Perspectives on non-governmental structures and community action in healthy bereavement support in Portugal, and the "Vivential Model of Healthy Grieving"

Perspectivas sobre as estruturas não governamentais e a ação comunitária no apoio ao luto sadio em Portugal e o "Modelo Vivencial do Luto Sadio"

ORIGINAL ARTICLE

José Eduardo Rebelo[1], Selma Lancman[2], Marina Picazzio Perez Batista[3]

http://dx.doi.org/10.11606/issn.2238-6149.v28i1p1-8

Rebelo JE, Lancman, S, Batista, MPP. Perspectives on non-governmental structures and community action in healthy bereavement support in Portugal, and the "Vivential Model of Healthy Grieving". Rev Ter Ocup Univ São Paulo. 2017 Jan.-Apr.;28(1):1-8.

ABSTRACT: People experience grief as a result of deep personal loss. The majority of the bereavement processes are healthy, because they seek to overcome the loss, by acceptance or conformation, with the recovery of the physical and mental body's homeodynamic. The process can be traced with formal support when the bereaved person feels to share the intensity of grief and the emerging of sentimental conflicts and does not find in their network the availability of an empathic and uncensored listening. The Counselor for Grief and Loss (CGL) is the specialist who provides support for healthy bereavement at community level. In Portugal, attention has been given to grief, bereavement and mourning, with the foundation of non-governmental institutions, scientific, of social surveillance, training for support, and community action. The "*Vivential Model of Heathy Grieving"* was developed from the experience of Portuguese community bereavement support, and is a tool for CGL activity. A brief history of formal support for bereavement in Portugal, the institutions that deal with grief, the emergence and performance of the CGL and the *Vivential Model* is presented in the article, pointing to the need to expand the network for bereavement supporting services available, through the integration in state social services.

KEYWORDS: Death; Grief; Structure of services; Attitude to death; Self-help groups; Social support.

Rebelo JE, Lancman, S, Batista, MPP. Perspectivas sobre as estruturas não governamentais e a ação comunitária no apoio ao luto sadio em Portugal e o "Modelo Vivencial do Luto Sadio". Rev Ter Ocup Univ São Paulo. 2017 jan.-abr.;28(1):1-8.

RESUMO: As pessoas vivenciam lutos ao longo de suas vidas em decorrência de perdas pessoais profundas. A esmagadora maioria dos processos do luto são sadios, pois visam a superação da perda, por aceitação ou conformação, com a recuperação do homeodinamismo do corpo físico e mental. O luto pode ser trilhado com apoio formal, quando o enlutado sente a necessidade de partilhar a intensidade do seu pesar e os conflitos sentimentais emergentes e não encontra em sua rede de convívio a disponibilidade de uma escuta empática e sem censuras. O Conselheiro do Luto (CdL) é o especialista que presta apoio ao luto sadio em âmbito comunitário. Em Portugal tem sido dada atenção à problemática do luto, com a fundação de instituições não governamentais científicas, de vigilância social, de formação para o apoio e de ação comunitária. O Modelo Vivencial do Luto Sadio foi desenvolvido a partir da experiência do apoio ao luto comunitário português e é um instrumento indispensável para a atividade do CdL. Um breve histórico sobre o apoio formal ao luto em Portugal, as instituições que têm como objeto as temáticas do luto, o surgimento e atuação do CdL e o Modelo Vivencial é apresentado no artigo, apontando-se para a necessidade de ampliação da rede de serviços de apoio ao luto disponível no país, através da integração na rede de ação social estatal.

DESCRITORES: Pesar; Morte; Estrutura dos serviços; Atitude frente a morte; Grupos de autoajuda; Apoio social.

This article is a result of an interview done by Marina Picazzio Perez Batista, in June 2016, with Professor José Eduardo Rebelo. The interview was done during the research internship in Portugal, during her PhD program. The thesis advisor was Professor Selma Lancman. The interview was recorded and transcribed. The text obtained from the transcription was corrected, validated and complemented by Professor José Eduardo Rebelo, resulting in this theoretical article.

1. Assistant Professor of the Department of Biology of the Universidade de Aveiro, in Portugal, where he is a researcher and coordinator at GIECL – *Grupo de Investigação em Estudos Científicos do Luto* (Research Team in Bereavement Scientific Studies). Founder and president of APELO – *Associação do Apoio à Pessoa em Luto* (Association for Support to the Bereaved Person); founder and current vice-president of SPEIL – *Sociedade Portuguesa do Estudo e Intervenção no Luto* (Portuguese Society for Research on Grief and Bereavement); coordinator of OLP – *Observatório do Luto em Portugal* (Portuguese Observatory for Loss, Grief and Bereavement); founder and president of EdL – *Espaço do Luto* (Space for Loss, Grief and Bereavement). E-mail: rebelo@ua.pt
2. Full professor of the Department of Physical Therapy, Speech Therapy and Occupational Therapy of the Faculty of Medicine of the Universidade de São Paulo (FMUSP). Advisor in the PHD Program in Rehabilitation Sciences of FMUSP. E-mail: lancman@usp.br
3. Occupational therapist of the Department of Physical Therapy, Speech Therapy and Occupational Therapy of the Faculty of Medicine of the Universidade de São Paulo (FMUSP). PhD by the Program in Rehabilitation Sciences from FMUSP E-mail: marinapperez@usp.br

Corresponding address: Espaço do Luto. Rua do Canto, 10 A. 3800-122 Aveiro, Portugal. E-mail: rebelo@ua.pt

INTRODUCTION

Grief is defined as a gradual process of overcoming imbalance vivencies caused by a deep personal loss. Despite being a natural event of life, as a rule, the development of intimate responses to the reality of loss is associated with intense physical and mental suffering. In professional practice, the occupational therapist constantly faces deep losses in a variety of contexts. These losses are usually shared by patients and relatives or are experienced as professional grief over the death of a patient. The authors of this research consider it important to discuss the healthy bereavement support through the lens of the "*Vivential Model of Healthy Grieving"*, and the respective formal structures in Portugal.

History of formal structures for healthy grief support in Portugal

Until the 1990s, there was no formal grief support in Portugal. In the end of that decade, the organization "A Nossa Âncora – Apoio a Pais em Luto" (Our Anchor – Support to Bereaved Parents) was created, with the purposes of developing community action, through self-help peer support groups[1] all over the country[2]. This institution ended its activities in 2013.

In 2004, aiming to widen grief support to encompass other types of deep personal losses, Professor José Eduardo Rebelo founded APELO (Association of Support to the Bereaved Person)[3], an institution that currently promotes individual and group support sessions, talks, and meetings for grieving people and families across the nation*[4].

As a result of the community action of the APELO in different regions of Portugal, the chance to bereaved people feeling safe to share the intense suffering caused by deep personal losses was enlarged**. At APELO, people find tools that empower them to face the social pressure exerted by a culture that inhibits public expression of emotion, especially grief.

Despite the gains accomplished during the early 2000s, professionals and academics continued to highlight the need for additional services around the theme of grief. Thus, in 2010, Rebelo led the foundation of formal institutions in the field of bereavement, including the Portuguese Society for Research on Grief and Bereavement (SPEIL)[5], the Portuguese Observatory for Loss, Grief and Bereavement (OLP)[6], and the Space for Loss, Grief and Bereavement (EdL)[7]. Each of these organizations seeks to fill in gaps of support in the nation and to provide bereaved individuals with qualified attention from specialists. In addition, they are motivated by the common goal of broadening the scope of knowledge about grief in Portugal.

SPEIL[5] is a scientific society that promotes the investigation of grief, organizes and convenes scientific congresses in this area of study, and aids in the professional development of specialists who have the capacity to work with bereaved individuals. The specific goal of OLP[6] is to identify public perceptions of grief in Portugal, with an aim toward scientific, technical, and political actions in this scope. EdL[7] is an institution that is oriented toward the development of professional supervision and specialization in practices that support healthy bereavement. EdL[7] also serves as the head office for the Research Team in Bereavement Scientific Studies.

One of the founding purposes of each of these institutions was to form specialists in the support of bereaved individuals, which did not exist at that time. Considering the idiosyncrasies and clinical demands of healthy and unhealthy processes of bereavement, it was essential to create two distinct forms of specialists: the Grief Therapist and the Counselor for Grief and Loss (CGL). The former works with individuals who exhibit signs of psychopathological grief. By contrast, the CGL performs empathic support to healthy bereaved people. This support might include: providing a reliable and safe ambience for sharing suffering of grief; making availability to listen to this sharing actively and empathically; normalizing, without censorship, the bereavement behaviors, especially those that are not socially expected.

The grief and bereavement support performed by the CGL is not limited to the consequences of the deaths of loved ones. Although this is the cause most commonly associated with grief, it is typical for people to have similar reactions after experiencing other types of personal loss. Of these other forms of loss, the most significant can be organized according to five central categories: *i)* separation from loved

* In the same period, Professor José Eduardo Rebelo published his first book, a pioneer in the country, about the theme of grief and bereavement[4].

** Professor José Eduardo Rebelo experienced the death of his pregnant wife and two daughters in a traffic accident. He experienced an intense suffering from grief and, having not found proper sources of support in Portugal, began the process of what his theoretical framework "*Vivential Model of Healthy Grieving*" calls overcoming by conformation. After ten years of intense vivencies and the systematic awareness of the bereavement, this process was initially realized through his master's thesis on grief[8], a groundbreaking work in the field in Portugal and, later, through active participation in the design of formal structures of the community action in the country, concerning the bereavement support.

ones, such as through divorce, migration, and imprisonment; *ii)* parents' loss of idealization, such as in the case of the birth of a disabled child or an abortion; *iii)* damage to self-esteem due to physical mutilation, such as an amputation or a breast excision; *iv)* social or professional devaluation, such as that caused by the loss of a job, income, or public image; and *v)* losses not recognized socially, such as the loss of objects or pets, or socially censored losses, such as those associated with homosexual or extramarital relationships.

The guiding principle of the CGL's work is the establishment of opportunities for direct interaction with and among bereaved individuals, families, and communities. This direct community action can happen through individual and family support sessions, moderating bereaved people support groups, and supervising moderators of self-help peer support groups.

The CGL course is held at the Space for Loss, Grief and Bereavement[7], conducted by university professors, and it includes initial and advanced training. The former addresses the formation, maintenance, and loss of affective attachment, the "*Vivential Model of Healthy Grieving"*, techniques for empathic communication with bereaved people, and reflection and experimentation through active methodologies. Advanced development is completed through an internship, in which participants observe grief support sessions conducted by a more experienced CGL. Participants are later required to engage in processes of critical sharing and reflection about their observations during this experience and records of the vivencies shared of the bereaved people.

Despite being a fairly recent enhancement to support systems in Portugal, the figure of the CGL is not new in the West. In Great Britain, for example, it has appeared due to the devastation suffered after World War II, which led to a community grief that affected almost all families. The violent and destructive milieu of the war demanded ready and efficient action, which led to the creation of global structures of support for loss and grief.

Currently, in countries such as Great Britain, the United States, and Australia, there is a strong foundation for grief support. In these countries, the public sector provides considerable financial support for the community work promoted by professional associations. In contrast, the process of structuring such qualified support in Portugal remains at a rudimentary stage.

The *"Vivential Model of Healthy Grieving"*

The "*Vivential Model of Healthy Grieving"*, shortened as the *Vivential Model*, is the theoretical framework that guides the work of CGL in Portugal. This model, designed by Professor José Eduardo Rebelo, attempts to explain the physical and mental reactions associated with the definitive or temporary absence of someone or something that has a decisive importance in the emotional sphere of the person suffering loss.

The *Vivential Model* states that when a deep personal loss occurs, automatic and singular reactions to grief are put into action that are responses to the disequilibrium intrinsic to loss. The absence of the person who is the object of the emotional bond provokes a sense of fundamental insecurity and an instinctive fear at the level of individual survival.

In this model, *Grief* is understood as the unconscious threatening to the survival experienced by the bereaved person, which prostrate the individual to discouragement and loneliness. *Bereavement* is a healthy response to grief, since it seeks to extinguish it, through a process, developed in a certain period, that maximizes the person's natural skills to coping obstacles. *Mourning* is the cultural vertex of the triangle of loss response, and is manifest in the rituals that determine the social acceptance or rejection of the bereaved person's behavior.

Bereavement, which is characterized in the model as the gradual process of overcoming the vivencies precipitated by a deep personal loss, is an individual's trail to recovering homeodynamic balance. While facing the loss during bereavement, the individual is motivated to regain a well living, which essentially translates into the restoration of the individual's sense of physical and mental safety.

During the bereavement process, there are four fundamental rational dimensions that the bereaved person must deal, which are named as the Loss Proofing Square: *i)* being conscious of the irreversibility of the loss; *ii)* an understanding of what was really lost; *iii)* identifying the skills necessary to deal with grief and move on with daily life; and *iv)* recognizing that it is possible to experience daily life with the absence of what was really lost. Though it may proceed slowly—at least more slowly than the bereaved person may desire-assimilate this dimensions is a natural process for overcoming grief in healthy way. The Loss Proofing Square helps bereaved individuals rise from the loneliness caused by the loss through recovery of and engagement with their emotional skills. Through this process, they gain the capacity to go on living without the answer to the most difficult and complex question imposed by grief: *"Why me?"*

To better understand healthy bereavement, the *Vivential Model* proposes that the bereaved person experiences **Global Vivencies (GV),** pushed by primary emotions, **Specific Vivencies (SV),** included in the first ones, **Detailed Vivencies (DV)**, corresponding to the particularities of the emotional bonds, and **Transition Vivencies (TV).** Regarding loss, bereavement multiple vivencies can be of the submission type or of the assimilation type.

GV can be of **Shock or of Disbelief**, in which the bereaved person is submitted to the loss, as well as of **Recognition** or of **Overcoming**, in which the reality is imposed on the person. The **GV of Shock** are activated by the primary emotions of surprise and disgust.

Concerning the **GV of Shock**, in the first period after the news of the loss, the person experiences a defensive powerful organic response that severs reality (for example, the person sees the corpse) from emotion *("This cannot be happening!"*). This response is based on both the strong bond between two individuals and the drive for survival and perpetuity − that is, on the struggle for life and/or the assurance of a legacy beyond individual essence. The human species has evolved not to abdicate itself given a deep loss or other experiences that present a threat to the individual's sense of continuity. The mind and body react spontaneously to preserve this shaken foundation.

The **SV of Denial** of the loss is an experience of submission to the loss due to emotional surprise at its occurrence. This denial is refuted by the **SV of Verification** of the reality, which can be characterized as an assimilation experience, through a conscious acknowledgement of the evidence of death or reasons for the loss. The bodily energy spent fixating on the contradiction presented by the facts and the emotional desires is so high that it wears the bereaved person out. Disgust, which characterizes the **SV of Torpor**, is developed. It is a vivencie of submission to the loss. In order to recover the person's balance, the **SV of Liveliness**, a vivencie of assimilation, is experienced. Although fragile, the equilibrium is needed to face the demands of privation of the lost loved one, and to concede the truth manifest by funerals and public grieving.

Between a week and a month of bereavement, the evidence of the loss is so strong and the energy to oppose it is so wasteful that the person is forced to break down the wall of refusal. Lacking the ability to negate the absence of what was lost, the individual experiences the primary emotion of fear expressed by the anguish about the existence continuity. Then it emerges the **GV of Disbelief**, of submission to the loss.

Within the **GV of Disbelief** we distinguish the **SV of Search** for the lost person, which is a submission vivencie that collide with the **SV of Mismatch** of the beloved one, which is an assimilation vivencie. In each of these experiences, the bereaved person attempts to keep their loved one 'alive' in their own interiority. Through this preservation, the individual attempts to maintain the whole dimension of the former source of happiness. It may be characterized by fantasies concerning the loved one and memories of pleasant perceptual imagery, like visual images, scents, the feel of the loved one's touch or smell. This may also include taking care of the objects used by the loved one, clothes worn by them, keeping in touch with people who were close to them, visit places they used to go, and remembering the time spent together. These memories are examined in close detail, as an intense search for signals that might contradict the loss.

Each **SV of Search**, each restless trail traveled by the bereaved person seeking to reunite the cracks of the beautiful whole that used to provide them safety or a sense of continuity, stumbles upon emptiness. Any **SV of Mismatch** ends in one of two possible ways: the **TV of Frustration** or the **TV of Desperation**. Both vivencies are a transition to the **GV of Recognition**.

For the bereaved individual, the past is constantly imposed upon present daily life and he deals constantly with the deep desire to return to those moments of felicity, both considered as submission to the loss vivencies. Those are opposed by the assimilation of the present and to the necessity of the individual to overcome the emotional bonds that previously connected him to his loved one. Assimilating the irreversibility of the numerous details of the loss devastates the bereaved person. The **TV of Frustration** causes the **SV of Rage** and the **SV of Sadness**, and the **TV of Desperation** causes the **SV of Blame** and the **SV of Depression**. Each of these loss submission vivencies either finds an assimilation trail or, if that does not happen, returns to the **GV of Disbelief**, through the **TV of Hope** or the **TV of Yearning**, re-entering in the **SV Search-Mismatch** cycle.

When the bereaved person feels he is out of attempts to return to recovering the object of loss, the emotional emptiness may grow unbearable. The high degree of negative stress induced by the insupportable absence must be conditioned and released gradually so that the individual's mental and physical capacities are not overwhelmed. There are peaks of conflicted unrest, caused by the **TV of Frustration** or the **TV of Desperation**, as the person feels the obligation of letting the loved person go because of the **SV of Mismatch**. These are dissipated by the episodic expression of different feeling.

When the **SV of Rage** is properly oriented toward the deceased person, whose absence is the true reason for the individual's suffering, that particularly affliction, related to the emotion bond with the deceased, dissipates. This process is related to **DV of Rage Guiding**. It is not always possible to direct the anger caused by loss toward the loved one, especially given concerns about increasing the individual's suffering, and the social pressure they may experience as the result of expressing an emotion commonly associated with selfishness. In this case, the dissipation of the bereaved individual's suffering is more often indirect since the targets

of their anger are more commonly close relatives and friends, health professionals, security forces, politicians, spiritual guides, and/or God. The **SV of Sadness**, which also arises in uncontrollable eruptions at first, gradually find assimilation trails, through the **DV of Relieved Sadness**. Whenever the **SV of the Rage** or of the **Sadness** do not assimilate the **TV of Frustration** the bereaved person finds in the **TV of Hope** an expectant feeling to regain the particular dimension of affection for the deceased.

The **SV of Mismatch** can also provoke other intense reactions in the bereaved person, expressed by **TV of Desperation**. The **SV of Blame** and of the **Depression** are afflicted responses that might be found by someone experiencing distance from a loved one. Feelings of guilt are irrational and correspond with feelings of perceived negative assessment of attitudes taken or omitted by the beloved one. The assimilation arises with the **DV of Responsible Blame**, through which it is possible to transform moral subjectivity into objective responsibility for one's actions.

In the process of healthy grieving, the dismay caused by the difficult and profound struggle against the emotional desolation caused by loss—the singular defeat of life—creates the **SV of Depression**, which is expressed in states of low self-esteem and disinterest in formerly pleasurable activities. Unlike states of pathological depression, these feelings are episodic and not continuous. For this reason, in cases associated with loss of a loved one or other instances of grief, the feelings should be directly experienced rather than treated with pharmaceuticals. **DV of Fighting Depression** assimilates the experienced depressive episodes. Whenever the **SV of Blame** and **of Depression** are not assimilated, the **TV of Craving** lead the bereaved person to the cycle of the **GV of Disbelief**.

The length of this complex vivential process is relative, and may be longer or shorter according to the affective intensity of the bonds with the loved one. Over the course of this process, it occurs emotional detachment bonds—a bond now, another later on—in a constant movement toward the reduction of grief and healing of the wounds caused by loss. The **GV of Overcoming**, encouraged by increased emotional well-being, leads to a new homeodynamics, wich is a a healthy balance of the physical and mental body, that allows the individual to face the complexities of daily life.

The *Vivential Model* establishes that processes of healthy grieving, even the complex ones, allows the assimilation of experiential and existential multiplicity of the loss. Variable affective bonds give rise to two alternate trails of **GV of Overcoming**: the **SV of Acceptance or the SV of Conformation**.

Considering the death of a beloved person, the assimilation of the vivential details is considered less intense and easier to deal with when the loss is expected, or when there is a high natural predictability. An example of such a case would be the death of an elderly father or grandfather. In the normal ontological succession from past to present to future, the assimilation of physical absence to calm and tranquil memory can be a brief and peaceful transformation through the **DV of Detaching**. Even though grief and all its pain cannot be avoided due to the intrinsic nature of emotional bonds, the loss is ultimately overcome by the **SV of Acceptance**.

Considered in a chronological metaphor, marital status represents the present, mutual decisions of livelihood by reciprocal concern, and the legacy of the individual through the conception and nurturing of children. The loss of a partner can be interpreted as the privation, although anticipated, of a certain contemporaneity. By uniting themselves in a loving relationship, marital partners must recognize implicitly that someday − a day which they hope to be as far away as possible − one will definitively bid farewell to the other. Death begets bereavement, but through the **SV of Acceptance**, the grieving partner finds the trail to well living. In this particular type of bereavement process, there are many factors that affect progressive detachment, including the moment and conditions of death and the social and economic conditions of the surviving partner[9].

In the context of loss within a marital partnership, the distinction between the notions of bereaved partner and widow/widower must be highlighted. A bereaved partner may be understood as a man or woman who has lost their wife or husband due to death. In this case, the surviving partner has not yet taken the last step of transposition in the **GV of Overcoming**. The status of widow/er, however, refers to the marital status of the surviving partner and remains unchanged, regardless of whether the individual has or has not overcome their bereavement. This status persists until the surviving partner is remarried or until or his/her own death. Thus, in the thematic of grief and bereavement in partnership, the clear and proper term for the couple's surviving member is *grieving partner* or *grieving widow/er*, rather than simply *widow/er*.

Continuing in the discussion of loss chronology and the associated expectations, it is important to note that, along with the death of a spouse, one of the most painful and lasting sources of grief is the loss of a child. *Childloss*[1] (the bereavement by the loss of children), a lexeme introduced by Professor José Eduardo Rebelo, can proceed as a healthy grieving process that establishes a new homeodynamics for the *childloss* parent, but is very complex. This kind of loss strikes the core of human essence by interrupting

the primary evolutionary purpose of any living organism: preserving the existence of the species through the legacy of genes passed down through generations. Living with the prospect of denying this instinctual role demands considerable strength. Along with this instinctual drive, there are additional conscious individual and social expectations that a person may cast on their child, such as prospective future achievement; investment in life's continuity; the desire to leave a legacy; and, in some cases, the desire to secure support during old age, a phase of life in which the parent will potentially be more vulnerable[1].

Unlike grief for the loss of the past or present, in which the **SV of Acceptance** is at the heart of the grieving process, the loss of the future due to the death of a child is unacceptable. Though the *childloss* parent must deal with the bereavement, possibly until the end of their lives, the **SV of Conformation** is compatible with achieving well living in such a case. The loss of a child is assimilated by the **DV of Continuing**, which can provide *childloss* parents with tranquil, but bittersweet memories of their fatally interrupted legacy to nature and humanity[10]. The death of an identical twin causes in bereaved sibling similar reactions to *childloss*, considering the loss of its genetic identity.

The reciprocal and bilateral emotional bonds that people between one another are exclusive to the individuals involved and are always associated with expectations. When one of the individuals involved in the relationship die, the bereavement of the other is experienced unconditionally in solitude. In *childloss*, for example, the father and mother have maternal and paternal specificities related to their roles as parents and differing expectations for their child. Despite both experiencing grief over the death of a single person, they develop unique bereavement. An inability to understand that these trails of bereavement are necessarily idiosyncratic and different from one another, and that these differing personal expressions do not signify differing intensities of feeling, can lead the couple to experience a new loss: divorce. This is a common experience after the death of a child.

Despite the feeling of intense suffering that a bereaved person undergoes during the bereavement, the trail followed is unidirectional and irreversible: to the overcoming of loss. Human beings are constituted to instinctively confront and surmount the greatest hardships, particularly deep personal losses. Being deprived of a loved one is a temporary state of insecurity for the bereaved person, and although it leaves indelible marks, it is rarely traumatic for those engaged in healthy processes of grieving. Feelings about loss are also modified through the bereavement vivencies, slowly soothing and becoming progressively less afflicting and anxious, until it fades out, with the **SV of Acceptance**, or it remains in a bearable and non-aggressive latency, with the **SV of Conformation**.

In most cases of personal loss, even the complex ones, the bereaved person has the ability to overcome it. However, bereavement may convert in a psychopathological process when bereaved person experiences conditions as: the occurrence of severe traumatic experiences associated with the loss; the bereaved person's tendency to manifest a mental disorder when faced with conditions that create substantial vulnerability; and if the bereaved person suffers a mental disorder that causes stasis in one of the Global Vivencies of bereavement. Of the approximately forty small or large deep personal losses that an individual will experience over the course of a lifetime are overcome by healthy bereavement, and can be supported by community action.

Community action in grief support

The dynamics of grief support on a community scope are performed in different contexts. These might include health centers, schools, companies and public services, as well as organizations like APELO[3] and other external institutions that depend on community support.

Bereavement support in school environments is target of particular attention at APELO[3]. It is generally accepted that classroom and playground disturbances − such as a student testing a teacher's authority, bullying their peers, or who otherwise becoming suddenly aggressive − may indicate a bereaved child. There is frequently a lack in the support provided by schools to bereaved children and teachers may lack the training necessary to deal with this issue. These deficits point to the need for the sharing spaces concerning grief in educational settings.

In the context of community support, it is important to note that social institutions, moral values, and cultural habits condition individual, family, and community grieving by imposing subjective laws and norms about the expression bereavement vivencies. Bereavement leave, for example, can be a very short period, depending on a person's relationship to the deceased or the type of loss. Re-adapting to prior work routines after a deep personal loss demands, in general, a period of time much longer than the bereaved is legally conceded. Bereaved individuals frequently exhibit a reduction in their productivity at work, decreased efficiency, and repeated absences. These changes may not be met with understanding by the individual's employer or their colleagues. Faced with this contradiction of needs, the bereaved person is often obliged to neglect their experience and suffering. In this context, efficient support services that focus on the bereaved person's individual needs is an essential concern.

When considering how to best provide community bereavement support, it is also important to understand that bereaved individuals are the ones who should seek help, when and if they need it. An attitude toward and the motivation to seek support can facilitate to deal with the loss. Only the person who experiences the loss knows when it is appropriate to ask for help; the responsibility of those around them is to make sure they know that support is available. The singular demands that motivate a bereaved person to seek support include: individual personality, the conditions under which the loss of the loved one occurred, the social pressures that repress the expression of suffering, and the lack of a support network.

The moment when bereavement support is requested is not random, but is influenced by the processes described the framework. The bereaved person, immersed in the **GV of Shock**, refuses the loss and, consequently, they may find discussion of their bereavement to be offensive. It is important to understand that the mind and body struggles to maintain their balance, albeit a precarious one. Insisting on talking to the bereaved person about the reality of the loss during the initial onset of absence destabilizes the person in this vulnerable state. Any mention, even subtle ones, of the loss prompts the bereaved person to increase their defensive response. This, in turn, increases the energy invested in rejecting the reality of the death, as a guarantee of their own survival.

The exhaustion provoked by the **SV of Denial** and the suffering caused by the **SV of Verifying** make the bereaved person lower their defenses against the loss. The individual is then subsequently afflicted by the primary emotion of fear. The unrest that rises with the **GV of Disbelief** is expressed by the apprehension of a definite insecure daily life, which may endanger the person's existence. The search for support is very common during this global vivency because the bereaved person needs to share the hard feelings and engage in behaviors that are sometimes unusual and anomalous according to rules of social conduct.

In most cases of loss, it is common for the bereaved person to find support for their needs in the people around them − relatives, friends, and/or neighbors. When such informal support structures are available to listen unconditionally without censoring their expression of grief, conditions are conducive to a bereavement process with adequate support. However, such contexts for support are not always available for different reasons. These may include: the insufficiency of a relationship network; network members having emotional difficulties discussing or dealing with loss; or when network members have also been directly affected by the same loss. In the latter case, members are experiencing their own grief processes and are thus emotionally unavailable to support the individual.

When there are no informal spaces available for sufficient support and the sharing of emotions, the bereaved person may seek specialized institutional support, and the CGL is available in Portugal to do so. Not all people, however, feel the need for this kind of support since, as previously stated, bereavement is a natural life process and human beings have the capacity to cope with deep personal loss. When a bereaved person does not seek support, he/she may be experiencing a healthy bereavement and eventually overcoming their loss.

What, then, is the importance of CGL? It is recognized that the availability of a space for sharing grief feelings and unusual behaviors of bereavement facilitates a less prolonged, and therefore, more bearable process. Although the bereaved person may certainly find his/her own trail to deal with bereavement, difficulties in establishing personal detachment and the emotional and behavioral expressions caused by the loss can make the process of surmounting certain obstacles slower and more intricate. The CGL provides a reliable and safe space for sharing bereavement, which helps the bereaved person to recognize the loss and affirm his/her own trail to overcoming it. While bereavement is faced with inevitable reactions due to a deep loss, this process is highly variable and individual, whether experienced with support or alone.

In the context of formal support, the CGL is positioned as an echo of consciousness of the grief emotions and bereavement behaviors experienced. Throughout grief counseling sessions, the CGL attempts to help the bereaved to recognize the Detailed Vivencies, especially the ones related to overcoming the loss. In this sense, the CGL is an echo of the Detailed Vivencies that were verbalized by the bereaved person over the course of the sessions.

The goal of this strategy is to help the individual to raise awareness of each of the affective detachment assimilation. As this detachment is gradually performed, the sessions remain oriented toward establishing a new homeodynamic balance. The underlying intention of these sessions is to help the individual acknowledge that they can overcome their grief through a gradual decrease in Loss Submission Vivencies and the additional compensation of increased Loss Assimilation Vivencies.

Communication with the bereaved person requires special attention and care, which is reflected in the emphasis on this theme in CGL training. Laypeople who encounter bereaved individuals in general social contexts may have difficultly reacting appropriately. Due to formal civil reasons, the desire to express solidarity, the desire to comfort others, or social etiquette rules, people may feel compelled to express their condolences, but often use a discourse that is

frequently marked by ill-timed sentences offensive to the person receiving them. In the professional sphere, these mistakes in communication occur as a result of a lack of specialized training.

In respect of the bereaved individual's narrative time, the CGL maintains a focus on identifying the loss overcoming vivencies. These vivencies are verbalized by the bereaved during the session and enunciated by the CGL, what allows the individual to acknowledge and reflect on those experiences. This strategy enables the individual to determine his singular healthy bereavement trail.

The CGL does not prescribe rules or assign tasks to the bereaved person. The CGL's function is provide support so that the individual can better handle the conflicting and insecure feelings caused by their loss. This means that the CGL will focus their support on strategies determined by the individual and the discoveries they make along their individual bereavement trail. Therefore, sessions come to mirror the bond between the bereaved person and their loved one—they are necessarily singular and specific to the individual.

CONCLUDING REMARKS

Over the courses of their lives, people suffer deep personal losses that may result in reactions of variable intensity. These reactions are oriented toward overcoming the absence to which they have been subjected, establishing a healthy homeodynamic balance, and restoring well living. Contemporary society marginalizes expressions of negative emotion, which isolates those who need to share the suffering caused by the grief, and the odd behaviors of the bereavement. In addition, the quick pace of modern life style makes it difficult for those experiencing grief to have the necessary time for assimilating all the submission to loss vivencies of the bereavement.

Grief and bereavement are public health issues, and governmental agencies must work to establish institutional structures of support for bereaved people in order to effectively address them. The expansion of bereavement support services will benefit those grieving by relieving the social pressures associated with this universal experience. It also allows bereaved individuals, families, and communities to overcome their losses more quickly and with substantially less suffering.

APELO specifically has contributed to this field by working closely with individuals experiencing loss to better meet their needs. The work of the CGL, based on the "*Vivential Model of Healthy Grieving"*, supports the bereaved person by allowing a safe space for them to construct an individual health trail. The trust enabled by and the support provided by the CGL shortens periods of bereavement and reduces the intensity of suffering.

REFERÊNCIAS

1. Rebelo JE. Defilhar: como viver a perda de um filho. Alfragide: Casa das Letras; 2013.
2. Rebelo JE. Importância da entreajuda no apoio a pais em luto. Análise Psicológica. 2005;23(4):373-80. doi: 10.14417/ap.555.
3. Associação do Apoio à Pessoa em Luto (APELO). Disponível em: http://apelo.pt
4. Rebelo JE. Desatar o nó do luto. 3a ed. Cruz Quebrada: Casa das Letras; 2007.
5. Sociedade Portuguesa de Estudo e Intervenção no Luto (SPEIL). Disponível em: http://speil.pt
6. Observatório do Luto em Portugal (OLP). Disponível em: http://olp.speil.pt
7. Espaço do Luto (EdL). Disponível em: http://espacodoluto.pt
8. Rebelo JE. Contributos para o estudo do processo de luto [Dissertação]. Porto: Psicologia da Saúde e Intervenção Comunitária, Universidade Fernando Pessoa; 2003. Disponível em: http://olp.speil.pt/images/lutoteca/4_dissert/Rebelo2002_Mestrado.pdf.
9. Rebelo JE. Amor, luto e solidão. Lisboa: Casa das Letras; 2009.
10. Rebelo JE. Viver o luto: a morte dos próximos (pais e filhos). In: Brito JHS. O fim da vida. Braga: Publicações da Faculdade de Filosofia, UCP; 2007. p.155-72.

Received: 17.02.17
Accepted: 10.03.17