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Treatment of Complicated Grief through Grief Therapy and Cognitive Behaviour Therapy: A Case Study

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ABSTRACT

Grief is a universal, normal form of human reaction follows from death. Psychopathological grief affects thinking and emotions. Individual dealing through complicated grief experience persistent and disabling grief symptom. According to cognitive approach grief is considered to be associated with distorted thinking and negative cognitive evaluations about world, future and oneself. The present paper is about the case of a male, going through grief phase after the death of his wife. Grief Therapy and Cognitive Behaviour therapy approaches were used for the treatment of complicated grief. Total 14 numbers of sessions including techniques of grief therapy and cognitive therapy were provided. With the help of psychotherapy sessions symptoms were reduced. Emotional and functional improvement was also seen.

Keywords: *Complicated grief, Bereavement, Grief therapy, Cognitive Behaviour Therapy*

INTRODUCTION

Bereavement is a major stressor of life, a universal experience which is associated with consequences on physical and mental health (Doering, 2016). In particular, the association has been found with the development of various psychological disorders. During this grief period, the sadness, regret and longings are natural feelings which diminish over time. However always this is not the case, the symptoms can exist for a long time, and the phase is called complicated grief (Tur et al., 2022). International Classification of Diseases 11th revision (ICD-11) defined complicated grief as prolonged grief disorder (PGD). Diagnostic and statistical manual of Mental Disorders (DSM-5) termed as persistent complex bereavement disorder (PCBD). The prolonged grief disorder is a pervasive and persistent grief response characterized by 'preoccupation about the deceased or longing for the deceased accompanied by intense emotional suffering.' Moreover, there should be six months passed since the death of the loved one for the diagnosis of this disorder to be made (WHO, 2019).

Several psychological treatments are suggested for the treatment of complicated grief (Shear et al., 2016). Meta analyses and systematic reviews show the effectiveness of psychological intervention in reducing the existence

of grief symptoms. Recent researches suggested that particular treatment tailored to treat complicated grief are more effective than to any other intervention related to other components of different disorder. Cognitive Behaviour therapy has been proved as an effective and promising treatment for complicated grief (Strobe and Schut, 2015). Moreover, there are models, focused on coping with bereavement found to be useful in understanding complicated grief. Cognitive Behaviour Therapy for complicated grief comprises of creating a coherent and eloquent autobiographical account about the loss, identify the associated negative thoughts, challenging negative beliefs through techniques of cognitive restructuring. Sessions of cognitive Behaviour Therapy also deal with avoided aspects of the loss (e.g., objects, places, memories) and catastrophic misinterpretation. For the treatment of complicated grief the overall goal of CBT is to help individual for setting new goals of life and engage him/her in new meaningful activities (Stroebe, 2015; Boelen, 2006). The present case report highlights the importance and efficacy of combined approach of grief therapy and cognitive behaviour therapy.

The present case study

Mr V, a 35 year old male, educated up to MBA, working as a manager, belong to urban background and upper middle socio-economic status. The patient was apparently maintaining well until 2016, when his wife passed away. Patient's wife fell ill and was diagnosed with typhoid. At the time she was admitted to a private hospital in Delhi, where in the course of eleven days her condition deteriorated and she passed away. He was unable to visit his wife in the hospital due to some office work before the day of her passing. Following this incident, the patient reports, that he was unable to mourn his wife as well as he would have liked to, as he reports having to get back to work, and beginning taking care of his children. He reported feeling of despondency and also feeling lost after the death of his wife.

He reported that he would try to appear calm, so as to not upset his children. However, he reported that for approximately four months immediately after wife's death, he experienced sad mood, disturbed sleep, with nightmares, and reduced pleasure in social activities and feelings of guilt at not being able to save his wife. Gradually, he could partially come to terms with the loss of his wife and began to enjoy going for social outings with his children without reminiscing about his wife. At the request of his family, he got married to the younger cousin of deceased. The patient reported that he did not object to the marriage and felt it was necessary for his children to have a maternal figure in their lives. The relationship between the patient and his second wife were reported to be cordial and amicable, however, the patient reported that he was unable to spend long durations of time with her as he would be reminded of Ms. S. He reported of experiencing low mood again and also had difficulty falling asleep, although the nightmares he previously experienced had stopped. According to the patient, he would stay up at thinking about memories of the time spent with his past wife. However he had no difficulty carrying out daily activities and was able carry out occupational functioning adequately. He reported that he enjoyed spending time with his family, especially his children. He would feel angry, hurt and guilty whenever he would think about his first wife. He would feel difficulty in managing regular occupational functioning and also reported of feeling worry about the future, low mood along with increasing self-doubt. After two months, he reported returning to work and the stabilizing of his

work; however feeling of low self-confidence and low mood was persistent. At the same time he also reported of losing interest in activities of his daily life. He would spend his time alone in his room, only spending time with his children occasionally. Gradually there was an increase in negative thoughts (about him not being able to handle his business, about the death of his first wife) and he found himself feeling tired and fatigued. He described himself as being unmotivated to go for work but would force himself to go for work. Although the patient reported that he attempted to go forward with his daily activities, he found himself unable to concentrate and did not find the activities enjoyable. He reported difficulty in falling asleep and "*negative thoughts"* about being unable to expand his work and taking care of his family. Furthermore, he expressed feeling numb to things happening around him.

PSYCHOLOGICAL ASSESSMENTS

1. The ***Beck's Depression Inventory-II*** was administered to assess the level of depressive symptoms experienced by the individual. Total Score 17; indicate the presence of a mild level of depressive symptoms.
2. The ***Thematic Apperception Test*** was administered to assess the needs of the patient and provide a better understanding of the intra-psychic dynamics of the patient.

Consolidated Impression: The stories were interpretative in nature, with majority of the themes revolving around guilt and remorse about the loss of a loved one as well as a continuous effort to overcome the challenges put forth by the environment. Most of the stories have an optimistic ending, suggesting the hero's ability to overcome the adversity. The hero was depicted to have the resources and skill to overcome the demands of the environment. The most prominent needs were that blame avoidance, counteraction, harm avoidance and nurturance. The environment was described as challenging and the hero is unable to overcome all situations. Superior figures were seen to be supportive. The most prominent conflict was seen between blame avoidance and counteraction, nurturance and rejection. The main defenses used were projection. Superego was found adequate. The stories were elaborative, structured and original. The degree of organization was adequate. The hero was found to be inadequate in some stories, especially when faced with situations wherein he faced a loss.

CASE FORMULATION

The case can be understood by in the framework of model adapted by Boulen, Van Den Hout and Jan Van Den Bout (2006). Model suggest that the symptoms of complicated grief are caused by (i) difficulty in accepting the reality of the loss in relation to oneself (ii) pessimistic and negative thinking related to oneself and globally, and (iii) avoiding the connected places, people while preventing new connections. Overall, patient was having difficulty to shift his focus on work and also not able to accept the loss. Beliefs about the relationship and having the only support (*they were each others only true support; she is the only one he could ever love)* made difficult to say goodbye. The loss event was characterized as unexpected, strong attachment with the deceased and died at the same hospital where brother died lead to stronger association with grieving process. These background variables led to (a) poor integration of separation with autobiographical knowledge, (b) negative global beliefs and misinterpretation of grief reaction and (c) anxious and depressive reaction. This core process further lead

to the clinical outcome in terms of thoughts, emotions and behaviour. Negative thoughts about work, ideas of helplessness and guilt contributed into dysfunctional pattern of thinking. On emotional level disturbances occurred as low mood, numbness, separation distress and feeling of loneliness. The motivation towards work was reduced and sleep was also disturbed. This cycle was maintained through additional stressors (occupational difficulties).

INTERVENTION

1. Approaches:

a. Cognitive Behavioural Therapy

The primary objective of cognitive therapy for depressive symptoms is to reduce negative thoughts as well as to facilitate improvement in personal functioning. These goals are achieved by the use of cognitive restructuring as well as behavioural activation techniques.

b. Grief Therapy

The primary aim of grief therapy is to aid the individuals emotional processing of the loss and allow for the channeling of the emotion and adapting to the loss.

2. Goals:

A. Short-Term Goals: **I)** Increase motivation towards daily activities.

II) Processing of grief

B. Long-Term Goals: **I)** Modify core beliefs.

II) Relapse prevention

3. Techniques Used: Psycho-education; Behavioural Activation: Activity scheduling; Tasks of grief Cognitive restructuring.

Initial Phase (Session 1- 3)

Psychoeducation and Emotional Catharsis

The first session involved the **emotional catharsis** of the patient, wherein he was encouraged to simply talk about his first marriage. He disclosed he had not had the opportunity to do so since the death of Ms. S., so as to not upset his children or his second wife. His feelings were reflected and validated. The therapist ensured the utilization of **evocative language** i.e. words that evoke feelings, that help the individual accept the reality of the loss and stimulate certain feelings that may have been suppressed. Furthermore, the patient was encouraged **to involve symbols (a photograph)** when describing the deceased. This helped the therapist strengthen alliance as well as getting a clearer sense of who the person was but also creates a sense of immediacy of the deceased and provides a concrete focus for talking to the deceased rather than talking about him or her. Following this the patient was **psycho-educated** about depressive symptoms, course, causes and maintaining factors, with help of Beck's CBT model, focusing on the Thought-Emotion-Action (TEA) model. He was further explained the role and nature of grief and bereavement using the Kubler Ross Grief Cycle as well as the process of grief and bereavement using the model was explained.

Patient was also explained that in the process of mourning an individual goes through the phases of numbness, yearning, disorganized despair and finally reorganization of behaviour (Murray and Bowlby, 1970s) and he was further explained to that in the adapting and adjusting to the loss, he would experience the **four tasks of grief** (Worden, 1982). It was collaboratively identified that whilst the patient had accepted the reality of the loss (task I) of his first wife, he had only partially processed (task II) the grief. It was highlighted how after the initial loss of his wife, the patient had suppressed himself from completely experiencing the plethora of emotions accompanied by such a loss as he had to be "strong for his children". Although he moved forward with his duties and adjusted (task III) to the external world without the deceased, he had not as yet completely adjusted within his internal world, characterized by reduced self-esteem and guilt and self-efficacy. Though, not a time bound process, the patient was reassured that whilst moving forward with his life without the guilt of having lost his loved one, one would continue on the journey of life whilst commemorating the memories without them burdening him maladaptively. Furthermore **metaphors** were utilized to aid understanding how the grief that has accumulated has become frozen, which is weighing the patient down, and gradually as the feeling thaws, it helps move forward.

Following the psycho-education, **formulation short-term and long-term goals was done**. It was identified that he needs immediate tools to begin carrying out his daily activities, particularly going for work along with addressing and moving forward in his tasks of grief a). Accepting reality of the loss, b) Processing of the pain of grief, c) Adjusting to the world without the deceased and, d). finding a way to remember the deceased whilst embarking on the rest of the life **(Worden, 1982).** The long-term were focused upon working on cognitive errors and core beliefs. Establishment of a productive therapeutic alliance using non-directive techniques of empathy, positive regard, active listening, mirroring and paraphrasing was also focused on.

Middle Phase (Session 4- 8)

Behavioural Activation

The patient was initially encouraged to develop a daily schedule (including mastery and pleasure for each activity). Following this **behaviour activation** was begun. The client was encouraged to break down the goal of returning to work and concentrating on the same. He was encouraged to simply physically go to work for 3hours (collaboratively decided by the patient and therapist as being adequate), without pressurizing himself to work.

Mindfulness

He was encourage to use **mindfulness** strategies (focusing on breath, and sensations around him) and refocusing of attention whenever he finds himself ruminating or thinking negative thoughts. The patient was also encouraged to maintain a thought diary to note the negative thoughts (about own confidence and self-doubt as well as those that are pessimistic) that arose across situations. He was further encouraged to utilize mindfulness whenever he found his thoughts directing towards that of his first wife.

Writing a letter to loved one (Saying Goodbye)

The patient was asked to **write a letter** to loved one, particularly with emphasis on feelings experienced at the news of the loss and the thoughts he would like to express to her. This helped the survivor take care of unfinished business by expressing the things that they need to say to the deceased. This letter was treated as a farewell letter. Translating experiences into language and constructing a coherent narrative of the event enabled thoughts

and feelings to be integrated, sometimes leading to a sense of resolution and fewer negative feelings associated with the experience. The patient reported feeling marginally lighter post this exercise.

By the fifth session, the patient reported that he was able to concentrate the 3 hours that he was at work, and would occasionally increase the hour spent on his own at work to 5 hours. He reported that mindfulness was useful in combating the ruminations and the yearning thoughts about his wife. The patient was also encouraged to spend time with his second wife, in lieu of going out for a movie or a meal once a week as well as to help in reduction of non-resolution by fixating on deceased object as well as design a new life without the object (task IV).

Anchor Metaphor

The patient was explained the **role of linking objects** that resulted in him being unable to fully process the negative emotions associated with the loss. Linking objects include items such as the deceased's clothes, jewellery, items of daily use. Currently, he reported that his present wife uses some sarees of his first wife, making it difficult for him to ground his emotions to the present, as he would continually envision his first wife. The desire to hold on to the deceased through objects that represent her memory was normalized and validated and the importance of letting go of the objects without letting go of her memory was highlighted. Continuing with the *anchor metaphor* the client was asked to think of the linking objects as stones that were tied around the anchor that led to it sinking faster.

Empty Chair Technique

This technique was also utilized in helping in the catharsis and processing of the emotion. The patient was asked to sit facing an unoccupied chair, and then visualize the deceased. Photo of the deceased was used to aid the visualization process and further patient was asked to describe the visualization. To aid ease of emotional expression and overcome resistance on part of the patient, the patient was initially encouraged to read out the farewell letter he wrote. Following this he was asked to freely associate his feelings towards the situation of loss and life post that. Following this, the patient was asked to switch seats and respond to himself from the perspective of his wife. This was used to provide closure to his feelings to begin the process of adjusting to the internal environment post the loss. The patient reported feeling lighter and relieved post this session. Furthermore, in subsequent session he reported having had his mind divert towards Ms. S. less in terms of yearning her presence relatively less.

Ending Phase/ Termination (9-12)

For the maintenance of the improvement it is very important to practice the therapeutic exercises. With the help of behavioural activation and behavioural rehearsal patient was taught to experience the real life problematic situation through practice of therapeutic learning. Therefore further he was prepared for relapse. He was suggested to practice all the exercises regularly. The regular practice and implication of therapeutic learning helps us maintain the improvement. As Grief and bereavement are not time bound and as a result even though the techniques have shown efficacy, patient was suggested to speak to his therapist whenever it is needed in future.

DISCUSSION:

Complicated grief interfere with the healing process hence make the mourning process worse for the individual. This increased emotional pain turn into various forms henceforth, combined requires an effective treatment (Shear, 2022). Various interventions have been proposed for the treatment of grief. Complicated grief treatment by Shear et al. (2005) is a combination of cognitive behaviour therapy and interpersonal therapy proved to be effective treatment. It works on painful aspects and also works on integration of changed and new relationship for the bereaved (Rosner, 2011). Cognitive restructuring transform dysfunctional thoughts tremendously. To goal of cognitive restructuring particularly eliminating rumination over thoughts, to validate the loss along with facilitating therapeutic alliance, and dealing with the most painful imagination (Wagner et al., 2006). Likewise in present case study the techniques are used, shown the improvement in sadness and consistency with daily routine task.

The grieving process varies from individual to individual. Individual grieve in different ways, some feel sad and recovery is slow but some can manage their routine while feeling sad. Henceforth, the techniques used for each individual are different. A better sense of emotional integration can be developed with the help of empty chair technique while dealing with unfinished emotions from losing a loved one (Ochsner, 2016). By bringing the positive or negative emotions through empty chair technique, the client could process the unsettled emotions and also moved forward more efficiently and productively. The efficacy of 'empty chair technique' was also proved in a case study by Huan Seen et. al. (2011) for enhancing the psychological well-being in individual experiencing grief. The expressive writing is an important part of complicated grief treatment. Giving a farewell through writing a letter to the deceased helped client in regulating his emotions and dealing with the avoidance. The letters also helps in facilitating self-disclosure confronting unfinished business, achieving coherent narrative around experiences with loss and also encourages bonds in healthy way (Larsen, 2022). Translating experiences into language and constructing a coherent narrative of the event enabled thoughts and feelings to be integrated, sometimes leading to a sense of resolution and fewer negative feelings associated with the experience. In the present case, the patient reported feeling lighter and relaxed post this exercise. It helped a lot in venting out and resolving the emotional imbalance to the patient. A combined approach of grief therapy, gestalt therapy and cognitive behaviour therapy was helpful in present case. Complicated grief isn't a very easy task to deal with. The study explored the use of combined techniques/ eclectic approach of psychotherapy for the treatment of complicated grief.

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