Practitioners can play an important role in the destigmatisation and depathologising of depression following a bereavement.

Depression: a normal experience for many of the bereaved

It is not uncommon for people to state that they feel depressed following the death of a loved one. Elizabeth Kubler Ross, a pioneer of research in loss, grief and bereavement, actually found in her work that depression was, indeed, a stage of the grief process and episodically experienced by many bereaved people.

The word depression, with all the stigma attached to it, has been bandied around since time immemorial. How often do we hear someone say: 'I feel so depressed today', but they present with no commensurate effects on their capacity to engage in most, if not all, of the activities of daily living? Many of these people are, in fact, simply having a ‘bad day’ (bereavement related, for the purpose of this article) and the depression is not all pervasive or ongoing. The same individual can report ‘feeling back to normal’, within days and sometimes hours. In such situations the feelings of depression are transient and often related to life’s circumstances and events.

It is a reasonably well-accepted fact that clinical depression is said to range from serious, mild and temporary episodes of sadness, through to severe, persistent depression.

To deem an individual as clinically depressed, one should meet the symptom criterion as enumerated in the DSM IV (Diagnostic and Statistical Manual for Mental Health Disorders) (American Psychiatric Association, 2000).

Symptoms may include:

- depressed mood most of the day, nearly every day
- loss of interest or pleasure in most activities
- significant weight loss or gain
- sleeping too much or not being able to sleep nearly every day
- fatigue or low energy nearly every day
- recurring thoughts of death or suicide.

According to Mulholland (Mulholland, 2010), after an extensive review of the literature, about 33 per cent of bereaved people experience an episodic depressive illness one month after the loss of a loved one, and 15 per cent remain depressed a year later. This depressive illness is, however, transient and episodic for most. If, of course, the client meets the criterion for clinical depression, with no evidence of respite from clinical manifestations, it can lead to complicated grief, a bereavement experience that lends itself to another article entirely.

In most instances, we can refer to this bereavement-related episodic depressive illness as circumstantial depression or exogenous depression, meaning that the depression is triggered by an event (bereavement) as opposed to endogenous depression, which is more likely to be genetic and/or related to biochemical imbalances in the brain, frequently requiring medication.

With this information at hand, the question we, as practitioners, need to ask is this: Is our client clinically depressed or is the depression a relatively normal part of the grief trajectory?
All practitioners should have at hand an inventory of questions that can be weaved into a conversation with the bereaved without the client thinking they are being interviewed and that depression is central to the work of bereavement counselling. The last thing we want to create for the bereaved, is a new, ongoing narrative that begins with 'I’m depressed'.

Managing depression following a bereavement
Firstly, practitioners should try to determine whether or not the depression is clinical or episodic. If deemed as episodic, one should expect that, with counselling, and time, the bereaved individual will report that symptoms of depression are less intrusive and disabling.

Simply reminding clients that they are able to get out of bed, attend counselling sessions and engage in most activities of daily living, can be powerful and reassuring to clients who may hold grave fears that their depressive experience will be unremitting.

It is equally important to normalise the grief and engage in psycho/social education with clients. Simple dialogue with the client, explaining that it is not uncommon to feel depressed after the death of a loved one (and more so when the death is deemed as traumatic), can be very affirming for the bereaved client.

“When working with bereaved clients, quiet, continuous attention to affect and depressive symptoms through dialogue is imperative.”

If depression interferes with the therapeutic work being done and clients find it difficult to concentrate, engage in meaningful dialogue, or remember questions asked and conversations had, the practitioner may want to sensitively discuss a referral to a Medical Practitioner. Whilst we should refrain from pathologising depression associated with bereavement, anecdotally, the author of this article has been witness to numerous favourable outcomes emanating from the use of antidepressant medication following a bereavement. The outcomes include improvement in affect and mood, and provide the client with the clarity required to engage in meaningful bereavement counselling.

Conclusion
In conclusion, one third of individuals experience depression after the death of a loved one. With astute attention to body language, affect, mood, behaviour and conversations about function outside of the counselling context, we can play an important role in identifying those at risk of debilitating depression and subsequent complicated grief.

Equally, practitioners can play an important role in the destigmatisation and depathologising of depression following a bereavement. In so doing we can be pivotal in avoiding the use of antidepressant medication.

Finally, literature, articles, experience, the power of observation and practice wisdom should never be underestimated when working with the bereaved client who reports feeling depressed. Whilst the DSM IV and other testing instruments/tools serve as an important guide to the diagnosis of clinical depression, we are best placed, if in the first instance, we listen to our clients and use our eyes, our ears and intuition before reaching any conclusion regarding bereavement-related depression.

Wayne Lynch, Manager, Bereavement Counselling and Support Service, and Manager for Bushfire Bereavement Services, Australian Centre for Grief and Bereavement.

References
Welcome to the Summer 2012/13 edition of Bereavement Practice for Clinicians and Service Providers. I hope this finds you well at this busy time of year.

Thank you to everyone who provided feedback via our questionnaire, which featured in the September edition. The information collected will go a long way in helping us offer you relevant information in the 2013 editions.

This issue takes as its theme depression and bereavement. The feature article explores definitions and diagnostic criteria that clarify important differences between circumstantial depression symptoms and what may be clinical depression. We’ve also included practitioner resources relating to depression, alongside a book review of Bereavement: Studies of Grief in Adult Life by Colin Murray Parkes and Holly G. Prigerson, a text which offers important research and practice insight into this topic.

I would like to take this opportunity to wish you all a safe festive season that brings you a time of renewed energy in your work paths. I am looking forward to connecting with you in the New Year and very much welcome any feedback that assists us in delivering relevant information to you.

Warm regards,

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Letter from the Editor

Grief, depression and the DSM-5

Friedman, RA.

“Nearly 2.5 million Americans die each year, leaving behind an even larger group of grief-stricken people1. Such a universal human experience as grief is recognized by the lay public and medical professionals alike as an entirely normal and expected emotional response to loss. Clinicians and researchers have long known that, for the vast majority of people, grief typically runs its course within 2 to 6 months and requires no treatment. In a common clinical scenario, a patient who has just lost a loved one presents to a physician with mild depressive symptoms, such as sadness, tearfulness, and insomnia. Under the guidelines of the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV), a practitioner would reasonably view these depressive symptoms as grief-related and not diagnose clinical depression: the depressive symptoms are mild and have lasted less than 2 months.”

Click here to access the full text article

Complicated grief among individuals with major depression: prevalence, comorbidity, and associated features

Sung SC, Dryman MT, Marks E, Shear MK, Ghesquiere A, Fava M, Simon NM.

“Growing data suggest that complicated grief (CG) may be common in clinical care settings, but there are few prior reports about CG in outpatients presenting with primary mood disorders. The present study examined rates of bereavement and threshold CG symptoms (defined as a score ≥ 25 on the Inventory of Complicated Grief scale) in 111 outpatients with major depressive disorder (MDD) and 142 healthy controls participating in a study of stress and depression. Clinical and demographic characteristics were also compared for bereaved individuals with CG (MDD+CG) to those without (MDD-CG). Participants completed structured diagnostic interviews as well as measures of CG, depression, anxiety, exposure to traumatic events, and perceived social support.”

Click here to access the full text article
A Nurse’s Reflections on Bereavement

What has brought you to work in the palliative care field?

I came to this area of work many years ago because I felt that, unlike today, patients and their families were not adequately consulted about treatment and other such issues and I felt like I wanted to be an advocate for them. For example, if a patient died and a relative was distressed, sometimes it was suggested by Nursing and other staff that they might just want to go and see a GP for a sleeping tablet or a mild antidepressant. Nowadays however, health professionals are far more skilled and available to support the bereaved immediately after the death.

How do you help people understand the differences between grief and depression?

Well, before, and after the death, they (family and friends) often say they feel depressed. But, when questioned, they are often not clinically depressed. They are fully functioning, not falling apart and able to get to the hospital each day. I explain to them that this does not mean they are clinically depressed and need medicating, alongside telling them that feelings of depression are not uncommon when someone is dying or has died and often underlying the feeling of depression is sadness and remorse.

What has been your most challenging situation when supporting someone experiencing grief/trauma?

I think the most challenging times is when there is family friction, issues over the will or medical power of attorney or family conflict where one family member chooses not to come to the hospital due to some unresolved family matter dating back, say, ten years.

How do you bear the sadness you witness or people share with you?

It sounds silly I suppose, but just by offering them a cup of tea, avoiding talking about morose medical issues and autopsies and speaking with the family about happy memories of the bereaved.

What do you find most rewarding in your work?

Simple. Providing basic hygiene and good Nursing care that includes pain relief – not when they get pain – but before they get pain, especially when they are being palliated. The rewards are often intrinsic, but I am always pleased when a dying patient, with the consent of the family and of the patient, is deemed not for resuscitation. Families, in my experience, are relieved, when they know we are not going to resuscitate or play heroes and prolong patient suffering. I’d also have to add that one of the greatest rewards comes from watching a patient die with dignity – they are clean, their family are with them and their pain is well managed.

What advice would you give to those working with people experiencing grief in a hospital setting?

As a Nurse, talk with the family about the fond memories of the dying/deceased. Tell the family how lovely and committed they were to their dying loved one and, indeed, how lovely the patient is/was (because most are, if treated with respect). I don’t really like giving advice to families unless asked, in which case, I answer a range of questions including those relating to funerals, organ harvesting and post mortem procedures if appropriate.
Book Review

Bereavement: Studies of Grief in Adult Life, 4th Edition

ISBN: 9780415451185 AUD: $89.00 (incl. GST)

The loss of a loved one is one of the most painful experiences that most of us will ever have to face in our lives. There are often many questions asked around what is “normal” grief, and what may in fact be depression. Following an extensive literature search, it seems that there is a paucity of books and articles that specifically speak to issues relating to grief and depression. However, Parkes and Prigerson in their text, Bereavement: Studies of Grief in Adult Life, offer a definitive look at how depression differs from grief and prolonged grief disorder. It is also a book that offers a knowledgeable approach to understanding the roots of grief and bereavement and steps that can be taken to support persons experiencing grief and, in so doing; reduce the incidence of depression amongst those who are bereaved.

With respect to depression and grief, Parkes and Prigerson’s chapter on Complications of Grief (Chapter 8, pp122-136), offers a definitive summary of how depression differs from grief, whilst commonly arising from bereavement, can meet criteria for psychiatric disorder as with major depressive disorders.

Grief has symptoms common with a major depressive disorder such as sadness, insomnia, poor appetite and weight loss, for example. These symptoms are often triggered in relation to the deceased, but where they differ from depression is that there are periods where one may feel relatively better when in supportive company or engaging in activities that bring meaning to them.

Major depression on the other hand, is described by Parkes and Prigerson as one who experiences a continuous depressed mood, with feelings of helplessness most of the day and night, and with symptoms lasting for over a week or two.

Things like loss of interest in all activity, inability to function in daily activities, feelings of worthlessness and guilt are also significant indicators of a major depressive disorder. Previous histories of depression and risk of suicidality were also noted as significant predictors.

The differences with complicated grief were also noted in Appendix 5 (pp283-285). Predominantly, experiences of yearning for the deceased, intrusive thoughts related to the deceased, a diminished sense of self or confusion about ones role in life, difficulty accepting the loss, and avoidance of reminders of the deceased were noted as potential precursors to depression.

Parkes and Prigerson’s attention to the important differences between grief, depression and complicated grief offers important insight into both the bereaved persons experience and what to consider with regards to treatment trajectories.

This book is a scholarly work that combines empirical work and mindful acknowledgement of the many issues faced by bereaved people including trauma, anticipatory death, risk assessment and deaths by violence, to name just a few. It brings research into contemporary view and addresses important differences in experiences such as major depression, grief and complicated grief.

For practitioners within the counselling, social work, medical and other professions who support bereaved persons, this book offers the reader clear descriptions in relation to depression and grief, and explores the many contexts of bereavement that so powerfully impacts all of us at some stage in our life journey. It also mindfully acknowledges the importance of evidence-based practice that is the continuous catalyst for further theoretical and practice insight and a need for further research.

Jenny Field
Senior Bereavement Counsellor and Volunteer Coordinator,
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New ACGB Service Brochures

To coincide with our relocation to new premises in Mulgrave, Victoria, the Australian Centre for Grief and Bereavement have released a new set of service brochures, available in print and online.

View and download the brochures online here

For any enquiries regarding the new brochure suite, please contact the Centre on (03) 9265 2100 or email info@grief.org.au

Brochures include:

- The Australian Centre for Grief and Bereavement
- Education and Training Services
- Vocational Graduate Certificate in Bereavement Counselling and Intervention
- Bereavement Counselling and Support Service
- Regional Counselling Service
- Bereavement Support Groups
- Rights and Responsibilities
- Counselling Service Fees and Charges
Our Services

Newsletter enquiries
For all enquiries about this publication, please contact Jenny Field on 1300 664 786 or email j.field@grief.org.au

Bereavement Counselling and Support Service
The Australian Centre for Grief and Bereavement (ACGB) operates a state-wide Specialist Bereavement Counselling and Support Service for Victoria. This program is supported by the Victorian Government Department of Health and has counsellors located across metropolitan Melbourne, in regional areas (Grampians, Gippsland, Hume, Barwon South-West, and Loddon Mallee) and in areas affected by the 2009 Victorian Bushfires. For further information, call (03) 9265 2100, or email counselling@grief.org.au

Support groups
ACGB operates a range of support groups, including groups for adults, children, bereaved partners, loss of a parent and many more. For further information call (03) 9265 2100 or email support@grief.org.au

Practitioner Consultancy Service
This service provides free information, consultation and support for practitioners who are working with bereaved clients experiencing complex and prolonged bereavements. To access this service call 1300 858 113 during business hours.

Education and training
ACGB offers quality education and training opportunities for health professionals, students, volunteers and any other individual or agency desiring to enhance grief and bereavement knowledge and practice. Education and training programs are offered as seminars, workshops, short and long courses, conferences and customised training. For full details of all programs and services offered go to www.grief.org.au/education

Bereavement Courses
The Australian Centre for Grief and Bereavement, as the largest provider of grief and bereavement education, is offering a number of research-informed, high-quality courses including post-graduate training program, the Vocational Graduate Certificate in Bereavement Counselling and Intervention (nationally accredited). For more information contact Maria Szucs on (03) 9265 2100 or email m.szucs@grief.org.au

Customised training and consultancy
ACGB offer a range of customised training and consultancy services that provide research-informed, high quality, professional development programs that meet the specialist training needs of organisations, groups and individuals. For further information contact the Centre on (03) 9265 2100 or email education@grief.org.au

Grief Matters: The Australian Journal of Grief and Bereavement
Published by ACGB three times per year, this journal encompasses both academic and applied aspects of grief and bereavement and is a ranked journal with the Australian Research Council as part of the Excellence in Research for Australia (ERA) initiative (www.arc.gov.au). To find out how you can subscribe to this journal, call (03) 9265 2100 or email griefmatters@grief.org.au

Internships
ACGB has a limited number of placement opportunities for experienced counsellors seeking to advance their knowledge and skills in bereavement counselling. For further information contact the Centre on (03) 9265 2100 or email info@grief.org.au

Membership
Access a range of benefits through the ACGB membership program. An enhanced membership option, reciprocal membership with the Association for Death Education and Counseling (ADEC), is also available. For more information about membership options and benefits go to www.grief.org.au/get_involved or call (03) 9265 2100.

Donations
Donations over $2 are tax deductible and allow ACGB to continue to provide services including bereavement counselling, support groups, newsletters, events, education and training. To make a donation, visit www.grief.org.au or call (03) 9265 2100.

We value your feedback
If you have feedback about this publication, or any of the services delivered by the Australian Centre for Grief and Bereavement we’d love to hear from you. Contact us on (03) 9265 2100 or email info@grief.org.au

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