

Helping People through **GRIEF** and **LOSS**

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What is **GRIEF**?

Grief is the natural and necessary transitional process of psychological, social, and physiological reactions one has when experiencing a loss and may be uncomplicated, complicated, or disenfranchised.

Basically, grief is the reaction one feels having suffered a loss.

The duration and intensity of the grief response should gradually decrease over time.

REMEMBER THIS

There is no *NORMAL* in the grief process.

No one grieves the same as any other person.

Our grief reactions depend on a multitude of personality characteristics, brain wiring, and past circumstances.

BROAD REACH OF GRIEF

Grief is experienced in 7 life domains:

Emotional

Cognitive

Psychological

Physical

Behavioral

Interpersonal

Spiritual

STAGES OF GRIEF

Different views exist about grief stages. Some are:

Kubler-Ross 5 stage theory

- 1. Denial**
- 2. Anger**
- 3. Bargaining**
- 4. Depression**
- 5. Acceptance**

These stages came about only from Kubler-Ross' interviews with patients experiencing a terminal illness.

STAGES OF GRIEF

“Broken Heart: Dealing with Feelings of Loss and Understanding Grief” c2003.

- 1. Surprised** (shock, denial)
- 2. Scared** (fear, worry, anxiety, panic)
- 3. Anger** (rage, frustration, jealous, cheated)
- 4. Sad** (depression, isolation, loneliness)
- 5. Deal making** (If I do . . . then . . . Will change.)
- 6. It's okay** (feeling better, letting, getting stronger, healing, acceptance)

STAGES OF GRIEF

Crisis - loss/ death, asking why, shattered schema

Making_Meaning - Answering why, challenging previous beliefs

Integration - New identity, spiritual growth, restructuring

STAGES OF GRIEF

Perhaps the easiest of all is:

- 1. Shock and disorganization**
- 2. Reorganization**
- 3. Finding new meaning**

GRIEF: an “ATTACHMENT ISSUE”

We are forever changed by

CONTACT

with another person.

Loss of that contact is a breaking or
severing a part of ourselves.

GRIEF AND ATTACHMENT THEORY

Loss and grief create an overpowering
and overwhelming disruption in
attachment and shake our world view
and systems of regulation.

GRIEF AND ATTACHMENT THEORY

Two fundamental principles of attachment:

1. A well functioning attachment provides a secure base for individuation.
2. Attachment relationships are internalized and form the basis for our functionality in the world.

GRIEF AND ATTACHMENT THEORY

- Attachment theory was heavily researched by John Bowlby.
- In the 1970's, Mary Ainsworth (1913 - 1999), did in depth research into attachment theory and determined 4 basic styles of attachment. Her work stands today as the most thorough research into the area of attachment styles.

GRIEF AND ATTACHMENT THEORY

Four styles of attachment:

1. **Secure** - “I’m good enough to meet my emotional needs and so are you.”
2. **Avoidant** - “I’m good enough to meet my emotional needs but you are not.”
3. **Ambivalent** - “I’m not good enough to meet my emotional needs but you are.”
4. **Disorganized** - “I’m not good enough to meet my emotional needs and neither are you.”

REATTACHMENT PROCESS

The healing process through grief is seen as reattachment with the world in a new and positive perspective.

“As the reattachment process proceeds, the deceased releases connection with the mind of the mourner, where sensation and perception tell the mourner the loved one is lost, and moves to reside wholly in the heart, where the loved one can still be experienced.” (Lane and Lane)

Sometimes referred to as “Relocating the Loved One.”

GRIEF and LOSS

UNCOMPLICATED
COMPLICATED
DISENFRANCHISED
ANTICIPATORY

UNCOMPLICATED GRIEF

GEORGE'S story

CHARACTERISTICS OF UNCOMPLICATED GRIEF

- . Grief is cyclic, not linear.
- . Grief will sneak up on you with a vengeance – grief bursts
- . It will be more intense around holidays, birthdays, wedding anniversaries, and death anniversary.
- . Grievers move from being “in pain” to “having pain.”
- . As time progresses the grief process becomes part of the individual’s life story. Healing means relocating the loss in a different place of one’s self.

RESULTS OF UNCOMPLICATED GRIEF

1. Reduction of sadness, separation distress, and intensity over time
2. Growing acceptance of death or loss
3. Gradual return and reinvestment of new interests, activities, relationships, etc.
4. Improvement in all seven domains
5. Meaning reconstruction

COMPLICATED GRIEF

ELIZABETH'S story

COMPLICATED GRIEF

“PERSISTENT COMPLEX BEREAVEMENT DISORDER”

(Prolonged Grief Disorder)

DSM-V pgs. 789 – 790

Appears in the chapter “Conditions for Further Study” and does not have an ICD code. Therefore, one can’t bill for it in therapy.

Instead, one might bill for Major Depressive Disorder or, if symptoms meet criteria, Posttraumatic Stress Disorder.

PERSISTENT COMPLEX BEREAVEMENT DISORDER

This condition is only diagnosed after at least 12 months (6 months in children) have elapsed since the death of the loved one. It involves a persistent and unhealthy yearning for the deceased and is associated with intense sorrow, frequent crying, and/or preoccupation with the deceased.

COMPLICATED GRIEF

1. Complicated grief is a matter of intensity and duration.
2. Intensity is problematic in that it causes emotional and mental distress in the 7 life domains.
3. It usually peaks at 6 - 12 months and can remain high for more than 2 years.
4. One can be stuck in complicated grief for years.

PREVALENCE OF PCBD

- According to the DSM-V, PCBD occurs in approximately 2.4% - 4.8% of the grieving population.
- Other sources have documented between 10% and 20% experience PCBD.
- Although occurring in both males and females, it is more common in females.

DIAGNOSTIC CRITERIA OF PCBD

Six of 12 symptoms must be present:

Difficulty accepting the loss

Disbelief the loved one has died

Distressing memories of the deceased

Anger over the loss

Maladaptive appraisals of oneself in relationship to the deceased

Excessive avoidance of reminders of the loss

DIAGNOSTIC CRITERIA OF PCBD

Six of 12 symptoms must be present:

Report a desire to be with the deceased

Distrust of others

Isolation

Believe life has no meaning or purpose without the deceased

Diminished sense of identity; they feel part of themselves has died or been lost

Difficulty engaging in activities, pursuing relationships, or planning for the future

PCBD by TYPE

CHRONIC: No resolution of grief over a long period of time. Possible panic attacks, hallucinations, and depression. Person is aware they are not doing well.

MASKED: Absence of expected grief. Emotions, though not expressed, come out in physical ailments and they are unaware that these reactions are a result of their repressed grief.

EXAGGERATED: Emotions are highly exaggerated and disabling. Usually emotional problems were present prior to the loss.

DELAYED: Known as suppressed or postponed grief, this person has not grieved at all. When grief is expressed, it is often accompanied by a mental illness like depression.

TRAUMATIC: Combination of extreme loss distress and traumatic distress. The trauma is related to the severity of the separation rather than to the death itself.

CONDITIONS LEADING TO PCBD

1. Guilt
2. Previous unresolved issues with the deceased
3. Emotional fragility or previous psychological disorder
4. Repressed emotions
5. Lack of friends or other personal support systems
6. Being uncertain of how the death occurred
7. Unexpressed anger
8. Self blame
9. Overly dependent relationship with the deceased
10. Insecure attachment style
11. Belief that the loss was avoidable
12. Loss was unanticipated

THERESE RANDO'S 6 R's FOR TREATING COMPLICATED GRIEF

- 1. RECOGNIZE** and acknowledge the death.
- 2. REACT** to client's not experiencing pain or expressing feelings or grieving secondary losses.
- 3. RECOLLECT** and re-experience feelings about the deceased and the relationship.
- 4. RELINQUISH** the old attachment to the deceased and their assumptive world. Restructure the location of the bond to the deceased.
- 5. READJUST** client's assumptive world about the deceased.
- 6. REINVEST** the 7 life domains in new relationships.

DISENFRANCHISED GRIEF

MONICA'S story

DISENFRANCHISED GRIEF

Disenfranchised grief occurs when one is being denied the right by others or society to grieve appropriately.

CATEGORIES OF DISENFRANCHISED GRIEF

1. Relationship is not recognized.
2. Loss is not recognized.
3. Griever is not recognized.
4. Circumstances of the death are stigmatized.
5. How the individual grieves is not recognized.

DISENFRANCHISEMENT AGGRAVATES GRIEF

Disenfranchised grief is made worse by the following:

- . Intensifies the emotional response.
- . Creates the crisis of no support or recognition on top of their grief.
- . Rituals and other things that may help the person mourn are not given.
- . No social support makes the griever feel lonely and alone.
- . Forces the person to grieve privately.

PROBLEM WITH DISENFRANCHISED LOSSES

The problem with disenfranchised losses is not with the bereaved but with the reaction of others. These may include:

1. Avoiding contact with the grieving person.
2. Discouraging communication or expression of emotions.
3. Giving unsolicited advice.
4. Making rude or insensitive comments.
5. Expressing inappropriate expectations about the person's grief response.
6. Blaming the disenfranchised griever for the death.

ANTICIPATORY GRIEF

MARY'S story

WHAT IS ANTICIPATORY GRIEF ?

ANTICIPATORY GRIEF is a term describing the grief process a person undergoes before a loss actually occurs. Typically results during the care giving of a loved one with a terminal illness.

IS ANTICIPATORY GRIEF REAL?

First studied in 1944 by Lindemann, 60 years of subsequent research has shown conflicting results.

Some say it helps the post-death grief process.

Still, others have said it has no impact or a negative impact on post-death grief.

Some deny its existence altogether.

WHY DO I FEEL SO GUILTY?

Guilt is an emotion often felt when grieving. Usually it occurs in the initial stages of grief shortly after the death has occurred and accompanies the sense of disbelief and numbness.

WHY DO I FEEL SO GUILTY?

Factors facilitating guilt are:

1. The nature of the death such as a drug overdose or suicide.
The griever's phrase is, "*If only I had . . .*"
1. Unresolved issues with the deceased. Last words spoken in anger cause guilt.
The griever's phrase is, "*If only I hadn't . . .*"
3. A terminal illness. One may feel there was more they could have done to make the loved one more comfortable or prolonged their life.
4. Disbelieving the seriousness of the illness. This is the most likely to cause guilt.
5. Disenfranchised grief leads to guilt.

HOW DO CHILDREN GRIEVE?

Developmental considerations and death construct

“The Colors of Grief” by Janis A. DiCiacco, Ph.D.
gives developmental levels of grief for all ages.

CHILDHOOD GRIEF BY AGES

Infants and Toddlers before age 3:

1. See death as a separation from a primary care giver.
2. See death as a change in their environment.
3. Distress can manifest as crying, searching, change in sleep or eating habits.

CHILDHOOD GRIEF BY AGES

Preschoolers and Young Children 3 – 5 years:

1. Tend to personalize the death experience.
2. They may see the death as their fault.
3. Equate the death as punishment.
4. See death as reversible.
5. Grief manifests in crying, clinging, behavior regression, separation fears, magical thinking, acting and talking as if the person is still alive.

CHILDHOOD GRIEF BY AGES

School age Children 6 – 9 years:

1. Concrete thinking is developing.
2. Emotions may seem incongruent.
3. May personify death as if the “boogey man” took my mother.
4. Manifests by anger, denial, irritability, mood changes, withdrawal, regressed behaviors, academic problems avoiding school, lack of concentration.

CHILDHOOD GRIEF BY AGES

Middle School Age Children 9 – 12:

1. Understand that death is permanent and happens to everyone
2. May feel responsible
3. May feel different from others
4. May think grief emotions are childish and put up a false front
5. Manifested by crying, aggression, longing, resentment, isolation, withdrawal, sleep disturbance, suppressed emotions, decline in academic performance

CHILDHOOD GRIEF BY AGES

Early Teens and Adolescents:

1. Possess clear understanding of death
2. May feel unsure or resentful
3. Have a view toward the future asking, “What if . . .”
4. Fear exposing their strong emotions
5. May feel disenfranchised in their grief
6. Manifested by numbing, anger, anxiety, guilt, sense of increased responsibility, self involvement, risk taking, acting out, distancing, avoiding feelings, appetite and sleep disturbance, apathy, academic decline

**SO, HOW DO I HELP
A GRIEVING
PERSON?**

HELPING CHILDREN THROUGH GRIEF

1. Tell the truth.
2. Be simple and direct.
3. Reassure children they are not to blame for the loss.
4. Model appropriate grief responses.
5. Find ways for the child to be involved with the family.
6. Encourage the child to talk and ask questions.
7. Accept the child's own pace for revealing feelings.
8. Encourage expression in private ways; drawing, journaling, etc.

HELPING CHILDREN THROUGH GRIEF

9. Acknowledge and affirm the child's grief expressions.
10. Normalize their response.
11. Make teachers aware of the loss so they can watch for changes in behaviors or emotions.
12. Help the child explore their feelings about the death.
13. Encourage the child to collect keepsakes to construct and maintain memories.

HELPING ADULTS THROUGH GRIEF

In uncomplicated grief:

1. Encourage them tell their story as often as possible both in and out of therapy.
2. Listen empathetically as they process their pain.
3. Normalize and validate their feelings and pain.
4. Educate them about what they can expect through the grief process in the future.
5. In therapy use the name of the deceased.
6. Use words like “dead” or “died.”
7. Encourage the client to process the experiences surrounding the death.

HELPING AN ADULT CLIENT THROUGH GRIEF

In complicated grief:

1. Assessment is necessary. (Multiple assessments are available.)
2. Determine the reasons for the complicated grief.
3. Determine the type of complicated grief.
4. Those in complicated grief are generally experiencing multiples losses due to the death.
5. Work on one grief issue at a time.

HOW DO I HELP MYSELF IN GRIEF

1. Accept the reality of the loss.
2. Realize grief is a deeply personal and normal process to loss.
3. Realize that grief is not linear. It comes in waves like the ocean.
4. Adjust to an environment in which the deceased is missing.
5. Emotionally relocate the deceased and move on with life.
6. Allow yourself to experience the pain. Avoiding it only prolongs the grief process.
7. Express feelings in a tangible or creative way.
8. Take care of your physical health.
9. Don't let anyone tell you how to feel. Your grief process is your own.

HOW DO I HELP MYSELF IN GRIEF

0. Don't tell yourself how to feel. This only avoids the emotions you must face.
1. Develop rituals that remind you of your loved one.
2. Plan ahead for grief triggers such as anniversaries, holidays, and milestones.
3. Turn to friends and family members. Don't isolate yourself from others.
4. Draw comfort from your faith.
5. Join a grief support group.
6. Talk to a therapist or grief counselor.
7. Know that, in time, you will remember your loved one with fondness and joy.

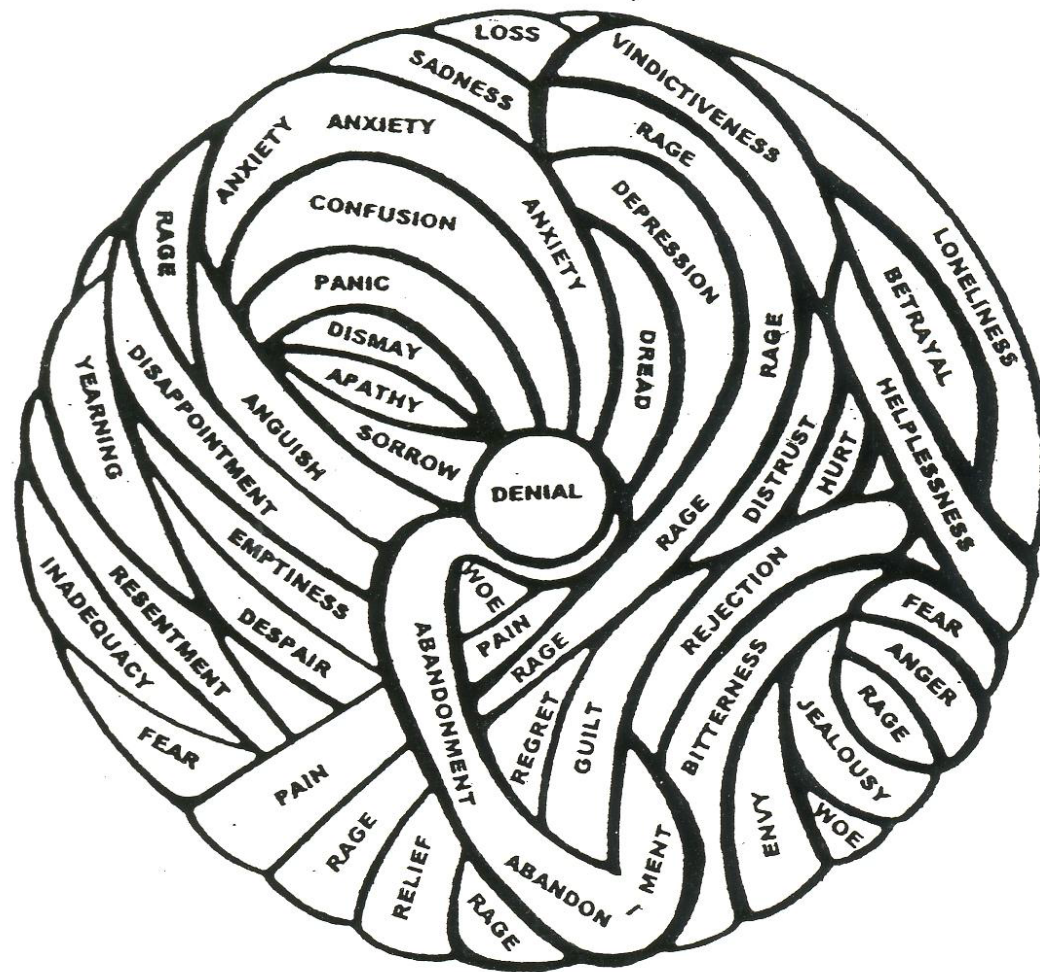
THERAPEUTIC IDEAS FOR ADULTS

1. Have the client picture the deceased as they enter their understanding of heaven. Have the client imagine who they first met, their first words, their first feelings, what they saw, smelled, heard, tasted, and touched.
2. Have the client write a letter to the deceased. Express on paper everything in their heart and mind about the deceased. Write about emotions, what they miss, how their life is different, shattered hopes and dreams.
3. Silence can be helpful. Your presence alone may be a great comfort to the client.

THERAPEUTIC IDEAS FOR CHILDREN

1. For children offer the chance to draw color pictures.
2. Have the child draw a picture of their emotions.
3. Play therapy is excellent for young children.
4. Encourage adolescents to share their feelings with trusted friends.
5. For adolescents, it can be helpful for them to speak to the therapist in the presence of a parent; especially if the parent is not understanding the grief responses of their child. (This is a practice used in TFCBT.)

GRIEF BALL



A FATHER'S GRIEF

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