

# HANDOUT I

## Grief, Loss, Bereavement Types of Grief

Type of Grief	Definition	Characteristics
<p>Anticipatory Grief (Rando, 2000)</p>	<p>Anticipated and real losses associated with diagnosis, acute and chronic illnesses and terminal illness.</p> <p>Experiencing anticipatory grief may provide time for preparation of loss, acceptance of loss, finish unfinished business, life review, resolve conflicts. For survivor, anticipatory grief provides time for preparing for life without deceased including preparation for role change, mastering life skills such as paying bills and learning how to manage a checkbook.</p>	<p>With acute illness, chronic illness, accidents and other changes in health, a patient may experience loss of general health, loss of functionality, loss of independence, loss of role in the family (breadwinner, caretaker) and loss of lifestyle as a result of dietary or activity restrictions. Loss of a limb or body part (breast, uterus) may cause loss of self-confidence, changes in perception about body image.</p> <p>Family members, significant others will also experience losses when patient is ill, including loss of role in the family, loss of relationship, loss of finances, loss of security, loss of companionship, loss of relationship, etc.</p> <p>AIDS can cause multiple losses over short periods of time, such as loss of a job, material possessions, body image due to changes in physical appearance, functionality, privacy (the secret is out), friends, partners, and social acceptance.</p> <p>With diagnosis of terminal illness, additional losses may include loss of control (choice), loss of physical and/or mental function, loss of relationships, loss of body image, loss of future, loss of dignity, loss of life.</p>

## HANDOUT I (continued)

### Grief, Loss, Bereavement Types of Grief

Normal Grief	<p>Also known as uncomplicated grief.</p> <p>Normal feelings, reactions and behaviors to a loss; grief reactions can be physical, psychological, cognitive, behavioral.</p> <p>(Doka, 1989; Parkes 1999; Worden 1991).</p>	Reactions to loss can be physical, psychological and cognitive.
Complicated grief includes:  Chronic Grief  Delayed Grief	<p>Normal grief reactions that do not subside and continue over very long periods of time.</p> <p>Normal grief reactions that are suppressed or postponed. The survivor consciously or unconsciously avoids the pain of the loss.</p>	Those at risk for any of the four types of complicated grief may have experienced loss associated with: <ul style="list-style-type: none"><li>• traumatic death</li><li>• sudden, unexpected death such as heart attacks, accidents</li><li>• suicide</li><li>• homicide</li><li>• dependent relationship with deceased</li><li>• old-old person or those with chronic illnesses (survivor may have difficulty believing death actually occurred after years of remissions and exacerbations)</li></ul>



		<ul style="list-style-type: none"> <li>• denial beyond normal expectations</li> <li>• severe or prolonged depression</li> <li>• loss of interest in health and/or personal care</li> <li>• severe impairment in communication, thought or motor skills</li> <li>• ongoing inability to eat or sleep</li> <li>• replacing loss and relationship quickly</li> <li>• social withdrawal</li> <li>• searching and calling out for deceased</li> <li>• avoidance of reminders of the deceased</li> </ul>
<p>Disenfranchised Grief (Doka, 1989)</p>	<p>The grief encountered when a loss is experienced and cannot be openly acknowledged, socially sanctioned or publicly shared.</p> <p>Usually survivor experiencing disenfranchised grief is not recognized by employers for time off for funeral/memorial service, grief. May not be recognized by biological family members and excluded from rites, rituals and traditions for loss.</p>	<p>Those at risk for experiencing disenfranchised grief include partners of HIV/AIDS patients, ex-spouses, ex-partners, fiancés, friends, lovers, mistresses, co-workers, children experience the death of a step-parent and others persons close to the patient but not biological family members.</p> <p>The mother of a stillborn delivery may also experience disenfranchised grief, as society may not acknowledge a relationship between the mother and a child who experienced death prior to birth.</p>

## HANDOUT II

### Grief, Loss, Bereavement Normal Grief Reactions

Physical	Emotional	Cognitive	Behavioral
<ul style="list-style-type: none"> <li>• hollowness in stomach</li> <li>• tightness in chest</li> <li>• heart palpitations</li> <li>• sensitivity to noise</li> <li>• breathlessness</li> <li>• weakness</li> <li>• tension</li> <li>• lack of energy</li> <li>• dry mouth</li> <li>• gastrointestinal disturbances</li> <li>• loss of libido</li> <li>• increase in appetite, loss of appetite</li> <li>• weight gain or loss</li> <li>• exhaustion</li> <li>• tight throat</li> <li>• vulnerable to</li> </ul>	<ul style="list-style-type: none"> <li>• numbness</li> <li>• relief</li> <li>• emancipation</li> <li>• sadness</li> <li>• yearning</li> <li>• anxiety</li> <li>• fear</li> <li>• anger</li> <li>• guilt and self-reproach</li> <li>• shame</li> <li>• loneliness</li> <li>• helplessness</li> <li>• hopelessness</li> <li>• abandonment</li> <li>• loss of control</li> <li>• emptiness</li> <li>• despair</li> <li>• ambivalence</li> <li>• loss of ability for pleasure</li> <li>• shock</li> </ul>	<ul style="list-style-type: none"> <li>• disbelief state of depersonalization</li> <li>• confusion</li> <li>• inability to concentrate</li> <li>• idealization of the deceased</li> <li>• preoccupation with thoughts or image of the deceased</li> <li>• dreams of the deceased</li> <li>• sense of presence of deceased</li> <li>• fleeting, tactile, olfactory, visual and auditory hallucinatory experiences</li> <li>• search for meaning in life and death</li> </ul>	<ul style="list-style-type: none"> <li>• impaired work performance</li> <li>• crying</li> <li>• withdrawal</li> <li>• avoiding reminders of the deceased</li> <li>• seeking or carrying reminders of the deceased</li> <li>• over-reactivity</li> <li>• changed relationships</li> </ul>

<p>illness</p> <ul style="list-style-type: none"><li>• restlessness</li><li>• headaches</li><li>• dizziness</li><li>• muscle aches</li><li>• sexual dysfunction</li><li>• insomnia</li><li>• tremors, shakes</li></ul>			
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## HANDOUT III

### Grief, Loss, Bereavement Stages and Tasks of Grief

Stage of Grief	Tasks	Characteristics
<p>Stage 1:</p> <p>Notification and shock</p>	<p>Share acknowledge of the reality of the loss by assessing the loss, recognizing the loss.</p>	<ul style="list-style-type: none"> <li>• assists the survivor in coping with the initial impact of the death</li> <li>• survivor may have feelings of numbness, difficulties with decision making, poor daily functioning, emotional outbursts, denial, isolation, avoidance</li> <li>• feelings should eventually decrease and subside as the survivor moves onto the next stage</li> </ul>
<p>Stage 2:</p> <p>Experience the loss emotionally and cognitively</p>	<p>Share in the process of working through the pain by reacting to, expressing and experiencing the pain of separation/grief</p>	<ul style="list-style-type: none"> <li>• confrontation, anger, bargaining, depression</li> <li>• survivor may be angry at loved one who has died, "abandoned them," "left them behind"; anger may be directed at physician, nurse, other health care professionals, family members, friends</li> <li>• survivor may feel guilt based on perceptions that he/she or others did not do enough to prevent the death, he/she did not take good enough care of the deceased</li> <li>• survivor may ask questions, "What if....," "If only..."</li> <li>• survivor may experience sadness, loneliness, emptiness, lack of interest in daily life, insomnia, loss of or increase in appetite, apathy, disorganization</li> </ul>

<p>Stage 3: Reintegration</p>	<p>Reorganize and restructure family systems and relationships and reinvest in other relationships and life pursuits by adjusting to an environment without the deceased, relinquishing old attachments, forming new identity without deceased, adapting to new role while retaining memories</p>	<ul style="list-style-type: none"> <li>• Survivor may begin to reorganize their life, find hope in the future, feel more energetic, participate in social events, acceptance.</li> </ul>
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**HANDOUT IV**  
**Grief, Loss, Bereavement**  
**Unhelpful & Helpful Comments in Speaking with the Bereaved**

<b>Unhelpful Comments</b>	<b>Helpful Comments</b>
I know exactly how you're feeling.	I am sorry that you are going through this painful process.
I can imagine how you are feeling.	It must be hard to accept that this has happened.
I understand how you are feeling.	It's OK to grieve and be really angry with God and anyone else.
I'm always here for you, call me if you need anything.	I can bring dinner over either Tuesday or Friday. Which will be better for you?
You should be over it by now. It's time you moved on.	Grieving takes time. Don't feel pushed to hurry through it.
You had so many years together. You are so lucky.	I did not know _____, will you tell me about him? What was your relationship like?
At least you have your children.	It's not your fault. You did everything you could do.
You're young, you'll meet someone else.	What's the most scary part about facing the future alone without _____?
At least her suffering is over. She is in a better place now.	You will never forget _____, will you?
He lived a really long and full life.	It's not easy for you, is it? What about your relationship will you miss the most?
How old was he?	He meant a lot to you.

## HANDOUT V

### Grief, Loss, Bereavement Personal Loss History

1. The first death I can remember was the death of:
2. I was age:
3. The feelings I remember I had at the time were:
4. The first funeral (wake or other ritual service) I ever attended was for:

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5. I was age:
  6. The thing I most remember about that experience is:
  7. My most recent loss by death was (person, time, circumstances):
  8. I cope with this loss by:
  9. The most difficult death for me was the death of:
  10. It was difficult because:

11.Of the important people in my life who are now living, the most difficult death for me would be the death of:

12.It would be the most difficult because:

13.My primary style of coping with loss is:

14.I know my own grief is resolved when:

It is appropriate for me to share my own experiences of grief with a client/patient when:

## **HANDOUT VI**

### **Grief, Loss, Bereavement Grief & Bereavement Suggestions for Staff Support**

Staff members may need support when patients are imminently dying, at the time of death, and after the death. The following suggestions may help the agency provide experiences to support the staff person.

- Knowledge about end-of-life care and what to expect during the dying process can promote confidence and decrease anxiety when caring for a dying patient. Instruct staff on the physical, psychosocial and spiritual signs and symptoms of the dying process, common questions asked by patients and families, signs of death and post-mortem care procedures. Provide practice, preferably through role-play, regarding “what to say” to a dying patient and/or the family.
- Encourage the staff member to ask questions at any time.
- The professional caregiver may fear being alone with a dying or dead patient. He/she may fear not knowing what to do or be concerned about how he/she will react. Provide reassurance that someone is always available. Simply knowing he/she is not alone can be enough support. The presence of the instructor, mentor or pairing with another student in the care of a dying or dead patient can also greatly decrease fear and anxiety.
- The professional caregiver may feel as though he/she does not have the expertise to meet the needs of a dying patient. Encourage the student to ask for help as needed. Offer and encourage the support of other members of the team, including the social worker, spiritual care provider, and/or volunteer.
- The staff person’s first experience of the death of a patient and subsequent exposure to dying and death can provoke deep emotion. Provide presence and active listening before, during and after the death of the patient.
- Allow time for post-clinical debriefing to assist the staff in exploration and expression of feelings of anxiety, loss and grief. Be sensitive to the student’s need to tell the story of the death and express feelings related to the experience.

## **HANDOUT VI (Cont)**

### **Grief, Loss, Bereavement**

#### Grief & Bereavement Suggestions for Staff Support

- Give the professional caregiver the opportunity to experience and express feelings about the death in his/her own way. Follow the student's lead in providing presence after the death. The staff person may choose to participate in group discussion, one-on-one discussion with the instructor, a peer, mentor and/or spiritual care provider, and/or choose self-reflection.
- Remember that tears can be a normal, non-verbal expression of feelings related to loss. Providing a private place for staff to cry may be helpful.
- Plan activities that can assist the staff person in expression of loss and grief. Activities can include staff creating and taking part in a ceremony/memorial service for patients who have died in their care and/or staff person's journaling reactions and feelings about the death of a patient.

**HANDOUT VII**  
**Grief, Loss, Bereavement**  
**Case Study # 2 “John and Rose”**

Rose resided in the nursing facility for almost two years. She and her husband John had been married for 52 years and had a very close relationship. They had no children. John would visit Rose twice a day, at lunch and again at dinnertime to assist her with her meals and share private time together. He could no longer drive and took a cab to the nursing facility. He knew many of the residents and would frequently be seen telling them a joke or pushing them in their wheelchairs. Rose was confused at times and always seemed very peaceful and relaxed when John came to visit.

Over the course of a few months, Rose's condition began to deteriorate. She declined food and fluids and died peacefully with John present. John had a memorial service for Rose, but few friends came. John had stopped visiting his friends when Rose was admitted to the nursing facility and he became so busy with his twice-daily visits. John cried continuously for three days after the memorial service. When he talked about Rose, he spoke of her as if she were still alive. On most days, he could not decide what to eat or what he was supposed to be doing.

Two months after the death of Rose, John was only crying sporadically. His appetite was not good and he had lost some weight. He spent a good deal of his time at home looking at pictures of himself and Rose when they were younger. Once a week, he would visit the nursing facility where Rose died and converse with the other residents and nursing facility staff. Five days a week he would go to the cemetery to visit Rose's grave. The neighbors were concerned about John. When they offered to take him out to eat, he became angry, tearful and declined their invitation.

Six months after the memorial service, John began going to the store and church, but he had very little interest in these activities. He had always enjoyed walking around the nursing facility grounds, but he no longer enjoyed walking. He would visit the cemetery once a week. He would forget where he put things in the house. He allowed neighbors to visit and spent most of the time reminiscing about his life with Rose, her illness and her death. He had difficulty sleeping and would spend many nights wandering around the house.

Ten months after Rose died, John began feeling more energetic. He would still cry when something profound reminded him of Rose, but he did not cry very often. He began eating regular meals and going out to dinner with the neighbors twice a week. He also started playing shuffleboard with his homeowners club and contacted a few friends he hadn't seen in years. One year after Rose died, John visited the nursing facility to plant a tree in Rose's name in the nursing facility courtyard. He

also visited her grave that day. That afternoon, he played shuffleboard and went to dinner with a friend he hadn't seen in two years.

Discussion Questions:

1. Describe John's grief reactions.
2. Describe John's grief process in relation to his progression through the stages and tasks of grief.
3. Was John experiencing normal or complicated grief? Why?
4. What interventions might have facilitated John's grief?