**HELPING PEOPLE THROUGH GRIEF AND LOSS**

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MIMH Spring Institute

May 30, 2014.

**Grief–** it’s something everyone experiences some time in their life. It knocks you off your feet. It sneaks up on you. You can’t run and hide from it. You can’t negotiate with it. You can’t even appreciate its purpose because, well . . . after all, it’s grief. Think about the very first time you lost someone; a grandparent, parent, sibling, or pet. Maybe your best friend moved away or you suffered a major disappointment. You experienced grief. It felt foreign and frightening; a scary monster invading your mind wreaking havoc on your ordered world. Emotions were skewed and time seemed to slow down or stop altogether. Confusion reigned in your thoughts making it impossible to do your school work or job. You felt like an outsider since your friends didn’t know how to respond to you; didn’t know what to say or do. They tried to help in some small way but their efforts, though well intended, only caused you more hurt.

Grief causes us to second guess ourselves and question what we did wrong. We cry out in anger without knowing from where it comes or where it will land. We lose touch with our surroundings, our past, our present, our future, ourselves. Life seems to be an empty dark well that has no bottom and we are plummeting ever downward wondering if these feelings will ever end.

Grief is a fact of our lives. We are emotional individuals, wired to respond with sorrow when someone we love is gone. However, death isn’t the only loss that triggers grieving. Any major loss can cause us great sorrow; divorce, loss of a job, decaying friendships, being turned down for a promotion you worked so hard to attain. Any significant loss will find you feeling the raw tentacles of grief wrapped around you, seemingly choking your life from you.

There is good news. Yes, grief will end, in time. But grief serves a purpose and must be embraced before it can achieve its purpose. Now that’s a scary thought; “embracing our grief.” Still, it’s true. Grief must be embraced and regarded as a necessary part of life’s experiences affording us the opportunity to forge new vistas and experiences. So, since grief is both a difficult yet necessary process, it’s helpful to understand the nature of this uninvited guest.

**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, and spiritual.

**EMOTIONAL Responses to Grief**

1. Sadness / Sorrow / Depression
2. Fear
3. Anxiety
4. Guilt
5. Anger
6. Relief
7. Hopelessness
8. Feeling Lost
9. Feeling Shame Or Embarrassment
10. Numbness
11. Feeling Overwhelmed

**COGNITIVE Responses to Grief**

1. Memory Problems
2. Poor Concentration
3. Poor Attention
4. Poor Decision Making
5. Intrusive or Obsessive Thoughts
6. Disbelief
7. Sense of Non-Reality
8. Confusion

**PSYCHOLOGICAL Responses to Grief**

1. Denial
2. Projection
3. Intellectualization
4. Fear
5. Anxiety
6. Guilt
7. Anger
8. Feeling Abandoned
9. Worry
10. Avoiding Painful Memories

**PHYSICAL Responses to Grief**

1. Headaches
2. Nausea
3. Appetite and Sleep Disturbance
4. Fatigue
5. Weak Muscles
6. Crying (Lots of Crying)
7. Intolerance of Noise
8. Excessive Silence or Humor
9. Dreams

**BEHAVIORAL Responses to Grief**

1. Find it difficult to make decisions.
2. May not trust decisions made on every day matters.
3. May do the same routines as before the loss to maintain connection with the memory of the deceased.
4. May radically alter routines in response to the loss.
5. May be afraid to act at all. (A trusted friend or family member can be helpful here.)

**INTERPERSONAL Responses to Grief**

1. Distancing from others
2. Changes in communication style with others
3. Argumentative
4. Rejecting
5. Separation Anxiety
6. Blaming others
7. Identification with the deceased
8. Rejecting old friends and making new ones.

**SPIRITUAL Responses to Grief**

1. Loneliness and isolation
2. Inability to pray or meditate
3. Spiritual belief system may no longer be valid or sufficient
4. Rejecting God
5. Loss of meaning
6. Loss of faith
7. Angry at God
8. Feel betrayed by God
9. Not feeling centered or balanced
10. Strengthening of spirituality

**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**

The Kubler-Ross five stage theory of grief; denial, anger, bargaining, depression, and acceptance, are the vanguard standard by which grief has been quantified. However, studies since Kubler-Ross’ work have shown her five stages are not valid in any but the narrowest of grief experiences. Her five stage theory resulted only from personal interviews with terminally ill patients. Unfortunately, others have applied these stages to grief in general, thereby establishing a “norm” that is not applicable in all mourning circumstances. While one in grief may exhibit some of these characteristics, they may not all be present and, those that are, may come in different orders.

**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, jealousy, feel cheated)
4. **Sad**  (depression, isolation, loneliness)
5. **Deal making** (if I do . . . then . . . will change.)
6. **It’s okay**  (feeling better, letting go, getting stronger, emotional healing, acceptance)

**STAGES OF GRIEF**

1. **Crisis** - loss/ death, asking why, shattered schema
2. **Making new meaning** - answering why, challenging previous beliefs
3. **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

I know a man, we’ll call him George, who founded and owned his own jewelry store. Proud of the ethics with which he ran his business, he was doing well and was in healthy business competition with another family store not far away. One day George was approached with an offer to merge the two stores. The original owners of the competition were elderly, wished to retire, and needed someone knowledgeable to help their son, let’s call him Bill, with the family business. It seemed like a well constructed and positive move. The stores would merge and the very popular line of jewelry exclusive only to George’s store would be brought into Bill’s store. The elderly owners would retire and Bill would continue the family business, with the help and expertise of George, who would now be a partner. Papers were signed and the merger completed. One problem – the elderly owners of Bill’s store chose not to retire. Their powerful hands were on every business decision made. George was never consulted on anything and his desk ended up in the basement of the store from where his eyes seldom saw the light of day.

George had been deceived. He became despondent and depressed, isolating himself from friends, church members, even his family. Deeply concerned about her husband’s health, George’s wife sought the advice of the family’s pastor. An astute and perceptive man, he listened carefully to Mary’s words then responded, “Mary, George is grieving the loss of his business and the deception of Bill’s parents.” Mary confronted her husband with this insight. A short time later George left the partnership, found an appropriate business location, and opened his own store again. Today, George is a different man, happy and fulfilled. He was able to let go of the betrayal by Bill’s parents and is experimenting with new and creative ways to market his jewelry line. George learned that grief is a thief. It stole his joy, his happiness, his security, and left gaping jagged holes in his self-image.

**CHARACTERISTICS OF UNCOMPLICATED GRIEF**

1. Grief is cyclic, not linear. The process of grief is different for every individual and family.
2. It often sneaks up on you with a vengeance – “grief burst.”
3. It becomes more intense around anniversary dates like holidays, birthdays, date of diagnosis, date of the loss, etc.
4. One moves from being “in pain” to “having pain.”
5. 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**

Elizabeth is a 30 year old female who married her college sweetheart when she was 26. Both were very happy, employed full time in careers they loved, and were eager to start a family. One year after they were married, Elizabeth became pregnant with their first child, a boy. They doted over their son and Elizabeth’s parents were very eager to babysit while Elizabeth and her husband were at work.

Shortly after their baby’s first birthday Elizabeth’s husband was killed in a tragic car accident on his way home from the office. He had been hit by a drunk driver who passed out at the wheel. His car swerved into the husband’s lane and the two hit head on at an impact of 120 miles per hour. Both drivers were instantly killed.

With the help of her family, Elizabeth somehow made it through the funeral. In shock, she never cried until the finality of the grave side portion of the service. Even then, her tears were minimal and not reflective of the deep grief of a young mother who had just lost the love of her life.

One year later Elizabeth developed chronic headaches, joint pain in her hands, elbows, back, neck, and Irritable Bowel Syndrome. Being a conscientious woman and concerned for her ability to care for her son, Elizabeth made an appointment with her family physician seeking treatment for her physical problems. Her doctor ran cat-scans of her head, a complete bone scan examining all effected joints, and a colonoscopy to find a possible cause of her IBS. Medical records indicated there was no physical reason for her ailments. She was then referred by her doctor for therapy.

At the initial therapy session her emotions were carefully controlled, constricted at times, and when she reluctantly talked about her husband, her affect became flat. Elizabeth admitted she had become reclusive at work. She no longer met with coworkers for lunch and never participated in conversations with anyone on the job. She avoided all outside contact with friends and family except to drop off and pick up her son at her parent’s house. In the initial interview Elizabeth indicated she thought she was becoming depressed and wondered if she should see a psychiatrist.

**COMPLICATED GRIEF**

“Persistent Complex Bereavement Disorder”

PG. 789-790 in DSM-V

PCBD appears in the chapter, “conditions for further study,” and does not have an IDE code. Therefore, one can’t bill for therapy. Instead, might bill as major depressive disorder or, if symptoms meet criteria, posttraumatic stress disorder.

**COMPLICATED GRIEF**

“Persistent Complex Bereavement Disorder”is diagnosed only at least 12 months (6 months in children) have elapsed since the death of someone with whom the bereaved had a close relationship. The 12 month time frame discriminates normal grief from persistent grief. The condition involves a persistent yearning or longing for the deceased and may be associated with intense sorrow and frequent crying or preoccupation with the deceased. The bereaved may also be preoccupied with the manner in which the loved one died.

**COMPLICATED GRIEF**

1. PCBD 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. Usually peaks 6 – 12 months and can remain high for more than 2 years.
4. One can be stuck in complicated grief for many years.

**PREVALENCE OF COMPLICATED GRIEF**

1. According to the DSM-V, the prevalence of PCBD in the grieving population is approximately 2.4% - 4.8%.
2. Others have presented evidence for 10% - 20% developing complicated grief.
3. The disorder is more prevalent in females than in males.

**DIAGNOSTIC CRITERIA FOR PCBD**

Six of the following symptoms must be present to diagnose PCBD.

1. Difficulty accepting the loss
2. Disbelief the individual has died
3. Distressing memories of the deceased
4. Anger over the loss
5. Maladaptive appraisals of oneself in relationship to the deceased or the death
6. Excessive avoidance of reminders of the loss
7. May report a desire to die to be with the deceased
8. Distrust of others
9. Feel isolated

10. Believe life has no meaning or purpose without the deceased

1. Diminished sense of identity in which they feel part of themselves has died or been lost
2. Difficulty engaging in activities, pursuing relationships, or planning for the future

**TYPES OF COMPLICATED GRIEF**

1. **Chronic** – there is no resolution that happens after a long period of time. The intensity of the loss is just as if it happened yesterday. One can experience panic attacks, hallucinations, illogical fears, and depression. The person is usually aware they aren’t doing well.
2. **Masked** – there is an absence of expected grief; sometimes called absent or repressed grief. Though emotions are not expressed, they come out in other ways such as physical problems, reduced sexual drive, insomnia, body pains, Irritable Bowel Syndrome, or other illnesses. They are unaware that these reactions are a result of their repressed grief.
3. **Exaggerated**– emotions are highly exaggerated and disabling. Usually the person had emotional problems before such as major depression, anxiety, or bipolar disorder.
4. **Delayed**– also known as inhibited, suppressed, or postponed grief, this person has not grieved at all. When the grief is expressed it is complicated by the development of a concurrent mental illness like major depression. Another loss or seeing another person go through the grieving process often triggers the eventual expression of grief. Depression is most often found here.
5. **Traumatic**– in traumatic grief there is a combination of extreme distress and traumatic distress. However, the trauma is not related to the death. Rather, the trauma is related to the severity of the separation distress.

**CONDITIONS LEADINGTO COMPLICATED GRIEF**

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**

Monica is a 41 year old woman, married once and divorced for ten years. She is currently single and lonely. Her ex-husband was from a family of considerable financial means and Monica freely admitted to marrying for money. Consequently, in the marriage her deeper needs of love and emotional security were never adequately met. Being very attractive, she never lacked for dating opportunities. She enjoyed the attention of men but when they became serious she would sever the relationship.

Five years ago, Monica met a man through her work. He showed her kind attention that soon turned to verbal innuendoes. Occasional lunch appointments followed shortly thereafter. An occasional brush of their hands and frequent affectionate touches on her arm caused Monica’s heart to flutter with anticipation and desire. One evening while at dinner with her coworker, Monica realized she was falling in love with him. Following dinner that evening Monica became involved in a five year sexual affair with the gentleman.

She knew he was married and had three teenage children. Though some would find this situation distressing, Monica had found the quality relationship she had desired all her life. Her suitor was kind, loving, supportive and generous. Without the possibility of marriage Monica felt secure in the fact that there would never be a life time commitment required of her.

Monica’s lover never missed work but in the fifth year of the affair he suddenly started being absent one to two days weekly. After two months of periodic absence Monica learned he had taken extended medical leave. She desperately wanted to contact him but the possibility of his wife answering the phone paralyzed her with fear. When the office was informed that he had died of a heart attack Monica was beside herself with grief. She wanted to attend the visitation but was afraid her emotions would betray the depth her feelings for him and she couldn’t take the chance of his wife becoming suspicious. Consequently, she avoided both the visitation and the funeral.

Her family was unaware of the affair and she knew she couldn’t talk with coworkers about her feelings so, without an acceptable verbal outlet, she became depressed, lethargic, started losing weight, and cried herself to sleep nightly. She wanted to talk about her grief but knew there was no one in whom she could confide. Because of her declining work performance and a growing history of absenteeism, Monica was eventually fired from her job.

**DISENFRANCHISED GRIEF**

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

**CATEGORIES OF DISENFRANCHISED GRIEF**

1. **The relationship is not recognized** – the relationship is not kin-based. Examples are colleagues, neighbors, foster parents, caregivers, being the “other woman” in an affair, gay and lesbian relationships. Loss can’t be publically mourned.
2. **The loss is not recognized** – examples include pets, miscarriages, abortions, losses other than a death such as a job, divorce, terminal illness, injury, or giving up children for adoption.
3. **The griever is not recognized**– the person is sheltered or the grief is minimized. Examples may include children who are assumed to not understand what is happening. Often those who place loved ones in hospice care or a nursing home due to Alzheimer’s disease or any such condition are not recognized as grievers because the person is not dead.
4. **The circumstances of the death** – the type of death or loss can be stigmatized such as suicide, aids, abortion, or risky behaviors like drug overdose.
5. **How the individual grieves** – one may deny the other person’s grief because they do not understand the person’s familial and societal culture.

**DISENFRANCHISEMENT AGGRAVATES GRIEF BY**

1. Intensifying the emotional response
2. Creating the crisis of no support or recognition on top of the grief
3. Rituals and others things that help the person mourn are not provided
4. No social support making the griever feel alone and lonely
5. Makes the person grieve privately

**PROBLEM WITH DISENFRANCHISED LOSSES**

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

1. Avoiding contact with the griever
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 mourning response
6. Blaming the disenfranchised griever for the death

**ANTICIPATORY GRIEF**

**MARY’S story**

Mary is a 58 year old female living alone. She never married due, probably, to years of nightly sexual abuse by her father. Mary hadn’t the courage to tell her mother what was going on but when her mother learned of the abuse, she took Mary, her other children, and moved out.

Mary’s mother worked long hours to provide a stable living environment for Mary and her siblings. For her senior year of high school Mary left home and lived with her best friend and her parents. Although Mary and her mother never talked at length about the abuse at the hands of her father, Mary felt comfortable in confiding in her friend’s parents. After graduation from high school Mary entered college where she completed an undergraduate degree in elementary education. It was in her early years of college Mary began experiencing nightmares and flashbacks of the abuse. She often had to leave class because the memories were overwhelming and horribly painful. She was determined, however, to finish her degree and upon graduation, Mary landed her first professional job teaching kindergarten in an inner city school system.

Because of her passive nature and inability to maintain appropriate classroom discipline coupled with her erratic behaviors and mood swings brought on by horrific flashbacks, Mary was denied a contract for the next school year. Despondent and depressed, Mary sought help through a local mental health facility where she was diagnosed with schizoaffective disorder and posttraumatic stress disorder. Today, Mary receives psychiatric medications and weekly individual therapy where she has learned to deal with her PTSD. Mary’s sole income is the disability she receives from the state in which she resides.

About 8 months ago, Mary’s mother had surgery to repair a broken hip. While recuperating in a rehabilitation facility her mother suffered a massive stroke on her right side. Unable to walk and with a feeding tube in her stomach, Mary’s mother has had 2 occurrences of pneumonia and is current living with a son and daughter-in-law. Mary’s mother lives on the East coast and, because of Mary’s limited income, can’t afford to fly out to see her mother. She talks with her on the phone but doesn’t feel she can ask her mother the questions she wants answers to. She wonders if her mother is treated well, if she is getting the proper care she needs, and if her general health is continuing to deteriorate. Without knowing the situation Mary worries constantly about her mother dying. Mary has verbalized a desire for her mother to pass so she doesn’t suffer. Yet, at the same time, Mary feels tremendous guilt for what she thinks is such a selfish thought. Mary is losing sleep at night but is sleeping a great deal during the day. She eats to comfort herself but finds no relief through food. In spite of her medications, Mary is depressed and finds it difficult to maintain her apartment in an orderly condition.

**WHAT IS ANTICIPATORY GRIEF?**

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

**IS ANTICIPATORY GRIEF REAL?**

1. First studied in 1944 by Lindemann, 60 years of subsequent research has shown conflicting results.
2. Some say it helps the post-death grief process.
3. Still, others have said it has no impact or a negative impact on post-death grief.
4. Some deny it exists altogether.

**WHY DO I FEEL SO GUILTY**

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

**WHY DO I FEEL SO GUILTY**

Factors that facilitate guilt are:

1. The nature of the death. If a loved one died of a drug overdose or suicide the parent may feel they didn’t do enough. Therefore the death or suicide may be seen as their fault. Here the operative phrase is “if only I had . . .”
2. Unresolved issues with the deceased. If last words were spoken in anger or a course of action was taken that disenfranchised the deceased, guilt will often emerge. Here the operative phrase is “if only I hadn’t . . .”
3. A terminal illness. It is not uncommon for the bereaved to feel there was something more they could have done to make the deceased more comfortable. They may ask themselves if they made a mistake with meds, did they respond quickly enough to the deceased’s needs, or did the deceased perceive them as uncaring and unloving.
4. Disbelieving the seriousness of the illness. All the above examples can breed “if only” thinking but this one is the most likely to cause one to feel guilt. They may wonder if they had taken the illness seriously enough, could it have been prevented.
5. Disenfranchisement from family and friends of the deceased leads to guilt.

**HOW DO CHILDREN GRIEVE?**

Children grieve differently than adults. Their understanding of death does not develop until the later elementary school years, and even then their grief responses may seem inappropriate to adults. Children often take blame for the loss. They may have thought to themselves, “I wish you were dead.” When the loved one dies, the child may feel it was their fault.

“The Colors of Grief” by Janis A. DiCiacco, PH.D., explains developmental levels of grief for allages.

**CHILDHOOD GRIEF BY AGES**

**INFANTS AND TODDLERS**: before age 3 – Perceive death as a separation from a primary care giver and a change in their environment. This distress can manifest as crying, searching, change in sleeping and eating habits.

**PRESCHOOLERS AND YOUNG CHILDREN**: 3 – 5 years – Because of growing language development, these children focus on details of the death and tend to personalize the experience, perhaps perceiving the cause as coming from them. At this age death can be equated with punishment but is also seen as reversible. Behaviors may be tantrums, crying, clinging, regression to earlier behaviors, separation fears, magical thinking, and acting or talking as if the person is still alive.

**EARLY SCHOOL AGE CHILDREN**: 6 – 9 years – This age is learning to use concrete details as a way to organize thinking. Still, their emotions and understanding can be incongruent. They often personify death as “the boogey man snatching people away.” They are most likely to display anger, denial, irritability, mood changes, withdrawal, regressed behaviors, problemsin school such as avoidance behavior, academic difficulty, and lack of concentration.

**MIDDLE SCHOOL AGE CHILDREN**: 9 – 12 years – This age has developed a more mature understanding of death. They know it is permanent and irreversible. Once dead the body no longer functions and it happens to everyone in time. They may feel a sense of responsibility, feel different from others, or think their grief emotions are childish and put up a false front. Common reactions are crying, aggression, longing, resentment, isolation, withdrawal, sleep disturbance, suppressed emotions, concern about physical health, academic problems, or decline in academic performance.

**EARLY TEENS AND ADOLESCENTS**: Teens possess a clear understanding of death. Responses are related to developmental tasks. In searching for independence they may feel unsure of themselves or resentful. They have a view toward the future, may ask “what if,” think about future events such as graduation or a wedding without the loved one being present. They are often afraid of exposing their strong feelings and may feel disenfranchised in their grief. Common reactions include numbing, anger, resentment, anxiety, guilt, sense of increased responsibility, self-involvement, risk-taking, acting out behaviors, distance, avoidance of feelings, fear of death, appetite change, sleep disturbance, apathy, and academic decline.

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

**HELPING CHILDREN THROUGH GRIEF**

1. Don’t be afraid to talk about the death or loss. Tell the truth.
2. Be simple and direct.
3. Reassure children they are not to blame for the loss.
4. Share some of your own feelings and thoughts about the death.
5. Model appropriate responses.
6. Find ways for the child to be involved with the family.
7. Encourage the child to talk and ask questions.
8. Be aware of the child’s own pace for revealing feelings.
9. Encourage expression in private ways such as drawing, journals, etc.
10. Acknowledge and affirm children’s expressions. Normalize their response.
11. Make teachers aware of the loss so they can watch for changes in behavior or emotions.
12. Explore their feelings about the death.
13. Encourage the child to collect keepsakes and construct and maintain memories.

**HELPING ADULTS THROUGH GRIEF**

In Uncomplicated Grief

1. Have them tell their story as many times as they are able.
2. Listen empathetically as they process their pain.
3. Normalize their feelings.
4. Educate them about what they can expect 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 ADULTS 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 THIS GRIEF**

1. Accept the reality of the loss.
2. Realize grief is a deeply personal and normal reaction 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.
10. Don’t tell yourself how to feel. This only avoids the emotions you must face.
11. Develop rituals that remind you of your loved one.
12. Plan ahead for grief triggers such as anniversaries, holidays, and milestones.
13. Turn to friends and family members. Don’t isolate yourself from others.
14. Draw comfort from your faith.
15. Join a grief support group.
16. Talk to a therapist or grief counselor.
17. 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 does not understand the grief responses of their child. (This is a practice used in TFCBT.)

The grief ball below is a great tool to help a client identify feelings they are experiencing. In the office I have the client color in the emotions they are having with different colored pencils. I also give several copies for them to take home. This is available on line by searching “Grief Ball.”

**BIBLIOGRAPHY OF HELPFUL RESOURCES   
FOR THE GRIEVING**

*The Dead Bird,* Brown, 1958.

*Experiencing Grief,* H. Norman Wright, B & H publishing Co, 2004.

*Healing after the Suicide of a Loved One,* Ann Smolen and John Guinn, A Fireside Book, 1993.

*Journaling Your December Grief,* Harold Ivan Smith, Beacon Hill, 2001.

*My Dream of Heaven,* Rebecca Ruter Springer, Harrison House, 2009.

*Nana Upstairs and Nana Downstairs,* DePaoloa, 1973.

*Tear Soup,* book and video, Pat Schwiebert and Chuck DeKlyen.

*When Children Grieve,* John James and Russell Friedman, Harper Collins, 2001.

**BIBLIOGRAPHY OF HELPFUL RESOURCES   
FOR THE HELPER**

*Grief, Death, and Dying: Clinical Interventions for Caregivers,* Therese Rando, Research Press, 1984.

*Helping Those that Hurt,* H. Norman Wright, Broadman& Holman, 2003.

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*Life After Loss: Contemporary Grief Counseling and Therapy,* Jackson Rainer, PESI Publishing and Media, 2013.

*On Death and Dying,* Elizabeth Kubler-Ross, Macmillan, 1969.

*Treatment of Complicated Mourning,* Therese Rando, Research Press, 1993.