

The Grief Process

Definitions

Mourning – outward expressions of our grief; what others see

Grief – our internal suffering

Anticipatory grief – going through the stages of grief before death; preparation

Normal grief response

Course is predictable overall, but often includes skipping, overlapping, and repeats

Vacillation between stages!

The “wave” of grief

Comparison of grief models (handout)

Factors that influence grief

Importance of person lost

Degree of dependency of the relationship

Degree of ambivalence felt towards deceased

*Presence or lack of support systems

Number and nature of previous grief experiences

Age of the lost person

Degree of preparation of the loss

*Circumstances under which the loss occurred

*Perception of contribution / or causing the loss

Physical and psychological health of the mourner

Uncertainty about the loss (“missing in action”)

Help for those who are grieving

Address these suggestions first to self and then can apply to families you will work with

It’s okay to cry

Allow privacy when first realize the loss

Don’t be afraid to touch ... and even laugh

Important to recognize your loss

Understand the waves of grief

Normal to want to resist, but better to “flow with the waves”

Experience the pain in short amounts at a time – if not, it will return

Not ‘breaking down’ but rather, ‘breaking through’

*Find good listeners

Avoid advice givers or solution givers

Someone you trust; someone who has supported you in the past

Take care of self

Grieving process can “wear you out”

*Essential needs: rest, nourishment, and gentle exercise

Avoid unrelated stressful decisions until later

Set small goals that are realistic

Anticipate return of smaller waves, i.e. “Reminders” – dates, pictures, smells, etc.

Don’t struggle with them – flow with them

Allow self these mini-grief periods

Resolution

Do not hold yourself to any timetable

Occurs when able to accept the loss

Caution! This does not mean acknowledging the loss

**Acceptance means the person is now able to incorporate the loss into their life

****Best evidence of successful resolution of grief is the ability to remember comfortably and realistically both the pleasures and disappointments of the lost relationship****

Normal and abnormal grief manifestations

Normal at one year post-bereavement

- Difficulty forming new relationships
- Inability to speak of the deceased without intense emotion
- Hearing or seeing the deceased
- Feelings of emptiness or meaningless

Abnormal if present beyond three years

- Leaving the deceased's room and belongings intact
- Talking about the loss as if it just happened
- Inability to remember or talk about the deceased
- Being preoccupied with thoughts of the deceased
- Talking or acting as if the deceased were still alive

Nursing Diagnoses R/T Death and Dying

Anticipatory grieving:

- Person goes through the stages of grief before death
- Begins emotional preparation for the impending loss

Unresolved or dysfunctional grieving:

Delayed or inhibited grief

- Does not deal with the reality of the loss
- Remains fixed in the denial stage
- Grief response may be triggered later
- Occurs due to ambivalence, outside pressure to resume normal functioning, or lack of resources to cope with a profound loss.

Prolonged Grief

- No resumption of normal activities of daily living within 4-8 weeks of a loss
- Intensified rather than diminishment of behaviors of normal grieving
- Progressive social isolation and interrupted interpersonal relationships
- Associated with difficulty accepting the loss, i.e., self-blame, sudden or untimely loss, or dependency on the one who has died

Exaggerated grief response

- Symptoms associated with grief are exaggerated
- Dysfunctional in management of daily living
- Sadness, helplessness, hopelessness, powerlessness, anger, and/or guilt overwhelm the person
- Frequently remain fixed in anger stage
- Anger turned inward on self = DEPRESSION

Normal grief vs. maladaptive grief:

- One crucial difference: The loss of self-esteem

Risks

- The risk of complicated grief increases with the death of a spouse, death of a child, death by suicide, or sudden unexpected death
- The risk of dysfunctional grief is highest when a person has had a previous unresolved grief or has inadequate support.

To get help

Access resources as needed

**Seek professional help if any of the following occur:

- 1) Don't begin to feel better over time
- 2) Abusing alcohol or meds to help you feel better
- 3) Thinking about suicide