

Grief and Management

Kuruva Mallikarjuna
Staff Nurse
Nursing Now IAPH

J. William Worden

Grief Counseling *and* Grief Therapy



A Handbook for the
Mental Health Practitioner

FOURTH EDITION

- Majority of content is from this book.
- Acknowledge this book and the research evidences.
- None of this is my original work

Statement of Disclosure

Terminology

- **Grief:** subjective emotions and affect that are normal response to experience the loss
- Deep mental and emotional anguish that is response to the subjective experience of loss of something significant.
- **Grieving/Bereavement:** process of Grieveing
- **Mourning:** outward expression of grief
- **Anticipatory Grieving**
- **Kubbler Ross Theory of Grief**
- DABDA
- **Bowlbys attachment theory**
- Security, sorrow, emotional bond, calling out, crying out

Disposition	Pleasure	Displeasure
<ul style="list-style-type: none">•Emotion with less intensity•A more lasting nature of feelings	Joy, Delight, merriness, hope	Anger , Grief, Sorrow Fear

Book by Wilhelm Wundt, Introduction to Psychology, Page no: 61, year: 1912

Getting Straight About Grief

Acute grief is **emotionally intense, cognitively preoccupying, and disruptive**, but grief is not an illness; major depression and anxiety disorders are. Grief and mourning have a **purpose**. They provide an intense, **focused opportunity to reregulate emotion and to engage in a learning process** that is aimed at **reconfiguring life** without the deceased—both the internal life of the mind, and ongoing life in the world. A bereaved person needs to figure out how to find meaning, purpose, joy, and satisfaction in life without someone who has previously been central to these feelings. This reconfiguration is a **very natural process** that tends to occur in fits and starts as bereaved people move forward and deal with everyday life. Nevertheless, **a knowledgeable, empathic and supportive clinician** can foster **good adjustment**. Successful mourning is, however, not a given. For some people, the mourning process is derailed and **acute grief is inordinately painful and prolonged**. For others, the stress of bereavement triggers the onset or worsening of symptoms of **MDD**, an anxiety disorder or another psychiatric or medical condition, **suicidality or negative health behaviors**. Clinicians need to be alert to all of these problematic responses to loss. In the wake of bereavement, we need to both facilitate effective mourning and **diagnose and treat co-occurring conditions**. (**MDD- Major Depressive Disorder**).

M Katherine Shear 1 10.1002/da.21963

https://pubmed.ncbi.nlm.nih.gov/22730310/?from_term=grief&from_page=2&from_pos=6

Depression or grief

- Hopelessness
- Worthlessness
- Helplessness
- Suicidal ideation
- Early morning awakening

Why as a Nurse I need to learn about Grief?

- theories offer nurses different perspectives on the grieving process and provide a practical framework for grief assessment and interventions.
 - specific interventions that are based on the theory can be done
 - theories of grief may help nurses gain insight into their own practice-related reactions and healing processes, which is an important part of caring for the grieving.
 - grieving process is time consuming, nurses who better understand grief will be better able to help family members prepare in advance for the death of a loved one and, in doing so, help facilitate their healing, with a view to the future and to finally returning to normal daily life.
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Grief Situations

- Suicide
- Counselling survivors of Suicide Victims
- Sudden Death
- Sudden Infant Death Syndrome
- Miscarriages
- Still Births
- Abortion
- AIDS

Counsellor's Own Grief

- Loss History
- Stress
- Burnout

Grief and Family Systems

- Death of a Child
- Childrens whose parents die
- Family intervention approaches
- Grief and Elderly
- Family versus Individual needs

Prolonged, but Not Complicated, Grief Is a Mental Disorder

The **DSM and ICD** have taken steps to introduce a grief disorder as a new diagnostic entity. Evidence justifies the inclusion of **prolonged grief disorder**, but not complicated grief, as a new mental disorder.

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https://pubmed.ncbi.nlm.nih.gov/28970298/?from_term=grief&from_page=2&from_pos=2

Paul K Maciejewski ¹, Holly G Prigerson ²

- DOI: 10.1192/bjp.bp.116.196238

Normal Grief

- Lindemann and Colleagues
- The symptomatology and management of acute grief, 1944
- 101 bereaved patients observation
- Drawback is no stats or numbers mentioned
- Most cited study
- Somatic or bodily distress of sometype
- Preoccupation with the image of the deceased
- Guilt related to the deceased or circumstances of death
- Hostile reactions
- The inability to function as one had before the loss

Manifestations of Grief

Feelings

- Sadness
- Anger
- Guilt
- Anxiety
- Loneliness
- Fatigue
- Helplessness
- Shock
- numbness

Physical Sensations

- Hollowness in stomach
- Tightness in Chest and Throat
- Oversensitivity to noise
- Depersonalization
- Breathlessness
- Weakness in muscles
- Lack of energy
- Dry Mouth

Cont...

- **Cognitions**
 - Disbelief
 - Confusion
 - Preoccupation
 - Sense of presence
 - Hallucinations
- **Behaviours**
 - Sleep Disturbances
 - Dreams of the Deceased
 - Restless Hyperactivity
 - Crying
 - Visiting places or carrying objects that remind the survivor of the deceased

[The Application of Grief Theories to Bereaved Family Members]

four important grief theories:

Freud's grief theory,

Bowlby's attachment theory,

Stroebe and Schuts' dual process model, and

Neiyemer's meaning reconstruction model

Lee-Jen Suen Wu ¹, Chuan-Chiang Chou ², Yen-Chun Lin ³

https://pubmed.ncbi.nlm.nih.gov/29164552/?from_term=grief&from_pos=10

DOI: 10.6224/JN.000088

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Treatment for Complicated Grief: State of the Science and Ways Forward

Clinicians should be wary of overdiagnosis and misdiagnosis of complicated grief. Recent changes to definitions of complicated grief may **threaten generalizability and clinical application** of research findings. Universal treatment, treatment for at-risk groups and preventive complicated grief treatment appear **ineffective**. Although medication is often prescribed to bereaved persons, evidence for its effectiveness is equivocal. **Face-to-face and internet-based cognitive behavioral therapy techniques** appear most effective in targeting complicated grief. However, little is known about what, how, and for whom treatment works best.

Bettina K Doering ¹, Maarten C Eisma

https://pubmed.ncbi.nlm.nih.gov/27429216/?from_term=grief&from_pos=5 DOI: 10.1097/YCO.0000000000000263

Everywhere and Nowhere: Grief in Child and Adolescent Psychiatry and Pediatric Clinical Populations

Grief is ubiquitous in the experience of children and adolescents with illness but not always recognized or named, and as a result grief is **not always treated effectively** by child/adolescent psychiatrists or pediatricians. Grief can be misinterpreted or treated as stress, anxiety, depression, adolescent moodiness, or behavioral concerns. **Pediatricians and child/adolescent psychiatrists are often insufficiently educated on the topic of grief.**

Ref: https://pubmed.ncbi.nlm.nih.gov/29157497/?from_term=grief&from_pos=4

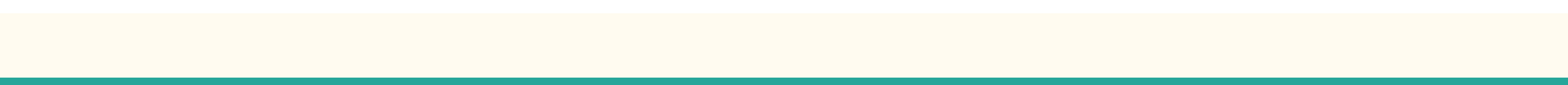
Pamela J Mosher | 10.1016/j.chc.2017.08.009

Principles of Grief Counselling

Help the survivor

- actualize the loss
 - Identify and experience feelings
 - Assist living without the deceased
 - Help find the meaning in the loss
 - Facilitate emotional relocation of the deceased
- Provide time to grieve
 - Interpret Normal Behavior
 - Allow for individual differences
 - Examine defenses and coping styles
 - Identify pathology and refer

Grief Counselling

- Goals and Setting of Grief Therapy
 - Procedures for Grief therapy
 - Special considerations
 - Techniques and Timing
 - Dreams in Grief Counselling and Therapy
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Don't Say

I know how you feel
Be a brave little boy
Life is for the living
This will soon end
You are standing up well
It will be over in a year
You will be fine
I am sorry

Say

Acknowledge simply
I don't know what
to say to you

THE MEDIATORS OF MOURNING

Mediator 1	Kinship (who died)
Mediator 2	Nature of the attachment Strength/security Ambivalent/conflicted Dependency issues
Mediator 3	Death circumstances Proximity of death Expectedness of death Traumatic death Multiple losses Preventable death Ambiguous death Stigmatized death
Mediator 4	Historical antecedents Loss history Mental health history
Mediator 5	Personality mediators Age/gender Coping style Attachment style (secure, insecure) Cognitive style Ego strength (esteem, efficacy) Assumptive world (beliefs, values)
Mediator 6	Social mediators Support availability Support satisfaction Social role involvements Religious resources Ethnic expectations
Mediator 7	Concurrent stresses (life-change events)

THE TASKS OF MOURNING

I	To accept the reality of the loss	(Not believing)
II	To process the pain of grief	(Not feeling)
III	To adjust to a world without the deceased	
	A. External adjustments: Living daily without the person	(Not adjusting)
	B. Internal adjustments: Who am I now?	(Not growing)
	C. Spiritual adjustments: Reframe assumptive world	(Not understanding)
IV	To find an enduring connection with the deceased while embarking on a new life	(Not moving forward)

Death and Dignity

- Sense of meaningfulness
- Unity
- Sense of Integrity

Nurse at the centre

- Theoretical knowledge
- Interpersonal skills
- Communication skills

Pahtological Grief

- Delayed or inhibited grief
- Distorted or Exaggerated Grief
- Chronic or prolonged grieveing



Thank You
FOR YOUR CONDOLENCES

***Please continue to pray for
us as we heal and move
forward. Thank you for your
sympathy during our time of
loss.***