**BEREAVEMENT**

**Definitions**

* Bereavement – the situation of actual loss
* Grief – the individual’s response to loss
* Mourning – the behavioural expression of the individual’s grief

**Theory**

* Phase models

Phase models are ‘worked through’. Pace is important to avoid ‘getting stuck’ either in one stage if too slow or in the cycle if going too fast.

* Shock / protest / disorganisation / reorganisation
* Numbness / yearning / despair / recovery
* Accept reality / pain of grief / adjustment / find place for deceased
* Dual phase (oscillation)

In this theory there is oscillation between loss and restoration orientation.

* Loss orientated (e.g. grief work, intrusion of grief, breaking bonds & ties, avoidance of resolution changes)
* Restoration orientated (e.g. attending to life changes, doing new things, distraction from grief, avoidance of grief, new roles & identities)
* Biographical models

In these models the bereaved ‘holds on to’ the deceased and finds a secure place for them, living with and talking about the deceased with family, friends and professionals (e.g. funerals and the bereavement visit)

These models may also include finding meaning in death and understanding the impact of loss

**How does the theory help?**

* How we ourselves are with bereavement
* Helps to explain how our patients are with bereavement
* Gives a structure and possible support framework
* Helps identify those who may be at risk of complicated grief

**Complicated grief**

* Most people simply need support from family / friends / generalists
* 7-10% will need additional support
* 2-4% will benefit from psychological or psychiatric support

**Risk factors for ‘complicated grief’**

* Relationship

Defined relationship and ‘proximity’ e.g. child / spouse

Closeness – over-dependence, stormy, difficult, ambivalent

* Cause of death / trajectory / circumstances

Sudden, violent, protracted, stigmatised, no body

* Social factors

Lack of social support

Concurrent social problems e.g. divorce

Low income

* Other problems

Past history

Physical, psychological and psychiatric health,

Past events and coping

Previous losses

**What can we do?**

* Assess
* Normalise (if possible)
* Support
* Advise
* Refer if necessary