Adapting to the death of a loved one

Though death is a part of life that all people must one day deal with, many people are woefully unprepared for the grieving process losing a loved one brings. Dr Lauren Breen is an expert in bereavement care, and she shares some of the fascinating distinctions in the grieving process her research has uncovered.

How did you come to focus on grief and bereavement care, and why is this field particularly important to you?

When I was in the final year of my undergraduate studies in psychology, someone in my extended family died in a road traffic crash. I saw how it affected the immediate family, disrupted the dynamics between individuals in the family and caused issues with accessing social support as well as appropriate services. The following year, I was looking for a topic for my PhD and, looking at the literature, found there were many knowledge gaps that would be fruitful for my PhD – which was on family grief following road traffic fatalities in Western Australia.

In what way does the grieving process differ between those who have been bereaved by a long-term illness and those who have suddenly lost a loved one?

Perhaps surprisingly, there’s actually a lot of similarity between both. It is easy to assume that family members of someone with a terminal or life-limiting illness are prepared for the impending death, but many report being shocked when it does happen and are surprised at the intensity of their emotions. Of course, sudden death can also be complicated by factors including the death being more likely to be violent and untimely.

Is the view that grief is a stage-based and short-term phenomenon short-sighted?

My research has shown that it is very common for people to conceptualise grief as being stage-based and short-term. We know this from how bereaved people report being treated by their friends and colleagues. Unfortunately, some health professionals also accept these myths. We know this from interviews with health professionals and by studying the grief education they receive in their training. The result is that, although there are many excellent grief counsellors, bereaved people are not always directed to the most appropriate support.

Do you think the way grief is treated in the medical community and society as a whole needs to change?

Issues like loss and grief aren’t exactly everyone’s favourite topic of conversation! I’d like to see us talk more about these issues and in a more open way.

What are your latest research directions? How do you expect your goals to develop?

I’m currently completing a study on the effect of caregiving on bereavement outcome, which was funded by the Australian Research Council (ARC), and I am attempting to gain funding for additional projects on promoting occupational innovation in the bereavement counselling sector and promoting the wellbeing of health professionals in oncology and palliative care. Bridging research and practice underpins all my research.

I’m also editing a special issue on Psychology and End-of-Life that will be published in Australian Psychologist in 2017. Ultimately, my goal is to be the first Chair of Bereavement Care in Australia.
Life after death

The support offered to individuals suffering from the grief of bereavement is often based on assumptions with no basis in fact. A researcher at Curtin University, Australia has studied the effects of losing a loved one and is translating her findings into clinical practice and community support.

DEATH IS AN unfortunate fact of life. So too is bereavement and the devastating effect it has on almost every individual at some point in their life. Effective bereavement care – where people are offered the support they need during what is a particularly vulnerable time – is therefore hugely important.

However, best practice in the field of grief and bereavement care is still not fully understood. There are many assumptions regarding grief, both by members of the public and healthcare professionals that do not apply to everyone. Grief can manifest itself in a variety of ways but, unfortunately, this consideration is often not built into the support available.

RETHINKING GRIEF
To bridge the gap between research and practice, a researcher from Curtin University, Australia, has been investigating grief experiences and the support bereaved people need. Dr Lauren Breen is an expert in bereavement care and, as such, is well positioned to challenge the assumptions people make regarding grief and its manifestations.

"The main assumptions about grief are that it follows a distinct pattern for everyone, is a short-term and finite process and is comprised of stages that occur in a set order," explains Breen. "Other assumptions include thinking that grief needs to be worked through, that it starts before the death occurs, that it results in meaning, that it requires detachment from the deceased and that it is abnormal to grieve after a certain time period."

The problem with these assumptions is that they are not supported by evidence. For that reason, much of the support offered to individuals suffering from bereavement is inadequate and ignores the personal nature of grief and how it affects each individual uniquely.

MEETING NEEDS
Breen’s research, which has led to several publications and guidelines for bereavement support, ultimately helps ensure that the support and services offered to bereaved people correspond with their specific needs.

One of Breen’s key activities involves helping health professionals understand that a small minority of bereaved people are chronically distressed and therefore would benefit from interventions that would not be suitable for other bereaved people, such as grief-focused cognitive behavioural therapy. She is also keen to promote the role of grief counsellors as experts in providing bereavement care.

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Another focus is on upskilling the community so that bereaved people can be better supported by their friends and family. "Not only would these initiatives benefit those who are grieving, they would also be more cost-effective than current practice," she says. By translating her research into practice, Breen has helped to bring positive change to the way that individuals suffering from grief and bereavement are supported during this vulnerable time.

CHANGING PERCEPTIONS
Breen’s future research will expand to focus on different aspects of grief. "A team of researchers and I are currently developing a bereavement risk assessment tool tailored specifically for palliative care, analysing the efficacy of metacognitive therapy for the small minority of people who are chronically distressed and finding ways of changing public perceptions of grief," Breen says.

While the impact of bereavement on individuals can never be removed, bridging the gap between research and practice will better equip people to deal with losing a loved one and ultimately contribute to alleviating the burden of grief.