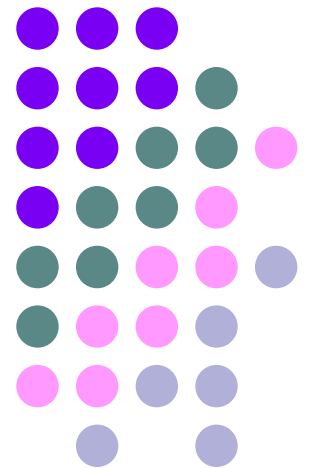
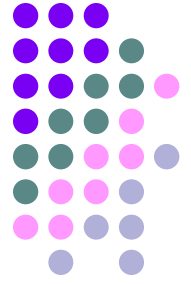


Bereavement and Coping

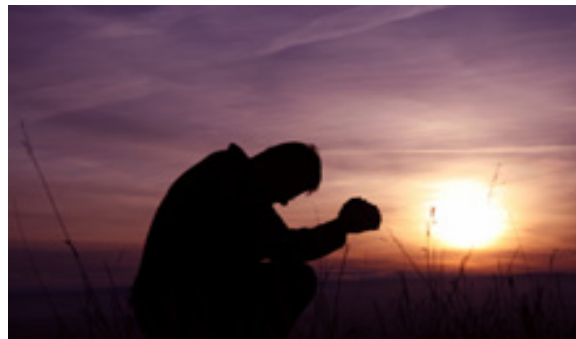
Janene C. Jeffery, RN, MSN, CT
April 28, 2008
Texas-Oklahoma AETC
Conference
Dallas, TX

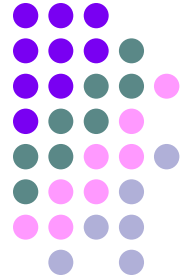




Objectives

- Compare and contrast coping styles compared to distress in relation to disease progression of HIV.
- Explain the social and psychological aspects of grief and loss associated with HIV / AIDS.





Research on coping and bereavement of individual's with HIV+ disease and losses to AIDS has been in earnest in last 10 years.

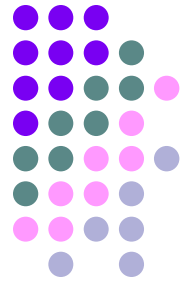
Findings have identified common threads of grief responses to this unique disease situation.

Studies are showing success with some strategies (group therapy interventions) and identifying more areas of need for research in the future.



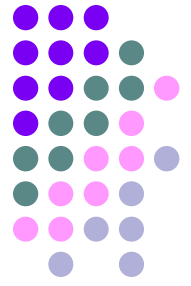
Unique Circumstances

- HIV and AIDS confound the traditional outcomes of grief response research.
- Since 1981, HIV and AIDS have presented individualized challenges to both the treatment arenas of physiology and psychology.
- Populations affected tend to bring specialized elements to the loss scenarios and the grief response predictions previously taken as generally applicable.



Unique Issues Impacting Grief

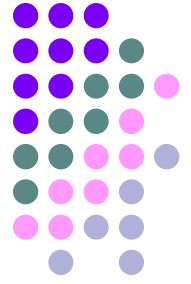
1



The grieving individual is simultaneously facing the threat of death from the same illness as the deceased.

- **Treatment options lengthening life spans**
- **Survivor (or Survival) guilt**



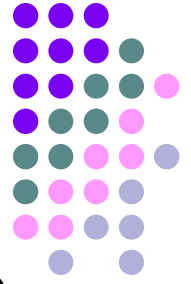


2

- **Multiple losses at intervals too frequent to foster appropriate and effective mourning.**
 - Cumulative
 - Other factors delay resolution of grieving
 - Next loss occurs before previous loss is adequately placed into historical, psychological, and personal perspective.



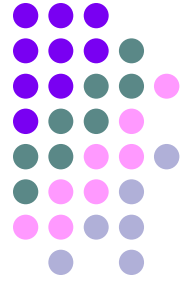
3



- **Caregiving patterns of incorporation of role into self-identity, and loss of role / identity fragment at time of death of care receiver.**
 - Aron & Aron ('86): “inclusion of others in self”
 - Caregiving role becomes integral to sense of self
 - Caregiving role gives purpose and fulfillment to daily life
 - Loss of such opens gaping hole in self identification.



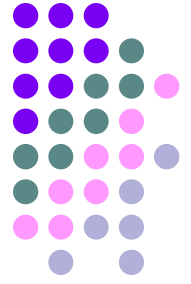
4



- **Stigmatization by general public creates specific and unique obstacles to effective completion of mourning process.**
 - **Associate with stigmatized risk conditions and lifestyles.**
 - **May prevent seeking or obtaining effective support from others.**
 - **Disenfranchised Grief**



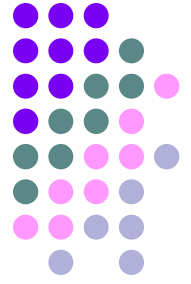
5



- **Exacerbation of health related issues appear to be directly and indirectly associated with coping difficulties of HIV+ individuals.**
 - **Intense distress from bereavement is recognized as potentially having direct and indirect effects on physical health.**
 - **Implications greater due to existing immuno-compromised status of griever.**

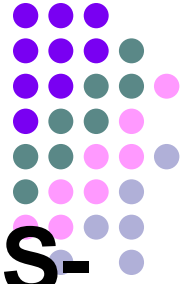


Commonly Recognized Grief Responses in HIV+ & AIDS



- **Women exhibit more acute bereavement symptomatology than men.**
- **Suicidal Ideation & attempts**
- **Emotional suppression & avoidance of coping strategies**
- **Generalized anxiety disorders**
- **Exacerbation of psychiatric co-morbidity**
- **Conflicted role perceptions & self identity confusion**
- **Loneliness / Despair / Hopelessness / Isolation**

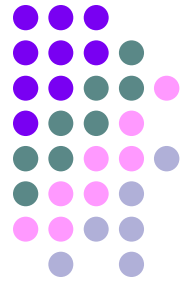
Coping Strategies



- **Associated with the severity of AIDS-related grief reaction among HIV-infected individuals**
 - **Strong association with**
 - **A spouse/partner or a close family member lost**
 - **A history of injection drug use**
 - **Current depressive symptomatology**
 - **Not strongly associated with**
 - **Perceived social support**
 - **Current use of mental health services**



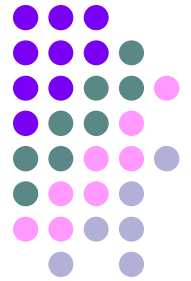
Additional Coping Strategies



- **Grief reactions also associated with**
 - **Utilization of escape-avoidance techniques**
 - **Self-controlling coping strategies**
 - **Self-blame & escape-avoidance related to**
 - **Greater depression**
 - **Greater anxiety**
 - **Increased maladjustment to HIV**
 - **Lower social support**



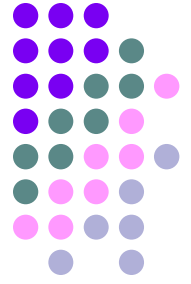
Positive Coping Strategies



- **Traditionally helpful strategies such as**
 - Positive reappraisal**
 - Help-seeking**

Were NOT associated with lower levels of grief severity.
- **Participation in a support and coping group**
 - reduced grief reactions**
 - reduced psychological distress**



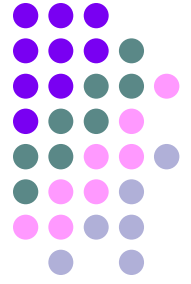


Limitations in Research

- **Majority of research on AIDS-related bereavement**
 - Examined community samples of predominantly white gay men
 - Little on ethnically or socio-economically diverse samples, women, or exclusively HIV-infected persons.



Impact of Grief on Disease Progression



**Advent of highly-active antiretroviral
therapy (HAART) = longer lives**

**Increasing evidence that psychological
health is associated with**

disease progression

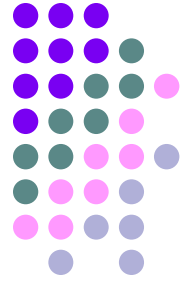
HIV-related symptoms

uncertainty re. personal future

mortality



Impact of Grief on Disease Progression... cont.



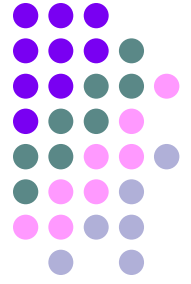
**Acceleration of HIV disease
progression to AIDS was associated
with:**

More cumulative stressful life events

More cumulative depressive symptoms

Less cumulative social support



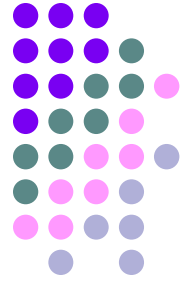


Therapeutic Interventions

- Group therapy interventions were found to be more successful than individual therapy in:
 - improving coping with grief
 - positively impacting quality of life physically
 - particularly for women

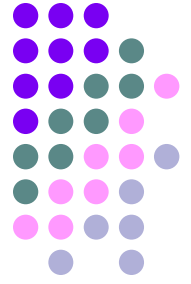


Therapeutic Interventions



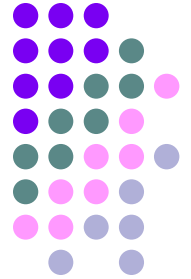
- Mental Health Support Services are pivotal.
 - HIV+ women found to have increased risk of
 - * intensified bereavement responses
 - * higher prevalence of generalized anxiety disorders *and*
 - * elevated thoughts and gestures of suicide
- Interventions for coping should address
- *reduction of avoidant coping strategies

Future Research Needs



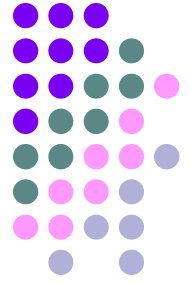
- Greater emphasis on diversity in populations studied, particularly tailoring studies toward culture and ethnicity.
- Need for AIDS-related losses coping interventions to be developed that account for such diverse populations of persons with HIV disease.
- Interventions specifically targeting women need to be identified and utilized.
- Dysfunctional coping techniques in men need to be addressed within interventions.





Thank You





Q and A...

