

section 7.1: current understandings of bereavement, grief and loss

about bereavement, grief and loss

Every year in South Australia approximately 11,700 people die.¹ Approximately 30% of these deaths occur in acute hospitals.² Information on loss and grief and the availability of bereavement support services needs to be offered to families and caregivers from point of admission, through to death, and in the adjustment period following death. Bereavement risk for all families and caregivers requires assessment during admission and after death to reduce morbidity associated with loss and grief. Referrals for specific follow-up and support can then be made earlier, rather than later, based on identified needs. We know that:

- grief is complex and multidimensional and affects the whole network of family and friends involved
- individuals vary in the way they experience and express their grief – this can cause misunderstandings and conflict in families
- how a person deals with their grief before the death may be predictive of how they will deal with their grief after death
- there is no set time-frame for people to start or end their grieving
- it is normal for bereaved persons to move between confronting and avoiding their grief – sometimes strongly feeling the depth of the loss, at other times focusing more on adapting to change in their lives
- bereavement can be an opportunity for personal growth
- grief responses need to be understood within a person's cultural context
- a major loss can challenge a person's world view or belief system as they strive to find meaning and make sense of their loss.

normal grief

A normal reaction to loss involves physical, emotional, cognitive, behavioural and spiritual reactions and often includes the following – though not in an orderly or sequential fashion:

- **Anticipatory grief** – when a life limiting illness is diagnosed – continues throughout the illness phase
- **Acute grief** – the immediate reaction to the death – which may include severe shock, numbness, agitation, anger, palpitations, fatigue, forgetfulness
- **Ongoing grief** – the struggle experienced over time to adjust to life without the loved one – may include insomnia, poor appetite, apathy, anxiety, social withdrawal, sadness, lack of direction, anger
- **Resolution or recovery** is characterised largely by the bereaved person having found a way to integrate the loss into their daily life along with a sense of renewed meaning and purpose in their life again.

The majority of people appear to be able to cope with their grief, as above, and reach resolution/recovery with the support of their own natural support networks and local community services. Grief counselling for people experiencing normal grief may not in fact be helpful or necessary.³ Where there is little or no identified bereavement risk, families/caregivers should be offered basic information on loss and grief, access to general bereavement support and contact numbers for local bereavement follow-up services should they require it at a later stage.

complicated grief

10-20% of bereaved people experience complicated grief in varying degrees.⁴ While some people present with obvious complicated grief symptoms such as severe depression or suicidal ideation, many people can go unnoticed without conducting a bereavement risk assessment. Indicators of complicated grief include the following:

- extreme and ongoing resistance to accepting painful reality of the loss
- persistent and disturbing beliefs about the death
- marked impairment of sleep
- impaired capacity to work
- impairment of social functioning – including withdrawal from family and friends
- persistent and prolonged distress that lasts for longer than 6 months
- very limited or absent interest and engagement in life
- integration of the loss does not occur, moving on with life is difficult or impossible.⁵

Identified longer term health outcomes for the people experiencing complicated grief include clinical depression and anxiety disorders.⁶ These people need to be identified and referred earlier, rather than later, to specific bereavement interventions and on-going follow-up as required. These interventions are intended to minimise adverse longer term health outcomes.

references

¹ Australian Bureau of Statistics (2004) Regional Statistics for South Australia.

Figures quoted for 2002-3.

² Australian Bureau of Statistics Australia now - a statistical profile. Population, deaths. Canberra: ABS, (2000).

³ Kristjanson L, Lobb E, Aoun S, Monteross I (2006) A systematic review of the literature on complicated grief. WA Centre for Cancer & Palliative Care, Department of Health and Ageing.

⁴ Kristjanson L, Lobb E, Aoun S, Monteross I (2006) A systematic review of the literature on complicated grief. WA Centre for Cancer & Palliative Care, Department of Health and Ageing.

⁵ Kristjanson L, Lobb E, Aoun S, Monteross I (2006) A systematic review of the literature on complicated grief. WA Centre for Cancer & Palliative Care, Department of Health and Ageing.

⁶ Therapeutic Guidelines- Palliative Care. Version 2, (2005) Therapeutic Guidelines Ltd, Victoria, Australia.