

## CASE REPORT

# 'I Don't Want to Say Goodbye': A Case Report of a Man's Journey Through Complicated Grief

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This case study illustrates the grieving journey of a 40-year-old Malaysian Chinese man who experienced physical and mental complications after the death of his loved one from lung cancer. This study included a description of a grieving individual with a clinical history of diagnoses and treatments to address his grief. The intervention integrated several modalities and techniques to facilitate behavior change and the healthy grieving process including pharmacotherapy and culturally-sensitive grief-focused therapies. This case study elucidates the integrative strategies while working with a client who had complicated grief. The outcome of the study provides evidence in support of the combination of pharmacotherapy and counseling. Recommendations and conclusions of the study are presented. *Malaysian Journal of Medicine and Health Sciences* (2024) 20(5): 434-436. doi:10.47836/mjmh20.5.53

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**INTRODUCTION**

Grieving is hard. The coronavirus disease (Covid-19) pandemic makes grieving even harder. The public health policy in mitigating the Covid-19 pandemic received a lot of attention, yet the psychological aftermath of people grieving due to the loss of loved ones might not be adequately addressed, particularly if the loss was not directly related to the Covid-19 infection. Although grief is recognized as a natural response and adaptive process following a loss, many experience significant physical and psychological symptoms, resulting in functional impairment for a prolonged period, a state called complicated grief [1]. This case was illustrated to highlight the importance of combining pharmacotherapy and culturally sensitive grief-focused therapy to facilitate a healthy grieving process.

**CASE REPORT**

Z, a 40-year-old Chinese man and sales manager, was referred to psychiatric services on Dec 10, 2020, due to persistent bodily discomfort for two months. He presented with somatic symptoms, such as backache, shoulder pain, stomach upset, and abdominal discomfort since October 2020. Following multiple medical consultations and undergoing endoscopic procedures,

he was then referred to a psychiatrist. In the initial assessment, Z exhibited depressive symptoms, including significant appetite and weight loss, poor attention, loss of interest, sadness, social withdrawal, worthlessness, and hopelessness, accompanied by a precipitous drop in productivity at work. Upon further exploration, Z revealed a 13-year relationship with his late fiancée, Y, characterized by closeness and dependency. Y was diagnosed with lung cancer in 2019. Z managed to visit her in New Zealand in January 2020 before losing her to lung cancer in March 2020. Due to the nationwide lockdown measures during the Covid-19 pandemic, he was unable to attend her funeral, leaving him with unsettled feelings. Z struggled to cope with the profound loss, experiencing a pervasive sense of sadness and feeling lost in his life direction. Although not suicidal, he grappled with feelings of being adrift. The psychiatrist concluded a diagnosis of Major Depressive Disorder with pathological grief. Treatment began with medication, and he was referred for counseling.

**Case conceptualization**

During the initial assessment, it was noted that Z had persistent somatic symptoms and was ambivalent about taking medication. He expressed a desire to recover but struggled to fully engage in the grieving process. The lockdown measure perpetuated Z's distress, by preventing him from attending Y's funeral and participating in the traditional mourning rituals, intensifying his sense of detachment from the reality of Y's passing. The denial of accepting the loss is final, and the inability to attend the funeral added complexity

to the grieving process and the sense of unresolved business. This manifested in a constellation of physical symptoms—backaches, stomach discomfort, and abdominal pain—a symphony resonating with echoes of Y's battle with cancer. Seeking solace in familiarity, he even adopted Y's sleeping posture, a gesture to soothe his anguish. Z showed intense feelings of sadness, pain, detachment, and sorrow, feeling a profound emptiness and lack of purpose in life. As he improved after the intervention, he struggled with guilt for moving on from Y and believed that his newborn niece was a reincarnation of Y, offering a sense of familiarity that helped him navigate his emotions and find closure in his grieving journey.

### Counseling Process

The initial session began by facilitating Z to express the loss of Y. Z had mummified the home they stayed together and maintained her photograph as the wallpaper on his mobile phone. As he reminisced about memories with Y, he became emotional and shed tears. Z was comforted with the understanding that grieving is an individual journey, and his display of emotion was acknowledged as a normal part of healing. Additionally, he was assured that his inability to attend the funeral was not due to a lack of intention on his part, but rather a result of national lockdown restrictions. Various coping strategies were introduced, including allowing himself to grieve, leaning on supportive social circles, and participating in physical activities. He experienced recurring somatic symptoms, particularly during periods of high work-related stress and feelings of guilt about forgetting Y. He was encouraged to acknowledge and accept his emotions. Over six months of intervention, Z exhibited enhanced acceptance of his fiancée's departure gradually. His physical discomfort diminished as he adopted new lifestyle habits, reconnecting with loved ones and finding solace in solitary café moments. A significant milestone was reached when he commemorated her birthday, indicating progress. Discussions shifted towards preparing for each day and exploring personal life goals.

## DISCUSSION

### Intervention

After ruling out possible physical diseases due to Z's presentation of significant physical symptoms, he was treated with an antidepressant (Tablet Escitalopram 10mg every night) and a hypnotic agent (Tablet Clonazepam 1mg every night). The utilization of medication helped stabilize Z's emotional state, facilitating his increased psychological engagement during counseling sessions.

This case study underscored the importance of viewing the client as "the self-in-cultural-context" [2], emphasizing the bio-psycho-social-cultural repercussions of bereavement on an individual's grief process. It emphasized the identification and

management of individuals susceptible to physical and psychological complications following a significant loss. Grief-focused therapy was implemented to tailor an individualized intervention strategy. The counseling process was structured around the "6R" process of healthy mourning [3]:

Stage 1: Recognize the loss. Z acknowledged the demise of his late fiancée. However, he continued talking to the photos as if she was still alive. As for him, there was no proper closure until he visited her grave in New Zealand.

Stage 2: React to the separation. The therapeutic alliance drew out Z's intense emotions and feelings such as sadness, guilt, and sorrow concerning his loved one's death.

Stage 3: Recollect the deceased and the relationship. The focus of the process was on a constructive continuing bond with the deceased person, this was accomplished through honoring the deceased loved one, remembering the good times with his late fiancée, setting up an internal dialogue with the lost loved one, continuing to think of that person regularly, for example, her birthday and death anniversary, and imagining his late fiancée's reactions to current life events.

Stage 4: Redefine the relationship. Z felt guilty about forgetting her. It was important to remind him that "letting go" or "saying goodbye" did not mean "forgetting". Z was empowered in keeping their memories while being able to move on with his life.

Stage 5: Readjust to life without the deceased. Z was able to detach from the deceased and adapt to the new life without the deceased.

Stage 6: Reinvest emotional energy into another relationship/form new attachments. Z was believed to be working toward this direction. He started to make new friends and expressed that he is open to developing any relationship.

Along the healing journey with Z, it is believed that the role of a therapist serves as a safe attachment figure, providing a safe space of reassurance and a secure base of support that facilitates the client's exploration of the new world. Complicated grief also serves its function to allow the grieving individual to avoid the realization of the loss and hold onto the lost loved one, supporting what the grievers need. Someone experiencing a complication is only trying to mitigate the pain associated with the loss. Treatment therefore must be designed to address these two functions. In general, grief treatments involve the process of breaking old bonds to form new bonds, but redefining the bond is perhaps more suitable. The process should focus on assisting the individual in adopting a new role that no longer includes the lost person [4].

Cultures that include gender, religion, and spiritual beliefs play important roles in the grieving process. Given Malaysia's diverse cultural landscape, it is imperative for therapists to consider the cultural implications for their clients. Every culture has a unique collection of death-related rituals and customs that are integral in guiding individuals navigating through the mourning period. These rituals not only facilitate the processing and expression of grief but also foster communal support for the bereaved [5]. For instance, male clients may encounter challenges in openly expressing grief or may adhere to beliefs that discourage mourning openly, such as the notion that the deceased individual has transcended to heavenly realm. Therapists must be attuned to whether these cultural norms serve as barriers or protective factors in the grieving process. It is essential for therapists to approach grieving as a dynamic process rather than a series of distinct stages, exercising caution and sensitivity in their interaction with clients.

## CONCLUSION

The capacity for human resilience plays a significant role in the process of healing, and complex forms of grief can be simplified through appropriate interventions. Facing the loss of a loved one can be difficult but healthy ways to cope with loss are possible. Therapists understand that the grieving process necessitates more than just medication to heal. Without a good listener, the healing process is aborted. Human beings, like plants that bend toward the sunlight, bend toward others in an innate healing tropism.

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