

**MARTHA** sat in the waiting room filling out forms. Tears slid silently down her face. She entered the therapist's office and sat silently. After awhile she said she was sorry to be so emotional and this was not at all like her. A hint of resentment in her voice, she told the therapist she was a mess since her beloved husband Paul died 5 years ago and, no offense intended, she didn't really see how anyone could help.

The therapist said "I am sorry for your loss. I can only imagine how hard that must be. Please know that I consider strong emotions in this situation as coming from deep love. This is not something you need to apologize for."

Martha seemed to relax a little and said "Thank you for saying that. Everyone else seems to think I am self centered and pathetic – they say I am wallowing in my grief, and not wanting to feel better. I don't know if that's true. I feel so lost... this seems so different from anything I ever dealt with and I don't know what to do."

The therapist responded, "Losing someone close is the hardest thing anyone ever experiences and it truly is unlike anything else we deal with. At the same time, from what little you have said, it sounds like your grief is stalled. I am glad you came to see me. I feel confident that it is possible for you to figure out what's got you caught and get past it. I believe it is possible for you to make peace with this loss, even if you can't see that right now."

Martha said, "Well I knew I had to do something."

MORE THAN 2.5 MILLION PEOPLE DIE EVERY YEAR  
IN THE UNITED STATES

ON AVERAGE 1-5 CLOSE FRIENDS AND RELATIVES  
ARE BEREAVED BY EACH DEATH



ABOUT 7% OF BEREAVED PEOPLE DEVELOP COMPLICATED GRIEF

<http://www.google.com/search?hl=en&q=funeral+images>

LOSS OF A LOVED ONE IS A COMMON EXPERIENCE  
SHARED BY ALL HUMANITY



Yet grief can leave us feeling more  
alone, confused and unsettled than  
any other experience





Grief is both universal and unique to each bereaved person and each lost relationship.

- Each person's grief follows a unique trajectory, guided by
  - circumstances of the death
  - characteristics of the bereaved person and her/his relationship to the deceased
  - the context in which the bereaved person mourns
  - consequences of the loss

It is a tribute to human resilience that most people weather the storm of loss, often absorbing this most unwanted reality in a way that deepens their humanity and opens their hearts to the suffering of others.

## DEATH OF SOMEONE VERY CLOSE IS A TRAUMATIC EXPERIENCE

... like an earthquake that shakes the foundation of a person's life



Bereavement makes the commonplace foreign:

" The morning sun awakens the old household,....  
There is a splendid wedding in the church. ...  
And can it be that in a world so full and busy  
the loss of one creature makes a void  
so wide and deep that nothing but the width  
and depth of eternity can fill it up."

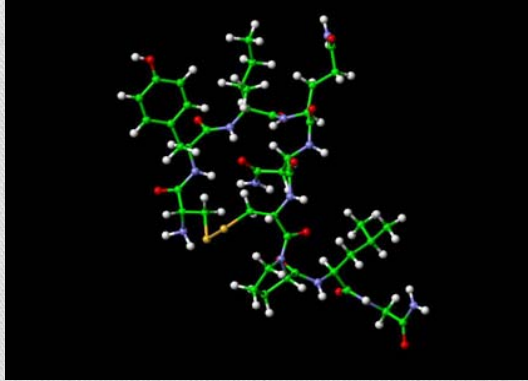
Dickens *Dombey and Sons* 1848 p.269

## ADULT ATTACHMENT RELATIONSHIPS



## CAREGIVING





## OXYTOCIN

( $C_{43}H_{66}N_{12}O_{12}S_2$ )  
(Greek, "quick birth")

<http://www.worldofmolecules.com/emotions/oxytocin.htm>

- Mammalian hormone and neurotransmitter
- Released during labor and after nipple stimulation, facilitating birth, breastfeeding
- Released during hugging, touching, and orgasm in both sexes
- Involved in social recognition and bonding, and formation of trust and generosity

Kosfeld M *et al.* Nature 2005  
Zak *et al.* PLOS ONE 2007

## INTRODUCTION TO COMPLICATED GRIEF TREATMENT

- Attachment theory: a way of understanding bereavement, grief and mourning
- Complicated Grief (CG) from an attachment theory perspective
- Complicated grief treatment (CGT)
  - Assumptions and principles
  - Strategies and Procedures
  - Martha's treatment

## ATTACHMENT THEORY

Like other animals, we are biologically programmed to seek, form and maintain close attachment relationships.... and to resist separation from these individuals



Suryia the organutan and Roscoe the hound

The underpinning of attachment behavior is a biobehavioral motivational system, closely linked to motivational systems for exploration and caregiving.

- ⊙ Biobehavioral motivational systems are guided by brain circuitry that is linked to both positive (reward) and negative affect centers as well as cognitive systems for memory and planning
- ⊙ These systems operate across the lifespan using similar processes for maternal-infant and adult romantic relationship, though adult systems are more mature and complex

*Mikulincer, et.al., 2002; Mikulincer, et.al., 2003; Pereg & Mikulincer, 2004; Collins & Feeney, 2004*

## ATTACHMENT WORKING MODELS

- Brain circuitry that guides attachment relationships
  - Each relationship is mapped in a specific working model
  - A summary, generalized attachment working model also exists
- Contain cognitive and emotional memories, linked to motivation, goal setting and behavioral programs
- Exists in 3 types of memory systems
  - Explicit memory
    - Episodic – facts, narratives
    - Semantic – rules, concepts
  - Implicit memory: motor, procedural
- Memories are updated as the relationship grows and changes, but major change is resisted

*Creasy and Ladd Pers and Soc Psychol Bull 2005*  
*Klohnen et.al. Pers and Soc Psychol Bull 2005*

## ATTACHMENT RELATIONSHIPS HELP REGULATE PSYCHOLOGICAL AND BIOLOGICAL FUNCTIONS

- Mastery and performance success
- Learning and performing
- Relationships with others
- Cognitive functioning
- Coping skills and problem solving
- Self esteem
- Emotion regulation
- Sleep quality
- Pain intensity (physical and social)



- <http://www.suryiaandroscoe.com/>  
People have 1-5 attachment relationships at any given time

*Bell & Ainsworth, 1972; Grossmann, et.al., 1999; Cassidy, 1999; Carmichael and Reis 2005; Roisman 2005; Kim et al 2008; Mikulincer, et.al., 2002; Mikulincer, et.al., 2003; Pereg & Mikulincer, 2004; Collins & Feeney, 2004*

## ATTACHMENT IS LINKED TO EXPLORATION

- Exploratory system circuitry provides motivation to explore the world and sense of competence to do so
- This system stimulates a desire to learn, grow, discover, and accomplish goals
- Exploratory behaviors are reciprocally linked to attachment behaviors



## CAREGIVING - THE RECIPROCAL OF ATTACHMENT

Caregivers provide

- Support and reassurance when a partner is stressed (safe haven function)
- Encouragement and pleasure in a partner's autonomy (secure base function)
- We seek proximity to care recipients and resist separation.
- Among adults, caregiving is at least as important as being cared for



*Feeney J Pers Soc Psych 631 -648 2004; Hazan and Ziefinan Cassidy & P. R. Shaver (Eds.), Handbook of attachment (pp. 336–354) New York: Guilford Press. 1999*

## BEREAVEMENT: LOSS OF AN ATTACHMENT RELATIONSHIP

Disrupts attachment, caregiving and exploratory systems producing loss of sense of wellbeing

- Attachment system: Activates separation response and affects restorative emotional and physiological processes (sleep, appetite, activity, energy)
- Exploratory system: Inhibits exploration with loss of sense of confidence and agency, and difficulty problem solving
- Caregiving system: Produces sense of failure in caregiving with self-blame, survivor guilt

Acute grief symptoms are the manifestation of the disruption of these systems

Integrated grief results in effective re-activation of these same systems

Mourning is the process by which acute grief is transformed to integrated grief



## CHARACTERISTIC FEATURES OF ACUTE GRIEF

- Recurrent pangs of sadness and yearning with difficulty regulating emotions
- A mix of other emotions, both positive and negative
- Preoccupying thoughts and memories of the deceased
- Sense of disbelief, struggle to accept the death
- Sense of disconnection from ongoing life, feelings of incompetence
- Variable in duration: days–months

## ACUTE GRIEF TRIGGERS AN INSTINCTIVE MOURNING PROCESS

- The healing process by which information about the loss is fully acknowledged, its consequences considered and this information assimilated into the working model
- Attention typically oscillates between confronting the painful information and turning away (defensive exclusion)
- Progress occurs in fits and starts, that are not predictable or controllable and may not be noticeable as it occurs

WE NEED COMPANIONSHIP TO MOURN EFFECTIVELY

Bowlby Loss Basic Books 1980

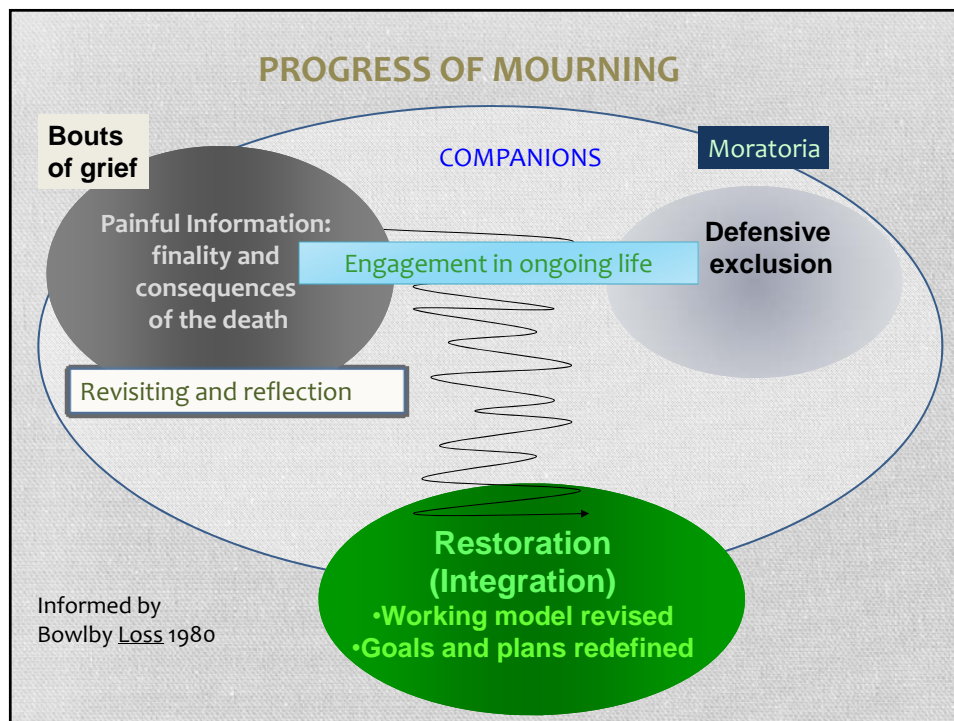
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## NEED FOR A CLOSE COMPANION

“In the process of receiving and evaluating information that stems from major change of any sort a secure person habitually seeks the help of a companion... to negate or verify information, to confirm or disconfirm initial evaluations, to help consider how and why the event should have occurred, what its further implications may be, what the future may hold, and what plans of action, if any, may be appropriate.

By acting also as an attachment figure and caregiver the companion may perform an even greater service. For by this very presence, the bereaved's anxiety is reduced, his morale fortified, his evaluations made less hastily, and the actions taken to meet a situation selected and planned more judiciously.”

Bowlby Loss p.232



## COMPLICATED GRIEF: WHEN HEALING DOES NOT OCCUR

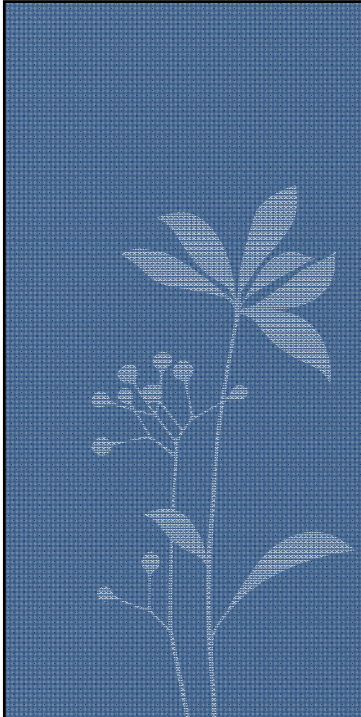
Grief does not evolve because of complications that impede and stall the mourning process

- Interference with acknowledging the finality or consequences of the death
- Inability to envision ongoing life without the deceased person
- Working model is not revised

## COMPLICATING PROCESSES

- ☐ Rumination about circumstances or consequences of the loss; the “if only’s” (counterfactual thinking)
- ☐ Dysfunctional behaviors, e.g. extensive, prolonged avoidance, compulsive proximity seeking, use of substances, negative health behaviors
- ☐ Ineffective emotion regulation, e.g. over or under-engagement with emotional stimuli, deficiency of positive emotions, physiological dysregulation (e.g. sleep or daily rhythm disturbance)
- ☐ Social-environmental neglect or toxicity e.g. absence of a close companion (inadequate support) and/or interpersonal toxicity (hostile, aggressive, blaming behavior) or serious external issues

*Boelen PA et al. (2003), Boelen PA et al. (2006), Shear K et al. 2007; Shear K et al., unpublished data*



PEOPLE SAY.....

“I AM JUST NOT  
PROGRESSING.”

“TIME IS MOVING ON BUT I  
AM NOT.”

*THIS IS COMPLICATED GRIEF.*

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**SCREEN: BRIEF GRIEF QUESTIONNAIRE**

Rate as: 0 = Not at all, 1 = Somewhat, 2 = A lot

1. How much trouble are you having accepting the death?
2. How much does grief interfere with your life?
3. Are you having troublesome or preoccupying images or thoughts of \_\_\_\_ ?
4. Are there things you used to do when \_\_\_\_ was alive that you don't feel comfortable doing anymore, that you avoid?
5. How much are you feeling cut off or distant from other people since \_\_\_\_ died?

*Shear et al Psychiatric Services 2006*

## Inventory of Complicated Grief (ICG)

Rated 0 (never) – 4 (always) Score  $\geq 25$  (30) “defines” CG

- |   |   |
|---|---|
| 1. Preoccupation with the person who died                         | 11. Avoidance of reminders of the person who died               |
| 2. Memories of the person who died are upsetting                  | 12. Pain in the same area of the body                           |
| 3. The death is unacceptable                                      | 13. Feeling that life is empty                                  |
| 4. Longing for the person who died                                | 14. Hearing the voice of the person who died                    |
| 5. Drawn to places and things associated with the person who died | 15. Seeing the person who died                                  |
| 6. Anger about the death  | 16. Feeling it is unfair to live when the other person has died |
| 7. Disbelief  | 17. Bitter about the death                                      |
| 8. Feeling stunned or dazed                                       | 18. Envious of others   |
| 9. Difficulty trusting others                                     | 19. Lonely  |
| 10. Difficulty caring about others                                |   |

*Prigerson et al., 1995*

**MARTHA** experienced intense acute grief when Paul died. She had frequent pangs of intense yearning and sadness and was preoccupied with thoughts and memories of Paul. No one was surprised by this, because her relationship with Paul had been an unusually close one.

Martha also had difficulty sleeping and little interest in socializing, going to work or doing anything she used to consider fun. She ruminated about how unfair it was for Paul to die, how everyone failed him – the doctors, God, and even she failed him. She tried to avoid doing anything that made her miss him more, including spending time with her own children.

As time went on, these symptoms did not subside and increasingly interfered with her functioning. Others lost patience with her. Her daughters told her they had lost their mother as well as their father. Her boss kept her on the payroll because of her long history of outstanding work, though she regularly called in sick, and was inattentive and distracted when she did show up. She was disgusted with herself and felt hurt by her family and friends.

## CONSTRUCTING COMPLICATED GRIEF TREATMENT

### Assumptions

- Grief is the natural response to loss, that is permanent but usually progresses from an acute, dominant form to being integrated and more bittersweet
- Mourning is the natural healing process that transforms acute to integrated grief
- Companionship is very important; it is difficult to mourn effectively alone
- Complicated grief occurs when there is something that impedes the normal healing process, leaving a person with prolonged acute grief
- Treatment objective: To address complicating problems and facilitate the natural mourning process

## CONSTRUCTING CGT: GUIDING PRINCIPLES

1. Self observation and reflection is central to the process of mourning
2. Supportive companionship is needed to foster optimal mourning
3. It is best to address issues related to loss and restoration in tandem
4. Procedures that encourage oscillation between confrontation and defensive exclusion are optimal for processing painful information
5. Imagery exercises are especially useful for learning in implicit memory systems
6. Positive emotions are physically and emotionally healthy and foster optimal creativity and problem solving

## CONSTRUCTING CGT: LINKING PRINCIPLES AND PROCEDURES

### PRINCIPLE

1. Self Observation and reflection (focus on circumstances and consequences of the death)
2. Supportive companionship
3. Address loss and restoration in tandem (entrain oscillation)

### PROCEDURE

- Grief monitoring diary
- Debriefing imaginal revisiting
- Most other procedures
- Use of a companionship alliance
- Meeting with significant other
- Encouraging engagement with others in goals, rewards and activities and for problem solving
- Devote time to each in each session
- Use specific exercises for each

## ADDRESS LOSS AND RESTORATION IN TANDEM

- Loss-focused procedures
  - Imaginal revisiting
  - Imaginal conversation
  - Memories and pictures
  - Situational revisiting
- Restoration-focused procedures
  - Aspirations and plans
  - Rewards and self-care
  - Situational revisiting

## LINKING PRINCIPLES AND PROCEDURES (CONT.)

### PRINCIPLES

4. Oscillate between confronting emotional pain and setting it aside
4. Use imagery to enhance integration of loss and to envision restoration

### PROCEDURES

- Revisiting exercises followed by exercise to set loss aside and by planning/doing rewards
- Attend to highs and lows on grief monitoring diary
- Imaginal revisiting
- Personal aspirations and plans

## LINKING PRINCIPLES AND PROCEDURES (CONT.)

### PRINCIPLES

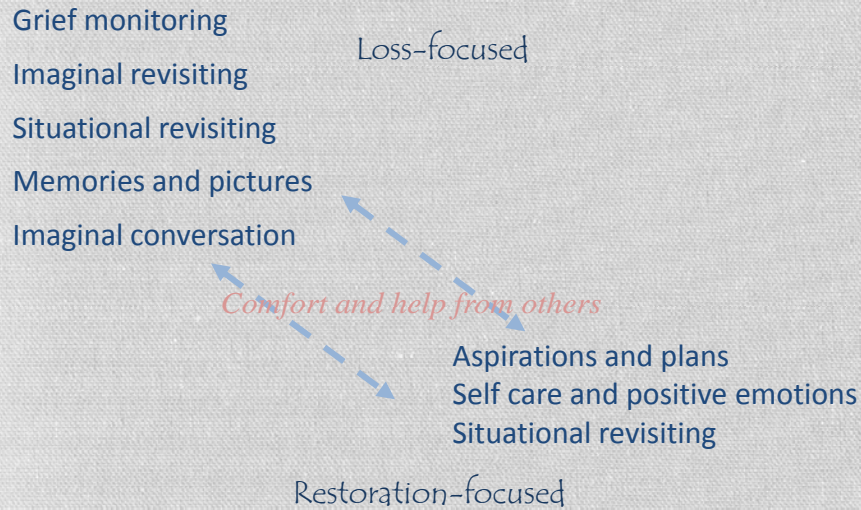
6. Look for ways to enhance the experience of positive emotions

### PROCEDURES

- Grief monitoring diary
- Use of self care and rewards
- Reflection on loss, memories and pictures
- Envisioning the future
- Enjoying companionship



## SUMMARY OF CGT STRATEGIES AND PROCEDURES



## OVERVIEW OF CGT FORMAT

### Introductory phase: the foundation

- Develop a preliminary formulation that can explain CG in this person
- Establish a sense of companionship
- Explain CG and introduce CGT
- Begin grief monitoring and discussion of personal aspirations

### Middle phase: the heart of the treatment

- Loss Focus: Imaginal revisiting of the death, situational revisiting, memories and pictures, imaginal conversation
- Restoration Focus: aspirations and plans, self care, re-engaging with others

### Termination phase: transition to ongoing life

- Summarize gains and plan for the future
- Process thoughts and emotions about ending

## MARTHA'S TREATMENT: INTRODUCTORY PHASE

The first 2 sessions focused on

- Taking a history and developing a treatment formulation
- Beginning grief monitoring
- Identifying personal life aspirations and goals, and
- Providing information about CG and the treatment

Martha brought her daughter Sarah to the 3<sup>rd</sup> treatment session.

## MARTHA'S LOSS AND GRIEF

Martha and Paul were married for 35 years, and had 3 children. They were unusually close. Their love was the envy of their friends. His death knocked her over and she can't figure out how to right herself. She continues to work as the office manager for a medium sized accounting firm but she is having trouble concentrating at work. She sees her children regularly but no longer feels close to them. She describes herself as "just wandering around through life" thinking to herself over and over, "why did he have to die? If only I had watched him more closely; if only he had taken something for his flu; if only the doctors had treated him better....Why couldn't the doctors help him?" She believes her husband didn't really need to die.

Martha has not been able to move any of Paul's things. His toothbrush is still in the bathroom. She can't bear to have anyone sit at his desk. She cannot bring herself to sell his pick-up truck, though she doesn't know how to drive it. She socializes minimally as she feels strangely incomplete when with other people, and has painful feelings of sadness and shame.

Her only comfort is in reveries in which she imagines being with Paul again and thinks about how beautiful her life was when he was alive, thinking "If only he were still here."

When not day dreaming, Martha often ruminates, feeling angry and bitter about Paul's death. She asks herself why they didn't do a heart transplant before it was too late. She still can't believe this really happened.

Martha avoids places where she is afraid she will miss Paul too much - activities they enjoyed together, people they socialized with, places where they spent time. Since his death, she has refused to go near the hospital where he died. She visits the cemetery infrequently because she can't bear to think of him lying in the cold ground. Martha wishes she would have died with Paul.

She sometimes skips meals or forgets to take her cholesterol medicine, knowing this is not healthy. Even though she has lost her faith, her religious upbringing is all that keeps her from trying to take her own life. She and Paul attended church regularly, but she lost faith in God after he died. What good is it to attend church if this is what you get? What kind of God would allow Paul to die when people who are bad continue to live?

**Martha's history** included being the older of two children, born in a tight-knit neighborhood close to where she currently lives. Her immigrant parents struggled to make ends meet and her father was often irritable after long days at work. Her mother took in sewing and often seemed anxious and preoccupied during the day. In the evening, she focused on trying to pacify her husband, though she rarely succeeded. Martha describes her upbringing as difficult. Neither parent seemed very interested in her, and she often felt that she was just one more irritant in her parents' sad lives. She remembers thinking that she was the one who caused her parents' trouble and this made her scared and sad. Martha was close to her older brother, Josh, and they had a common group of close friends. Martha and Josh spent all of their time together, and with these friends, until he got to high school and started hanging out with a bad group of kids and using drugs. After that they grew apart and were never close again. Now she is not sure where he is and has not talked to him since her father died more than 10 years ago. She met Paul in college and always thought he reminded her of Josh. She says she knew she would marry him after their first date. They did get married a few years later and had their first child shortly thereafter.

Martha and Paul felt a deep affinity almost from their first conversation. They often talked about the fact that they seemed closer than any of their friends. Paul had a good sense of humor. He was smart and a great athlete. She said, "He wasn't perfect. He was a little disorganized and could be boisterous and even reckless, especially if he drank too much. Sometimes he really got on my nerves, but I couldn't stay mad at him because I just loved him too much."

Martha attended college and got a degree in accounting. After graduation she and Paul married and started a family. She helped out at a small accounting firm at tax time but did not work regularly until her youngest child was in high school. She was offered a job as an office manager and the accounting firm where they saw her as smart and reliable. She found it was fun and satisfying and is still working there.

Martha was close to her children. She considered her own childhood to be sad and lonely and she wanted something different for her children. She stayed home to raise them, and was very involved in their lives. Martha and Paul had a strong circle of friends, some of whom they had known since college. They frequently went out as a group or spent time at someone's house. Their children grew up together and a few married each other. They were very happy in what felt to be a warm, secure world, so different from the one Martha grew up in. But it all seemed to evaporate when Paul died.

### **MARTHA'S HISTORY REVEALS NUMEROUS STRENGTHS...**

She has had strong and positive relationships with family, friends, children and especially her husband. She has a strong value system, and has been a thoughtful, caring and sensitive parent and a diligent and capable manager. She is fun-loving and capable of deep satisfaction in her relationships and her work. She has a circle of supportive friends and relatives, albeit currently frustrated. She is financially stable, in spite of the death of her husband.

### **PAUL'S ILLNESS**

Martha still vividly remembers the night Paul woke up gasping for breath. She was terrified. She managed to call an ambulance and Paul was admitted to the ICU. He had been sick with the flu for about a week and he seemed to be getting better until he suddenly worsened.

The doctors at the hospital said his heart was being constricted with fluid and they would try to relieve it. He got a little better but then it turned out that there was also damage to the heart muscle. The doctors finally got him stabilized so he could leave the ICU but his heart rhythm became irregular and on one occasion it caused a serious problem requiring resuscitation. The 10 days he was in the hospital are a blur for Martha. What she remembers clearly is the day he died. She had just returned from a trip to the coffee shop, when Paul's cardiac monitor went off. She ran toward his room, but was pushed out of the way by a young doctor with a cart who was also running in response to the alarm.

A nurse escorted Martha to the day room and stayed with her, trying to calm her down but refusing to permit her to go back to Paul's room. Then someone came down the hall shaking his head and she knew he was gone. She remembers screaming and again running to Paul's room where she saw him lying motionless on the bed. Now she can't get the image of his lifeless body out of her mind.

### **PSYCHOEDUCATION AND PRELIMINARY FORMULATION**

Having taken the history, the therapist constructs a preliminary formulation and shares it with Martha after explaining the attachment theory model of bereavement, grief and mourning.

Paul's terminal illness was sudden and frightening. Martha was still struggling to cope and feeling panicky and disoriented when he died. She was uncertain whether she made good decisions in this state. She remains unable to think clearly about Paul's death.

Her grief is complicated by a range of "if only" ruminations as well as anxious rumination about her future without him. She struggles with intense uncontrollable emotions that she seems to be able to regulate only by avoidance. She is having trouble sleeping and her eating patterns are erratic. She is getting no exercise and socializing little. As a result her acute grief is prolonged and impairing.

Toward the end of the second session the therapist asked, "If I could wave a magic wand and your grief was at a manageable level, what would you want for yourself?" Martha stared at the therapist, surprised, and then said, "Well - I always wanted to play the viola. My mother made me play the violin when I was a child because her cousin gave her one. I never liked it and another girl at school had a viola and it sounded so much better to me." She was quiet for a few minutes and then said, "For some reason I have been thinking about this lately." She hesitated, "Paul always told me I should take viola lessons but I couldn't ever find the time. He wanted me to play in a quartet. It's so sad that I never did that when he was alive. She hesitated again. "I don't know how I would feel trying to do something like that."

The therapist asked Martha if she knew how she would go about it if she did decide to learn to play the viola and suggested that she also think about who could help her with this and about what might stand in her way if she decided to learn to play the viola.

### **MIDDLE PHASE PROCEDURES**

- Imaginal revisiting of the death
- Revisiting situations, activities and places
- Memories and pictures work
- Imaginal conversation
- Continue aspirations and plans

## IMAGINAL REVISITING

### *What is the revisiting procedure?*

- An audio-recorded visualization exercise consisting of imagining being back at the time of the death, telling and listening to the story, reflecting upon it and then setting it aside
- The therapist is present to bear witness and help in the process of reflection

### *How does revisiting help?*

- Visualization and repetition facilitate implicit as well as explicit learning
- Reflection and processing are facilitated
  - By oscillation between confronting painful emotions and setting them aside
  - By the presence of the therapist as a supportive companion who bears witness to the story of the death and shares in the process of considering how to come to terms with the finality and consequences of the loss

## MARTHA'S REVISITING EXERCISES

In doing the revisiting exercises, Martha's memory of Paul's death became less acutely painful, less potent and Martha saw that she could tolerate the pain. She was no longer afraid of loss of control. She began to see that it was unreasonable to blame herself or others for his death. She found that in listening to the tape, the reality of the death "really hit home – something about hearing myself tell that story."

She started to reconsider the recurrent idea that Paul would not have died if she had not gone to get coffee that morning. In telling the story of his death, she began to realize how ill he was, how everyone tried to save him but the problem was too big. She also realized she had been struggling with an idea that he died without knowing how much she loved him.

As Martha told and listened to this story, she became free to think about her relationship with her husband and she could see clearly that there had never been a time when either of them questioned their love. She also realized that if Paul had worried about anything at the end it would have been about how she would manage. She began to think about how she could comfort and honor him by letting herself be happy now. She stopped thinking about the unfairness of Paul's death and she began to realize that his untimely death did not mean that it was wrong for her to enjoy life without him.

## **SITUATIONAL REVISITING**

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Bereaved people cannot avoid reminders of the deceased  
For people with CG these reminders are often very painful  
CGT encourages confrontation with reminders as a natural part of the healing process; facing these situations

- Provides an opportunity for reflecting on the loss
- Releases a bereaved person to resume full engagement in ongoing life

Work with daily life reminders includes

- Difficult times
- Planned revisiting of avoided activities, places and people
- In-office work with pictures and other momentos

## **MARTHA'S SITUATIONAL REVISITING EXERCISES**

- Looking at pictures of Paul
- Spending time in rooms of her home
- Spending time with her children
- Going out with her old friends
- Going to restaurants she and Paul liked to frequent
- Going to visit Paul's coworkers at his office
- Visiting the hospital where Paul died
- Listening to Paul's favorite music
- Disposing of his personal items



## IMAGINAL CONVERSATION

A visualization exercise in which the person imagines a conversation with the deceased shortly after the death

- An opportunity to tell the deceased or ask the deceased anything they like
- The person speaks and then takes the role of the deceased and answers
- An opportunity to revise troubling aspects of the loss
  - Similar to nightmare revision used in PTSD
  - Done when grief intensity has lessened
- Derived from psychodrama or gestalt two-chair technique
  - Uses imaginal stories
  - Differs in not changing chairs or using other behavioral components

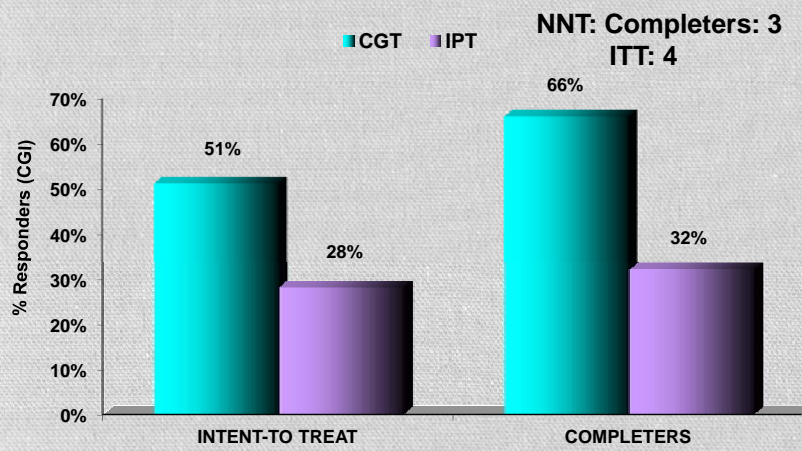
Martha was invited to imagine a conversation with Paul shortly after he died. She imagined that she could speak to him, and he could hear and respond. She was invited to tell him or ask him anything she wished. Martha was hesitant at first, but then agreed to do this. She closed her eyes and told Paul that it was so hard to watch him get so sick and die. She said she couldn't comprehend what was happening and she thinks she was not as supportive of him as she should have been. She thinks she was focused too much on herself. "It wasn't about me. It must have been so much worse for you." Then she said that she loved him very much and that she hoped he was OK. She said that she is struggling to envision her life without him. She said she wasn't sure if he really knew how much she loved him. At the therapist's suggestion, Martha then took Paul's role and responded. Her voice changed as she said, "Please don't worry Martha. I have always known you loved me. I am sorry to be gone but there was no way to change the course of my illness. I was glad you weren't there at the end because I know how hard that would have been for you. I still want more than anything for you to be happy. You know that's what I always wanted. ... I didn't want to die, but it was God's will and I am with God now and I am at peace." Martha hesitated after this, and the therapist asked if she wanted to respond to Paul.

Martha continued, "I know its wrong, but I still feel angry that God took you when so many bad people are still here – and when he knew how much I need you. I know you were hoping that my faith would support me after you were gone, but I can't even go to church any more. I feel so lost and don't know how to find my way back." The therapist asks if she would like to take Paul's role again. Now she says, "Martha please don't lose your faith – you can't possibly know God's plan. We used to think that if we were very good, we would get special rewards, but we learned a long time ago that this wasn't true. Remember how we talked about things that happen to people that they don't deserve? Maybe you could go talk with our pastor. You always liked him a lot. Maybe he can help you." Martha switched to her own voice at this point, saying "I don't know Paul. I'll think about it." Then she said, "I love you" and switched to his voice "I love you too."

### **TERMINATION PHASE**

Martha's symptoms were markedly diminished at the end of the treatment. She still felt sad when she talked about Paul or when she thought about him. She still felt occasional pangs of missing him immensely when she was out with friends. But she was going out regularly with her girlfriends and had several successful dinners with the old friends who were couples. One of them wanted to fix her up with a widower he knew, but she said she didn't know if she was ready for that yet. She told the therapist that dating was probably in her future. Right now, though, she wanted to concentrate on starting the viola and on working hard to repay the firm for their acceptance and understanding over the past 5 years. She said she owed them a lot. Martha smiled as she shook hands with the therapist to say goodbye. "I am so grateful" she said, "You gave me my life back, and more. I feel stronger than I have ever felt. I am not quite sure how it happened, but it feels really good."

## CGT PRODUCED BETTER RESULTS THAN IPT



chi-square=5.07, df=1, p <0.024      chi-square=7.56, df=1, p =0.006  
Shear et al JAMA 293:2601 2005

## SUMMARY

- Bereavement is the experience of attachment relationship loss
- Acute grief is the intensely emotional instinctive response to bereavement that evolves over time
- Mourning is the instinctive healing process by which acute grief is transformed and integrated
- Complicated grief occurs when dysfunctional thoughts, feelings or behaviors impede the natural healing process
- Complicated grief can be treated with a composite psychotherapy based on an explicit set of principles and using procedures designed to address complicating processes and re-invigorate the natural healing process