

Wisconsin Public Psychiatry Network Teleconference (WPPNT)

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- Ask questions to the presenter(s) in the Zoom Q&A window. Each presenter will decide when to address questions. People who join by phone cannot ask questions.
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Everybody Dies and Everybody Grieves: Why Death and Grief Education is Important for Behavioral Health

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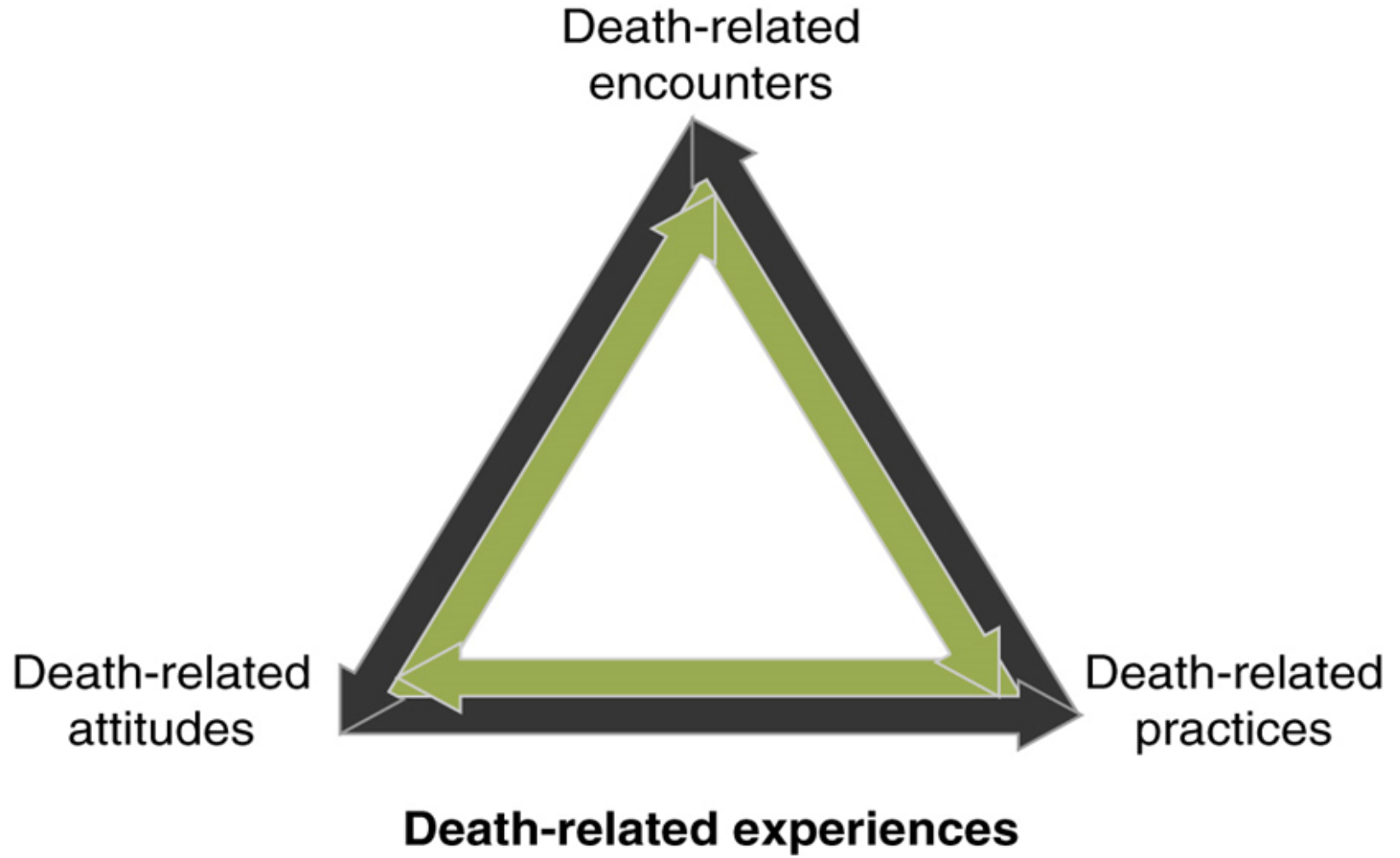
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Goals for today's presentation

- How do humans experience death?
- What does dying look like?
 - What happened during the COVID pandemic?
- Elements of grief
 - What is grief?
 - What is grief *not*?
- Empirically supported models of grief
- One therapeutic approach
- How can you support clients who are grieving?

How We Experience Death

Corr, Corr, & Doka (2019).
Death & Dying, Life & Living,
8th edition

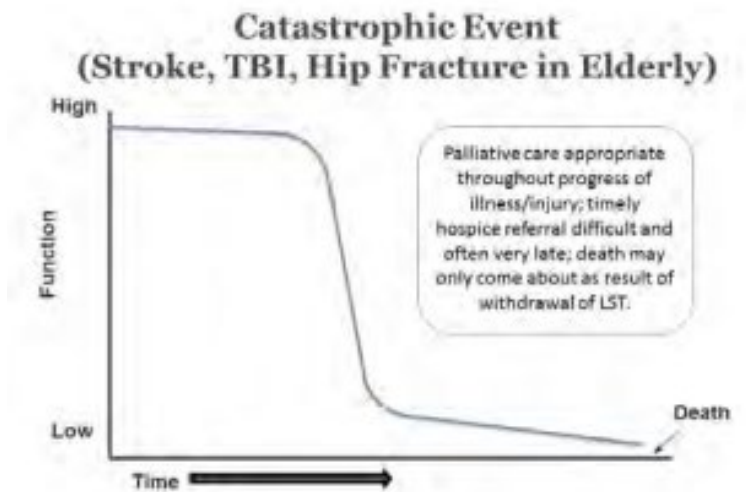
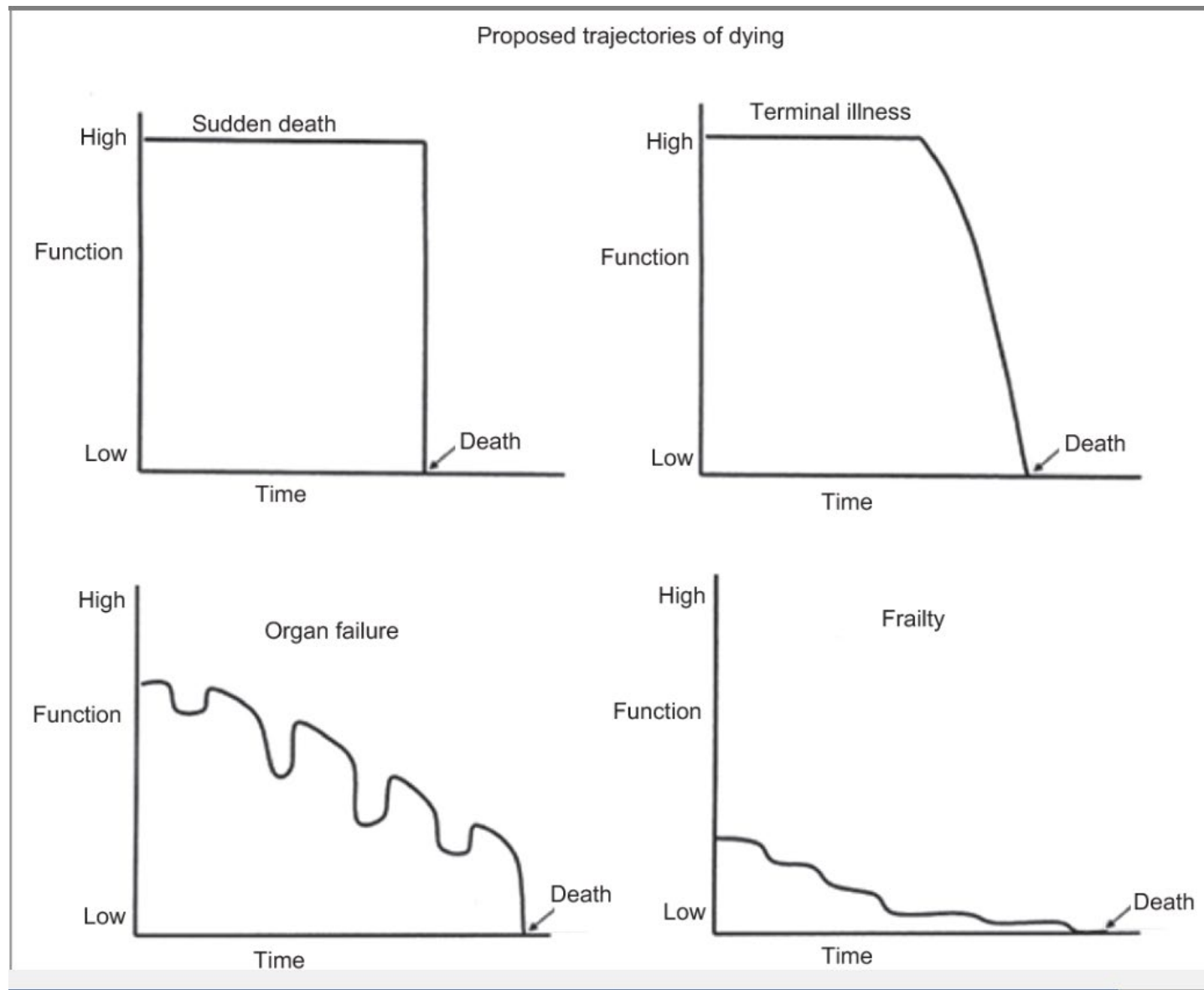


“The truth is, once you learn how to die, you learn how to live.”

Mitch Albom, Tuesdays with Morrie

- Preference for a specific dying process (94%)
 - Pain-free (81%)
 - Emotional well-being (64%)
 - Religiosity/spiritual well-being (65%)
 - Dignity (70%)
 - Presence of family (70%)
-
- To die quietly, pain-free, suddenly, while sleeping . . .

Meier EA, Gallegos JV, Thomas LP, Depp CA, Irwin SA, Jeste DV. (2016). Defining a Good Death (Successful Dying): Literature Review and a Call for Research and Public Dialogue. *Am J Geriatr Psychiatry* 24(4):261-71



Shiley Institute for Palliative Care: The Five Trajectories:

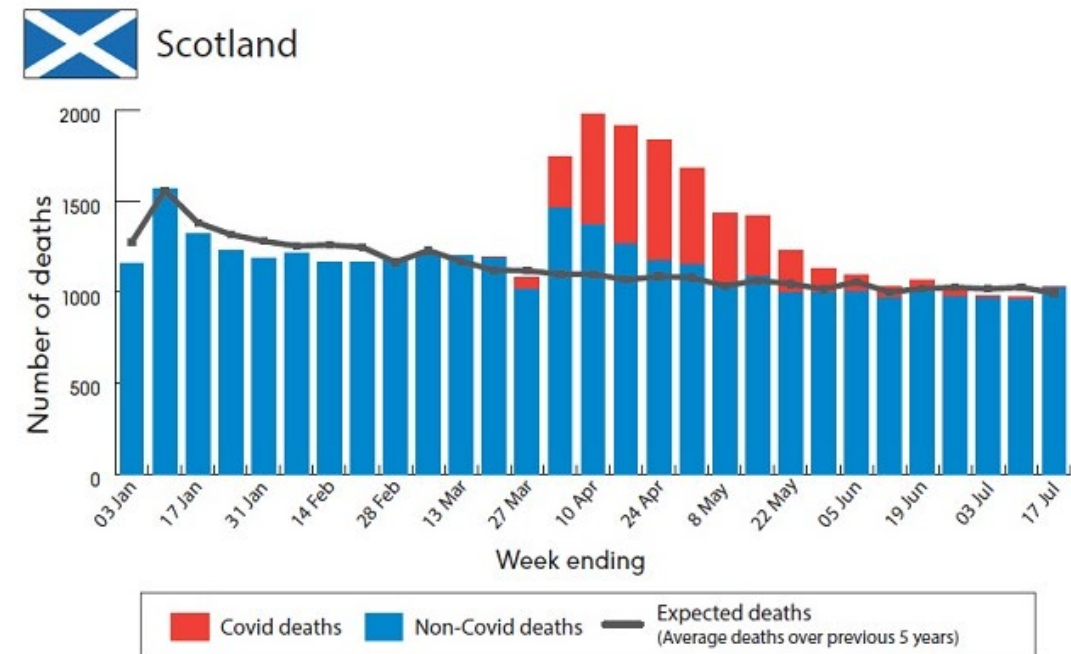
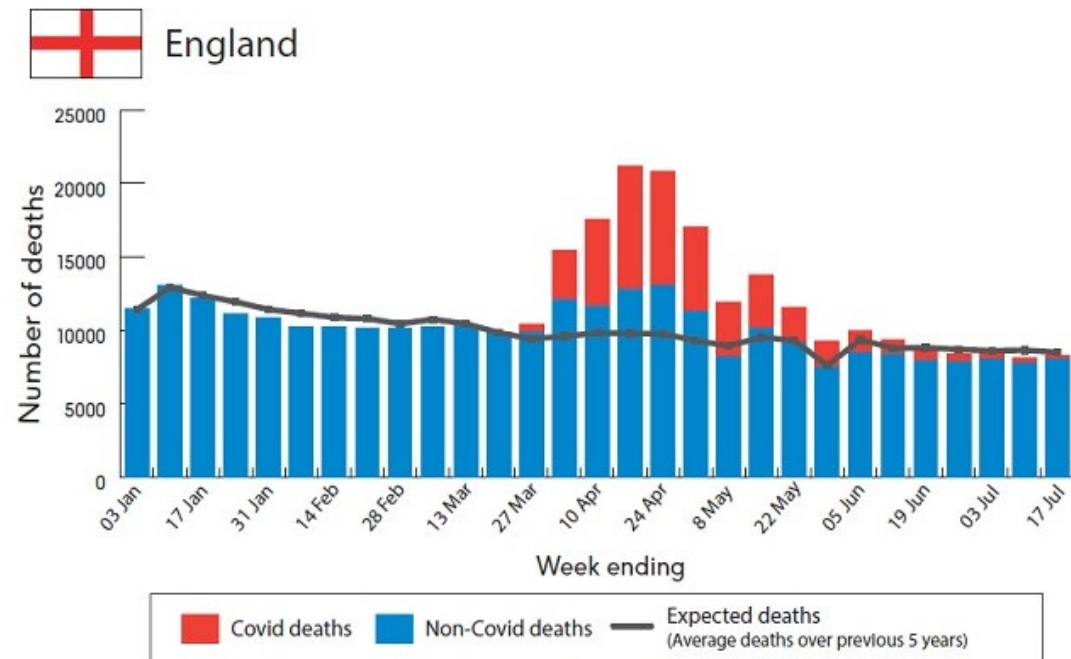
The person survived but is extremely impaired. Death may come only by withdrawal of long-term life sustaining treatment.

Yash Pal, R., Kuan, W. S., Koh, Y., Venugopal, K., & Ibrahim, I. (2017). Death among elderly patients in the emergency department: a needs assessment for end-of-life care. *Singapore Medical Journal*, 58(3), 129–133.

Deaths From COVID vs Excess Deaths

*excess deaths =
reported deaths –
expected deaths*

<https://www.bhf.org.uk/what-we-do/news-from-the-bhf/news-archive/2020/july/what-are-excess-deaths>



What is grief?

- Grief is a reaction to loss
- Pain of grief usually diminishes over time
- Grief is individual; we each grieve in our own way
- There are no universal “stages” of grief
- People have different “styles” of grieving:
 - Some may express their grief in intuitive and outwardly emotional ways;
 - Some channel grief into activity
 - How we grieve is not a measure of how we love.
- Grief comes and goes. Some people fluctuate between acute grief/sadness and ability to function
- There is no timetable to grief
- Grief is part of life



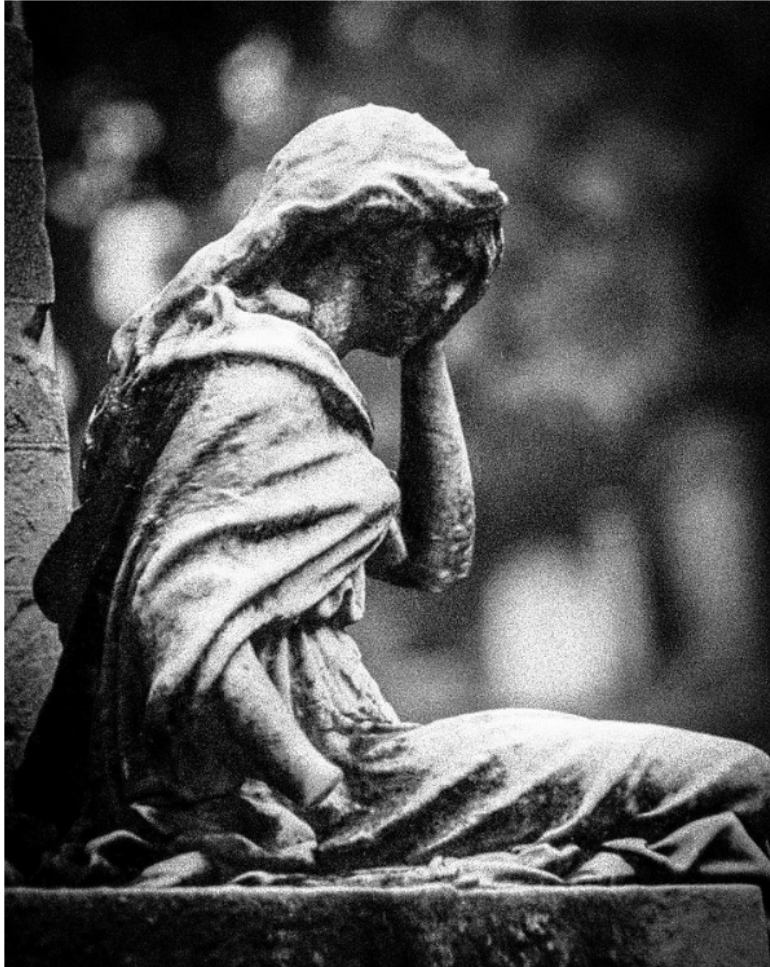
What is grief *NOT*?

- Grief is not an illness or mental health problem
 - Although a small minority of people need more than social support (less than 4%)
- Grief is not linear
- Grief does not happen in stages
- Grief is not about detachment
- Grief is not about letting go and moving on
- Grief is not about “getting over it”
- Grief is not about “finding closure”

How are people affected by grief? It all depends . . .

- **Mode of death:** natural, accidental, suicide, homicide, undetermined, pending
- **Trajectory/Circumstances of death:** sudden, terminal illness, chronic illness, catastrophic event, frailty . . . COVID
- **Location of death:** home, hospital, ICU, extended care facility, other
- **Relationship with the deceased:** spouse, child, parent, friend, neighbor
- **Comorbidities of the bereaved:** psychiatric illness, anxiety, depression, other
- **Age of the bereaved:** developmental differences; older adults & grief overload
- **Cultural and Religious Context:** Everyone grieves, but people from different cultures may grieve differently
- **Social acceptability of death:** Bereaved are sometimes shamed

What is trauma and what is traumatic grief?



- *Trauma* is an emotional response to a terrible event like an accident, sexual assault, or natural disaster
- *Traumatic loss* can result in the shattering of the survivor's assumptive world
- *Traumatic grief* is more about an individual's response to the death event and less about the kind of death
- Grief after COVID can be experienced as traumatic grief
- Traumatic grief can become prolonged grief disorder (PGD)

Acute Grief Symptoms and Integrated Grief

- **Medicalizing/pathologizing grief can lead people to seek therapy who do not need it**
- Universal grief therapy is not an evidence-based practice
- Applying grief therapy universally results in vanishing effect
- Social support benefits grieving people
- **Most people never need grief therapy**

Box 1: Typical acute grief symptoms

Acute grief is dominant and disruptive, characterised by

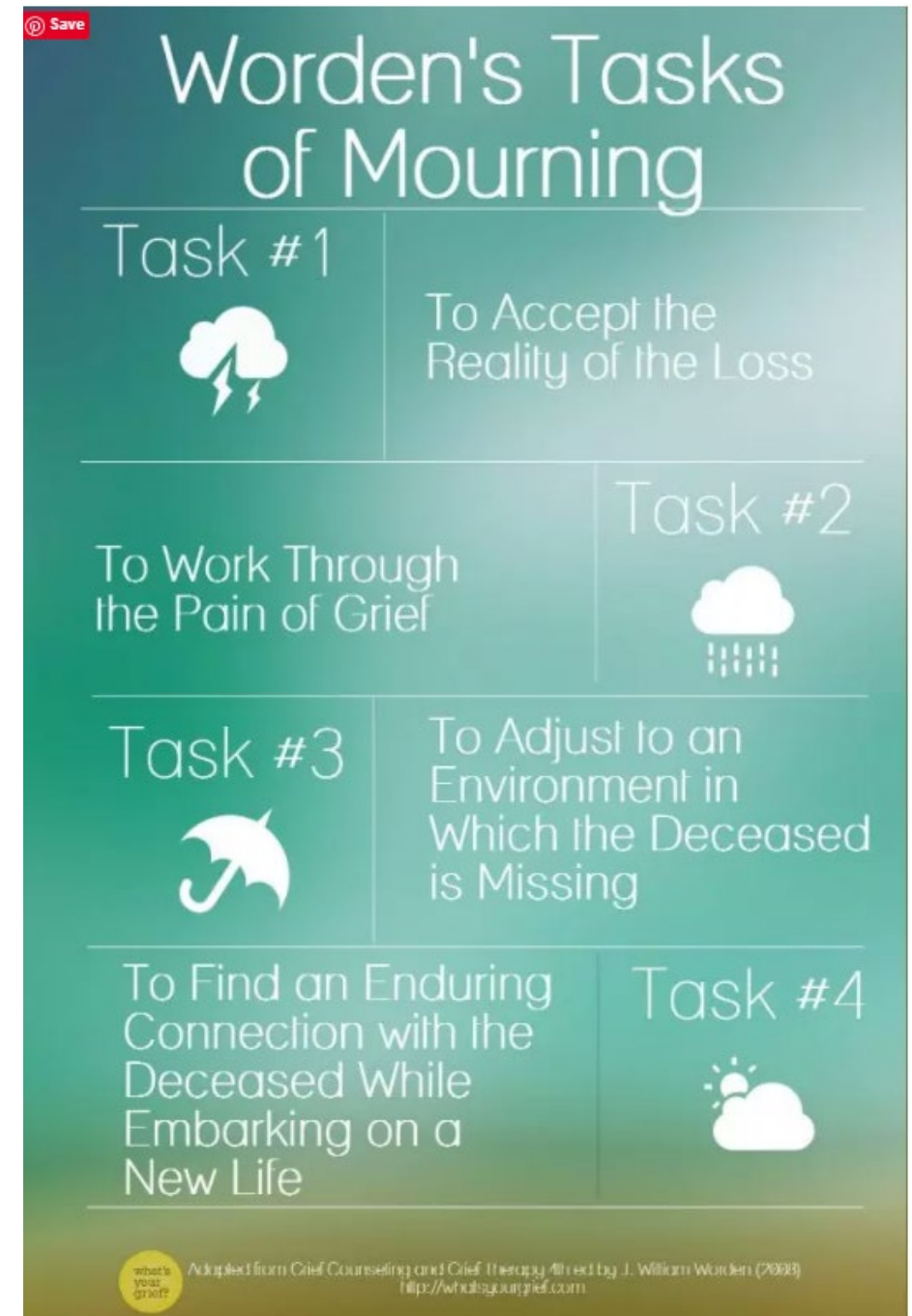
- intense yearning, longing, sorrow, emotional pain, physical symptoms like heart palpitations, butterflies in the stomach, frequent yawning, dizziness/fogginess
- feelings of disbelief, difficulty comprehending the reality of the death
- insistent distracting thoughts of the deceased, trouble focusing attention, forgetfulness
- loss of sense of self or sense of purpose and belonging, and feeling aimless, incompetent, without feelings of wellbeing
- feeling disconnected from other people and ongoing life.

When grief has become integrated, symptoms emerge intermittently and are characterised by

- Comprehension of the reality and consequences of the death
- A mix of emotions with bittersweet positive emotions usually dominant
- Thoughts and memories of the deceased are accessible but not preoccupying
- Restoration of sense of self and sense of purpose and belonging; feelings of competence and wellbeing
- Interest and engagement in life and other people are re-established; happiness seems possible.

Tasks (not stages) of Mourning

- Worden, J.W. (2018). Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner. Springer Publishing Company; 5th edition
- These are tasks all griever's do to move from pain of loss to embarking on a new life that does not include the deceased
- Goal: to find an appropriate, ongoing connection in our emotional lives with the person who has died while allowing the griever to continue living.
- Not time limited
- Image courtesy of whatsyourgrief.com



Dual Process Model

- Stroebe and Schut (1999)
- Loss-orientated action refers to the yearning, avoidance, painful emotions
- Restoration-oriented action refers to distraction, conducting life tasks, finding one's new identity without the loved one
- Sometimes one must avoid grief to move through grief and this process is normal
- Coping with grief means both attending to loss and attending to restoration

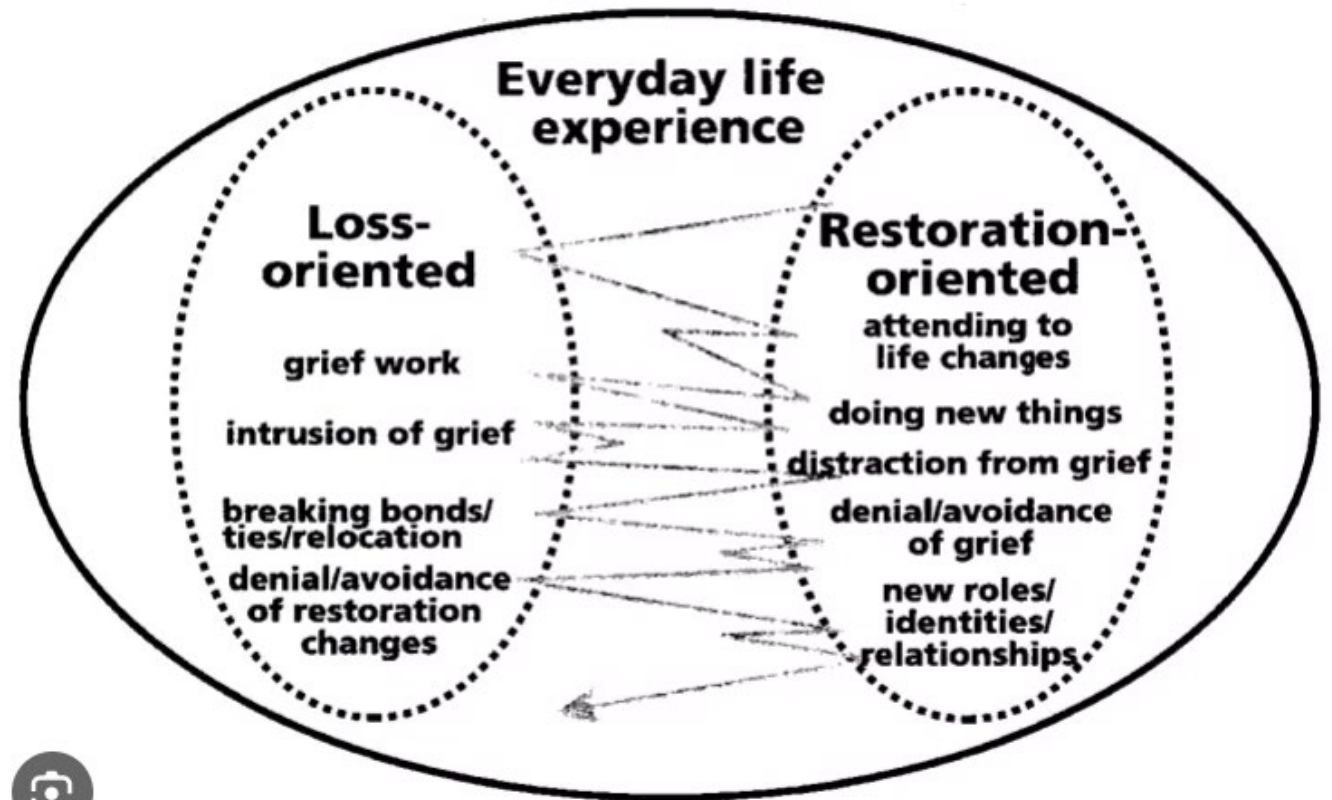


FIGURE 1 A dual process model of coping with bereavement.

Continuing Bonds

- Klass, D., Silverman, P., and Nickman, S. (1996). Continuing Bonds: New Understandings of Grief. Taylor and Francis.
- Grief is (partly) about finding ways to continue bonds with the deceased while, at the same time, finding ways to live life without the deceased.
- Examples of continuing bonds:
 - Write letters
 - Talk to them
 - Keep photos
 - Can be important for traumatic loss
 - Finish a project they were working on
 - Think about advice they might give you

The Assumptive World

- Humans live in our stories . . . Our symbolic and assumptive world
 - Present world reality
 - Memories and reflections
 - Anticipations and hopes
 - Regrets
 - Beliefs
- Our sense of self and personal meaning is contained in our self-narrative
- Our self-narrative is connected to our assumptive world of meaning
- The death of someone close can shatter our assumptive world, leaving the griever in an existential ***crisis of meaning***

Meaning-Making in Grief

(Gillies and Neimeyer, 2006)

- **Sense making:** what caused the death, why did this happen
 - First weeks or months after the death
- **Benefit finding:** building new meaning through incorporating materials offered by the loss through reflection on life lessons
 - Months or years after the death
- **Identity change:** by reconstructing meaning in response to the loss, the griever reconstructs the self (post-traumatic growth)
 - New goals, purpose, life meaning, something positive coming out of the loss

Narrative Constructivist Approach Part One

(Niemeyer, 2015)

- Event Story

- How do I make sense of what happened and what is the meaning of my life?
- What do my emotional feelings and body tell me about what I need?
- What is my role or responsibility in what has come to pass?
- How does this fit in with my sense of justice, predictability and compassion in the universe?
- With what cherished beliefs is this loss compatible? Incompatible?
- Who am I in light of this loss? How does this shape the larger story of my life?
- Who in my life can grasp and accept what this loss means to me?
- Whose sense of meaning of this loss is most and least like my own, and in the latter case, how can we bridge our differences?

Narrative Constructivist Approach Part Two

(Niemeyer, 2015)

- Back Story

- How can I reconstruct a sustaining connection to my loved one that survives this death?
- Where and how do I hold my grief for my loved one in my body or my emotions, and how might this evolve into an inner bond of a healing kind?
- What memories of our relationship bring pain, guilt, or sadness, and require some sort of redress and reprieve now? How might forgiveness be sought or given?
- What memories of our relationship bring joy, security, or pride, and invite celebration and commemoration now? How can I review and relish these memories more often?
- What were my loved one's moments of greatness in life?
- What lessons about living have I learned in the course of our shared lives?
- Who in my life is most and least threatened by my ongoing bond with my loved one, and how can we make a safe space for this in our shared world?

Death Competence in Counseling Setting

- **Intellectual Competence:**
 - Sound academic education in empirically supported models and treatment approaches
 - Supervised field experience
 - Ability to discern non-complex grief from prolonged grief disorder
- **Emotional Competence:**
 - Understand, reflect on, and accept one's own loss history, and to integrate these experiences
 - Ability to endure the emotional rigors of grief and intense feelings
 - Ability to manage countertransference & reactions to the client's story
 - Ability to manage one's own death-related feelings

Barriers to Developing Death Competence

(Gamino and Ritter, 2009)

- Unfinished personal business around death, grief, and loss
 - Can result in discussions that serve the counselor's unmet needs
- Death anxiety
 - Can lead to avoidant or circumspect interaction to protect the counselor
- Zealous or under-informed counselors
 - Can lead to over generalizing their own loss experience to compensate for a weak knowledge base
- Reliance on popular or grief models that are not empirically supported
 - Can lead to formulaic thinking that fails to honor differences in grief experiences

What any mental health professional can do

- Ask about the person who died and the specific circumstances
- Ask how the person has been coping since the death
- Explore the range of feelings and challenges
- Explain grief in non-clinical terms: educate them about what grief is and what it is not
- Explore how the loss is affecting daily activities, social interactions, job
- Explore their support system and assess effectiveness
- Assess for the possible onset or worsening of physical illness
- Listen for three themes:
 - Accepting the reality of the death
 - Envisioning a future with purpose and meaning
 - Reaffirming a meaningful sense of connection to the person who died

Don't . . .

- Don't use clichés and do not say . . .
 - “everything happens for a reason”
 - “he’s in a better place”
 - “I know just how you feel”
 - “You’re so strong”
 - “It’s part of God’s plan”
- Don't use “commit” with “suicide.” Suicide is not a crime or sin.
- Don't try to fix them
- Don't avoid them in the grocery store
- Don't tell them to call you if there is anything you can “do” for them

Do . . .

- Listen more than you talk: W.A.I.T. = Why Am I Talking?
- Ask for the deceased's name and use it.
- If you did not know the deceased, ask for them to tell you about their person.
- If you knew the deceased, share a happy memory
- Do something for them – the story of cleaning the shoes
- Say: “I cannot imagine what you are feeling”
- Validate their feelings.

How can I learn more?

- **Edgewood College Master of Science in Thanatology:**
www.Edgewood.edu/thanatology
- Association for Death Education and Counseling: www.adec.org
- The Portland Institute for Loss and Transition:
<https://www.portlandinstitute.org/>
- National Alliance for Children's Grief: www.nagc.org
- The Dougy Center: www.dougy.org
- What's Your Grief: <https://whatsyourgrief.com/education-workshops/>
- COVID Survivors for Change: <https://covidurvivorsforchange.org/>
- HealGrief: <https://healgrief.org/>

- Barlé, N., Wortman, C. B., & Latack, J. A. (2017). Traumatic bereavement: Basic research and clinical implications. *Journal of Psychotherapy Integration*, 27(2), 127–139. <https://doi.org/10.1037/int0000013>
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- Stroebe M, Schut H. The dual process model of coping with bereavement: rationale and description. *Death Stud*. 1999 Apr-May;23(3):197-224. doi: 10.1080/074811899201046. PMID: 10848151.
- Survivors of Suicide Loss Task Force (2015) Responding to Grief, Trauma, and Distress After a Suicide: U.S. National Guidelines. National Action Alliance for Suicide Prevention
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