



COMPLICATED MOURNING AND GRIEF THERAPY

Warren R. Littleford, PhD

OCTOBER 9, 2021

Arizona Psychological Association Annual Convention

CONTACT INFORMATION

- WARREN@WRLITTLEFORDPHD.NET
- 480-214-5970 OFFICE
- 480-518-2935 MOBILE

- Private Practice:
- 908 W. Chandler Blvd, Ste D
- Chandler, AZ 85225

GRIEF COUNSELING AND GRIEF THERAPY (5TH ED)

A HANDBOOK FOR THE MENTAL HEALTH PRACTITIONER

J. William Worden (2019)





Each person's grief is like **all** other people's grief; each person's grief is like **some** other person's grief; and each person's grief is like **no** other person's grief.

Worden, paraphrasing his Harvard mentor, Professor Gordon Allport



FOUR TASKS OF MOURNING

- **Task I:** To Accept the Reality of the Loss
- **Task II:** To Process the Pain of Grief
- **Task III:** To Adjust to the World Without the Deceased
- **Task IV:** To Find a Way to Remember the Deceased While Embarking on the Rest of One's Journey Through Life



ON GRIEF AND GRIEVING: FINDING THE MEANING OF GRIEF THROUGH THE FIVE STAGES OF LOSS

By Elisabeth Kübler-Ross and David Kessler (2005)

- Denial
- Anger
- Bargaining
- Depression
- Acceptance



HISTORY OF LOSS

- Elisabeth Kübler-Ross
- David Kessler

THE INNER WORLD OF GRIEF (CHAP. 2)

Your Loss

Relief

Emotional Rest

Regrets

Tears

Angels

Dreams

Hauntings

Roles

The Story

Fault

Resentment

Other Losses

Life Beliefs

Isolation

Secrets

Punishment

Control

Fantasy

Strength

Afterlife

THE OUTER WORLD OF GRIEF (CHAP. 3)

Anniversaries

Holidays

Sex

Letter Writing

Your Body and Your Health

Finances

So Much to Do

Age

Clothes and Possessions

Closure

DEFINITION OF COMPLICATED MOURNING (WORDEN, 1982)

COMPLICATED BEREAVEMENT IS THE INTENSIFICATION OF GRIEF TO THE LEVEL WHERE THE PERSON IS EITHER OVERWHELMED, RESORTS TO MALADAPTIVE BEHAVIOR, OR REMAINS INTERMINABLY IN THE STATE OF GRIEF WITHOUT THE PROGRESSION OF THE MOURNING TOWARD COMPLETION. IN NORMAL GRIEF, THE TRANSITION, HOWEVER PAINFUL, IS NEITHER OVERWHELMING, INTERMINABLE, NOR PREMATURELY INTERRUPTED.

(5TH edition, page 137)



FEATURES OF COMPLICATED MOURNING

(WORDEN, CHAPTER 5)

- Chronic grief reactions
- Delayed grief reactions
- Exaggerated grief reactions
- Masked grief reactions

CHRONIC GRIEF REACTIONS

Excessive duration of grief which never comes to a satisfactory resolution. Usually the bereaved is very much aware of their chronic grief:

- “I’m not getting back to living,”
- “I need help to be myself again,”
- “This thing is not ending for me.”

Any of the four tasks of mourning may need to be revisited and resolved.

DELAYED GRIEF REACTIONS

- Sometimes called inhibited, suppressed or postponed grief reactions, usually typified by task II not being adequately done at the time of the loss.
- Quite often there is a lack of social support at the time of the loss. Overwhelming feelings at the time of the loss can delay grief. Multiple losses can delay grief.
- I have seen where litigation concerning the circumstances of the death or legal challenges to the will of the deceased have delayed grief.

EXAGGERATED GRIEF REACTIONS

- The bereaved person experiencing the intensification of a normal grief reaction either feels overwhelmed or resorts to maladaptive behavior. Such persons are aware that the symptoms and behaviors they are experiencing are related to the loss, and they seek therapy because their experience is excessive and disabling.
- Psychiatric disorders may emerge, such as a major depressive episode, generalized anxiety, phobias, alcohol and substance use disorders, PTSD and manic episodes.
- Typically the patient will need to relearn how to regulate emotions (task II) and engage in a learning process that is aimed at reconfiguring life without the deceased (task III).

MASKED GRIEF REACTIONS

- Patients experience symptoms and behaviors that cause them difficulty, but they do not recognize the fact that these symptoms or behaviors are related to the loss.
- The grief is usually masked as a physical symptom or as maladaptive behavior.
- Facsimile illnesses may appear in which the physical symptoms experienced by the survivor are similar to those suffered by the deceased during his or her last illness.
- Delinquent behavior in juveniles and aggressive acting-out behavior in adults are other examples of masked grief reactions.

DSM-5 AND GRIEF

- Dropped the bereavement exclusion for the diagnosis of major depression in the bereaved
- Removed the exclusion of grief from the category of adjustment disorders
- Allowed a diagnosis of separation anxiety disorder to be applied to adults
- Retained the diagnosis of posttraumatic stress disorder
- Decided there was no need for a distinct diagnostic category for complicated grief
- Designated **persistent complex bereavement disorder** (PCBD) as a candidate disorder and placed it in Section III, “Conditions for Further Study.”

DSM-5 PERSISTENT COMPLEX BEREAVEMENT DISORDER

The individual experienced the death of someone with whom he or she had a close relationship.

Since the death, at least one of the following symptoms is experienced on more days than not and to a clinically significant degree and has persisted for at least 12 months after the death in the case of bereaved adults and 6 months for bereaved children:

- Persistent yearning/longing for the deceased
- Intense sorrow and emotional pain in response to the death.
- Preoccupation with the deceased.
- Preoccupation with the circumstances of the death.

PCBD CRITERIA

Since the death, at least six of the following symptoms are experienced on more days than not and to a clinically significant degree, and have persisted for at least 12 months after the death in the case of bereaved adults and 6 months for bereaved children:

- Marked difficulty accepting the death.
- Experiencing disbelief or emotional numbness over the loss.
- Difficulty with positive reminiscing about the deceased.
- Bitterness or anger related to the loss.
- Maladaptive appraisals about oneself in relation to the deceased or the death (e.g. self-blame).
- Excessive avoidance of reminders of the loss (e.g., avoidance of individuals, places, or situations associated with the deceased).

PCBD CRITERIA

- A desire to die in order to be with the deceased.
- Difficulty trusting other individuals since the death.
- Feeling alone or detached from other individuals since the death.
- Feeling that life is meaningless or empty without the deceased, or the belief that one cannot function without the deceased.
- Confusion about one's role in life, or a diminished sense of one's identity (e.g., feeling that a part of oneself died with the deceased).
- Difficulty or reluctance to pursue interests since the loss or to plan for the future (e.g., friendships, activities).

PCBD CRITERIA

- The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- The bereavement reaction is out of proportion to or inconsistent with cultural, religious, or age-appropriate norms.

Specify if:

- **With traumatic bereavement:** bereavement due to homicide or suicide with persistent distressing preoccupations regarding the traumatic nature of the death (often in response to loss reminders), including the deceased's last moments, degree of suffering and mutilating injury, or the malicious or intentional nature of the death.

ICD-11 PROLONGED GRIEF DISORDER

- Death of a close individual
- Yearning for the deceased daily or to a disabling degree
- Five or more of the following daily or to a disabling degree
 - Confusion about one's role in life or diminished sense of self
 - Difficulty accepting the loss
 - Avoidance of reminders of the reality of the loss
 - Inability to trust others since the loss
 - Bitterness or anger related to the loss

PGD CRITERIA

- Difficulty moving on with life (e.g. making new friends, pursuing interests)
- Emotional numbness since the loss
- Feeling that life is unfulfilling, empty, or meaningless since the loss
- Feeling stunned, dazed, or shocked by the loss
- At least 6 months have passed since the death
- The disturbance causes clinically significant impairment in social, occupational, or other important areas of functioning
- The disturbance is not better accounted for by major depressive disorder, generalized anxiety disorder, or posttraumatic stress disorder.

CLUES OF COMPLICATED MOURNING

1. The person cannot speak of the deceased without experiencing intense and fresh grief.
2. Some relatively minor loss event triggers an intense grief reaction.
3. Themes of loss come up in a clinical interview.
4. The person who has sustained the loss is unwilling to move material possessions belonging to the deceased.
5. The person's medical record reveals that he or she has developed physical symptoms like those the deceased experienced before death.
6. Those who make radical changes to their lifestyle following a death or who exclude from their life friends, family members, and/or activities associated with the deceased may be revealing unresolved grief.

COMPLICATED MOURNING (CONT'D)

7. A patient presents a long history of subclinical depression, often marked by persistent guilt and lowered self-esteem.
8. A compulsion to imitate the dead person, particularly if the client has no conscious desire or competence for the same behavior.
9. Although self-destructive impulses and actions can be stimulated by a number of situations, unresolved grief can be one of these and should be considered.
10. Unaccountable sadness occurring at a certain time each year, especially holidays, birthdays and anniversaries.
11. A phobia about illness or about death is often related to the specific illness that took the deceased.
12. Knowledge of the circumstances surrounding the death can help the therapist determine the possibility of unresolved grief. Was there avoidance of the mortuary, the funeral service or the gravesite?

MENTAL HEALTH CONDITIONS IN BEREAVED MILITARY SERVICE WIDOWS: A PROSPECTIVE, CASE-CONTROLLED, AND LONGITUDINAL STUDY

- Lead author, Stephen J. Cozza, of Department of Psychiatry, Center for the Study of Traumatic Stress, Uniformed Services University of the Health Sciences, Bethesda, Maryland.
- Katherine Shear was one of 7 co-authors.
- Published in Depression & Anxiety, 2019:1-9, DOI: 10:1002/da.22971

COZZA ET AL (2019)

- 8363 military service members died between 2001-2006.
- 1375 widows sought healthcare in the 3-year time frame of one year prior to bereavement and two years after bereavement, and they could be matched with a non-bereaved control subject (by age, service member rank, deployment and baseline healthcare).
- Healthcare visits were made to military-funded clinics and/or TRICARE claims).

RESULTS OF COZZA ET AL (2019)

- At baseline, 24% of widows in both groups had a mental health diagnosis.
- One year after bereavement, 47.0% of bereaved widows had a MH dx, versus 26.3% of nonbereaved subjects.
- At 2 years, it was 39.0% vs 27.8 %.

MORE RESULTS

- For depression, the rate more than doubled (2.29) at year 1, and for adjustment disorder it was nearly five-fold (4.81).
- For acute stress/PTSD the rate tripled (3.23) while other anxiety disorders had a slight increase (1.32). Alcohol and drug abuse showed no difference at year 1, but at year 2 it was 1.44.
- 17.2% of the bereaved widows had MH conditions that persisted into year 2.

INVENTORY OF COMPLICATED GRIEF

- By Holly G. Prigerson and colleagues in Pittsburgh, 1995
- Psychiatry Research 59:65-79

INVENTORY OF COMPLICATED GRIEF

1. I think about this person so much that it's hard for me to do the things I normally do...

never rarely sometimes often always

2. Memories of this person who died upset me...

never rarely sometimes often always

3. I feel I cannot accept the death of the person who died...

never rarely sometimes often always

4. I feel myself longing for the person who died...

never rarely sometimes often always

INVENTORY OF COMPLICATED GRIEF

5. I feel drawn to places and things associated with the person who died...

never

rarely

sometimes

often

always

6. I can't help feeling angry about his/her death...

never

rarely

sometimes

often

always

7. I feel disbelief over what happened...

never

rarely

sometimes

often

always

INVENTORY OF COMPLICATED GRIEF

8. I feel stunned or dazed over what happened...

never rarely sometimes often always

9. Ever since s/he died it is hard for me to trust people...

never rarely sometimes often always

10. Ever since s/he died I feel like I have lost the ability to care about other people or I feel distant from people I care about...

never rarely sometimes often always

INVENTORY OF COMPLICATED GRIEF

11. I have pain in the same area of my body or have some of the same symptoms as the person who died...

never

rarely

sometimes

often

always

12. I go out of my way to avoid reminders of the person who died...

never

rarely

sometimes

often

always

13. I feel that life is empty without the person who died...

never

rarely

sometimes

often

always

INVENTORY OF COMPLICATED GRIEF

14. I hear the voice of the person who died speak to me...

never rarely sometimes often always

15. I see the person who died stand before me...

never rarely sometimes often always

16. I feel that it is unfair that I should live when this person died...

never rarely sometimes often always

INVENTORY OF COMPLICATED GRIEF

17. I feel bitter over this person's death...

never rarely sometimes often always

18. I feel envious of others who have not lost someone close...

never rarely sometimes often always

19. I feel lonely a great deal of the time ever since s/he died...

never rarely sometimes often always

OPTIMIZING TREATMENT OF COMPLICATED GRIEF: A RANDOMIZED CLINICAL TRIAL

- From the July 1, 2016 issue of JAMA Psychiatry
- Lead author **M. Katherine Shear, MD**, Columbia University College of Physicians and Surgeons, Department of Psychiatry and the Center for Complicated Grief, of New York City

SHEAR ET AL (2016)

- 395 subjects were randomly assigned to Complicated Grief Therapy or placebo, and with or without citalopram.
- Clinical sites in Boston, New York, Pittsburgh and San Diego.
- 78% female S, 82% Anglo, 53% college grads. Age range 8-95.
- Median time since the loss was 2.3 years. They scored at least 30 on the Inventory of Complicated Grief.
- CGT is a manualized, 16-session protocol. The manual is available at complicatedgrief.columbia.edu

RESULTS OF SHEAR ET AL (2016)

- Two-thirds of the subjects met criteria for major depressive disorder.
- Citalopram made no difference, although it did outperform placebo numerically for MDD pts.
- CGT subjects had a greater response with a placebo drug than compared to placebo/placebo. (82.5% vs 54.8%, RR=1.51)
- CIT did not improve CGT outcome vs placebo
- Adding CGT to CIT did improve outcome, RR=1.21

PROCEDURES FOR GRIEF THERAPY (WORDEN, CHAPTER 6)

- Rule out physical disease
- Set up the contract and establish an alliance
- Revive memories of the deceased
- Assess the mourning tasks with which the patient is struggling
- Deal with affect or lack of affect stimulated by memories

MORE PROCEDURES

- Explore and defuse linking objects
- Help the patient acknowledge the finality of the loss
- Help the patient design a new life without the deceased
- Assess and help the patient improve social relationships
- Help the patient deal with the fantasy of ending grieving

SPECIAL CONSIDERATIONS FOR GRIEF THERAPY

- The importance of completing the grief work
- Restraining overwhelming feelings—the dual process model is useful here
- Help patients manage the awkwardness that is often experienced during grief therapy
- Dreams of the bereaved frequently parallel the mourning process and often reflect the particular task of mourning with which the grieving person is struggling

GRIEVING SPECIAL TYPES OF LOSSES

(CHAPTER 7)

- Suicide
- Violent deaths
- Stillbirths
- Survivors of suicide
- Abortion
- Miscarriages
- HIV/AIDS
- Anticipatory Grief
- Sudden infant death syndrome (SIDS)

GRIEF AND FAMILY SYSTEMS

(CHAPTER 8)

- Death of a child
- Grief of grandparents
- Children whose parents die
- Family intervention approaches
- Grief and the elderly
- Family versus individual needs



THE COUNSELOR'S OWN GRIEF

(CHAPTER 9)

- Aware of our own losses
- Aware of our own feared losses
- Personal death awareness



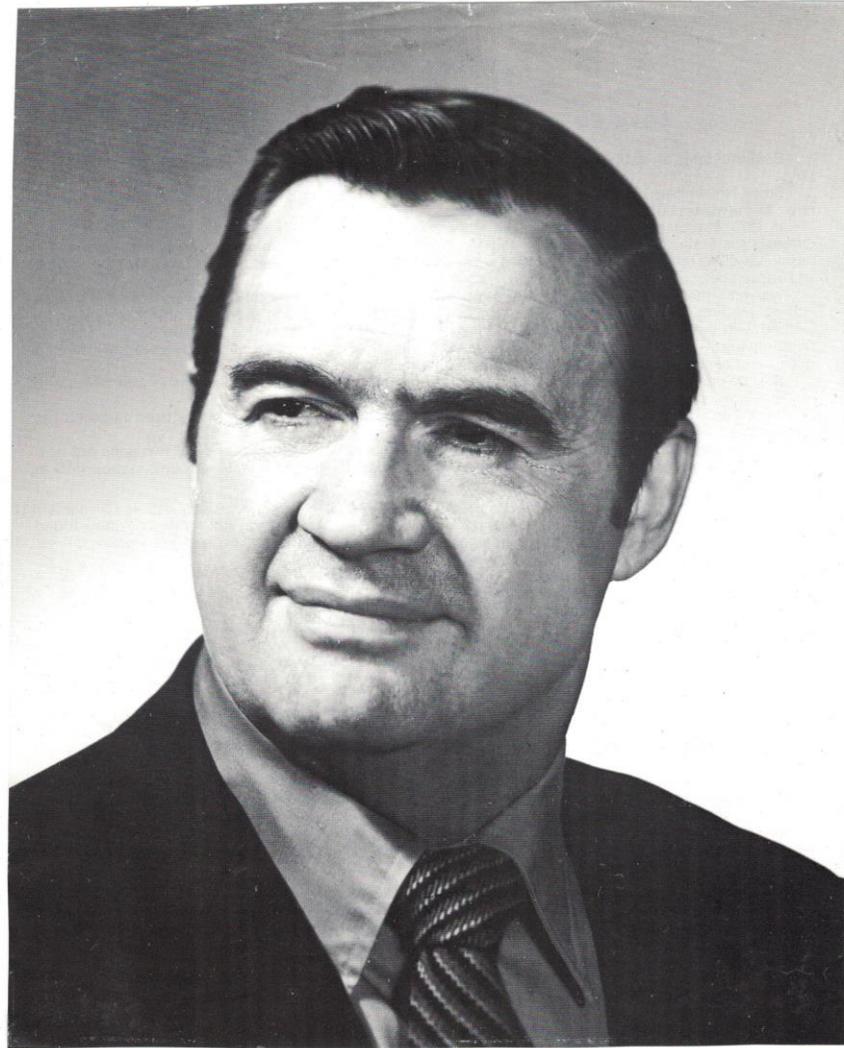
ZEIGARNIK PRINCIPLE

AN UNFINISHED TASK WILL BE
REMEMBERED UNTIL IT IS
COMPLETED



HISTORY OF LOSS (WORDEN 2018)

- The first death I can remember was the death of:
- I was age:
- The feelings I remember I had at the time were:



REV. WARREN LITTLEFORD

HISTORY OF LOSS (CONT.)

- The first funeral (or wake or other ritual service) I ever attended was for:
- I was age:
- The thing I most remember about that experience was:
- My most recent death by loss was (person, time and circumstances):
- I coped with this loss by:

HISTORY OF LOSS (CONT.)

- The most difficult death for me was the death of:
- It was difficult because:



Mavis & Warren
1978



HISTORY OF LOSS (CONT.)

- Of the important people in my life who are now living, the most difficult for me would be the death of:
- It would be the most difficult because:



PAT



HISTORY OF LOSS (CONT.)

- My primary style of coping with loss is:
- I know my own grief is resolved when:
- It is appropriate for me to share my own experiences of grief with a client when:

REFERENCES

- Cozza, S.J., Hefner, K.R., Fisher, J.E., Zhou, J., Fullerton, C.S., Ursano, R.J., & Shear, M.K. (2019). Mental health conditions in bereaved military service widows: a prospective, case-controlled, and longitudinal study. *Depression and Anxiety*, 37(1),45-53. <https://doi.org/10.1002/da.22971>
- Kübler-Ross, E. and Kessler, D. (2005). On grief and grieving: finding the meaning of grief through the five stages of loss. Scribner.
- Prigerson, H.G., Maciejewski, P.K., Reynolds, C.F., Bierhals, A.J., Newsom, J.T., Fasiczka, A., Frank, E., Doman, J. & Miller, M. (1995). Inventory of complicated grief: a scale to measure maladaptive symptoms of loss. *Psychiatry Research*, 59(1-2),65-79. [https://doi.org/10.1016/0165-1781\(95\)02757-2](https://doi.org/10.1016/0165-1781(95)02757-2)
- Shear, M.K., Reynolds, III, C.F., Simon, N.M., Zisook, S., & Wang, Y. (2016). Optimizing treatment of complicated grief: a randomized clinical trial. *JAMA Psychiatry* 73(7): 685-694. <https://doi.org/10.1001/jamapsychiatry.2016.0892>.
- Worden, J.W. (2018). *Grief counseling and grief therapy: A handbook for the mental health practitioner* (5th ed.). Springer Publishing Company. <https://doi.org/10.1891/9780826134752>