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EDICIONES COMPLUTENSE

Mindfulness and grief: The MADED program mindfulness for the acceptance of pain and emotions in grief

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Resumen: Objetivo: diseñar un protocolo de intervención psicológica para el acompañamiento del dolor y las emociones en el proceso de duelo basado en la atención y la compasión. Método: se incluirán dolientes mayores de 18 años, que hayan perdido al familiar al menos hace 6 meses, que se encuentren en la fase 2 o 3 de elaboración del duelo y sin presencia de problemas de salud mental previa. Se les evaluará después de firmar el consentimiento informado, mediante: el Cuestionario de Mindfulness, el Cuestionario de Satisfacción con la Vida, el Cuestionario de Vitalidad, la Escala Hospitalaria de Ansiedad y Depresión, la Escala de Afecto Positivo y Negativo e Inventario de Duelo Complicado. Se llevarán a cabo: estadísticos descriptivos, pruebas t para muestras independientes y d de Cohen o prueba U de Mann-Whitney r de Rosenthal si no se cumplen los supuestos. Además, se llevará a cabo un ANCOVA junto a eta cuadrado parcial. Resultado: el programa MADED (Mindfulness para la aceptación del dolor y las emociones en el duelo), consta de nueve sesiones semanales.
Conclusión: Las sesiones que componen el programa facilitan la elaboración saludable del proceso de duelo basándose en la integración de los principios del mindfulness.
Palabras clave: Atención; dolor; compasión; adaptación psicológica; emociones.

[es] Mindfulness y duelo: programa MADED, mindfulness para la aceptación del dolor, las emociones y el duelo

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Abstract: Objective: to design a psychological intervention protocol for the accompaniment of pain and emotions in the grieving process based on attention and compassion. Method: mourners over 18 years of age, who have lost their family member at least 6 months ago, who are in phase 2 or 3 of the grieving process and who have no previous mental health problems, will be included. They will be evaluated after signing the informed consent, by means of: the Mindfulness Questionnaire, the Life Satisfaction Questionnaire, the Vitality Questionnaire, the Hospital Anxiety and Depression Scale, the Positive and Negative Affect Scale and the Complicated Grief Inventory. Descriptive statistics, Cohen's t-test for independent samples and Rosenthal's d or Mann-Whitney r U-test will be conducted if assumptions are not met. In addition, an ANCOVA will be performed along with the partial eta square. Outcome: The MADED (Mindfulness for Acceptance of Pain and Emotions in Grief) program consists of nine weekly sessions.
Conclusion: The sessions that make up the program facilitate the healthy development of the grieving process based on the integration of the principles of mindfulness.
Keywords: Mindfulness; grief; compassion; psychological adaptation; emotions.

Sumario: 1. Introduction 2. Justification of the MADED program. 3. Method 4. Results: mindfulness, compassion, and grief program 5. Conclusions. 6. References

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1. Introduction

Grief is a normative emotional experience that occurs after the loss of a loved person, animal, or object[1]. Most people evolve favorably and, in spite of intense suffering, are able to adapt to the bereavement and its consequences and eventually re-establish their lives. However, in a minority of cases, grief becomes complicated and severe consequences appear that can affect the mental and physical health of the subjects who suffer from it[2].

Mindfulness is a third-generation model of psychotherapy that has its roots in Oriental philosophy. The elements that define mindfulness are acceptance, non-judgment and the experience of the present moment[3]. Psychotherapy based on mindfulness can be considered as a way to channel the process of grief through the development of consciousness[4] and post-traumatic growth[5].

The grief process could be divided into different phases or tasks. Adaptation to the grief process includes four tasks: 1) acceptance of reality; 2) working with emotions and pain; 3) adapting to the environment; and, 4) relocation of the loved person[6]. For others authors the tasks to be performed are: 1) recognizing the reality of loss; 2) opening to pain; 3) reviewing our world of meanings; 4) rebuilding the relationship with what has been lost and 5) reinventing ourselves[7]. In this sense, mindfulness allows us to work on all of them through the mindful attitude of serene acceptance of reality and the element of compassion[6-7].

2. Justification of the MADED program

Complicated grief is associated with health problems such as depression, anxiety, alcohol abuse, drug use, increased use of health resources, increased mortality

within the first year, and suicide. Therefore, it is important to intervene, as well as to detect risk factors in mourners, in order to prevent pathological or complicated grief since the consequences are devastating both individually and socially[8-9]. Following the policies developed in other pioneering countries in the preventive treatment of mourning, the creation of specialized grief care services is encouraged beyond what is currently provided by primary care and mental health networks[10].

In health, a distinction is made between grief counselling and grief therapy. The first one serves to accompany the natural process of mourning, and the second one serves to treat both people with risk factors and people who are already suffering from pathological grief. It should be remembered that studies on the efficacy of bereavement interventions differentiate the following: 1) primary prevention, aimed at the population in general; 2) secondary prevention, selective of "high-risk" mourners; and 3) tertiary prevention, specialized treatment of complicated or pathological bereavement and related disorders[11]. There are few studies that prove the effectiveness of primary prevention, and the data in existing studies are inconclusive, with negative results. On the other hand, interventions designed for mourners who are more vulnerable to the risks of grief (high levels of discomfort, traumatic loss, concurrent events, or loss of a child) have more promising results[12].

The protocol presented in this work is a therapy program that is aimed at people who are susceptible to suffering from pathological mourning; it is a secondary preventive intervention (for people at risk for suffering complicated mourning) or a tertiary preventive intervention (specialized treatment of complicated mourning). It is an educational group therapy that performs functions of emotional support and normalization of manifestations of grief.

The results obtained in previous studies indicate the convenience of using closed groups that are structured[13], limited in time, directed by an expert professional, with a program that is focused on the different tasks and individual needs of each member[14]. The function of this type of therapy is both prevention and treatment. The MADED program (*Mindfulness para la aceptación del dolor y las emociones en el duelo* or Mindfulness for the acceptance of pain and emotions in grief) integrates all of these features and is also an adaptation of the MBSR (Mindfulness-based Stress Reduction) intervention. The MBSR is an intervention that is based on Oriental philosophy, which emphasizes meditative practice as the first vehicle for personal transformation and development[15].

The MADED program protocol is an example of a program with closed sessions, that is based mainly on the second task described by Worden[6] and Neimeyer[7], i.e., to open up to pain and enter into emotions. The main objective is for patients who are at risk or have complicated mourning to advance to the third phase of connection and integration, which belongs to the integrative-relational model[14]. When patients work on the second task of surrendering to pain and deepening emotions, they are encouraged to continue advancing until the last phase of growth and transformation is completed. In the advanced phases of this model, work is done on surrendering to pain through the exploration of the relationship with the deceased and the resolution of pending issues such as forgiveness or gratitude. The protocol proposed in our program contemplates these therapeutic tools but within the meditative state characteristic of third-generation therapies.

In order to elaborate grief and avoid its prolongation, it is important to work with pain and emotions[16]. It is precisely here that mindfulness appears as a third-

generation therapy that can help in this goal[17]. Along this line, authors such as Payás (2015)[18] establish the way in which the practice of silence and contemplation helps to become aware of the breathing[18]. By paying attention to breathing, we can put distance between ourselves and the thoughts and emotions that we experience. The practice of full consciousness and silence can be useful tools on the path of grief. The full attention to our body sensations is a valuable help that allows us to alleviate symptoms such as anguish, obsessive thoughts, or fear.

With that in mind, our objective is to propose an intervention protocol based on therapy based on acceptance.

3. Method

Participants

Our inclusion and exclusion criteria will be based on Payás (2010)[19]. The inclusion criteria are: a) at least 6 months must have passed since the loss of a loved one, b) the mourner is over 18 years old, c) the mourners are in phase 2 or 3 (avoidance-denial, but with possibility to pass to the connection-integration phase)[19] d) the mourner is interested in participate. In addition, our exclusion criteria are: a) lack of motivation, b) psychological unavailability (state of shock, previous or current mental health history, overmedication situation). Participants will randomly be assign to the waiting list group or experimental group.

Variables and Instruments

To evaluate the intervention protocol we propose:

- Mindfulness: Five Facet Mindfulness Questionnaire (FFMQ)[20]. It consists of 43 items in Likert format (1 to 5) with the following subscales: observing, describing, acting aware, non-judging and non-reacting. The scale has shown good psychometric properties[20].
- Self-compassion: Scale of Self-compassion[21], composed of 26 items that are answered from 1 (almost never) to 5 (almost always), and that value the extent to which the person is compassionate with himself. The items can be grouped into three factors: kindness, shared humanity and mindful capacity. The psychometric properties of the instrument are adequate[22].
- Satisfaction with life: the Scale Of Satisfaction With Life[23] (SWLS), assesses how satisfied the person is with his life. It contains 5 items (from 1 to 5). It has shown adequate psychometric properties in a Spanish sample[23].
- Vitality or eudaimonic well-being: the subjective vitality scale (SVS)[24] is composed of 6 items that score from 1 to 5. It has shown internal consistency and test-retest reliability as well as adequate validity[24].
- Psychopatology: Hospital Anxiety and Depression Scale (HADS)[25]. It assesses anxious (7 items) and depressive (7 items) symptomatology present in the previous week, in hospital population. The instrument has good psychometric properties[26].
- Positive and negative affection: Scales of Positive and Negative Affection (PANAS)[27]: it consists of 20 items, which form two independent scales with the same number of items (positive affection and negative affection). The possible

answer ranges 1 to 3 (never, sometimes, often). It has shown adequate levels of consistency (internal and external) and validity[28].

- Complicated grief: it will be assessed using the Complicated Grief Inventory (IDC)[29]. It consists of 19 items that are answered taking into account the frequency of presence of the complicated grief symptoms, scoring each item from 0 to 4 points. Total scores higher than 25 would indicate complicated grief. The evaluation of their psychometric properties was satisfactory[30].

Procedure

After the referral, an initial study of diagnostic interview and compilation of information on aspects of interest to the study and assessed whether they met the inclusion and exclusion criteria to be included in the treatment. Following the inclusion and exclusion criteria, after collecting signed informed consent paperwork, we will administer pretreatment psychometric tests. Patients will be assigned to the waiting-list or the intervention group randomly. When they're going to start group treatment, subjects will be contacted and the psychometric tests will be repeated, thus providing post-intervention data for the waitinglist group and pre-intervention data for the experimental group. Following treatment, we will again assess all patients in the experimental group. The treatment's structure and contents are detailed in Table 2.

Data Analysis

The data will be analyzed using SPSS 26.0. Patients' data will be only included if they attended 75% or more therapy sessions. We will calculate descriptive statistics; carried out Shapiro-Wilk tests of normality; ran t tests for independent samples to analyze basic between-groups differences when the assumption of homogeneity of variance was met; and we will use Cohen's d to calculate effect size (ES). Additionally, the Mann-Whitney U test and Rosenthal r will be used when the assumption of homogeneity of variance is not given. According to Cohen (1988)[31], values ≈ .20 indicate small ES, medium ≈ .50, and high ≈ .80.

A simple between-groups ANCOVA will be carried out, with two treatment conditions – experimental group and control group – to observe if there is an effect on mindfulness, self-compassion, vitality, life satisfaction, affectivity and psychopathology. The covariable will be pre-intervention score, having verified that all the pertinent assumptions were met. Partial eta squared will be used to measure effect size, recognizing that values ≈ .02 indicate a small ES,≈ .15 medium, and ≈ .30 large.

4. Results: mindfulness, compassion, and grief program

Program content

Our program, called MADED (Mindfulness for the acceptance of pain and emotions in grief), consists of a psychotherapeutic intervention protocol that integrates the psychological models of grief with third- and fourth-generation psychotherapies. It

is a program that is contemplated within the framework of the model of mindfulness and compassion, with a therapeutic purpose. The MADED model, in Table 1, can be seen as an integration of the existing models on grief that includes all tasks and phases from the framework of mindfulness and compassion which takes into account the theoretical review that we performed.

Table 1. Integrative model based on mindfulness and compassion.

TASK MODEL [7, 8]	**MODEL OF PHASES AND TASKS** [42]	**MODEL OF PHASES AND TASKS** [35]	**MINDFULNESS AND COMPASSION** [6, 12, 46-47]
Acceptance of loss	Shock (dissolving trauma)	Avoidance (acknowledging the loss)	Philosophy of life Throwing light on the process
Openness to pain and emotions	Avoidance/Rejection (validation, dissolving defenses)	Coping (experiencing emotions, remembering, releasing)	Acceptance of pain and emotions. Emotional regulation
Adapt/ review world of meanings	Connection/Integration (Grief Tasks)		Reconstruction of meanings. Spirituality

The nine sessions that are part of the program of mindfulness and compassion for grief are described below. Table 2 summarizes the objectives and contents of the nine sessions that make up the MADED therapy:

- **Session 1.** Full consciousness and manifestations of grief.
- **Session 2.** Empowerment of resources: quiet place, sacred place, rooting.
- **Session 3.** Pain and thoughts: primary and secondary suffering.
- **Session 4.** Emotions I: exploration of basic emotions and their regulation.
- **Session 5.** Emotions II: exploration of sadness, fear and anger.
- **Session 6.** Exploration of guilt and self- compassion.
- **Session 7.** Farewell and Unfinished Business.
- **Session 8.** The foundations of serenity. A place for you.
- **Session 9.** Closing and evaluation. Individual interviews.

As can be seen in the sequencing of the sessions, Sessions 1 and 3 correspond to the sequence that follows the original MBSR protocol, but with some adaptations. In other words, first it is necessary for people to understand what full consciousness is in a practical way, which is why this concept is worked on both experientially and theoretically in Session 1. In addition, since mourners experience a series of manifestations of grief that are initially normal, it is important for them to become aware of these manifestations through full consciousness in order to normalize them. Grief can manifest itself in multiple ways (cognitively, emotionally and behaviorally) depending on the characteristics of the grieving person and the characteristics of the loss[20]. In addition, the first question to be posed from palliative care is based on the importance of depathologizing suffering at the end of life and in the elaboration of grief[12].

After the psychoeducational work of full consciousness and the manifestations of grief, the practice of two meditations continues, which are the consciousness of breathing and the body scan, as in the original protocol. In order to carry out other more complex meditations, it is necessary to practice the consciousness of breathing since it is the basis of the program. Later, the patients will be trained in the ability to be aware of the physical sensations of their body, observing the pleasant and unpleasant sensations as part of their present through the body scan, with an attitude of acceptance[21]. The training at home during this first week will consist of the practice of both meditations while cultivating Samatha (Focused Consciousness).

Taking into account the sensorimotor model of the trauma of Ogden, Minton, and Pain[22], in this first session, the patients are taught to monitor somatic experiences precisely through the full attention that the processing of the trauma allows. The mourners are cultivating equanimity in order to be able to be with (give space) to all that there is without trying to change anything, thus increasing tolerance to unpleasant somatic experiences. In addition, the path of the body and the anchor of the breath allow them to develop a greater awareness of the present moment and the ability to direct attention at will so as not to be prisoners of their own mind, allowing them to leave it. What is described in Session 1 is based on giving the patients personal self-care tools that activate the parasympathetic nervous system. In this way, healthy coping resources are encouraged for the next sessions, where they will be approaching the pain of loss in a progressive way.

In Session 2, we have included the empowerment of resources: quiet place, sacred place, rooting exercises. It is essential for the mourners to learn to find stability before going on to process the memories related to the loss. In order to achieve this objective, we will follow the indications of a working methodology that is based on the combination of different models: Mindfulness IPH which combines tools such as NLP[32], Ericksonian Hypnosis[33], neurofeedback[34], Eye Movement Desensitization and Reprocessing (EMDR) [35] and Emotional Freedom Techniques (EFT) [36].

In Session 3, the patients enter the pain (the main objective of the protocol) and work on the awareness of thoughts and the way to manage them, in a way similar to the MBSR protocol. The difference lies in the type of pain (i.e., the pain due to the loss of a loved one), but which is often transformed into physical pain. In the MBSR protocol[30], points out the importance of working with pain using a formula that includes: 1) primary pain, which is due to resistance to pain (non-acceptance), is equal to suffering; and 2) secondary suffering, which is everything that has to do with anticipation of the future and the ruminations of the past, which enhances the original pain. Psychoeducation about the grief process will also be provided in this session.

Session 4 of the original MBSR protocol works on emotional regulation through full consciousness. Once the patients have learned to go into pain in a generalized way, they could work on each of the emotions that cause the pain in a more specific way. Previous studies show that mindfulness allows the regulation of affection, including a greater awareness, understanding, and acceptance of emotions, and a greater ability to regulate unpleasant moods[37-38]. This is why the MADED program first incorporates emotional regulation in a generalized way, and later, incorporates it specifically along with fear, anger and sadness in Session 5, and

with guilt in Session 6. This protocol contemplates all kinds of useful resources such as visualization or the use of stories and metaphors that, can be very useful in mourning therapy, encouraging progress to the growth-transformation phase[15].

The goal of Session 6 is to connect with guilt and initiate patients into the practice of self-compassion. This is based on the importance of love as an intervention in fear, anger, sadness, and guilt. It becomes necessary to cultivate ability of mindfulness meditation but even more self-compassion[39]. With this in mind, compassion can be a relief even when vital circumstances cannot be changed. It is for this reason that the kind or *metta* consciousness is worked on in these protocol sessions. In addition, during these sessions, patients will be offered a pain diary and an emotion diary to be completed at home. Creative writing, as well as dialogue with the deceased loved one and visualization, can be very useful in the advanced stages of mourning. Hence, all of these resources are used in both meditations and tasks at home[40].

Once the patients have gone into pain and worked their way out of guilt, we move on to Session 7, which is based on communication with the deceased and unfinished business. In fact, once the patients have begun to cultivate the self-compassion and love that is promoted with mindfulness, the communication with the deceased will be very different than if they had done it in the first sessions, since these sessions are influenced by pain, anger, rancor, and judgment.

Session 8 attempts to find a place for the deceased person. This session is related to the fourth task, which is the emotional relocation of the deceased in order to continue living. This session is related to the fourth task, which is the emotional relocation of the deceased in order to continue living[7,40-41]. It is important to clarify that the purpose of the intervention is not to forget the deceased loved one, but rather to find a place in the psychological space that allows for the entry of the present and the challenges of life[11]. Through psychoeducation and meditation with visualization, this session works on those foundations that can be cultivated to find serenity and even happiness when the time comes, allowing there to be a hole in our hearts for that loved one who is not physically present but is part of our psychological reality. As indicated in previous studies, the expression of positive emotions facilitates a good prognosis in the development of mourning[42]; hence, the importance of cultivating mindfulness in order to experience states of serenity, which can lead to pleasant sensations day after day, moment by moment. The patients observe how mindfulness can be connected to positive psychology and can promote post-traumatic growth.

Finally, Session 9 closes the program with a space for reflection on the skills learned during the sessions as well as encouraging commitment to the practice of mindfulness in everyday life as a philosophy of life. In addition, this session serves as an evaluation of the program by completing the battery of questionnaires and complementing it with a brief individual interview.

Table 2. The MADED Program. Summary of the objectives, methodology, and content of the sessions.

SESSIONS	GOALS	CONTENT
1. Full consciousness and manifestations of grief	Meaning of the mindful philosophy Conscious observation Attention to grief manifestations	Presentation wheel Psychoeducational on mindfulness Breath awareness Body Consciousness
2. Potentiation of resources	To provide the mourner with stabilization tools Prepare him/her to open Pandora's box of pain	Safe place Sacred place Mountain Meditation Heart Coherence Rooting
3. Pain and thoughts	Learning to relate to pain from acceptance Learn to relate to ruminative thoughts. Letting go	Psychoeducation on grief The story about pain Meditation on pain Psychoeducation about thoughts Meditation with thoughts
4. Emotions and their regulation	Detect, describe and manage emotions	Psychoeducation Story about emotions
5. Emotions II: Fear, rage, sadness	Emotional psychoeducation Give ourselves permission to feel and explore with curiosity	Meditation of emotions Story of sadness and anger Process emotions with meditation Questionnaire to evaluate emotions
6. Guilt and self-pity	Detect guilt and process it Start with self-pity practice	Reflective questions to assess guilt Meditation to process guilt Self-pity meditation
7. The farewell. Unfinished business. Forgiveness	Allowing symbolic farewell. Learning to forgive and to forgive oneself.	Meditation: "communication with the decesed." Meditation on forgiveness
8. The pillars of serenity. A place for you	Learn to connect with Positive Emotional States Grateful memory Knowing the pillars of serenity	Psychoeducation and meditation: The pillars of serenity Meditation of compassion in six phases
9. Closure and farewell	Explore the usefulness of the program and how to continue the practice	Evaluation (battery of questionnaires) Meditation lotus flower and mineral stone

5. Conclusions

The practice of mindfulness allows us to do the essential work of integration in the path of mourning and of one's own life. Thus, full attention and giving oneself permission to feel the emotions that we are living, can facilitate the integration of the loss[43].

Training in mindfulness and self-compassion is very useful in health care settings[44]. In this sense, programs focused on this are considered therapeutic in themselves[45]. This type of intervention, which is designed to promote full attention to the experience of physical symptoms and emotional discomfort or suffering, are very useful in experiences of loss and promote integration. They have been used very effectively in the treatment of people with psychological or physical problems[46].

For this reason, this protocol based on mindfulness and compassion can be very useful for the sufferer, as it is a tool and therapeutic model that is characterized by its flexibility and ability to adapt to one's own needs. It should be noted that this program aims to promote a change in mental schemes and philosophy of life, allowing death to be integrated into life as a natural and normal process, and as an opportunity for personal and spiritual growth[47].

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