

Essential Skills in Bereavement Support

Module 2: Day 1

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Solent NHS Trust

Ground Rules

- A willingness to participate, as best you can
- Take care of yourself and each other
- Make decisions to keep yourself safe - share only what you are comfortable with
- Don't push others to say more than they want to
- Share only your own experiences in the wider group
- Respect difference
- No such thing as a silly question
- Confidentiality
- Switch phones to silent
- Bring an open, curious mind!




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Definitions

- **Bereavement:** describes the loss that people experience when someone close to them dies.
- **Grief:** describes the emotions that people go through as a result of the loss of someone close to them
- **Mourning:** describes the period of time when people are grieving

Do you agree with these?

- 1: We only grieve deaths.
- 2: Only family members grieve
- 3: Grief is an emotional reaction
- 4: Individuals should leave grieving at home
- 5: We slowly and predictably recover from grief
- 6: Grieving means letting go of the person who died
- 7: Grief finally ends
- 8: Grievers are best left alone



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Activity 1




- Get into pairs
- Discuss your own experience of a loss, making sure to keep yourself safe.
- Feedback: no need to recount the specific details of your discussion.
- What does grief look like?
- What are the types of experience that arise in grief?

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Understanding Grief



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What does grief look like?

"Grief is characterized by intense emotional distress, intrusive thoughts, and withdrawal from ongoing life. Within the framework of these commonalities, no two people grieve in the same way or for the same period of time.

Many people experience intense uncontrollable emotions as foreign and the difficulty connecting with others or being interested in usual activities as disconcerting. Consequently, bereaved people may worry about whether their experience is normal. Clinicians do not always know the answer. Psychiatrists often struggle with whether, when, and how to treat bereaved people."

- American Journal of Psychiatry, 2009

The experience of grief may involve

- Preoccupation with the loss
- Intense yearning or physically searching for the deceased
- Feelings of overwhelming sadness
- Difficulties in concentration, memory and making decisions
- Inability to enjoy hobbies or activities one previously enjoyed.
- Difficulties performing normal everyday activities
- Initial difficulties in developing new roles
- Periods of withdrawal from family and friends
- Periods of emotional numbness or detachment from others
- Mood swings, including irritability or agitation
- Feelings that life has lost meaning
- Feelings of anger or bitterness over the loved one's death
- Feelings of loneliness



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NICE Guidelines

Component 1:

Grief is normal after bereavement and most people manage without professional intervention. All should be offered information and how to access support.

Component 2:

Some may require a more formal opportunity to review and reflect on their loss experience. This may be provided by faith groups, trained volunteers, self help groups etc.

Component 3:

A minority of people will require specialist interventions. This will be provided by Mental Health services, psychologists, specialist bereavement counsellors etc

Activity 2

- Post-its exercise
- What thoughts and feelings arose for you?



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Types of loss

Death of a pet, loss of faith, failure in a lifetime achievement

Marriage, divorce, separation

Unemployment, retirement, moving house/school/work, loss of income, loss of credit, theft/burglary

Loss of innocence, loss of virginity
loss of face, rape, loss of security
loss of trust

Having children, adoption, children growing up, leaving home, getting married

Loss of limb, loss of hearing/eyesight,
loss of hair/appearance, ageing,
incontinence

Still birth, abortion, miscarriage, cot death, having a disabled child

This is not a complete list of all the various losses we may experience. There are many more!



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Up Video



- [Up](#)
- Life, ;love, dreams and loss
- Share your thoughts...

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*"Anything that you have, you can lose,
Anything that you are attached to, you can be separated from,
Anything you love, can be taken away from you.
Yet, if you really have nothing to lose, you have nothing."*

- Kalish, (1985)

Models of Grief:
Making sense of
people's grief
experience




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Stage models

Elizabeth Kubler-Ross: Stages of Grief



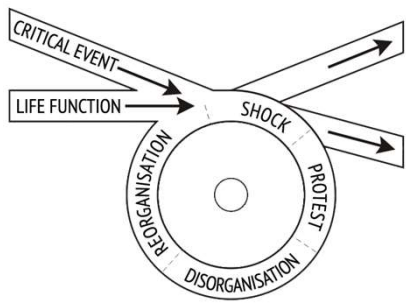

5 Stages of Grief



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- 1.Shock**
Feelings associated with numbness and disbelief
- 2.Denial**
Related to protest or anger about death
Common phrases used – 'I cannot believe this' or 'this cannot have happened to me'
- 3.Anger**
People may feel irrational anger, often towards the dead person, or towards themselves
'How could they have done this to me', 'If only I not said that on the day they died'
Feeling of anger is often associated with guilt
- 4.Bargaining**
The hope that by doing certain things (e.g. praying, change of diet), a prognosis may be changed
People can have a 'magical' belief that undertaking certain thoughts, actions or rituals may change the reality of a death
- 5.Acceptance**
A person's adjustment to their loss
The feeling that life can continue without forgetting the person who has died
Not allowing grief to become overwhelming

Grief Wheel

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Shock

- Numbness
- Denial & disbelief
- Emotions – Unaffected, blunted, hysterical, euphoric
- Thinking – Unaffected, slowed, chaotic, efficient
- Activity – Unaffected, slowed, 'superdrive'
- Suicidal thoughts



Protest

- Sadness
- Anger
- Guilt
- Fear
- Relief
- Vivid Dreams/Nightmares
- Yearning
- Searching
- Preoccupation
- Physical Distress



Disorganisation – a shattered world



Disorganisation – a shattered world

- | | |
|-----------------------------------|----------------------|
| • Profound Sadness | • Loss of meaning |
| • Agitation | • Hopelessness |
| • Anguish | • Loss of Faith |
| • Anxiety | • Loss of Confidence |
| • Loneliness | • Loss of interest |
| • Concentration difficulties | • Low self esteem |
| • Memory difficulties | • Suicidal thoughts |
| • Apathy & Aimlessness | • Thoughts of escape |
| • Decreased resistance to illness | |

Reorganisation

- Emotional Equilibrium
- Developing balanced memories
- Pleasure in remembering
- Control over remembering
- Return to previous levels of functioning
- Changed values
- New meaning in life



Grief & reconstruction

Neimeyer: "the most central process in grieving is a process of meaning reconstruction"



Post-traumatic growth

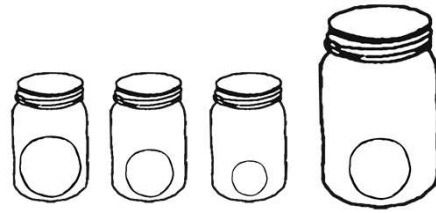


- As the person integrates the lessons of loss there is the possibility for "posttraumatic growth"

"Sometimes the richest things can come into our lives from places we would never choose to go."

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Growing around grief



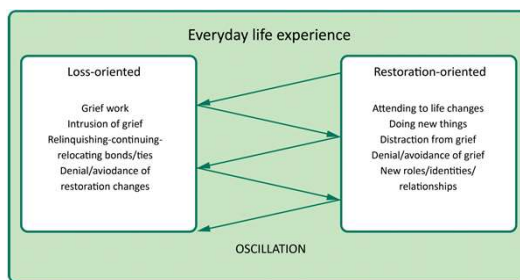
adapted from Tonkin's Model, 1996

Grief can feel all-consuming

Previous thinking: grief will reduce in time and feel manageable

Current thinking: life-experience can also expand to accommodate the loss

The dual process model of coping with loss

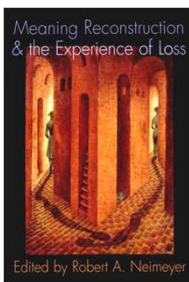


"Death ends a life, not a relationship"

- Robert Benchley

Continuing Bonds

(Klass, Silverman and Nickman 1996)



- The bereaved person is seen as remaining psychologically and emotionally connected to the deceased
- This connection continues to develop and change over time
- Relationships continue but are **relocated**
- These 'connections' provide solace, comfort, support and ease the transition from the past to the future



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The function of the grief reaction

- Enable a person to stay connected to their loved one
- Enduring proof of the significance of the death
- Over time, grief-related thoughts, feelings and behaviours can help to maintain the bond and construct a narrative around the loss
- Behaviour may not change but intensity of emotions and thoughts may: e.g. crying – intense distress / feelings of closeness to deceased



Mary's Story



- What thoughts and feelings did you have watching this video?
- What models/theories might you draw on to understand her experience?
- How would you feel about sitting with this lady's grief?

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What goes wrong?



- What gets in the way of letting people grieve?
- What are some of the worst things to say to the bereaved?

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"These 2 phrases, well meaning or not, hurt the worst. First of all, don't tell me there's a better place for my daughter other than her momma's arms. That was so hard for me to fathom...still is. The second phrase I absolutely hated. I know part of it comes from my lack of faith and relationship with God, but He didn't NEED my little girl. I NEEDED her."

- Mary, bereaved mother

Supporting the bereaved



- Jam & Jerusalem Video
- What did you make of this attempt to support a grieving person?

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Being alongside

"I don't want people to keep rushing in with solutions, trying to make everything ok. It just makes me frustrated and sad that they haven't heard what's going on for me. They can't take the pain away, they can't take my fear away.

What I need is someone to walk besides me. I need to know that they really hear me, I want to feel that they are genuinely present with me. Then I can feel less alone."

Dos and Don'ts – Blocks to being alongside

- Don't rush in with solutions or reassurances – this is harder than it sounds!
- Don't minimise their grief ("Look on the bright side!")
- Don't shut them down ("There, there, let's have a cup of tea" sounds like "Please stop crying now")
- Don't compare their grief to your own experiences
- Don't offer up your beliefs as comfort
- Don't ask leading questions or closed questions ("You'll be alright, won't you?")



Allow the bereaved to share their experiences in a way that is free from the blocks many people encounter when they try to talk about their grief



Creating a helpful listening space

- ✓ Encourage the bereaved to talk as much as they would like about their loss
- ✓ Take a position of "not knowing"/"non-expert"
- ✓ Suspend judgements about what is the 'right way' or the 'wrong way' to grieve
- ✓ Seek to hear what their experience means/has meant to them
- ✓ Validate their thoughts and feelings ("That makes sense that you felt that way")



Creating a helpful listening space

- ✓ Let them express emotions as fully as they need to
- ✓ Ask gentle, open questions that invite them to share their experiences as richly as they wish
- ✓ Allow silence and space
- ✓ Encourage them to attend to all aspects of their experience in their account, including the practical "what happened", their emotional responses (then and now), and the meanings they have ascribed to events (then and now)

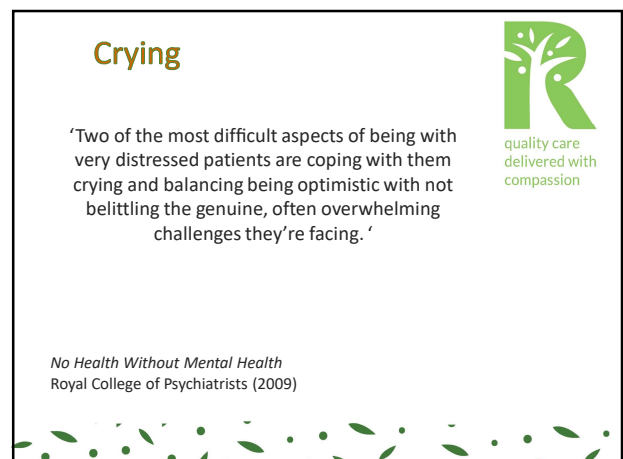
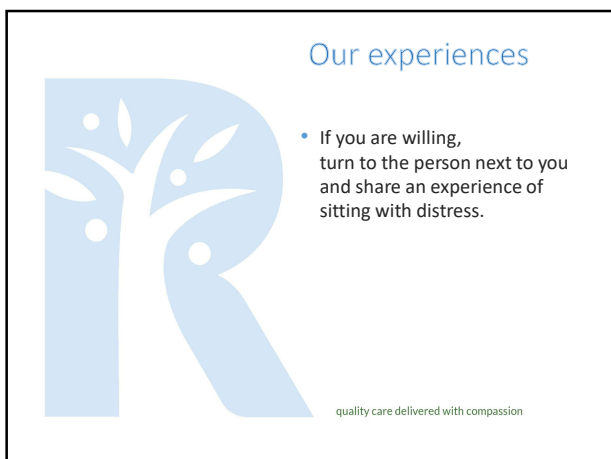
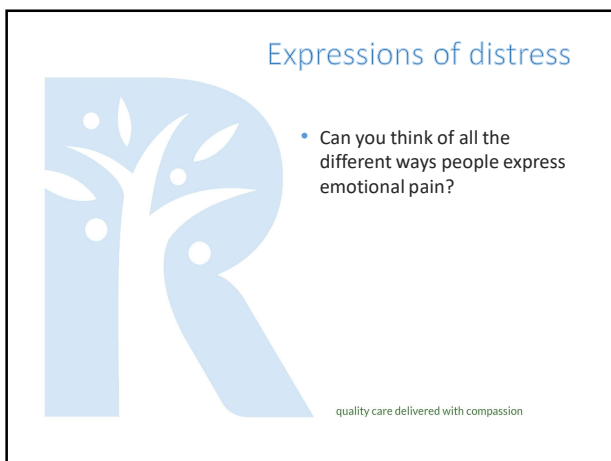
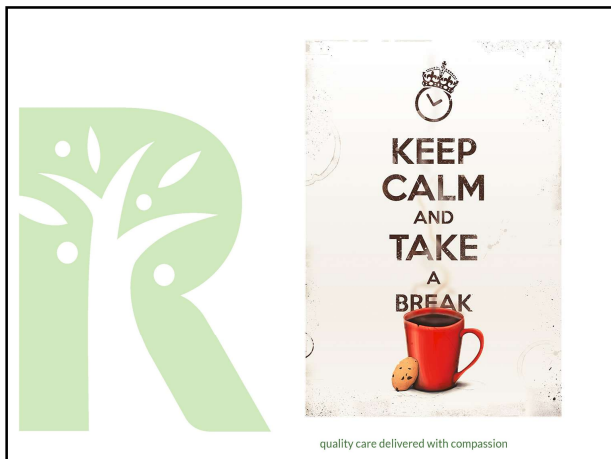


Why?

- It allows cognitive processing and reprocessing of traumatic experiences
- It allows people to make sense of their experiences
- (i.e. to reconstruct their worlds by using the talking space to organise and reorganise their thoughts in a validating environment)
- It allows for the development of continuing bonds
- It allows for post-traumatic growth
- Putting words to our experiences ("capturing it in language") can be a powerful, healing process



"The only cure for grief is to be allowed to grieve."



Crying

- Allows the client to communicate unambiguously how much emotional pain they are in.
- Helps to release tension and dilutes painful feelings.
- Releases leucine-enkephalin, an endorphin that reduces physical pain and works to improve mood.
- When we sit alongside someone who is crying, we are gently and supportively conveying that we recognise and understand their pain.



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Silence

- Silence can be an important part of building the therapeutic relationship.
- Sitting alongside and just 'being' with the client demonstrates support and acceptance.
- The act of 'Being' allows difficult thoughts to remain undisclosed if the client chooses.
- You don't actually need to say anything. Clients find it comforting just to have someone sitting with them



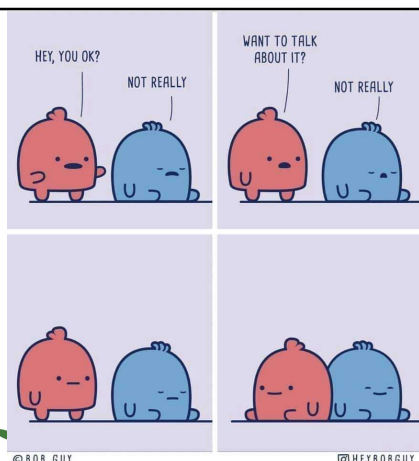
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What might a client feel if you ask them to stop crying?

- It's wrong, inappropriate or 'weak' to cry
- you don't recognise how serious the causes of their distress are
- you feel embarrassed or awkward with someone who is crying
- you've got old-fashioned views about "what men are like"!
- you don't accept them as an individual, complete with vulnerabilities as well as strengths.

What phrases do you use, or might you use in future when a client is crying?

- Take your time
- I'm sorry this is so painful for you
- You can let it all out.
- It's OK. There are tissues there.
- It's not surprising that you find talking about this so distressing.
- What would you find helpful right now?



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Listen by Keith Pearson

When you listen you affirm me,
But your listening must be real:
Sensitive and serious,
Not looking busily around,
Not with a worried or distracted frown,
Not preparing what you will say next,
But giving me your full attention.
You are telling me that I am a person of value,
Important and worth listening to,
One with whom you will share yourself.

I have ideas to share,
feelings which too often I keep to myself,
deep questions which struggle inside me for answers.
I have hopes only tentatively acknowledged
Which are not easy to share,
And pain and guilt and fear I try to stifle.
These are sensitive areas and a real part of me,
But it takes courage to confide in another.

I need to listen too if we are to come close.
How can I tell you I understand?
I can show interest with my eyes or an
occasional word,
Attuned to pick up not only the spoken words
But also the glimmer of a smile,
A look of pain, the hesitation, the struggle
Which may suggest something as yet too deep for words.

So let us take time together,
Respecting the other's freedom,
Encouraging without hurrying,
Understanding that some things may never
be brought to light,
But others may emerge if given time.
Each, through this listening, enriches the other
With the priceless gift of intimacy.



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