GRIEVING AND MOURI IING

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DEFINITIONS

- Loss any event that changes the way things have been - the world a person is used to is suddenly and often dramatically different. The significance and meaning of the loss is measured by each person experiencing the loss.
- Grief the physical, emotional, somatic, cognitive, and spiritual response to actual or threatened loss of a person, place, or thing to which we are emotionally attached.

DEFINITIONS CONTINUED

- Mourning the overarching process of adapting to a loss, not simply the emotional response of grief. Additionally, it is not simply a "recovery to baseline."
- Bereavement the condition of having lost something to which we are attached (person, dream, possession, way of life, etc.). The definition of bereft is "to have something removed from our possession by force, against our will, out of our control."

SYMPTOMS OF GRIEF

- Acute Symptoms These are essentially symptoms of hyperarousal of the autonomic (fight, flight or freeze) nervous system. These usually last a few days to several months.
 - 1) emotional numbness
 - 2) disorientation
 - 3) acute separation anxiety
 - 4) agitation
 - 5) sleep and appetite disturbance
 - 6) somatic disturbances (headache, GI track disturbances)
 - 7) frequent waves of grief pangs
 - 8) urge to search

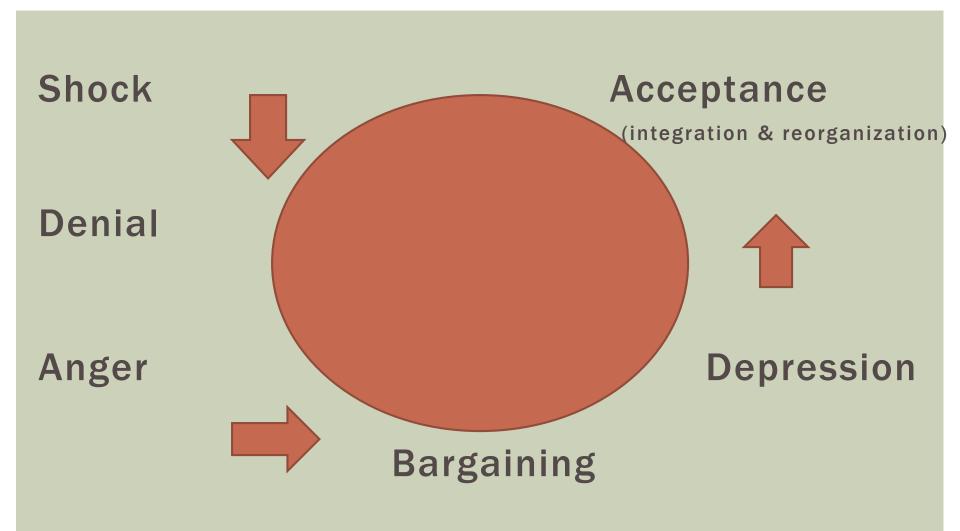
SYMPTOMS OF GRIEF CONTINUED

- Middle-range Symptoms These are basically the symptoms of the "depression of grief." These typically last a few months to a few years.
 - 1) anhedonia
 - 2) change in sexual desire
 - 3) lack of energy, apathy
 - 4) difficulty concentrating (fragmentation)
 - 5) rumination, guilt
 - 6) social withdrawal
 - 7) sadness, depressed mood
 - 8) yearning for the deceased

SYMPTOMS OF GRIEF CONTINUED

- Long-term Symptoms These are the cognitive and spiritual/existential symptoms of the loss. These generally last a few years to a lifetime.
 - 1) Modified assumptive world.
 - 2) Search for new meaning or purpose for one's life.
 - 3) Existential questioning.
 - 4) Long term alterations of relationships.
- Anniversary Reactions it is common for individuals to experience some of the above mentioned symptoms around the anniversary of the death of a loved one, as well as other meaningful recurrent events (Holidays, birthdays, etc.).

STAGES OF GRIEF ELISABETH KUBLER-ROSS



MOURNING IS AN INTERPERSONAL PROCESS THE SOCIAL NEEDS AND PROBLEMS OF MOURNERS

- Validation that a real loss has occurred that entitles the person to grieve.
- Support for confronting the reality of the loss.
- Permission to react.
- Permission to withdraw from usual social functioning.
- Accurate empathy vs. empathic failure (experience differential).
- Accurate information about the grieving process.
- Permission to do grief work and memory work.
- Permission to change, to become a different person with altered identity and lifestyle.
- Confirmation of belonging and continuing acceptance. (John R. Jordon)

WHEN THE LOSS IS INTEGRATED

- Able to acknowledge and feel the reality of the loss as "true."
- Able to resume physiological (sleep, appetite, sexual, etc.) and role (work, parenting, etc.) functioning.
- Able to face the "triggers" (reminders of the loss), not avoid them.
- Confrontation with the "triggers" produces less overwhelming affect.
- Able to remember mostly with affection and/or sadness, not anger, guilt, or bitterness.
- Able to feel/experience pleasure in activities.
- Able to resume social life and meaningful connection with others.
- Able to have a future orientation goals, hopes, plans for future.
- Able to maintain connection with the deceased, while acknowledging the death and reinvesting in life.
- Able to recognize growth and positive meaning in the changes brought about by the loss - "legacy." This is optimal. (John R. Jordon)

FACTORS THAT PREDISPOSE A PERSON TO COMPLICATED GRIEF

- Perceived issues of preventability or randomness
 - Personality pattern of emotional withdraw
 - Previous unresolved losses
 - Lack of social supports
 - Lack of emotion regulation skills
 Lack of distress tolerance skills

GRIEF THERAPY

- Normalize appropriate feelings, ideas, wishes, fears, behaviors, experiences, and symptoms.
- Triage for appropriate medical and psychological supports (i.e. suicide assessment, psychotropic medication, trauma therapies).
 - Alert people that mourning is a long-term process.
 - Let people know that men and women grieve/mourn differently.
- Inform people that the culmination of their grief work will not be a pre-grief state. It is a journey, not a return to who they were. Honor the journey.
 - Educate people that grief does not proceed in a linear fashion. Grief may come in waves or cycles rather than distinct stages and will reappear to be reworked.

HELPFUL REMINDERS ABOUT GRIEF

- Grief lasts longer and is more painful than most people expect.
- There is no right way or wrong way to grieve--just your way.
- The least helpful thing for grieving people is other people telling them how they should be doing things.
- The most helpful thing for grieving people is to be able to process their thoughts and feelings (talking, writing, composing, creating).
- Good grief doesn't mean forgetting, it means remembering and integrating the loss into our life and reorganizing our life accordingly.
- Sometimes the people we think should help us simply can't.
- People are fundamentally resilient. They can and they will survive their loss.

THERAPY WORKS

"The evidence presented here suggests that professional services and professionallysupported voluntary and self-help services are capable of reducing the risk of psychiatric and psychosomatic disorder resulting from bereavement. Services are most beneficial among bereaved people who perceive their families as unsupportive or who, for other reasons, are thought to be at special risk."

(Colin Parkes, 1980)