

## Flexing Your Core – Domain 6: Loss, Grief & Bereavement

Presenter: Joshua Black

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### Resources

1. [Canadian Virtual Hospice](#) - Grief literacy modules and resources
  - Mygrief.ca and Kidsgrief.ca
2. [BC Bereavement Helpline](#) - 604-738-9950. They can connect people with any appropriate support services available in their area. Resources online and can narrow down to the type of loss (e.g. losing someone to suicide, substance use)
3. [Lumara Grief & Bereavement Care Society](#) - Provides education, support, and counselling services to individuals, families and groups who are grieving a death or coping with a life-threatening illness
4. [Victoria Hospice](#) - Information on grief in adults and children
5. [Grief Dreams](#) – Information on sleep and dreams after loss

### Session summary and discussion notes

#### What is Grief & Bereavement?

- Bereaved means to be deprived of someone you care about through death
- Bereavement is the condition of being bereaved, defined as the period of time following the death during which the person experiences grief and mourning.
- Grief specifically includes a variety of responses to loss, including losses other than through death (job loss, etc.)

Question: *What are the variety of grief responses after death?*

Discussion:

- Depression
- Complex grief; compounded loss/grief
- Sadness
- Avoidance, displaced emotions like anger
- Social withdrawal
- “Why me?”

#### Grief Responses

- Emotional – many different emotions can be experienced during grief such as sadness, anger, guilt, anxiety, regret, relief
- Cognitive – difficulty concentrating, memory impacted ‘grief brain’. When asleep, people can have dreams or nightmares, also known as grief dreams. Can be comforting dreams or may be terrifying nightmares

- Physical – stress-induced changes such as illness, headaches, fatigue, nausea, reduced or increased appetite, insomnia
- Behavioural – crying, pacing, keeping busy
- Interpersonal – include feelings of isolation or changes in relationships with others. Common for people to maintain continuing bonds with the deceased
- Spiritual – person searching for meaning after a death, questioning their existing thoughts regarding their religion and/or spirituality

Intensity and duration of responses vary widely. Common for periods of more severe grief to arise during days that are specific reminders of the loss of the deceased (e.g. birthdays, anniversaries).

### **Types of grief responses**

- Anticipatory – before the death has occurred. E.g. Someone you care about diagnosed with a terminal illness
- Disenfranchised - any grief that is unrecognized by societal norms is considered disenfranchised and can result in the individual struggling to cope following the death.
- Prolonged grief / complicated grief - prolonged and intense grief that impedes functioning and quality of life. Some controversy around this as it uses a timeline to diagnosis
- Delayed – reaction to loss that is often experienced months or even years after the event occurs. Common that people may not seek help until years after a loss.
- Cumulative – several losses back-to-back
- Inhibited – repressing emotions. Many people don't realize they are doing this
- Collective – major events like war, natural disasters, pandemics are shared experiences

Question: *Where do people get their grief support from?*

Discussion:

- Family, friends, colleagues, spouse, therapy/counselling,

### **BCCPC research study**

- Most people get support from family and friends, and pets. Also turn to colleagues and others in social circle
- When wanting to learn more about coping with grief most people searched the internet and used books/brochures.
- For those that use service providers as a support, individual therapy was the most used

### **Grief theory**

- Grief is not linear and no timeline as to when grief is complete
- Naturally messy and not a right or wrong way through the experience

- Dual Process model (Margaret Stoebe and Henk Schut) shows that going between coping by loss-oriented (grief work) and restoration-oriented (doing new things, distraction from grief) can be very helpful. While chronic avoidance is not healthy, avoidance in short-term and in specific instances can be healthy coping mechanisms

## Empathy vs. Sympathy

### [Brené Brown on Empathy vs Sympathy - YouTube](#)

- How do we sit with suffering?

## Key ways to Support Grief & Loss

- Empathy – sitting with another in their sadness and not trying to take the sadness away or fix it
- Listening and offering a space to share
- Normalize grief experiences – people want to feel heard. Can say “tell me more”
- Know who can provide additional support in their community (see resources section above)
- Remembering they are bereaved

Question: *How do you like to get support, or ways you have supported others?*

Discussion:

- Sharing memories of the deceased
- I appreciate it when people acknowledge the loss and are not scared to talk about it. Say the person’s name
- Listening without judgement of their grief experience
- If I know they like talking about the person, to ask them about them. Eg. “Did you and your grandma have a certain type of puzzle you liked to do together?”
- Finding ways to celebrate them: Doing the things they loved as group, celebrating missed birthdays, etc...

## Case study Discussions

How would you support these people?

1. **Sam** and his wife were married for 55 years. His wife died 6 months ago from multiple myeloma at the age of 84. Recently Sam asks his health practitioner about somatic issues he is dealing with “I have been getting headaches and can’t sleep. I don’t know why”.

Discussion:

- Validate his symptoms, normalize, explore what he thinks they might be from
- Explore how these symptoms are impacting him day to day
- Link situation to symptoms, provide psychoeducation if they are open and receptive

2. **Sophia** is your colleague at work. She comes up to you and says that ever since her patient Natasha died, she hasn’t felt the same. She comments that sometimes she even has dreams of her.

Discussion:



- Offer to listen to her story
- Empathy, sharing, reviewing some resources to us like employee wellness, offering to debrief, etc
- Acknowledge and validate her relationship with the client
- I might ask about Sophie's relationship with the patient
- Explore what she thinks might have made this loss different
- Want to ask about the dreams a bit more, are they comforting or negative?