PROLONGED-GRIEF THERAPY

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Definition**:** This gives sufferers from abnormally prolonged grief, who have difficulty in looking forward, time, reassurance and other help to put their grief aside and revise their assumptions about the world and their own future.

Elements: In prolonged-grief therapy the therapist establishes a trusting relationship, which allows the bereaved person to start exploring the future. This is accomplished by listening respectfully to the person's account of their loss and its effects on their lives, and giving verbal and non-verbal support in a matter-of-fact way that does not reward emotional expression. The therapist explains that when people lose their main source of support it is normal for them to
feel anxious, that everyday assumptions are disrupted, and to have bodily symptoms of anxiety and feelings of chaos, and that all these will gradually diminish. S/he then works with the bereaved person to re-integrate the past with the future, saying the aim is not to forget the lost person but to discover how much they learned from the lost person that helps them to move forward and find new meaning in life. At the end of each session targets are agreed for forward-looking activities e.g. *"What could you do that would make your wife/husband proud of you?"* These targets are reviewed at the start of the next session and small successes are rewarded by congratulations and non-verbal expression of delight. Failures are analysed matter-of-factly to find lessons that can be learned from them e.g. *"Shall we keep this one on the list for next time or consider a less ambitious aim?"*. In this way bereaved people discover bit by bit their capacity for autonomy. Cognitive restructuring (see clp entry) may be used to identify and modify negative thinking. Prolonged-grief therapy avoids pity and, unlike guided mourning (see clp entry) does not aid the expression of grief and other negative affects. The therapist thus helps bereaved people to recognise the continuing value of their relationship with the lost person, and to let go of that person 'out there' while discovering that that person 'in here' is never lost.

Related Procedures**:** Anxiety management; behavioural activation; cognitive restructuring; constructivist psychotherapy; family-focussed grief therapy; traumatic stress management; management of shattered assumptions; family-focussed grief therapy.

Application: The normal course of uncomplicated, grief involves oscillation between looking back and looking forward; block in either process can impede recovery. For unduly-prolonged grief, with difficulty in looking forward, prolonged-grief therapy is given. In contrast, delayed or avoided grief associated with difficulty in looking back is treated by guided mourning (see clp entry).

1st Use? Parkes (1998). Developed further by Shear *et al.* (2005)

References:

1. Boelen PA (2008) Cognitive behaviour therapy for complicated grief. *Bereavement Care 27*: 27-30.

2. Parkes CM, (3rd editon 1998 and, with Prigerson HG, 4th edition 2009) *Bereavement: studies of grief in adult life.* Routledge, London & NY.
3. Prigerson HG, Vanderwerker LC, Maciejewski PK (2008) A Case for Inclusion of Prolonged Grief Disorder in DSM-V. Chap.8, p165-186 in *Handbook of Bereavement Research and Practice: Advances in theory and intervention.* Eds. MS Stroebe, RO Hansson, H Schut and W Stroebe. Americam Psychological Association, Washington, DC.
4. Shear K, Frank E, Houck PR, Reynolds CF (2005) Treatment of Complicated Grief: A Randomized Controlled Trial**.** *J. Amer. Med. Ass., 293*: 2601-2608

Case Illustration: (Parkes, unpublished)

Molly, the youngest of a large family, was always treated as the 'baby' of the family. Although a pretty, bright child, she was seen as frail and was over-protected by her mother. She did well at school and went on to university but then found separation from her mother and home very hard. She fell in love with her professor, an older man who reciprocated her love and with whom she had a happy marriage in which she was dependent on her 'wonderful' husband and intolerant of any separation from him. He died when Molly was 55, leaving her shattered and afraid. She missed him terribly and, when referred for therapy two years later, still behaved as if he had died yesterday. She felt she could not survive without him and had shut herself up at home and withdrawn from social relationships. Molly was in a state of perpetual grieving and did not avoid grief, so Guided Mourning was inappropriate.

The therapist decided that Molly had had a powerful and dependent attachment to her husband following anxious clinging to her family since her early childhood; now that she was on her own and unprotected, she had an opportunity to discover that she could survive without depending on her mother, her husband or her therapist. (to enable Molly to discover her true worth and potential for autonomy, it was important for the therapist to avoid any suggestion of pity for her predicament, and engage with her in a programme that respected her obvious strengths. ("My respect for your true worth and potential is of more use to you than any pity I may feel for your current weakness") He worked with her to identify aims and encourage her to reach targets that would be rewarding and meaningful e.g. to renew an earlier interest in painting. Next she joined a painting group that would get her out of the house and into contact with others. She remarked that the group 'don't think of me as being a widow', and escaped from a pitiable, stigmatised identity. Another step forward was to accompany the group to paint pictures of mountains in Switzerland.

After that success, on returning from the mountains Molly sacked the man who'd been managing her husband's business and took over the management herself. She felt that she was moving forward while remaining faithful to the memory of her husband. She still missed him, but knew she could survive without him and took comfort from continuing the business he'd enjoyed.