JOURNAL OF CRITICAL REVIEWS

ISSN-2394-5125 VOL 07, ISSUE 19, 2020

A CASE STUDY ON PROLONGED GRIEF DISORDER

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Abstract
Prolonged Grief Disorder comes with complex stages that tests the resilience of both the therapist and the client. This case study aims to showcase how an eclectic approach using gestalt therapy and positive psychology can be beneficial in identifying the complex emotions and disentangling them from mental postulates using REBT techniques to address Prolonged Grief Disorder. The subjective interpretation of loss has guided the use of various therapeutic modalities to move from one stage to the next in therapeutic process. In socio-cultural context, this case study illuminated how reconnecting with the "cultural roots" has brought drastic changes in the course of the treatment for clients representing Indian diaspora.

Keywords:- Prolonged Grief Disorder, REBT, Positive Psychology, Gestalt Therapy

1. Introduction
Bereavement comes with a complex set of emotions and feelings that requires a unique approach as grief is processed in phases and stages that are not definite. The therapist has to implement humanistic approach and along with that must have sound knowledge of the sociocultural context of how grief is processed and identify the resilient proponents in the character of the client both inherited and acquired. This case study includes treatment plan, provides insight into the grieving process and reconnection with the deceased one that is instrumental in shedding light into the gleaming resilience inherent in humans.

2. Case Context and Method
This case study includes detail description of the treatment process of the client who was struggling with bereavement and grief due to loss of his grandmother. The case study used audiotapes and case notes of the therapist to compile the data to make this case study. The client came with his parents and so the parents were asked to wait outside throughout the session. A consent and confidentiality form was signed by the client regarding the audio tapes and publication of this case study. The name and significant details about the client has been carefully removed from this case study and any relevant information that can disclose his identity are excluded. The client was shown this case study so that any information that is not preferred is included.

3. Case Description
Primary Complaint
Mr P, 20 has lost his best friends to suicide at age 13 and one year ago lost his grandmother. He was left shaken by the sudden deaths of the two significantly important people in his life at an early age. He has hallucinations of his grandmother and is unable to fall asleep. His grandmother passed away in sleep and so he believes that sleep may take his life as well. His academics have suffered and is finding it hard to concentrate in his studies. He frequently wishes to die and discusses afterlife with his parents. He has pain in his chest since a month.
Constipation has been prevalent along with diarrhoea since 8 months post his grandmother's demise.

Personal History
He is the youngest among the 3 children of his parents. His father is an accountant and mother is education counsellor. His grandparents shifted from India to Canada in 1990. His father is the second child who soon after getting the bank job shifted to Vancouver. His mother is also Indian. Being the youngest he received a lot of affection and care from his parents and siblings. He is more close to his elder sister (23) than his eldest brother (28). He spent most of his time with his grandmother who lived with them.
Mr. P is well-dressed young man, with an inaudible voice and his words mingle together making them indecipherable at times. He is frightened to go back to sleep and so he keeps himself awake. He mentions his grandmother often while discussing his symptoms. He asks about afterlife and the pain that may take life. He has stopped talking to his friends and has become hostile to teachers and to his parents. He keeps himself enclosed, reading online about death mostly. He has broken up with his 3 years girlfriend last month. He has discontinued his piano lessons since 3 months.

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Medical history
He had asthma at the age of 7 which was cured using homeopathy. He doesn't have any symptoms now. He has developed chest pains and the test results are clear. He has taken medication for his digestive issues for 2 months and went through dietary changes.

Biopsychosocial model for GRIEF
The diagnostic symptoms of grief and depression according to ICD-11 and DSM-5 are different. But they have shared associations in several cases. ICD-11 includes prolonged grief diagnosis with differential diagnosis with major depressive disorder and PTSD (ICD-11, 2019).
As Mr. P's case mentions significant loss and bereavement after his grandmother's demise.
Literature review suggest that grief and bereavement has differences based on the type of loss that results in distinguished unhealthy coping to grief. The biopsychosocial model of KüblerRoss, although lacks validity, has conceptualized grief extensively. According to a study, yearning is an important factor in the grieving process. It states that yearning cannot be equated to loss of relationship but it essentially indicates a change in the relationship dynamic.

The neuro-affective pathways of grief
Panksepp and Watt define grief as a persistent feeling of despair that has ensued after social loss. Mr. P. did experience. The studies show that separation from social relationships can activate the neuropathway from the dorsal periaqueductal gray matter (PAG) to the anterior cingulate cortex. This pathway is aroused by glutamate and corticotropin-releasing factor (Watt et al., 2009). Oxytocin and prolactin discontinue this activation as they promote social bonding.
Lack of these two neuropeptides can lead to separation distress.
Research have found association between inflammation and chronic psychological distress. Inflammation markers are found along with cortisol become high in case of bereaved subjects. Interlukin 6, soluble intercellular adhesion molecule-1, and sE-selectin and C-reactive protein are high in bereaved subjects (Cohen et al, 2015). The chest pain may be associated with bereavement of Mr P.

4. Case Formulation and Treatment Plan
Case formulation
Mr P. has the symptoms of Prolonged Grief Disorder due to bereavement. He has
preoccupation with the deceased, inability to feel, difficulty in engaging in social activities, longing for the deceased. He mentions "losing a piece of his heart" when he interprets the loss. The symptoms are reported after a year of the actual demise but have shown themselves progressively. Added to the grief symptoms, Mr P. has developed fear from sleeping as he witnessed his grandmother pass away in her sleep. There is anxiety related to death as well.
Prolonged grief disorder is a recent addition in ICD-11 (International classification of Diseases) 11eth edition (ICD-11, 2019). The significant symptoms of Prolonged Grief Disorder include intense emotional pain, cognitive, behavioural and social functioning within 6 months after the loss (Prigerson et al., 2009).

Treatment plan
REBT can help deal with the intrusive thoughts he has for sleep. It can help identify the cognitive distortions and then reduce their impact. Once the cognitive distortions to sleep beliefs can be cleared, a healthy sleep routine can be established. The ABCDE model discusses the activating event that is the death by suicide of the best-friend and the demise of grandmother. Beliefs related to death and loss can be then identified.
Goals of the treatment in REBT

1- Understanding the process of bereavement and grief. It entails developing grief and bereavement vocabulary. Identifying the emotions and their physical and physiological sensations. Then develop a plan to handle emotions related to grief.
2- Changing and correcting the irrational beliefs towards grief and loss of loved one. This will employ ABC model where A is the activating event which has led to formation of B-beliefs. The relationship between Beliefs and their Consequences can be identified collaboratively.
3- Calibrating emotions and developing coping mechanisms Emotions can be measured to scale the changes that will result after interventions. Identifying healthy and unhealthy coping mechanisms using the ABC model (Malkinson et al, 2010). This will be implemented by asking the client to fill Belief- Emotions-Action questionnaire.
4- Decrease grief and bereavement and incorporate healthy coping. This will entail behaviour modification techniques as Mr. P. isolates himself.
5- Reducing intrusive thoughts during the sleep. This will require Worry worksheet to be filled where each worry can be disputed for their rationality. A sleep routine can be established next.

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Session	Intervention	Result
1- Identifying the beliefs sleep	Worry sheet was filled. Identified believes:- I will die in sleep just like my grandmother. Disputed with evidence- Questions asked to research how many healthy people have died in sleep. Belief changed to- People with severe health complications and old people may die in sleep.	The client learnt to dispute his irrational thoughts and beliefs pertaining to death and sleep. He started to try to fall asleep. In 3 weeks, sleep became easier.
2- Identifying the difficult emotions	1- Created a vocabulary in mother-tongue language for grief and associated	The client learnt to articulate his emotions and started to keep a journal around. This kept him in contact with his
	feelings. Guilt, fear and loss, numbness, sadness, longing. 2- Rated the emotions on a scale of 0-10. 3- Identified the feelings and bodily sensations. Fear (Rated 7) is in the belly. It is about uncertainty. Guilt (rated 9) is in the throat. It is filled with unsaid words and emotions. Numbness (9) is like a heavy blanket over the emotions of loss.	emotions. He stopped feeling the need to shut himself in his room. He decided to talk about his emotions with his mother after 2 weeks.
3. Coping with emotions	1- Fear of uncertainty has been reduced by listing the things that are certain about today. Then feelings of uncertainty was rated. The client had to repeat this	Mr. P started to take regular baths and listen to self-help and motivational videos. He started to do mild exercise after 2nd month of the treatment.
	exercise every time he felt fear. To cope with guilt, the client was asked to write a letter to his grandmother. For numbness, the client understood that loss has to be accounted for.	
4- Identifying the healthy and unhealthy coping.	Psycho-education of the grief cycle was done. Then ABC model was implemented to segregate healthy and unhealthy coping mechanisms to loss. Alternates to unhealthy coping were collaboratively	He started watercolor painting. He could discuss fond memories of his grandmother with his family by 3rd month.

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	discussed. The client mentioned that writing poetry helps and at times painting helps to access the emotions safely without getting overwhelmed.	He still had the yearning rated down to 6, while his numbness has reduced to 4, guilt to 4 and fear to 2.

The client showed concern for his yearning that he couldn't cope with. He wanted to feel the connection with his grandmother. This is where the therapist decided to shift another therapeutic modality after 6th session which was precisely after 3rd month.

Gestalt therapy can help to re-establish the connection that is perceived to be lost since the death of the loved ones. Gestalt means to become whole which is opposite to loss. The empty chair technique can be utilised to face difficult emotions of Mr P. associated with loss. The exaggeration technique can help to identify the emotions behind the somatic chest pain. It can also help address the digestive issues faced by Mr P.
The client was asked to imagine his grandmother sitting right in front of him in the opposite chair. He started to speak about the letters he had written. The therapist assumed a passive role and only observed. The client went from accusing his grandmother for leaving him early. Guilt and anger was processed. He turned towards therapist and asked if he can hug his grandmother. Psychodrama is an essential part of gestalt therapy which recreates the memories and let the unsaid be said. The client wanted to meet his grandmother before she goes to sleep the fateful night. In psychodrama, the client says his goodbye and hugs his grandmother. After the session, the client describes feeling 'healed', 'full' and having a warm threat connected to his grandmother. Gestalt therapy also provides insight. The client feels surprised to know that the connection was never lost in the first place. He mentions that through this connection he can live his life differently now. The therapist has found gestalt therapy to be effective in grief and loss especially when clients are struggling at the blame and guilt stage (Dayton, 2005). Rebuilding the routine becomes easier for clients once they have found a meaning to their perceived loss of the connection. Mr. P. discusses why he gave up piano. He mentions that his grandmother was the one who insisted him to pursue piano lessons. Soon after a week of the empty chair technique, Mr P. resumes his piano lessons. He visits India to find answers to his spiritual questions.

Positive psychology can be used at this juncture. Gratitude helps to reconnect with ancestors and decreased loved ones where fond memories replace the sense of loss. Gratitude gives meaning to the loss. Living a meaningful life is considered an integral part of positive psychology (Seligman & Csikszentmihalyi, 2000). Changing the narrative of the experience can increase engagement with others and this has occurred in case of Mr P. as he restarted his life after he understood the significance of his loss (Bezoff, 2011). Clients begin to discover different and new sources of meaning and Mr P found meaning in writing poetry and watercolor painting as meaning making activities (Gillies and Niemeyer, 2006).

5. **Course of Treatment and Monitoring of Treatment Progress**
Inventory for Complicated Grief by Prigerson et al. (1995) was administered after the first consultation. The treatment was scheduled every week on a Sunday and it spanned for 3 months. There was 2 weeks gap between the 7th and 8th session as the client went to India. The first session focused on the identification of irrational beliefs and creating healthy coping mechanisms. Each session started with monitoring the sleep, feelings of uncertainty and separation distress using a SUD (subjective unit of distress) rated by the client. Then the goal of the session was discussed. The client was given Situation-Thoughts-Consequences questionnaire and Worry worksheet to fill and bring to every week. The worksheets were used to identify the irrational beliefs and track progress.
The second to fifth session discussed his journal entries worked with his emotional vocabulary. Homework after second session was to make a list of the emotions and feelings that he feels the most. He was asked to write few lines of poetry before trying to sleep. This prevented him from googling death. In the fifth session Inventory for Complicated Grief by Prigerson et al. (1995) was administered again. After his visit to India, he was asked to research on mourning rituals of Hinduism. This helped him prepare positively for the third death anniversary. In the fourth session, he had to write a letter to his grandmother. He wrote a letter every day after that session. Common emotions and themes were identified by the therapist and counsellor from the letters to get insight into the difficult underlying emotions.
After his visit to India, Mr P. had felt reconnected to his roots. This helped him gain a different perspective regarding his grandmother. Mr. P discussed his emotions with his parents. Family support and collective grieving helped him immensely. His father had lost his father which brought resilience in him. Mr. P felt helped by his father's resilience and intended to cultivate it for himself. Resilience can be built in the midst of mental illness as well (Sreelatha et al, 2018). This insight helped him keep a positive outlook.

6. Treatment Outcome:
Mr P. has shown remarkable changes since his second session. His numbness reduced to 2 after 4th month as his coping mechanisms became healthy. He resumed his piano lessons and developed his artistic talent in poetry and watercolor

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painting. His sleep improved and after the Gestalt psychodrama, Mr P. significant improvements were noticed. His separation distress reduced since then. The final sessions included follow-up sessions as he decided to reconnect with his family in India. After 2 months, Mr P. mentioned that he is able to cope well. His existential questions are discussed to which the therapist encourages him to find answers in his culture. Spirituality as a coping mechanism helps to address the inner struggle and is found to increase hope, optimism and bring positive life outcomes (Snyder et al., 2015).

7. Discussion and Limitations:

Grief and bereavement comes with challenges both for the client and the therapist. Losing grandparents with whom the client has shared childhood is difficult. The emotions are overwhelming and DSM-V allows for 2 years to mourn in case of bereavement. Prolonged grief, however is accompanied by severe impairment exceeding 6 months and more in socio-cultural context. Gaining insight from the client's question, therapy modalities were deficient in addressing the questions regarding death. The therapist found that grief provided Mr P an opportunity to reclaim his Indian roots. Due to the emotional nature of the challenge, an eclectic approach was needed. One single modality was not sufficient. The client required socio-cultural support which a nuclear family in Canada was deficient in. Hindu traditions approach mourning and grieving as a community work (Menon, 2014)

8. Implications and Recommendations

A comprehensive treatment protocol must be modulated and personalized for the client dealing with bereavement. Social support is found to be essential in recovering from distress. The socio-cultural context in dealing with grief brings maximum resolution and it helps to address the spiritual and existential questions that loss of loved ones evoke. Grief processing of the entire family brings further healing. Clients must be encouraged to discuss their feelings once they are capable of understanding their own difficult emotions. Bereavement may be stuck at a phase when the client had difficult relationship with the loved one. Restoring or realigning the relationship dynamics between the client and the deceased becomes important step to fully bring meaning to the loss. Future research is required in identifying the religious and spiritual aspects of grief and bereavement. There is significantly less mention of dysfunctional relationship dynamics between the grieving and deceased that serves an impediment in full recovery in the grieving process.

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