

從精神科醫生角度看 父母的哀慟

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龍氏家庭(化名)



- 六個月後.....
 - 頸 x
 - 座 x
 - 抽促
- - 罕有先天性退化病症
 - 原因不明
 - ? 治療.....



- 一種非自然的事件
- 難以理解
- 打斷對未來家庭的夢想和期望



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四個選定點



第一個選定點 - 診斷後大約 6 個月到 1 年



- 第二個選定點 - 大約 1 年後



- 第三個選定點 - 大約 2 年後





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最後選定點 - 最後時刻



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然而，自責、反覆性思索 (rumination) - 哀傷並發症的其一常見風險因素：

複雜性哀傷

抑鬱症

創傷後遺症

焦慮症.....

支援喪兒的父母

- 大多數父母都會轉向親朋、好友
- 不一定需要醫護專業人員
- 如父母需要醫護專業人員支援，可以提供：
 - 情感支援 - 安慰和關懷
 - 信息支援 - 建議和指導
 - 實際支援 - 例如。 協助葬禮安排等
- 可透過輔導，支援小組，或提供閱讀材料 / 轉介往適當的資源

熟悉這個家庭的醫護人員可以幫助他們

- 接受失去的事實
 - 承認所發生了的事
- 經歷哀傷的過程
 - 如果家人願意，保持同在
 - 提供舒緩
 - 認同他們正在經歷的情緒
- 適應失去孩子的環境
 - 以同理和非批判的方式傾聽父母的故事
- 重新建立與孩子的關係模式，作為持續的關係
 - 當代文獻不再推薦“放手”這種處理模式
 - 現在被理解為通過記住他們，談論他們，甚至有時與他們交談來維持與孩子聯繫的模式

- 醫護人員需要認識到自己在他們家庭中的重要性
- 這些關係不能突然結束，許多（雖不是全部）家庭都希望與那些真正理解他們所經歷的人保持聯繫
- 可以提供與兒科醫生 / 醫護人員的後續約見
 - 討論孩子的疾病和治療經過
 - 任何未完成的調查結果，包括解剖和化驗報告等
 - 家人應對的狀況
- 提供機會作之前所述支緩
- 大多數人認為這些會面很有幫助，儘管他們可能很難再次回到醫院
- 時間安排：葬禮後（死亡後6周至3個月），失去的感覺相對更嚴重。許多實際任務都已完成，家人和朋友已經陸續回到自己的生活。
- 孩子死亡的周年紀念：一般來說，家庭都很欣賞醫護人員知道、記念這些特別日子

作為精神科醫生.....

從哀傷反應中註意的要點：

- 飲食
- 休息
- 精神運動遲緩 (Psychomotor retardation)
- 思覺失調症狀
- 應對機制：濫用藥物/酒精
- 自我傷害/自殺行為

→ 如果有以上情況，請諮詢精神健康專業人士

Table 1: Principles of managing acute grief in primary care settings

1. Validate and normalize the emotionally distressing symptoms and avoid medicalizing a normal reaction towards bereavement;
 2. Be present, supportive, and empathetic; give time and encourage proper ways to express grief;
 3. As there is no way to remove the pain, assist the bereaved survivor in experiencing the pain and act as a supportive figure to contain painful emotions;
 4. Assess and assist in fostering adequate social support;
 5. Involve relatives or significant others in the care plan whenever feasible;
 6. Ensure basic self-care ability and safety, including adequate oral intake and rest;
 7. Introduce community resources for different needs of the bereaved individual;
 8. Introduce available bereavement counseling and support services;
 9. Assess coping strategies and screen for maladaptive coping, including self-harm behaviors and substance or alcohol abuse;
 10. Screen for signs and symptoms of bereavement-related psychiatric disorders (e.g., CG, Depression, and PTSD) according to the presenting problems;
 11. Assess for risk for suicide;
 12. Refer to a mental health specialist if the patient screens positive for 9, 10, or 11.
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Update on grief and complicated grief; and an introduction to the specialized treatment programme for complicated grief in the Common Mental Disorder Clinic of the United Christian Hospital

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Summary

There is concrete evidence that a small percentage of bereaved grievers would suffer exceptionally profound and prolonged grief symptoms which exceed the usual level experienced by most grievers, associated with significant functional impairments. This condition is termed complicated grief. Complicated grief (CG) is a form of mental disorder which differ slightly from the common psychiatric disorders such as the affective disorders, with its unique clinical symptoms, risk factors, health outcomes, as well as response to treatment. The usual pharmacological and psychological treatments for depressive disorders have only limited effect on patients with CG. Evidence

摘要

有明確證據顯示少部分人喪親哀傷人仕會感受額外深切而持續的悲痛，超過多數人所經歷的悲傷水準。而且伴有明顯的功能障礙。這種情況稱為複雜性悲傷。複雜性悲傷是一種別於其他精神疾病的精神疾患。它有獨特的臨床症狀、危險因素、治療反應和健康結果。一般的抗抑鬱藥物和心理療法對複雜性悲傷患者成效不彰。證據顯示，複雜性悲傷患者需要特定的針對性治療，而香港目前正缺乏此類治療。九龍東聯網的常見精神病診所為這些複雜性悲傷患者開設了一項試驗性多學科治療計劃，希望能喚起大眾和醫護專業人員對這種折磨人生疾患的關注。

總結 - 根據文獻.....

- 男/女之間存在不同的哀傷模式，容易發生爭執，容易脫離/不和諧
- 必須真誠地處理、建立夫妻之間的凝聚/共識目標/方向
- 除了夫婦間的支持外，還鼓勵分別尋求1-2個密切支緩
- 不是克服哀傷（放手/放下），而是經歷如何將哀傷容入在剩餘的整個生命當中（持續的關係）讓生命更豐盛、更成熟

Inner Tempest Stilled
by Beenie Legato

Sometimes I sense a little flutter.
Like a shadow swiftly slipping by.
Or I hear a silent, gentle murmur.
Like a soft whisper from out the sky...

Loving memories fill my aching heart.
As dreaming dreams of what could be.

Or might have been, if you were here.
Until the piercing pain of losing you
Comes tumbling down on trembling fear.
And clearly once again I hear you say,

“...Mom...What if I had never been.
You could not then in LOVE remember me.”

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