

Understanding Grief

Goal: To help funeral service professionals deal more effectively with grief, be it their own or that of the families they serve.

Objectives: After completion, this course should enable you to:

- Recognize diverse responses to loss
- Identify the stages of grief
- Understand the different kinds of loss
- Become familiar with techniques for managing grief

Introduction

If you are involved in operating or managing a funeral home, you typically come into direct contact with the effects of grief and bereavement almost on a daily basis. In addition to the funeral industry, there are many other professions and individuals that come in contact, directly and indirectly, with the physical and psychological results of loss. These include medical personnel, counselors, soldiers at war, fire fighters and police officers, to name a few. During our lifetime we will all experience some form of loss and grief. Since exposure to grief is so prevalent, it is important to understand the possible physical and psychological effects of significant loss.

Funeral directors expect perfection from ourselves and our employees. We want things to be in the right place at the right time, in order to provide those we serve with the best possible experience, and in the most empathic/understanding way. There is nothing wrong with expecting quality and efficiency from the services we provide or seek; the reality is that we can be disappointed. Sometimes the delivery truck is delayed; sometimes meetings begin late; sometimes we miss an appointment; and sometimes the grieving process is more severe and takes longer to deal with than we initially anticipate.

Grief is a very personal process and can manifest in many ways: it can erode self-confidence, decrease motivation, negatively impact health, and sometimes, diminish the desire to live.

The author of this course, Dr. Jerry Keller, shares his experience: "For many years I had my own business as a consultant for the funeral industry, authored many continuing education courses, and visited hundreds and hundreds of funeral homes throughout the country. In my travels I was constantly amazed at the professionalism with which my fellow funeral directors and embalmers dealt with the grief and bereavement of the families they were serving. However, when death or severe loss struck close to their own family, most funeral home employees said they were not equipped to handle the emotions that quickly and uncontrollably overcame them."

For those in our field, defenses that enable us to cope with others' loss sometimes don't hold up when the loss is our own. In this course we will learn about grief and bereavement, and gain insight into dealing with loss, be it others' or our own.

Table of Contents (Syllabus)

Goal, Objectives, Introduction		
Chapter 1	What is Grief? At the Beginning Landmark Research “On Death and Dying”	3
Chapter 2	The Cycle of Grief Various Types of Loss Death of a Child Death of a Spouse Death of a Parent Death of a Sibling Death by Suicide Death of a Pet	7
Chapter 3	Grief Management Grief versus Mourning Processing Grief Grief and the Young How is Grief Assessed? How Can People Cope with Grief? Pre-planning for End of Life Issues	13
Closing Comments and Additional Resources		23
Test of Knowledge (20 Questions) and Evaluation		

Important Note: This material is presented for informational and educational purposes only. It is not intended to replace competent professional legal, medical, or governmental advice. Anyone involved in the preparation or dissemination of this course shall not be liable for any inappropriate use of the information contained in the course beyond the purposes stated above. The thumbs up symbols highlight important points; all information in the course is valuable. It is the student’s responsibility to follow laws and regulations related to any aspect of this course and its materials.

CHAPTER 1 - WHAT IS GRIEF?

Grief is a natural reaction to the loss of someone - *or something* - considered important. The reaction may involve one or any combination of the following: physical, behavioral, emotional, psychological, social, and spiritual components. It is associated with a painful set of circumstances and may affect anyone, regardless of education, religion, sex, age, nationality or ethnicity.



As a result of research, we now know grief can be triggered by many factors: the death of a spouse, close relative or friend; a divorce, ending a long-term relationship; the death of a pet; loss of a home or business; knowledge of having developed a terminal (or chronic) illness; or any of a multitude of other physically or psychologically stressful circumstances we might confront within the natural course of life.

To further complicate things, everyone experiences grief differently. Pre-existing and present circumstances can determine the severity and longevity of grief. From knowledge of having a terminal illness, to the sudden death of a teenager in an automobile accident, when we first learn about a traumatic loss it can feel like a punch in the gut. Likewise, unexpectedly being told by a spouse, "I want a divorce," or hearing a boss say, "You're fired," our perception - and emotional response - to the loss has an effect on the onset, degree, and length of grief.

Some people reach out for support from others and find comfort in shared memories. Others find 'busy work' to take their mind off the loss. Some people become depressed and withdraw from their peers, or go out of the way to avoid the places or situations that remind them of the person who has died.

There are those who find it helpful to talk about their loss with others. Some do this naturally and easily with friends and family, while others prefer to talk with a professional counselor or therapist. There are also individuals who may find it difficult to express such deep and personal emotions, fearing that talking about their grief will make them hurt even more. Whatever the challenge, it is crucial to understand that talking about grief is almost

always the best course of action. It is also fair to say that the sooner individuals can talk about their loss, the quicker they can overcome their grief.



And then there are those who deal with their sorrow by engaging in dangerous or self-destructive activities such as drinking alcohol in excess, abusing drugs, or indulging in unsafe promiscuous behavior. All of these are misguided attempts to escape from the reality of a loss. Such actions may numb the pain, but the relief is only temporary. Efforts to mask feelings of sorrow usually serve to prolong the grief.

It may seem, at times, that it's impossible to recover after losing a loved one, but grief usually becomes less intense as time goes by. To help get through the pain, it is important to know some of the things we might experience during the grieving process.

At the Beginning

The first few days after someone dies can be intense, with people expressing strong emotions such as crying, comforting each other, gathering to express their support, and offering condolences to the ones most affected by the loss. It is common for people to describe feeling like they are "going crazy," experiencing extreme anxiety, anger and sadness, along with aggression and helplessness. Some people feel moody, irritable, and resentful. Other people describe feeling "unreal," as if they're looking at the world from a faraway place.


Family and friends often participate in rituals of mourning that may be part of their religious, cultural, community, or family traditions, such as memorial services, wakes, or other forms of funeralization. These activities can help people get through the first days after a death, as well as honor the person who died. People might spend time together talking and sharing memories about their loved one. This may continue for days or weeks following the loss, as friends and family bring food, send cards, or stop by to visit the family that suffered their loss.

It may seem odd, but sometimes a person can be so shocked or overwhelmed by the death of a loved one that he or she may not show emotional distress right away. It's also

not uncommon to see people smiling, talking, or laughing with others at a funeral. But being among other mourners can be a comfort, reminding us that some things will stay the same.

When the mourning rituals associated with grieving end, people sometimes feel like they should be "over it" because everything seems to have gone back to normal. When those who are grieving go back to their normal activities they may, at first, find it challenging to put their heart into everyday activities. Many people go back to regular activities after a few days or a week, and while they may not talk about their loss as much, the grieving process continues.

No matter how you choose to grieve, there's no right way to do it. The grieving process lasts longer for some than for others. It's natural to continue to have feelings of sadness for a while after someone dies. It's also natural to begin to feel somewhat better. Much depends on how the loss affects a person's life, and we must factor in: the type of death, relationship with the deceased, support systems, and so on.

 Grieving is truly a profoundly individual experience. How you grieve depends on many factors, including your personality and coping style, your life experiences, your faith, and the nature of the loss. Bottom line: the grieving process takes time. *Healing happens gradually; it can't be forced or hurried – and there is no "normal" timetable for grieving.* Some people start to feel better in weeks or months, while others experience their grief for years. Whatever a person's grief experience might be, whether it is yours or that of a family you are serving, it's important to be patient and allow the process to unfold in the way they, or *you* need it to.

There are similarities in what people experience and there are commonalities in length of time, but not everyone will follow the same path to recovery. Two women can experience the loss of a loving husband differently, two men can experience divorce differently, and two children can experience the loss of a classmate or a parent differently. Knowing what should and could happen is very important, but understanding that everyone is on a slightly different trajectory in life is an equally important consideration.

Landmark Research “On Death and Dying”



The study of death and dying is known as ‘thanatology’ (from the Greek word ‘*thanatos*’ meaning death). One of the most familiar researchers in the field is Elisabeth Kübler-Ross. Dr. Kübler-Ross was born in Zurich, Switzerland, on July 8, 1926 and was one of triplet sisters. Against her father’s wishes, Kübler-Ross studied medicine at Zurich. She later settled in the US in 1958 and became a US citizen in 1961.

Her experiences at the end of the Second World War, including the aftermath of the Majdanek (Maidanek) concentration camp at Lublin, Poland, as a member of the International Voluntary Service for Peace, reinforced her destiny to focus on the humanistic perspective of death and dying.

According to some accounts, young Elisabeth Kübler-Ross's childhood treatment by her father was very harsh. This might explain how she became so intensely concerned about people's worst suffering. Although herself a doctor, Kübler-Ross railed against the fact that doctors who could not cure terminally ill patients would simply make it a point to avoid the patient rather than deal with the patient’s grief. She spent a lot of time with the dying to comfort them as well as study their behavior.

Kübler-Ross was a catalyst. She opened up and challenged previous theories and “sweep-it-under-the-carpet” practices, as they related to death and bereavement. For this she received an enormously favorable response, which highlights the level of denial and suppression that had earlier characterized conventional views about the subject.

The result of her activity was chronicled in a 1969 book she wrote titled, “On Death and Dying.” In her book she introduced her theory of the five stages of grief. She describes the stages as being a process through which people deal with their grief and tragedy. Kübler-Ross's outspoken and bold approach made the book and its ideas quite revolutionary at the time, yet her concepts are sensitive, compassionate, and commonly accepted today.

Although she originally associated the five stages of grief with people suffering from terminal illness, it became obvious that the same model had more far-reaching significance. People confronting less serious trauma than death and bereavement also experienced the five stages of grief. Examples such as job loss, forced relocation, crime and punishment, injury and disability, or relationship breakup all began to fit into the same pattern.

👍 Emotional response to loss must be seen in relative, not absolute, terms. One person's grief over losing a job, for example, might not create the same sad feelings in another person who also loses his or her job. The Kübler-Ross model helps remind us that the other person's perspective is different from our own, whether we are the one in shock, or the one helping another deal with their trauma. This made the model worthy of study and is subsequently referenced in losses other than death. It remains a 'change model' (change through gradual progression, taking small steps to achieve a bigger goal) for helping to understand, deal with, or counsel others in their personal reaction to any type of trauma. It's not just for death and dying.

CHAPTER 2 - The Cycle of Grief

👍 Originally introduced by Kübler-Ross, there are five stages to what is often referred to as "the cycle of grief."

1. **Denial**—(disbelief and numbness) "I feel fine." "This can't be happening, not to me." Denial is usually only a temporary defense for the individual. This feeling is generally replaced with heightened awareness of what will be left behind after death.
2. **Anger**—(blaming others) "Why me? It's not fair!" "How can this happen to me?" "*Who is to blame?*" Once in the second stage, the individual recognizes that denial cannot continue. The person may be difficult to care for due to feelings of rage and envy. Any individual that symbolizes life or energy may become the target of that anger.
3. **Bargaining**—(if you will ..., then I will ...) "Just let me live to see my children graduate." "I'll do anything for a few more years of life." "I will give my life savings if..." The third stage involves the hope that the individual can somehow postpone or

delay death. Usually, the negotiation for an extended life is made with a higher power in exchange for a reformed lifestyle. Psychologically, the individual is saying, "I understand I will die, but if I could just have more time ..."

4. **Depression**—(sadness and crying) "I'm so sad, why bother with anything?" "I'm going to die... What's the point?" "I miss my loved one, why go on?" During the fourth stage, the dying person begins to understand the certainty of death. Because of this, the individual may become silent, refuse visitors and spend much of the time crying and grieving. This process allows the dying person to disconnect from objects of love and affection. It is not recommended to attempt to cheer up an individual who is in this stage. It is an important time for grieving that must be processed.
5. **Acceptance**—(coming to terms with) "It's going to be okay." "I can't fight it, I may as well prepare for it." In this last stage, the individual begins to come to terms with mortality, either their own or that of a loved one.

👍 Kübler-Ross herself never intended for these stages to be a rigid framework that applies to everyone. In her last book before her death in 2004, she said of the five stages of grief: "They were never meant to help tuck messy emotions into neat packages. They are responses to loss that many people have, but there is not a 'typical' response to loss, as there is no 'typical' loss. Our grieving is as individual as our lives." That said, understanding the cycle of grief is essential to dealing with its different components.

Kübler-Ross indicated that these steps do not need to occur in the order listed, nor are all steps experienced by all patients, (though she stated an individual will always experience at least two of the stages). Often, people will experience several stages in a "roller coaster" effect—switching between two or more stages, returning to one or more several times before working through it.

👍 A dying individual's approach to death has been linked to the amount of meaning and purpose the person found throughout life. A study of 160 people with less than three months to live showed that those who felt they understood their purpose or found special meaning in life, faced less fear and despair in the final weeks of their lives than those who

had not. In this and similar studies, spirituality helped dying individuals deal with the depression stage more aggressively than those who were not spiritual.

The Hospice Foundation of America counsels: “The difficult periods should become less intense and shorter as time goes by, but it takes time to work through a loss. Even years after a loss, especially at special events such as a family wedding or the birth of a child, we may still experience a strong sense of grief.”

Various Types of Loss

The primary focus of this course is loss involving death, though as noted above, grief reactions may occur at the end of a romantic relationship; loss of a job or vocation; the disappearance of a pet; a home foreclosure; children leaving home (empty nest syndrome); even the loss of one’s spiritual/religious faith. There are many kinds of losses that can predispose persons to grieve, although perhaps not as severely as loss through death.

Parents may grieve due to loss of children through means other than death. In this sense, children may be lost due to many different causes, including loss of custody in divorce proceedings; legal termination of parental rights by the government, such as in cases of child abuse; through kidnapping; because the child voluntarily left home (either as a runaway or, for children over 18, by leaving home legally); or because an adult refuses or is unable to have contact with a parent. This loss differs from the death of a child in that the grief process is prolonged or denied because of hope that the relationship will be restored.

Death of a Child

Death of a child, even before birth (e.g., miscarriage; stillbirth; abortion) can be as devastating as the death of an infant or an older child. In most cases, parents find the grief almost unbearable, and while some rank the death of a spouse as one of the most stressful life events, the death of a child remains one of the most profound. Parents who suffer a miscarriage, regretful or coerced abortion, may experience resentment toward others who experience successful pregnancies.

👍 A child's death arouses an overwhelming sense of injustice — for lost potential, unfulfilled dreams, and senseless suffering. Parents may feel responsible for the child's death, no matter how irrational that may be. Parents may also feel that they have lost a vital part of their own identity. Intervention and comforting support can make all the difference to the survival of a parent in this type of grief, but the risk factors are great and may include family breakup or suicide.

Death of a Spouse

A spouse's death can be traumatic at any point in the relationship, though the challenges may be different in nature depending on many factors, such as how the person died, length of relationship, financial stability, and support systems. A spouse often becomes part of the other in a unique way: many widows and widowers describe "losing 'half' of myself." The death may necessitate major social adjustments requiring the surviving spouse to parent alone, adjust to single life, and maybe even return to work.

👍 Furthermore, most couples have a division of 'tasks' or 'labor' (e.g., the husband mows the lawn, the wife pays the bills) which, in addition to dealing with grief and life changes, means added responsibilities for the bereaved. Social isolation may also become a problem, as some groups composed of couples find it difficult to adjust to the bereaved as a single person.

After a long marriage, at older ages the elderly may find it very difficult to begin anew. Elderly people may be especially vulnerable when they lose a spouse because it means losing a lifetime of shared experiences. At this time, feelings of loneliness may be compounded by the death of close friends.

Death of a Parent

For a child, the death of a parent, without support to manage the effects of the grief, may result in long term psychological harm. Therefore, and this is equally true for adults, it is important that the emotions the child feels are worked through completely and discussed openly.

An adult child may be expected to cope with the death of a parent in a less emotional way; however, it can still evoke extremely powerful emotions. This is especially true when the death occurs at an important or difficult period of life, such as when becoming a parent, moving to a new city, or other times of emotional stress (e.g. adolescence). It is important to recognize the effects that the loss of a parent can cause and address these. As an adult, the willingness to be open to grief is sometimes diminished, even though failure to accept and deal with loss will only result in further pain and suffering.

Death of a Sibling

The loss of a sibling is a devastating event, yet it is sometimes underestimated by people who minimize the profound nature of the relationship. Siblings who have been part of each other's lives help form and sustain each other's identities; with the death of one sibling comes the loss of that part of the survivor's identity.

The sibling relationship is a unique one, as they often share a special bond and a common history, have a certain role and place in the family, often complement each other, and share genetic traits. Siblings who enjoy a close relationship participate in each other's lives and special events, confide in each other, share joys, spend leisure time together (whether they are children or adults), and have a relationship that not only exists in the present but often looks toward a future together (even into retirement).



The sibling relationship can be a person's longest significant relationship in life, and this loss intensifies the grief. Adult siblings eventually expect the loss of aging parents, the only other people who have been an integral part of their lives since birth, but they don't expect to lose their siblings early; as a result, when a sibling dies, the surviving sibling may experience a longer period of shock and denial.

Overall, with the loss of a sibling, a substantial part of the surviving sibling's past, present, and future is also lost. If siblings were not on good terms, then intense feelings of guilt may ensue on the part of the surviving sibling (e.g., for having survived; not being able to prevent the death; having argued with their sibling).


“Ordinary People” won the Academy Award for Best Picture of the Year in 1980. Directed by Robert Redford, it stars Mary Tyler Moore, Donald Sutherland, Judd Hirsch and Timothy Hutton. It shows, in a most profound and emotionally powerful way, how the loss of a child *and* sibling can affect a family. Rent it, buy it or borrow it, but see it.

Death by Suicide

A loss due to suicide can be among the most difficult to bear. It may leave the survivors with a tremendous burden of guilt, anger and shame. Survivors may even feel a significant amount of responsibility for the death. Seeking counseling during the first weeks after the suicide is particularly beneficial and advisable.

Regardless of age, individuals who lose a loved one from suicide are more at risk for clinical disorders. They tend to become preoccupied with the reason for the suicide while wanting to deny or hide the cause of death, wondering if they could have prevented it, feeling blamed for the problems that preceded the suicide, feeling rejected by their loved one, and stigmatized by others.

Death of a Pet

 Loss of a pet, for many people, is experienced as profoundly as the death of a human companion. Many pets are considered another member of the family, and therefore their loss is grieved as well. Making the decision to euthanize the family pet can be a gut-wrenching ordeal. It usually involves a family working with their veterinarian to determine that the pet is suffering as a result of their age, specific illness, or general declining health and can add extra stress to the bereavement process by leaving family members feeling guilty. However, if done properly, it can help families understand that they spared their beloved pet unnecessary suffering. Grief over a deceased pet is just as real as any other form of grief; it needs to be treated with the same skill, compassion, and diligence.

CHAPTER 3 - Grief Management

Grief vs. Mourning

For the purposes of this course, grief refers to how someone may feel after the loss of a loved one; mourning is the outward expression of acknowledging that loss.

The potential negative effects of a grief reaction can be significant. Research shows that about 40% of bereaved people will suffer from some form of psychological disorder (e.g., depressive disorder, anxiety disorder) in the first year after the death of a loved one, and for older adults there can be a significant increase in death of the surviving spouse within the first year after the death of his or her partner.



In addition to grief as an initial reaction to loss, the process can be aggravated by events that remind the bereaved individual of their loved one or the circumstances surrounding their loss. Such events are often referred to as “grief triggers.” Father's Day, the birthday of the deceased, or the beginning of the school year may cause the parent who has lost a child (or a child who has lost a parent) to feel isolated and distraught. A shared song, television show, activity, or a million other things can remind the widower of the wife he lost, or the child of the grandparent who is no longer living. Watching another child play with a pet may reduce a child whose pet has died to tears.

Mourning usually involves culturally determined rituals that help the bereaved individuals make sense of the end of their loved one's life and give structure to what can feel like a very confusing time. Therefore, while the internal pain of grief is a more universal phenomenon, how people mourn is influenced by their personal, familial, cultural, religious, and societal beliefs and customs. Those variables affect everyone, and influence how families prepare themselves and their loved ones for death, understand and react to the passing, practices for preserving memories of the deceased, the funeral or memorial service; as well as burial, cremation, or other ways of handling the remains and so on.

The length of time for a formal mourning period is determined by a combination of personal, familial, cultural, religious, and societal factors. Mourning customs also affect how

comfortable bereaved individuals may feel with seeking support, as well as the appropriate ways for their friends and family to express sympathy during this time. For example, cultures may differ greatly in how much or how little the grieving individual may talk about their loss with friends, family members, and coworkers, and may also determine whether or not participating in a support group or psychotherapy is acceptable. Similarly, a company's 'bereavement leave' policy is a reflection of their 'corporate culture.'

Processing Grief

Working through the grieving process involves a lot of emotions, beginning with the realization a significant loss has occurred, to the point where the loss has been accepted and a "must move on" philosophy has been adopted. Reaching this point doesn't mean we no longer have strong feelings regarding the loss. It doesn't mean we will not weep when we think of the loss. It does mean we have accepted the fact the loss did occur and we can't change anything, so moving forward while retaining the most pleasant memories becomes the more practical choice.

As mentioned earlier, it would be unwise to suggest there is a right and wrong way to experience grief. We are all affected by diverse experiences in life, and those contribute to who we are and the differences among us. Some people come from single-parent homes, where the value placed on a spouse might not weigh as heavily as for someone raised in a two-parent household. Others might have experienced the tragedy of war and were desensitized to loss of life. The variations are endless.



One of the most difficult conditions to manage is '*disenfranchised*' grief, because it involves the kind of loss that cannot be openly acknowledged. For example, if a person is having a secret love affair with his or her married boss, and the boss dies, the necessary social support to help relieve the emotional pain may not be readily available.

Grief and the Young

The loss of a parent, grandparent or sibling can be very troubling in childhood, but reactions to loss can vary with age. Some believe that a very young child, under one or two years of age, has no reaction if a caregiver dies, but this is far from the truth.

At a time when trust and dependency are formed, it doesn't take death to cause problems in an infant's well-being: extended absences of caregivers can create issues. This is especially true if the separation occurs around critical periods such as 8–12 months, when attachment and separation skills are at their height of formation, and even a brief separation from a parent or other person who cares for the child can cause distress. Since infants up to about 2 years of age cannot yet talk, their reaction to the loss of a loved one tends to involve withdrawal, increased irritability, anger, and physical aggression.

Observable symptoms of psychological distress such as depression can also become more apparent; sleep difficulties (increased or decreased), appetite disturbances, changes in activity level, difficulty paying attention or concentrating, and being more watchful of (vigilant toward) their surroundings are all possible after the loss of caregivers.

Children who experience a major loss may grieve differently than adults. A parent's death can be particularly difficult for small children, affecting their sense of security or survival. Often, they are confused about the changes they see taking place around them, particularly if well-meaning adults try to protect them from the truth or from their surviving parent's display of grief.



When a child is in the toddler stages (between 3 to 5 years of age), death is a difficult concept to understand and accept. For example, younger children may believe that death is a changeable thing: a child may believe that her deceased mother can be restored with band-aids, and children often see death as curable or temporary. Reactions may manifest themselves in regression: a return to earlier infant behaviors such as sucking thumbs, or clinging to a toy; they might "act out" with temper tantrums. Although they may not have developed the coping skills necessary to mourn as adults do, the intensity of their grief can be great.

Early school-aged children, from 6 to 8 years of age, are more likely to understand that death is permanent, often feel guilt about the death of the loved one, become preoccupied with memories about the departed, and try to master the loss they have suffered by talking about it frequently.

While symptoms of grief in school-aged children from 9 to 11 years of age are quite similar to those of early school-aged children, this older group is more vulnerable to a decrease in self-esteem because they feel different from their peers if they have experienced the loss of a loved one. They are also more prone to defend against their feelings of loss by becoming engrossed in school, social, or extracurricular activities. However, the opposite is also a very real possibility (e.g. withdrawing from social interactions and activities).

In keeping with their budding need for independence, young adolescents 12 to 14 years of age may experience mixed feelings about the deceased individual and exhibit a wide range of emotions. They may avoid talking about the loss. Older teens usually experience grief similarly to adults, enduring sadness, anxiety, and anger. They tend to deny their feelings of loss to parents but discuss them in detail with peers.

Adolescents may respond by delinquency or, oppositely, become "over-achievers." They may perform repetitive tasks, such as playing computer games, in an effort to stay above the grief. Grief response can predispose someone to mental or physical illness and, especially during the adolescent period, an increased risk for suicide.



For children, adolescents, and adults, as with any major stress, grief may cause a person to regress emotionally, in that they go back to former, often less mature ways of thinking, behaving, and coping.

Coping with a child's grief puts additional strain on a bereaved parent. However, angry outbursts or criticism only deepen a child's anxiety and delays recovery. Instead, talk honestly with children, in age-appropriate terms they can understand. Take extra time to talk with them about death and the person who has died. Help them work through their feelings, and remember that they are looking to adults for suitable behavior.

How is grief assessed?



Although mental health professionals (e.g., social workers, psychologists) sometimes use ‘paper and pencil’ psychological tests (e.g., the Grief Measurement Scale - GMS) to determine if a person is suffering from grief, the assessment is usually made by the health care provider asking questions to assess what symptoms an individual is suffering from. Based on this information, the practitioner then considers whether the person is suffering from normal grief, complicated grief, or some other issue. Those questions tend to explore whether there are emotional, physical, or social symptoms of grief, and if so, how severe and how long the symptoms have been present. The practitioner may also try to determine what stages of the “cycle of grief” the person has experienced, and what stage dominates their feelings at the time of the assessment.

As mentioned earlier, some individuals are at greater risk for suffering from a “clinical” psychological disorder, which requires a diagnosis made by a mental health professional, such as a psychiatrist, psychologist, or clinical social worker. Examples of such disorders are: major depression, generalized anxiety disorder, posttraumatic stress disorder, or complicated grief.

Major Depression is a psychological disorder characterized by depression or irritability that lasts at least two weeks in a row and is accompanied by a number of other symptoms. Included in those symptoms are problems with sleep, appetite, weight, concentration, or energy level, unjustified guilt, losing interest in activities the person used to enjoy, or thoughts of wanting to kill themselves or someone else.

Generalized Anxiety Disorder is a condition in which a person experiences excessive anxiety and worry, occurring more days than not, for at least six months.

Post Traumatic Stress Disorder (PTSD) refers to a condition that involves the sufferer enduring an experience that significantly threatens their sense of safety or well being (for example, the suicide or homicide of a loved one), then re-experiences the event through nightmares or flashbacks (feeling as if the trauma is happening again, at times when the sufferer is awake). Also included: getting startled very easily, having trouble sleeping, or

difficulty trusting others, and avoiding things that remind the person of the traumatic event. PTSD is frequently associated with military personnel who have been at war.

Complicated Grief symptoms include intense emotion and longing for the deceased, severely intrusive thoughts about the lost loved one, extreme feelings of isolation and emptiness, avoiding doing things that bring back memories of the departed, new or worsened sleeping problems, and having no interest in activities that the sufferer used to enjoy. One population that frequently experiences complicated grief are teens that lose a loved one through suicide.

How Can People Cope with Grief?

While the painful aspects of dealing with death are clear, bereavement sometimes can lead to enhanced personal development. As death involves the loss of an imperfect relationship involving imperfect individuals, forgiveness of the faults of the lost loved one can go a long way toward healing.



Being able to care for a dying loved one tends to promote the healing process for those who are left behind. That care can be provided either at home, in a hospital, or in hospice care. Hospice is a program or facility that provides special care for people whose health has declined to the point that they are near the end of their life. Such programs or facilities also provide care for their families.

On the other hand, bereavement can hold a degree of risk when limited support is available. Severe reactions to loss may carry over into personal relations and cause trauma for children, spouses, and other family members: for example, there is an increased risk of marital breakup following the death of a child. Concerns relating to spirituality or other profound matters may face challenge, as bereaved persons reassess personal beliefs in the face of great pain.

Many studies have looked at the bereaved in terms of increased risks for stress-related illnesses. Some researchers have noted increased doctor visits in the first six months

following a death, with symptoms such as abdominal pain, breathing difficulties, and so forth.

Others have noted increased mortality rates, including a five times greater risk of suicide in teens following the death of a parent. Grief puts a great stress on the body, mind and soul, resulting in challenges beyond what is normal.

There remains some controversy about how best to help people survive the loss of a loved one. While many forms of support are available and do help certain individuals, little scientific research has shown clear benefits for any particular approach for grief reactions in general. That is thought to be because each approach to support is so different that it is hard to scientifically compare one to another; intervention procedures are not consistently reported in publications, and the ways these interventions have been studied are flawed.

One approach to treating grief is the *'dual-process model,'* which recommends that bereaved individuals alternate between directly working on their loss (confrontation) and taking a break from that process (avoidance) when appropriate.



In the *'companionship vs. treatment model'* developed by Alan Wolfelt, PhD, the idea is for a friend or professional counselor to listen to the grieving person with one's heart rather than one's head, to respect his or her confusion and disorder, and rely on human compassion and curiosity rather than professional expertise.

It is only natural to experience grief when a loved one dies. Coping with grief is vital to any survivor's mental and physical well being. The best thing you can do is allow yourself to grieve. Here are suggestions for ways to cope effectively with loss.

Remember that grief is a normal emotion. Know that you can, and will, heal over time.

Participate in rituals. Memorial services, funerals, and other traditions help people get through the first few days and honor the person who died.

Be with others. Even informal gatherings of family and friends bring a sense of support and help people not to feel so isolated in the first days and weeks of their grief.

Talk about it when you can. Some people find it helpful to tell the story of their loss or talk about their feelings. Sometimes a person doesn't feel like talking, and that's OK, too. No one should be pressured to talk.

Be patient. It can take months or even years to absorb a major loss and accept your changed life.

Express yourself. Even if you don't feel like talking, find ways to express your emotions and thoughts. Start writing in a journal about the memories you have and how you're feeling since the loss. Or write a song, poem, or tribute about your loved one. You can do this privately or share it with others. The Center for Journal Therapy encourages those who choose to write a journal to apply no strict rules to the process, but to limit the time journaling to 15 minutes or less per day to minimize the risk of making the grief worse.

Exercise. Exercise can help elevate your mood. It may be hard to get motivated, so begin with just 10 minutes as day, and modify your usual routine if you need to.

Eat right. You may feel like skipping meals or you may not feel hungry, but your body still needs nutritious foods. Also be sure to stay hydrated.

Join a support group. If you think you or your child may be interested in attending a support group, ask someone in the medical profession, a trusted clergy person, or a school counselor about how to become involved. The thing to remember is that you don't have to be alone with your feelings or your pain.

Let your emotions be expressed and released. Allow yourself to cry if you feel the need. Don't worry if listening to particular songs or doing other activities is painful because it brings back memories of the person that you lost; this is common. After a while, it becomes less painful.

Seek professional counseling when necessary. If your grief seems like it is too much to bear, seek professional assistance to help work through your grief. It's a sign of strength, not weakness, to seek help.

Postpone major life changes. Try to hold off on making any major changes, such as moving, remarrying, changing jobs or having another child. You should give yourself time to adjust to your loss.

Create a memorial or tribute. Plant a tree or garden, or memorialize the person in some fitting way, such as running in a charity run or walk (a breast cancer race, for example) in honor of the lost loved one.

Remember, with support, patience and effort, you will survive grief. Some day the pain will lessen, leaving you with cherished memories of your loved one.

Pre-planning for End-of-Life Issues

Pre-planning for end-of-life issues may include the person's right to have informed consent to receive or refuse treatment, advance directives, establishing a living will, and making funeral arrangements, if desired.

Informed consent involves the doctor or other health professional explaining to the patient, or patient's guardian, the options for treatment of whatever condition from which the individual suffers; the possible benefits as well as risks for each treatment, and why the health professional may be recommending one treatment over another. Furthermore, it is the responsibility of the professional to let their patient know that they have the right to choose whatever treatment they want, or to choose to refuse treatment. This is particularly important when discussing chronic or terminal illness. When the condition is such that there is little control over the ultimate outcome, having the individual and his or her caregivers feel as much control over their treatment options as possible is of great importance.



Advance directives are decisions an individual expresses to family, guardians, and treating professionals prior to becoming unable to communicate their wishes. Examples of advance directives include what, if any, forms of life support the individual would like to receive to maintain their life, as well as what "heroic" or aggressive interventions, if any, they don't want should their heart or breathing stop. Getting food and liquids through a

tube, having their breathing performed by a machine, and opting for palliative care (care that will address pain and otherwise make them comfortable rather than try to cure them) are choices a person often considers in terms of what they want done or do not want done to maintain their life.

In the event the individual expresses a desire to have no heroic or aggressive medical interventions made, a “Do Not Resuscitate” order (DNR) should be indicated in his or her medical chart. Opting for such an order is by no means a request to stop all medical treatment. In other words, managing conditions that are not life threatening (e.g., infections, anemia) will continue. Another important example of an advanced directive is whether or not the dying individual would like to be considered as a possible organ donor.

In order to have their medical wishes carried out, it may be important for individuals to designate a health proxy, someone trusted to make decisions that are in keeping with the individual's wishes. A medical power of attorney appointing the health proxy needs to be placed in the individual's medical chart. Similar to the medical power of attorney, a durable power of attorney for finances can be helpful to establish who would be in charge of the person's assets if she or he were living but unable to be in charge of their own financial matters.



Last but not least, if the individual has any strong preferences regarding a funeral or disposition of his or her remains (e.g., burial, cremation, donation), making those wishes known in writing can prevent placing the burden of those decisions on surviving family members, who may struggle with agreeing on these issues, particularly as they grieve the loss of their loved one. As painful as it is to watch a loved one die, and as difficult as it may be to talk about their death with them before it happens, many are the families who suffer even more than need be because there was no pre-planning to address important end-of-life issues.

Closing Comments

As researchers continue to examine the management of grief, we understand a little bit more about what may or may not be helpful as well as the fact that there is still a lot to learn. Although not trained as mental health practitioners, funeral service professionals are often called upon, by default, to fulfill such roles. Your actions, through funeral planning and rituals, are so critical to the bereavement process that you should absorb all the information you can. Our industry often struggles with ways to add value to their service: One clear avenue is to have a basic understanding of grief and, when appropriate and possible, provide support for those obviously struggling with loss.

Additional Resources

AARP Grief and Loss Programs
Offers a variety of programs in which volunteers reach out to widows
601 E Street, NW
Washington, DC 20049
202-434-2260

American Society of Suicidology
202-237-2280

Cancer Care, Inc.
275 Seventh Avenue
New York, NY 10001
1-800-813-HOPE (4673)
<http://www.cancercare.org>

Center for Suicide Prevention
321202 Centre Street, S.E.
Calgary, Alberta
Canada T2G5A5
403-245-3900
<http://www.suicideinfo.ca>

Compassionate Friends (help following a suicide)
1-877-969-0019

ElderHope, LLC
Offers online support, forums, seminars, classes and bereavement materials
PO Box 940822
Plano, TX 75094-0822
972-768-8553

Hospice Foundation of America
1-800-854-3402
<http://www.hospicefoundation.org>

Hospice Education Institute
1-800-331-1620

Mothers Against Drunk Driving
1-800-438-MADD [6233]

[National Cancer Institute](#)

National Hospice and Palliative Care Organization
Provides a search for hospice and palliative care, as well as statistics, resources and information
1700 Diagonal Road, Suite 300
Alexandria, VA 22314
703-837-1500

National Organization for Victim Assistance
1-800-879-6682

National Sudden Infant Death Syndrome Resource Center
1-866-866-7437

Parents of Murdered Children
1-888-818-POMC

Parents Without Partners
Offers support, information and resources for single parents
1650 S. Dixie Highway, Suite 510
Boca Raton, FL 33432
516-391-8833

Pet Loss
1-888-332-7738

Samaritan Hospice (Marlton, NJ)
Offers several free grief support groups to those who have lost a spouse at a young age and to those grieving the loss of a same-sex partner
1-800-229-8183
info@samaritanhospice.org

SHARE Pregnancy and Infant Loss Support, Inc.
1-800-821-6819

Society of Military Widows
1-800-842-3451