



Appreciate the Power of Grief to Transform



Overview

- Cultural influence
- Connection between loss, grief and the work of mourning
- Barriers to supporting others in their grief
- Communication skills that open dialogue with grieving patients and families

Quote from Story People

She held her grief behind her eyes like an ocean

And when she leaned into the day...

it spilled onto the floor

And she wiped at it quickly with her foot

And pretended no one had seen

Cultural Influence

- “As a death-denying society, we often deny the need to express grief and feel the pain that accompanies a loss, which are both beneficial to healing.” (Matzo, Sherman, Lo, Egan, Grant, Rhome, 2003, p. 72)
- “In America, we have an epidemic of grieving people who have never done their grief work.” (Wolfelt, 2001)
- “Blessed are those who mourn quickly and efficiently for they meet our criteria for managed care.” (Wolfelt, ADEC)

Societal Cost of Unresolved Grief



The costs of short-circuiting or bypassing the
grief process are staggering to our society.

(Bishop-Becker, 2005, p. 4)

Grief Index

Key Cost Findings

Death of Loved One.....	\$37.6 billion
Divorce.....	\$11.1 billion
Family Crisis.....	\$9 billion
Financial Loss.....	\$4.5 billion
Death (extended family, friends).....	\$7 billion
Pet Loss.....	\$2.4 billion
<u>Other Losses</u>	<u>\$1.2 billion</u>
Total.....	\$75.1 billion


(James & Friedman, 2003, p. 4)

Personal Cost of Unresolved Grief

- Depression / anxiety
- Cardiovascular risk and immune system weakness
- Complicated grief
- Substance abuse
- Recurring illness and increased healthcare costs
- Decreased workplace productivity
- Longer-term unemployment
- Marital strife
- Financial decline
- Mortality
- Impact on health care providers

(WinterSpring, 2015, pp. 1-2)

Losses Create Grief Reactions

- 
- Ability to trust
 - Body part
 - Childhood
 - Culture
 - Death
 - Diagnosis
 - Divorce
 - Dreams
 - Empty nest
 - Faith
 - Freedom
 - Future
 - Integrity
 - Mobility
 - Moving
 - Opportunity
 - Pet
 - Prognosis
 - Property
 - Safety
 - Status
 - Time
 - Voice
 - Youth

Definition of Grief

Grief: the combination of complex and often conflicting thoughts and feelings that a person experiences following a loss or change.

- Normal
- Natural
- Non-linear
- Universally human
- Individually unique
- Not a disease that requires a treatment
- Not a problem that needs a solution or to be fixed

Definition of Mourning

Mourning: the external expression of thoughts and feelings in a way that is unique to the individual and for the purposes of integrating the loss into one's life.

Common Misconceptions

- Grief and mourning are the same thing.
- Progress through grief in predictable, orderly stages.
- Move away from grief, not toward it.
- Tears are a sign of weakness.

Common Misconceptions, cont'd

- Being upset or openly mourning means you are being “weak” in your faith.
- After a death, you only grieve and mourn for the physical loss of the person.
- Don't think about the person who died on holidays, anniversaries, and birthdays.

Common Misconceptions, cont'd

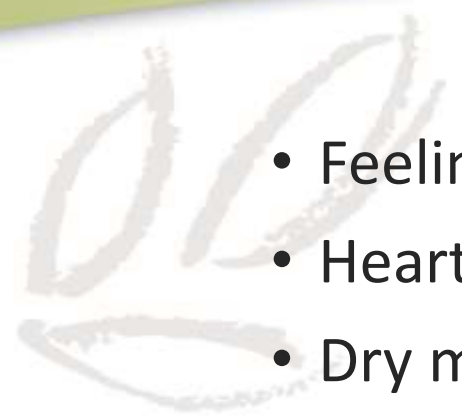
- After a death, the goal should be to “get over” your grief as soon as possible.
- Nobody can help you with your grief.
- When grief and mourning are finally reconciled, they never come up again. (Wolfelt, 2003, pp. 21-34)

Common Myths


- Don't feel bad.
- Replace the loss.
- Grieve alone.
- Just give it time.
- Be strong for others.
- Keep busy.

(James and Friedman, 1998, p. 35)

Common Grief Reactions - *PHYSICAL*


- 
- Pain
 - Fatigue
 - Sleep and appetite disruption
 - Tension
 - Restlessness
 - Heavy feeling in chest
 - Irritability
 - Hollow feeling in stomach
 - Feeling of tightness in throat
 - Heartache
 - Dry mouth
 - Increased sensitivity to stimuli
 - “Grief Attacks”
 - “Sympathy pains”
(Lunche, 1997)

Common Grief Reactions - *MENTAL*

- 
- Disbelief
 - Confusion
 - Disorientation
 - Absentmindedness
 - Forgetfulness
 - Poor concentration
 - Low motivation
 - Distraction
 - Need to tell and retell story
 - Dreams of deceased
 - Denial
 - Difficulty focusing

(Lunche, 1997)

Common Grief Reactions – *EMOTIONAL*

- 
- Shock, numbness
 - Sadness
 - Loneliness, yearning
 - Anger, resentment
 - Guilt, regret
 - Feeling helpless, out of control
 - Desire to join the deceased
 - “Emotional roller coaster”
 - “More I should have done”
 - “Don’t care”
 - Depression
 - Diminished self-concern
 - Fear, anxiety
 - Relief
- (Lunche, 1997)

Common Grief Reactions - *SOCIAL*

- Being isolated by others
- Withdrawing from social activities
- Diminished desire for conversation
- Lose friends, make new friends
- Hide grief to “take care of others”
- Being “widowed,” “single,” etc.

(Lunche, 1997)

Common Grief Reactions - *BEHAVIORAL*

- Crying
- Searching
- Carrying special objects
- Going to grave site
- Looking at photos or videos
- Talking to the deceased
- Avoiding situations that arouse grief
- Staying busy
- Assuming mannerisms of the deceased

(Lunche, 1997)

Common Grief Reactions - *SPIRITUAL*

Questions about God:

- Why would God allow this?

Questions about the deceased:

- Where are they now?
- Are they ok?
- Can they see me?

- Sensing the deceased's presence
- Hearing, smelling or seeing the deceased
- Death affirms or challenges beliefs
- Awe, wonder, mystery
(Lunche, 1997)

Healthy versus Unhealthy Mourning

Healthy

- Talking
- Crying
- Thinking
- Writing
- Meditation
- Physical activity
- Create rituals/memorials
- Using expressive arts

Unhealthy

- Repressing
- Avoiding
- Substance abuse
- Eating disorders
- Addictions
- Engaging in unsafe behavior

Accumulated Losses



Figure 1.

Lifeline Loss Inventory

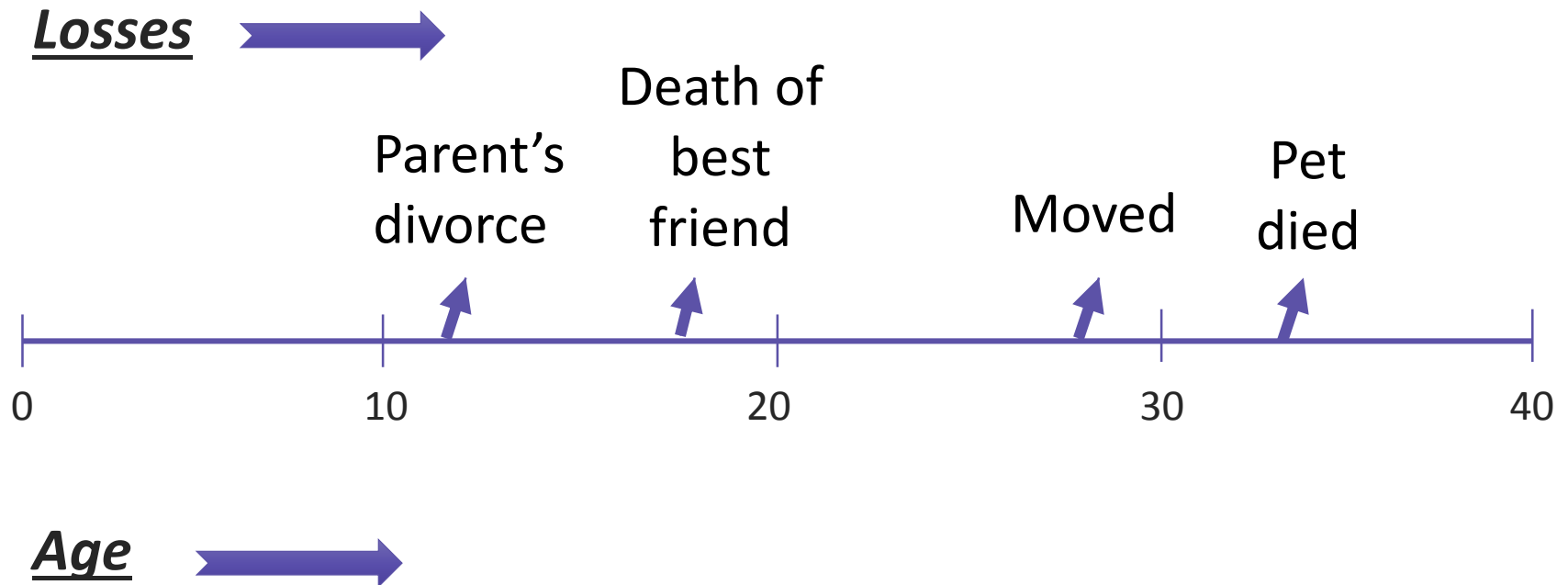
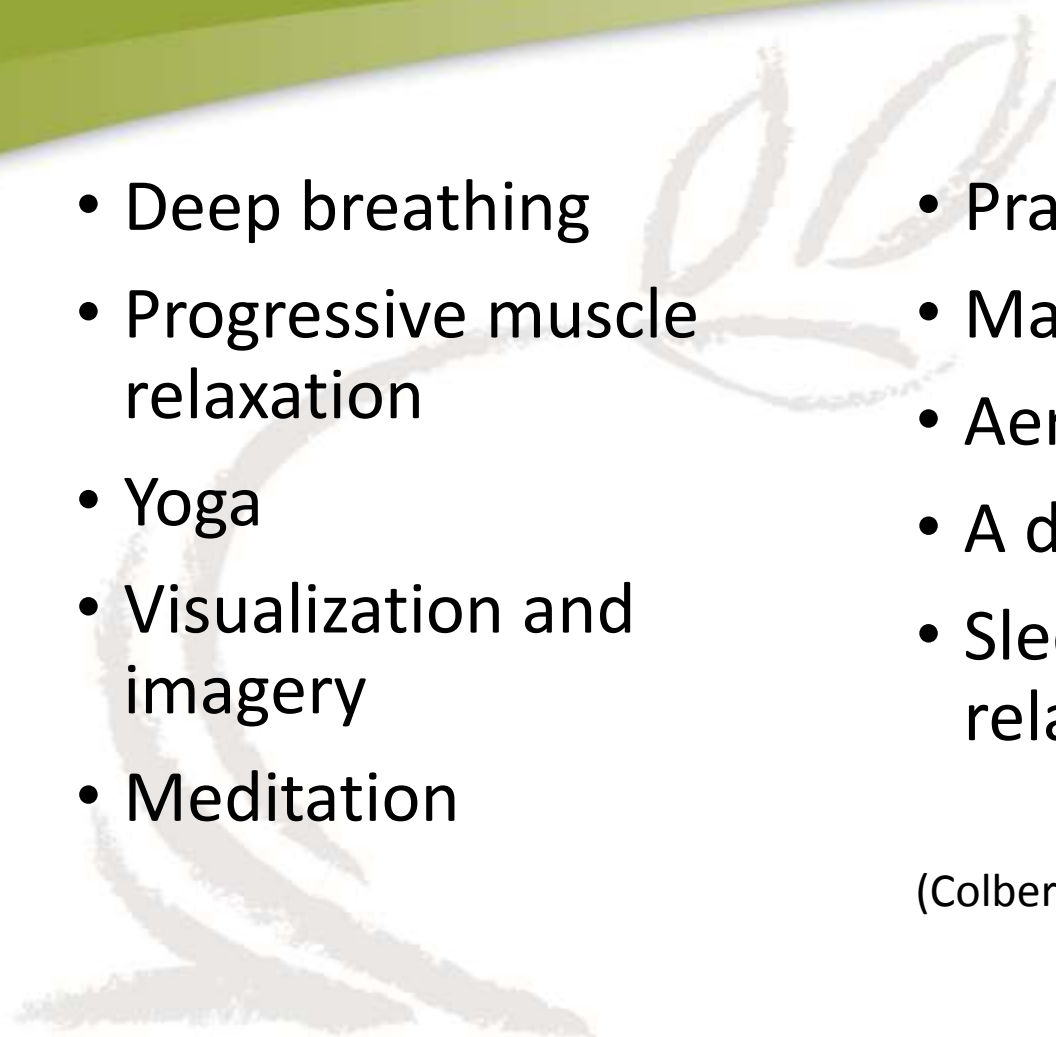


Figure 2:

Supportive Techniques

- 
- Deep breathing
 - Progressive muscle relaxation
 - Yoga
 - Visualization and imagery
 - Meditation
 - Prayer
 - Massage
 - Aerobic exercise
 - A daily relaxation time
 - Sleep: The ultimate relaxation time

(Colbert, 2003, pp. 199-208)

An Agent of Change

The grief process can be transformative.

A profound loss can offer much more than tears and pain.

It can offer the opportunity to change one's life for the better.

We can be the agent of that change.

(Bishop-Becker, 2005, p. 2)

Barrier to Healing One's Self

Culture tells us to be self-sufficient, in control, and focused on others.

- How can we be self-sufficient and require support?
- How can we be in control and unable to heal our own or another's pain?
- How can we focus on others when our pain is so intense that it demands our attention?

(Bishop-Becker, 2005, p. 5)

Barriers to Helping Others

- Issues of death anxiety
- Personal cumulative losses
- Unresolved personal grief issues
- Fears of one's own death and mortality
- Expectations of controlling emotions to remain professional
- Absence of a support system

(Matzo, Sherman, Lo, Egan, Grant, Rhome, 2003, p. 73)

Workplace Stressors

- Lack of formalized training for developing coping skills
- Work is emotionally-taxing
- Challenge of providing comfort care in complex situations
- Constant exposure to grief and multiple deaths can lead to 'grief overload'
- Not fully mourning all the accumulated losses
- Lack of guidance how to manage feelings of loss

(Hospice Friendly Hospitals Programme, 2013, p. 1-2)

Effects of Workplace Stressors

- Experience feelings of isolation, being on overload and feeling unappreciated
- Inability to maintain healthy balance between objectivity and empathy
- Potential for blurring of professional boundaries
- Depletion of emotional resources
- Disengagement from patients
- Withdrawal from patient care

(Hospice Friendly Hospitals Programme, 2013, pp. 1-2)

Professionals Don't Cry

- Experience of loss and disappointment is one of the most common experiences in medicine.
- Most of this loss remains unacknowledged and un-grieved.
- Protecting one's self from loss rather than grieving and healing the losses is one of the major causes of burnout.

“There's something wrong with me.
I don't care anymore.

Terrible things happen in front of me and I feel nothing.”

(Remen, 1996, pp. 51-52)

Parallel Suffering

Health care professionals provide skilled and compassionate care to those who are suffering. However...

- “...tendency to resist getting close enough to recognize, understand, and share in the patient’s suffering.”
- “This distancing leads to a loss of opportunity to strengthen the patient’s ability to fight for hope...loss of opportunity for patient to make meaning out of his or her struggle.”
- “Results in sick and dying people feeling isolated and alone in their pain and suffering.” (Arbore, Katz, & Johnson, 2006, pp. 13-14)

Wounded Healer

“When we become aware that we do not have to escape our pains, but that we can mobilize them into a common search for life, those very pains are *transformed* from expressions of despair into signs of hope.” (Nouwen, 1972)

“I do not believe we can even relate in any way to someone else’s suffering until we first acknowledge our own. We cannot assist in the *transformation* of someone else’s suffering until we first know how to heal ourselves.”

(Smith, 1999, p. 23)

Being versus Doing

If we can take time to invest in our own healing, we will be more able to sustain our abilities to “be” with the experience of suffering, rather than feeling compelled to “do.” Staying close, being present, witnessing, and acknowledging our patients’ suffering are the first steps to empowering them to recognize and hold on to glimmers of hope and change, in their own inimitable ways.

(Arbore, Katz, & Johnson, 2006, p. 24)


“Be” with Suffering

“Being” with suffering in end-of-life care:

- provides assurance to our patients that they are not alone in their suffering
- creates a psychological and spiritual space within which change and growth are possible
- provides a milieu in which patients can express not just grief, fear and desolation, but confidence, joy and even triumph.

(Arbore, Katz, & Johnson, 2006, p. 25)


Roadblocks to Effective Communication

- 
- Directing
 - Advising
 - Warning
 - Judging
 - Teaching
 - Minimizing
 - Ignoring
 - Diverting
 - Moralizing
 - Intrusive questioning
 - Too much self-disclosure
(Dougy Center Facilitator Skills Manual, 2006, Section II p. 11)

What Not to Say

- I understand just how you feel
- Well, at least...
- Oh, let me tell you about my loss...
- You should... or need to...
- Don't worry
- It'll be okay
- It was God's will
- You need to be strong
- God will never give you...
- Everything happens for a reason
- You need to get over it
- It's time to move on
- Time heals all wounds
- Just keep busy
- Are you still crying about that?
- Aren't you over it yet?

Useful Responses

- Empathetic listening
 - Acknowledge distress
 - Offer a chance to talk
 - Offer information and practical support
- 

Useful Responses cont'd

- Ask about coping with own and other's reactions
- Ask about relationships, social life and communication with others
- Ask about their expectations and fears about dying, and explore areas of unfinished business.

(Lobb, Clayton, Price, 2006, p. 74)

Questions to Open the Discussion

General:

- What is worrying you the most at the moment?
- What are the things that are most important to you right now?
- What are your biggest worries or fears?
- How is your health situation affecting you emotionally?

(Lobb, Clayton, Price, 2006, p. 74)

Questions to Open the Discussion

Relationships and Social Life:

- How is your family coping with what is happening to you?
- How has your family's reaction impacted you?
- What are your concerns about being a burden to others?
- Do you worry about how your family will cope without you?

(Lobb, Clayton, Price, 2006, p. 74)

Questions to Open the Discussion

Expectations of Dying and What May Happen in the Future:

- Some people are worried about things that may or may not happen in the future. It can help to talk about this. What questions or concerns do you have about that?
- It is very difficult for any of us to contemplate our own death. What are your particular fears or issues about dying?

(Lobb, Clayton, Price, 2006, p. 74)

Questions to Open the Discussion

Spiritual or Existential Concerns:

- What are the things in life that give you strength and sustain you?
- Do you belong to any specific religion, faith or community?
- How are your beliefs being challenged by your current experiences?

(Lobb, Clayton, Price, 2006, p. 74)

Personal Transformation

- Greater wisdom
- Deeper compassion
- Increased appreciation for life
- Enhanced spirituality
- Closer personal relationships
- New reality
- Refined self-identity
- New life goals
- Reinvestment of psychological energy

(Park & Halifax)

(Wong, 2008, p. 17)

Societal Transformation

Creating coherent narratives out of shattered assumptions can:

- Mobilize mourners...to turn passivity to activity.
- Mobilize higher-level defenses such as altruism.
- Lead to a mourner's desire to do for others what was not done for him or her.

(Berzoff, 2006, pp. 121-7)

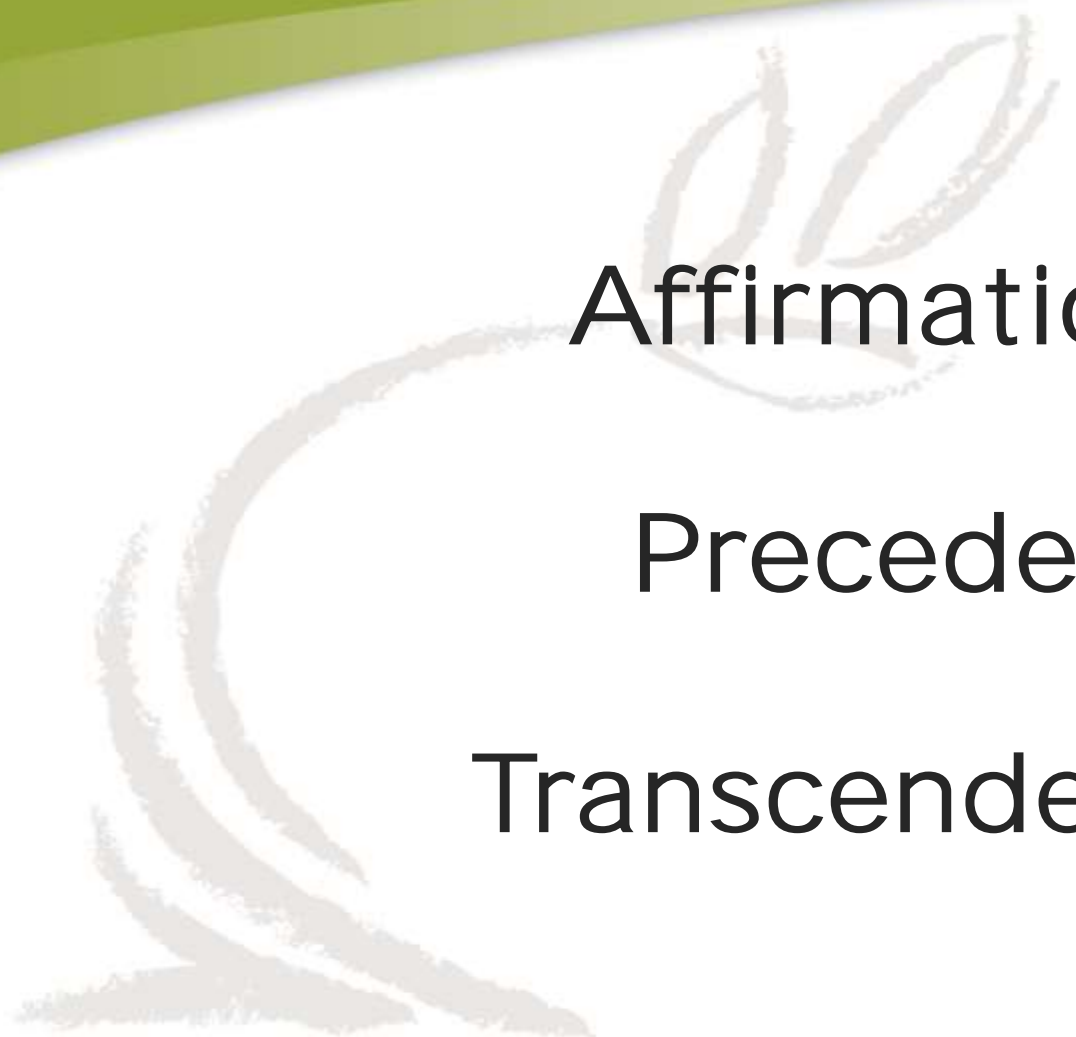
Beautiful People

The most beautiful people we have known are those who have known defeat, known suffering, known struggle, known loss, and have found their way out of the depths.

These persons have an appreciation, a sensitivity, and an understanding of life that fills them with compassion, gentleness, and a deep loving concern.

Beautiful people do not just happen.

- Dr. Elisabeth Kübler-Ross -



Affirmation
Precedes
Transcendence

Chaplaincy Health Care Resources

Classes:

Call (509) 783-7416

- Understanding Grief
- Hope for the Holidays

Support Groups:

- Men's Loss Group
- Widowed Support Group
- Coming to Terms with Loss
- Grieving Parent Support Group
- Cork's Place for grieving children, teens and their families

Behavioral Health Therapy

Thank you!

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EXPERT
guidance

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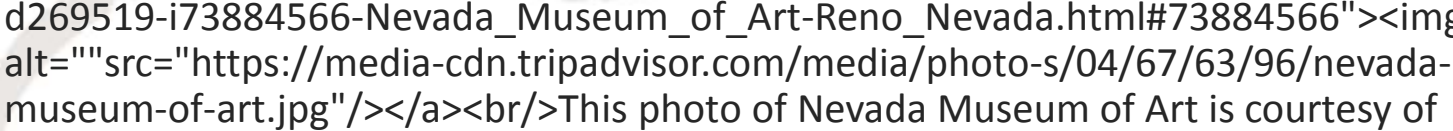
Figure 1: Credit: https://www.tripadvisor.co.uk/LocationPhotoDirectLink-g45992-d269519-i73884566-Nevada_Museum_of_Art-Reno_Nevada.html#73884566

This photo of Nevada Museum of Art is courtesy of TripAdvisor

Figure 2: Lifeline Loss Inventory. Dougy Center Facilitator Skills Manual. (2006)

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