

Grief and loss

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Introduction



- Loss is anything that is perceived as such by the individual.
 - Throughout our lives, from birth to death, we form attachments and suffer losses.
 - Universal phenomenon
 - Different for different individuals –
 - ✓ The separation from loved ones or
 - ✓ The giving up of treasured possessions, for whatever reason;
 - ✓ The experience of failure, either real or perceived; or
 - ✓ Life events that create change in a familiar pattern of existence—
- all can be experienced as loss, and all can trigger behaviors associated with the grieving process

LOSS



- Loss is defined as the experience of parting with an object, person, belief or relationship that one values.



- The object may be animate or inanimate, a relationship or situation, or even a change or a failure (real or perceived).

TYPES OF LOSS



- **Actual loss** – can be recognized by others as well as the person sustaining the loss
- **Perceived loss**– sense of loss felt by the individual but not tangible to others

TYPES OF LOSS cont..



- **Physical loss** – loss of a part or aspect of the body, such as loss of an extremity in an accident, scarring from burns
- **Physiological loss** – emotional loss, such as woman feeling inadequate after menopause and resultant infertility
- **Anticipatory loss** – a person displays loss and grief behaviors for a loss that has not yet taken place. It is often seen in families of terminally ill patients.

Categories of loss



There are four major categories of loss

- a. Loss of aspect of self
- b. Loss of significant others
- c. Loss of external objects
- d. Loss of familiar environment

Factors influencing a loss reaction



1. Significance of loss

- Age of the person
- Value placed on the lost person
- Degree of change required because of loss
- The person's beliefs and values

2. Culture

- Customs of expression of grief
- Family structure
- Family and social roles

Factors influencing a loss reaction

Cont..

3. Spiritual beliefs

- Practice related to dying
- Death rituals

4. Sex role

- Gender differences

5. Socioeconomic status

Affects support system available

6. Coping skills, previous experiences of loss

7. Emotional stability

8. Physical health

Grief

- Is a characteristic pattern of psychological and physical responses experiencing after the loss of significant person, object, belief, or relationship.

Bereavement is a state of desolation that occurs as a result of loss, particularly death of a significant other.

Mourning encompasses socially prescribed behaviors after the death of other (vary as per culture)

- The period of acceptance of loss and grief during which the person learns to deal with the loss.

Types of grief



- ❖ Uncomplicated grief (normal grief)
- ❖ Anticipatory grief
- ❖ Disenfranchised grief
- ❖ Dysfunctional grief
 - i. Delayed or inhibited grief
 - ii. Distorted or exaggerated grief response
 - iii. Chronic or prolonged grief
 - iv. Masked grief

Uncomplicated grief

- Engle proposed the term uncomplicated grief to describe the grief reaction normally following a significant loss.

Anticipatory grief

- Occurrence of grief before an expected loss actually occurs.
- It may be helpful in adjusting to the loss
- The process promotes early grieving, freeing emotional energy for adaptation once the loss has occurred

Disenfranchised grief

- “Disenfranchised grief can be defined as the grief that persons experience when they **incur a loss that is not or cannot be openly acknowledged**, publicly mourned, or socially supported.”

E.g. Extreme sadness over the loss of a pet when this mourning might be viewed by others as excessive or inappropriate.

Dysfunctional grief

- A demonstration of **a persistent pattern** of intense grief that **does not result** in reconciliation of feelings.
- The person experiencing dysfunctional (or pathological) grief does not progress through the stages of grief.
- Those persons cannot establish re-establish a routine

Delayed or inhibited grief

- Refers to **absence of evidence of grief** when it ordinarily would be expected.
- Usually occurs when individuals are fixed in the denial stage.
- It is usually pathological.
- The individual experiences **no emotional pain**, but there may exist some anxiety or sleep disorders

Distorted or exaggerated grief response

- Here all **symptoms** associated with normal grieving are **exaggerated**.
- Feeling of sadness, helplessness, hopelessness, powerlessness etc. may be there.
- Individual is fixed at the anger stage of grieving process
- There is chance for anger turned inwards

Chronic or prolonged grief

- It is characterized by **intense preoccupations with memories of the lost entirety for many years** after the loss has occurred.
- Prolonged grief is maladaptive and characterized by certain behaviors and that may prevent persons performing his or her activities of daily living

Masked grief

- Occurs when grief is covered up by **maladaptive behavior** such as apathy, irritability, unstable moods or a physical symptom with the person being unaware of the connection to the loss and grief.

Risk factors leading to vulnerability

- Death of a spouse or child
- Death of a parent (particularly in early childhood or adolescence)
- Sudden, unexpected and untimely death
- Multiple deaths
- Death by suicide or murder
- Survivor's own poor physical and emotional health before the loss

Kubler Ross theory

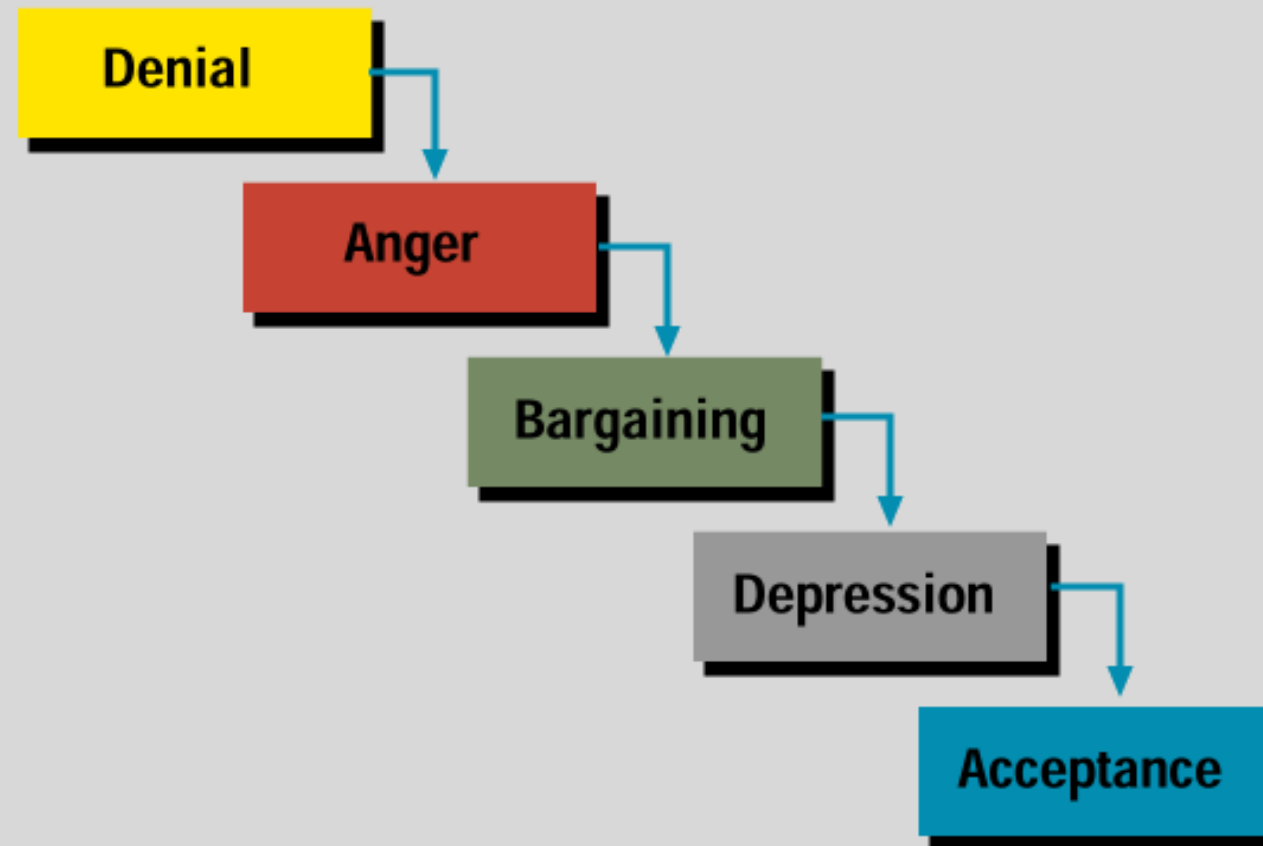
Has five stages

1. Denial
2. Anger
3. Bargaining
4. Depression
5. Acceptance

ELISABETH KUBLER-ROSS



- Landmark work entitled *On Death and Dying*
- Identified five emotional stages experienced by dying individuals



Cont....

- Kübler-Ross originally applied these stages to people suffering from terminal illness.
- She later expanded this theoretical model to apply to any form of catastrophic personal loss (job, income, freedom).
- Such losses may also include significant life events such as the death of a loved one, end of a relationship or divorce, drug addiction, change in office environment, the onset of a disease or chronic illness, an infertility diagnosis, as well many tragedies and disasters.

DENIAL

“No , it can’t
be true!”
“Its just not
possible.”

- A protective mechanism
- Helps in coping
- May lasts a few minutes or even months



ANGER

Self blame or blaming of others may lead to anger towards self, God, others environment, health care settings



BARGAINING



Tries to bargain with God for a second chance
Represents clients attempt to postpone death

DEPRESSION

Full impact of loss is
experienced
“I’m too sad to do
anything.”



ACCEPTANCE

Effort to take personal and financial affairs in order



Engle's six stages of grief reaction

Shock and disbelief (minutes to days)

- Disorientation
- Feeling of hopelessness,

Denial which provides protection until the person is able to face reality.

Developing awareness (6-12 months)

- Guilt
- Sadness
- Isolation
- Loneliness
- Feelings of helplessness
- Possible anger or hostility towards others
- Increasing emotional pain

Engle's five stages of grief reaction ...

- ● *Stage III: Restitution.* In this stage, the various rituals associated with loss within a culture are performed. Examples include funerals, wakes, special attire, a gathering of friends and family, and religious practices customary to the spiritual beliefs of the bereaved. Participation in these rituals is thought to assist the individual to accept the reality of the loss and to facilitate the recovery process.
- ● *Stage IV: Resolution of the Loss.* This stage is characterized by a preoccupation with the loss. The concept of the loss is idealized, and the individual may even imitate admired qualities of the lost entity. Preoccupation with the loss gradually decreases over a year or more, and the individual eventually begins to reinvest feelings in others.
- ● *Stage V: Recovery.* Obsession with the loss has ended, and the individual is able to go on with his or her life.

John Bowlby

- 4 stages in the grief process.
- He implies that these behaviors can be observed in all individuals who have experienced the loss of something or someone of value, even in babies as young as 6 months of age.
- **Stage I: Numbness or Protest**: This stage is characterized by a feeling of shock and disbelief that the loss has occurred. Reality of the loss is not acknowledged.
- **Stage II: Disequilibrium**: During this stage, the individual has a profound urge to recover what has been lost. Behaviors associated with this stage include a preoccupation with the loss, intense weeping and expressions of anger toward the self and others, and feelings of ambivalence and guilt associated with the loss.

- **Stage III: Disorganization and Despair:** *Feelings of despair* occur in response to realization that the loss has occurred. *Activities of daily living* become increasingly *disorganized*, and behavior is characterized by *restlessness and aimlessness*.
- Efforts to regain productive patterns of behavior are ineffective and the individual experiences *fear, helplessness, and hopelessness*. Somatic complaints are common. *Social isolation* is common, and the individual may feel a great deal of loneliness.
- **Stage IV: Reorganization.** The individual *accepts or becomes resigned to the loss*. *New goals and patterns of organization* are established. The individual begins a reinvestment in new relationships and indicates a *readiness to move forward* within the environment. Grief subsides and recedes into valued remembrances.

TABLE 39-2**Normal Grief Reactions versus Symptoms of Clinical Depression****Normal Grief**

Self-esteem intact

May openly express anger

Experiences a mixture of "good and bad days"

Able to experience moments of pleasure

Accepts comfort and support from others

Maintains feeling of hope

May express guilt feelings over some aspect of the loss

Relates feelings of depression to specific loss experienced

May experience transient physical symptoms

Clinical Depression

Self-esteem is disturbed

Usually does not directly express anger

Persistent state of dysphoria

Anhedonia is prevalent

Does not respond to social interaction and support from others

Feelings of hopelessness prevail

Has generalized feelings of guilt

Does not relate feelings to a particular experience

Expresses chronic physical complaints


Dimensions of grieving

- The process of grief is multifaceted, with bereaved individuals experiencing major physical, emotional, and cognitive changes.
- Worden (1991) described the vast repertoire of the behaviors under four general categories :
 1. Emotional response
 2. Physical sensations
 3. Altered cognitions
 4. Behavioral response

Normal signs of grieving

- Assumption of the lost loved one's mannerisms or speech patterns
- Denial or disbelief that the loss occurred
- Feeling of emptiness in the stomach or abdomen
- Feelings of restlessness
- Heaviness in the chest
- Inability to complete tasks, even simple ones
- Inability to concentrate
- Loss of appetite
- Intense anger at the departed loved one

Normal signs of grieving...

- Mood swings from anger to guilt
 - Need to take care of others, to protect them
 - Need to tell and retell stories about their loved one and the death experience
 - Sensing or feeling the loved one's presence
 - Sleep disruptions such as insomnia or extreme wakefulness
 - Tightness in the throat
 - Unexpected and unpredictable bouts of crying
 - Wandering aimlessly through the house or neighborhood
- 

The recovery period

- The recovery period can also vary widely, while some people recover in a year, there are those who find the second year to be much worse.

Maladaptive responses

- Drug or alcohol abuse
- Suicide or homicide attempts

Gender differences in the grieving process

Men	Women
<ul style="list-style-type: none">• Have a tendency to want to solve the problem and become more active in work and leisure activities when grieving.• They are less likely to reach out and talk to others and express their grief openly.• More likely to share their sorrows and fears with their wives and not friends.• More likely to take action than to express grief	<ul style="list-style-type: none">• Often have fewer health consequences after losing a spouse than do men.• More likely to reach out to others, and to attend grief support groups.• More likely to express their grief and receive support from others

Concept of death- development issues

- **Birth to Age 2** - Infants are unable to recognize and understand death, but they can experience the feelings of *loss and separation*. Infants who are separated from their mother may become *quiet, lose weight, and sleep less*. Children at this age will *likely sense changes in the atmosphere of the home where a death has occurred*. They often react to the emotions of adults by becoming more *irritable and crying more*.
- **Ages 3 to 5**. Preschoolers and kindergartners have some understanding about death but often have *difficulty distinguishing between fantasy and reality*. They believe death is *reversible*, and their thoughts about death may include *magical thinking*.

For example, they may believe that their thoughts or behaviors caused a person to become sick or to die.

Cont.

- **Ages 6 to 9.** Children at this age *are beginning to understand the finality of death*. They are able to understand a more detailed explanation of why or how a person died, although the concept of death is often *associated with old age or with accidents*. Normal grief reactions at this age include *regressive and aggressive behaviors, withdrawal, school phobias, somatic symptoms, and clinging behaviors*.
- **Ages 10 to 12.** Preadolescent children are *able to understand that death is final and eventually affects everyone*, including themselves. Feelings of *anger, guilt, and depression* are common. *Peer relationships and school performance* may be disrupted. There may be a *preoccupation with the loss and a withdrawal into the self*. They will require reassurance of their own safety and self-worth


Contd.

- **Adolescents** - Adolescents are usually able to view death on an adult level. They understand death to be universal and inevitable; They may withdraw into themselves or attempt to go about usual activities in an effort to avoid dealing with the pain of the loss. Some teens exhibit acting-out behaviors, such as aggression and defiance. It is often easier for adolescents to discuss their feelings with peers than with their parents or other adults. Some adolescents may show regressive behaviors, whereas others react by trying to take care of their loved ones who are also grieving.
- **Adults**- The adult's concept of death is influenced by cultural and religious backgrounds.

Contd.

- Elderly Adults - By the time individuals reach their 60s and 70s, they have experienced numerous losses, and mourning has become a life-long process.
- Unfortunately, with the aging process comes a convergence of losses, the timing of which makes it impossible for the aging individual to complete the grief process in response to one loss before another occurs. Because grief is *cumulative*, this can result in bereavement overload, the person is less able to adapt and reintegrate, and mental and physical health is jeopardized.
- Bereavement overload has been implicated as a predisposing factor in the development of depressive disorder in the elderly person.

Ways to cope effectively with grief

- Seek out caring people.
 - Express your feelings.
 - Take care of health- Be sure to eat well and get plenty of rest.
 - Accept that life is for the living.
 - Postpone major life changes- Give enough time to adjust to your loss.
 - Be patient
 - Seek outside help when necessary.
- 

Helping a Grieving Person



❖ Listen with compassion

- ✓ Never try to force someone to open up
- ✓ Accept and acknowledge all feelings
- ✓ Be willing to sit in silence



❖ Provide ongoing support

- ✓ Stay in touch with the grieving person
- ✓ Don't make assumptions based on outward appearances
- ✓ Offer extra support on special days

Helping a Grieving Person



❖ Offer practical assistance

- ✓ Be the one who takes the initiative
- ✓ Offer to Shop for groceries
- ✓ Help with funeral arrangements
- ✓ Stay in their home to take phone calls and receive guests
- ✓ Take care of housework, such as cleaning or laundry
- ✓ Watch their children or pick them up from school
- ✓ Drive them wherever they need to go
- ✓ Accompany them on a walk

Helping a Grieving Person

❖ Watch for warning signs

- Difficulty functioning in daily life
- Extreme focus on the death
- Excessive bitterness, anger, or guilt
- Neglecting personal hygiene
- Inability to enjoy life
- Hallucinations
- Withdrawing from others
- Constant feelings of hopelessness
- *Take talk of suicide very seriously*





How to help a grieving child...

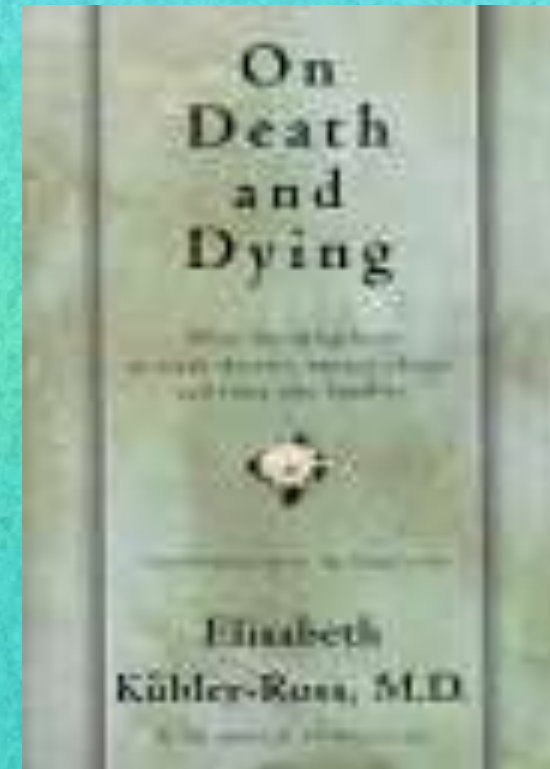
- Allow the child, however young, to attend the funeral if he or she wants to .
- Pray with the child .
- Help children find ways to symbolize and memorialize the deceased person .
- Keep the child's daily routine as normal as possible.
- Pay attention to the way a child plays; this can be one of a child's primary ways of communicating.



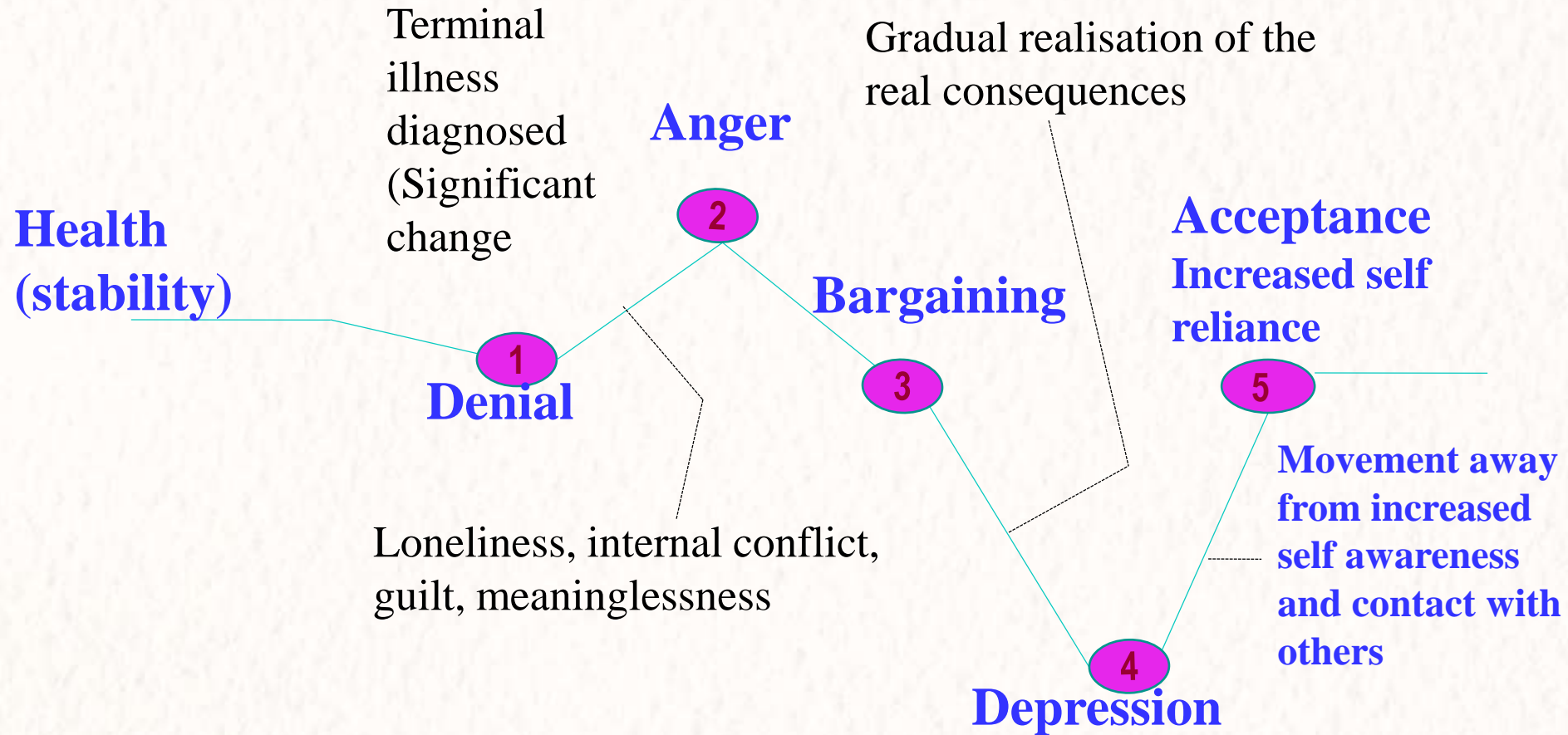
Death: The ultimate loss

Emotional transitions at life's end

- ❖ Although there are many theories about the emotional transitions encountered by dying people, the best known is stage theory **On Death and Dying** by *Elizabeth Kubler-Ross*
- ❖ The theory was created from extensive interviews with people that were dying and those that cared for them




Moving Toward the End of Life



The steps toward death, according to Elizabeth Kubler Ross (1975)

Factors leading to difficulty grieving

- A sudden or unexpected death
 - The death of a parent when you are a child or adolescent
 - Miscarriage or death of a baby
 - Death due to suicide
 - Situations where a post-mortem or an inquest is required
 - More than one death at once
 - No support from community, family and supports
 - The death was caused by a particularly difficult event such as a national disaster
 - Unable to attend the funeral
- 

Coping with reawakened grief

- Time itself can lessen the intensity of grief
- Be reassured
- Prepare for episodes of grief
- Look for healing opportunities
- Reminisce about the relationship held with the person who died
- Plan a distraction
- Start a new tradition in your loved one's memory
- Connect with others
- Allow yourself to feel sadness and a sense of loss
- Attend a memorial
- Take measures to cope with anniversaries, special days & other reminders of loss

Common triggers of grief- the year of firsts

- The first holiday
- Mother's day, father's day or another day one would have honoured his loved one
- Wedding and wedding anniversaries
- Family reunions

Reactions to these firsts and special occasions might be intense initially. But as the years pass, one may probably find it easier to cope.

Facilitating mourning

- Help the client to accept the loss is real
- Support efforts to live without the deceased person or in the face of disability
- Encourage establishment of new relationships
- Allow time to grieve
- Interpret "normal" behavior
- Provide continuing support
- Be alert for signs of ineffective coping

Application of nursing process

Assessment

- Observe and listen for cognitive, emotional, spiritual, behavioral and physiologic cues
 - What the person is thinking (cognitive)
 - How the person is feeling (emotional)
 - What are the values and beliefs of the person (spiritual)
 - How the person is acting (behavioural)
 - What is happening in the person's body (physiological)
- Examine personal attitudes

Assessment of grief

- Client and family goals and expectations
- Client and family awareness of terminal diagnosis
- Stage of death and dying
- Availability of support systems
- Referral needs for financial, emotional or legal problems
- Coping skills of client and family
- High risk family members prone to adaptation problems

Goals

- Client will recognize and express diverse emotions.
- Client will move toward resolution of diverse emotion.
- Client will recognize reality of loss.
- Client will recognize need for help and seek help appropriately.
- Client will retain or regain physical health status.

Nursing diagnosis

- Grieving r/t an actual or potential loss
- Risk for complicated grieving related to loss of a valued object/concept; loss of a loved one
- Risk for spiritual distress related to complicated grief process
- Impaired adjustment r/t incomplete grieving over loss of physical function
- Social isolation r/t death of a spouse
- Altered family process r/t death of a loved one.

Nursing interventions

- Assess client's stage in the grief process.
- Develop trust. Show empathy, concern, and unconditional positive regard.
- Facilitate understanding of the mourning process
- Communicating with sensitivity
- Providing for human comfort and support
- Maintaining autonomy
- Encouraging reality of loss
- Provide continuing support. If this is not possible by the nurse, then offer referrals to support groups. Support groups of individuals going through the same experiences can be very helpful for the grieving individual.

Essential communication and interpersonal skills to assist grieving:

- Help the client actualize the loss by talking about it. “When did it happen? How did it happen?” and so forth.
- Use simple, nonjudgmental statements
- Refer to a loved one or object of loss by name (if acceptable in the client's culture)
- Appropriate use of touch indicates caring
- Respect the client's unique process of grieving
- Respect the client's personal beliefs
- Be honest, dependable, consistent, and worthy of the client's trust

- Help the client identify and express feelings. Some of the more problematic feelings include:
 - **a. Anger.** The anger may be directed at the deceased, at God, displaced onto others, or retroflected inward on the self. *Encourage the client to examine this anger and validate the appropriateness of this feeling.*
 - **b. Guilt.** The client may feel that he or she did not do enough to prevent the loss. Help the client by *reviewing the circumstances of the loss and the reality that it could not be prevented.*
 - **c. Anxiety and helplessness.** *Help the client to recognize the way that life was managed before the loss. Help the client to put the feelings of helplessness into perspective by pointing out ways that he or she managed situations effectively without help from others. Role-play life events and assist with decision-making situations.*

Summary

- Introduction
- Definition of loss
- Types of loss
- Age and impact of loss
- Factors influencing a loss reaction
- Grieving
- Bereavement
- Mourning
- Types of grief
- Theories of grieving process
- Dimensions of grieving
- Normal signs of grieving
- Caring for the bereaved
- Helping a grieving process
- Death
- Legal issues associated with dying and death
- Hospice care
- Care for a dying client
- Role of nurse

Conclusion

- Death is the end, as we know it, for that person
- We can only support, listen therapeutically, and make the person as physically comfortable as possible
- We can also use our knowledge and expertise to strengthen, support, and prepare the family before the death of a loved one
- To provide effective care, the nurse must have accepted his or her own feelings about death and understand the faces of grieving.

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Grief is like
it comes in
ebbing and
Sometimes it
calm, and
is overwhe
can do is l

Grief is **NOT** a disorder,
a disease or a sign
of weakness.
It is an emotional,
physical and
spiritual necessity.
the price you
pay for love.
The only cure for
grief is to grieve.

all-greatquotes.com

SOMETIMES

yourself to cry
g you'll ever do.

bravest.

to face the facts,
the face,
and let it bleed.

*cleanse your wounds
for healing.*

e of the rest.