Grief and Bereavement

KIMBERLY SHAPIRO, MD

DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL HEALTH

MEDICAL DIRECTOR OF OUTPATIENT BEHAVIORAL HEALTH SERVICES

MISSION HOSPITAL

LAGUNA BEACH, CA

Disclosures

- I have no conflict of interest in relation to this presentation

“Raising Cairn” – Celeste Roberge
Portland Museum of Art, Portland MN

The Weight of Mourning

Objectives

- Review terms – Grief, Mourning, Bereavement
- Understand Basic Types of Grief
  - Anticipatory
  - Normal
  - Complicated/Prolonged
- Change in Psychiatric Views of Grief
- COVID-19
- Treatment Options

Grief

- Grief – emotional response to a loss
  - The death of a loved one
  - Loss of relationship, a home, family, dream or faith
  - Often seen as interfering with life rather than intrinsic to life

- Can be a long, emotional process; expression of grief is how one reacts to the loss a loved one
- Different for every individual – personal experience and process
- **Normal Uncomplicated Grief is a NORMAL PROCESS – it is not a Mental Disorder**
- Impossible go to through life without any losses

Mourning

- Mourning- How grief and loss are expressed outwardly, publicly
- May involve rituals, religious beliefs, cultural customs
- Meaning /Structure often found in the rituals of mourning
  - Planning a funeral
  - Seeing friends and family
  - Burial rituals

Bereavement

- Bereavement - Defines the period of time. This includes the time in which grief is experienced and mourning occurs.
- Grief vs. Bereavement: Emotion vs. Time
- A person is said to be in bereavement for the time that it takes for them to process their grief and mourning.
- A period of sadness after the loss. Eventually, there will be a shift in the person's emotional state of being, and the bereavement period will end.

Stages of Grief

- Elisabeth Kübler Ross' Five Stages of Grief
  - Framework for learning to live with loss
  - Controversial – Observational
  - Individual Pathway
    - Not everyone experiences all stages
    - Non-linear – can be like a roller coaster

Stages of Grief

- Elisabeth Kübler Ross' Five Stages of Grief Model
- Original framework that has been built upon

- DENIAL
- ANGER
- BARGAINING
- DEPRESSION
- ACCEPTANCE

Stages of Grief

Stages of Grief

- DENIAL – “I can’t believe this is happening”
  - More disbelief than actual denial
- ANGER – At loved one for getting sick/leaving, at self for not noticing/taking better care, at Higher Power, at Physicians
- BARGAINING – You will do anything for your loved one to be spared
  - “Take me instead.”
- DEPRESSION – NOT Major Depression. Appropriate response to a great loss.
  - “I don’t know if I can go on.”
- ACCEPTANCE – Accepting the reality that loved one is gone
  - Does not mean being alright with the loss – we will never like this reality or make it okay, but we can learn to live with it

- Expanded to include 7 Stages of Grief/Extended Kübler Ross Model

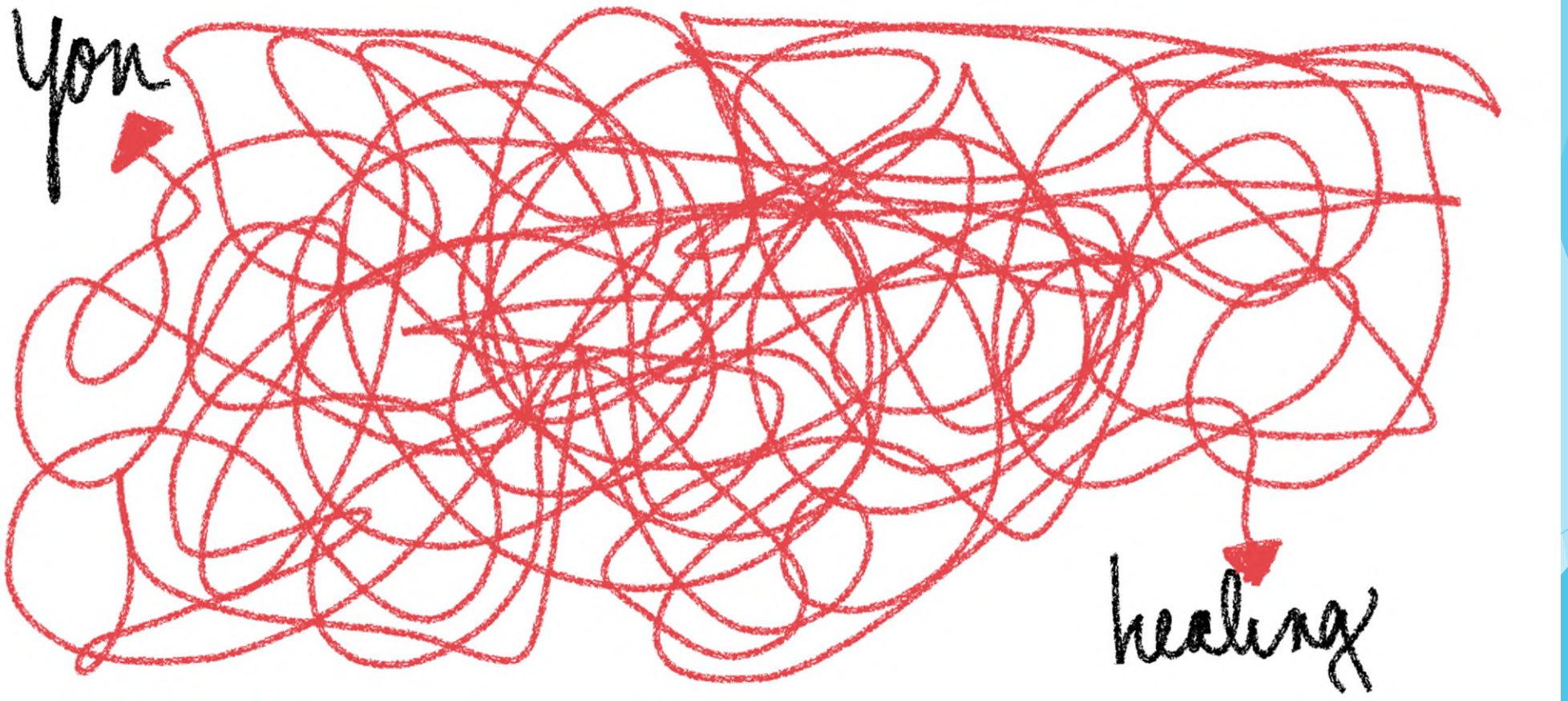
7 Stages of Grief

(Modified Kubler-Ross Model)

Shock*	• Initial paralysis at hearing the bad news.
Denial	• Trying to avoid the inevitable.
Anger	• Frustrated outpouring of bottled-up emotion.
Bargaining	• Seeking in vain for a way out.
Depression	• Final realization of the inevitable.
Testing*	• Seeking realistic solutions.
Acceptance	• Finally finding the way forward.

* This model is extended slightly from the original Kubler-Ross model, which does not explicitly include the Shock and Testing stages. These stages however are often useful to understand and to facilitate change.

Stages of Grief



“There is no correct way or time to grieve.”

-Elisabeth Kübler Ross and David Kessler
On Grief and Grieving

Anticipatory Grief

- Someone we love or we ourselves diagnosed with a terminal illness
- “Beginning of the End”
- Often more silent than grief after a loss
- 5 Stages are the same, both dying individual and family can go through them
- Distinct to the time period – even if you go through them before the loss, you may still go through them after loved one is gone
- Can happen months or years before the loss

Anticipatory Grief

- Grieving “forwards”
- Research is mixed – not a solid predictor of future outcomes
  - Some studies suggests it may help process emotions so that post-loss grief is lessened, others – no difference
  - For the patient, therapy focusing on Anticipatory Grief may lessen depression, and improve quality of life
- Other Scenarios
  - Diagnosis of degenerative Disease – Alzheimer’s, Parkinson’s
  - Awaiting Organ Transplantation
  - Caring for Chronically Ill Child
  - Learning of Hereditary Cancer Risk
  - Premature Birth
  - Desired Life Events- Moving, New Relationship, Going away to College etc.

Anticipatory Grief

- Anger or irritability
- Anxiety/Sadness
- The desire to withdraw from social situations
- Dread
- Guilt
- An intense preoccupation with the dying person
- Lack of motivation
- Loneliness
- Loss of control over one’s emotions
- Tearfulness

Factors that Affect Normal, Uncomplicated Grieving

- Relationship to the person who died
- Age of the person who died
- Circumstances surrounding their death
- Your own personal experiences, cultural beliefs, coping skills

Psychological Phases of Normal Grief

- Grief gradually lessens into an acceptance of the reality of the loss
- Gradual decline in symptoms as grief becomes integrated into life
- Grief often compartmentalized – however periods of grief may arise at specific times such as holidays, birthdays, anniversaries
- Having the ability to form other/new relationships

Diagnostic Changes Surrounding Grief and Bereavement

- Diagnostic and Statistical Manual of Mental Disorders
  - A Guide to Psychiatric Diagnosis
  - Published by the American Psychiatric Association
  - Ensures consistent use of terms/diagnoses across Psychiatrists
- DSM-5 adopted in May, 2013
- Normal bereavement is a V-code (Z-code in the ICD-10)
  - Other Conditions That May Be a Focus of Clinical Attention
  - Examples: Educational Problem, Parent-Child Relational Problem
  - Contextual characteristic and not pathologized

Diagnostic Changes Surrounding Grief and Bereavement

- “Bereavement exclusion” — a DSM-IV rule that instructed clinicians not to diagnose major depressive disorder (MDD) after the recent death of a loved one (bereavement) — even when the patient met usual MDD criteria.
- Exceptions could be made for psychosis, suicidal thoughts, or “severe impairment.”
- Most studies in the past 30 years shown that depressive syndromes in the context of bereavement aren’t fundamentally different from depressive syndromes after other major losses — or from depression appearing organically.
- MDD and Grief may exist side by side
- Allows treatment for grieving patients who are also experiencing symptoms of major depression

Table 1.

Differentiating Normal Bereavement from Major Depressive Episode

CHARACTERISTIC	*BEREAVEMENT*	*MAJOR DEPRESSIVE EPISODE*
Pattern	Waves or pangs of grief associated with thoughts or reminders of the deceased that are likely to spread further apart over time	Negative emotions experienced continually over time
Predominant affect	Emptiness and loss accompanied by occasional pleasant emotions	Pervasive depressed mood and the inability to anticipate happiness or pleasure
Self-esteem	Typically preserved, but if self-derogatory thoughts are present they usually involve perceived failings in relationship to the deceased (e.g., not visiting the deceased more often, failing to communicate their love enough to the deceased)	Critical toward self, feelings of worthlessness, and self-loathing
Sociability	Maintains connections with family and friends who have ability to console	Withdraws from others physically and emotionally and has difficulty being consoled
Thoughts	Preoccupation with thoughts and memories of the deceased; tends to be hopeful	Self-critical or pessimistic thoughts; tends to be hopeless
Thoughts of death or suicide	Thoughts of death and dying focused on the deceased and perhaps reuniting with the deceased	Explicit suicidal thoughts related to feelings of worthlessness, a belief that one is undeserving of life, or a sense that one is no longer able to cope with the pain of depression
Triggers	Depressed mood triggered by thoughts or reminders of the deceased	Depressed mood not tied to specific thoughts or preoccupations

Complicated Grief/Prolonged Grief Disorder

- For a group of grieving individuals (about 10%), their grief doesn't lessen with time
- Intense suffering interferes with their ability to function
- > 1 year after the death of a loved one
- Daily, intense yearning for the deceased or a preoccupation with thoughts or memories of them.
- Additional symptoms — three of which are required for a diagnosis — are identity confusion, disbelief, avoidance of reminders of the loss, intense emotional pain, difficulty engaging with others and with life, emotional numbness, feeling that life is meaningless, and intense loneliness.

Complicated Grief/Prolonged Grief Disorder

- Those who suffer are at higher risk for medical problems
  - Cancer, HTN, Cardiac and Immunological Issues
  - Higher risk for comorbid mental health disorders
  - Disability
  - Hospitalization
  - Suicide

COVID-19 Considerations

- Pandemic has brought new challenges in end of life care - social distancing/isolation, uncertainty/self-blame related to infection, and inability to visit, say goodbye, or implement usual burials/funerals.
- Changed how patients and families can cope/process grief
- Some recommended practices - Quality communication, advance care planning (ACP), and provider self-care are three recommended practices that can assist

“Treatment” Options

- Support/Listening
- Consider Individual Psychotherapy
  - Can start when the patient is alive.
  - Cognitive Behavioral Therapy, Narrative Therapy
  - Grief Counseling/Prolonged Grief Therapy
- Support Groups
  - For patients
  - For Caregivers
- Medication Management Where/When Indicated
  - Case by case basis
  - Symptom management – not treatment of grief in and of itself

References

- American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. Washington, DC: American Psychiatric Association; 2013.
- American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*, 4th ed., text revision. Washington, DC: American Psychiatric Association; 2000.
- Zisook S, Corruble E, Duan N, et al. The bereavement exclusion and DSM-5 [published correction appears in *Depress Anxiety*. 2012;29(7):665]. *Depress Anxiety*. 2012;29(5):425–443.
- Friedman RA. Grief, depression, and the DSM-5. *N Engl J Med*. 2012;366(20):1855–1857.
- Pies R. Bereavement does not immunize the grieving person against major depression. GeriPal: a geriatrics palliative care blog. December 4, 2012. http://www.geripal.org/2012/12/bereavement-does-not-immunize-grieving_4.html.
- Parkes CM. Complicated grief in the DSM-5: Problems and solutions. Arch Psychiatr Ment Health. 2020; 4: 048-051.
- **Grief** During the COVID-19 Pandemic: Considerations for Palliative Care Providers.
- Wallace CL, Wladkowski SP, Gibson A, White P.J Pain Symptom Manage. 2020 Jul;60(1):e70-e76. doi: 10.1016/j.jpainsymman.2020.04.012. Epub 2020 Apr 13.
- Kubler-Ross E. *On death and dying*. New York, NY: Scribner; 1969.
- Kubler-Ross E, Kessler D. *On grief and grieving: Finding the meaning of grief through the five stages of loss*. New York, NY: Scribner; 2014.
- Kubler-Ross E, Byock I. *On death and dying: What the dying have to teach doctors, nurses, clergy, and their own families*. New York, NY: Scribner; 2014.
- Shear, M. Katherine, MD. Grief and Mourning Gone Awry Dialogues Clin Neurosci. 2012 Jun; 14(2): 119–128.
- Cara L Wallace [1] et al. **Grief During the COVID-19 Pandemic: Considerations for Palliative Care Providers.** J Pain Symptom Manage. 2020 Jul;60(1):e70-e76.

CONTACT INFORMATION

KIMBERLY SHAPIRO, MD
KIMBERLY.SHAPIRO@STJOE.ORG
949-499-7504