

The definition and differences of complicated grief reaction



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This is a research paper on complicated grief reaction. The first page contains the introduction of the research paper, definition of grief and the differences between normal or uncomplicated grief and complicated grief. The second page mainly covers the phases of the grieving process namely: shock, processing the loss and resolution. These phases of the grieving process are important in improving the understanding of the normal grief.

The third page outlines the warning signs of complicated grief reaction and the four major categories of complicated grief reaction: chronic or prolonged, delayed, exaggerated and masked reactions. The fourth page contains the four proposed diagnostic criteria for prolonged or complicated grief to be included in the next revision of Diagnostic and Statistical Manual for Mental Disorders. The last page covers the treatment procedures for persons experiencing complicated grief reaction namely: grief counseling, grief therapy, social support networks and medications. Then there is a conclusion of the research paper.

Complicated grief reaction

Grieving is common since death is inescapable and the deceased are irreplaceable. People mourn the death of their loved ones in different ways and over different durations of time usually defined by the cultural environment in which one finds himself or herself. So grieving is natural and healthy usually meant to help people accept the loss of their loved ones and consequently re-organize their lives to move on. The emotions and feelings of grief are hard to deal with especially when the social support networks are lacking or the death of a loved one was traumatic/sudden.

Research has been done to differentiate normal grief from complicated or abnormal grief. Grief can be primarily defined as the emotional or the affective process of responding to the loss of a loved through death. Corr & Corr (2009) has thus defined normal or uncomplicated grief as the ordinary, healthy, appropriate reaction to a loss of a loved one. Some of the manifestations of normal grief are shock, denial, numbness, mourning and eventual recovery. Baron & Sholevar (2008) states that complicated, unresolved or prolonged grief occurs when the responses are absent, excessive, distorted or unending. Thus the major differences between normal and complicated grief are based on the intensity and the durations of time that the bereaved takes to grieve.

The signs or manifestations of grief are similar only that the complicated grief reactions are prolonged. These prolonged grief reactions occur in approximately 15% of the bereaved and they range from exaggerated normal grief reactions to abnormal grief reactions (Mitchell & Witt, 2009). Individuals such as spouses, parents, those experiencing traumatic death of their loved ones and those with psychiatric history are at higher risk of developing complicated grief reaction after the death of their loved ones. In addition, male spouses are more at risk than female spouses because of their limited social network and the feeling that they are responsible to be stronger partner.

Although grieving is complex, scholars have attempted to state the phases of the grieving process. The phases outlined by Pottinger (1999) include:

Shock: this is the first phase of grieving that is characterized by a sense of numbness or disbelief on hearing the death of a significant other. The intensity and duration of the shock feeling largely depends on the circumstances of the loss and the social support of friends or family available. Thus sudden and unexpected deaths are associated with a greater degree of shock and disbelief (Pottinger, 1999). Experts claim that the way a person deals with shock phase sets the trend or the momentum for the course of the grief. The reactions at this initial phase include cognitive, psychological and physiological responses. Bereaved persons often experience feelings of anxiety, confusion, restlessness, alarm, sweaty palms and trembling.

Processing the loss: during this phase, the bereaved may still experience shock and periodically deny that the loss has taken place. The funeral tends to mark a psychological turning point for beginning the grieving process. After the funeral, the friends, peers and the family members often leave the bereaved to continue processing the loss. The bereaved gradually replay the visual images in their minds coupled with the sequence of events to process the impacts of the loss. Pettinger (1999) argues that accepting a loss is slow and gradual process, characterized at times by raw pain. A number of emotions continue to be exhibited at this phase such as crying which is believed to cathartic since it helps those grieving to vent out the pent up emotions and frustrations. Guilt and anger are also common at this phase.

Resolution: this phase is characterized by the realization of the impacts of the loss and the recognition of the changes a grieving individual will make and face in their lives. The bereaved then begins the process of re-organizing

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his or her life to adjust to life without the deceased. Grieving is timeless and there no norms to follow (Pettinger, 1999). With time the bereaved have reported to have accepted the loss and learned to live with it. However those experiencing complicated grief reactions usually have difficulties dealing with the bereavement.

Complicated grief is usually a prolonged grieving process that inhibits the griever's ability to function optimally both physically and psychologically. Tomlinson & Kline (2004) have outlined the warning signs of complicated grief including: absence of grief, persistent blame or guilt, aggressive, antisocial or destructive acts, suicidal thoughts or actions, unwillingness to speak about the deceased, prolonged dysfunction in school/work, exhibiting proneness to accidents and engaging in addictive behaviors for instance, drugs and food.

Worden (2004) has outlined four major categories of complicated grief reaction namely: prolonged or chronic grief where the grieving process is extended over a long period of time since the bereaved cannot bring the grief to an adequate resolution. Such bereaved persons are aware that they are experiencing a problem and so they are self-referred. Delayed grief occurs when the emotional reaction is experienced at the time of the loss but it was not sufficient to the loss. Worden (2004) claims that the reasons for this insufficient grieving can be due to lack of social support, the lack of social sanction, the need to be strong for someone else or feeling overwhelmed by the number of losses e. g. loss of the entire family.

Another category of complicated grief reaction is exaggerated grief. Persons experiencing this type of grief usually experience excessive depression, excessive anxiety or some other feature associated with normal grief behaviour manifested in an exaggerated manner so that the person is dysfunctional and a psychiatric disorder diagnosis could apply (Worden, 2004). Masked grief reaction occurs when difficult manifestations or behaviors are exhibited and are not recognized as being related to the loss. A reason for the occurrence of this kind of reaction is because at the time of the loss, the grief was absent or its expression was inhibited. Consequently the grieving process was never completed and this caused complications that surfaced later as somatic or behavioral symptoms (Worden, 2004)

Studies have been undertaken to establish whether complicated grief or prolonged grief should be classified as a major mental disorder. In an attempt to clearly distinguish between normal and complicated grief, a consensus conference has developed diagnostic criteria for a mental disorder referred to as prolonged grief disorder, proposing that it be included in the next revision of Diagnostic and Statistical Manual for Mental Disorders. The following are the four proposed diagnostic criteria of prolonged or complicated grief:

Criterion A: Person has experienced the death of a significant other, and response involves three of the four following symptoms, experienced at least daily or to a marked degree:

Intrusive thoughts about the deceased.

Yearning for the deceased.

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Searching for the deceased.

Excessive loneliness since the death.

Criterion B: In response to the death, four of the eight following symptoms are experienced at least daily or to a marked degree:

Purposelessness or feelings of futility about the future.

Subjective sense of numbness, detachment, or absence of emotional responsiveness.

Difficulty acknowledging the death (e. g., disbelief).

Feeling that life is empty or meaningless.

Feeling that part of oneself has died.

Shattered worldview (e. g., lost sense of security, trust, control).

Assumption of symptoms or harmful behaviors of, or related to, the deceased person.

Excessive irritability, bitterness, or anger related to the death.

Criterion C: The disturbance must endure for at least 6 months.

Criterion D: The disturbance causes clinically significant impairment in social, occupational, or other important areas of functioning.

The above criteria have not been adopted formally but they help in the specification of the manifestations, the severity of symptoms and how to

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distinguish complicated grief from normal grief (National Cancer Institute, 2010)

Treatment of complicated grief reaction involves grief therapy, grief counseling, social support networks and medications. Grief counseling is usually appropriate to the persons dealing with the normal grief although it may be extended to those experiencing complicated grief reactions to enable them accept the loss of their loved ones. The major goal of grief counseling is to help the recently bereaved to successfully accomplish the tasks in the grieving process. Worden (2004) proposes that grief therapy usually conducted by specialists is most appropriate in the situations that fall in the four categories of chronic, delayed, exaggerated and masked grief reactions. Thus the goal of grief therapy is to identify and resolve the conflicts of separation which preclude the completion of the mourning tasks in persons experiencing complicated grief reactions. Medications can be used in the treatment but sparingly to prevent dependence and so as not to hamper the necessary process of grieving. The social support networks consisting of the family members, peers and co-workers are significant in dealing with the complicated grief reaction.

In conclusion, grieving is usually a painful and a complex process. Grief is said to be the price we pay for loving and the cost of commitment. People who are at risk of developing complicated grief reactions such as single parents, male spouses and those with psychiatric history should be assisted to enable them go through the grieving process successfully. Management of grief entails learning to live with loss as well as growing as a result of the loss.

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