

Portland Institute
For Loss and Transition

Principle of Practice

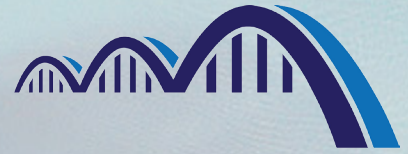
Respect Psychological Defenses

When death is sudden and without preparation; when one cannot be present during the dying, funeral or internment; when being informed of the death comes after a significant lag; when the connection to others who can listen, support and share the experience is limited or non-existent – grief and mourning may be stifled. At such times, the “knowledge” of the death may not connect with the lived experience. The circumstances of death during the Coronavirus pandemic take away many of the very things that help people begin to emotionally process and accept that their loved one has died. When the bereaved wish to grieve but somehow feel that they cannot, we can join with them to help them find pathways to engage and deepen their experience. Yet before we begin to help them deal with grief and mourning with the goal of reaching an appropriate emotional experience, we might wonder what has led to their present response.

One of the principles most familiar to those trained in psychodynamic psychotherapy is to “respect psychological defenses” and to appreciate the adaptive function of the ways that people psychologically protect themselves from information deemed too dangerous to process and accept. In practice, before we proceed with helping our clients connect to their grief, it is important to explore the backstory to this state of affairs. A careful assessment of the strengths and supports available to the bereaved is warranted. These include resources both intrapersonal

(within the person) and interpersonal (within the social circle), that are in place to support the bereaved. In medical ethics, the dictum *Primum non nocere*, meaning “first, do no harm” is another way of reminding us that we must ensure that our actions to assist do not produce the opposite effect of causing damage. Screening and assessment can help us distinguish between persons who are best assisted by loosening their defenses and distancing from grief and those who are better assisted by supporting their defenses and proceeding to modulating their encounter with the raw emotions of grief and mourning.

In the *Two-Track Model of Bereavement*, my colleagues and I consider the response to loss as best understood via the twin domains of Track I’s Biopsychosocial Functioning and Track II’s Continuing Bond with the Deceased and the Integration of the Death Story. The obverse or flip side of this conceptual and practical distinction for assessment and treatment prompts us to consider to what extent those with difficulties in connecting to their emotions of grief stem from each of three potential clusters based on the model. These are: a) Track I – those with a history of vulnerabilities in their typical adaptive biopsychosocial functioning prior to the loss; b) Track II – those whose relationship to the deceased were characterized by vulnerabilities of attachment, dependence, conflict, abuse, etc.; and c) also on Track II, those situations where the “story of the death” is a tale that blocked the



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bereaved from connecting to the deceased and engaging in mourning. The last may occur due to active traumatization or passive quarantine of the reality of the death (as in not being able to be present at the death and burial or the absence of any memorial service where people can interact and touch each other in physical and non-physical ways).

If you are able to determine the extent to which the difficulties in grief belong to each of these clusters, you are better equipped to consult professional resource books like *Techniques of Grief Therapy* or *Working with the Bereaved* and to chart a course of *Do's* and *Not to Do's* appropriate for your particular client. The uncertainty, uncontrollability and disruption in human connection that are part of the Corona crisis bring us full circle to the certainties of psychotherapy and the shared basis of the *Do's* in all our work – to build on attentive listening, empathy, support and an appreciation of each person's uniqueness. The *Not to Do* is to overlook these features of our human encounter in the pursuit of other important therapeutic work.

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