

Grief – Better Together Than Alone



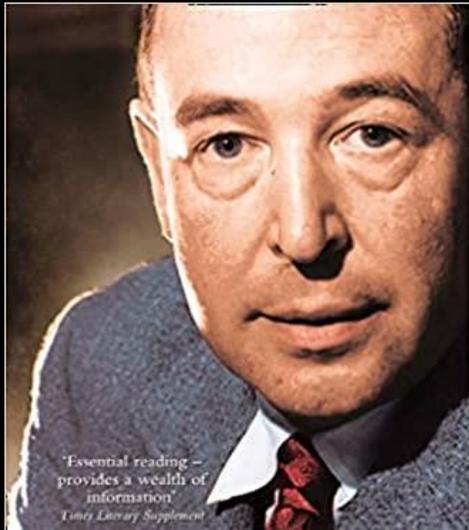
Jeffrey E. Hansen, Ph.D.

Center for Connected Living, LLC

"The risk of love is loss, and the price of loss is grief - But the pain of grief is only a shadow when compared with the pain of never risking love."

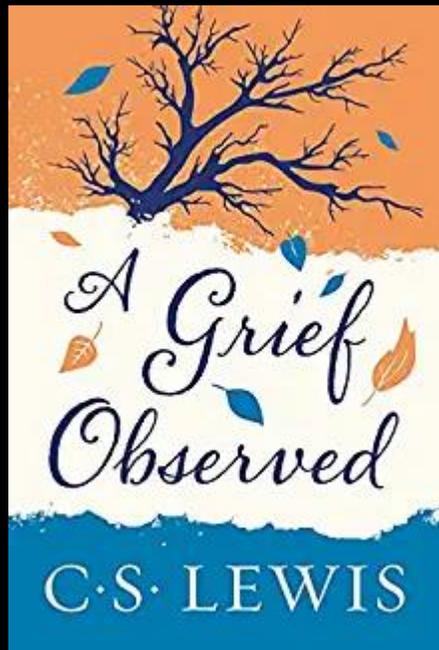
-- Hillary Stanton Zunin

"The views expressed are those of the author and do not reflect the official policy of the Department of the Army, the Department of Defense, or the U.S. Government."



CS Lewis: Grief is a form of love

For all pairs of lovers without exception, bereavement is a universal and integral part of our experience of love. It follows marriage as normally as marriage follows courtship or as autumn follows summer. It is not a truncation of the process but one of its phases; not the interruption of the dance, but the next figure. We are 'taken out of ourselves' by the loved one while she is here. Then comes the tragic figure of the dance in which we must learn to be still taken out of ourselves though the bodily presence is withdrawn, to love the very Her, and not fall back to loving our past, or our memory, or our sorrow, or our relief from sorrow, or our own love. A Grief Observed p. 63.



Grief in the words of legendary CS Lewis

Dear friend, if you or a loved one is grieving, I am so sorry. We all walk through the struggles and pains of life together and it is my hope that this slide deck might offer you a little guidance and support. Please reach out to someone who cares. That can make all the difference.



Prolonged Grief Disorder is a new disorder in the revised version of the DSM -5, or DSM 5 TR

The following slides are adapted from Dr. Dawn-Elise Snipes excellent presentation.

Click below to listen:

https://www.youtube.com/watch?v=UbUs-Nr-xiU&ab_channel=DocSnipe

- Death of a close person occurring 1 year for adults or 6 months for children
 - What about other types of losses (divorce, miscarriage, homeland)?
- Present for at least the last month, most days to a significant degree
 - Intense longing for the person
 - Preoccupation with thoughts, memories (<18 may include death circumstance)

In my view the window of loss of one year for adults and 6 months for children is too narrow and over-pathologizes what could otherwise be a normal process

Prolonged Grief Disorder (PGD) per the DSM 5 TR – cont.



- "Since the death, at least 3 ...symptoms have been present most days to a significant degree. In addition, the symptoms have occurred nearly every day for at least the last month"-DSM-5-TR™
 - Identity disruption (part of oneself died)
 - Disbelief
 - Avoidance of reminders
 - Intense anger, bitterness, sorrow
 - Difficulty reintegrating (finding new normal, future planning)
 - Emotional numbness
 - Feeling life is meaningless
 - Loneliness

Prolonged Grief Disorder (PGD) per the DSM 5 TR – cont.

- Disturbance causes clinically significant distress
- Duration and severity “clearly exceed expected social and cultural norms”
 - What is the cultural norm for grieving the “nontraumatic” loss of your spouse? Child? Parent?
 - What if you were a caregiver?
- Not better explained by another mental disorder such as MDD or PTSD or attributable to the effects of a substance



• Associated Features

- Anticipatory grief significant predictor
- Guilt about death (survivor guilt, moral injury)
- Diminished future life goals
- Hallucinations about the deceased (may occur during “normal” grief)
- Reduced self care
- PGD was distinct from PTSD and MDD with greater recruitment of the medial orbitofrontal cortex (self-referential processing) and greater activation in the left amygdala (fear processing - harm avoidance, rumination via sgACC) during processing of sad faces

•Prevalence

- 7-10% general population DSM 5 TR
 - 13.8% general population 2021 Study
- 18% Youth DSM 5 TR
- Palliative care: For almost 20% of caregivers, the symptoms of PGD appear to persist at least three years post bereavement
- 35% in partners of AIDs victims esp those with fear of death
- In refugees the prevalence of PGD has been estimated to be 30%



•Development and Course

- "The course of prolonged grief disorder may be complicated by comorbid posttraumatic stress disorder, which is more common ... following the violent death of a loved one (e.g., murder, suicide)..."
 - *Criterion F* the symptoms are not better explained by PTSD
- Older age may be associated with a higher risk and an elevated risk for progressive cognitive decline"-DSM-5-TR™

Prolonged Grief Disorder (PGD) per the DSM 5 TR – cont.

•Culture Related

- Differences in cultural expression varies across culture and time

•Functional Consequences

- Marked increases in the risks for stress-related medical conditions CVD, cancer, autoimmune
- Diminished educational/ occupational functioning or attainment
- Impaired cognitive functioning in middle aged and older adults



•Differential Diagnosis

- Depressive disorder: Grief is focused on loss and yearning not sadness and anhedonia
- PTSD intrusive memories focus on the death. PGD intrusions are more general about the deceased
- Separation anxiety involves separation from a living person
- Psychotic disorder: Requires more symptoms than just hallucinations about the deceased

Prolonged Grief Disorder (PGD) per the DSM 5 TR – cont.

Comorbidity

- MDD
 - Over 50% of bereaved caregivers had clinically significant depressive symptoms one year after death of their relative.
- PTSD
- Addiction
- Separation anxiety with living may co-occur with PGD for the dead



- “The intensity and duration of grief is highly variable, not only in the same individual over time or after different losses, but also in different people dealing with ostensibly similar losses.”
- The American Academy of Family Physicians (AAFP) states: “You may start to feel better in 6 to 8 weeks, but the whole process can last anywhere from 6 months to 4 years”

Prolonged Grief Disorder (PGD) per the DSM 5 TR – cont.

Summary

- Prolonged Grief Disorder is a diagnosis that is distinct from PTSD and MDD that characterizes significant ongoing impairment in functioning 1 year / 6 months that diverges significantly from what is expected clinically.
- Critics argue that it pathologizes grieving and therefore may inhibit people from experiencing their loss fully or seeking treatment for grief
- Clinicians can work to destigmatize the diagnosis by explaining that the addition of PGD to the DSM V TR provides an avenue for billing for treatment.



Other Perspectives

- “The intensity and duration of grief is highly variable, not only in the same individual over time or after different losses, but also in different people dealing with ostensibly similar losses.”
- The American Academy of Family Physicians ([AAFP](#)) states: “You may start to feel better in 6 to 8 weeks, but the whole process can last anywhere from 6 months to 4 years”

Prolonged Grief Disorder (PGD) per the DSM 5 TR – cont.

Grief versus Depression

The difference between grief and depression

Major Depression

Sadness and anhedonia

Persistent painful mood

Guilt pervasive and wide ranging

Rumination related to feelings of worthlessness

Suicidal thinking motivated by low self worth and/or hopelessness

Prolonged Grief

Yearning, longing

Painful waves of emotion

Survivor guilt and/or caregiver self-blame

Rumination related to the loss: alternative scenarios and/or self blame or anger

Suicidal thinking motivated by not wanting to be here without the person who died and/or wanting to join them

Grief versus PTSD

The difference between grief and PTSD

Post-traumatic Stress

Triggering event: danger
Primary emotion: fear
Thoughts: intrusive, event-related, flashbacks
Avoidance: threat/fear-based
Reminders linked to danger activate fear or anger

Prolonged Grief

Triggering event: loss
Primary emotion: yearning/longing
Thoughts: person-related, not intrusive or frightening
Avoidance: loss/grief-based
Reminders linked to the person (pervasive) - activate grief

Grief

The following several slides are adapted from the excellent presentation by prolific psychology educator Dr. Dawn-Elsie Snipes.

Click here to listen to her talk:

https://www.youtube.com/watch?v=W8ANfaZFjfc&ab_channel=DocSnipes



Complicated Grief

Dr. Dawn-Elise Snipes PhD, LPC-MHSP

Podcast Host: Counselor Toolbox and Happiness Isn't Brain Surgery

Definitions please:

Definitions:

- ▶ **Loss:** Change that includes being without someone or something; physical loss of something tangible like a person, a car, a house, a breast; psychosocial loss of something intangible like a divorce, an illness, a job, a dream, a hope.
- ▶ **Bereavement:** comes from the same Latin root word as “to have been robbed....” i.e. to have experienced loss.
- ▶ **Secondary loss:** Other losses as a result of a primary loss. Example, loss of income when bread winner dies.
- ▶ **Grief:** Reaction or response to loss; includes physical, social, emotional, intellectual and spiritual dimensions.
- ▶ **Mourning:** Rituals or behaviors associated with grief; i.e. courses of action in response to loss. Rando, *Complicated Mourning*, p. 22.

Complicated Grief

▶ Symptoms

- ▶ Separation distress involving intrusive, distressing preoccupation with the deceased
- ▶ Traumatic stress reflecting specific ways the person was traumatized by the death
 - ▶ Avoidance of reminders
 - ▶ Intrusive painful thoughts
 - ▶ Emotional numbing
 - ▶ Irritability
 - ▶ Feelings of hopelessness and purposelessness
 - ▶ Shattered self identity
 - ▶ Failure to assimilate the loss can create an identity crisis and problems with self-regulation
 - ▶ Who am I if I am not John's wife/Sally's mother?
 - ▶ Who is there to protect me now that both of my parents are gone?



Complicated Grief

What is complicated grief?

Complicated Grief

- ▶ Complicated grief can be reliably identified by administering the Inventory of Complicated Grief (ICG) more than 6 months after the death of a loved one.



The cycle of complicated grief and overlap between grief and trauma

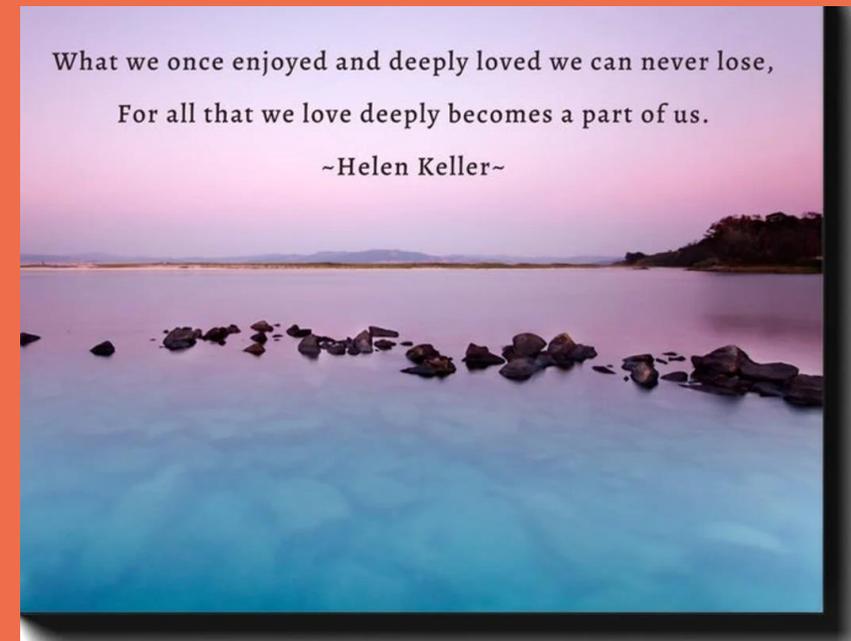
What exactly are we talking about?

- ▶ There is significant overlap between grief and trauma
- ▶ In one study, 53% of participants had significant elevations in trauma symptoms
- ▶ Losing a therapist or discharge could trigger past CG reactions
- ▶ The first and most pressing question in a crisis is: What just happened?
- ▶ Immediately following is the question: How can I manage right now?
- ▶ Finally, the larger questions of grief and meaning are formulated.



What we once enjoyed and deeply loved we can never lose,
For all that we love deeply becomes a part of us.

~Helen Keller~



The only people who think there's a time limit for grief, have never lost a piece of their heart.



Take all the time you need.



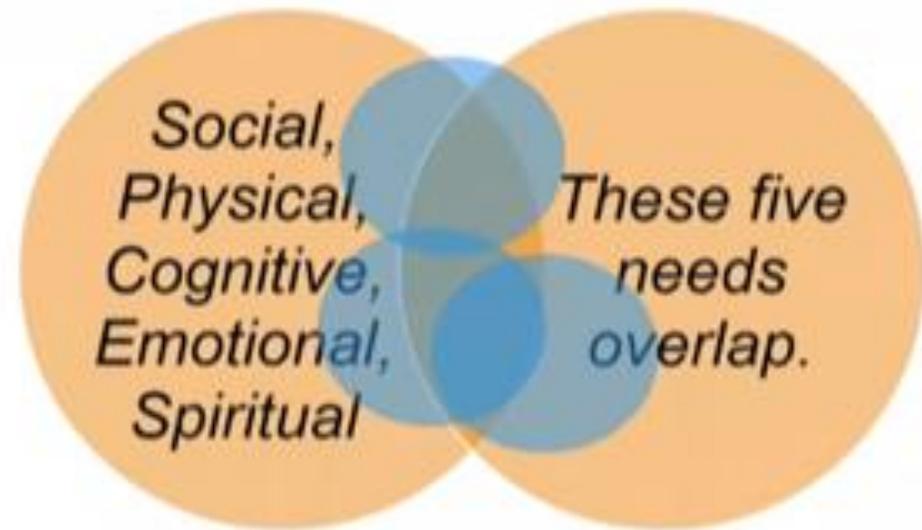
Grief Takes Time

- ▶ Whole first year is one loss after another
- ▶ Beware of special occasions and holidays all year
- ▶ Uncomplicated mourning is normally 2-3 years
- ▶ Complicated mourning may be a 5-7 year process.
- ▶ Grief continues for a lifetime through major life milestones.

Don't rush grief – it takes time

Grief hits hard on nearly all areas of functioning

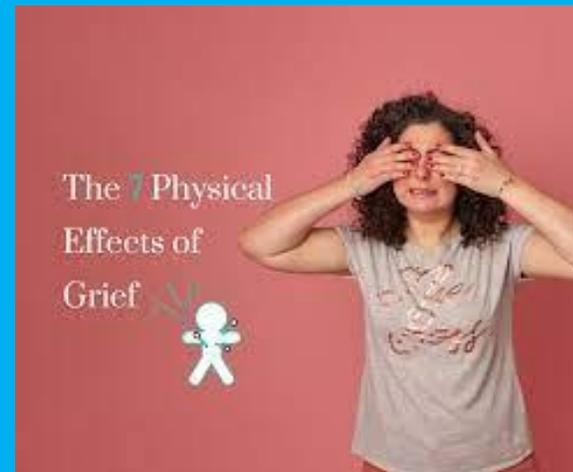
Grief impacts us holistically...



Physical reactions to grief

Physical responses:

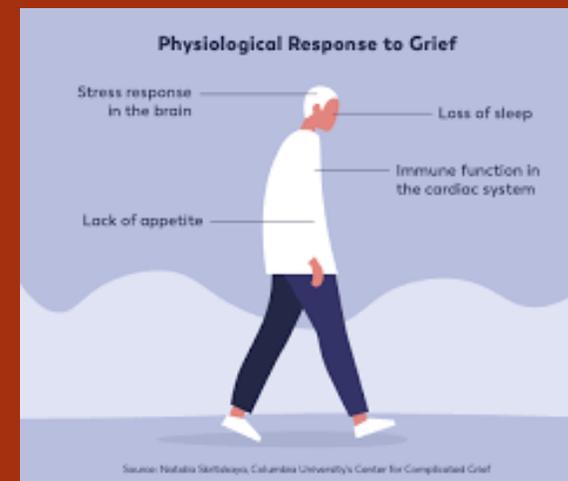
- ▶ Appetite (eating) disturbances
- ▶ Energy, fatigue, lethargy
- ▶ Sleep disturbance
- ▶ Cold (especially for children)
- ▶ Anxiety (sweating, trembling, etc.)
- ▶ Gastrointestinal disturbance
- ▶ Compromised immune response; increased illness



Intellectual responses to grief

Intellectual

- ▶ Confusion; “What is real?”
- ▶ Difficulty concentrating; ex. Read the same page several times
- ▶ Short attention span; ex. Can’t finish a 30 minute TV program
- ▶ Difficulty learning new material; short term memory loss; ex. Income taxes
- ▶ Difficulty making decisions
- ▶ Lack of a sense of purpose
- ▶ Inability to find meaning in the events and life itself



Social responses to grief

Social...

- ▶ Withdrawal
- ▶ Isolation
- ▶ Searching
- ▶ Avoidance
- ▶ Irritability
- ▶ Self absorption
- ▶ Clinging/dependence



Emotional responses to grief

Emotional...

- ▶ Angry
- ▶ Depressed
- ▶ Sad
- ▶ Crying
- ▶ Irritable
- ▶ Afraid
 - ▶ Can't go on
 - ▶ Death anxiety
- ▶ Lonely
- ▶ Relieved/Guilty/Regretful

Emotional Responses to Grief

-  sadness
-  anger
-  guilt and remorse
-  anxiety
-  loneliness
-  helplessness
-  shock and disbelief
-  a sense of yearning
-  relief

Spiritual beliefs are challenged

Spiritual beliefs are challenged...



- ▶ The question “Why” reverberates
- ▶ Where was God?
- ▶ If God is all powerful, why allow this?
- ▶ If God loves me, how could this be?
- ▶ Prayers weren’t answered...

Let's explore four models for normal grief

Models for Normal Grief

- ▶ Bowlby (Attachment Theory)
- ▶ William Worden (4 Tasks)
- ▶ Wolfelt's 6 Reconciliation Tasks
- ▶ Therese Rando (The Six "R"s)

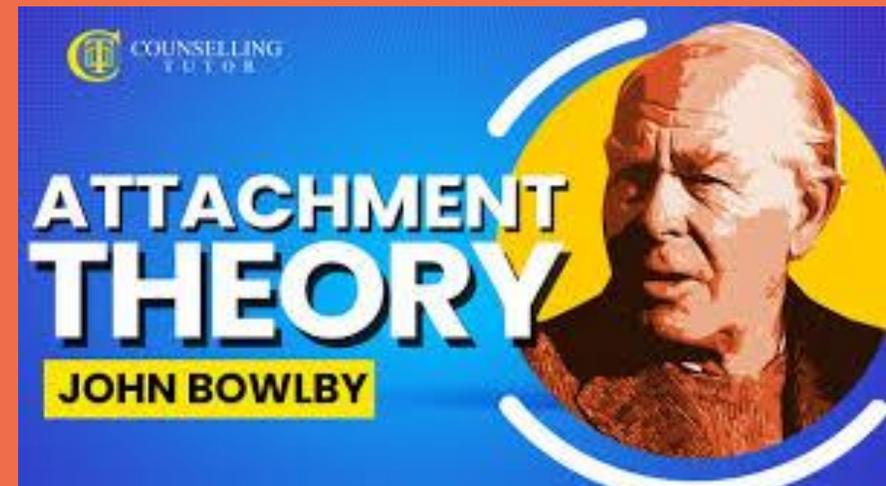
NORMAL OR COMMON GRIEF

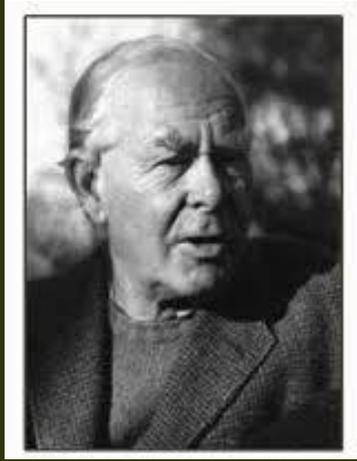
- In general, normal or common grief reactions are marked by a gradual movement toward an acceptance of the loss and, although daily functioning can be very difficult, managing to continue with basic daily activities.
- Normal grief usually includes some common emotional reactions that include emotional numbness, shock, disbelief, and/or denial often occurring immediately after the death, particularly if the death is unexpected.

Bowlby's Model of Grief

Bowlby

- ▶ Attachment Relationships Help Regulate Psychological And Biological Functions
 - ▶ Mastery and performance success
 - ▶ Learning and performing
 - ▶ Relationships with others
 - ▶ Cognitive functioning
 - ▶ Coping and problem solving skills
 - ▶ Self-esteem
 - ▶ Emotion regulation
 - ▶ Sleep quality
 - ▶ Pain intensity (physical and emotional)





Bowlby's Model of Grief – cont.

Bowlby

- ▶ Exploratory behaviors are reciprocally linked to attachment
- ▶ Attachment and safety stimulate a desire to learn, grow and explore
- ▶ Caregivers provide support and reassurance (Safe haven)
- ▶ Encouragement and pleasure (secure base)
- ▶ Among adults caregiving is at least as important as being cared for

Bowlby

- ▶ Loss of an attachment relationship
 - ▶ Disrupts attachment, caregiving and exploratory systems
 - ▶ Attachment: Activates separation response and impacts restorative emotional, social and biological processes
 - ▶ Exploratory system: Inhibits exploration with a loss of a sense of confidence and agency.
 - ▶ Caregiving: Produces a sense of failure in caregiving and can include self blame and survivor guilt

JOHN BOWLBY (1907-1990)

- British Child Psychiatrist & Psychoanalyst.
- He was the first attachment theorist, describing attachment as a "lasting psychological connectedness between human beings".
- Bowlby believed that the earliest bonds formed by children with their caregivers have a tremendous impact that continues throughout life.
- According to Bowlby, attachment also serves to keep the infant close to the mother, thus improving the child's chances of survival.



Bowlby's Model of Grief – cont.

Worden's Four Task Model of Grief

J. W. Worden identifies four tasks in grieving: **accept the loss, acknowledge the pain of the loss, adjust to a new environment and reinvest in the reality of a new life.** The tasks of grief are not states of achievement but a fluctuating process to accommodate a new normal lifestyle without what was lost.



- ▶ Experience the reality of the loss
- ▶ Experience the pain of the loss
- ▶ Adjust to an environment without the deceased
- ▶ Withdraw emotional energy from the deceased and invest it in new relationship(s)

J. William Worden, PhD, ABPP, is a Fellow of the American Psychological Association and holds academic appointments at Harvard Medical School and the Rosemead Graduate School of Psychology in California. He is also co-principal investigator for Harvard's Child Bereavement Study, based at Massachusetts General Hospital. He is the author of *Personal Death Awareness*; *Children & Grief: When a Parent Dies*; and is co-author of *Helping Cancer Patients Cope*. His book *Grief Counseling & Grief Therapy: A Handbook for the Mental Health Practitioner*, now in its fourth edition, has been translated into 12 languages and is widely used around the world as the standard reference on the subject.

Worden's Four Task Model of Grief

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Grief is Work: Worden's Four Tasks

- ▶ Experience the reality of the loss
- ▶ Experience the pain of the loss
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- ▶ Withdraw emotional energy from the deceased and invest it in new relationship(s)



J. William Worden

Alan Wolfelt's 6 Reconciliation Tasks Model of Grief

- ▶ Acknowledge the reality of the death.
- ▶ Move toward the pain of the loss while being nurtured physically, emotionally, and spiritually.
- ▶ Convert the relationship with the person who has died from one of presence to one of memory.
- ▶ Develop a new self identity based on a life without that person.
- ▶ Relate the experience of the death to a context of meaning.
- ▶ Experience a continued supportive presence in future years.

(Alan Wolfelt, *Healing the Bereaved Child*)



Dr. Alan Wolfelt

About the Presenter: Dr. Alan Wolfelt has been recognized as one of North America's leading death educators and grief counselors. His books have sold more than a million copies worldwide and have been translated into many languages. He founded the Center for Loss in 1984 to offer education and support both to griever and bereavement caregivers. He is known around the world for his compassionate messages of hope and healing as well as his companioning philosophy of grief care. Dr. Wolfelt speaks on grief-related topics, offers trainings for caregivers, and has written many bestselling books, including *First Aid for Broken Hearts*, and other resources on grief for both caregivers and grieving people.

Rando's 3 Phase and 6 Processes Model of Grief

Dr. Rando is an award-winning clinical psychologist in Warwick, Rhode Island. She is the Clinical Director of *The Institute for the Study and Treatment of Loss*, which provides mental health services through psychotherapy, training/education, supervision, and consultation, and specializes in: loss and grief; traumatic stress; and the psychosocial care of persons with physical injury, serious acute medical conditions, or with chronic, life-threatening, or terminal illness, and their loved ones. She also provides bereavement coaching. Dr. Rando has consulted, conducted research, provided therapy, written, and lectured internationally in areas related to loss, grief, illness, injury, dying, death, bereavement, disaster, and trauma. She also has provided expert witness testimony in legal proceedings involving illness, injury, or death.

Rando's 3 Phases and 6 Processes

- ▶ **Avoidance Phase**
 - ▶ Recognize the loss
- ▶ **Confrontation Phase**
 - ▶ React to the separation
 - ▶ Recollect and reexperience the deceased and the relationship
 - ▶ Relinquish the old attachments to the deceased and the old assumptive world
- ▶ **Accommodation Phase**
 - ▶ Readjust to move adaptively into the new world without forgetting the old
 - ▶ Reinvest



Rando's 3 Phase and 6 Processes Model of Grief

Avoidance Phase

AVOIDANCE

- ▶ Recognize the loss
 - ▶ Acknowledge the death
 - ▶ Understand the death
 - ▶ Understand the losses as a result of the death



Rando's 3 Phase and 6 Processes Model of Grief

Confrontation Phase

CONFRONTATION

- ▶ Recollect and re-experience the deceased and the relationship
 - ▶ Review and remember realistically
 - ▶ Revive and re-experience the feelings
- ▶ Relinquish the old attachments to the deceased and the old assumptive world

(Rando, 1993, *Complicated Mourning*)



Rando's 3 Phase and 6 Processes Model of Grief

Accommodation Phase

ACCOMMODATION

- ▶ Readjust to move adaptively into the new world without forgetting the old
 - ▶ Revise the assumptive world
 - ▶ Develop a new relationship with the deceased
 - ▶ Adopt new ways of being in the world
 - ▶ Form a new identity
- ▶ Reinvest

(Rando, 1993, *Complicated Mourning*)



Rando's Treatment Approach

Rando's Treatment Approach

- ▶ Assess around the six "R"s and determine where the mourner is "stuck" and not making progress.
- ▶ Base treatment on interventions that address that "R."
- ▶ "Explore with the caregiver the identity and roles with the lost loved one and the meaning of the relationship." Rando, 1993, p. 181



Rando's Treatment Tips

Rando: Treatment Tips

- ▶ Secondary victimization occurs when support systems isolate, blame, and stigmatize.
- ▶ Multiple losses require multiple adaptations over time and make intervention very complex.
 - ▶ Parents divorce after child is murdered
- ▶ Homogeneity in support groups helps normalize experience.

Prolonged Grief Disorder

The following Slides are adapted from Dr. Kathy Shear's excellent presentation on grief
Click the link below to listen:

https://www.youtube.com/watch?v=ySU1HpzQQ_M&ab_channel=NAMINYCMetro



► An internist and psychiatrist, **Dr. Kathy Shear** is widely recognized for her work in anxiety disorders as well as prolonged grief disorder. She developed and tested Prolonged Grief Disorder Therapy (previously called Complicated Grief Treatment) which proved to be efficacious in randomized controlled trials. She is the founding director of the Center for Prolonged Grief, the only such center that currently exists within a university. The Center for Prolonged Grief has a large group of national and international affiliates and works to disseminate information about grief and adaptation to loss as well as prolonged grief disorder and its treatment.



Grief is the natural response to a meaningful loss

- more than an emotion - complex and multi-faceted
- permanent after we lose someone close
- no stages, but grief changes over time and evolves as we adapt to a loss
- unique to every person and every loss but with important commonalities
- prolonged grief occurs when certain early coping responses make it harder to make peace with the loss

Grief is a natural response to loss

Grief emerges naturally when we lose someone close... it's part of our biology



Attachment Theory: "Biobehavioral Motivational Systems"



Attachment



Caregiving



Exploration

Grief emerges naturally with loss

How these systems are affected by loss

Attachment system activated

Acute attachment insecurity:
Separation anxiety
Proximity seeking

Caregiving system activated

Acute caregiver ineffectiveness:
Separation guilt
Proximity seeking

Exploratory system inhibited

Loss of interest in learning and
discovery; loss of feeling competent

Grief is the form love takes when someone we love dies

Each of these system is affected by loss

Loss of someone close is a severe stressor

Grief is a Stress Response

Loss of someone close brings many challenges, for example...

A range of stressful losses, e.g.

- Companionship
- Sense of protection
- Sense of self
- Aspects of personal and social identity
- Sense of stability

Other stresses, restoration-related stresses, e.g.

- challenging family dynamics
- Exclusion from social groups
- Difficulties meeting responsibilities
- Increased uncertainty about the future

Grief is a stress response

The power and complexity of grief adds to the stress

Intense emotional pain; confusing thoughts; mixed feelings, for example...

Wanting grief to go away and also wanting to hold onto it

Wanting to be free of pain but also feeling we should be in pain

Wanting to move on in our life and not wanting to at the same time



Feeling a need for other people but finding it hard to connect

Knowing the loss is real but having trouble understanding it

Craving closeness to the person who died but thinking we need to avoid reminders of the loss

Not wanting to stop thinking about what we have lost but feeling frustrated because the thoughts are all we have

And there's one more thing...

Important losses permanently change the
world we live in

Adapting is how we adjust to change.

Adapting helps reduce the stress and promote growth

Adapting to change happens naturally if we don't get in our own way.

We have a "psychological immune system" that automatically kicks into action.



We cope with stress

Coping

- Short term, time-limited
- Oriented toward reducing stress
- Ends when the stress is removed
- Motivated by a threat or a problem
- Uses resources



We adapt to change

Adapting

- Long term, ongoing
- Oriented toward adjusting to change
- Ends when adjustments are optimized
- Motivated by change
- Builds new resources

Coping and adapting are different

Adapting to the loss

Changing our expectations and automatic behaviors to fit a changed world

Accept the Reality

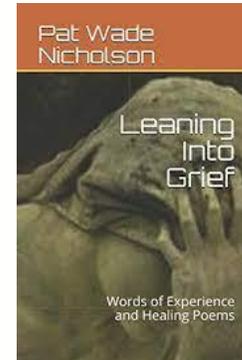
- Finality of the loss
- Permanence of grief
- Changed relationship to the deceased
- Other changes that accompany the loss

Restore Capacity for Well-Being

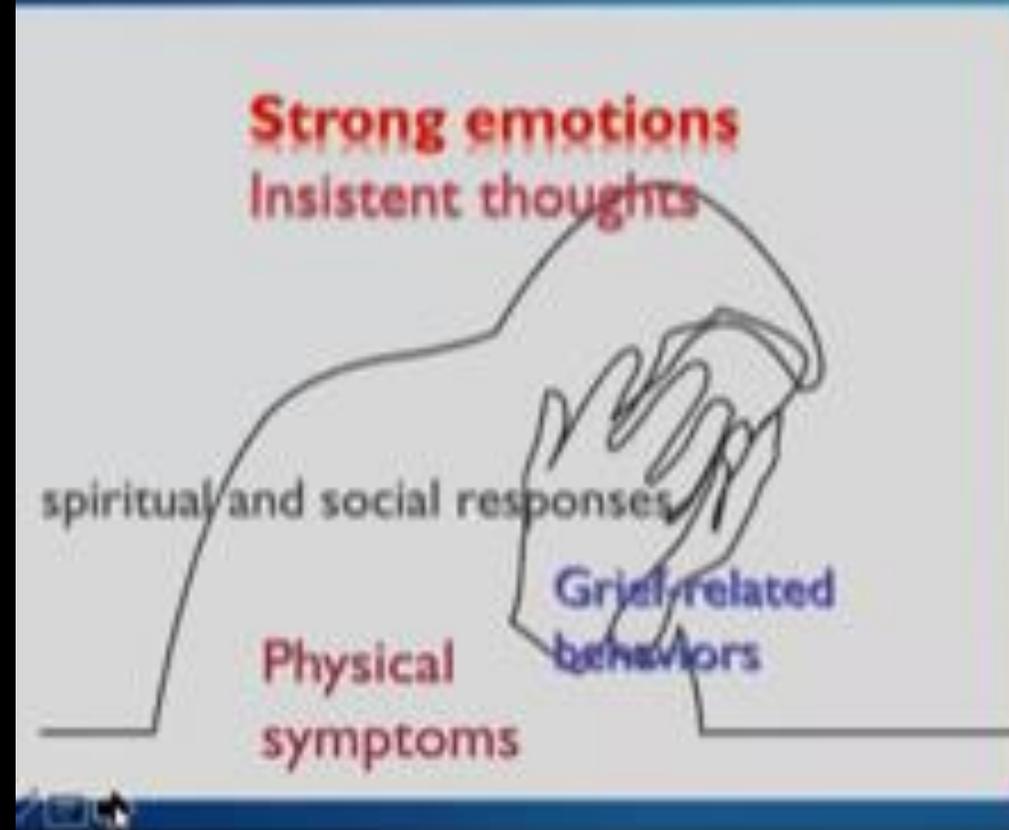
- Possibilities for purpose and meaning; for happiness
- Sense of competence and agency
- Belonging and mattering; Promise of satisfying relationships



Please don't run from the grief, rather lean into it



a form of love and a stress response that emerges in an acute form



Early coping - Examples...

- Disbelief, protest
- Imagining alternative scenarios
- Caregiver self-blame or anger
- Worry about grief
- Survivor guilt
- Separation anxiety/guilt; difficulty moving forward
- Feeling of not belonging

Experiencing Grief

When we accept the reality and restore capacity to thrive, Grief is transformed and integrated

It finds a place in our life

Physiology is re-regulated

Thoughts and memories recede, more distant, still accessible

Emotions become bittersweet, better regulated

We reconnect with others

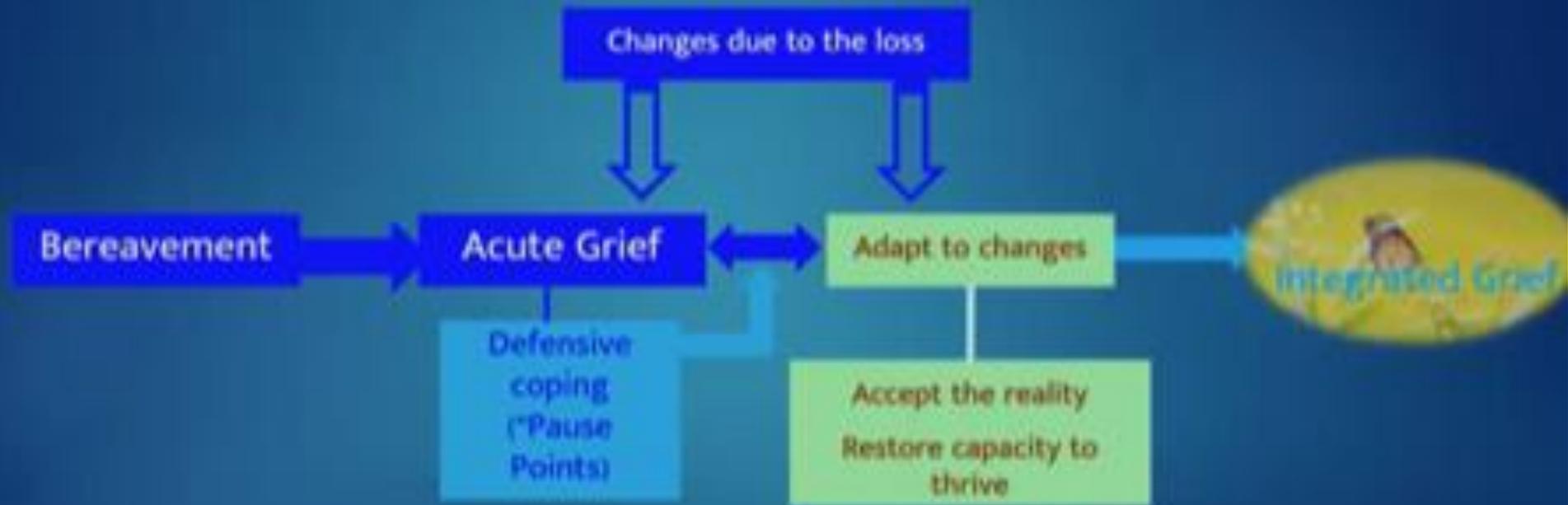
Yet even when it's integrated, grief is not always quiet

It's important to know this



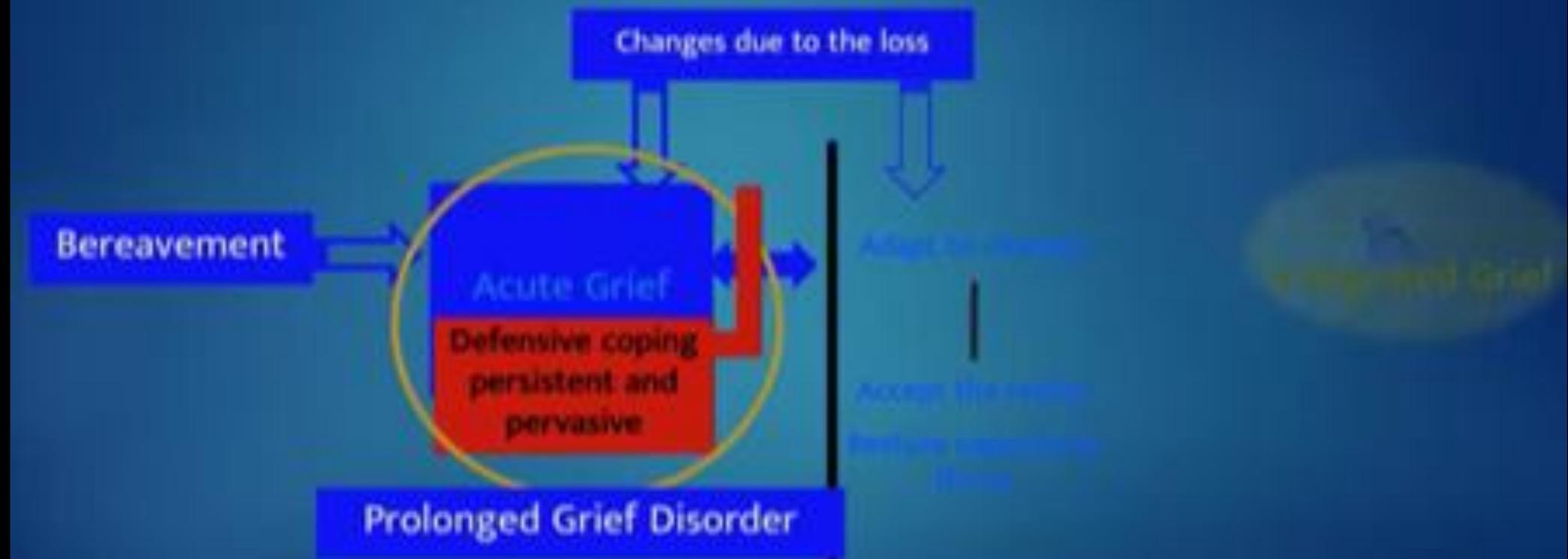
Accepting Grief

Grief Infographic



When we accept grief, we are more able to integrate it into our lives

Prolonged Grief Infographic



In prolonged grief, that integration gets blocked.

Healing Milestones: A way to facilitate adaptation

- ✓ Understand and accept grief
- ✓ Manage emotions
- ✓ See a promising future
- ✓ Strengthen relationships
- ✓ Narrate the story of the death
- ✓ Learn to live with reminders
- ✓ Connect with memories of the person who died



Facilitating Adaptation

Listening, even transformative listening, is not enough



So we provide validation, support and guidance

Encourage self observation and reflection

Foster self-determination goals

Promote connection with the social world

Guide clients through the world of loss

We help bereaved people discover their own way

Validate the experience of the grieving

Find and address "derailers"
persistent, overly influential defensive coping

Typical Derailers

- Disbelief or protest
- Counter-factual thinking
- Caregiver self-blame or anger
- Believing there are right and wrong ways to grieve
- Avoiding grief triggers
- Survivor guilt
- Separation anxiety: difficulty moving forward
- Inability to connect with others

Can be useful "pause points" in the healing process that can promote learning and personal growth

Don't ignore the "derailers"

Active listening: the centerpiece of PGDT

Bereaved people need to feel heard

We need to listen

- with unconditional acceptance; refraining from judgment
- conveying interest and a willingness to share pain
- maintaining a focus on ways to promote adaptation and address impediments

Be an active listener for the grieving

Listening can be transformative

When we listen closely to what they say, people start to reconsider troubling ideas on their own

From Lipton: "It wasn't my judgment that solved the problem. What solved it was listening to their entire stories."

"While we can listen to the stories of others, and they can listen to ours, perhaps the most healing feature is that we, the storyteller, get to hear our own story. While we may have an idea about what the story is whenever we tell it, it usually comes out different from what we thought." —Charles L. Whitfield

From Lipton "Story Listening as a Transformative Process"



Be an active listener for the grieving

Understand grief

Grief is the response to loss: It is complex and multifaceted

A stress
response

Death of a loved one is a major life stressor

A separation
response

The form love takes after someone dies

A catalyst for
adapting to loss

Evolves as adaptation progresses

Understand Grief

Manage grief-related emotions

- ✓ Observe emotions and name them; refrain from judging them
- ✓ Find triggers of emotional pain and reflect on them
- ✓ Practice mindfulness and self-compassion
- ✓ Share the pain and troubling thoughts; let others help
- ✓ Encourage experiencing and savoring positive emotions .

Common impediments to watch for

- ✓ Behavioral and experiential avoidance
- ✓ Judging emotions; feeling ashamed; self-critical
 - ✓ Caregiver self-blame or anger
 - ✓ Survivor guilt
- ✓ Unable or unwilling to be supported by others



Manage emotions

Grief Monitoring

Take 5 minutes at the end of the day to record grief intensity. Using a scale from 1-10 record when grief was at its highest and at its lowest each day and what was happening at that time

Day/ Date	HIGHEST grief	What was happening at the time?	LOWEST Grief	What was happening at the time?	Overall Level for the day
Mon					
Tues					
Wed					

Consider daily grief monitoring

Honor the bereaved person's own life See a promising future



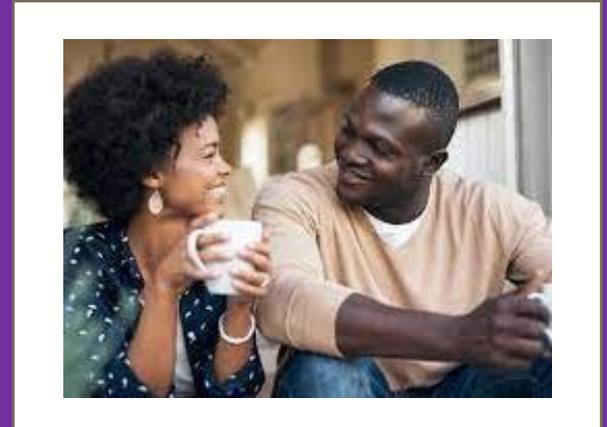
- ✓ Take time to consider what's important and meaningful
- ✓ Encourage experiencing and savoring positive emotions
- ✓ Plan to do something pleasant each day – make it a kind of ritual.
- ✓ Think about a big, long-term project that could be interesting, meaningful or satisfying
- ✓ Begin to plan and move forward on a meaningful project

Common impediments to watch for

- ✓ Survivor guilt
- ✓ Separation anxiety/guilt - unwilling or unable to move forward

Envision a promising future

Build and strengthen connection and relationships



Honor the bereaved person's own life Strengthen relationships

- ✓ Nurture social connections, be open to at least one close confidant, accept support and comfort
- ✓ Help others understand grief and adapting to loss
- ✓ Share stories, honor the deceased person together
- ✓ Lower expectations for reciprocity; understand the difficulty in being fully present with others during acute grief

Common impediments to watch for

- ✓ Persistent feelings of distance and mistrustfulness of others
 - ✓ Experiencing insensitivity from others
- ✓ Strong feelings of not belonging or mattering



Share the story of the death

- ✓ Invite the client to share the story knowing it's painful, understanding it might be to difficult in the beginning – do it in parts, piecemeal, if necessary
- ✓ Develop ability to narrate a meaningful story, make the unthinkable “thinkable”
- ✓ Understand death as a very important part of loved one's life, but not all of it
- ✓ Accept and make peace with what cannot be changed

Common impediments to watch for

- ✓ Strong feelings of protest, disbelief
- ✓ Focus us alternative scenarios (counterfactual thinking)
 - ✓ Self-blame or anger
 - ✓ Avoiding grief triggers

Don't hide the story of the death



Learn to live in a world of reminders

- ✓ Respect the need to balance confronting pain and avoiding it
- ✓ Look at photos and share memories
- ✓ Gradually learn to live in a world of absence ,confronting reminders
- ✓ Discover meaningful and/or comforting memories
- ✓ Create new experiences with others

Common impediments to watch for

- ✓ Avoiding grief triggers
- ✓ Judging grief or trying to control it, feelings of shame, self criticism
 - ✓ Unable or unwilling to connect with others

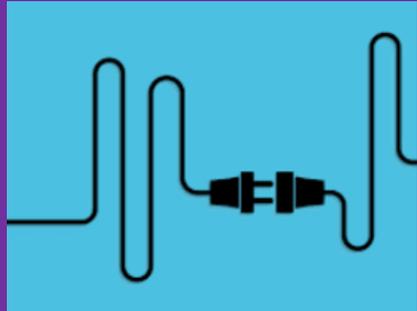
Live amidst the reminders

Restore a sense of connection to the person who died

- ✓ Think about the person who died, access and enjoy positive memories, allow not so positive memories too
- ✓ Learn to experience a changed relationship with the person who died
- ✓ Understand memories as a living connection to the deceased
- ✓ Allow them to be a part of ongoing life that can contribute to learning and growing
- ✓ "converse" with the person who died, take care of them, let them take care of you

Common impediments to watch for

- ✓ Survivor guilt
- ✓ Getting lost in trying to stay close to the deceased; caught up in reveries
 - ✓ Disbelief or Protest
 - ✓ Imagining alternative scenarios



Restore connection with your loved one

And please remember, you don't need to walk this alone. Reach out to others. The world is full of good people who will walk with and love you through your loss.

Takeaways

- ✓ Grief is a natural response to loss that is complex and variable
- ✓ There is no right or wrong way to grieve or to adapt to a loss
- ✓ However, it is possible to get stuck in some natural early responses and develop prolonged grief
- ✓ Prolonged Grief Disorder is a formal mental health diagnosis, that occurs in countries throughout the world and causes considerable health, mental health and functioning problems
- ✓ Efficacious interventions - like PGDT - are simple and available for people experiencing PGD