

AN INTEGRATIVE APPROACH TO DEALING WITH BEREAVEMENTS



Tetiana Zhumatii

practicing psychologist, positive psychotherapist,
Master Trainer for PPT (Kremenchuk, Ukraine),
Ukrainian Institute of Positive Psychotherapy
Email: Tanyushazhuma@gmail.com

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Abstract

Providing help and support to people experiencing grief after loss is one of the tasks of a psychologist and psychotherapist. Many views of various authors on the process of grieving and criticism of different opinions of each other make it difficult to choose any one theory for dealing with bereavement. The main goal of this paper is to take a holistic view of the course of adaptation to bereavement and create an integrative approach to the process of grieving based on the main principles of positive psychotherapy. To do this, I used the theories of living-through of grieving by Elizabeth Kübler-Ross, John Bowlby, William Worden, Margaret Stroebe and Hank Shute, and Nossrat Peseschkian. Thus, an integrative model of the bereavement experience was created, in which the phases and tasks of two processes were identified: orientation to loss and orientation to restoration. Application of this model, as well as the use of the principles and techniques of positive psychotherapy as a guide, can help a therapist have a holistic view of the process of dealing with bereavement and be as effective as possible in the therapy process.

Keywords: grief, grief work bereavement, positive psychotherapy, restoration

Introduction

Each person faces the death of a loved one sooner or later in life. The consequences of such a hard event can negatively affect a person's physical and mental health. To provide effective psychological assistance to grieving people, we – psychologists and psychotherapists – need to understand the process of grieving. It is proposed to begin by clarify some of the concepts that will be used in this paper.

W. Worden defines mourning as a process observed after loss (Worden, 2020).

Loss is a person's experience associated with the death of a loved one. Generally, this experience is reflected in all spheres of a person's life and at all levels of that person's existence (Body / Soul / Spirit).

Grief is all the intense emotions that accompany personal experience of loss.

The work of grief is a gradual, painful process of coping with feelings, during which there is a reconciliation and acceptance into one's life of the death of a loved one.

Many authors including S. Freud (1917), E. Lindemann (1944), T. Rando (1984), D. Bowlby (1980), E. Kübler-Ross (1969), W. Worden (2020), S. Rubin (1999), M. Stroebe, H. Schut (Stroebe & Schut, 2017), N. Peseschkian (2013) and others, described their understanding of the grieving process. The objective of this approach is to find a unity of understanding of the bereavement living-through from among the variety of theories on the experience of the flow of grief.

Literature review and practical application

Many scientists have studied the process of grieving and created their own theories to better understand what is happening and how to help the bereaved person. One of the ways to consider this process is to determine which stages and phases are distinguished and which tasks are solved in it (Worden, 2020).

The emergence of the stepwise theory is usually credited to the monograph *On Death and Dying* by Elisabeth Kübler-Ross (1969), that documents her observations of changes in dying patients. Essentially, Kübler-Ross's phased perspective was her conclusion that dying people go through five stages of grief: *denial*, *anger*, *bargaining*, *depression*, and finally *acceptance* (sometimes called the DABDA model) (Kübler Ross & Kessler, 2007 as cited in Stroebe & Schut, 2017).

It is important to note that Kübler-Ross herself, in her book (1969), already extended the application of the stages of dying to the situation of family members pass through the process in anticipation of the death. Excerpts from the chapter "*The Patient's Family*" make this clear:

"Family members go through various stages of adaptation, similar to those described for our patients. At first, many of them cannot believe that this is true. They may deny that there is such a disease in the family. Just as the patient goes through the anger stage, the next of kin will experience the same emotional response ... When anger, resentment, and guilt have been overcome, the family will go through the preparatory phase of grief just like a dying person does" (Kübler-Ross, 1969, p. 168–169 as cited in Stroebe & Schut, 2017).

The stage-by-stage theory of grief has been criticized more than once, as some professionals have taken these stages too literally. Kübler-Ross herself, together with Kessler, wrote in their monograph "*On grief and sorrow: the search for the meaning of grief through five stages of loss*" in 2005:

"The stages ... have been very misunderstood over the past three decades. They were never meant to disperse messy emotions into neat packaging. This is a response to loss that many people experience, but there is no typical loss response as there is no typical loss. Our grief is as individual as our life" (Kübler Ross & Kessler, 2007 as cited in Stroebe & Schut, 2017).

An alternative approach to stage theory was the concept of phases used by Bowlby and Parkes, who

defined four phases of mourning: (1) shock and numbness, (2) yearning and searching, (3) disorganization and despair, (4) reorganization and recovery. The authors have supported the idea of dividing the mourning process into phases that the grieving person has to go through in a certain sequence (Worden, 2020). Bowlby noted: "These phases are not well defined, and any individual can oscillate between any two for a time" (Bowlby, 1980).

Nossrat Peseschkian also considered the process of mourning from the point of view of four phases that flow into one another: the phase of denial, the phase of rage and anger, the phase of isolation and guilt, the phase of intense grief. However, he noted that these phases are not equally important for every patient. He stressed that with their help, it will be possible to better understand the patients and their reactions (Peseschkian, 2013).

William Worden, in turn, believes that grieving is not a state, but a process that sets tasks for a grieving person to complete. He says that the concept of tasks is consonant with Freud's concept of "the work of grief" and suggests that the grieving person needs to do something himself or herself (Worden, 2020, p. 61). Thus, the grieving person may not feel like a passive hostage of phases or stages that he or she must go through, but an active participant in their lives, adapting to the loss of a loved one. W. Worden identifies four basic tasks that "the work of grief" sets for a person: 1) accepting the reality of loss; 2) working through the pain caused by grief; 3) adjusting to the world without the deceased; 4) finding a connection with the deceased while starting to build a new life (Worden, 2020).

Margaret Stroebe and Hank Shute propose the Dual Process Model of Coping with Bereavement (DPM) that helps understand the response to the death of a loved one. They identify the stressors associated with a loss orientation (suffering associated with separation, assessing the meaning of loss, finding a place for the deceased in a world where they no longer exist) and the stressors associated with a restoration orientation (mastering new skills, changing identity, etc.) (Worden, 2020). Loss orientation refers to the bereavement's focus on assessing and processing some aspects of the loss experience itself, and as such involves working on grief. Restoration orientation refers to focusing on secondary stressors that are also a consequence of loss, reflecting the struggle to reorient oneself in a changed

world without the deceased person. Rethinking and replanning one’s life in the face of loss (a part of the recovery orientation) can also be seen as an important component of grief. (Stroebe & Schut, 2010).

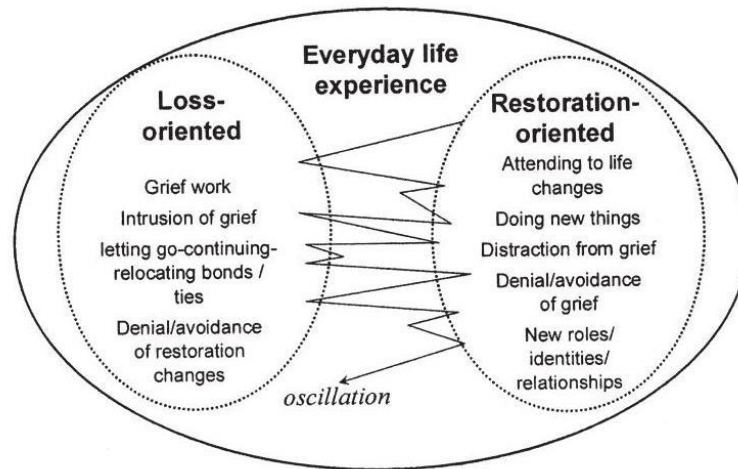


Figure 1. The Dual Process Model of Coping with Bereavement (DPM) (Stroebe & Schut,1999), (Stroebe & Schut, 2010)

Stroebe and Schut suggest that it is impossible to be simultaneously in the dimension of loss and in that of recovery. People oscillate between these two dimensions, oppose one, avoid the other, moving back and forth (Fig. 1) (Stroebe & Schut, 2010).

Stroebe and Schut note that the process of referring to or avoiding these two types of stressors is dynamic and volatile, and it also changes over time. Thus, DPM defines a dynamic coping process, namely a regulatory process labeled wobble, which distinguishes it from earlier models of bereavement (as well as from more generic cognitive stress theory). The principle underlying oscillation is that at times the bereaved person faces and sometimes avoids aspects of the loss, and the same is true for the challenges of restoration.

Sometimes, there is also a “time out” when the person is not grieving. Thus, according to DPM, coping with bereavement is a complex regulatory process of confrontation and avoidance. An important postulate of the model is that oscillation between the two types of stressors is required for adaptive coping with loss (Stroebe & Schut, 2010).

Considering the variety of theories of grief work, it must be remembered that the single purpose of creating these theories was to understand a person’s reactions to the death of a loved one and the desire to help survive grief. I propose to consider several theories for an integrative approach to the grieving process in the table (Table 1).

Table 1.

Comparison of models of the grieving process

Stage theory (Kübler-Ross, 1969)	Phase model (Peseschkian, 2013)	Phase model (Bowlby, 1980)	Task model (Worden, 1991)	Two-process model (DPM) (Stroebe & Schut, 1999)
Shock and Denial	Denial	Shock and numbness	Accepting the reality of the loss	Accept the reality of loss ... and accept the reality of a changed world.
Anger	Rage and anger	Yearning / Searching	Working through pain of grief	To experience the pain of grief ... and take a break from the pain of sorrow.
Bargain	Isolation and guilt	Despair and disorganization	Adjusting to the world without the deceased	Adapt to a new life without the dead ... and master the changed (subjective) environment.

Depression	Strong grief	Recovery and reorganizing behavior	Finding a connection with the deceased, starting to build a new life	Move the deceased emotionally and move forward with life ... and develop new roles, identities, relationships.
Acceptance				

Using the transcultural approach from positive psychotherapy, the main questions of which are “What are common features and what are the differences?” it can be noted that the common vision of the process of mourning is that the authors distinguish certain stages or phases in it, which are filled with different manifestations of emotional pain. Also, common is the beginning of the process of living through the loss with denial of what is happening and the completion of the reorganization of one’s life and a change in attitude towards the deceased. The difference is the emphasis in some authors’ works (Bowlby, Kübler-Ross, Peseschkian) – on the living of feelings, while in the point view of others (Worden; Stroebe & Schut) – on

the tasks that the grieving person must perform (Kübler-Ross, 1969; Bowlby, 1980; Peseschkian, 2013; Stroebe & Schut, 1999; Worden, 2020). The idea behind this approach is to integrate these models into a coherent, holistic approach to addressing mourning through positive psychotherapy.

Thirteen years of the experience of my work with bereavement has helped me observe the manifestation of various phases of grief work and related tasks in grieving clients, confirm the truthfulness and usefulness of each of the theories and try to integrate them into a holistic approach, taking as a basis the method of positive psychotherapy by N. Peseschkian (Fig. 2).

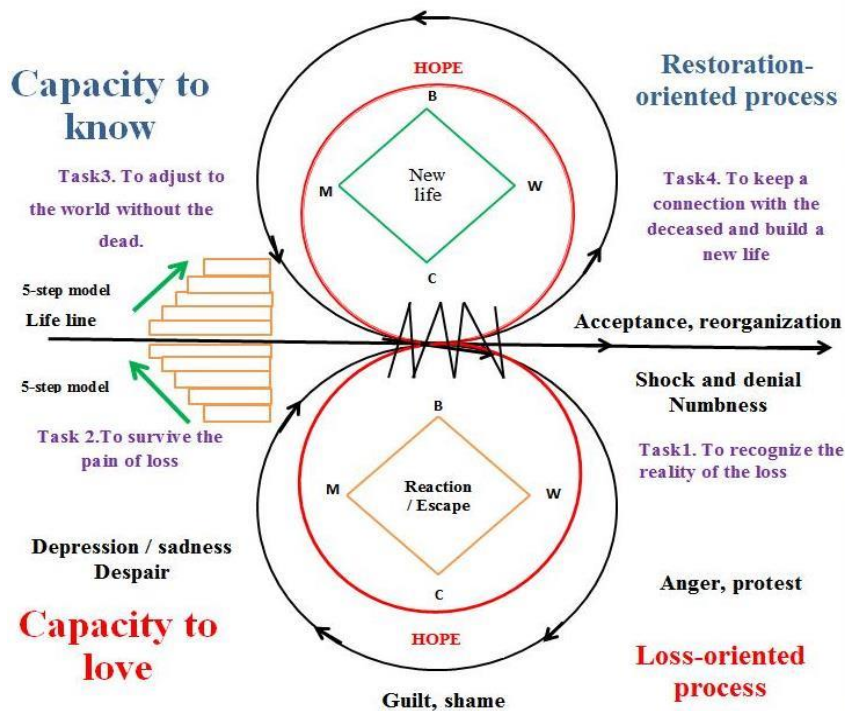


Figure 2. An integrative approach to working with grieving (based on models by Kübler-Ross, Peseschkian, Bowlby, Worden, Stroebe & Schut)

It is suggested considering Picture 2 in detail. Positive psychotherapy is based on three basic principles of problem-solving: hope, balance and

counseling (Peseschkian Nossrat, 1977), the use of which, in my opinion, is extremely important for the

work of grief. The bereavement experience is often accompanied by the loss of hope.

“Hope is not the same thing as optimism. It is not the conviction that something will turn out well, but the certainty that something makes sense, regardless of how it turns out.”

-Vaclav Havel (1991).

It is very important that the restoration of hope is the central theme of the grieving person's whole process of living the loss and adapting to the new life.

The principle of balance is also very important in moving the grieving person from a loss-oriented process to a restoration-oriented one. In positive psychotherapy, Peseschkian distinguishes two basic capacities: the capacity to emotionally relate (Love) and the capacity to cognize and rationally rethink (Know) (Peseschkian Hamid, Remmers Arno, 2020). It is possible to draw a parallel between coping with loss and the processes associated with emotional or rational coping strategies. A failure to balance between the two can lead to various complications in a person's life. If a person is inclined to ignore his/her feelings, and prefers just to go on with life, then feelings that have not been lived through can manifest themselves in somatic diseases or neurotic disorders. If a person plunges into feelings of pain after bereavement, then he/she loses interest in life and lose its meaning. Stroebe and Schut suggest that women are more loss-oriented, they feel and express grief about their loss; men are more restoration-oriented, actively pursuing the problems and practical issues associated with the bereavement (Stroebe & Schut, 2010). W. Worden describes studies (Martin & Doca, 2000, 2010) in which the authors argue that men prefer instrumental mourning, approaching the experience of loss physically and cognitively (the capacity to Know), and women prefer mourning in a more sensual and intuitive way using social support (the capacity to Love) (Worden, 2020).

However, a balance is important between the two processes. Also, it is important to maintain the balance of emotional and rational (Love / Know), being inside each of the processes focused on loss and restoration.

If we consider the Life line metaphorically, it consists of ups and downs, and loss is often perceived as falling into a very deep hole. Therefore, the process of experiencing loss begins with a loss-oriented process called grieving (the bottom part of Figure 2).

The meeting with death is always unexpected and painful due to the subsequent realization of its

irreversibility. Often a grieving person describes his/her condition using such expressions as *“the ground has gone from under my feet,” “I am messed up,” “the world has collapsed,” “I have fallen into the abyss,”* etc. Many people say that at first it is difficult to believe that this happened, it seems that it is not true or a dream. This is the phase of shock, numbness and denial of the death of a loved one. This state helps a person not to face the fact of loss for some time. The psyche is thus prepared for the pain that will come along with the awareness of the reality of what has happened. The task of this phase is to recognize the reality that this person is dead and will never return (Worden, 2020, p. 62). If grieving people do not fulfill this task, then they “get stuck” in their denial: distort the facts (up to complete delirium); express disbelief in the fact of the death, especially if they did not attend the funeral and did not see the body of the deceased; they look for the deceased with their eyes in the crowd, talk to them, keep things intact, attend spiritualistic séances, but also, on the contrary, they can reduce the significance of the loss, selectively forget, at the same time believe and not believe in the reality of death.

The second task, according to W. Worden, is the processing of physical and emotional pain caused by grief (see Table 1). Coming into contact with pain in the process of mourning is manifested in the experience of various painful emotions and feelings. Therefore, the second task according to W. Worden is divided into subtasks that relate to each of the phases of living through the grief of identified by other authors (Kübler-Ross, 1969; Bowlby, 1980; Peseschkian, 2013; Worden, 2020).

Many authors talk about the importance of the anger phase in the experience of bereavement. The key question asked by the grieving person is: *“Why did this happen?”* The illusion arises that the answer to this question will bring relief. Finding the culprit can become a fixed idea that distracts from pain. Anger is often a defensive response to helplessness. By showing aggression, expressing wrath, anger and rage, a person directs his/her pain into an active channel, thereby regaining a sense of control over his/her life. The task of this phase is to learn to express anger in a constructive way, without harming oneself or others.

The next phase is an internal monologue-bargaining accompanied by the feelings of guilt and shame. This happens when resentment and anger at others suddenly loses its relevance, and the grieving

person begins to blame themselves. This phase is often followed by obsessive thoughts, in which an increased self-responsibility for the actions or inactions is manifested: “If I had just done something ...”, “If I had not done / said ...”, “If I only knew ...” The task of this phase is to learn to distinguish between different types of guilt, learn to forgive oneself and others.

The next phase is experiencing suffering and depression. Some authors use the metaphor of the “swings of suffering”: when one part of the consciousness repels the memories of death, as they destroy psychological peace; and the other, on the contrary, attracts, because suffering keeps it near the beloved person (Tkach, 2014). The task of this phase is to allow oneself to grieve and mourn one’s own loss.

All of the feelings described above are part of the experience of physical and emotional pain associated with bereavement. If this pain is not worked out, then it can manifest itself in the form of abnormal behavior or physical symptoms. The intensity and type of pain is very individual and depends on diverse variables. But its presence in the experience of loss remains a real fact.

Using N. Peseschkian’s balance model in terms of responses to loss, one can clarify experiences, thoughts, feelings and fantasies about the future and meaning. Also, this model can clearly show in which of the areas vital energy is directed to adapt to loss (escape response) (Peseschkian, 1977).

W. Worden notes that the denial of the task of living and processing pain leads to insensibility (Worden, 2020). If this task is not adequately worked on, then therapy may be required later, and then it will be more difficult for a person to return to this pain, which has been avoided until now, and work through it. This is often a more difficult and challenging experience than dealing with the loss immediately after it occurs (Worden, 2020).

Next, I propose to consider the upper part of the figure, which refers to the new life of the grieving person.

The process of mourning helps a person find a place for loss in the new life without the deceased. Therefore, the third task, according to W. Worden, is adaptation to the world without the deceased (see Table 1).

The adaptation to a new life can be considered with the help of Peseschkian’s balance crystal (Peseschkian, 1977, p.99). According to this model, our life consists of four spheres: body,

achievements/activities, contacts/traditions and meanings/fantasies/future. It is important to keep in mind that often aspects of life in any of the areas can be related to the so-called secondary losses. The latter can be as follows: loss of health, sleep, sexual contacts, etc. (sphere of *Body*), loss of financial stability, learning opportunities, lifestyle, etc. (sphere of *Achievements*), loss of identity, family structure, supporting person, etc. (sphere of *Contacts*), loss of the image of the future, faith in God, trust in space, collapse of plans and hopes, etc. (sphere of *Meanings, Fantasies* and the *Future*). These losses also require special attention and work out.

In the life without a deceased, a grieving person often needs to learn new skills, take on new roles, start contacting new people, build new relationships with oneself, change the picture of the world and a person, and make new plans for the future. With the help of the balance model, a person can regulate this process.

Refusal to complete this task results in an inability to adapt to the loss. People act against themselves, contributing to the preservation of helplessness, instead of developing the necessary skills that will allow them to cope with the situation, or, distancing themselves from the world, ignoring the requirements of the environment (Worden, 2020, p. 72). On the contrary, solving this problem gives a person the opportunity to move forward, re-assessing him/herself and this world.

The fourth task of the work of grief, according to W. Worden, is to keep in touch with the deceased, starting to build a new life (see Table 1).

It is important for a grieving person to develop the ability to find a place for this loss in his/her life and find a fitting place for the deceased loved one in his/her inner reality. Such a place should be very important, but at the same time, there should be space left for other people.

The person who does not fulfill the fourth task of the mourning process often thinks that his/her life stopped with the death of a loved one and has not been restored. For many people, this is the most difficult task. But it is important to believe that it can be done (Worden, 2020).

It should be noted that Stroebe and Schut assume that it is impossible to be simultaneously in the dimension of loss and in the dimension of recovery. It is the oscillations between these two dimensions that have an adaptive, regulatory function (Stroebe & Schut,

2010). In the figure, these fluctuations are shown in the form of zigzags between the upper and lower parts (see Figure 2).

It is also important to understand that this is not a linear process of living-through a loss, in which phases and tasks follow in a clear sequence. The mourning process is individual. And a person can go through different phases at the same time, start and retreat to different tasks inconsistently, at his/her own pace, dosing the amount of pain that he or she can withstand.

In the processes of grieving and adaptation to a new life, N. Peseschkian's 5-step model of help is used, being applied both as a process within each session and throughout the therapy (Peseschkian Hamid, Remmers Arno, 2020).

1. The first step in the process is acceptance, observation, and distance, which involves changing the perspective on the current situation of loss in the grieving person's life.

2. The second stage is an inventory, in which the content of the conflict and the strengths of the patient are differentiated.

3. In the third step, called situational reassurance, the grieving patient's resources and self-help skills are actualized and developed.

4. Further, the actual situation is worked out at the fourth stage which is verbalization.

5. The fifth step, called broadening goals, involves future-oriented thinking, synthesizing and testing new concepts, strategies, and perspectives.

The 5-step model of help and self-help in positive psychotherapy provides both therapist and patient with a starting point as well as a sense of security and prepares the patient to deal with conflict and self-help, especially after the end of therapy.

Conclusions

Thus, using different approaches to experiencing grief, understanding in what dimension, at what phase the grieving person is, and what task the person must perform, the helping specialist can holistically observe this process, accompany the grieving person in the bereavement living-through process and be more effective in choosing strategies for counseling and psychotherapy for grief.

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