Grief and loss

'I'm not myself anymore'

BACKGROUND Most individuals who experience the loss or potential loss of a person or thing to which they ascribe importance in their lives undergo the process of 'normal grief'. Simply put, the experience of grief is not limited to the loss of a person through death, but is also felt when other life changes and transitions occur.
OBJECTIVE This article aims to address what is 'normal' grief while examining some strategies that can be useful in assisting the grieving individual.
DISCUSSION Current research asserts that there is no actual conclusion to the grief process, but rather an integration of the grief into an individual's life. To achieve a healthy integration of loss and attain the ultimate wellbeing of the individual, the grieving person may need to be assisted and guided in a biopsychosocial framework.

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> 'Who are you?' said the caterpillar ... Alice replied, rather shyly, 'I – I hardly know, sir just at present ... At least I know who I was when I got up this morning, but I think I must have changed several times since then ...'[1]

Alice (famous visitor to Wonderland) in this interchange with the caterpillar presents to him as being confused and bewildered about changes occurring in her life. She seeks help in this part of the story, but the caterpillar, with the lack of information she offers, can only be of limited assistance.

General practitioners, as with others in the health profession, may often find themselves in the caterpillar's difficult position when faced with someone who is grieving. The patient is often unaware of what 'ails them', but seeks a quick diagnosis and remedy.

What is grief?

Unfortunately, the commonly held belief that grief is limited to a loss through bereavement can hinder individuals in understanding their own response to a multitude of other changes and transitions that can result in grief. Grief is not an aberration but a part of life.

In the context of general practice, consultations involving loss are frequent and include consultations for:

- bereavement
- chronic illness
- terminal illness
- disability
- relationship breakdown
- unemployment, and
- retirement.

Each age group, at each developmental stage, has its own unique issues around expressing grief. For the adolescent experiencing a broken heart, a family breakdown or a failed exam, the shock of the intensity of grief (with no previous experience against which to measure it) can result in consideration of extreme ways of making the pain go away. Drug and alcohol abuse and suicide ideation are common among young people facing traumatic events. Trivialising the pain and rationalising away the immediate situation (eg. 'she wasn't good enough for you anyway', 'there's always next year', 'we'll both love you even though we're apart now, so don't worry about it'), can cause immense feelings of isolation in the young person's mind.

Young children, unable to grasp the permanency of change, will often exhibit signs of grieving months or years after the loss. To the adult perception this is 'inappropriate' grief, but is in fact appropriate as the immensity of change and loss hit the maturing child.

Aged people often experience grief from invisi-

Table 1. Complications of bereavement[5]

Physical
- Impairment of immune response system
- Increased adrenocortical activity
- Increased serum prolactin
- Increased growth hormone
- Psychosomatic disorders
- Increased mortality from heart disease

Psychiatric nonspecific
- Depression (with or without suicide risk)
- Anxiety or panic disorders
- Other psychiatric disorders

Specific
- Post-traumatic stress disorder
- Delayed or inhibited grief
- Chronic grief

Table 2. Factors increasing risk after bereavement[5]

Circumstances

Death of a spouse

Death of a parent in childhood (particularly in early childhood or adolescence)

Sudden, unexpected and untimely deaths (particularly if associated with horrific circumstances)

Multiple deaths (particularly disasters)

Deaths by suicide

Deaths by murder or manslaughter

Vulnerable people

General

Low self esteem

Low trust in others

Previous psychiatric disorder

Previous suicidal threats or attempts

Absent or unhelpful family

Specific

Ambivalent attachment to deceased person

Dependent or inter-dependent attachment to deceased person

Insecure attachment to parents in childhood (particularly learned fear and learned helplessness)

ble losses: the dreams, plans, and the opportunities that are now limited by increasing frailty. These private losses, often unshared with family and friends, may need to be discussed with an objective professional such as a GP in order to arrest any possible decline into clinical depression.

Ambiguous losses,[2] disenfranchised grief[3] and nonfinite grief[4] result from many unseen situations. Relinquishment of a child (either voluntarily or involuntarily), homelessness, chronic pain, infertility, survival of torture, migrant and refugee experiences, diagnosis of a child with a disability – all of these situations and more contribute to a virtually unseen underlying pool of grief in which our society lives.

Normal grief experiences

Normal grief presents in a variety of forms. Not always, but sometimes, tears flow. Not always, but sometimes, sleep or appetite disturbance occur. Sometimes mental confusion and poor memory is mentioned almost as an aside. Stereotypes of behaviour surrounding grief can often inhibit recognition of the effects of major changes and transitions in life.

Parkes describes the components of the grieving process as 'the urge to look back, cry, and search for what is lost and the conflicting urge to look forward, explore the world that now emerges and discover what can be carried forward from the past'.[5] Cultural and social influences determine how these urges are expressed or inhibited and the strength of each urge varies over time, giving rise to a variety of emotional, physical and behavioural expressions.

Although the manifestation of grief varies between individuals, the stages of the experiences can be divided into:
- numbness lasting for hours or days
- pining: episodes of separation distress and anxiety between which normal activities are carried out in an apathetic and anxious way
- disorganisation and despair: the memory of the event is never far from the mind and sometimes people feel they see, hear or feel the presence of the dead person; the grieving person goes over the events in the mind again and again, asking: 'what if?', 'why?', and
- reorganisation.[5]

However, this is not a rigid sequence that is passed through only once. The intensity and frequency of

pangs of grief tend to diminish over time but will frequently be re-ignited by anniversaries or other reminders. The individual passes back and forth between stages before coming to the final phase of reorganisation in which the individual integrates the experience of change and grief into their personal history. The time taken for this process varies from individual to individual.

A major loss such as a death of a spouse or a child may result in significant physical or mental health problems (Table 1). Some individuals are at particular risk either because of the circumstances of the loss or because of factors in the individual that increase their vulnerability (Table 2).

Assisting people in the grieving process

The biopsychosocial model

The biopsychosocial approach explores the interaction between the individual and their total environment. It is a broad based approach to understanding the impact of loss on an individual, and is extremely useful in engaging the patient in dialogue as to their whole state of being.

To understand the rationale behind such a tool, it can be helpful to use the analogy of a person being similar to an orange. That is, with its outer skin being what is apparent to the observer, and the inner segments being the real condition of the fruit.

The biopsychosocial assessment addresses the physical, social, psychological, sexual, spiritual and economic factors (or segments) of a person's life. External changes and transitions may well affect any or all of these internal components producing a general feeling of being overwhelmed. To differentiate and 'pull apart the segments' assists the practitioner and the patient in defining the actual causes of discomfort rather than only the symptoms. For example, economic difficulties may be causing eating changes, sleep disorders, stress related muscle tiredness and social withdrawal. Naturally, there are many other possible sources of these symptoms, but a discussion that elicits this stress area may well be beneficial in the ultimate guidance a practitioner can offer.

What can GPs do to help?

General practitioners are often the first port of call for a person when the impact of grief is being experienced. As the impact of grief often presents in physical ways, the GP is seen as an obvious resource for assistance. A biopsychosocial assessment as outlined assists the patient to reflect on the meaning of the loss, its effects on the different aspects of their life, and their supports and coping strategies.

Being alert to the varying presentations of grief, offering reassurance and information about the normalcy of grief reaction (and reducing the risk of the patient perceiving a normal reaction as being an indicator of pathology) are all important. Other strategies that GPs can apply in consultations include:

Table 3. Resources

The National Association for Loss and Grief is the peak accreditation body for professionals in the field. The association works to raise the community's awareness that grief does not only arise from death, but also from a diverse range of unsought after events.

Contact details

NALAG (Australia) Inc	http://griefaustralia.org
NALAG (Victoria)	Phone 03 9351 0358 Freecall country Vic 1800 100 023 http://www.nalagvic.org.au Email: info@nalagvic.org.au
NALAG (SA) Inc	Phone 08 8342 4005 www.grieflink.asn.au
NALAG (NSW) Inc	Phone 02 99762803 (Sydney) or 02 6882 9222 (Dubbo) http://nalag.org.au:8091 Email: nalag@hwy.com.au
NALAG (ACT) Grief Resource Centre	PO Box 581 Curtin ACT 2605 Phone 02 6259 3940
SANDS (Miscarriage, Stillbirth, Neonatal and Sudden Infant Death Support)	www.sandsvic.org.au www.sandswa.org.au
Sudden Infant Death Research Foundation	www.sidsaustralia.org.au

Table 4. Breaking bad news[5]

- Consider social support (who to ask to be present)
- Consider setting (where to meet)
- Try to establish a relationship of mutual respect and trust
- Discover what the patient or the family knows or think they know already
- Invite questions
- Give information at a speed and in a language that will be understood
- Monitor what has been understood
- Recognise that it takes time to hear and understand bad news
- Give the patient or the family time to react emotionally
- Give verbal and nonverbal reassurance of the normality of their reaction
- Stay with the patient or the family until they are ready to leave
- Offer further opportunities for clarification, information or support

- offering a confiding and supportive relationship
- providing controlled exposure to reminders of the loss, and control of emotional arousal during the loss (eg. by relaxation or slow breathing exercises)
- encouraging control of negative thoughts, self blame or excessive guilt using cognitive therapeutic skills
- assisting with problem solving (bereavement will often present practical problems such as financial or child care difficulties)
- encouraging involvement in positive activities, and
- promoting health maintenance: short term rest and time off work if appropriate, reduce the use of alcohol or drugs, encourage sensible diet, engage in exercise, resumption of normal sleep/wake cycle.[6]

In many patients referral to support organisations and other professional grief counsellors for ongoing assistance is appropriate (Table 3). The GP is at times also the bearer of bad news, and preparing people for losses that are to come can help keep anxiety within tolerable limits. Table 4 outlines some of the important components of breaking bad news.

Conclusion

Alice in Wonderland, as with most people experiencing change, transition and anxiety, wanted her world to return to normal following her adventures. Life cannot return to 'normal', ie. the way it was before the 'event'; what was normal no longer exists.[7] To enable a state of holistic wellbeing the patient needs to integrate the experience of change and grief into their personal history, acknowledging it for what it has been, and to move forward without denying its impact. This model of integration of the loss experienced does not include a magical 'closure' of pain, but rather, a healthy acknowledgment that all that occurs during life offers opportunity for growth.

SUMMARY OF IMPORTANT POINTS

- Grief results from the loss of any person or thing that has been of importance to an individual.
- Grief manifests itself in many forms as does attachment.
- Grief arising from loss needs to be integrated into life rather than rejected.

Conflict of interest: none declared.

References

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