Grief, Loss, and Emotional Healing

What Every Medical Professional Should Know

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Objectives:

1. Define loss, mourning, grief, and bereavement.
2. Discuss manifestations of grief.
3. Differentiate between grief and clinical depression.
4. Discuss assessment and interventions for grief and bereavement.
Grief, Loss, Mourning: What’s the Difference?

Grief is defined as:
- An emotional response to loss (inner experience)
- Caused by a variety of losses
- Exists at numerous levels
- Different for each individual

Loss is defined as:
- Not having something/someone that you used to have
- May occur before death
- Most losses trigger grief and mourning

Mourning is defined as:
- Outward social expression of loss
- Influenced by culture, rituals, outcomes, practices
- Signify respect for deceased
- Promotes expression of feelings by the bereaved
Bereavement is...

- Process by which individual deals with their grief
- Not all forms of bereavement are healthy
- An individual experience
- Includes grief, loss, and mourning
The way we grieve depends on many factors including, but limited to the following:

- Our initial experiences with death, loss and bereavement including our family of origin.
- Our cultural, religious, or philosophical beliefs.
- Our coping skills and/or available support systems.

The way we grieve will effect the dying and grieving individuals we are treating. It is important to assess our own beliefs in order to become more empathetic caregivers.
Dealing with Death, Dying & Grief in Medical Education and Practice

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Self-Assessment of Attitudes, Beliefs and Opinions on Death, Dying & Bereavement:

A 10 question self assessment designed for medical students to create a better understanding of their own views on death and how it carries over into their practice with patients and families at end of life.
Anticipatory Grief

- Occurs before a death
- Anticipate losses
- Loved ones grieve for patient’s losses and loss of patient
- The patient also grieves for their own incremental losses and wonder how others will cope with their impending death.
- Preparation and support prior to death
- Provide time to acknowledge
  - Patient’s dying
  - Prepare for death
  - Adapt to changes
Anticipatory Grief

- “Cancer is Awesome” Scene from Pulitzer Prize winning, Wit:

http://www.youtube.com/watch?v=TWfC_P11c0&list=PLuWjm74n77sPRfsAce5yolxo5vcbz-DC-

Vivien: What do you say when a patient is afraid? Are you going to be sorry when I’m gone?

Dr. Jason: Of whom? Are you feeling ok? Who is the President? Maybe I should run a test?
No Single Theory of Grief

Dr. Elizabeth Kubler-Ross-5 Stages of Grief
(originally created as Stages of Dying):

- Shock and Denial
- Anger
- Bargaining
- Depression
- Acceptance
No Single Theory of Grief

Dr. William Worden - Tasks of Mourning:

- Accept the reality of the loss
- Experience the pain of grief
- Adjust to an environment without the diseased
- Withdraw emotional energy and reinvest in another relationship
No Single Theory of Grief

Dr. Therese Rando’s Process of Bereavement:

- Recognize
- React
- Reminisce
- Relinquish
- Readjust
- Reinvest
No Single Theory of Grief

Dr. Alan Wolfelt: Companioning Model:

Companioning the bereaved is not about assessing, analyzing, fixing or resolving another’s grief. Instead, it is about being totally present to the mourner, even being a temporary guardian of her soul. The companioning model is anchored in the “teach me” perspective. It is about learning and observing. In fact, the meaning of “observance” comes to us from ritual. It means not only to “watch out for” but also “to keep and honor,” “to bear witness.” The caregiver’s awareness of this need to learn is the essence of true companioning. If your desire is to support a fellow human in grief, you must create a “safe place” for people to embrace their feelings of profound loss. This safe place is a cleaned-out, compassionate heart. It is the open heart that allows you to be truly present to another human being’s intimate pain. As a bereavement caregiver, I am a companion, not a “guide”—which assumes a knowledge of another’s soul I cannot claim. To companion our fellow humans means to watch and learn. Our awareness of the need to learn (as opposed to our tendency to play the expert) is the essence of true companioning.
No Single Theory of Grief

- Companioning is about being present to another person’s pain; it is not about taking away the pain.
- Companioning is about going to the wilderness of the soul with another human being; it is not about thinking you are responsible for finding the way out.
- Companioning is about honoring the spirit; it is not about focusing on the intellect.
- Companioning is about listening with the heart; it is not about analyzing with the head.
- Companioning is about bearing witness to the struggles of others; it is not about judging or directing these struggles.
- Companioning is about walking alongside; it is not about leading or being led.
- Companioning is about discovering the gifts of sacred silence; it is not about filling up every moment with words.
- Companioning is about being still; it is not about frantic movement forward.
- Companioning is about respecting disorder and confusion; it is not about imposing order and logic.
- Companioning is about learning from others; it is not about teaching them.
- Companioning is about compassionate curiosity; it is not about expertise.
Grief is a lot weirder than we think. It doesn’t follow a logical course or conform to any predictable timetable. Yet individuals persist in making comments about how other people are doing it. And worse, people are constantly, secretly convinced that because their own grief doesn’t proceed according to societal expectations, that they must be doing it wrong.
Grief is a lifelong journey

- From a clinical standpoint, a normal, healthy grief cycle can last from 18 months to 3 years. Within this time frame, healthy griever will find that they can participate fully in life again. They return to work, are able to socialize again and find the acuteness of grief symptoms has dissipated. However, “grief bursts” can occur at anytime after a loss, sometimes even years after the death takes place.
Normal Grief Reactions

There is no right or wrong way to grieve. People who have experienced grief describe some or all of the following. It is completely normal to feel any of these feelings. It is also normal not to feel them.

The grieving person may feel:
- Empty inside
- Exhausted
- Relieved
- Guilty
- Angry or out of control
- Resentful
- Confused
- Peace
Normal Grief Reactions

The grieving person may experience:

- Tightness in the throat
- Mood swings
- Crying more than usual
- Trouble sleeping
- Eating all the time or loss of appetite
- Sexual difficulties
- Difficulty making decisions
Normal Grief Reactions

The grieving person may find themselves:

- Working too much
- Lacking energy
- Wanting to withdraw and be alone
- Getting sick more than usual
- Having a hard time being alone
- Sensing their loved one’s presence
- Living in the past
- Wondering if they will ever feel OK again

Remember all of these responses are normal. Many people find that this is a time when the help of others can make a difference. A friend, clergy member, professional grief counselor or support group could be very helpful, when the grieving person is ready.
Normal Grief or Clinical Depression?

- Grief and depression are two related but different responses that are frequently confused for each other.
- **Grief** is the body's normal response to a loss.
- Clinical Psychologist and Grief Expert Dr. Therese Rando's definition of grief includes "the psychological, behavioral, social, and physical reaction to the loss of someone or something that is closely tied to a person's identity."
- **Depression** is a mood disorder in which feelings of sadness, loss, anger, or frustration interfere with everyday life for an extended time.
- The identifying symptom of depression is that the person is feeling the constant, overwhelming feelings of sadness, loss, anger or frustration for the majority of the day for at least two weeks, often with no identifiable cause.
Characteristics of Grief

Grief and loss expert Dr. Kirsti Dyer has characterized grief as follows:

- A normal complicated response to loss that causes distress
- May experience some physical symptoms of distress
- Still able to look toward the future
- Passive wish for death
- Associated with disease progression
- Retains capacity for pleasure
- Still able to express feelings and humor
- Comes in waves
- Can cope with distress on own or with supportive listening
- Pharmacotherapy for grief is an exception, not the rule
Characteristics of Depression

Grief and loss expert Dr. Kirsti Dyer has characterized depression as follows:

- Generalized distress – loss of interest, pleasure
- Somatic distress, hopelessness, guilt
- No sense of positive future
- Bored, lack of interest and expression
- Suicidal ideation not uncommon
- Persistent flat affect, negative self-image
- Advanced disease and pain
- Change in capacity to enjoy life or things that were formerly pleasurable
- Constant, unremitting
- Often requires intervention with medication, therapy
- May require combined psychosocial interventions and pharmacotherapy
Complicated Grief

- Overwhelming
- Maladaptive
- Usually prolonged

I asked a psychiatrist to translate the term “intense, complicated grief.” He said, “Miss Havisham.” in Great Expectations. I understood: One end of the spectrum would be someone like the Dickens character, jilted by her fiancé, who spends her life in her tattered, yellowed wedding dress, brooding over the rotten remains of the wedding feast and grieving her lost love by punishing everyone else.

---Joan Wickersham, Boston Globe
Complicated Grief

Indicators for complicated grief:

- Death is sudden
- A child dies
- Great suffering at the end of life
- Inadequate support
- History of poor coping skills
- Previous diagnosis of severe mental health issue, chronic depression, or substance use.
Complicated Grief

Manifestations of Complicated Grief:

- May include normal grief reactions
- Symptoms may be intensified, interfere with the person’s psychological, social, and physiological functioning
- Extreme isolation
- Violent behavior
- Suicidal idealization
- Workaholic
- PTSD

In hospice, these types of grievers may be referred to a clinician in the community who is considered more appropriate in handling the complexity, and the duration of intervention that such cases require.
Disenfranchised Grief

Loss not validate or recognized by society:

- Gay/Lesbian relationships
- Step parents/stepchildren
- Death by suicide and/or drug overdose
- “Caused” their own death, i.e. lifelong smoker, drinker, promiscuity, etc.
Grief Assessment

- Begins at the time of diagnosis or admission
  - Patient
  - Family members
- Ongoing throughout course of illness for patient
- Continues past death of family members
- All hospice team members are assessing potential grief response: CNA’s, nurses, physician, social worker, spiritual care, and volunteers.
Children’s Grief

Children mourn and grieve based on their development level

Symptoms in younger children

- Frequent sickness
- Accident prone
- Nightmares
- Excessive dependency on remaining parent
- Antisocial behavior / Rebellious behavior
Children’s Grief

Symptoms in the older child

- Difficulty in concentrating, poor schoolwork
- Antisocial behavior
- Resistance to discipline
- Nightmares, symbolic dreams
- Frequent sickness
- Experimentation with alcohol/drugs
- Compulsive behavior
Children’s Grief

- Develop trust by showing interest in their interests
- Provide active listening, touch, silence, presence
- Assisting in identifying support systems
- Encourage reminiscing
- Teach relaxation, guided imagery, journaling, art therapy, music, sports, etc.
- Meet them “where they are”
Bereavement Services

- Hospice Medicare benefit 13 months from time of death
- Initial and periodic assessment
- Plan of care
- Condolence card and periodic letters
- Phone calls
- Support groups
- Memorial service
- Camp Braveheart
- Individual sessions

HHCRI over 270 deaths per month/over 3,000 per year