

# Loss, Grief & Bereavement

HLSC 3127

# Coping with Grief (Sheila Schindler)

most bereaved person experience intense time limited periods of distress 20-30 min

\* 'normal' grief appears in 85% following loss and subsides within 2 yrs

**bereavement** = umbrella term that refers to experience grieving the loss of a loved one

**grief** = internal experience of the loss

**mourning** = outward expression of the loss

**experience of grief** = bio, psychological, social, spiritual (all encompassing)

Clayton (1974). Mortality and morbidity in the first year of widowhood. *Archives of General Psychiatry*, 30. 747-750.

study shows the variety of behaviour & physiology of adult grief response

(agitation --> tears, lower concentration --> sleep disturbance)

acute changes vs chronic changes (CV, endocrine, immune changes)

# Coping with Grief (Sheila Schindler)

Stage Theories imply a 'right way to grieve'  
Davidson (1984). Understanding mourning.

## 4 phases of bereavement :

1. **shock & numbness** ~2-3 wks intense, 24 months long
2. **searching & yearning** 2wk- 4month intense, 24 months (visions, hearing person)
3. **disorganization/ disorientation/ depression** 5-9th month, 24 months (fatigue, lack of help/support, nothing makes sense anymore)
4. **reorganization** 18-24 months (guilt for having good time, grieve is being carried forward)

**Tasks of mourning:** (Worden, (1991) Grief counselling and grief therapy) {no true order}

accept the reality of the loss

experience the pain of grief {no pain is ok too}

adjust to environment in which deceased is missing

find an enduring connection with deceased while embarking on a new life

# Coping with Grief (Sheila Schindler)

15% who experience **complicated grief**:

- major depression, anxiety, PTSD
- pervasive sadness
- feelings of self loathing
- isolation and social withdrawal
- intrusive thoughts of death/suicide

**Predictors:**

- poor social support
- multiple life stressors
- nature of the loss (sudden/ violent /sense of responsibility)

**isolation & pain:**

- power over pain - take on a role, perfectionism, rage
- succumb to pain - procrastination, depression/anxiety, suicide
- escape the pain - addiction, high risk behavior, distraction

**traumatic grief** = severe & disabling response to sudden unexpected violent death

**disenfranchised grief** = grief is not recognised/supported by the larger culture

**cumulative grief** = past losses are triggered by current loss

**secondary losses** = when loss impacts many areas of a person's life or loss that takes different forms over time (lose spouse + parent + loss of birthdays/celebrations)

- suffering is not noble -

# Coping with Grief (Sheila Schindler)

Post Traumatic Growth Syndrome, 5 forms:

(Linley & Joseph, 2004. Positive changes following trauma and adversity. *Journal of Traumatic Stress*, 17. 11-21)

1. new opportunities
2. new relationships & connections
3. increased sense of one's strength
4. greater appreciation for life in general
5. deepening of spiritual life

what do we do -- 3 goals for healing:

1. continuing bonds - social pressure for people to "move on" but bring the person with you in life / talk to the dead person, draw boundaries, make new rituals
2. find meaning - make sense of the event, sit and think and try to make sense, doing things, active /actions which helps the grieving person
3. tell your story - music, writing, art

# Attachment Theory

# Attachment Theory

Psychosomatic research has shown that attachment style can influence health behaviors, such as treatment utilization and adherence, the ability to cope with stress and illness, and ultimately represents a form of resilience that plays a significant role in morbidity and mortality

The activation of the attachment system under various threats leads to involvement of healthy or unhealthy coping strategies through attachment behaviors that are meant to re-establish a sense of safety.

Three types of **childhood attachment styles**:

## Secure:

- the child manifests distress after separation from caregiver, but recovers quickly
- The child is easily comforted by the parent after reunion, expresses joy and is able to return to the previous exploration (consistent caregiving).
- Securely attached adults have positive views of themselves and their partners and are comfortable with intimacy and independence.

## Insecure-anxious (anxious-ambivalent or anxious-resistant):

- the child has difficulty tolerating separation from caregivers
- uses hyperactivation strategies (i.e., intensely emotional) to obtain proximity to the caregiver and is hard to console during separation or upon reunion (inconsistent caregiving.)
- Anxiously attached individuals/ insecure-ambivalent or preoccupied
- have less positive views of themselves and their partners, tend to be preoccupied with fears of abandonment
- generally use hyperactivation strategies (e.g., asking for reassurance, clingy) to obtain attention and the emotional support they need.

# Attachment Theory

## Insecure-avoidant:

- the child emotionally disengages using deactivation strategies (i.e., emotionally inhibited, minimal reactivity)
- seems unaffected by the separation or reunion (associated with dismissive or neglectful styles of caregiving).
- avoidant individuals are generally uncomfortable with closeness and intimacy
- tend to use compulsive self-reliance
- deactivation strategies (e.g., emotional withdrawal) when faced with relationship challenges.

Attachment theory offers an explanation of individual perceptions of social support and the way one reacts to loss of security in terms of interpersonal interactions

## Securely attached

- individuals expect others to be available and helpful
- feel worthy of their help.
- demonstrate low anxiety and low avoidance,

## insecure individuals

- exhibit high anxiety and low avoidance
- low anxiety and high avoidant
- high anxiety and high avoidant

## Securely attached patients

- utilize more positive coping strategies in their adjustment to the disease

## Anxiously attached individuals

- do not feel worthy of another person's help and constantly worry about the availability of others.
- utilize primary care more frequently and report more somatic symptoms.
- have poorer mental health outcomes



# Attachment Theory

Professionals can better understand the intense emotional, psychological, and physical effects of Complicated Grief as they factor the bereaved person's typical interpersonal expectations and interactions (i.e., one's attachment style) into the equation

insecurely attached individuals may develop either more anxious (feelings of uncertainty toward, and preoccupation with, the responsiveness and availability of relationship partners)

avoidant (the placing of a value on self-reliance and the expression of discomfort with relying on others) attachment styles

If attachment figures are not perceived as reliable sources of comfort, protection, and support, one may develop an insecure attachment style, resulting in a “predictable, sequenced response to separation

role of attachment in coping with the loss of a loved one has found significant direct relationships between attachment-related anxiety and CGS (intense separation distress from the deceased)

avoidant attachment style who also are struggling with CG may experience negative outcomes from their more commonly employed coping mechanism of avoidance. Bereaved persons with both anxious and avoidant attachment styles are at a significantly greater risk for developing CG than those with a secure attachment style

Schenck, L. K., Eberle, K. M., & Rings, J. A. (2016). Insecure attachment styles and complicated grief severity: Applying what we know to inform future directions. *OMEGA-Journal of Death and Dying*, 73(3), 231-249. doi:10.1177/0030222815576124

Class material

# Definition of Attachment

An enduring emotional tie to a special person, characterized by a tendency to seek and maintain closeness, especially during times of stress.

Biological and psychological

**Bowlby & Lorenz** founders of Attachment theory using infants to explain behaviour modified from inception by the behaviour of the Primary Care Figure (PCF)

showed how infant/toddler's reactions upon PCF return may evoke the very behaviour the infant/toddler INTENDED to PREVENT

Strange Situation Test:

PCF's who are over-anxious, insensitive to their child's needs infants exhibit great distress during separation & after return

PCFs who do not show feelings, cannot tolerate closeness, punish child's attachment behaviour infants become insecure/avoidant

PCF often lacks in confidence in ability to care for and control their child infants become disorganized/disoriented

Anxious / ambivalent school children seem to lack confidence and assertiveness

Avoidant children show more aggression to other children and teachers rate them as more hostile, impulsive, and withdrawn.

# Risk factor determinants of chronic bereavement

1. **Personal vulnerability** of the bereaved
2. **Attachment to the deceased** / Continuing Bond / Purpose Meaning Making or lack thereof
3. **Events / circumstances** lead up to and including death
4. **Social supports** and other circumstances taking place after death
5. **Dependent** relationships
6. **Ambivalent** relationships

Bowlby's 5 stages of grief:

- Shock & numbness
- Yearning & searching
- disorientation/ disorganization
- Reorganization & resolution

Secure attachment have less distress

- More self confident
- Seek support & help
- Sense of autonomy
- Healthier relationships

## correlations

Low secure attachment	Low relationship harmony	Low problematic coping	Low overall distress
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anxious/ambivalent	Relationship disagreement	Disagreement with deceased	Cling + chronic grief
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avoidant	Rarely cry, unable to grieve	Parents with no affection child will no express grief	
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disorganized	Psych problems before & after loss	Seek help from outsiders	
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# Loss & Grief in 21st Century

## non-death loss -

- Deprivation
- Sadness
- confront & avoid painful emotions
- attempt to reorganize world
- connections & disconnection
- yearn to return to pre-loss
- try to make sense or make meaning of loss

Counselling Strategies for Loss and Grief,  
[Humphrey, 2009]

**loss** = real/perceived deprivation of something deemed meaningful (death/non-death)

**grief** = emotion made by experience of loss, sorrow and distress. very unique and multidimensional reflective experience

**loss adaptation** = process of adjusting to loss & grief, coping (time limited)

**bereavement** = period of sorrow following death of signif other

**mourning** = socially prescribed practices of grief expressions, non-/death

# 9 critical guidelines for loss & grief

1. **people experience loss & grief uniquely**
2. **occurs in multiple fluid contexts** (Ecological model)
3. **non-linear grief models** not universal phase model
4. **promote continue bonds connection** (Broken Bonds demand person move on/let go/forget = damaging) by **redefine relationship** with lost connection
5. **grief is normative response to loss**, involves difficulties not just diagnostic labels
6. **grieving is active process** of adapting to loss, promote survivorship, strength, resilience, potential, empowerment, resourcefulness
7. **reconstruction is critical to loss adaptation** for most people, beliefs and expectations get reshaped
8. **grief does not end**, it does change. often people experience Subsequent Temporary Upsurges of Grief (STUG) where situations/sensation trigger memories of loss
9. **tailor treatment** to unique grief

## 3 essential counselor roles

**witness** = observe, listen, hear, remember, understand

**facilitator** = therapy framework, directs client attention to structure, feedback questions, ask where they want to go in therapy

**collaborator** = client is expert on themselves, asking client questions

practical suggestions -

- grief is natural process
- be theoretically grounded
- instill hope, life affirm future
- client is a person not labels
- emphasis on resilience - ID their skills, strengths, abilities, act resilient when not feeling it,
- embrace positive self view
- utilize homework - works for some, not all
- let clients do their work - ask questions for them to define, explore
- silence is important
- know thyself



# Grief counselling

loss/grief counselling (not adjusting well and avoiding their underlying issue)-

- Bereavement
- divorce
- separation
- loss of livelihood

anger is from loss not properly grieved or addressed

Primary loss = signif loss death

Secondary loss = loss from primary loss,

relationships complexities (finances, family role, security, social status).

job loss (self esteem, identity, financial security, sense of future)

childhood sexual abuse (loss innocence, trust, sense of control)

mental illness (loss of control over emotions, thoughts, family role, loss of occupation)

# Grief counselling

## Ambiguous loss

physical absent/psych present -  
kidnapping, natural disasters, divorce  
situation, child adoption etc

physical present/psych absent -  
person emotionally & cognitively  
missing (dementia, brain injury,  
addictions)

brings about long term dysfunctional  
coping and aiding complication in grief  
process

## Stigmatized loss -

- losses that reveal transgressions of societal norms, mores
- HIV/AIDS, suicide, violence, homelessness, sex abuse, addictions
- difficult time over guilt, blame, shame and with limited support

## Disenfranchised grief

- historical oppression
- racism
- residential school
- immigration (Cultural loss)

# Psychosocial factors & loss -

## Strategies:

- **affective** = emotional response/regulation
- **cognitive** = analysis, reframing, distraction/avoidance
- **behavioral** = problem solving, activity, behavioral distraction
- **spiritual** = prayer, meditation, rituals



## Psychosocial factors

- personal history of loss & separation
- developmental considerations
- women development
- racial identity development
- queer identity development
- faith development

## Adaptive strategies

pos/neg, each person has unique strategy based on life and experience

## Disrupted Meaning Structures

basic truths about the world (assumptions) are shattered by loss, \*\* help person deal with disruption of their pre-loss meaning structures

# meaning reconstruction

## 3 phases -

### **sense or meaning making**

start exploring with 'why'

ends with 'letting go of the why'

examine the meaning structures that once was & redefine them

### **benefit finding**

learning to find personal growth in loss

maybe find a greater faith

transform identity

develop competency or independence

learn to thrive not moving on

### **identity change**

process of reorganizing and rebuilding a sense of self after loss

revise client's self narrative in a way that maintain continuity



# Grief: un/complicated

## uncomplicated grief

- self limiting
- symptoms = sadness, yearning, confusion, numbness, loneliness
- increase in acceptance of reality of death
- steady integration of loss
- grief is normal, < 1 yr

## Social support

better quality of griever's support network  
the more functional to loss adaptation

## complicated grief

- prolonged specific symptoms that intensify, >1 yr
  - persistent yearning for deceased
  - intense sorrow emotional pain
  - preoccupation with deceased & cause of death
- 
- difficult accepting the death
  - emotional numbness
  - difficult to positively remember deceased
  - bitter / anger to loss
  - maladaptive of oneself to the loss
  - excessive avoidance of reminders of loss
  - difficult trusting other people post death
  - desire to die and be with deceased
  - feeling alone from other people since death
  - meaningless/empty life and fail to function
  - diminished sense of identity
  - difficult to pursue interests/plan for future
- 
- signif distress in social, work or other important areas of functioning
  - bereavement is out proportion of cultural norms

# Doka & Martin (2011)

## Adaptive Grieving Styles

### Adaptive Grieving Model -

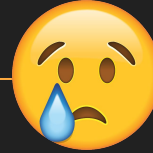
model focuses on specific patterns of grieving that is natural to the person (cognitive, behavioral, affective and spiritual strategies) used to manage innate response to loss

3 basic **grieving styles** -

**intuitive** = response to loss via emotion, express emotions intensely

**blended** = response to loss via instinct and instrumentally (not equal)

**instrumental** = response to loss cognitively, modulate emotions, extreme grief in terms of thoughts and activity



#### Intuitive griever

Feelings are intensely expressed

Crying & suffering expressed

Success at adaptive strategies

Prolonged confusion, unable to concentrate, disorganized, disorientation

Physical exhaustion, anxiety

#### Instrumental griever

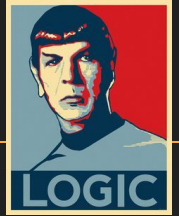
Thinking is primarily experienced, reluctant to talk about feelings

Mastery of oneself & enviro

Problem solving enables mastery over emotions

Brief periods of confusion, forgetfulness

Increase in energy



# Doka & Martin (2011)

## Adaptive Grieving Styles

### Preferred Coping Strategies -

#### **affective/ cognitive/ behavioral/ spiritual**

--> over time strategies may be less effective or clash with family. Each type of griever will use a strategy differently

### **behavioral strategies**

- physical activity
- seeking info and support for self
- problem solving activity to deal with problems, finish tasks, become social activist
- acting-out behaviors (alcohol, drugs, fighting, food over eating, spending risk taking)

### **affective strategies**

- emotional expression, venting of feelings, crying
- emotional connection, sharing
- affective regulation - select time/pace to experience painful feelings and monitor emotional intensity
- appraisal of abilities and skills in emotional management

### **cognitive strategies**

- logical analysis
- breaking loss experience into parts so to evaluate & manage
- cognitive restructuring, redefining: loss, relationship, meaning of loss and to modify assumptions and beliefs about self
- info seeking, info to help grieving understand their response
- cognitive avoidance/denial selecting times and circumstances to avoid or to focus on loss & grief

**intuitive griever** - a griever expresses emotion

**instrumental griever** - a griever gathers info and form a response, solve problem

# Doka & Martin (2011)

## Adaptive Grieving Styles

### Dissonant Responses -

common for griever initially use 2nd strategy and go against natural style of grieving and add to complex grief

### reasons for dissonant responses

personality,  
gender role socialization,  
type and intensity of grief,  
image management,  
substance abuse

### Dissonant Response

- avoid people who bring up emotional response or rationalize experience,
- use substances to suppress emotions,
- deny reality of loss,
- focus on others.
- physical & emotional exhaustion along with psychosomatic illness is normally what happens

when **instrumental (logical) griever** is in **dissonance** due to what they believe they should be feeling and something is wrong with them (self blame) and will believe they are cold, uncaring, insensitive and use substances to foster feelings or be numb and violence in order to feel something