



"Psychology Works" Fact Sheet: Grief in Adults

Bereavement is the loss by death of a loved one such as a parent, child, spouse, or close friend.

Bereavement can occur at any stage of life, but is a common occurrence for older adults and the rate of bereavement accelerates as we age. Grief refers to the psychological reaction to the bereavement.

Bereavement and grief takes various forms:

- **Spousal death:** Under the age of 55 about 1% of adults are widows, but by age 85 the majority of people are widowed. Spousal death after decades of marriage can be an enormous shock and adjustment. Death within a harmonious marriage increases the required emotional adjustment.
- **Anticipatory grief:** When a spouse is experiencing a debilitating illness like Alzheimer's or is admitted to a personal care home, grief may occur prior to the physical death. At the same time that one is experiencing "caregiver stress" for taking care of a debilitated spouse, one is also grieving the loss of the marital companionship and affection.
- **Parental death:** Most adults experience the death of one or both of their parents as emotionally significant, even if this occurs when both child and parent have reached older ages.
- **Death of a child:** Death of a child can occur at any point and be an emotionally painful parental experience. About one in ten of older people will experience the death of one of their adult-aged children, a loss that can significantly deplete the family support network as they age.
- **Cumulative bereavement:** This refers to the reality that older adults will experience a number of bereavements for siblings and friends, often very close together. As we age, our social network can grow smaller and smaller as friends die, and we need to be able to re-build it, sometimes over and over again. Maintaining and rebuilding social networks is one of the essential tasks required for successful aging.
- **Pets:** Research shows that the death of a family pet can result in significant grief.

While many aspects of this discussion of grief can apply to younger adults and children, much of our understanding of grief comes from the psychological study of middle aged and elderly bereavement, especially death of a spouse.

What is grief?

Grief is normal. Grief, especially for the death of a child, has been observed in many intelligent social animals such as dolphins and elephants. Creating social bonds and attachments is necessary for the survival and well being of many species. When that bond is severed, grief is a normal reaction.

When death occurs for a person who has been a constant companion and with whom we have had a close emotional attachment, many changes in our life must be assimilated. Over many years of a close relationship, our self-concept can become defined by the relationship. When a close attachment is severed, we need to reform our identities and our lives. Death of a long-term partner can force on us a sudden need to redefine ourselves. This is not an easy task.



Does grief occur in stages? How long does it last?

The idea that grief occurs in stages is a common one. Various theories of grief stages have been put forward, ranging from three to five stages. Some people experience an initial stage of shock or numbness, followed by a period of depressed mood and yearning for the loved one. Generally, as acceptance of the death increases, this denial, yearning, depression, and anger gradually diminishes. The last stage is always some form of resolution of the grief.

The intensity and duration of grief may depend on many factors, such as the personality of the individual, the relationship to the deceased, and the circumstances of the death. Unexpected, sudden, or accidental death can be extremely shocking. Death of one's child at any age is difficult to accept.

Normal grief may last for months or even several years. Death of a close life partner may lead to sensing the presence of the dead spouse, such as briefly hearing his or her voice; this is common and can last for over a year. Many people find hearing the voice of a spouse or dreaming of the spouse re-assuring if they are aware that it is normal. Increasingly grief experts suggest that a sense of a "continuing bond" and relationship with the deceased is quite normal and healthy. The resolution of grief does not mean forgetting the deceased person, or lessening our affection for them.

However, many people (about 50%) do not experience an intense emotional shock and numbness, and are able to quickly accept the loss of a loved one and resume activities. Typically these people do not experience either a stage of shock or a stage of depression. Acceptance and resumption of activities is the primary response for these individuals. This does not lead to a delayed grief as was previously thought; research indicates that a fully delayed grief is rare. Thus neither an initial intense grief reaction nor its absence should be seen as indicating a future problem.

When is grief a problem?

Grief can be considered a problem if it is either too intense or too long. The normal grief response can be very intense, and may include waves of sadness, sleeplessness, fatigue, poor concentration, and loss of appetite. About 30% of people may experience this level of intensity following the death of a spouse or child. After a very close and lengthy relationship, experiencing being alone can be a shock and feel alarming and threatening.

An intense grief experience may thus closely resemble the symptoms of a depression. Indeed, grief can be more intense than a depression. DSM-5, the diagnostic manual of the American Psychiatric Association, indicates that a careful clinical judgement by a professional is sometimes required to differentiate a normal intense grief from a depression. DSM-5 suggests that grief can be differentiated from depression in that grief comes in waves of emotion, whereas depressive mood is more constantly negative. In grief, the individual usually maintains a positive self-esteem, whereas in depression there are often "corrosive feelings of worthlessness and self-loathing." The focus of the grief experience is specific



to the loss of a loved one, whereas depression includes a much broader negative view of the self and the world.

Prolonged grief. People can sometimes “get stuck” in grief, which is what is meant by terms such as “complicated grief.” Grief may be complicated by the circumstances of the death, such as being unexpected, accidental, by suicide, or after a difficult and painful illness. Life factors may contribute to the development of a complicated grief, such as a lack of support from family and friends. The personality style of the grieving person can also lead to complicated grief. For example, if the individual has been overly dependent on the now-deceased spouse or parent, the grief process may be more difficult or prolonged.

In a prolonged complicated grief, the individual stops making progress in recovering from the death and remains overly focused on past memories for many months and years. In a prolonged complicated grief, the individual continues (long after what is typical for their culture and background) to yearn for the deceased and remains withdrawn from resuming normal social activities. Everyday thoughts and memories of the deceased continue to be accompanied by severe emotional spells. There may be pervasive feelings of numbness towards others, loneliness, emptiness, meaninglessness, regret, and difficulty acknowledging the death. There may be a continuing avoidance of places that are reminders of the deceased person including family gatherings, social groups, the church where both attended, medical facilities, and other funerals. Some degree of these symptoms may occur from time to time in most grieving people; it is only when these prolonged symptoms are excessive and interfere with normal everyday functioning that the grief is seen as problematic.

How long is too long? There is much debate about how long grief should last, and this can vary by culture, age, and circumstances of the death. The DSM-5 term for a prolonged grief is Persistent Complex Bereavement Disorder, which is considered as a diagnosis only after 12 months (note that this category is under study and is not finalized). Many events during the first year can be difficult such as the first family dinner, first birthday, first wedding anniversary, first major religious holiday, or first anniversary of the death. After the first anniversary of the death, it is considered more normative that the individual is returning to everyday activities and normal mood. However, even after a year, brief waves of grief may still occur, especially at anniversaries.

When and how is complicated grief treated?

Grief is a normal response. Grief is not an illness and usually does not require medication or psychological treatment. Treatment of grief should be approached with caution. It is not necessarily desirable to eliminate grief, which is part of a normal emotional adjustment to the death of a lifelong partner or loved one.

Early grief interventions such as bereavement groups can provide useful reassurance if conducted carefully, but appear to have only a temporary positive effect and little evidence of long-lasting benefit. Bereavement groups can be harmful if they convey to the individual that their grief is unhealthy, or undermine the person’s normal coping by forcing onto them an intense emotional grief focusing.



Psychological interventions are best reserved for a prolonged complicated grief or Persistent Complex Bereavement Disorder. Clinical studies indicate that psychological interventions have a moderate but lasting benefit for a prolonged grief. Cognitive-behavioural therapy (CBT), interpersonal psychotherapy, brief psychodynamic or other effective psychotherapies are used to help the person engage in activities and think about and understand the impact of the loss. Some individuals may need to work through some of the complicating aspects of their relationship to the deceased. Regret resolution can be important. For example, it may be useful to revisit past relationship hurts and forgive past faults, regrets, anger, and guilt.

CBT behavioural interventions are used to help people gradually return to their daily routines. An important component of a psychological treatment for complicated grief is to help the individual to return to situations they are avoiding because of the fear of the distressing memories. Continued avoidance of these situations increases the sensitization to grief emotions, whereas only by entering these situations does the excessive distress gradually dissipate. Cognitive behavioural therapy based on cognitive restructuring and exposure techniques to overcome avoidance has been shown to be more effective than supportive counseling.

Sometimes there will be a resulting depressive disorder, or a PTSD due to traumatic circumstances of the death. PTSD or a depressive disorder may need additional treatment approaches tailored to those disorders.

You can consult with a registered psychologist to find out if psychological interventions might be of help to you. Provincial, territorial and some municipal associations of psychology often maintain referral services. For the names and coordinates of provincial and territorial associations of psychology, go to <http://www.cpa.ca/public/whatisapsychologist/PTassociations/>.

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Your opinion matters! Please contact us with any questions or comments about any of the *Psychology Works* Fact Sheets: factsheets@cpa.ca

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