

## **Bereavement**

Although loss is a nearly universal experience, there is considerable variety in how people grieve. Bereavement is always painful, but some people return to their normal lives rapidly, experiencing uncomplicated bereavement, while others never do. All that defines uncomplicated bereavement and separates it from complicated bereavement is not yet known. However, some critical facts have been identified.

### **Uncomplicated Bereavement**

Loss is a powerful stressor in life; even those going through uncomplicated bereavement are likely to experience many symptoms of anxiety and depression and to undergo physiological changes, which reduce the body's ability to fight off disease. While popular notions suggest a steady and orderly progression of bereavement in stages, people grieve in highly individualized ways.

Depending on prior losses and on the particulars of the current loss, symptoms of anxiety may be most prominent or may mix with or be overshadowed by symptoms of depression. There is often a sense of unreality associated with first becoming aware of the loss. The griever may refuse to believe it has happened and feel out of contact with those around him or her. Many people feel guilt because they do not initially feel any pain about the loss. They worry that they are abnormal or secretly unloving. This experience of numbness does not imply a poor relationship. The numbness and sense of unreality may be replaced later with a sense of profound anxiety or sadness. This stage may be marked by repeatedly seeking the person who has died, possibly even briefly hearing or seeing the deceased.

As the loss becomes "real," grievers often experience overwhelming waves of sadness (and sometimes anger) that come suddenly with reminders of the loss. Interspersed between the low and painful periods can be brief bursts of almost ecstatic and enthusiastic feelings, which may also trigger guilt. Wide swings in mood are, however, a normal part of bereavement. Most individuals feeling the ordinary pain of bereavement do not need counseling or medication to adjust. However, they may benefit from participation in groups for those who have had recent losses.

### **Complicated Bereavement: Warning Signs**

While there is no standard for what is healthy and unhealthy in bereavement, there are some warning signs of poor adjustment. Extensive avoidance of painful feelings and of reminders of the person who has died is not healthy. Coping by avoidance may appear to work initially because it minimizes early distress, but avoidance coping place the griever at heightened risk later. Those who find that they cannot bring themselves to go to the funeral or who isolate themselves from their grief experience with distracting activities (even those of planning the funeral) may be at increased risk for later psychological and physical difficulties.

While a death usually disrupts the ability of the mourner to carry on daily activities, any crippling loss in ability to function indicates the need for therapy. Those who function worst one month after a loss often fail to regain normal function even one to two years later. Thus, marked reductions in function, even early after a loss, can be an indication of the need for counseling and/or antidepressant medication. Ironically, however, starting or increasing the use of tranquilizing medication following a loss may interfere with the natural process of grief.

Some of those who adjust poorly to a loss will express that difficulty in physical ailments. Those who see a physician with complaints that are not easily diagnosed or treated medically may be

experiencing unresolved bereavement. Medical pursuit of diagnosis and treatment of such complaints can result in greater damage because of risks from invasive diagnostic procedures and the risks from unnecessary medical interventions for problems that will not respond to treatment (such as dizziness, fatigue, irritability, vague pains, etc.).

Guided mourning, using imagery and behavioral assignments, is a powerful tool for provoking and safely reviewing thoughts and painful memories. Cognitive intervention to deal with irrational guilt and responsibility for a loss can be helpful. Although complicated bereavement is a disruptive experience, it can be successfully treated successfully. Ultimately, however, prevention may prove more valuable than treatment.

### **Prevention Issues**

Families sometimes try to protect the griever by removing reminders of the loss. This strategy promotes avoidance by communicating that the pain of dealing with the loss would be overwhelming; it also hampers normal bereavement by removing important reminders that trigger painful but necessary memories. Family and friends can help any griever adjust by encouraging talk about feelings and thoughts about the loss.

Similarly, children do not benefit from being protected from the rituals around bereavement. Such “protection” may be costly; those old enough to understand death (age 5 or older) often need the painful reminders and rituals just as adults do. It is important that children be allowed to participate in mourning at their own developmental level.

Depending on their ages, children will deal with the loss in a very different way than adults. Younger children may need to hold “play funerals” for dolls or stuffed animals and to ask questions that provoke pain in the grieving adults. Older children may become withdrawn or begin to act out. For children of all ages, modeling ways to think and talk about painful feelings can be beneficial.

Bereavement is an experience that must be treated with great respect. First, family members need to recognize and respect individuals’ rights to grieve in their own way.

Second, respect needs to come from health care professionals. While distress is inevitable with loss, unresolved grief means that distress can continue without relief unless effective treatment is begun.

Most people need no formal intervention for bereavement. However, behavior therapists and other qualified mental health professionals can help guide those dealing with complicated bereavement through a process of resolution. Such a process can start even years after loss; the sooner the process begins, however, the sooner the griever can return to normal functioning.

### **What Is Cognitive Behavior Therapy?**

Behavior Therapy and Cognitive Behavior Therapy are types of treatment that are based firmly on research findings. These approaches aid people in achieving specific changes or goals.

Changes or Goals might involve:

- a way of acting - like smoking less or being more outgoing;

- a way of feeling - like helping a person be less scared, less depressed, or less anxious;
- a way of thinking - like learning to problem-solve or get rid of self-defeating thoughts;
- a way of dealing with physical or medical problems - like lessening back pain or helping a person stick to a doctor's suggestions; or
- a way of adjusting - like training developmentally disabled people to care for themselves or hold a job.

Behavior Therapists and Cognitive Behavior Therapists usually focus more on the current situation and its solution, rather than the past. They concentrate on a person's views and beliefs about their life, not on personality traits. Behavior Therapists and Cognitive Behavior Therapists treat individuals, parents, children, couples, and families. Replacing ways of living that do not work well, with ways of living that work, and giving people more control over their lives are common goals of behavior and cognitive behavior therapy.

The Association for Behavioral and Cognitive Therapies (ABCT) is an interdisciplinary organization committed to the advancement of a scientific approach to the understanding and amelioration of problems of the human condition. These aims are achieved through the investigation and application of behavioral, cognitive, and other evidence-based principles to assessment, prevention, and treatment.

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