

University of Nevada, Reno
Sanford Center for Aging
Nevada Care Connection Training Module
Lesson Plan for Understanding Grief & Loss

Unit: UNDERSTANDING GRIEF & LOSS

Introduction: The Grief and Loss lesson is designed to train service providers both staff and volunteers on how to interact appropriately and work effectively with older adults experiencing the loss of loved ones or of their own abilities.

Learning Overview:

- (1) Trainees will participate in a session designed to teach and/or enhance interaction between service providers and older adults experiencing grief and loss.

Unit Objectives: The trainee will develop and refine their knowledge of grief and loss issues in order to improve interaction with older adults and their caregivers to optimize assessment of their needs.

Anticipated Outcomes for the Unit:

- Identify what is different about older adults who are grieving.
 - Identify why an older adult who is grieving may need help.
 - Identify ways you can help an older adult grieve.
 - Understand the “normal” course of grief.
 - Understand some common physical and emotional responses to grief.
 - Understand suggestions for coping with emotional reactions.
-

Materials:

Provided by the Facilitator:

- Lesson plan handouts with supplemental materials (one for each trainee)
-

Activities: Activities:

- Demonstrations involving role play and guided practice
 - Utilization of key words and definitions
 - Practice using the Grief/Depression Assessment Inventory (Schneider, 2001).
-

LESSON:

Begin Lesson:

Older adults express their grief in the same ways younger and middle-aged adults. However, because of their age and other life circumstances, older adults may experience several losses within a short period of time. Older adults are more likely than other adults to lose more than one friend or family member within a short period of time. This can cause them to grieve the losses at the same time or grieve over a long period of time. It may also cause them to feel overwhelmed, numb, or have a hard time expressing their grief.

Additionally, older adults may need to give up within their family. They may lose physical strength and stamina. They may feel sad and experience other signs of grieving without knowing that they are grieving. Also, older adults may be unwilling to tell other that they are grieving. They may also be unwilling to tell other people how sad they feel when they see or care for older loved ones who are ill or aging.

Moreover, older adults may have long-term illnesses, including physical and mental disabilities that interfere with their ability to grieve. Finally, older adults may also lack the support system that they once had. Older adults who depended on their spouses or other family members for social contact may lack a support system after their spouses die or other family members move away or die. These older adults may feel lonely and think that they have no one to confide in (Cigna, 2007).

Anticipatory Set:

Today we will explore dealing with a major loss, such the death of a loved one or close friend. Many older adults who experience a significant loss usually suffer an immediate decline in their physical and emotional health. Grief, however, is a natural process, an intense fundamental emotion, a universal experience which makes us human. There are multiple reasons that this topic is important when working with older adults:

1. Unexpressed emotions can become buried and affect our behavior as well as impair our healing.
2. If not identified and treated, grief may become depression. Grief, left untreated, may also cause anxiety, defensiveness, rigidity, sickness, or any one of a number of other potentially debilitating conditions.

Share the Objective: During this meeting we will be discussing the following:

- a) **DEALING WITH A MAJOR LOSS**
- b) **SYMPTOMS OF GRIEF**
- c) **THE “NORMAL” COURSE OF GRIEF**
- d) **BEREAVEMENT IN OLDER ADULTS**
- e) **A DUAL PROCESS MODEL OF GRIEF COUNSELING**
- f) **COPING WITH GRIEF**
- g) **END OF LIFE CAREGIVING**
- h) **WHEN GRIEF IS NOT RESOLVED**
- i) **HELPING OTHERS GRIEVE**

Input: a) **Dealing with a Major Loss:**

The death of a loved one or close friend is always difficult. It is not easy to cope after a loved one dies. An individual will naturally mourn and grieve. Mourning is the normal process an individual goes through in accepting a major loss. Mourning is a personal subjective experience that may last from months to years.

Grieving, on the other hand, is the outward expression of a loss. Grief is likely to be expressed both physically and psychologically. It is very important to allow an individual experiencing grief and loss the opportunity to express their feelings. Often death is a subject that is avoided, ignored, or denied. At first it may seem helpful to separate yourself from the pain or ignore your feelings, but you cannot avoid grieving forever. Someday those buried emotions may need to be resolved or they may cause further physical and/or emotional illness (Crisis Counseling, 2006).

Input: b) **Symptoms of Grief**

Grief can provoke both physical and emotional symptoms, as well as spiritual insights and turmoil. Physical symptoms can include low energy or exhaustion, headaches, or upset stomach. Some people will sleep excessively, while others may find they are pushing themselves to extremes at work. These activity changes may make an individual more prone to illness. It is important to take care of yourself during this period of bereavement by maintaining a proper diet, exercise, and rest.

Emotional symptoms include memory gaps, distraction or preoccupation, irritability, depression, euphoria, wiling rages, and passive resignation. Some people may identify strongly with the person who died and his/her feelings. If you have experienced a loss and are hurting it is reasonable that your responses may seem unreasonable.” Nonetheless, it is important not to judge yourself too

independence, physical health and vitality, memory and mental functioning, sexual functioning, earning power, role (both within familial relationships and in the wider community), social status, respect, and so on. These experiences of loss are, of course, not inevitable and will not be experienced by everyone to the same degree or with the same consequences.

Neimeyer, Keesee, and Fortner (1998) remind us that grieving is an experience uniquely experienced by each sufferer, in the context of “the bereaved individual’s construction of self, emotional experience, and social relationships”. It must be kept in mind, then, that a loss experience in which one older adult can find the resources to cope may constitute a crisis for another individual who experiences it as an overwhelming challenge to his or her self-identity or self-esteem.

Moss (1989) echoes this plea not to “tar everyone with the same brush” when he/she reminds us that loss needs to be seen not only in the context of differences in social, but also in terms of changes over an individual’s life span. Past losses constitute a pool of grief experienced over the lifetime. If then, we accept that older people are not homogenous mass of people, but rather individuals with varied and unique lifestyles, social circumstances, life histories, world views, coping skills, and so on, it follows that our response as caregivers should not be a **“blanket” one that makes generalized assumptions based on stereotypes about old age. It should be one that respects that each individual’s response to loss is unique** (Thompson & Thompson, 1999).

Bowlby (1980) has identified four factors that have been found to affect recovery following a loss:

1. The identity and role of the person lost in relation to the survivor
2. The age and sex of the bereaved
3. The cause and circumstances of the death
4. The social and psychological circumstances affecting the bereaved both at the time of and following the loss

Consideration of these factors can shed light on the special vulnerability of older people who have experienced a significant loss. Social support, which has been found to be a reliable predictor of recovery from loss, is often missing in the lives of older people, especially when they lose their lifelong companion (Morgan, 1994).

Focusing on the uniqueness of an individual’s grieving is also the cornerstone of the perspective advocated by Neimeyer, Keese, and Fortner (1998): “From a constructivist perspective, a useful theory of grief would need to meet a number of criteria which stand in contrast to traditional theories...It would reveal the personal reality of death or loss for different individuals, instead of assuming that death holds a universal significance for human beings...It would be flexible enough to illuminate highly idiosyncratic constructions of death and their changes over time.”

From this standpoint, death is seen to have no fixed or standard meaning. Its significance will vary for different individuals according to the meaning each attaches to it. For example, someone seeing the death of an elderly relative as a release from a painful and debilitating illness is likely to experience grieving in a different way from someone whose young child is killed suddenly in a car accident. In experiencing a loss, it is also noted that one's world is permanently changed, that there is no absolute recovery to the original "normality" that existed prior to the loss; rather, a new normality is constructed in the light of what has been experienced.

One very important point to emphasize is that older people are often stereotyped as having become accustomed to loss, so used to its effects that it is no longer a problem for them. Of course, this is far from the truth, with cumulative loss reactions being much more likely at this stage in life. What we have to recognize, then, is that such false assumptions about experiences of loss in old age can be seen to amount to a form of grief that is not recognized or validated – in short, it is disenfranchised. Loss is a significant part of life at any stage of the life course, and so to deny, neglect, or marginalize the significance of loss for older people is to deny that old age is part of life – therefore to deny older adults their humanity (Thompson & Thompson, 1999).

Input:

e) A Dual Process Model of Grief Counseling

Recently, researchers are questioning the applicability of stage models, and proposed alternative conceptualizations of bereavement that take into account circumstances of deaths and other factors that affect how people grieve. Traditional theories of bereavement have emphasized "grief work," which involves focusing on the circumstances of the loss, the bereaved person's relationship to the deceased, and on feelings about the loss. Individuals must "work through" their painful feelings of loss to successfully resolve the loss, according to those theories. Those who avoid grieving and deny their feelings are at higher risk for "complicated grief reactions."

Most stage models of grief include three general phases:

An initial period of shock, disbelief, and denial, which sometimes lasts for weeks; an acceptance of the reality of the loss, which is an acute phase of mourning characterized by intense feelings of sadness, despair, anxiety, loneliness, and anger, and which may last for months; and a restitution or acceptance phase, when the intense feelings of grief subside, the bereaved person's feelings stabilize, and he/she begin to reinvest in new relationships and activities.

Experts in the field of grief and loss have become increasingly skeptical about stage models of grief. They propose that people's grief reactions vary depending on the circumstances of the death, the cultural, social, and economic context, the survivor's attachment style, and the quality of the previous

relationship with the decedent. Additionally, people can experience different phases simultaneously or at different times, or even take respites from intense grieving by visiting with friends, neighbors, and family members.

New models of bereavement that take into account these individual and cultural variations have replaced these traditional stage theories of grief. Although many theories have emerged recently, those that have garnered the most attention include **the stress paradigm, the attachment model, and the Dual Process Model of Bereavement.**

The stress paradigm emphasizes the circumstances surrounding deaths and the coping approaches that people use when loved ones die. Proponents of this perspective argue that people react differently to the loss of a loved one depending on the circumstances of the death, including their degree of preparation, the presence of chronic stressors, such as caregiving, and whether the loss led to new stressors.

The attachment model finds that people's responses to loss grow out of their earlier attachments with parental figures. Proponents of this perspective observed that the responses of many adults who lose a significant attachment figure resemble the reactions of infants' "early protest" phase of separation, characterized by anxiety, anger, and denial, after an initial numbing or disbelief. If the separation continues, the person then enters a phase of "despair," marked by preoccupation with the lost person and feelings of intense yearning. Over time, when the lost persons are never recovered, bereaved persons enter the phase of "detachment" (later called reorganization), in which they reinvest in new activities and relationships.

In the **Dual Process Model of Coping with Bereavement**, an attempt was made to integrate traditional models with recent research. This model is organized around three concepts: loss-oriented coping, restoration-oriented coping, and oscillation.

Loss-oriented coping occurs most often during the early stages of bereavement when people concentrate on, deal with, and process some aspects of the loss experience itself. Loss-orientation resembles "grief work" and involves focusing on the deceased person, the circumstances of the loss, and negative feelings, such as yearning, despair, and painful longing.

Restoration-oriented coping comprises what needs to be dealt with (e.g.; social loneliness) and how it is dealt with (e.g.; avoiding solitariness), and not with the result of this process (e.g., restored well-being and social reintegration). It includes attending to life changes, doing new things, distracting oneself from grief, and establishing new roles, identities, and relationships.

Oscillation refers to the "alteration between loss- and restoration-oriented coping, the process of juxtaposition of confrontation and

avoidance of different stressors associated with bereavement. This back-and-forth process between loss-oriented and restoration-oriented coping co-exist and are expressed intermittently, but people engage in more loss-oriented actions during the early stages of bereavement and more restoration-oriented activities later (Richardson, 2007).

Input:

f) Coping with Grief

Grief is a natural process, an intense fundamental emotion, a universal experience which makes us human. It is a process that entails extremely hard work over a period of many painful months or years. People grieve because they are deprived of a loved one; the sense of loss is profound. The loss of a spouse, child, or parent affects our very identities – the way we define ourselves as a husband, wife, parent, or offspring. Moreover, grief can arise from the survivors' sudden change in circumstances after a death and the fear of not knowing what lies ahead.

The death of someone close can be a life-changing experience. If you are the primary caregiver of someone you love, this experience can affect every aspect of your life for some time. It is natural to grieve the death of a loved one before, during, and after the actual time of their passing. The process of accepting the unacceptable is what grieving is all about.

If someone has had a prolonged illness or serious memory impairment, family members may begin grieving the loss of the person's "former self" long before the time of death. This is sometimes referred to as "Anticipatory Grief." Anticipating the loss, knowing what is coming, can be just as painful as losing a life. Family members may experience guilt or shame for "wishing it were over" or seeing their loved one as already "gone" intellectually. It is important to recognize these feelings as normal. Ultimately, anticipatory grief is a way of allowing us to prepare emotionally for the inevitable. Preparing for death of a loved one can allow family members to contemplate and clear unresolved issues and seek out the support of spiritual advisors, family, and friends. Also, depending on the impaired person's intellectual capacity, this can be a time to identify your loved one's wishes for burial and funeral arrangements.

A death that happens suddenly and unexpectedly is an immeasurable tragedy. This type of loss often generates shock and confusion for loved ones left behind. Incidents such as a fatal accident, heart attack, or suicide can leave family members perplexed and searching for answers. In these cases, family members may be left with unresolved issues, such as feelings of guilt that can haunt and overwhelm a grieving person. These feelings may seem to take over your life at first, but over time it is possible to get past these thoughts and forgive yourself and your loved one. It is thus important to give an individual experiencing death and loss the time needed to grieve adequately. It is virtually impossible to make

an individual “move on” before they are ready. People experiencing the sudden loss of a loved one have a particular need for support to get through the initial devastating shock, pain, and anger. Natural supports, such as family members, close friends, and clergy can be a vital lifeline for the griever (Johnson & Johnson, 2008).

Input:

g) End of Life Caregiving

In the time preceding the death of the patient, the most important thing to remember is to be there consistently, as often as the patient wants. Another important consideration during this time is to maintain contact with the patient on a regular basis and practice listening more than talking.

During the actual time of the patient’s dying, the most important thing to remember is again to be there with the patient consistently. Touching and talking are also crucial during this time; as touching and hearing are the last two senses to diminish as one dies. Additionally, at all times, the caregivers and family members need to explain to the dying person what exactly is being done to them and by whom. Also, caregivers should be careful not to talk about the dying person in the past tense, as though they are already deceased. Finally, during this time, the caregiver should attempt to make arrangements for the patient and family members, friends, spouse, and partners to have time alone with the patient to hold, touch, and say things one last time before they part.

Following the death, whether immediately or long term, again the most important thing for a caregiver is to be there consistently. Additionally, caregivers should be attentive and available to listen to family and friends without being too intrusive (Caregiver Network Inc, 2004).

Further, professionals (mental health counselors, nurses, social workers, clergy, volunteers) who work with older adults need to be aware of how they are affected by their own losses and to identify "blind spots" that may interfere with their ability to be helpful to a client or family member who is dealing with loss. The manner in which one's own feelings and life experiences affect one's work with clients is referred to as countertransference, a term introduced by Freud, who recognized the significance of such influences on helping relationships. Keen self-awareness of feelings and life experiences can help professional care givers who work with older adults -- they can use their own formative internal responses with their clients as a tool for achieving a deeper level of empathy and for responding in helpful ways. As Katz and Genevay (1987) have pointed out, professionals working with older adults are inevitably affected by the interaction between their parents' dying, their own dying, and their work with dying people. Attention to countertransference feelings can enable professional care givers to help older people to face decline in health, other losses associated with aging, and death in a manner that is respectful and empowering. Katz and Genevay (1987) stated: Otherwise, we run the risk of 'helping' clients and patients to live longer than they wish to, or in a manner

they do not choose. The fine art of professional 'letting go' of the patient dovetails with recognizing countertransference issues, relinquishing our own power, and doing effective grief work ourselves. The key to the acknowledgment of countertransference lies in feelings -- ours. All helping professionals bring their own feelings, beliefs, and life experiences into every client-professional relationship. Although the ability to be themselves in such relationships with clients and families can promote emotional healing and growth, it can also impede the therapeutic process if feelings or conflicts about which they are unaware are allowed to interfere with their effectiveness.

Katz and Genevay (1987) indicated that such countertransference issues commonly experienced by professionals working with older people include the following:

1. Denial
2. Fear of growing older and being helpless
3. Fear of dying, the unknown, and contagion
4. Anger
5. Need for control and professional "omnipotence"
6. Need to be needed

Awareness of how the possible presence and effect of each of these countertransference issues affect the professional's work with older adults can help the professional enter into relationships with clients and families that provide the opportunity for all concerned to come to terms with death and loss in meaningful ways.

It is clear that mental health professionals choosing to work with older adults are confronted with challenges that are unique to this population. It is essential that these professionals be aware of the various social supports available that can serve as an adjunct to therapeutic work, and also of the medication taken by such clients. Finally, the mental health professional must be prepared to encounter strong emotional reactions within themselves to such clients and must develop the skills to transform these countertransference reactions into strategies to help the older adult confront and conquer losses (Morgan Jr., 1994).

Healthcare professionals have the opportunity to work with patients over a long period of time and often develop close relationships. These relationships may start at the time of diagnosis, or even before, and continue throughout the illness process which can be months to years. When a patient dies, it is common that healthcare professionals go through a grieving process of their own. It is a challenge to balance between becoming over-involved and disconnecting from these patients. Acknowledging their feelings of loss is critical for those professionals who have been so involved with a patient's care and in many cases have come to know a patient quite well. Finding ways in which healthcare professionals can personally grieve over the death of patients is pivotal to remaining effective (Zilberfein, 1999).

Input:**h) When Grief is Not Resolved**

If not identified and treated, grief may become depression. Left untreated, may also cause anxiety, defensiveness, rigidity, sickness, or any one of a number of other potentially debilitating conditions. Eventually, if people allow themselves to grieve, the clouds that can dominate their thoughts after a loss will lift. Grief is often healed by time. It is important for people who are grieving to know that grieving is natural and normal when they experience a loss. It is also important for those who experience a loss to accept their grief, and “work through it” while the grief is fresh. Keeping the grief inside is not healthy. In the United States, as well as other cultures, many people are scared of death. People don’t like talking about it, and they don’t like thinking about it. Acknowledging death and grieving about it, may not be embraced. People who show little or no emotion may often get praised for their tough, stoic demeanor. Their lack of emotion is assumed to be strength. But often, these people may simply be in denial.

People who deny their grief may invite their loss to become chronic and unresolved. Unresolved loss is at the heart of many symptoms, both physically and psychologically. Many grieving individuals find themselves anxious or sick. They may actually prefer to have physical problems, such as an illness, rather than address their grief. The reasons for this may be that admitting to physical symptoms may make them feel less emotionally vulnerable than admitting to or thinking about underlying emotional contributions to an illness. Another reason may be that being sick might be a very effective way to change the subject from emotional pain. When people choose to ignore their grief, the pain of the loss often imbeds farther into the subconscious. Once there, the grief may become extremely elusive, and dangerous. Grief, if left untreated, can turn into a clinical depression, which is a serious medical condition. It takes a great deal of courage to face and deal with grief. Regardless of whether or not today’s society accepts it, grief is a normal process for those who have experienced loss. You must accept your loss, and accept the natural grieving which accompanies it.

Input:**i) Helping Others Grieve**

If someone you care about has lost a loved one, you can help them through the grieving process:

- Share the sorrow: Allow them, even encourage them to talk about their feelings of loss. Listen. Don’t pressure.
- Don’t offer false comfort: It doesn’t help the grieving person when you say “it was for the best” or “you’ll get over it in time.” Instead offer a simple expression of sorrow and take the time to listen.
- Offer practical help

- Be patient: Remember that it can take a long time to recover from a major loss. Make yourself available to talk.
- Encourage professional help when necessary
- Pointing out signs of sadness or changes in behavior: This may help the person become more aware of his or her feelings and may help the person feel more comfortable talking with you about how he or she feels
- Accept and listen unconditionally, without judgment
- Sometimes surviving caregivers may show their “happy” or “functioning” face to others, and mask their anxiety, depression, and loneliness.
- Talk openly and honestly
- Do no preach or moralize
- Help the person focus on solutions
- Follow-Up: Don’t try to handle the situation on your own
- Remember special occasions such as birthdays, holidays, and anniversaries
- Taking care of yourself and dealing with your own feelings