Understanding Grief
“The Red Thread”
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7th Annual Fall Regional Palliative Care Conference
October 11, 2013

The red thread...
“There is a silk red thread of destiny that connects one person with another; this magical cord may stretch or become tangled, but it can never break”
Old Chinese Proverb

Understanding Grief
Objectives:
• To explore bereavement, grief and mourning and discuss some past and current theory
• To recognize normal grieving vs. complicated grief
• To identify measures to assist with normal grief
• To better understand complicated grief and appropriate interventions

Scope in the US
• Approx. 2.5 million deaths in US annually
• Approx. 9.7% of women are widows
  Approx. 2.5% of men are widowers
• Most of those experiencing widowhood are older than 64 – with their own health issues

Types of Grief
“Grief is universal - at the same time it is extremely personal”
Grollman, Living When a Loved One Has Died
• Anticipatory grief
  – Grief-like symptoms experienced by patients and families leading up to the time of death
  – May be more intense than post-death grief
• Normal grief
  – Acute (approx. 6 weeks)
  – Chronic (lasting up to 2 years)
• Disenfranchised grief – cannot openly grieve
• Complicated grief “Prolonged Grief Disorder”

Definitions
• Bereavement: the state or condition caused by loss from death
• Grief: the emotional response associates with loss (can be losses other than death)
• Mourning
  – The public display of grief
  – The intrapsychic processes and attempts at coping
  – What we do within ourselves to transform our relationship to the one who has died
Myths about Grief

“Don’t put on a happy face because you think it’s expected. Grief denied is grief unhealed” Bartocci, Nobody’s Child Anymore

- A strong person should not show emotion
- Expect a return to normal after 2-3 months
- Grief gets easier as you grow older
- Anger with God means faith is weak

Myths

- Losing an infant doesn’t hurt- parents didn’t have time to get to know the child
- Resolving grief means putting the loved one out of mind and moving on with life
- A strong person should be able to deal alone
- Christians shouldn’t grieve – should feel joy
- Only immediate families members will experience significant grief

Other Assumptions

- It’s better to deal intellectually than emotionally
- Continuing to talk about the deceased only makes the pain last longer
- After a loved one has died, you can never be happy again
- Crying is a sign of weakness
- You can tell how much the deceased was loved by how deeply and long he is mourned

The Three Ns of Grief

Hauck, Journeying Through Grief

“Perhaps the most important truth I have learned is that healing in grief is heart-based, not head-based” Wolfelt, Understanding Your Grief

- Grief is Normal
  - The normal response to significant personal loss
- Grief is Natural
  - It is the completely human – built into us
- Grief is Necessary
  - Provides a healthy way to cope with the loss and everything it means to us

Past Theories of Grief

- Stage progression (Kubler-Ross)
  - Shock and denial-Anger-Bargaining-Depression-Acceptance
- Tasks of Grieving (Worden)
  - Acknowledge the reality
  - Work through the emotional turmoil
  - Adjust to environment without the deceased
  - Loosen ties to the deceased
- Grief as a medical or psychiatric condition
  - As illness that needs to be healed
Current theory: “States” of Grief  
Berger, Shuster & Von Roenn (2013)

1. Initial disbelief
2. Some adaptation to the new normal
3. Depressive symptoms, anger and yearning bridge the initial shock
4. As depression, anger and yearning decrease acceptance increases

Current Theory: “Relearning the World”  
Attig, 2011

- Grieving is active – not helpless
- Respecting grieving individuals
  - Ways of finding meaning
  - Vulnerabilities
- The relearning of self
  - Personal integrity
- Relearning relationships with the deceased
  - Grief love and separation

Grief is an Emotion, Grieving a Coping Process  
“Attig

- Grief reaction: (passive) the full range of experiences of emotional, psychological, physical, behavioral social, cognitive, and spiritual impacts of bereavement
- Grieving (active) is what we do with what happens to us and as coping requires that we respond actively, invest energy, and address tasks
  - Coping requires that we come to terms with our grief emotion

“Normal” Grief

- Acute phase
  - Shock, disbelief, anxiety, agitation, anger, depression, crying, guilt, palpitations, aimless activity, fatigue, anorexia, diarrhea, insomnia, pain and anguish
- Chronic phase
  - Yearning - the most common symptom during 1st 6mo
  - The griever does not abruptly adopt a new posture in the world but remain postured as he was before the death – still disposed to care about and live with the one who has died. Continues to feel, act, think, expect, and hope as if no loss. Disbelief, apathy, social withdrawal, sadness, anxiety, depression and insomnia persist

“Grieving: an evolving process involving an ongoing tension between holding on and letting go”  
Altillo & Otis-Green

- Normal
  - The human psyche appears to be programmed to disbelieve when confronted with significant life change. Adjustment and reorganization is a gradual process that occurs over time
  - although painful, the survivor moves toward an acceptance of the loss and an ability to carry on with life

Variables Influencing Grief Process

- Mourner’s relationship to the deceased
- Attachment and loss history
- Prior history of depression/anxiety
- Concurrent stressors
- Spirituality
- Culture
- Gender
The red thread...

“The loss of my mother runs like a red thread through my life”
Ernst Freud

Sometimes grief is not normal...

- Prolonged Grief Disorder
  - Distinct from major depressive disorder, generalized anxiety disorder and posttraumatic stress disorder
  - Included in DSM-V as a subtype of an Axis I, Adjustment disorder

Prolonged Grief Disorder (PGD)
Pathological Grief, Traumatic Grief, Complicated Grief

Criteria: yearning and disability 6mo following the loss and at least 5/9 daily:
1. Confusion about roll in life
2. Difficulty accepting loss
3. Avoidance of reminders of the reality of the loss
4. Inability to trust others
5. Bitterness or anger related to the loss
6. Difficulty moving on with life
7. Numbness (absence of emotion)
8. Feeling the life is empty / meaningless
9. Feeling stunned, dazed or shocked by the loss

Risk Factors for PGD

- Female sex
- Prior loss
- Preexisting mood /anxiety disorders
- Nature of relationship
- Kinship – parents and spouses most affected
- Trauma, abuse or serious neglect in childhood
- Separation anxiety in childhood
- Preference for lifestyle regularity
- Lack of preparation for the death
- Nature of the death itself

Outcomes of PGD

- Increased risk of suicide thoughts/behaviors
- Increased risk of major depressive disorder
- Increased risk of anxiety disorders
- Increased risk of HTN and cardiac events
- Significant changes in consumption of food, alcohol, and tobacco
- Increased risk of social/work functioning
- Impaired quality of life

Brief Grief Questionnaire
Shear & Essock, 2006

Scale: 0=not at all, 1=somewhat, 2=a lot
A score of 5 or more suggests complicated grief and additional evaluation is indicated

1. How much are you having trouble accepting the death of ____?
2. How much does your grief still interfere with your life?
3. How much are you having images or thoughts of ____ when she/he died or other thoughts about the death that really bother you?
4. Are there things you used to when ____ was alive that you do not feel comfortable doing anymore, that you avoid. Like going somewhere you went with him/her or doing things you used to enjoy together? Or avoiding looking at pictures or talking about ____? How much are you avoiding these things?

5. How much are you feeling cut off or distant from other people since ____ died, even people you used to be close to like family or friends?

### Treatment of PGD
- Psychodynamic/interpersonal treatments focus on unresolved social, attachment, and relational issues that may underlie grief issues
  - Cognitive behavioral therapy
  - Group therapy
  - Family grief therapy
- Distinguish between PGD and other psychiatric disorders before considering pharmacologic intervention

### Impact of Bereavement
- One of life’s most stressful experiences
- Increased hospitalizations and mortality
- Associated with inc. risk of cardiac events, HTN, cancer, depression, and suicidal ideation
- Compromises quality of life
- Can lead to disability, functional impairment, and health-damaging behaviors

### Preventative Measures
- Prepare for death, say goodbye and to deal with any guilt/regrets
- Engaging patients and family in end-of-life care preferences
- Provide opportunity to spend time with the body of the deceased
- Acknowledge the loss. Recognize/sustain the relationship (card, call or funeral home visit)
- Dispel assumptions/myths about grieving
- Suggest a f/u office visit to talk about the loss, answer questions, and assess the physical/emotional health of the survivor

### Effective Intervenational Approach:
- Help mourners see that grieving is active, requiring them to meet challenges and address specific tasks
- Provide support in using known coping skills and to find new ways of coping
- Support and comfort those with impaired capacities
- Motivate mourners to resist the attractions of grief and begin to address the tasks of grieving

### Common Coping Skills
- Journaling
- Music and art
- Meditation, prayer and Scripture
- Write letters
- Exercise
- Allowing for emotion, screaming, tears
- Social contact and support groups
There is a light in the world, a healing spirit, more powerful than any darkness we may encounter. We sometimes lose sight of this force, when there is so much suffering, too much pain. Then suddenly, the spirit will emerge through the lives of ordinary people who care and answer in extraordinary ways.

Mother Theresa

The Value of Support Groups

- Talking about feelings is one of the best ways to work through them
- Talking is healing
  - Helps to locate the pain, bring it to the surface, and let it go.
  - Because the wound doesn’t suddenly go away, the pain recurs and the mourner must talk about the same feeling or memory over and over

Bereavement Programs

- Palliative Care
  - HFH, currently sends cards
- Hospice programs
  - As directed by Medicare guidelines
  - Led by chaplains
- Church ministry programs
  - Stephen Ministries

The red thread...

“Some of the bereaved with whom we work need to hold the red thread tightly, some allow it to stretch, some become tangled in it, and some sew it carefully into their hearts, where it resides forever, invisible to the eye.”

Gerbino and Raymer, 2011

References


