The Grieving Process

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What is Grief?

The **normal process** of reacting to a loss
- Loss of loved one
- Sense of one’s own nearing death
- Loss of familiar home environment
- Loss of bodily functions (Activities of Daily Living)
- Loss of privacy and independence

Everyone responds differently.
Why talk about the grief process?

- It effects everyone

- It helps us, our patients, and their families to cope with stressful events

- It is important to identify those who struggle with this process
5 Stages of Grief

1. Denial
2. Anger
3. Bargaining
4. Depression
5. Acceptance

~ Described by Dr. Elisabeth Kübler-Ross
5 Stages of Grief

- Remember not everyone goes through all five stages
- The grief process does not occur in the order of #1 through #5
- One can switch back and forth between the stages
DENIAL

- Involves patient and/or family members

- Example: Ms. M is a 85 year old hospice patient with end stage CHF.

- When asked about her CHF, she says that she doesn’t know anything about it and doesn’t want to know. She says that knowing may keep her up at night.
Why the Denial?

- Shock. Is this true? Are they gone?
- Unable to handle reality
- Helps person survive loss
- Protects from being overwhelmed
ANGER

- May occur once patient faces reality
- It’s not fair!
- Anger towards deceased, healthcare workers, or oneself
How to respond to anger?

- Allow patient to talk and express feelings
- Engage patient in exercise or activities
- Don’t keep it in!
- It won’t last forever
BARGAINING

- The “What If” stage
- Example:
  If I spend the rest of my life helping the poor, God will let my husband live.
- Provides temporary escape and hope
- Allows time to adjust to reality
DEPRESSION

- Occurs when reality really sinks in
- Sadness, decreased sleep and decreased appetite are common
- No sustained functional impairment
- Rare to have suicidal thoughts
Remember, this is normal after loss.

Give patient the time they need in this stage.

Group discussion may help patients express their feelings.
Acceptance

- Accepting reality and the fact that nothing can change the reality
- Does **Not** mean patient is okay with loss
- Learning to move on
- Final stage of healing
RANGE OF RESPONSES

- Sadness
- Anger
- Guilt
- Helplessness
- Numbness
- Yearning
- Relief
- Loneliness
- Fatigue
- Denial
- Confusion
- Obsession with memories of deceased
- Difficulty with concentration
- Sleep and appetite changes
- Nightmares
- Crying
- Social isolation
How long is the grieving process?

- Varies for each individual
- Generally 6-12 months
- Longer if complicated by major depression
Role of healthcare worker

- Help patient and family to be aware of emotions they may encounter in the grief process
- Encourage patient and or family to express their feelings
- Encourage healthy coping mechanisms such as exercising or gardening
- Identify changes in behavior, communication, mood, eating and sleeping pattern
- Identify those with poor coping mechanisms—May need grief counseling or antidepressant treatment. EARLY INTERVENTION!
Struggling with the grief process

- Poor coping mechanisms can lead to:
  - Major depressive disorder and or anxiety
    - 20% of grieving individuals 2 months after death of loved one are diagnosed with major depression
  - Poor physical health
    - Grieving individuals stop taking care of themselves
  - Suicide
    - Widows and widowers have 8-50 times higher suicide rate than the overall population
Risk factors for poor outcomes in bereavement

- Male
- Young, Age <46
- Pre-existing psychopathology (depression)
- Poor physical health
- Sudden or unexpected loss
- No social support
- Loss of child, especially adult child
- Dependent or ambivalent relationship with deceased

*Information obtained from Reference 5
Mr. A is an 85 year old patient who lives in an assisted living facility. He has a history of well controlled Hypertension and Diabetes type 2. He has no history of depression or anxiety.

His wife, Mrs. A, died 2 months ago during a bicycling accident. Mr. A. was bicycling behind his wife when a car swerved off the road and hit Mrs. A.

Mr. and Mrs. A were known as the social butterflies in their assisted living facility. They were both very active and had many friends in the facility. They were inseparable.

The staff at the facility note that after the death of his wife, Mr. A does not come to any of the social activities.

Mr. A’s 2 sons are concerned about their father.
Mr. A

- What emotions or thoughts are going through Mr. A’s mind?
- What stages of grief is he experiencing?
- What emotions are Mr. A’s sons experiencing?
- What stages of grief are they experiencing?
What about Mr. A’s history puts him at higher risk for a poor outcome?

What is he at risk for?
Mr. A’s reactions

- When Mr. A’s sons come to visit, they note that Mr. A’s apartment is messy. Mr. A looks exhausted and tells his sons that he does not feel well.
- Mr. A has only been eating a few bites of each meal and has forgotten to take some of his blood pressure and diabetes medications.
- Mr. A tells his sons that he should have seen the car and protected Mrs. A. It’s not fair! It was too soon for her to go! Mr. A starts sobbing. I can’t sleep because I keep thinking about her.
- Maybe this is a bad dream and I will wake up and she will be next to me. Is this a bad dream?
Mr. A’s reactions

- What stages of grief did Mr. A show?
- What problems or potential problems do you see with Mr. A?
Unfortunately, Mr. A stops taking care of his health. He has a stroke and after discharge from the hospital is sent to a nursing home.

Mr. A has some right sided weakness and needs help with most of his ADL’s.

He is still able to communicate well but appears sad.
Assessment

- What has Mr. A lost?

- What can help Mr. A?
Role of the Healthcare Worker

- Encourage participation in social activities
- Place patient in social eating environment
- Find out what he used to like doing
- Encourage family and Mr. A to talk about their grief
- Talk to Mr. A about the grief process and what to expect. Remind him that his feelings are normal
- Monitor his eating and sleep patterns and any changes in behavior
- Grief counseling or antidepressant treatment may be appropriate
Summary

- Grief is a normal life process
- 5 stages of grief: Denial, anger, bargaining, depression and acceptance
- Educate patient and family about these stages and what may occur during the grief process
- Be aware of risk factors that can lead to poor outcomes: Sudden loss, poor health, history of psychiatric illness etc.
- Be aware of risk of suicide, depression and decline in health status.
- Identify at risk patients.
- Early intervention is important!
THERE IS HOPE

GRIEF DOES NOT LAST FOREVER!
Grief resources and support groups

- http://www.aarp.org/life/griefandloss/
- http://www.griefnet.org/
- http://www.mentalhealthamerica.net/index.cfm?objectid=C7DF9618-1372-4D20-C807F41CB3E97654


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THANK YOU!