

# Overview of Grief



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# What is Grief?



# Our Assumptive World

- Each of us has formed a way of seeing things and interpreting events that makes sense to us.
- The way we see the world helps us to feel a sense of predictability, consistency, and safety as we go through our daily activities.
- Most of our assumptions about the world, others, and ourselves are established when we are very young. Our assumptive world is tied into our attachment system.

# Loss and the Assumptive World

(Harris, 2010, 2015, 2016; Janoff-Bulman, 1992; 2004)

Our Assumptive World includes basic/core assumptions centered around:

1. How we view the world and others.
2. How we believe the world should work.
3. Our view of ourselves.



# Examining Our Assumptions

1. How we view the world and others.  
(i.e., The world is basically a good place and people are generally trustworthy.)
2. Our sense of how things should work; sense of justice/meaning and cause/effect. (i.e., If you work hard, you will succeed.)
3. Our view of ourselves.  
(i.e., I am basically a good person and I have intrinsic worth and value.)

Significant losses can cause the shattering or crumbling of our assumptions about the world.





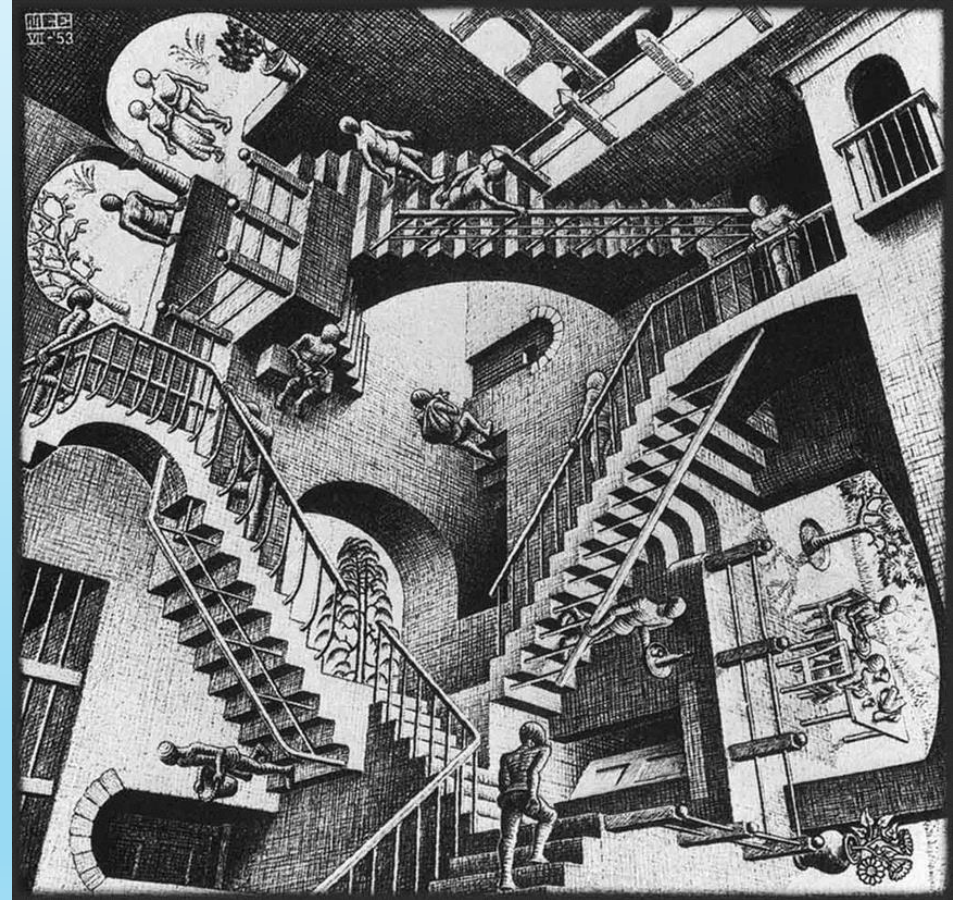
# Shattered Assumptive World



- The death of a loved one has great potential to cause such a disruption.
- Other types of losses that may not involve death can also trigger the need to re-build and re-learn our assumptions about the world in a way that preserves a sense of coherence and safety.
- **The loss of our assumptive world is what triggers the grief response.**

# Grief:

The process by which we reconcile the world that we now know to exist with the world we once believed to exist.





# Re-thinking Grief



- So, grief may be about the loss of a loved one through death...
- But it is also occurs in response to all the significant losses that occur along the way, while you are living.
- Sometimes, what dies is not a person, but what is most important around and/or inside that person.

# Central Areas Affected by Loss



- Relationships—loss of contact and meaningful connection with others; loss of connection with ourselves; loss of connection with the universe and what is transcendent.
- Finances—the ability to feel secure; money is also important in social power and the ability to determine one's choices.
- Health—loss of ability to do what is needed and/or desired in your life, as well as uncertainty about the future.

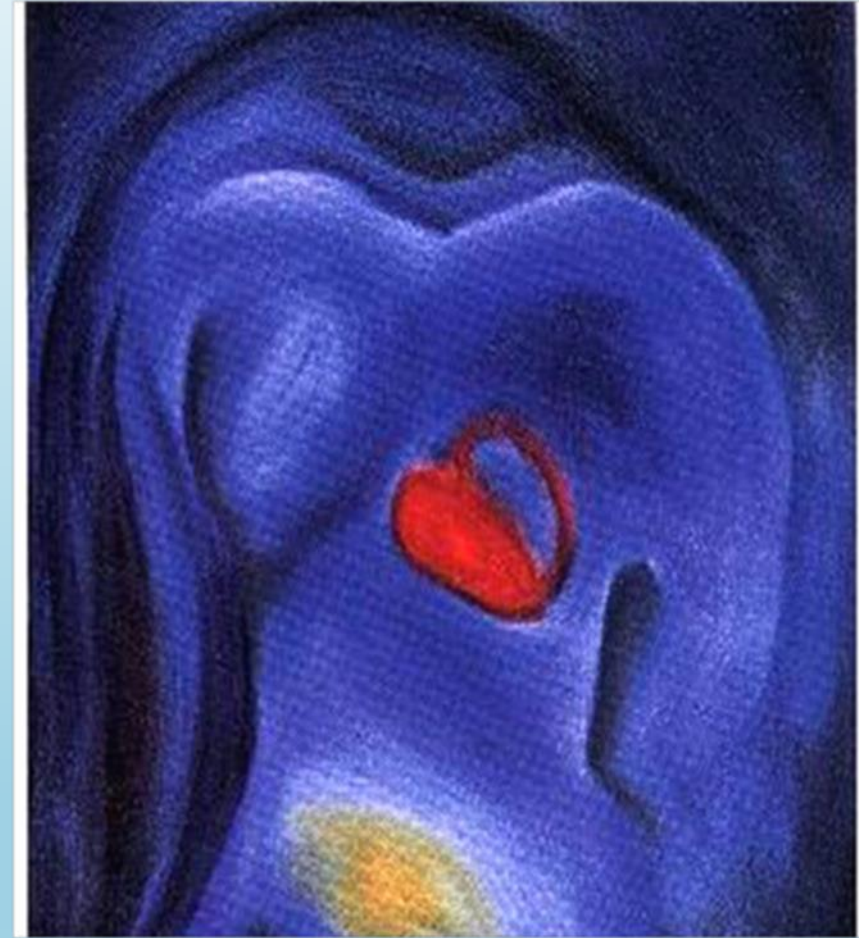
# Inclusionary View of Grief

Newer models and research in the field point to the presence of grief in non-death losses as well as death-losses:

- Nonfinite loss—losses that individuals live with for the rest of their lives; also called *living losses*.
- Chronic sorrow—the ongoing grief that accompanies nonfinite losses; grief is ongoing because the loss is also ongoing.
- Ambiguous loss—lack clarity and finality; relational context with an absence/presence dynamic.

# Important to Consider...

- Grief will be persistently present in all palliative and life-altering conditions.
- Even though grief is painful, it is an adaptive process that requires support but typically not professional intervention/treatment.
- The experience of grief is subjective; only those who experience grief can determine the magnitude of the impact of a loss upon their assumptive world.
- We can't determine if a person should or should not grieve over a loss.



# Grief Serves a Purpose



- It is an adaptive process that assists in adjustment to loss, change, and transition.
- Enables the rebuilding of the assumptive world after it has been assaulted or overwhelmed by a “seismic life event.”
- Gets “stuck” when coping is overwhelmed or the ability to make meaning from experiences is impaired. The social imperative to mask grief can actually prolong it.
- Best if facilitated by validation of the losses along with engagement of strengths, consistent with an individual’s personality structure and values.



# “Grief Work” Hypothesis



States it is necessary to “work through” grief by talking, feeling emotions of grief, and focusing on the loss.

Current research challenges this theory:

1. Predominantly feminine in origin and based upon research with older widows.
2. Does not account for variation in grieving style and needs.
3. Inaccurate in the assumption that one must “let go” of the deceased person as a goal of the grieving process.

# Diversity in Grief

- Grief can be experienced in many ways, and not just emotionally. The emotions associated with grief can range from sadness, anger, anxiety, and relief...and many more variations.
- “Normal” grief is *what is congruent with an individual’s personality, coping style, and preferences.*
- For some people, avoidance and distraction are appropriate ways to cope with grief.

# Complicated Grief (CG)

- Occurs in approximately **10-15% of bereaved** individuals (loss of a loved one)
- Protracted, unrelenting grief that interferes with ability to function after a period of time. Most grief responses oscillate between intense grief and re-entering life over a period of time. This does not happen in CG.
- People with complicated grief have increased morbidity and mortality, including increased risk for suicide.
- Controversy over use of medication with CG; helps if there is underlying depression but can worsen symptoms if depression not coexisting with CG. Dialogue is important.
- More likely in people with pre-existing vulnerabilities such as disordered attachment and history of mental health struggles, but may also be due to the circumstances surrounding the loss; these people typically need professional intervention.

# Assessing for Complicated Grief— Intensity, Duration, and Functionality

- Intensity—normal grief is often overwhelming, but there are often periods of ebb and flow. Complicated grief is incapacitating and unrelenting.
- Duration—normal grief has no true endpoint, but periods of relief and returning back to life tend to increase over time. Complicated grief does not improve over time, and may actually worsen over time.
- Functionality—normal grief can profoundly affect the ability to function, but most people are able to attend to their basic needs with assistance. Complicated grief significantly impairs functionality and the ability to cope with everyday life.

# Support vs. Professional Intervention



- Most people who are grieving benefit from well-timed support but don't require professional intervention.
- Studies point to harm occurring when bereaved individuals have “mandated” interventions that they don't need.
- Professional intervention is warranted in the presence of Complicated Grief/Prolonged Grief Disorder and grief with significant traumatic overlay.
- Sometimes, people with non-complicated grief reach out for professional help because there is stigma surrounding the loss, or they don't have good personal supports available.



# Effective Support

- Active listening (without advice and trying to “fix”)
- Practical assistance
- Presence without expectation
- Congruent with the personality and needs of the bereaved
- Peer supports/volunteers and grief support groups are often helpful; important that each community has this type of support readily available.
- New forms of online support are gaining in popularity and acceptance; web sites need to be screened, monitored, and individual needs to be comfortable using technology.

# Professional Support

Professionals need to be familiar with CG and be able to distinguish it from depression and PTSD. Many clients will have overlaps in symptoms. Funding and appropriate training are often real limits.

- Complicated Grief Therapy (CGT)--geared towards exposure and oscillation between loss orientation and restoration orientation.
- Constructivist/Meaning-Oriented Therapy—utilizes narrative re-framing to re-orient individual to a world where the loved one is no longer present.
- Compassion-Focused Grief Therapy (CFT)—focuses on the motivation/drive system, the soothing system, and the reward system to balance out damage to self as a result of loss of a loved one
- Modified Cognitive Behavioural Therapy for CG—engages with beliefs, thoughts, and disordered cognition related to destabilization brought about by death of a loved one.

# Grief versus Depression

- Distinguishing important due to different treatment considerations
- Both have similar overlapping symptoms and may occur together, especially in individuals with a history of depression.
- DSM-5 removed the bereavement exclusion from the diagnosis of Major Depressive Disorder (MDD); has resulted in an increased in diagnoses of MDD in bereaved individuals and use of pharmacology to manage grief. This has been very controversial.

# Comparison of Depression, Complicated Grief, and Chronic Sorrow

	Depression	CG/PGD	Chronic Sorrow
Description	Mood disturbance with sad, feelings of emptiness or irritability, anhedonia, and difficulties in functioning (DSM-5 diagnosis).	Protracted and incapacitating response to a death loss (no DSM diagnosis; in study).	Ongoing grief in response to a loss that is also ongoing in nature (no DSM diagnosis).
Presentation/ Symptoms	Mood and ideation are almost constantly negative; corrosive feelings of worthlessness and self-loathing are common.	Painful feelings come in waves; preoccupation and rumination associated with memories of the deceased loved one. Self-esteem usually preserved.	Individuals are often prevented from engaging with life because the loss itself creates barriers and interference. Sadness and anxiety come in waves.
Intervention	May be responsive to medication, appropriate therapeutic support, and some procedures to correct altered brain neurochemistry and electrical patterns.	Viewed as disordered grief and responds to appropriate therapeutic intervention. Use of medication controversial and not definitive.	Normal reaction to an ongoing loss and responds to supportive care.
	Common to all: Chronicity, emotional exhaustion, and loss of supports		

# Comparison of CG/PGD with Chronic Sorrow

CG/PGD	Chronic Sorrow
Protracted and incapacitating response to a single death loss event.	Ongoing grief in response to a loss that is also ongoing in nature.
Bereaved individuals struggle to re-enter life because of issues that interfere with coping and attachment.	Individuals are often prevented from engaging with life because the loss itself creates barriers and interference.
Viewed as disordered grief and responds to intervention.	Normal reaction to an ongoing loss and responds to supportive care.



# Major Depressive Disorder vs. Chronic Sorrow

Depression	Chronic Sorrow
Mood disturbance with lack of energy and engagement as primary features that create difficulties in functioning.	Lack of energy is a by-product of exhaustion from the ongoing need to cope, accommodate, and adjust to the loss.
Symptoms are often diffuse and difficult to pinpoint onto specific events.	Sorrow usually relates readily back to the ongoing loss experience.
Can be temporary and improve over time.	Lasts as long as the loss is present.
May be responsive to medication.	Doesn't typically respond to medication (unless concomitant depression is present).

# Each Community Needs...

- Places and people to provide supportive care for grieving individuals.
- Most of these services can be offered by trained volunteers, but there needs to be supervision by someone who can recognize when grief has gone awry and make appropriate referrals.
- Access to professionals who can distinguish between depression, trauma, and grief and treat appropriately.

# Example--Journey Through Loss (London)

- Began as a community outreach through London Interfaith Counselling Centre (now Daya Counselling Centre).
- Facilitated by volunteer professionals in the community.
- Free of charge for attendees; funding sources have varied and have often been absent.
- Meets every week of the year on Thursdays at a downtown location where there is accessibility by public transportation.
- Attendees decide how long to attend and may return if needed.

# Access to resources

- Resource list created and available upon request for regions in SW LHIN.
- Often provided through VON, Hospices, CMHA, and Community Agencies for specific types of loss (i.e., ALS, suicide, Bereaved Families, PAIL, Senior Living)
- Would be very helpful to have online resource directories for clinicians and the public to access readily.
- (Seasons of the Heart directory available online through the Grief and Loss Resource Committee of London and Area).

# Questions?



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