Grief: Beyond the Basics

Enhancing Treatment and Approaches Differentiating Clinical versus Normal Grief

Presenter
Dr. Barb Jarvis Pauls, LCPC

Illinois Counseling Association Conference
November, 2019

Dr. Barb Jarvis Pauls, LCPC - jarvispauls@sbcglobal.net
Door at Capernaum, 1995
“hope is .......
a sense of the possible....

while hopelessness
means to....... 
be ruled by the sense of 
the impossible”

We are agents of “Hope”
andrew d. lester (1995) *Hope*
DSM IV
Bereavement: V62.82
The reaction to the death of a loved one.

DSM-V
Adjustment Disorder
Within 3 months of occurring stress/trauma

Other Specified Trauma-Stressor-Related Disorder
309
Also sometimes noted as a feature of Depression or Bipolar Disorder
Grief
is used to describe the emotional and physical suffering that accompanies a sense of loss
(Freud, 1961; Switzer, 1970; Freese, 1977)

Mourning
A time for grief to go public.

The necessary function of detaching an individual from the one who has been lost.
Grief as a sign of love

“Grief is love not wanting to let go”
Earl Grollman, *Living with Loss.*

“Grief is a sign that we loved something more than ourselves. Grief makes us worthy to suffer with the rest of the world.”
Joan Chittister

“Grief is not a sign of weakness, but a sign we loved a person, or object.”
C.S. Lewis

A Grief Observed

“ No one ever told me that grief felt so much like fear”

Mark Twain

“Nothing that grieves us can be called little; by the eternal laws of proportion a child’s loss of a doll and a king’s loss of a crown are events of the same size”
Kubler-Ross (1969)

- Denial and Isolation
- Anger
- Bargaining
- Depression
- Acceptance
Worden Theory (1982)

• To accept the reality of the loss
• To experience the pain of grief
• To adjust to an environment in which the deceased is missing
• To withdraw emotional energy and reinvest it in another relationship
Bowlby (1961)

• Urge to recover the lost object
• Disorganization and Despair
• Reorganization
Impacts of loss: Changes

• Economic
• Social
• Family System structure
• Community
• Environment
• Physical/Psychological and Spiritual
Symptoms commonly reported as experienced

• Tightness in the chest or throat
• Empty feeling in stomach (loss of appetite)
• Feelings of guilt or anger
• Restlessness, difficulty focusing
• Loss seems unreal, numbness
• Sense the presence, hear the voice, see the face
• Wander, forget, neglect things
• Intense preoccupation with deceased

Dr. Barb Jarvis Pauls, LCPC - jarvispauls@sbcglobal.net
Symptoms continued

• Assume mannerisms/traits of their loved one
• Feel guilty/angry over things that happened/or didn’t happen in relationship with deceased
• Feel intensely angry at deceased for leaving them
• Feel a need to comfort those around them and politely do not talk about their own feelings
• Need to tell and retell the experience of the death etc.
• Cry at unexpected times
• Mood changes
Losses I have sustained in my own life

• As a child
  
• An adolescent
  
• An adult
  
• Who supported or talked to you about this experience?
  
• Even today, when I think about death, I

Dr. Barb Jarvis Pauls, LCPC - jarvispauls@sbcglobal.net
Variables effecting loss adjustment

• Role of the deceased in system
• Nature of attachment
• Individuals coping behavior - personality and mental health
• Level of maturity and intelligence
• Individuals past experience with loss
• Individual’s social, cultural, ethnic, & religious background
Variables continued

• Gender/sex roles conditioning
• Individuals age
• Characteristics of the deceased
• Amount of unfinished business
• Individuals perception of the deceased’s fulfillment in life
• Circumstances of death
• Timeliness of death
• Perception of preventability
Variables continued

• Sudden versus expected
• Anticipatory grief and involvement with the dying patient
• Secondary losses as a result of the death
• Presence of concurrent stresses or crises
• (end of psychological stresses)
Social Variables to adjustment

• Support system and acceptance of it’s members

• Socio-cultural, ethnic, and religious backgrounds

• Educational, economic and occupational status of the bereaved

• Funeral rituals - Can help or harm
Physiological variables

• Drugs - alcohol, nicotine, caffeine
• Nutrition
• Rest and sleep
• Physical health
• Exercise
Family Systems

- homeostasis - balancing act
- roles - Adler - Bowen triangles
- symbiosis - emeshed/disengaged
- each are impacted uniquely
- adult’s acute grief diminishes ability to care for children
- Loss of key member causes change in status & deprives members of things and network of support they were accustomed to
- communication - open/closed system
Issues that arise

• Family of origin - old schemas, dysfunctional roles, patterns of behavior
• Relationship problems
• Self - esteem issues
• Interpersonal skills
• Communication
• guilt
• loneliness
• identity
Grief: Defense Mechanisms

- protest
- regression
- displacement
- compulsive behavior
- denial
- shock, numbness
- self defeating behavior
- withdrawal - avoidance
- impulsive behavior

Dr. Barb Jarvis Pauls, LCPC - jarvispauls@sbcglobal.net
What are Client Tasks?

• Re-establish identity
• Gain control over the situation
• Readjust daily living to reinstate normal functioning
• Face reality
Tasks as therapists

• Validate feelings and form therapeutic alliance so they can tell their story
• Be present, congruent, positive regard, empathetic (Rogerian)
• Help them develop coping skills
• Help them see their strengths
• Help them find meaning
• Help them take credit for the changes that they bring about
What approaches to treatment

• Be there for them - object/rl
• Needs are threatened during loss - belonging, power, freedom, fun, survival
• Meaning - Purpose
• WDEP - wants- needs, doing, evaluate, plan
• Gestalt - empty chair
• Feeling & Thoughts
• Support Groups - sometimes
Give sorrow words; the grief that does not speak.... Whispers the o’er fraught heart and bids it break...

Shakespeare (Macbeth)  
Act IV. Scene iii, Line 209
Myths and Realities of Mourning

• Grief and mourning decline in a steadily decreasing fashion over time
• All losses prompt the same type of mourning
• Bereaved individuals need only express their feelings in order to resolve their mourning
• To be healthy after the death of a loved one, the mourner must put that person out of their mind

Dr. Barb Jarvis Pauls, LCPC - jarvispauls@sbcglobal.net
More myths of mourning

• Grief will affect the mourner psychologically but will not interfere in other way

• Intensity and length or mourning are a testimony to love for the deceased

• When one mourns a death, one mourns only the loss of that person and nothing else
More myths of mourning

• Losing someone to a sudden unexpected death is the same as losing someone to an anticipated death

• Mourning is over in a year

• Strong Religious connections will diminish the effects of grief in most people
Signs of Depression not normal grief

- Persistent self-destructiveness
- Persistent isolation or clinginess
- Prolonged inability to feel pleasure (anhedonia)
- Prolonged preoccupation with self/worthlessness/guilt
- Marked psychomotor retardation
- Hallucinations
- Specific plans for suicide
- Consistently feels “stuck”
- Persistent inability for find meaning in life
Grief Needs

• Validation

• People who believe, trust in us.

• Connectedness

• Information/Education

• Support for healthy changes

Raymer, 1999
Depression Needs

• Screening for type of depression (Beck’s D Test)
• Referral to appropriate professional/professionals
• Appropriate course of treatment, i.e. spiritual counseling, psychotherapy, medications, CBT, etc.
• Permission and support to grieve

Raymer, 1999
Common Clinical Blunders with Grief

• Diagnosing grief as depression
• Insufficient education about the “potential” of grief
• Too much disclosure of other people’s stories
• Forgetting to provide some concrete healing tools
• Viewing everything as a normal symptom
• Not knowing the coping history well enough
• Missing substance abuse

Raymer,‘99
Common Clinical Blunders with depression

- Diagnosing depression as grief
- Insufficient work-ups for etiology of depression (i.e. spiritual, biological, genetic, psychosocial, etc.)
- Viewing medication as a sufficient intervention or as a crutch
- Not facilitating appropriate referrals
- Missing substance abuse
- Assuming depression is normal
- Using venting alone as therapy

Raymer, 1999
Generic Guidelines for Treatment

• Orient the mourner to treatment
• Provide the mourner with explicit permission_indeed, a prescription_to mourn
• Support the mourner in coping with the mourning processes
• Promote social support of the mourner
• Maintain a family systems perspective in dealing with the mourner
Treatment guides cont’

• Ensure that the mourner has appropriate medical evaluation, medication, and treatment when symptoms warrant.

• Do not necessarily accept what is on the surface; probe for underlying issues that may hinder grief process. (multiple losses)

• Work with the mourner to recognize, actualize and accept the reality of the death
Treatment guides cont’

• Normalize and legitimate appropriate affects, cognitions, wishes, fears, behaviors, experiences and their component parts

• Appreciate and enable the working through process - story

• Acknowledge that repetition is an inherent part of treatment, but ensure that repetition takes place in the service or working through
Treatment guides cont’

• Enable the mourner to feel, accept, examine, give some form of expression to, and work through all of the feelings aroused by the loss

• Design treatment to address general and specific issues identified for the individual mourner
Treatment Guides cont’

• Determine the symbolic meanings of persons, objects, experiences, and events to the mourner
• Identify, interpret, explore, and work through resistances to the mourning processes
• Identify any unfinished business with the deceased and discover or create appropriate ways to facilitate resolution
Treatment guides cont’

• Help the mourner identify, label, differentiate, actualize, mourn, and accommodate secondary losses resulting from the death

• Recognize and respond to the importance of security afforded by the caregiver’s availability to the mourner
Treatment guides cont’

• Recognize the dynamics of complicated mourning. Serial losses in life, job losses, moves, divorce.

• When a normal, expectable emotion is absent, determine why and address the omission. “never felt angry”? No tears? Explore.
Hope: Some Guidelines

• Be aware - Watch for supportive signs
• Plan ahead for anniversaries, holidays
• Start new traditions
• Do an emotional check-in
• Create rituals (cathartic)
• Don’t be afraid to talk to yourself or loved one
• Write down feelings.

Dr. Barb Jarvis Pauls, LCPC - jarvispauls@sbcglobal.net
Hope: more guidelines

• “Fake it until you make it”
• Avoid negative thinking
• Find your passion
• Journaling can be a new best friend
• Develop humor
• Eat, sleep, exercise
• Don’t fear professional help
• Tell others you are grieving
• Accept others giving
Hindrances to grief

• Dwell on past mistakes and failure
• Set unrealistic expectations for themselves and others
• constantly compare themselves with others
• Avoid all involvement and responsibility
• Remain negative and problem oriented
• Allow themselves to be controlled by people and circumstances
More hindrances to grief

• Internalizes and personalize the problems of others
• Don’t forgive yourself for anything
• Seek isolation and avoid contact with those who care about them.
• Do everything they can to please others
• Base there worth as a person on external things
Resilience

• Skill that diminishes risk factors

• Self esteem, purpose, meaning.

• Learned optimism, cognitions

• Family of origin? Extended family, community support.

• Insights
Spirituality

• “Meeting the divine in all that life is.” Pat Livingston

• The experience of integrating self-transcendence with the horizon” Sanra Schneiders

• “Spirituality is how I cope with life.” Gerald Broccolo

• “Spirituality is a person fully human and fully alive” Fr. Ben

• A view and experience of the World, Self, something bigger than self and others (god)
Spirituality & Grief

• A family has been exposed to spirituality at the time of death as part of the process. This needs to continue to be integrated

• The spirituality varies from person to person

• A deep sense of the spiritual leads one to trust not one’s own lonely power, but the greater power manifested in life.
Why integrate Spirituality?

• Researchers probe how faith contributes to better health in hopes that healthcare practitioners will employ spiritual beliefs.

• Appreciation of religion and spirituality move them from an important concern to a potential medical resource in the struggle for health.

• Essential need of human nature to know why they are “here”
Importance of recognizing spirituality

• Client’s experience of suffering often becomes an invitation to deeper spiritual realizations
• Counselor can look for ways in which to help client understand and facilitate personal growth
• Because it is a crucial component of holistic care
• Need to recognize pluralistic faiths of people in healthcare - interfaiths non-competitively
Therapists help or hinder

• Underappreciation of the value and power of their beliefs by the believers themselves
• Lack of conviction on spiritual matters
• Dominating emotions such as anger or guilt that are rooted in the beliefs of the dying
• Convictions that are clearly dysfunctional

• Religious Doctrine – versus Spirituality
Spirituality

• twelve step programs
• Mindfulness – mind, body, spirit integrating
• engaged in making meaning and meeting the clients where they are.
• each person has a spiritual dimension

• multi-cultural - multi-religious
• influences mental, emotional, and physical responses to death
more approaches

• Logo therapy – Meaning and purpose – Victor Frankl

*Purpose Driven Life* – Rick Warren

• Internal Family Systems approach
  Dr. Dick Schwartz

• Cognitive Behavioral Therapy
• Gestalt – empty chair
• Rituals - Cathartic

• Grief stages – parallel Forgiveness stages
Spiritual needs for meaning and purpose

• Need to feel loved
• Need sense of belonging
• Need to feel hope and peace

• Where is God in suffering?

• Signs, Symbols, Music

• What touches your spirit
• Uplifts you?