

# ***Treating Chronic Grief***



Mild or transient disorders lasting longer than acute stress reactions (308) which occur in individuals of any age without any apparent pre-existing mental disorder. Such disorders are often relatively circumscribed or situation specific, are generally reversible, and usually last only a few months. They are usually closely related in time and content to stresses such as bereavement, migration or separation experiences.

*(American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorder. Fourth Edition. Washington DC, American Psychiatric Association, 1994, page 623-6826)*

Symptoms not characteristic of a "normal grief reaction" to differentiate bereavement from a MDD:

- 1. Guilt about things other than actions taken or not taken by the survivor at the time of the death**
- 2. Thoughts of death other than the survivor feeling that he or she would be better off dead or should have died with the deceased person**
- 3. Morbid preoccupation with worthlessness**
- 4. Marked psychomotor retardation**
- 5. Prolonged and marked functional impairment**
- 6. Hallucinatory experiences other than thinking that he or she hears the voice of or transiently sees the image of, the deceased person.**

*(American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorder. Fourth Edition. Washington DC, American Psychiatric Association, 1994, page 684-685)*

**Reaction** to the death of a loved one. Symptoms similar to Major Depressive Episode (e.g. feelings of sadness, tearfulness, insomnia, poor appetite, weight loss, low energy, indecisiveness, lack of concentration, thoughts of death).

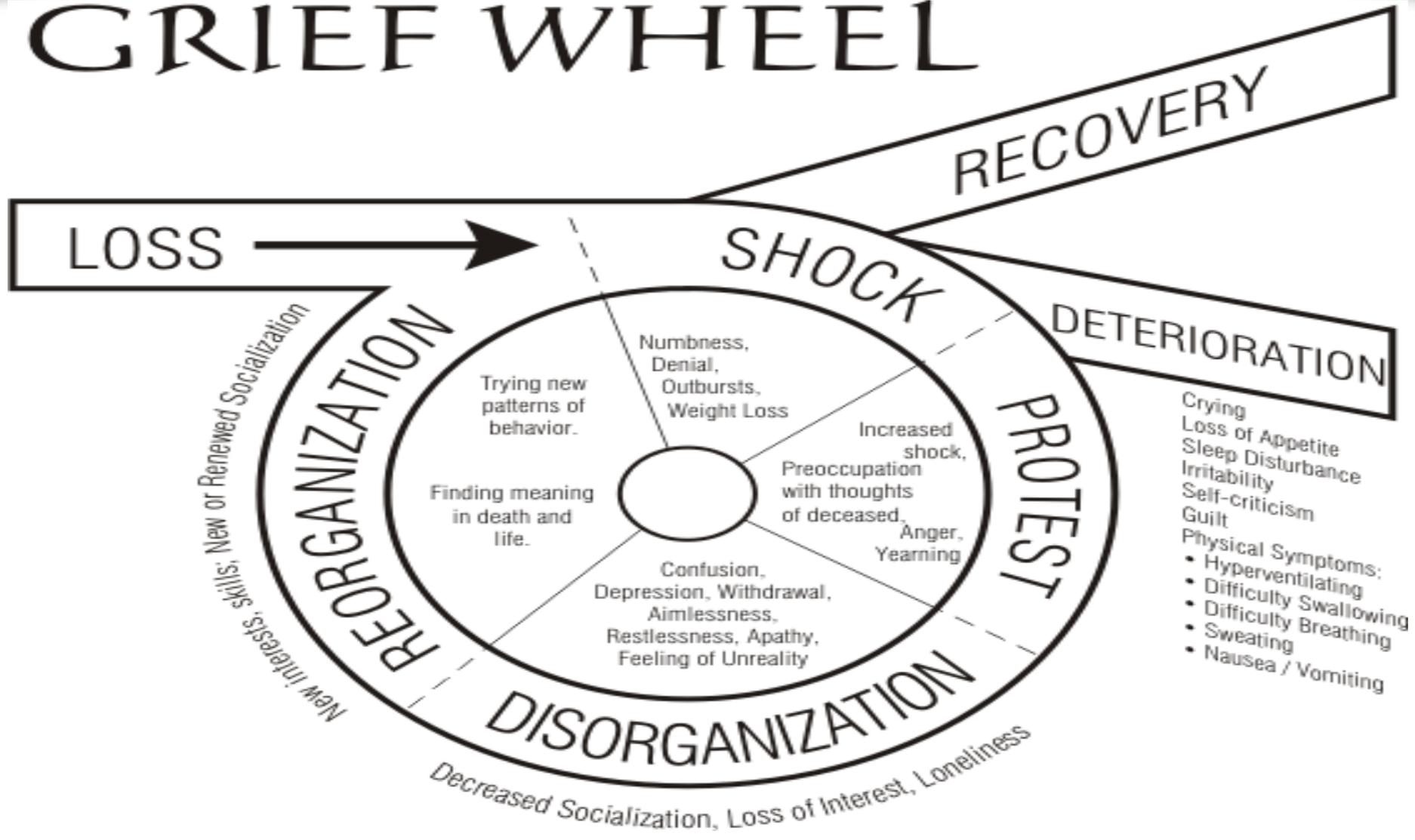
The diagnosis of MDD should not be given unless the symptoms are still present **2 months** after the loss.

1. **Separation Distress**: perplexed mixture of feelings - sadness, anxiety, physical pain, helplessness, anger, shame, yearning, loneliness
2. **Traumatic Distress**: states of loss of control, meaning, disbelief and shock, emotional intrusions, and efforts to regulate them
3. **Guilt**, low self-esteem, low self-confidence, remorse, and regrets
4. **Social withdrawal**

(Sidney Zisook, MD, UC-San Diego)

1. **Psycho-physical Reaction** (sorrow, sadness, anxiety, anger, shame, guilt, physical pain, lack of energy, disturbance of sleep)
2. **Cognitive Reaction** (depressive thoughts, suicidal ideations, memory impairment, negative outlook on life)
3. **Imagination Reaction** (stifled imagination, obsessive negative fantasies/memories, possession by dark imagery)
4. **Spiritual Reaction** (loss of meaning, crisis of faith: disbelief, anger at God, etc.)
5. **Behavioral Reaction** (social isolation, conflicts, rejection)

## GRIEF WHEEL



Complicated grief disorder (CGD) is a proposed disorder for those who are significantly and functionally impaired by prolonged grief symptoms for at least 1 month after 6 months of bereavement.

- Female
- Pessimistic disposition
- Previously diagnosed with a mood disorder
- Low social support
- An insecure attachment
- High stress
- Dependency (material and emotional) on the deceased

- **Extreme focus on the loss and reminders of the loved one**
- **Intense longing or pining for the deceased**
- **Inability accepting the death**
- **Numbness or detachment**
- **Preoccupation with sorrow**
- **Bitterness about loss**
- **Inability to enjoy life**
- **Depression, deep sadness**
- **Trouble carrying out normal routines**
- **Withdrawing from social activities**
- **Loss of meaning & purpose**
- **Irritability or agitation, anger**
- **Lack of trust in others, conflicts** (Mayo Clinic, p.1)

## Symptoms of intrusive memories:

- Flashbacks, or reliving the traumatic event for minutes or even days at a time
- Upsetting dreams about the traumatic event

Symptoms of avoidance and emotional numbing:

- Trying to avoid thinking or talking about the traumatic event
- Feeling emotionally numb
- Avoiding activities you once enjoyed
- Hopelessness about the future
- Memory problems
- Trouble concentrating
- Difficulty maintaining close relationships

## Symptoms of anxiety and increased emotional arousal:

- Irritability or anger
- Overwhelming guilt or shame
- Self-destructive behavior, such as drinking too much
- Trouble sleeping
- Being easily startled or frightened
- Hearing or seeing things that aren't there (Mayo Clinic, p.1)

Experience of many losses in succession, “last straw trauma.” Childhood trauma can be triggered by later loss and lead to grief overload.

Psychotherapy then needs to address first the original trauma. Jung said that much of what we label as mental illness is really the result of being unable to grieve past losses.

- **19 million** Americans suffer from depressive disorders
- Depression is one of the most treatable illnesses: 80-90% find relief
- 23 % of individuals with clinical depression seek treatment
- Antidepressants work for **33%** of the depressed population
- Major depressive disorder is the leading cause of **disability** in the U.S. for ages 15-44

- Anxiety used to be thought of as a separate illness, but psychologists are reassessing that position, so the next DSM for depression is likely to have some of the anxiety components
- Self report scales indicate **.61 D/A correlation**

- Stress: a cause and a product of depression; stress hormone *cortisol* that floods the system during a depressive episode plays a key role in cell damage.
- People with depression are 4 X as likely to develop a heart attack than those without a history of the illness.
- Risk of heart disease is doubled in people with depression.

***Depression***  
***has been proven to be a such***  
***a risk factor in cardiac disease***  
***that the **American Heart Association** (AHA)***  
***has recommended that***  
***all cardiac patients be screened***  
***for depression***  
***using simple screening questions***

- High blood pressure
- Arterial damage
- Irregular heart rhythms
- Coronary Artery Disease
- Weakened immune and neuroendocrine system
- More prevalent in patients with Somatization Disorder (SD)
- Deficiency of vitamins: B1, 2, 3, 6, 12
- Increased Mortality

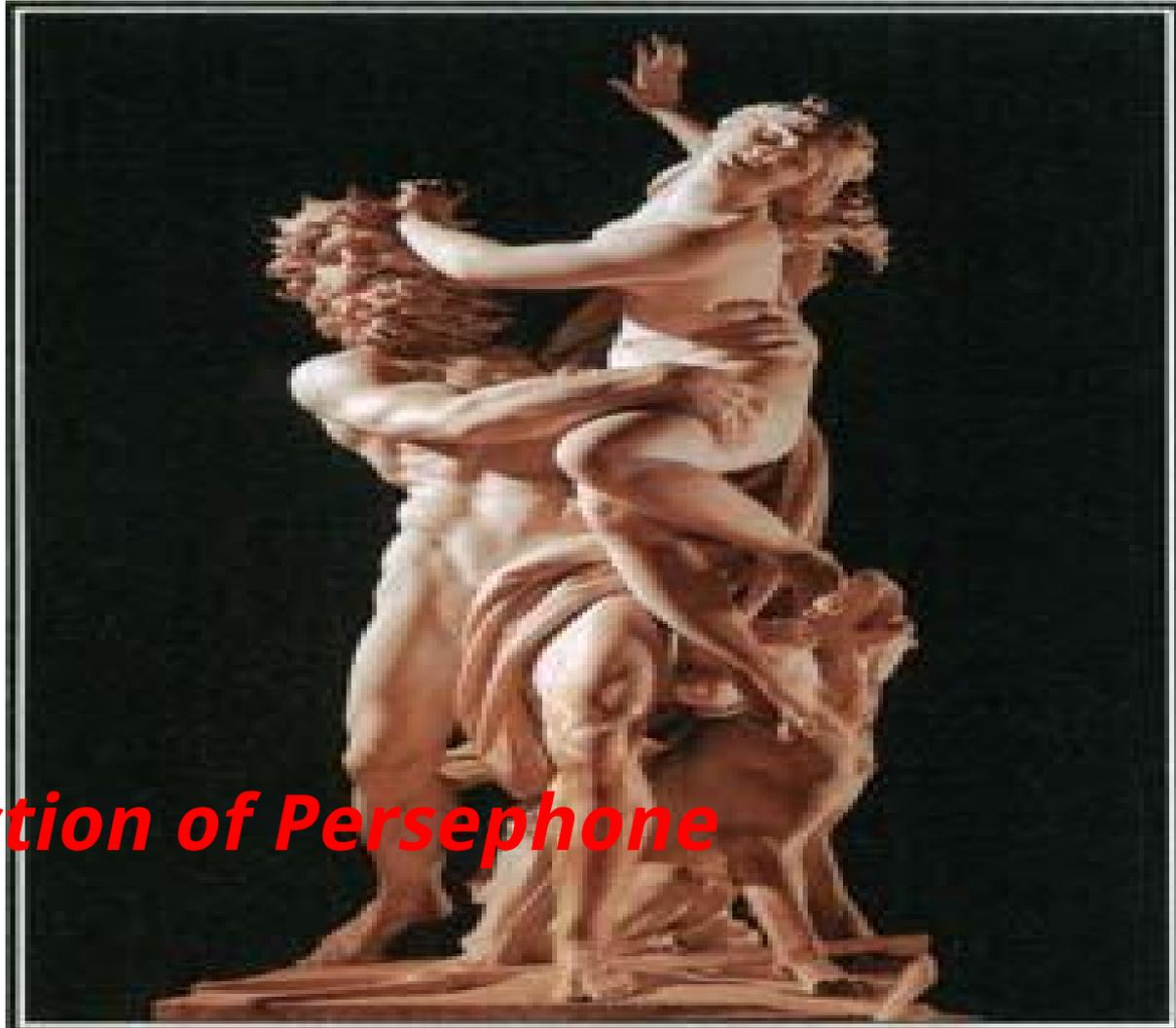
The best predictor of suicidal behavior is:

- 1) hopelessness
- 2) depression

(Beck A.T., *Hopelessness and Suicidal Behaviour*)

- **Body Aches (*warning sign*)**
- **Headaches and abdominal pain (children)**
- **Fatigue (CFS) and Muscular pain**
- **Diabetes**
- **Bone mass loss (breaking bones in women)**
- **Stroke**
- **Irritable Bowel Syndrome & Non-ulcer Dyspepsia (NUD)**
- **Fibromyalgia (FM)**
- **Rheumatoid Arthritis**
- **Possibly cancer & Diabetes Mellitus**

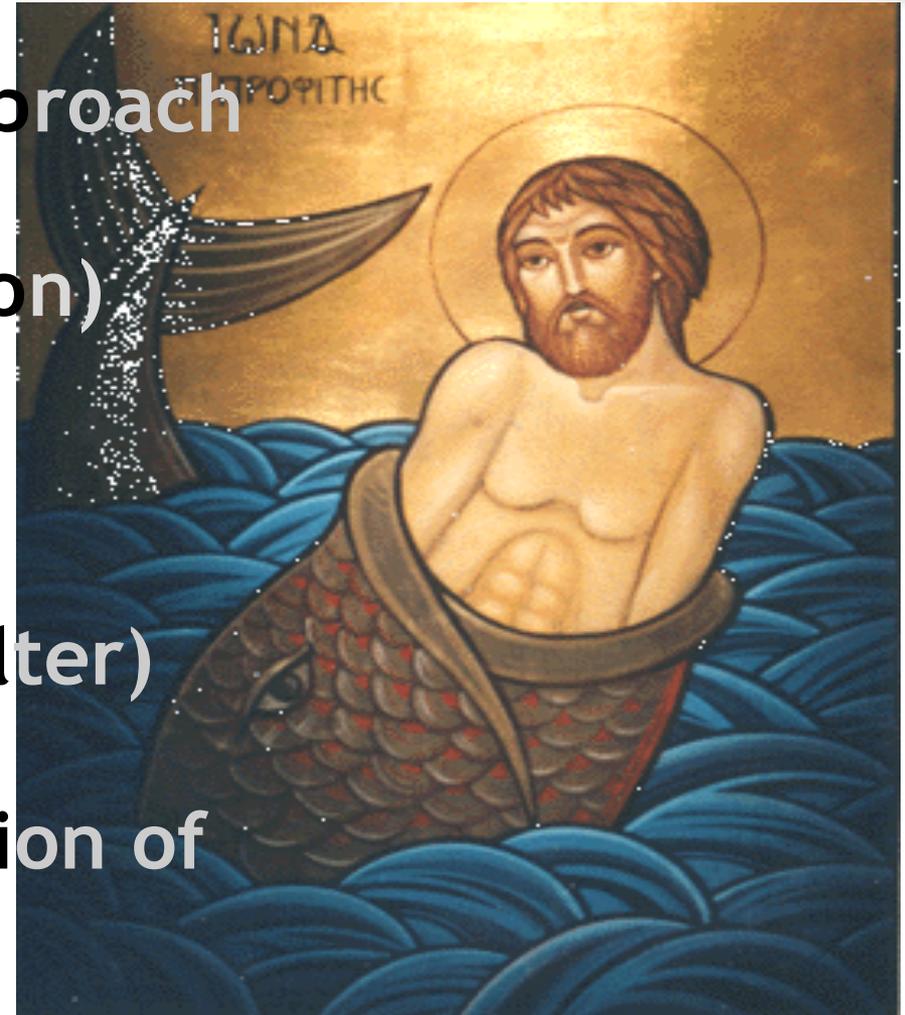




***Abduction of Persephone***

- **A specific mode of psychotherapy where analyst and analysand work together to deepen the patient's insight in order to increase conscious field and to achieve psychological balance, relief of symptoms and in the same time find meaning to psychological suffering.**
- **Pays special attention to the symbols and focuses on the role the symbolic and the numinous play in patient's life. Jungian therapy is distinguished by analysis of spiritual experiences, dreams and events. Jungian analysis promotes that what Jung called individuation.**

1. Non-pathologizing approach
2. Adaptation
3. Signal (Communication)
4. Purposive Crisis
5. Struggle for meaning
6. Creative Solitude
7. Refuge to safety (shelter)
8. Introversion
9. Individuation (extension of consciousness)



- Intense emotional reaction to the disruption of established **attachment** to people, animals, places, things and other psychological realities (as status, income, faith etc.)
- **Disintegration** of established relationship and imagination.
- Preoccupation with **traumatic fantasies**.
- Period of **reintegration** of new paradigm: meaning, attachment, imagination.

- (Natural Instinctive) Reaction  
(accompanying symptoms including “chemical imbalance”)
- Loss of Soul (Depression)
- Signal to others (Communication)
- Attempt to Heal (Compensation)
- Process of Healing (Transformation)

**"Blessed are those who mourn, for they will be comforted."**

Matthew 5:4

**"Embrace your grief. For there your soul will grow."**

C. G. Jung

**"Neurosis is always a substitute for  
legitimate suffering."**

Carl Jung (Freud)

**"Neurosis is the inability to tolerate  
ambiguity."**

Sigmund Freud

**“We find a place for what we lose. Although we know that after such a loss the acute stage of mourning will subside, we also know that we shall remain inconsolable and will never find a substitute. No matter what may fill the gap, even if it be filled completely, it nevertheless remains something else”.**

Sigmund Freud

- Attempt to compensate the loss of equilibrium (attempt to self-cure)
- *Abaissement du niveau mental*: a lowering of the level of consciousness, a mental and emotional condition experienced as "loss of soul." Regression into unconscious.
- Possession by archetypal contents.
- Integration of archetypal energies into consciousness.

***“In the intensity of the emotional disturbance itself lies the **value**, the energy which [we] should have at [our] disposal ...in order to remedy the state of reduced adaptation”***

*(Jung, CW 8, par. 166)*

***Depression should be regarded as an unconscious **compensation** whose content must be made conscious if it is to be fully effective. This can be done by consciously regressing along with the depressive tendency and integrating the memories so activated into the conscious mind, which was what the depression was aiming at in the first place.***

(Carl Jung, "The Sacrifice," CW 5, par. 625)

## *Inherent self-regulation of the psychic apparatus*

- Activity of the unconscious is *balancing* the one-sidedness of the general attitude of the consciousness.
- The more one-sided is the conscious attitude the more *antagonistic* are the contents of arising from the unconscious.
- *Aim of therapy*: **experience** and **relating** to the unconscious contents in order to re-establish compensation.

- ***Possession by unconscious content***
- ***Withdrawal of libido (life energy) from the consciousness***
- ***Invalidation of consciousness***
- ***Descent into unconsciousness***
- ***Activation of unconscious contents***
- ***Integration of new contents into consciousness***



- 1. Difficulty of adaptation. Little progression of libido.**
- 2. Regression of energy (depression, lack of disposable energy)**
- 3. Activation of unconscious contents (fantasies, archetypal images): Compensation**
- 4. Symptoms of neurosis: Chronic Grief**