Acute grief has been described as the initial, intense reactions to a loss, differentiating it from later, less intense expressions of grief.
Loss, grief, mourning and bereavement are important aspects in our lives.
"You are also what you've lost" is the final line of a poem of Gabriel Garcia Marquez and can be paraphrased as "We are what we've lost, but also where and how we've lost".

1. Lessons of the past – visions for the future

The "old" vision on mourning has it's fundaments on the publication in 1917 by Sigmund Freud called 'Trauer und Melancholia' where trauer stands for normal grief and melancholia means complicated grief. According to Freud, the process of mourning was characterised by an intra-psychic labour that had to be realised by the next of kin after the loss of a family member; in other words the essence was a withdrawal of emotional ties to the deceased. This labour was needed to generate energy out of the distance that was created between the deceased and the surviving relatives. If this process was unsuccessful, the result was melancholy, a never ending process leading to depression. Freud seemed to modify his position later, indicating that grief over loss of a very close person could go on indefinitely. The initial vision of Freud dominated the theories on mourning during the major part of the 20th century.
Acute grief was first described by Eric Lindemann, a psychiatrist who studied survivors of the 1942 Coconut Grove fire, a blaze that swept through a Boston nightclub, killing 492 people. Lindemann described grief as a syndrome that was remarkably uniform and included a common range of physical symptoms such as tightness of throat, shortness of breath, and other pain, along with a range of emotional responses. Besides he did research based on a sample of primarily young survivors of sudden and traumatic loss.
Psychiatrist Eric Lindemann accepted Freud's vision. He was convinced that the final stage in mourning was the forming of new relationships. He and others felt the grieving should be limited in time - four to six weeks in Lindemann's mind (which must come as a big shock to grieving loved ones struggling after months or even years), and up to three years in others.
He described 6 characteristics of acute loss and mourning patterns:

- somatic distress
- pre-occupation with the deceased
- guilt
- hostility
- changes of patterns of conduct
- identification with the deceased.

This medical model of grief was continued most clearly in the work of George Engel (1961) who did put the question if grief was a disease.
He believed grief could be described as one having:
a clear onset in a circumstance of loss, a predictable course that includes an initial state of shock;
a developing awareness of loss characterized by physical, affective, cognitive, psychological, and behavioural symptoms;
and a prolonged period of gradual recovery that might be complicated by other variables.
In 1962 John Bowlby performed an important study on the attachment of young children. Recent evolutions in the

vision on grief and mourning are partly based on his theory, and therefore I will comment his theory in the second part of my lecture.

A theory with an enormous influence and until these days part of a lot of curricula in the education of health care workers, is the grief cycle of Kübler-Ross. In the 1960 – 1970 Elisabeth Kübler-Ross became worldwide famous with the stages of the grief cycle she described after spending a lot of time with dying cancer patients, as well comforting as studying them. The five stages she identified were:

denial: Denial is a conscious or unconscious refusal to accept facts, information, reality, etc., relating to the situation concerned. It's a defence mechanism and perfectly natural. Some people can become locked in this stage when dealing with a traumatic change that can be ignored. Death of course is not particularly easy to avoid or evade indefinitely

anger: anger can manifest in different ways. People dealing with emotional upset can be angry with themselves, and/or with others, especially those close to them. Knowing this helps keep detached and non-judgemental when experiencing the anger of someone who is very upset.

bargaining: traditionally the bargaining stage for people facing death can involve attempting to bargain with whatever God the person believes in. People facing less serious trauma can bargain or seek to negotiate a compromise. For example "Can we still be friends?.." when facing a break-up. Bargaining rarely provides a sustainable solution, especially if it's a matter of life or death.

depression also referred to as preparatory grieving. In a way it's the dress rehearsal or the practice run for the 'aftermath' although this stage means different things depending on whom it involves. It's a sort of acceptance with emotional attachment. It's natural to feel sadness and regret, fear, uncertainty, etc. It shows that the person has at least begun to accept the reality.

acceptance: again this stage definitely varies according to the person's situation, although broadly it is an indication that there is some emotional detachment and objectivity. People dying can enter this stage a long time before the people they leave behind, who must necessarily pass through their own individual stages of dealing with the grief.

When nurses in Flanders refer to the grief cycle of Kübler-Ross, most of the time there is a 'stage 0' added at it. The 'idea' of this stage 0 was created by Joop Michels, a Dutch author on ethical aspects. The stage 0 itself refers to the period in which the diagnosis and prognosis are only clear to the doctor and some healthcare workers and are completely unknown to the patient and his relatives.

It is very important to realise that Kübler-Ross with her grief cycle only had the intention to create descriptive theory and that she never had the aim to be prescriptive: acceptance can be the result of a grief process, but is not a must. On the one hand is not every individual able to reach the stage of acceptance and on the other hand people can very easily switch from one stage to another.

In 1989, Wortman and Silver published a controversial yet influential article entitled "The Myths of Coping With Loss," in which they identified "myths" that were widely accepted by professionals treating bereavement. So they describe the following are mentioned:

After a loss, bereaved are experiencing a period of deep emotional pain; depression and distress are inevitable in grief;

Distress is necessary and its absence is problematic; survivors must work through a loss;
The necessity to break the binding with the deceased is a key element in the process of grieving;
Survivors can expect to recover from a loss; survivors can reach a state of resolution.

2. To a new paradigm of mourning

In the second part of my lecture, I will give an overview of a number of theories and models that are introduced nowadays in the approach of people facing loss and grief.

2.1. The first theory I would like to present is John Bowlby's theory on attachment. This theory provides an explanation for the common human tendency to develop strong affectional bonds. He views attachment as a reciprocal relationship that occurs as a result of long-term interactions, starting in infancy between a child and its caregivers. He suggests that grief is an instinctive universal response to separation. Just like Parkes, Bowlby suggest that grief is a predictable orderly pattern of responses to a death. The initial shock, resulting in numbness, can last for days, especially when a death is sudden leading on to intense grief. Physical symptoms such as tightness in the chest, shortness of breath, loss of appetite and insomnia are common. These elements in the area of physical problems are very similar as the one described by Lindemann. Lack of concentration and restlessness may also be experienced, as well as feelings of isolation and loneliness. Interspersed with these reactions may be feelings of anger, guilt and fear. Anger may focus on different areas, depending on a person's circumstances; guilt is frequently associated with 'if only I had... or 'if only I hadn't'. The expression and acknowledgement of anger and guilt may bring some relief, as may it reassure that these are 'normal' reactions. When such feelings are suppressed, the bereaved person may exhibit signs of constant irritation and / or physical tension. Fear can manifest itself as insecurity, a desire to escape from reality, and anxiety over apparent trivialities, leading sometimes to panic attacks in which the anxiety and fear are overwhelming and disrupt normal living.
Bowlby proposed that grief responses are biologically general responses to separation and loss. Throughout the course of evolution instinct develops around the premise that attachment losses are retrievable. Similarly, behavioural responses making up the grieving process are pro-survival mechanisms geared towards restoring the lost bonds.

2.2 A second interesting approach is described by Bonanno and Kaltman. They identified factors associated with adaptation within the context of a broader integrative perspective on bereavement. Their theory was designed to provide a new, general psychological perspective for understanding the phenomenon of bereavement. Bonnano and Kaltman depart from four so-called "primary components" :
the context of the loss, referring to diverse risk factors;
the continuum of subjective meanings associated with loss, denoting a broad range of appraisals and evaluations;
changing representations of the lost relationship over time, which plays a role in the grieving process
and the role of coping and emotion regulation processes, which identifies coping strategies that potentially ameliorate or exacerbate the stress of loss.

Track I Functioning	Track II Relationship to the deceased
• anxiety	• imagery and memory
• depressive affect and cognitions	• emotional distance
• somatic concerns	• positive affect vis-à-vis the deceased
• symptoms of psychiatric nature	• negative affect vis-à-vis the deceased
• family relationships	• preoccupation with loss and the lost
• general interpersonal relations	• idealisation
• self-esteem and self-worth	• conflict
• meaning structure	• features of loss process (shock, searching, disorganisation and reorganisation)
• work	• impact upon self-perception
• investment in life tasks	• memorialisation and transformation of the loss and the deceased

The theoretical basis to select these four components as "primary" was derived from a review of different types of theories. The authors assume that these factors interact with one another and/or that one factor moderates another in affecting outcome. Systematic or conceptual representation of potential relationships among the four groups of components was not provided; therefore it is difficult to define pathways associated with differential outcomes.

2.3 Rubin

Simon Rubin describes the mourning process in a two-track model.

The Two-Track Model of Bereavement includes the following main features.

First, an understanding that bereavement response occurs along two main axes, each of which is multidimensional. The first axis or track is reflected in how people function naturally and how this functioning is affected by the cataclysmic life experience that loss may entail. The second axis, however, is concerned with how people are involved in maintaining and changing their relationships to the deceased. The bereaved may not always appreciate the extent or be aware of the nature of this relationship and their investment in it, or of their consequences. Nonetheless, this component is critical for what the human bereavement response involves across the life cycle.

Second, the implications of the Two-Track Model of Bereavement are relevant for theory, research, and clinical and counselling intervention. One can always ask to what extent the bereaved 's response along each of the tracks of the model is addressed and understood.

Third, the clinical implications of the model derive directly from the focus on both the functional and relational aspects of the response to loss. The extent to which interventions deal with either one or both domains of the response to loss are emphasized by the bifocal nature of the Two-Track Model of Bereavement.

In track I the range of aspects of the individual's functioning across affective, interpersonal, somatic and classical psychiatric indicators is considered. Each of the 10 features depicted is noted for its importance in the literature and in people's response to bereavement. For example, the anxiety and depressive components of the response to loss are central to most clinicians' assessments of individual functioning. Similarly, the state of the bereaved' s religious and/or other meaning matrix is important for understanding the extent to which the bereaved may have been disconnected from fundamental belief networks that provide critical inner emotional support. The extent of interpersonal interactions signifies more than just the support available. Both for family and other relationships, much can be understood

from an examination of the state of the relationships. The ability of bereaved people to invest in something beyond their own grief and mourning is a critical feature in identifying those who are paralysed by their loss and those who have re-entered somewhat the stream of life. As is true for the bereaved' s ability to manage interpersonal relationships and work, the ability to invest in life tasks in a balanced fashion is one of the major benchmarks for understanding the response to loss.

Track II, the relationship to the deceased, is broken down into 10 sub areas that capture the features of the interpersonal relationship to the deceased. First, the extent of the imagery and memories that the bereaved can and does experience, as well as the emotional distance from them, set the stage for the understanding of the relationship to the deceased. The positive and negative affects associated with memories of the deceased, the extent of preoccupation with the loss, and the indications of idealization of and conflict with the deceased provide a complex picture of the nature of the bereaved' s cognitive and emotional view of the deceased. Included here is also the evaluation of the bereaved' s construction of the loss experience in line with the classic stage theory of Bowlby and Parkes. Analysis of the degree to which the bereaved' s description of the deceased can be understood as reflecting disorganization versus reorganization, the range of the elements of shock and seeking the deceased and memories of him or her, can be considered here. The extent to which thinking about the deceased leads to a negative self-view (e.g., I feel guilty whenever I think of the deceased) can help us understand the ways in which the bereaved constructs the relationship with regard to the deceased . Finally the memorialisation process, and the way in which the bereaved has transformed the relationship with the deceased into something more, whether in ways of identification or formal or informal memorials, provide important information on the ways in which the loss of a person has been transformed into something beyond grief and mourning and shades into the life fabric.

2.4 William J Worden formulated in the 1980's a slightly different model of grieving to those of Bowlby and Parkes. Describing grief as a process and not a state, Worden suggested that people need to work through their reactions in order to make a complete adjustment. In Worden's tasks of bereavement, grief is considered to consist of four overlapping tasks, requiring the bereaved person to work through the emotional pain of their loss while at the same time adjusting to changes in their circumstances, roles, status and identity. The tasks are complete when the bereaved person has integrated the loss into their life and let go of emotional attachments to the deceased, allowing them to invest in the present and the future.

<u>Task one: accepting the reality of the loss.</u>

This task involves coming face to face with the reality that the person is dead and will not return. Often the bereaved refuse to face the reality of the loss, and may go through a process of not believing, and pretending that the person is not really dead. This denial can take several forms:

- Denying the facts of the loss. The bereaved may manifest symptoms that range from slight reality distortions to full blown delusions. There may be attempts to keep the body in the house, retaining possessions ready for use when the deceased returns or keeping the room of the deceased untouched for years.

- Denying the meaning of the loss. In an attempt to make the loss less significant than actuality, the meaning of the relationship can be denied. The bereaved may express thoughts such as "We weren't close", "he wasn't a good person", or may remove all reminders of the deceased so as not to be reminded of his or her existence.
- Denying that death is irreversible. In an attempt to maintain the attachment contact, the bereaved may seek recourse to spiritualists. There may be incidents of selective forgetting, or blocking out memories of the deceased. Traditional rituals such as burials and cremations may help the bereaved accept the loss as the rituals force them to face the reality of death.

Task two: to work through the pain of grief.

The process of allowing oneself to feel the pain rather than suppressing the experience is thought to be beneficial in the normal resolution of mourning. In some social contexts the expression of grief may be encouraged, while in others a subtle message may be given that the mourner should stop grieving and get on with life. Hence, the expression of grief may be considered unhealthy and demoralising, with the proper action of a friend being to distract the mourner from grief. People can hinder the mourning process by avoiding painful thoughts, using thought stopping strategies, or by entertaining only pleasant thoughts of the deceased, idealising the dead, avoiding reminders of the dead, and using alcohol or drugs to desensitise.

Task three: to adjust to an environment in which the deceased is missing.

Following the death, the bereaved must take on new roles and adjust to the changed dynamics in his or her environment. Frequently the full extent of what this involves, and what has been lost, is not realised for some time after the loss occurs. Many resent having to develop new skills and cope with the changed situation. In addition, survivors have to cope with their own sense of self, particularly if they have denied their own identity so as to care for others following the death. If attempts to fulfil the roles previously carried out by the deceased fail, a reduction in self-esteem can result. Alternatively, the bereaved may promote their own helplessness by not using or developing the skills they need to cope. In response, the bereaved person may withdraw from the world and not face the requirements of the situation.

The rearranging, restructuring and redefining that takes place as we begin to identify and fill the roles formerly occupied by the deceased defines this third task. When the deceased played a marginal role in our lives we may find this easy; when he or she seemed to finish every sentence we began and was so much a part of our everyday lives that we feel like we have lost a part of ourselves, accomplishing this task may be more difficult. We may also find it easier to take care of the concrete tasks that were part of the deceased's contribution to our lives than to fill the emotional roles which can often escape our notice until much later in the grieving process. Learning how to balance the chequebook after the death of a spouse, for example, may be a lot easier than finding someone who makes us smile. This readjustment usually takes place over time as we recognize the implications of the loss and come to terms with all of the gaps, both real and symbolic, that the death has created in our lives.

Task four: to emotionally relocate the deceased and move on with live.

Emotional relocation requires that the bereaved form an ongoing relationship with the memories associated with the deceased, in such a way that they are

able to continue with their own lives after the loss. Holding on to the past attachment rather than allowing the evolution of a new relationship with the memories of the deceased can hinder this task.

The resolution of the major work of grieving takes place when the fourth task is completed. In simple language, "emotionally relocating" the deceased means moving from the feelings of loss and longing that accompany our awareness that the deceased is really gone from our lives forever to being able to hold the memory of that person in our hearts. They become a part of our lives in a way that allows us to go on living without them. We tend to be less conscious of the loss, less preoccupied with the deceased. Although there may always be times when sadness catches us off guard and we are reminded of how much this loss has affected us, what has happened is that we have let go of a great deal of the emoti9nal energy we had tied up in the relationship with the deceased and it is now available to be invested elsewhere. Sometimes we invest that energy in other relationships; in other instances we may invest it in something that commemorates the life of the deceased.

As with the other three tasks, completion of this task is also related to the meaning of the deceased in our lives. If we have minimal investment in a relationship, we have little emotion to withdraw, so the process is less complex. If we were extremely invested in the deceased, the loss will have more meaning for us and it will take time to move on.

2.5 Rando

A number of actions must be undertaken in order to realise healthy mourning to take place. According to Therese Rando, there are six specific "R" processes that must be completed successfully by the individual in order for the three reorientations — in relation to the deceased, the self, and the external world — of healthy mourning to occur.

- Recognise the loss. Recognizing the loss involves acknowledging the reality of the death and understanding what caused it.
- React to the separation. This process involves experiencing the pain; and feeling, identifying, accepting, and giving some form of expression to all the psychological reactions to the loss. It also involves identifying and mourning the secondary losses that are brought about by the death.
- Recollect and re-experience the deceased and the relationship. Healthy mourning involves reviewing and remembering realistically, with reviving and re-experiencing being the associated feelings.
- Relinquish the old attachments to the deceased and the old assumptive world.
- Readjust to move adaptively into the new world without forgetting the old. This process, involves revising the assumptive world, developing a new relationship with the deceased, adopting new ways of being in the world, and forming a new identity.
- Reinvest. The emotional energy once invested in the relationship with the deceased eventually must be reinvested into other people, objects, pursuits, and so forth in order that emotional gratification can be received by the mourner.

Each person undertakes these processes (or not) in his or her own fashion and to his or her own depth. This is because each individual's mourning is determined by a constellation of factors that renders the mourner's response as unique as his or her fingerprint. To be able to understand any mourner adequately, one must know the factors circumscribing the particular loss of that individual at that precise point in time. A response that is perfectly appropriate for one person in one set of circumstances may be

pathological for another person in those circumstances or for the same person under different circumstances. These factors cluster under three main areas:
- psychological factors, which are subdivided into characteristics pertaining to the nature and meaning of the specific loss, the mourner, and the death;
- social factors;
- physiological factors.

2.6 A more recent and significant advance in our understanding of grief work is the dual process model developed by Margaret and Wolfgang Stroebe and Henk Schut, all three staff-members of faculty of psychology of the University of Utrecht (the Netherlands). They suggested that avoiding grief may be both helpful and detrimental, depending on the circumstances. While previous models centred on loss, the dual process model recognises that both expressing and controlling feelings are important – and it introduces a new concept, that of oscillation between coping behaviours. Grief is viewed as a dynamic process in which there is an alternation between focusing on the loss of the person who has died (loss orientation) and avoiding that focus (restoration orientation). The loss-orientation encompasses grief work, while the restoration-orientation involves dealing with secondary losses as a result of the death. For instance, an older widow may have to deal with finances, and house maintenance, which previously her husband dealt with. Both the loss orientation and the restoration orientation are necessary for future adjustment, but the degree and emphasis on each approach will depend on the circumstances of the death, personality, gender and cultural background of each person. The model puts also that by taking time off from the pain of grief, which can be overwhelming, a bereaved person may be more able to cope with their daily life and the secondary changes to it.

Conclusion:

Based on the new visions out of the attachment theory, the cognitive distress theory and the trauma theory new mourning models are developed. These models take in account that the mourning process is complex and complicated. Different strategies are needed on the level of the different domains and taking the stages of the lifespan in account. It is of major importance to identify the specific elements of each mourning process such as the meaning of the loss, the emotional and cognitive strategies and the coping strategies. Thereby the focus is on flexibility, the possibility of adaptation to the new situation and empowerment in one's own social and cultural context.
Next to the scientific research that is going on, a lot of research has already been realised and the results have been published in order to create a valid framework for the new insights and visions on mourning, grief and bereavement.
In the new approach in Flanders on grief and bereavement we see that the new point of view is mainly influenced by and oriented on the theory of William Worden on the one hand and the dual model of Stroebe, Stroebe and Schut on the other hand.

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