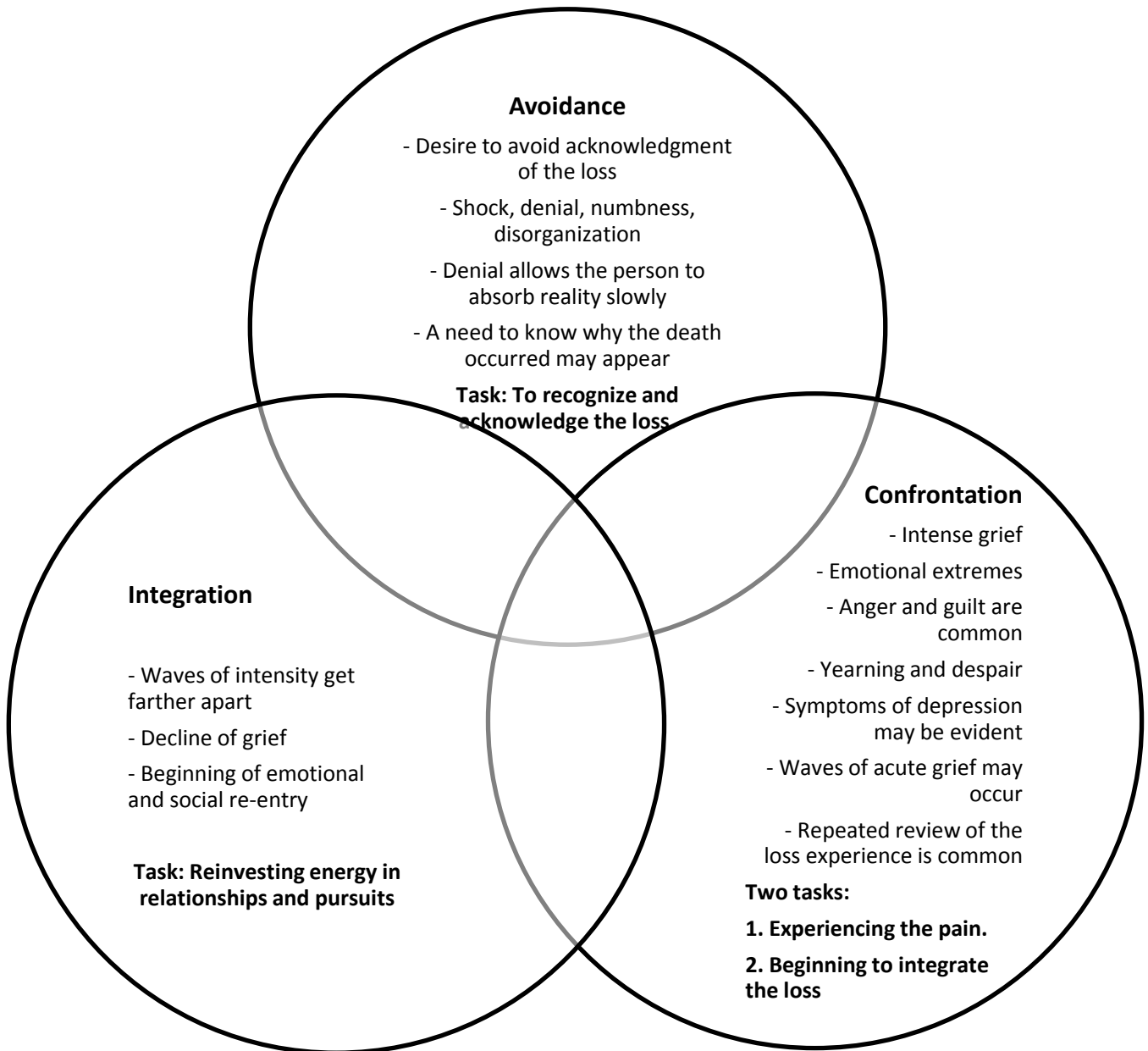


# Cycles of Grief



## **Influences Affecting the Grief Process**

### **In General, grief work is influenced by:**

- Coping skills and the person's ability to access and/or use them
- Developmental themes/issues
- Support seeking behaviors or lack of ability to seek support
- The individual's tolerance for distress and suffering
- The search for meaning

### **Psychosocial**

- Individual coping behaviors
- Past experience with loss
- What the person has learned about grief (especially in childhood)
- Unfinished business or ambivalence in the relationship
- Circumstances of the loss
- Secondary losses
- Concurrent stressors
- Availability of social support
- Mourning rituals

### **Spiritual**

- Religious/philosophical background
- Beliefs about immortality
- Value system
- Seeking meaning in the loss

### **Physical**

- Physical health
- Exercise
- Medication
- Nutrition
- Rest

### **Common Physical Symptoms of Grief:**

- Anorexia and/or digestive problems
- Weight loss or gain
- Sleeplessness, crying
- Tendency to sigh
- Fatigue and lack of strength
- Feelings of emptiness and heaviness
- Feeling of "something stuck in the throat"
- Heart palpitations and other indications of anxiety
- Nervousness and tension
- Loss of sexual desire or hyper-sexuality
- Lack of energy

- Restlessness and searching for something to do
- Shortness of breath

## **Complicated Grief**

Complicated grief is a disturbance or delay in the grief process that is neither abnormal nor wrong. Only a small percentage of bereaved persons will experience severe complicated grief. People may be more vulnerable to complicated grief if they experience the following, particularly if several determinants are present:

### **Determinants**

1. Sudden, unexpected, and untimely losses
2. Losses involving ambivalence, particularly reactions of intense anger and/or self-reproach
3. Losses in which an abnormally dependent relationship existed between the bereaved and the lost person
4. Current, multiple, and uncontrolled life stressors
5. The lack of a cohesive and consistent support network
6. The survivor's tendency to avoid stress or conflict

### **Failure to grieve is exacerbated/accentuated by:**

- Being a caregiver
- Social isolation
- Survivor guilt
- Being overwhelmed by the magnitude or nature of the loss
- Social negation of loss
- Being the "strong one"
- Reactivation of old losses

### **The possibility that grief is complicated may be considered under the following conditions:**

1. The loss involved one or more of the determinants of complicated grief
2. Key signs of complicated grief become evident over time
3. Sufficient time has elapsed that signs of progress and healing should be evident but they are not.
4. Grief is clearly interfering with the person's ability to function in daily life.
5. The individual who self-refers on the basis of complicated grief may be right about his/her condition.

### **Key Signs of Complicated Grief**

- Intense fresh grief long after the loss
- A history of depression
- Hypochondria
- Talking about a past loss as if it just happened
- Talking or acting as if the person were still alive
- Inability to form new relationships
- Intense grief triggered by a minor event

## **Children/Adolescents and Grief**

Children's stages of development have an impact on their understanding of death and on the way they grieve. Age related understanding of death can be broken down as follows:

### **Ages 1-3**

Very young children have limited or no understanding of death, although they do form attachments and will grieve the loss of those attachments.

### **Early Childhood:**

Before age 6, most children believe death is gradual and happens to the very old or they may see death as reversible or sleep-like.

### **Middle Childhood:**

By age 6-10, most children understand the finality and universality of death and can begin to conceptualize that death is a natural process that can happen to anyone, including themselves.

### **Pre-adolescence:**

Children age 10-12 have more realistic matter-of-fact attitude toward death and begin to examine theoretical and philosophical aspects, such as what happens after death. They are beginning to be aware of the social implications of death and loss for the survivors.

### **Adolescence:**

Adolescents often have a medical fear about death, accompanied by a strong emotional reaction. Philosophical interest is focused on life after death and they can become preoccupied with a search for the meaning of death. Since they typically regress under stress, they may regress to earlier concepts of death and may behave more like children.

### **Children can integrate losses just as well as an adult, providing the following conditions are met:**

1. The child had a reasonably secure relationship with his or her parents before the loss.
2. The child receives prompt and accurate information about what happened, is allowed to ask questions, and receives honest answers. Avoid euphemisms since the child may take them literally.
3. The child participates in family grieving, including the funeral or other rituals, which must be explained to them in advance.

**Positive approaches caregivers and parents can take include:**

1. Prepare before the fact by sharing ideas about loss and dying after the death of an animal, plant or tree, or by discussing a film or television show that explores the topic.
2. Children need immediate reassurance that they will not be left alone, and that their needs will be met. This helps alleviate separation anxiety.
3. Allow children to grieve in their own way, which may include “acting out” feelings/playing. Children express grief through behavior and play.
4. Encourage the child to talk and to verbalize emotions about the loss, particularly guilt, anger and fear. They can also release emotion through stories, drawing, coloring or play. Sentence completions can also be used. Examples include:
  - I am saddest when . . .
  - The one thing I don’t like is . . .
  - One thing I don’t understand is . . .
  - A feeling I have to get out of me is . . .
5. Respect the child’s privacy and respect their personal process. Don’t expect them to change suddenly.
6. Share your feelings about the loss with the child including crying, sadness, laughter and so on. Remember that grieving is learned behavior.
7. Provide multiple supports for the child such as older siblings, other family members, and neighbors that the child trusts.
8. As much as possible, maintain the child’s daily routine.
9. Remember that your behaviors may be more important than what you say. Few words are needed when you reassure children with accepting love. They need the reassurance that they will not be abandoned and that it is not their fault.
10. It is also important to:
  - Avoid pushing the child too fast through confusion
  - Support through bad dreams, sleep disturbances and restlessness
  - Recognize feeling-based physical ailments
  - Share personal experiences that might comfort

**Signs that children may be having difficulty with grief:**

- Sudden personality changes
- Extreme denial
- Brooding months later
- Fantasies of reunion
- Refusing to admit the person is dead
- Extensive depression, withdrawal, listlessness
- Recurring psychosomatic headaches or stomachaches
- Losing friends through aggressiveness or withdrawal

**Seek a professional option if one or more of these signs appear.**