

# Grief and Loss for Health Care Professionals

**Liane Fry, LMFT**

**The Center for Grief Care and Education at  
The Institute for Palliative Medicine**

**[lfry@sdhospice.org](mailto:lfry@sdhospice.org)**

The views expressed in this presentation are those of the author and do not necessarily reflect the official policy or position of the Department of the Navy, Department of Defense, or the United States Government.

# Disclosures

- The speaker has nothing to disclose.
- Exhibits coordinated through the Henry Jackson Foundation.
- Refreshments provided through the Henry Jackson Foundation.



# Objectives

- Develop a common language
- Distinguish between grief and depression
- Adapt understandings to attend to the griever



# Common Language

- Loss
- Anticipatory Grief
- Grief
- Mourning
- Bereavement
- Complicated Grief



# Loss

- The condition of being deprived of something or someone
- Loss may be anticipated, real or perceived, primary or secondary
- The value is determined by those experiencing the loss

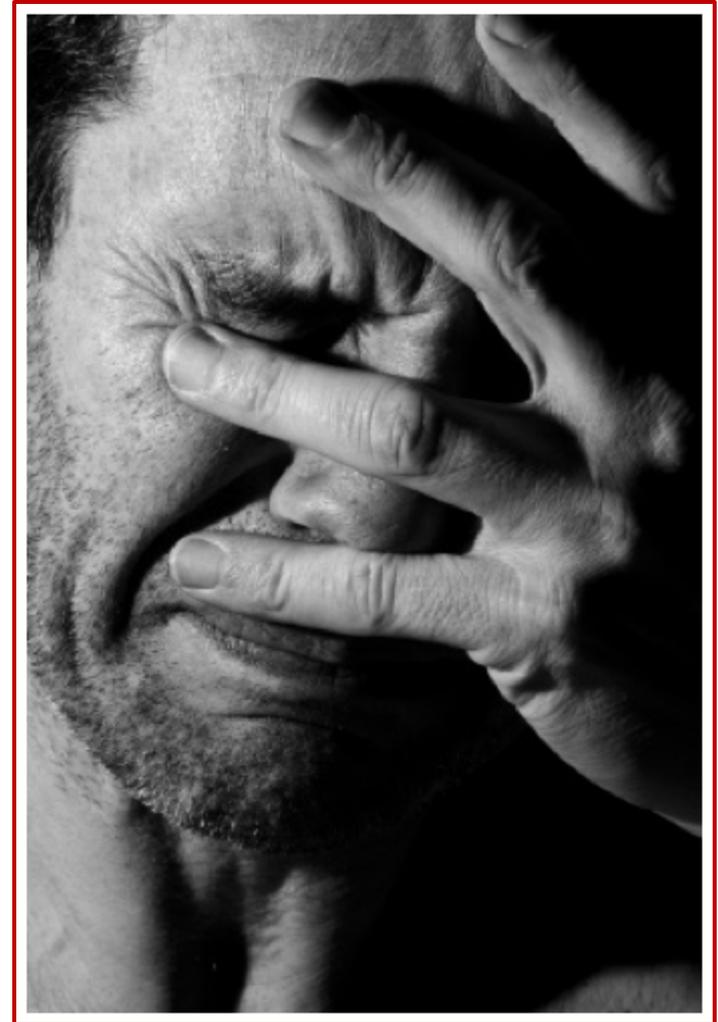


# Anticipatory Grief

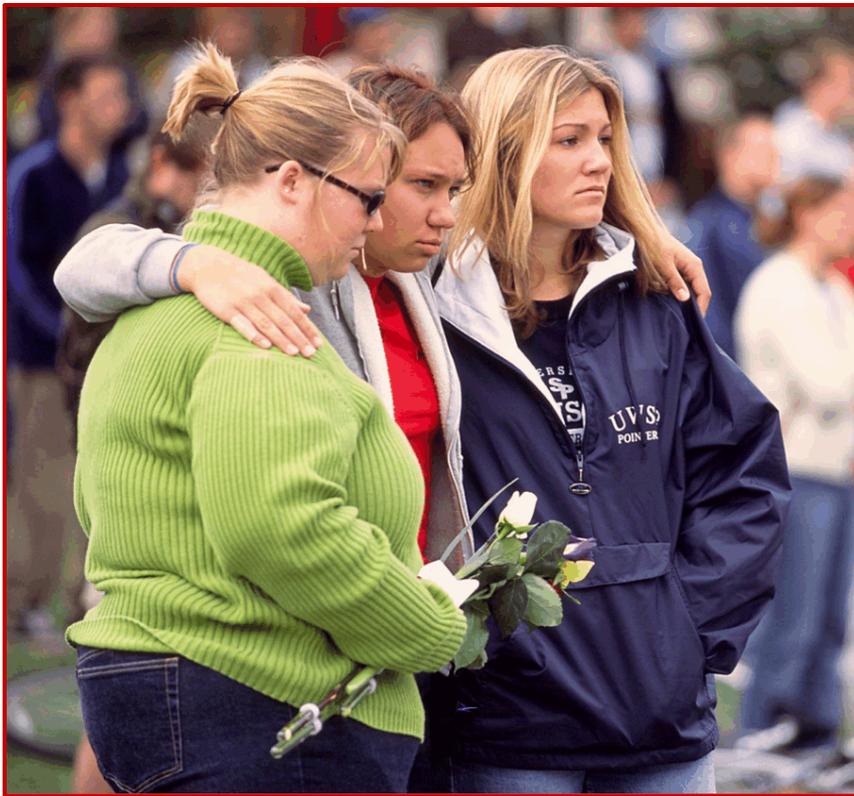
- Grief reactions that occur in anticipation of an impending loss
- Term is usually used in conjunction with terminal illness
- Includes many of the same symptoms of grief after a loss

# Grief

- An individualized and normal response to loss
- Grief is the inward experience of a loss



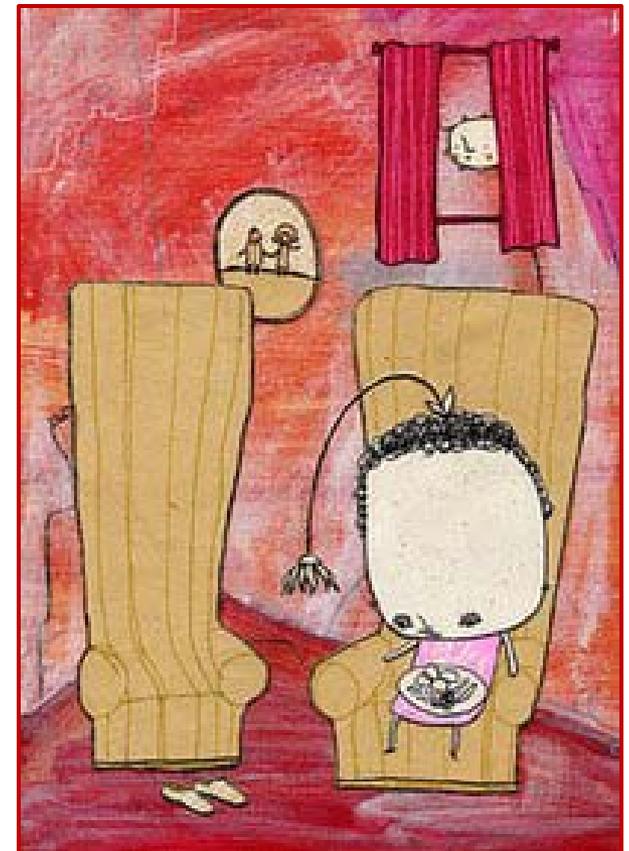
# Mourning



- The normal and natural act of grieving
- Private, public, religious and cultural expressions
- The outward experience of a loss

# Bereavement

- The state of living with the loss of someone or something significant
- A period of adjustment as a result of a loss





# Complicated Grief

- Prevailing concerns re: death
- Information about the death not processed
- Acute grief symptoms persist
- Attachment activation persists
- Inhibition of exploratory system continues
- Hallmarks
  - Duration
  - Intensity
  - Functioning

# The Faces of Grief

- During an illness
- Uncomplicated or Normal Grief
- Complicated grief





# Loss and Grief During Illness

- Patients and families face illness-related losses
  - Sense of future
  - Functional capacities
  - Roles
  - Relationships
  - Living without

# Adaptations to Loss

- Family
  - Replace patient's lost capacities
  - Role changes
  - Relationship changes
  - Moving forward without patient
  - Finding new equilibrium in self/family
- Patient
  - Sense of future
  - Function
  - Self Image
  - Social role
  - Relationships
  - Material matters

# Manifestations of Grief



- Physical
- Emotional
- Spiritual
- Cognitive
- Social
- Behavioral



# Grief verses Depression (MDE/D)

- Identifiable loss
- Focus is on the loss
- Fluctuating ability to feel pleasure
- Variable physical symptoms
- Closeness of others is usually reassuring
- Fluctuating emotions
- Loss may/may not be identifiable
- Focus is on the self
- Inability to feel pleasure
- Chronic physical complaints
- Persistent isolation
- Fixed emotions, “feeling stuck”



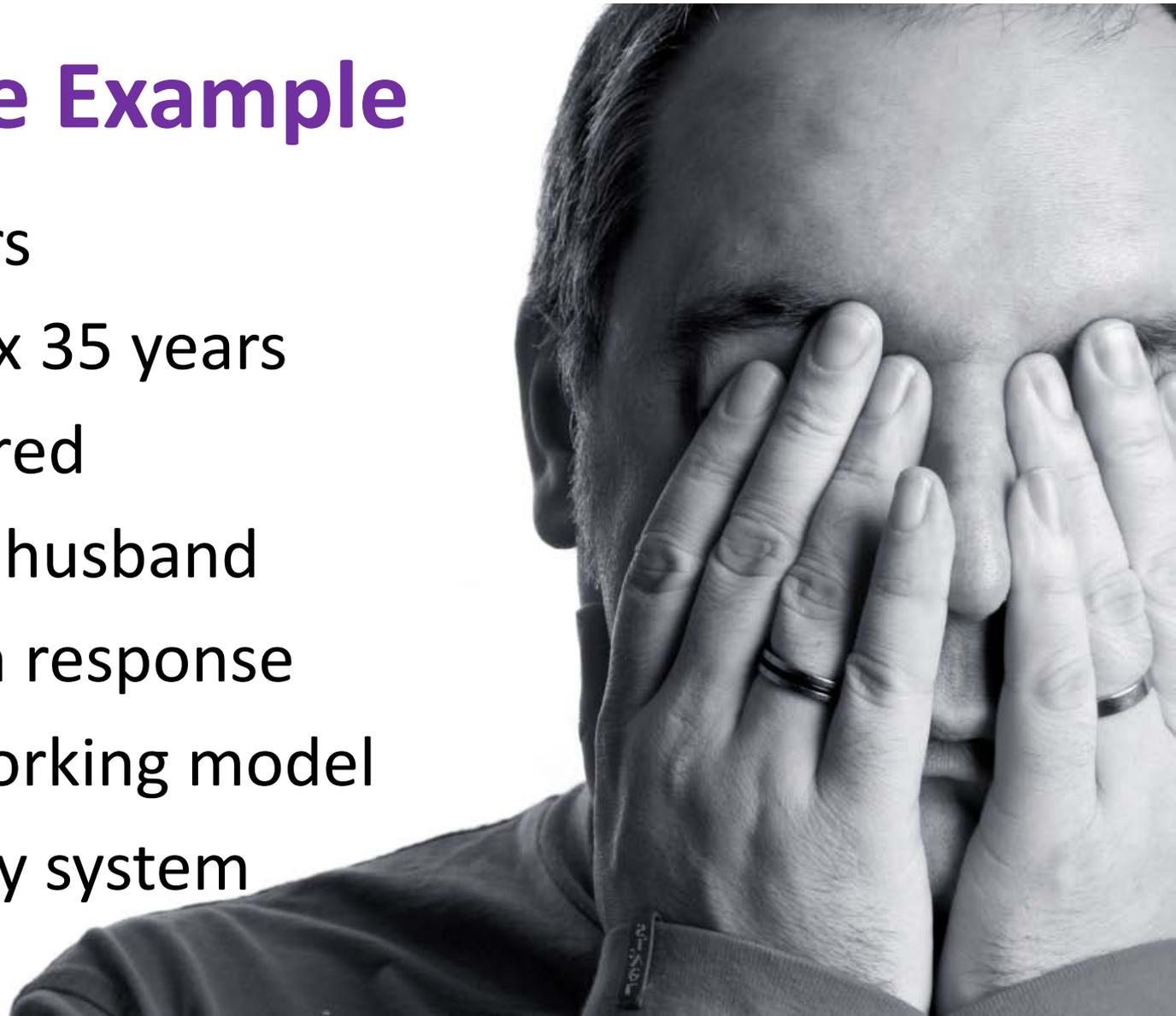
# Grief verses Depression (MDE/D)

- Feelings of sadness and emptiness
- Relatively stable self-esteem
- Some specific guilt/regret
- Thoughts of wanting to be with deceased but not an actual desire to die
- Extrasensory experiences
- Hopelessness and chronic emptiness
- Loss of self-esteem, sense of worthlessness
- Generalized, global sense of guilt and culpability
- Wanting to end pain, suicide ideation/intention
- Hallucinations and/or psychosis

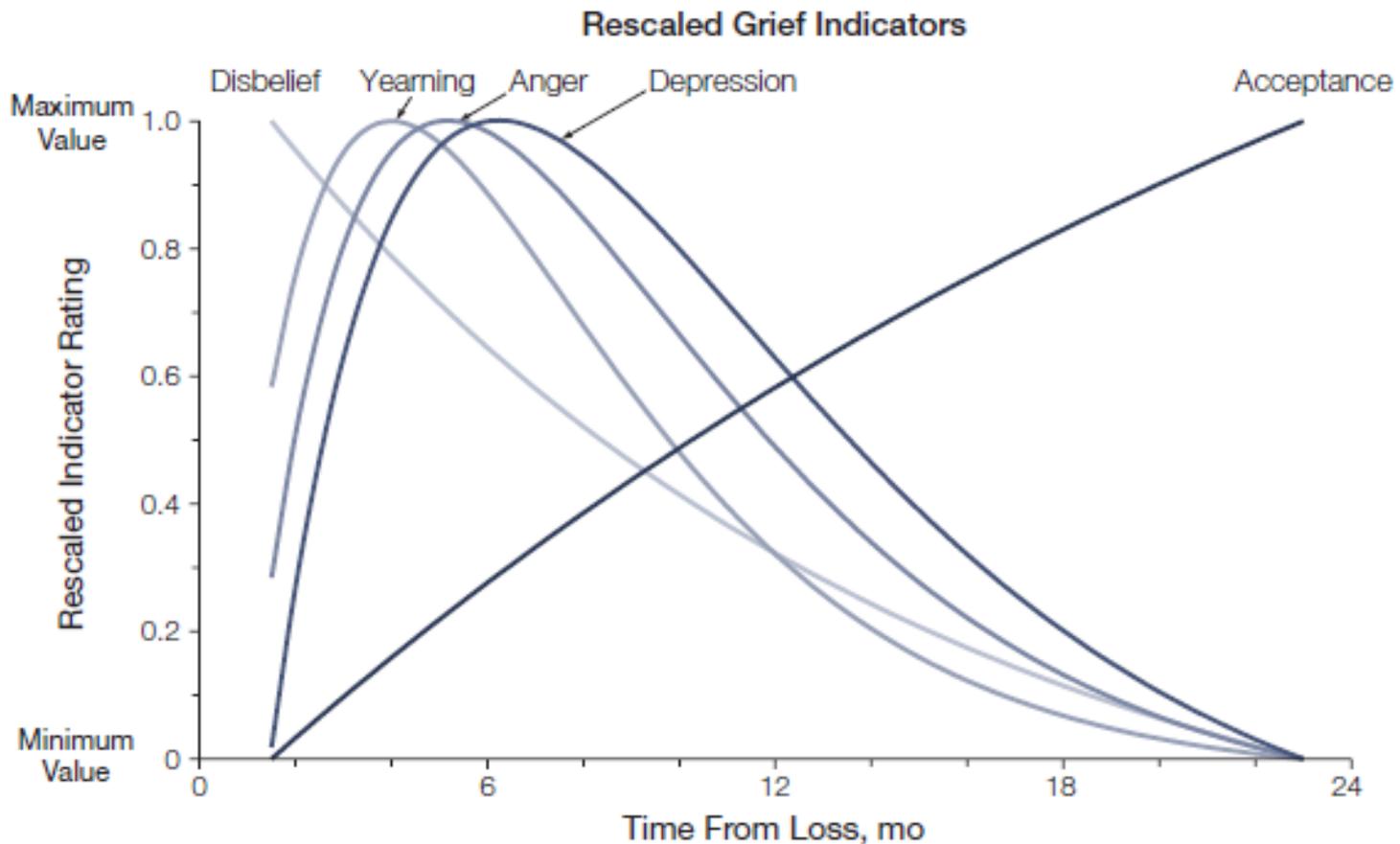


## Case Example

- M. 41 years
- Wife: Ca dx 35 years
- Felt prepared
- Dedicated husband
- Separation response
- Revised working model
- Exploratory system



# Maciejewski, P.K., et al. (2007)



# Dual Process Model

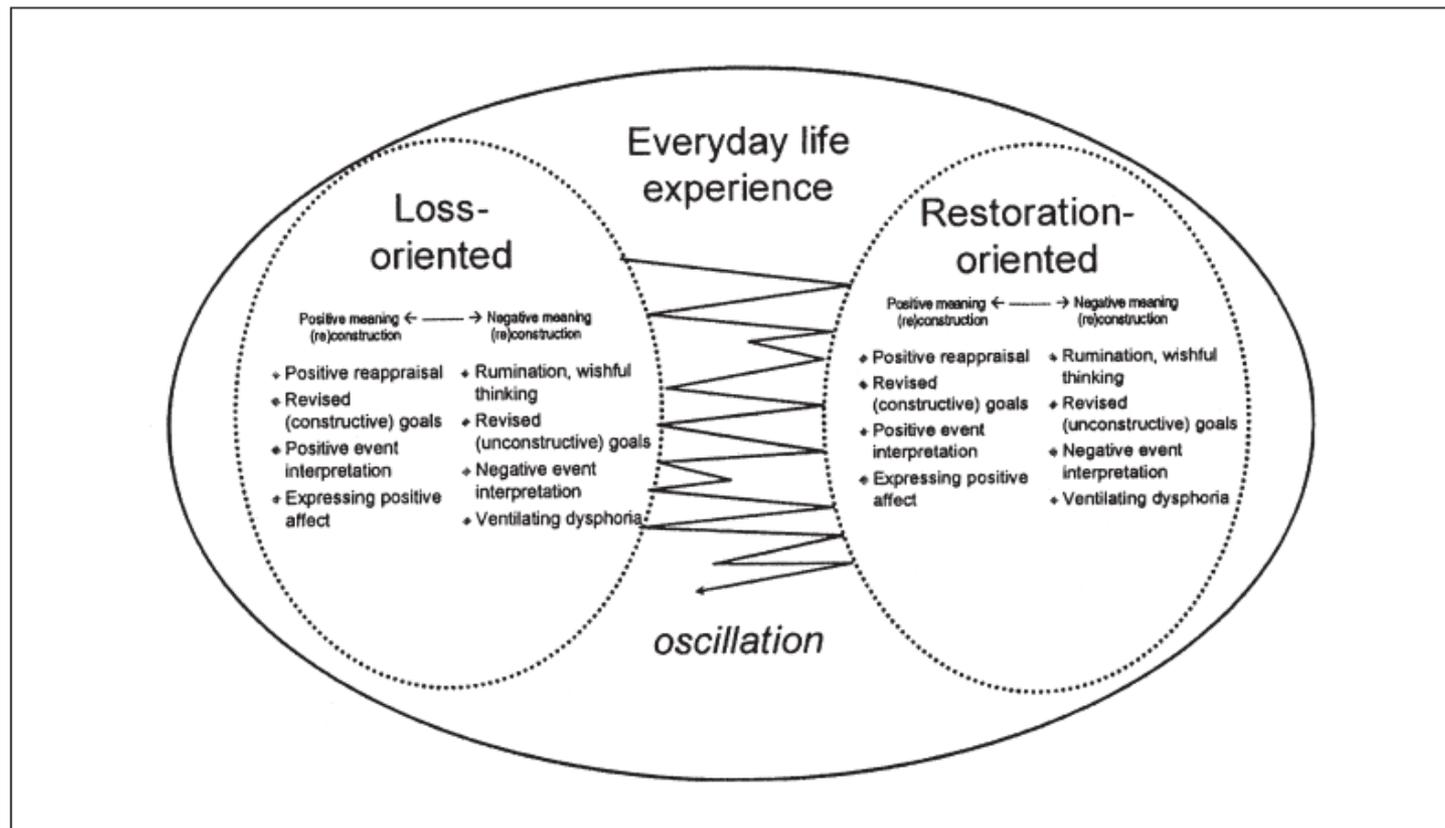


Figure 2. Appraisal processes in the Dual Process Model (cf. Stroebe & Schut, 2001).



# Assessment of Grief

- Repeated assessments over time
- Function, duration, intensity
- Co-morbidities
  - Physical illness
  - Mental illness
    - Anxiety
    - Depression



# Screening Questions

- What comforts you?
- What concerns you most today?
- What else is going on in your life now?
- Tell me about your life since the death.
- Who do you have that you can talk with?
- What physical sensations do you notice when your grief is most intense?

# Grief Management

- Grieving with appropriate coping strategies
  - Monitor
  - Support
  - Referrals
- Inappropriate or harmful coping strategies
  - Rapid, skilled assessment, crisis intervention
  - Referrals to grief psychotherapist



# Benchmarks of Accommodation to Grief

- Discuss without fresh feelings
  - Except when cued
  - Milestone moments
- Investment in life, relationships and living
  - Continuing bond with the deceased



# Prognosis

- 80-95% do well with acknowledgement and support
- Gradual decrease of intensity of reactions
- Gradual decrease in frequency of reactions
- Gradual reintegration into activities



# CGCE Services

Variety of professional services:

- Individual and family counseling
- Group counseling
- Grief Street: A Family Bereavement Program
- Camp Erin San Diego
- Consultations



# Summary

- Have a language for grief
- Know how to distinguish between grief and depression
- Have skills to support the bereaved

# References

- Maciejewski, P.K., Zhang, B., Block, S. D., Prigerson, H. G. (2007). *An empirical examination of the stage theory of grief*. JAMA, 297, 716-723.
- Shear, K., Frank, E., Houch, P.R., Reynolds, C. F. (2003). *Treatment of complicated grief: A randomized controlled trial*. JAMA, 293, 2601-2608.
- Stroebe M. & Schut, H. (2010). *The dual process model of coping with bereavement: A decade on*. Omega, 61(4), 273-289.
- Worden, William J. (2009). *Grief Counseling and Grief Therapy, A Handbook for the Mental Health Practitioner*, Fourth Edition, Springer Publishing Company, New York.