Theories and viewpoints
Loss

Loss, Grief based, (including Loss case study)

Normally grief is seen as occurring in the context of bereavement, the loss of a loved one through death, but a broadly similar reaction can occur when a close relationship is ended through separation or divorce, or when a person is forced to give up some aspect of life that was important, a singer who loses the use of his voice.
I would like to concentrate on examining the general features of grief in the context of the loss of a close relationship. I begin by considering three different ways in which grief has been understood by those who have studied it in the past. It has variously been described as
A natural human reaction
As a psychiatric disorder
As a disease process.
Robert Burton's description reveals all three aspects:
" Every perturbation is a misery, but grief is a cruel torment, a domineering passion: as in old Rome, when the Dictator was created, all inferior magistracies ceased, when grief appears, all other passions vanish. It dries up the bones, saith Solomon, makes them hollow-ey'd, pale and lean, furrow-faced, to have dead looks, wrinkled brows, shriveled cheeks, dry bodies, and quite perverts their temperature that are mis affected with it" .
(Robert Burton, 1651, The Anatomy of Melancholy: 225–6, 1938 edn).
People may be at risk of developing depression and anxiety after experiencing a loss event and this may manifest itself in many ways and with varying degrees.
Feeling overwhelmed
Feeling numb and detached
Inability to focus
Inability to plan ahead
Constant tearfulness
Intrusive memories or bad dreams related to the event
Sleep disturbances
Constant questioning – "What if I had done x, y or z, instead?", (Divorce)
Replaying the event and inventing different outcomes.
Thoughts of ending one's life or self-harm
Loss of hope or interest in the future
Avoiding things that bring back memories of what happened to the point where day to-day tasks cannot be carried out
Feeling overwhelming fear for no obvious reason

Panic attacks
Excessive guilt about things that were or weren't said or done. These reactions can be severe and may not manifest themselves immediately or within the first period of realisation. It is a natural reaction or 'passion', yet it produces mental suffering and afflicts physical health. All three statements contain some element of truth, but the first one is perhaps the most useful for understanding the meaning and origins of grief.
Grief can be described as a natural human reaction, since it is a universal feature of human existence irrespective of culture, although the form and intensity its expression takes varies considerably. Animals and young children show similar responses to temporary separations and permanent losses. Two types of reaction are shown under these circumstances, active distress and passive depression. These can also be identified in extended and modified form in the grief of adult humans, indicating that this has probably originated and developed from these simpler reactions.
Robert Burton also emphasised the adverse consequences of bereavement for health, and referred to examples of historical figures who died of grief, such as the Roman Emperor Severus. In recent times, more systematic comparisons have indicated high morbidity and mortality amongst bereaved people.
This, and the general recognition of the importance of psychological suffering in generating physical disorders, has led to grief being described as a disease process.

Examples can be found among those who study grief and among lay persons.

Engel (1961) advocated this view in a paper entitled 'Is grief a disease?'.
Bartrop et al. (1992) referred to bereavement as a 'toxic life event for the vulnerable'.
Lord Hailsham, the British Conservative politician said: 'One thing you've got to realise is that grief is an illness'. (10th November 1992).
I feel his statement should be looked at with some caution. Deaths and deterioration in health shown during bereavement are not necessarily the direct result of the grief process. On the one hand, there is clear evidence that separation reactions give rise to a physiological stress reaction which can be associated with suppression of the immune system. On the other, among people who have suffered loss, such direct stress induced effects on health are difficult to separate from indirect effects caused by a possible change in life-style, such as altered nutrition, alcohol or drug-intake, there also may be increased attention paid to physical ailments which were in existence before the loss occurred. There may be other influences which lead to married couples dying close to one another in time, such as depressive starvation, where the remaining partner refuses to eat due to the memories stimulated by sitting alone at the table where they used to eat together.

Having said this, there are now several prospective studies showing increased mortality for bereaved spouses.
(Young, Benjamin and Wallis, 1963; Parkes, Benjamin and Fitzgerald, 1969; Helsing and Szklo, 1981). (M.S.Stroebe and W.Stroebe, 1993; M.S.Stroebe, 1994a). However, a prospective study which divided the sample by age and sex (Smith and Zick, 1996) found that the elevated risk was confined to younger widowers experiencing an unexpected death.
Overall I would consider it is fair to say that although grief is a natural human reaction, the mental suffering involved has linked it with the psychological problems that come under the domain of psychiatry, and these can lead to a deterioration of physical health, therefore giving consideration to grief as a disease.
Acceptance, grief and meaning
Prigerson & Maciejewski, Phelps AC, Maciejewski PK, Nilsson M, Balboni TA, Wright AA, Paulk ME, et al.Coping with cancer: assert that the resolution of grief coincides with the increasing acceptance of loss, mainly cognitive and emotional acceptance. The role of spiritual acceptance has not been mentioned directly, although experiences like inner peace, tranquillity and letting go, or regaining what is lost or being taken away, is more spiritual rather than emotional or intellectual. Moreover, some of the features which can be considered spiritual are included as criteria for prolonged grief disorder,   (Prigerson HG, Vanderwerker LC, Maciejewski PK. Prolonged grief disorder: a case for inclusion in DSM–V. In Handbook of Bereavement Research andPractice: 21st Century Perspectives (eds M Stroebe, R Hansson, H Schut,et al): 165–86. American Psychological Association Press, 2008), such as confusion about one's identity and feeling that life is empty and meaningless since the loss.
Experiences with patients with advanced or terminal cancers indicate that not only is cognitive and emotional acceptance essential, but that spiritual aspects are equally important. Spiritual acceptance of grief will help the grieved to understand the meaning and purpose of the loss. Frankl VE states in Man's Search for Meaning (4th edn). Washington Square Press, 1985 'suffering ceases to be a suffering as soon as it finds a meaning'. I feel these studies should clarify not only the way in which grief resolution relates to acceptance of dying and death, but also whether grief relates differentially to cognitive, emotional and spiritual acceptance. Prigerson & Maciejewski conclude that decline in grief-related distress appears to correspond with an increase in peaceful acceptance of loss, which I feel could be enhanced by addressing the issues related to the purpose and meaning of the loss to the individual.
Individuals try to cope with grief in different ways. These are included as part of the process of grief as layed out in descriptive accounts (Parkes, 1972) but are viewed as separate by researchers from a health psychology perspective. Reactions that serve to limit the amount of distressing information about the loss, including outright

denial,   Immersing oneself in other activities, or allowing oneself comforting fantasies, can be viewed as functioning to avoid the overwhelming pain and distress of the loss. If effective, they maintain some form of equilibrium that will allow everyday activities to be undertaken more effectively. The alternative reactions—that serve to confront the reality of the loss in thought and expression—have traditionally been regarded as necessary for the resolution of grief.
The widespread acceptance of this assumption (the grief work hypothesis) seems to have operated like a straightjacket both on research and theory until fairly recently, and it has also strongly influenced practitioners. Critical examination of the concept of grief work showed that it had been used in several senses, and was often not distinguished from rumination, i.e. going over the same thoughts or themes, which research now shows to be associated with poor resolution. Those more recent studies that have operationally defined grief work have yielded mixed findings in terms of its association with the resolution of grief. Again, definitions prove elusive, so that we have to be careful to distinguish the expression of the emotions associated with grief— which seems to predict greater distress—from confronting the loss in thoughts and expression—which does in some cases lead to lessening of distress.
Stages of Loss case study, (Actual case, Names changed)
Following discussions I went to visit Peter at his home to carry out an informal evaluation with regards to his psychological state of mind.
When I first arrived Peter appeared to be quite distressed, out of breath and angry that his partner Laverne had not answered the door for him, as due to his illness, (Emphysema), he was in no condition to do so himself. He then proceeded to shout at Laverne for moving a table that was in front of him as he needed everything at his immediate reach. Laverne left the room in a state of distress.
I remained with Peter listening to him talk about his background a professional singer, Show business, His health deterioration and his belief that this was caused by working in bars and clubs over the last 50 years. Peter works one afternoon per week, (unpaid I believe), at a bar where he sings a few songs. Peter states his desire to do more and his wish that he could be "as he once was".
I returned for a second, (Formal) visit where I again listened to Peters reminisces about his show business career and his health concerns. I noticed during this meeting that Peter has a great deal of anger and frustration regarding "not being the person he once was".
Peter feels that his feelings of anger have been caused by other factors:
Smoke filled bars destroying his health
The loss of his band
The loss of his home
His partner's inability to do as he requests
His friends not keeping in touch

I discussed, very briefly, that these outside influences, although pertinent to his issues, were not the cause of his present situation and Peter tentatively agreed.
I explained to Peter that there are many avenues open to him, regarding both his medical condition and his feelings of anger and self-worth, that we could address given his willingness to participate in analysis sessions and the creation of a healthier regime within daily life, (stopping smoking, diet change, exercise). I also noticed that during our conversation and for a period of 1hour and 10 minutes peter did not have to revert to using oxygen to assist his breathing. I pointed this out to Peter and he stated "it was because he felt relaxed". I informed Peter that we could include various relaxation and breathing techniques to assist with his breathing and he felt this would be beneficial.
In my opinion Peter is in stages 1 and 2 of loss:
1. Denial and Isolation
The first reaction to learning of his illness and his inability to " be the person he once was" has been to deny the reality of the situation, (Peter constantly trawls the internet for miracle cures and "the magic pill"), and to take no responsibility for his situation, (blaming other factors for his health deterioration), This is a normal reaction to rationalise his emotions. It is a defence mechanism that buffers the immediate realisation of his situation. "We block out the words and hide from the facts". This is a temporary response that carries us through the first period of loss.
2. Anger
As the masking effects of denial and isolation have began to wear, the reality and its pain re-emerge, (Peter is not ready to lose everything he was), Peters intense emotions are being deflected from his, "vulnerable core", redirected and expressed instead as anger. Peters anger may be aimed at inanimate objects,(his phone signal being lost, his car not working, his kettle being broken, the buzzer on his door going off), it may be aimed at complete strangers, (Peter can be abusive to waiting staff in bars or restaurants), friends or family and loved ones. Rationally, Peter knows the person is not to blame, emotionally; however, Peter may resent the person being fit and able to do what he is not, (this appears to be the case with his partner), Peter then feels guilty for being angry, and this makes him more angry.
I feel that given time and help Peter can regain his feelings of Self Worth and esteem which will result in his acceptance of his condition and the resulting loss of his feelings of Anger and frustration.