

# Grief & Bereavement: A Practical Approach



Ian Anderson Continuing Education  
Program in End-of-Life Care



# Module Objectives

- 1. Define grief & bereavement.
- 2. Describe some of the models of grief.
- 3. Describe factors influencing grief.
- 4. Describe complicated grief.
- 5. Describe a practical approach in the management of grief.



# Introduction to Grief

- Grief is a normal phenomenon common to all of us.
- As we go through life, we experience a wide variety of losses for which we grieve.
- It is not possible to go through life without suffering losses.



# Introduction to Grief

- Grief is the response to any loss and is therefore a common human experience.
  - a common but often unrecognized part of life cycle changes.
  - often seen as interfering with life, rather than being intrinsic to life. Subsequently
- We do not mentor our children concerning this aspect of life.
  - we tend to protect them, not only from death, but often also from the little losses that happen throughout our lives



# Introduction to Grief

- A terminal illness or indeed any chronic illness is replete with successive losses and consequent grief.
- Losing your own life i.e. dying is associated with grief.
- Losing a loved-one is also associated with grief. Who feels the grief – all ages, all persons and often care providers.



# Introduction to Grief

- Grief starts with the symptoms of illness and the diagnosis of any illness.
- Good end-of-life care has incorporated the concept of good grief (*i.e. a healthy expression of our life force*) as part of a good death.



## Grief is:

- a life experience to be lived.
- a mystery to be entered.
- a stimulus for compassion and kindness.
- a reminder of who and what we have loved.
- a longing for relatedness.



# Definitions

- ***GRIEF*** is the process of psychological, social & somatic reactions to the perception of loss.
- ***MOURNING*** is the cultural response to grief.
- ***BEREAVEMENT*** is the state of having suffered a loss.
- ***GRIEF WORK*** is the work of dealing with grief, requiring the expenditure of physical and emotional energy.



# Grief Models

- No one accepted model.
- Grieving is:
  - active
  - healing
  - skillful
  - transformative
  - connective
  - social



## Background Issues and Factors in Grief: Compounding of Losses

- **A single loss** will precipitate other losses.
  - e.g. the physical loss of a breast through a mastectomy for breast cancer will cause losses in the areas of body image, sexuality, role, good health and independence.



## Background Issues and Factors in Grief: Characteristics of the Bereaved

- Inconclusive evidence that men do more poorly than women but there are differences in the way grief may be handled.
- There are more consequences in children especially if grief is not managed well.



## Background Issues and Factors in Grief: Characteristics of the Bereaved

- Older persons in general may have less intense & fewer reactions but this depends somewhat on the relationship to the deceased.
  - Often overlooked is the intense grief subsequent to the loss of adult children.



## Background Issues and Factors in Grief: Characteristics of the Bereaved

- Poor physical health may limit the ability to expend the necessary physical and psychic energy to integrate grief into our lives.
- The use of drugs such as psychotropic agents.



## Background Issues and Factors in Grief: Characteristics of the Bereaved

- A previous history of psychiatric problems or addictions like alcoholism.
- There are few conclusive studies about the influence of personality variables and the course and outcomes of grief.



## Background Issues and Factors in Grief: Characteristics of the Bereaved

- Patterns of coping.
- Past or current experiences with grief.
- Current other psychological or social problems or crises.
- Culture, ethnicity & religion.



## Background Issues and Factors in Grief: Characteristics of the Bereaved

- There is a unique nature to each relationship.
- The role that deceased had in family e.g the power authority in the family.
- The amount of unfinished business in the relationship.
- Dysfunctional families will react in their usual patterns – they will be dysfunctional!



## Background Issues and Factors in Grief: The Nature of the Death

- There are no studies indicating significant differences between acute vs. chronic deaths as far as outcomes are concerned but many of studies have not been done in populations receiving good palliative care.
- Violent deaths such as those secondary to crime or accidental deaths.
- Suicidal death.



## Background Issues and Factors in Grief: Characteristics of the Deceased

- The age of the deceased particularly if young will affect the course and outcomes of grief.
- The type of person the deceased was.
- The timeliness (e.g. at retirement, around the time of an important event such as the birth of a grandchild, a marriage of a child, etc.) may influence the course and outcome of grief.



## Background Issues and Factors in Grief: The Adequacy of Social Support

- Persons lacking or withdrawing from support may have worse outcomes.
- Remarriage or other close or intimate relationships protect.
- Culture.



# Background Issues and Factors in Grief: Gender Issues

- Men may have different coping styles than women:
  - To remain silent.
  - To engage in solitary mourning or “secret” grief.
  - To take physical or legal action.
  - To become immersed in activity.
  - To exhibit addictive behaviour.



## Background Issues and Factors in Grief: Children & Grief

- Children of all ages grieve & grief is particular to age groups.
- Children should not be protected from grief, funerals or issues of death & dying.
- They need to be educated in terms they can understand.
- Parents must be involved in the education.



## Background Issues and Factors in Grief: Children & Grief

- Children cope with grief according to their developmental stage & may re-visit a grieving situation as they reach new developmental stages.
  - for example, a death witnessed as a toddler can resurface & need to be addressed again in a 7-year-old.



# Psychological Phases of Normal Grief

- Need to be interpreted not necessarily as sequential but more likely concurrent processes through much of the grief experiences that change and remit over time until healing occurs.



## Psychological Phases of Normal Grief: Acute or Self Protective Phase

- Initial shock, denial and disbelief.
- May feel dissociated from the world around them
- If family well prepared, there may not be the same amount of shock or avoidance.
- Sometimes initially see an intellectualized acceptance without an emotional component as an initial denial of the loss, rather than a necessary self protective mechanism.



# Psychological Phases of Normal Grief: Confrontation:

- Most intense experience of grief.
- Emotional extremes common.
  - an emotional “roller coaster”.
- Rapid and large swings in emotion often cause fear & more anxiety.



# Psychological Phases of Normal Grief: Confrontation:

- Anger is a common component including anger that may be directed towards physicians and other health care team members.



# Psychological Phases of Normal Grief: Confrontation:

- Guilt, inwardly directed anger, confronts the bereaved with questions of :
  - “What if I had....?”, “Did I do enough?”, “What did I do wrong?” “What did I do to deserve this?”
- Guilt around so- called survivor guilt.
  - “Why wasn’t it me?”



# Psychological Phases of Normal Grief: Confrontation:

- Sadness & despair.
- Inability to concentrate or process information.
- Preoccupation with the deceased.
- Over time the extreme emotional swings lessen.
- Intermittent denial may also occur.



# Psychological Phases of Normal Grief: Confrontation

- Social manifestations of this phase include:
  - Restlessness & inability to sit still.
  - Lack of ability to initiate & maintain organized patterns of activity.
  - Difficulty completing or concentrating on tasks at work.
  - Withdrawal from the very people who may be able to help.



# Psychological Phases of Normal Grief: Confrontation

- Physiological or somatic manifestations of grief are common:
  - Often these complaints bring the bereaved into physicians' offices.
- The elderly bereaved are a group vulnerable to illness and physical symptoms must be addressed appropriately.



# Psychological Phases of Normal Grief: Confrontation

- Spiritual issues:
  - The basic search for meaning and value in life, i.e. “who am I?”
  - The feeling of abandonment & anger.
  - Fear of the unknown.
  - Finding a secular framework to face the unknown – the mystery of death.



# Psychological Phases of Normal Grief: Reestablishment:

- Grief gradually softens to an “acceptance” of the reality of the loss.
- Gradual decline in symptoms as grief becomes integrated into life.
- Grief is compartmentalized but periods of grief may arise at specific times such as holidays, birthdays, etc.



# Complicated Grief

1. Delayed or absent grief.
2. Conflicted grief.
3. Chronic grief.
4. Psychiatric disturbances associated with grief.
5. Physical illness associated with grief.



# The Four Tasks of Mourning (Worden)

- To accept the reality of the loss.
- To experience the pain of grief.
- To adjust to an environment in which the deceased is missing.
- To withdraw emotional energy and reinvest it in other relationships.



# Grief Counseling Goals

- To increase the reality of the loss.
- To help the bereaved deal with both experienced & latent affect.
- To help the bereaved overcome impediments to readjustment.
- To encourage the bereaved to make a healthy emotional withdrawal from the deceased & reinvest energy into other relationships



# Management: Basic Issues

1. Begin grief counseling if possible while the patient is still alive.
2. The family is the unit of care.
3. Grief is a normative process and requires much listening and often not a lot of intervention on the part of the counselor.



# Management: Basic Issues

4. Allow sufficient time to grieve.
  - Most people resolve to a level of functioning around one year.
  - Some individuals and families will accomplish the tasks of grieving in two years.
  - Advocate for sufficient time off from work for the bereaved especially in the first few weeks of bereavement.
  - Discuss the fact that grief spikes continue for life through events, holidays and “anniversary” reactions.



# Management : Basic Issues

5. Emphasize the role of the funeral and of memorial service.
  - Encourage families to bring children to these rites.
  - Consider having memorial services in hospitals, agencies and palliative care programs for bereaved families and for staff.
6. Medications, particularly tranquilizers and antidepressants are usually not needed for any sustained period of time.



# Management: Basic Issues

7. Contact the bereaved at regular intervals.
  - Definitely monitor any families with high risk for grief problems.
8. Identify concurrent problems that may interfere with normal grief.



## Management: Basic Issues

9. Use resource books that have been written on grief to help the bereaved.
10. Monitor children at school for grief problems manifesting as school problems.
11. Investigate to see what types of bereavement programs exist in your community.



# Nature of Grief Work

## a) Family (friendship) orientated:

- The ability to accept loss is at the heart of all skills in healthy family relation.

## b) Relational:

- Opportunities for resolution, forgiveness, gratitude.



# Nature of Grief Work

## c) Intergenerational:

- How we want to be remembered.
- Legacy work e.g. what are we leaving behind as a legacy.
- Healthy and effective parenting model.
- Mentorship re: coping skills with children.
- Decreasing fear in future generations.
- Teaching children.
- Learning from children.
- People die, relationships don't.



# Nature of Grief Work

## d) Psycho educative:

- Anxiety about the unknown.
- What changes to expect.
  - Forewarned is forearmed.
  - Physical & emotional.
  - Changing family dynamics/roles.



# Nature of Grief Work

- e) Harm reductive/preventative:
  - Identifying destructive coping mechanisms.  
i.e. alcohol/drug use.
- f) Community oriented:
  - Looking at the larger social interaction e.g. in school or workplace.
- g) Active:
  - What we need to do in order to integrate how we are changed?



# Nature of Grief Work

## h) Narrative:

- Richly descriptive in elucidating personal meaning – ‘Tell me what it is you see death or this loss as?’

## i) Supportive:

- Facilitating the safe containment of emotional space.



# Nature of Grief Work

## j) Intrapsychic:

- Facilitating connection to our own deeper wisdom and ability to heal ourselves.

## k) Spiritually supportive:

- We are dealing with the unknown, with life's mysteries.



# Summary

- Grieving is the active way by which we incorporate grief into our lives and discover how we are changed by it.
- It is open ended and is continually transformed as we go through life and experience further losses. As caregivers we need to be self-aware.
- If we cannot bear our own grief, it will be hard to work in the presence of another person's grief.