

GRIEF & LOSS



Supporting Others to Grieve

What not to say...

It's often hard to know just what to say to a client or a family member who is grieving. The first step is not to think you have to say some words to cheer them up – it's perfectly normal and natural for grieving people to feel sad, angry, numb, scared, and lonely.

DON'T say, "I know how you feel" – we can never feel another's inner feelings, or fully know all the things that are part of someone else's grief.

DON'T use any trite clichés such as:

- "It was God's will" or "God has a plan."
- "At least they aren't in pain any more"
- "He/She is in a better place."
- "God needed an angel."
- "Everything happens for a reason."
- "Things will work out for the best."
- "You're young. You can have more children."
- "Time will heal."
- "Aren't you grateful you have other children?"
- "Aren't you over that yet?"
- "You have to be strong for (...spouse/ children.)"
- "You can try again."
- "You shouldn't be so sad. It is for the best."
- "It is time to move on."
- "At least they lived a good life."
- "Your child/spouse/parent wouldn't want you to be sad."

Supporting Others to Grieve

What to say...

Saying something like, “I’m sorry” is simple but can mean so much to a client or family member who is grieving. They often just need someone to talk to, someone who’ll let them share their feelings and their memories.

...and do

DO allow the client/family member to cry and show how they feel – grief is for everyone - men and women, boys and girls, young and old.

DO talk about the client/family member who has died – say their name and be willing to hear about the circumstances of the death – this all helps the reality of the loss to sink in which is an important part of grieving.

DO offer practical help – encourage them to accept help when family and friends offer to prepare meals, buy groceries, baby-sit, run errands – not just in the days immediately after the death but in the months to come when the real effect of the death is often being felt.

DO be sincere by not using the clichés. Offer a simple expression of sorrow and take the time to listen.

DO be patient. Remember that it can take a long time to recover from a major loss. Make yourself available to talk and to support.

DO encourage professional help when necessary. Don’t hesitate to recommend professional help when you feel someone is experiencing too much pain to cope and manage alone.

About Grief & Bereavement

Grief is a natural process to death and dying. It is not pathological in nature, but rather, is a necessary response to helping heal from the overwhelming sense of loss when a loved one dies.

It is important to understand grief as part of the human experience. When someone is grieving (even when it is you), here are some things you can encourage:

Attending a support group -- Many communities have secular and faith based support groups focused on spousal, parental, and child death.

Therapy with a psychologist or other qualified mental health professional - Therapy can be helpful in many ways especially when combined with a support group.

Journaling - Writing is a catharsis for many!

Eating well – It is important to eat healthy foods and drink plenty of water so your body is well-nourished and hydrated.

Exercise - Take walks or an exercise class; ride a bike, do yoga, or a “spring-cleaning” activity will do as well. Physical exertion is a great stress reliever and may afford the individual some time alone to gather their thoughts in the process.

Get enough rest - Make sure there is plenty of time to rest. Grief drains the emotional battery and will need to be recharged more often.

Reading and learning about death-related grief responses - Knowledge helps people regain a sense of control over their experiences and environment, and helps reduce feelings of vulnerability.

Seeking solace in the faith community - For some, it can be helpful for some to seek the wisdom and comfort that churches, synagogues, temples, mosques, and other places of worship provide.

Seek comforting rituals - This include funerals and memorial services, planting gardens and trees, donating to a cause, and other comforting and culturally appropriate ritual.

Allow emotions - Tears can be healing.

Avoid major changes in residence, jobs, or marital status - Major changes can be too burdensome during grief. Wait for about one year after the death of a loved one before making any major changes.

Death of a child - Parents experiencing the death of a child can find great comfort in connecting with others who have also gone through that tragedy. There are several support groups which provide this solace to families. Some type of counseling or therapy may also be helpful to families experiencing child death.

Grief and Loss – Models for Counselor Understanding & Support

John Bowlby & Colin Parkes

A child psychiatrist, often called a behaviorist by his colleagues, John Bowlby, is noted for his work with infant/child and mother separation as well as the father of attachment theory.

Bowlby (1960) claimed that grief and mourning processes in children and adults appear whenever attachment behaviors are activated but the attachment figure continues to be unavailable. He also suggested that an inability to form deep relationships with others may result when the succession of substitutes is too frequent.

Bowlby's controversial paper on mourning attracted the attention of Colin Parkes, now well known for his research on adult bereavement. Parkes saw the relevance of Bowlby's and Robertson's work on mourning in infancy and childhood for gaining insight into the process of adult grief. On joining Bowlby's research in 1962, Parkes set out to study a nonclinical group of widows in their homes to chart the course of nominal adult grief, about which little was known at the time. The findings led to a joint paper with Bowlby (Bowlby & Parkes, 1970) in which the phases of separation response delineated by Robertson for young children were elaborated into four phases of grief during adult life:

- (a) Numbness,
- (b) Yearning and protest,
- (c) Disorganization and despair, and
- (d) Reorganization.

Before the publication of the 1970 paper, Parkes had visited Elizabeth Kubler-Ross in Chicago, who was then gathering data for her influential book *On Death and Dying* (1978). The phases of dying described in her book owe much to Bowlby's and Robertson's thinking. Bowlby also introduced Parkes to the founder of the modern hospice movement, Cicely Saunders. Saunders and Parkes used attachment theory and research in developing programs for the emotional care of the dying and bereaved.

Elizabeth Kubler-Ross

Probably the most well-known model of grief and loss was developed by Elizabeth Kubler-Ross. A Swiss-born American psychiatrist, Kubler-Ross pioneered the concept of providing psychological counseling to the dying. In her first book *On Death and Dying* (published in 1969), has become a classic text. She described five stages she believed were experienced by those nearing death—denial, anger, bargaining, depression, and acceptance. She also suggested that death be considered a normal stage of life, and offered strategies for treating patients and their families as they negotiate these stages.

- Denial -- this isn't happening to me . . .
- Anger -- why is this happening to me . . .
- Bargaining -- promise I'll be ...I'll do . . . if...
- Depression -- I don't care anymore . . .
- Acceptance -- I'm ready for whatever comes . . .