



COMMON LANGUAGE for PSYCHOTHERAPY (clp) PROCEDURES
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GUIDED MOURNING

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Definition: Guided Mourning is used to improve problems resulting from the avoidance, denial or forgetting of grief. It involves reducing fear and facilitating the expression of thoughts and feelings about the loss and the lost person, along with acknowledgement of the continuing relationship with memories of that person.

Elements: Those who have difficulty in looking back and facing their loss are most often male, and may have recurrent nightmares, avoidance of thoughts of loss, symptoms like those of the deceased person, and unexpected break-through of delayed grief. They need time, reassurance and encouragement to accept the pain that results from looking back, and assistance in expressing grief, anger and other feelings. The therapist does not discuss future-oriented activities.

The therapist first forms a trusting relationship with the bereaved person, acknowledges their bravery in controlling their feelings, and shows understanding of its cost - a hand on the shoulder or a smile of sympathy may convey support more than words might. Bereaved people often deny anxiety while complaining of physical symptoms it produces; the therapist explains this with reassurance and instruction in self-relaxation to reduce those symptoms.

Once bereaved people feel secure enough during therapy they can start acknowledging the full reality of their loss and its implications. The therapist aids this by inviting them to bring photos or other objects linked with the lost person and talking about those, writing a 'diary' reminiscing about that person, and pretending that he or she is sitting in an empty chair nearby and conversing with them. The bereaved are helped to recognise the continuing value of their relationship with the person they've lost and the extent to which s/he 'lives on' in memory.

Related Procedures: Anxiety management, cognitive restructuring, exposure therapy, Gestalt therapy.

Application: Guided mourning helps the few bereaved people who avoid looking back, and is usually done individually. Prolonged grief therapy (see clp entry) helps another minority of bereaved people who show difficulty in looking forward and have abnormally prolonged grief.

1st Use? Ramsay (1979)

References:

1. Mawson D, Marks IM, Ramm L, Stern LS (1981) Guided mourning for morbid grief: A controlled study. *British Journal of Psychiatry*, 138: 185-93.
2. Parkes CM, Prigerson HG (4th edition 2009) *Bereavement: studies of grief in adult life*. Routledge, London & NY.
3. Ramsay RW (1979) Bereavement: a behavioural treatment for pathological grief. In: Sjoden PO, Bayes S, Dorkens WS (Eds.), *Trends in Behaviour Therapy*. Academic Press, NY.

Case Illustration: (Parkes, unpublished)

Arthur M was an intelligent and assertive businessman who avoided close emotional involvements and was inclined to dominate others. After his wife died from an abdominal cancer he put away anything that might remind him of her and filled his life with work and other activities. For weeks he coped well but then disturbing nightmares began and he developed abdominal pains similar to those from which his wife had suffered. These had continued for two years when he agreed reluctantly to referral for psychiatric help.

The therapist reassured Arthur that seeing a psychiatrist did not mean he was weak or inferior. During the first two weekly interviews, behind his brave exterior Arthur seemed very anxious and needing emotional support. The therapist tried to give this by saying he recognised the heroism with which Arthur battled his way through life and understood that this strategy was not easy to maintain.

At the end of the 2nd interview the therapist felt that sufficient trust and empathy had developed to invite Arthur to bring a possession of his dead wife to the next interview (a 'linking object'). Arthur arrived at session 3 with a large paper parcel that he placed gently on the floor before him. The therapist moved his chair close to Arthur and, placing a hand on his shoulder, invited him to unwrap the parcel. As his wife's handbag came into view Arthur burst into tears, which continued throughout the session. His tears were accompanied by a lightening of tension and Arthur went through the contents of the handbag and smiled through his grief at the nostalgic memories they evoked. This was a turning point in therapy. In 3 subsequent interviews he expressed other distressing feelings, including anger and self-reproach. As Arthur reviewed the wreckage of their plans he discovered that his wife could remain a continuing influence; he had indeed been 'burying my treasure'. He was sleeping well and the abdominal pains had ceased.