Working With Grief, Loss & Mourning

Most of our workplaces don't attend sufficiently to the occupational-related grief needs of caregivers. When we as caregivers are not supported in acknowledging and working through the impact of these deaths, our ability to accompany clients on their own intense grief journeys will be limited. Facilitating grief work is not as much about a list of techniques as it is about a state of being *fully* present with and for the bereaved. It is virtually impossible to be present to the grief of another when it strikes at the cords of our own undealt with losses.

This package will review recent theories about loss and will provide a framework for working with the bereaved. Additional issues pertinent to Covid grief will be outlined along with interventions for working with multiple loss.

Common Myths About Grief:[1]

- all losses result in the same type of grieving
- bereaved individuals only need express their feelings in order to "resolve grief"
- to be healthy after the death of a loved one, just put that person out of your mind
- the intensity of mourning is a testimony to your love for the deceased
- grief should be over in a year
- grief declines in a steadily decreasing fashion over time
- sudden, unexpected death is the same as losing someone to an anticipated death
- time alone heals all wounds

Some "Truths" About Grief

- Bereavement is a normal, natural experience - although emotionally disruptive

- Response to loss is not a uniform phenomenon- variability must be recognized. Some show intense distress and others don't

- Grief has no timetable. A major loss tends to resurrect old issues and conflicts for the mourner

- Grief is not a linear process, but more of a spiral as mourners revisit aspects of grief again and again

- Grief is experienced within a social context. Society's view of death and expectations of "appropriate grieving" influence expression of loss

- The goal of grief work is to grieve "well" not to grieve "right"

- Support/therapy is about stimulating the mourner's own coping skills. Interventions need to be geared to the client's goals and personality

- The quality of the relationship between the bereaved and the counsellor is crucial to the change process and requires mutual respect and trust

- Personal characteristics of the counsellor will hinder or advance the helping process, so it is critical for workers to engage in ongoing self-reflection and attention to personal issues surrounding loss.

While grief and loss are an inevitable part of life, most people lack a language and an understanding of grief that would help them identify and cope with normal, natural responses to loss.

Bereavement: the state of having suffered a loss. 2 categories of loss exist:

- physical /tangible: person, possession, part of self (ability to walk)
- psychosocial: psychological/symbolic/intangible, e.g. leaving work, shattered dream, developing chronic illness, separation

Grief: the process of experiencing the psychological, behavioural, social, emotional and physical reactions to a loss. Reactions to loss are dependent on the individual's unique perceptions of loss. Fleming and Robinson (l991)[2] have described 3 distinct types of grief:

- *acute or typical:* the bereaved process the painful feelings and responses, eventually complete Worden's tasks of mourning (see further on), resulting in an appreciation of the legacy of the deceased.

- *chronic:* the bereaved continually exhibit intense reactions over an extended period of time. Inability to relinquish emotional attachments.

- *delayed or inhibited:* the bereaved are aware of the loss but postpone active grieving or "feeling the pain" (See Common Avoidance Patterns)

With Covid loss, which is inherently complex, these categories are more useful than traditional models which describe, for instance, prolonged grief responses as "pathological" rather than a reasonable response to complex losses.

Anticipatory Grief

The process stimulated by the awareness of the impending loss or death of a loved one. It can involve the recognition of associated losses in the past and present, as well as expected losses in the future and can have adaptive value as people "rehearse the death" and attempt to adjust to the consequence of the loss.[3]

Mourning

the public display of grief through the sharing and expression of a person's thoughts, behaviours and feelings due to the loss. Mourning is socially and culturally influenced and guides people to undo their connection with what they have lost. In our Western society (which often sees death as a personal or medical failure) many of the healing rituals that surround death and mourning have been lost, commercialized or distorted, contributing to the occurrence of problematic reactions to bereavement.[4] Mourners and those who seek to assist them often fail to recognize that there is also a loss of *potential* that goes along with an actual loss; potential for what might have been, hopes, dreams and possibilities.

Signs and Symptoms of Grief

Feelings	Physical
sadness/crying	hollowness in stomach
anger/rage	tightness in chest & throat
helplessness	sensitivity to noises
guilt	sense of depersonalization
anxiety/panic	disconnected

loneliness	breathlessness
tired	weakness
shock and numbness	lack of energy
longing	dry mouth
relief	
Thoughts	**Behaviours & Actions**
disbelief: not true	sleep disturbances
confusion	restlessness /overactivity
preoccupation	appetite disturbances
sense of presence of dead	absent minded
hallucinations	social & sexual withdrawal
no hope	dreams of the dead
crisis of faith	avoiding reminders of the dead
obsessive review of details	searching/visiting places
of death	treasuring objects

The feelings of helplessness and hopelessness that may accompany loss can be responsible for physical illness. In a Harvard study[5], bereaved people suffered from an increase in depression, anxiety, tension and they experienced greater problems of the cardiovascular system (heart failure and hypertension)[6]. Schleifer and his colleagues (l985)[7] found that the function of T-cells were markedly suppressed in widowers immediately following the death of a spouse.

Grieving Affects Us at All Levels Of Our Being

The Journey Of Grief

Grief is the process
that allows us
to say good-bye to what was
and to get ready for
that which is yet to come

Grief Work

Grief requires an expenditure of both physical and emotional energy. People often fail to anticipate the toll it takes and the intensity of their own emotional reactions. People grieve not only the person who has died, but also all the hopes, dreams, fantasies and unfulfilled expectations. These are known as "secondary losses". The goal of "working through grief" is ultimately to accommodate to living without the deceased by:

- recognizing that the loved one is truly gone
- making the necessary internal (psychological) changes and
- making the external (behavioural and social) changes which are needed as a result of life without the deceased

Therese Rando describes mourning as:

> *"Finding ways to incorporate the loss into the philosophical framework of one's life and integrate the loss with other meanings and systems of belief in the assumptive world" and a process of "Sustaining meaning in the face of major loss - which can destabilize meaning - and creating some sense out of the "non-sense" of the loss."*

Duration Of Grief

People search for guideposts. Recent research suggests that typical grief persists much longer than previously believed with the acute grief reactions ending relatively early on (several months) but some symptoms continuing for many years after the death.[8] A benchmark might be that people are able to think of the dead without pain, although never without some sadness.

Although “stage” and “phase” theories of grief may be criticized for implying a specific and universal process (which does not fit everyone’s experience) I am including the, here as mourners may derive comfort from the normalizing of their distress and a sense of working through. It is important, however, that the bereaved do not feel that they are “getting it wrong” if their experience does not conform to the theory.

Worden's Tasks of Mourning with Negation of those Tasks:[9]

1. To Accept the Reality of the Loss

• The mourner must talk about the death, body, funeral.

• Negation is not believing through prolonged denial involving either denial of the facts, the significance of the loss or the irreversibility of the loss

2. To Experience the Pain of Grief

• It is impossible to lose someone you are attached to without feeling some pain. The survivor will have to deal with the pain at the time of the loss, or will confront it many years later; but s/he will have to deal with it!
• Emotional acceptance occurs when the survivor no longer needs to avoid reminders of the loss for fear of experiencing intense pain or remorse.

• Negation is not to feel resulting in increased physical or psychological problems

3. To Adjust to an Environment in Which the Deceased is Missing

• Survivors are not usually aware of all the roles played by the deceased until well after the loss occurs. This is the task where 'secondary losses' need to be identified and mourned. A secondary loss may be defined as "a physical or psychosocial loss that coincides with or develops as a consequence of the initial loss." Examples would include the role of the 'cook' in a relationship, which may have belonged to the deceased; or the identity of a mother once a child has died. Each of these secondary losses initiates its own grief and mourning reactions, "every physical loss will engender psychosocial loss".

• Negation is not adapting to the loss and promoting their own helplessness

4. To Withdraw Emotional Energy and Reinvest in Another Relationship

• Mourners sometimes believe they are dishonoring the dead if they withdraw emotional attachment. They may fear another loss if they reinvest.
• When "all the feelings, thoughts, memories, and expectations that bound the griever to the deceased are gradually worked through by being revived, reviewed, felt, and lessened" (Rando 1984), this task may be considered complete.

• Negation: people may get stuck at this point and later realize that, in some way, their life stopped at the moment the loss occurred

To complete the tasks it is necessary to:

- *Vent feelings, talk about the relationship and feelings of loss*
- *Validate all aspects of the relationship, including normal ambiguities*
- *Resolve any guilt that arises*
- *Internalize the memory while reinvesting feelings*

Bowlby's Phases:[10]

- Denial
- Numbness
- Protest
- Searching and Yearning
- Disorganization and Despair
- Reorganization

Phases, Stages and Tasks Of Grief

This particular model is based on the works of Bowlby and incorporates ideas from Rando and Worden. No matter what framework you use, the most relevant concept is that of *progress* through phases. We caution against rigidly applying theories and pigeonholing mourners by inappropriately using models to explain people's reality.

I. Detach

There is a general **avoidance** of the reality of the loss, accompanied by protest, denial, confusion, shock, numbness. It is not unusual for the individual to feel confused, dazed, bewildered, and unable to comprehend what has happened. People acknowledge the death but put aside emotions and try to carry out their

roles. ***Denial is natural and therapeutic at this juncture.*** It functions as a buffer, allowing the mourner to absorb the reality of the loss gradually over time, disbelief and a need to know "why" may be manifest at this phase. "Protective coping denial"[11] allows people to function but shields them from the full impact of the loss.

II. Acknowledge and Integrate Losses

As the numbness wears off, there is a confrontation with the pain of the loss. People react to the separation and experience the pain intensely. As they gradually comprehend that the dead person will not return, there are pangs of searching, yearning and pining. Each time the mourner is frustrated in his/her desire to be with the deceased, s/he "learns" again that the loved one is dead. Anger, sadness, guilt and fear are present as the mourner copes with an extremely difficult period of "disorganization".
As time passes and the mourner lives into the truth of this loss, s/he begins to identify and grieve secondary losses (status, roles, hopes and dreams). The relationship with the deceased can now be examined realistically for ambivalent and negative feelings. The griever can systematically review the binding ties. Now the relationship shifts from "one of presence to one of memory." It doesn't mean the deceased is forgotten, it means the ties are altered to reflect the changes in the relationship between the living one and the dead one.[12]

As people let go of the old attachments to their lost one, they are called on to readjust their assumptions of the "way the world should have been" ("the young don't die; my child will see me get old and help *me* die") This "letting go" can be difficult. As the bottom drops out of their world and people confront the loss of expectations and assumptions, they may plummet into a period(s) of depression. This is a normal response to loss; a recognition that "dead" is forever. This is a milestone in the process of "healing".

III. Form a New Identity

Mourners must now begin to find ways to accommodate the reality of life without the deceased and to reinvest in the world- without forgetting what came before. People begin to plan a future and renew their capacities for hope and trust. They are increasingly able to return love and maintain an interest in the

social environment. There is a recognition that things have been gained through this difficult journey, that they are, in fact, no longer the deceased's mother, lover or friend, but that a new identity is being developed which may even be satisfying and rewarding. For many there is a determination that some social good must come from their personal suffering.

The journey of grief commonly includes periods of "grief attacks" or "sudden temporary upsurges of grief" (STUGS).[13] If people are prepared for these times, it will be easier for them to acknowledge the difficult moments without the fear that they are "going backwards". "Grief attacks" are normal and to be expected. This is not a sign of pathology, but reflective of fresh memories and hopes that are periodically resurrected through reminders such as:

- ***anniversaries:*** holidays, seasonal rituals
- ***life-cycle milestones***: when child would have graduated, transitions such as moving, a new job, a wedding
- ***reminders:*** smells, revisiting a vacation spot, music, hearing about the person
- other losses or reunions

Common Avoidance Patterns

Because grief work is so painful, at some level there is a desire to avoid it (even if we *think* it is good for us) at some level. Here are the five most common ways people avoid; remember that these are not done consciously and have evolved over time as a primary coping strategy. Bringing the pattern into awareness can

be very helpful in focusing the work. When grief avoidance becomes chronic over time, serious physical and psychological health consequences can result.

Postponing Seeks to void the pain by deciding to look at the loss at a later date
'I'll deal with it later- it hurts too much right now'

Displacing Refuses to believe that grief is an issue
'My anger at you (and myself) has nothing to do with grief!'

Replacing Reinvests prematurely (new relationship, overwork)
'Having John come into my life so soon after losing Gary is a gift! People say it's too soon; but what am I supposed to do? Turn him down?'

Minimizing Cognitively dilutes feelings through rationalization
'You've got to just put it behind you and keep going, there is no good crying over spilt milk, and anyway, we can't change the past; what's done is done and that's just an end to it. No point wallowing forever in self-pity. Always look on the bright side.'

Somaticizing Unexpressed feelings manifest as physical symptoms
'My irritable bowel syndrome has nothing to do with grief, you're being ridiculous!'.

Use of Medication

Grieving people often consult their family physicians about medication in an attempt to *abolish* their suffering. There has been much discussion about the use of medication in the management of acute, normal grief. The general consensus seems to be that medication ought to be used sparingly and focused on giving relief from anxiety or insomnia as opposed to providing relief from depressive symptoms. Worden (I982) advised against giving antidepressant medication to people undergoing an acute grief reaction, noting that antidepressants take a

long while to work and they rarely relieve normal grief symptoms and could give way for an "abnormal grief response".

Covid Grief

While there seems to be a natural constellation of responses to death, there are unique factors associated with the virus that increase the complexity of grieving. The impact of the social isolation, stigma, disenfranchisement, lack of spiritual support (for some), fear of contagion, multiple loss, illness related complications and survivor guilt is tremendous. Doka (l989, Klein and Fletcher (l986), Rosen (l989), Dean and Martin (l988), Rando (l993) etc.
Among the "symptoms" of grief associated with these complexities are a greater than usual amount of rage, fear, shame and lack of resolution (Rosen, l989), and increased feelings of guilt, helplessness, loss of intimacy; as well as increased physical symptoms, self-destructive behaviours, insecurity, numbness, pessimism (Rando, l993).

In any general study of bereavement, these symptoms might signal "pathology". However, this type of reaction can also be seen as a ***normal response to catastrophic events*** rather than a maladaptive reaction to a normal stressor.[14]

Multiple Loss

People are experiencing *bereavement overload* when they have no time to fully express one loss before other losses occur or further losses are anticipated. Many doctors, nurses and other frontline workers may be in this situation. Such a state of affairs, i.e."multiple loss", requires additional support and assistance to develop necessary enhanced coping skills. Kaval's l951 study of life in Theresienstadt (an internment camp in which the Nazi's kept 140,000 Jews) noted that "psychic defenses come into operation to protect people in extreme conditions". After liberation, a number of survivors had severe depressive reactions, accompanied by strong feelings of guilt for having survived.[15] It may be well into the foreseeable future that we will still be dealing with the legacy of loss left behind by this crisis.

Fear of Contagion

Support systems which may formerly have been available may not be present after a Covid death. Fear may result in abandonment of the mourner by family and community members who wish to protect themselves from a perceived risk

of infection. Contagion-prompted isolation may further complicate grief as the simple comfort of a hug may have been unavailable.

Social Isolation

In addition to having been forced to endure being isolated from a suffering loved one, the surviving partner of a person who died from the virus may feel 'marked' by the disease, believing they will never find another relationship. This self-stigmatization means they are grieving for themselves as well as the dead partner. Often the survivor is denied even the comfort of physical contact; and if intimate physical contact is still possible, it may be tainted by fear of fatal consequences. Survivor guilt, combined with the above may result in mourners developing a feeling of worthlessness, somatic complaints, or panic attacks with overwhelming anxiety and terror.

The traditional rituals of mourning often do not address the needs of the members of a marginalized community of bereaved individuals. The mourner may not have the recognized authority to participate in the creation of an appropriate ritual and may be forced to endure post death rituals which they know do not reflect the wishes or life of the deceased.

Guilt and Anger

Both reactions are common following loss.
Guilt is often present after a death, and in the case of Covid may be exacerbated by several factors:

- Perception of the mourner of possibly having infected the loved one
- Self-recrimination for “not having taken it seriously enough”
- Being the cause of significant family conflict related to the response to the virus
- Having let fear of contagion/distancing prevent the mourner from having fully participating in the care as they would have liked

These elements can greatly intensify feelings of anger and helplessness.
Anger may be directed at

- The person for becoming infected
- Those who may be perceived as causing the infection
- God/fate
- Those who blame the deceased or are insensitive to the loss
- The unfairness and injustice of the world

Complicated Mourning

Disenfranchised grief, as well as multiple losses, will naturally lead to a more complex form of mourning. The mourner who is experiencing complicated mourning is actually only attempting to find some way of coping with the loss of a loved one or loved ones.
It is helpful to know a person's history of losses to help them identify patterns of coping learned or modelled earlier in life.
In complicated mourning it is important to remember that emotional expression (and its avoidance) may take second place to supporting the mourner in the process of learning about the loved one's absence, its implications, and what is necessary to survive in the world without the loved one. This may be a more cognitive approach.
Raphael (1977) described some of the circumstances which add to the difficulty of completing a grief "journey":

- a high level of perceived nonsupport in the social network response
- a moderate level of non-support plus traumatic circumstances of death
- an ambivalent relationship plus traumatic circumstances & unmet needs
- concurrent life crisis

Raphael documented that individuals experiencing stigma, non-support, isolation and discrimination associated with a dying process will likely encounter problems moving through a typical grief response.[16] Given that the present reality of Covid brings with it many of the above elements, it seems certain the virtually everyone dealing with this type of death will bring additional difficulties which compound the healing process.

Interventions must seek to address the underlying two attempts of complicated mourning:

1. to deny, repress, or avoid aspects of the loss, its pain, and the full realization of its implications and
2. to hold on to and avoid relinquishing the loved one.

Each mourner brings their unique selves to their response to loss, as well as an individual ability to be supported in doing their grief work. Men and women may have different responses to loss, and these must be respected, (e.g., expression of emotion, acceptance of temporary regression to a more child-like way of being, confiding in others). Some caregivers are determined to wring tears from male mourners and doing so becomes the primary focus of the work (as well as a possible control issue for the caregiver). Men's grief may be expressed in more instrumental ways (doing).

The desire on the part of caregivers to have an objective, quantifiable sign of mourning has caused a great many of them to make the mistake of pushing someone to cry, assuming that to be evidence of mourning. Often, in complicated mourning, even when external appearances are to the contrary, the mourner has not accepted the reality of the loved one's death.
Usually when a person comes to see a caregiver for help, it is with the desire of getting something "fixed". In grief, ambivalent mourners may require a good deal of support for participating in doing the work, as well as additional reasons for undertaking it. These may include the following:

1. Doing it for one's loved ones
2. Taking control over mourning so it does not control one
3. Discovering a better way to have a connection with the deceased
4. Gaining more access to one's full self instead of being blocked off
5. Getting on with a healthy life (if the deceased wanted it)
6. Learning how to live in the world without the deceased
7. Learning how to form a new identity
8. Becoming better at remembering, without pain, the memories shared
9. Removing mourning-related dysfunction from areas of one's life

Family Members

Grief can rip families apart. As individuals each grieve in their own way and in their own time, each family member will find themselves in their own grief process and may be unable to provide adequate attention and support to one another. Recognizing this as "normal" is useful for families.
Facilitating open dialogue about the changes occurring in the family as a result of the death can help.

Children

Children's understanding of death depends on their stage of development. Generally, preschool children (3-5) view death as a temporary departure. In the early school years (5-9), death is an entity which surprises or sends for people. They begin to understand death as a permanent separation. By 10, children usually understand that they themselves must die at some point[17].

Children feel the pain of death as deeply as adults do, and their own sense of security and survival may be profoundly affected. However, they are often unable to express their feelings. Parents may need support in being gentle but **truthful** in telling children about an impending death. Dealing with issues of disclosure about the nature of a Covid death, with possible stigma, shame, anger, fear of contagion and peer rejection may be part of the bereavement support.

Children's' behavioural responses may include regression; such as bedwetting, thumb-sucking etc. They may invent games about dying, or pretend the death never happened. Bereavement groups for children are an excellent referral. Grollman's work, "*When Children Hurt"* offers practical suggestions for working with grieving children.

Bereavement Overload in The Community

Symptoms of distress increase directly with the number of bereavements, and community members are at particular risk of not adapting psychologically to repeated experiences of Covid-related losses.

McKusick (l991) noted the similarities between symptoms associated with multiple loss and those of people suffering from post-traumatic stress disorder (PTSD): chronic grief, the flattening of emotional responses, flooding of feelings, etc.
Interventions developed to treat PTSD may be applicable in this context. For example, if the stress of overexposure to grief is deemed to be a problem, then **a balance between** *working through the intense emotions of grief* and *soothing the distress that accompanies strong emotion* needs to be sought[18]. Traumatic grief is challenging as mourners want to avoid trauma but move towards grief. Normalising this dual process can be helpful.

Interventions

A Checklist for Bereavement Counsellors (Rando, I993)

- *Professional Knowledge and Skills:* is the support I intend to provide suited to this individual? Do I have sufficient information about the grief process in general and about this mourner in particular? NB this is less of a requirement for facilitating self-support groups

- *Personality:* am I clear about my professional boundaries? Am I personally and professionally able to work with an individual who has been through this type of loss? (death of a young child) or who has this dominant style of response? (rage)

- *Success in Confronting One's Own Losses:* what is my own "unfinished business"? How do I differentiate my own needs from the mourner's? Am I able to set appropriate limits?

- *Ability to Care for Oneself:* are my expectations realistic? how do I cope with the stressful aspects of work? what are my personal warning signs? how do I nurture myself?

Grief Group Facilitation

The job of the facilitator is: *To respond as a caring human being to the devastation of loss and to assist the griever in developing suitable skills and supports to enable the completion of the tasks.*

Qualities in the facilitator which enable the above include: straightforwardness, creativity, the ability to ask simple, direct questions, empathy, and the willingness and ability to stay with the griever when/if the frightening experiences are being described.

Goals in providing bereavement support include:

- supporting the griever through the initial pain of loss
- gently working to mobilize their coping strategies so they feel like they can carry on in the midst of the intense searching and pining
- providing information on grief: with the understanding that, while useful, conceptual frameworks should not be interpreted as a series of rigid steps
- assisting with a review of the relationship with the lost loved one and with integrating the past with the new present
- reinforcing the outcomes of increased self-awareness, self-esteem, stronger coping mechanisms to meet life's challenges with a renewed awareness of strengths, a growing sense of identity and a deeper engagement in a social network of friends and intimates

Ways to Facilitate Mourning

1. Remember that you cannot take the pain away from the bereaved
2. Plant the seeds of realistic hope
3. Expect to have to support volatile reactions from the bereaved
4. Recognize the critical therapeutic value of your presence
5. Make sure to view the loss from the bereaved's unique perspective
6. Let your genuine concern and caring show
7. Hold out the expectation that the bereaved ultimately will successfully accommodate the loss and that the pain will subside in time
8. Encourage group members to connect between sessions to facilitate greater support
9. Establish a relationship through your presence and active listening

10. Give people permission to grieve- they may begin to cry and check for your tolerance and support
11. Be realistic about the extent to which you can relieve their suffering. Be aware that you may feel helpless when they are in pain. Your inability to take away pain is a natural part of interaction with the bereaved. Remember: the expression of the anguish *may be* the healing
12. Encourage the verbalization of feelings and recollection by allowing the bereaved to talk, review and cry, without interruption.
13. Offer help in identifying and resolving secondary losses and unfinished business as appropriate. All death has secondary loss: they might include the loss of a role, part of self, safety in community, a dream not realized.
14. Be aware there may be practical problems that develop as a consequence of the death or how the crisis has impacted the mourner which need to be dealt with: finances, will, need for leave from work, etc.
15. Help the mourner to be patient with the process – it is normal to want it to be over
16. Validate they may need to learn new skills and roles: if the partner was the one arranging all the social events, they may now need to learn how to establish social contacts

The goal is to grieve *well* not grieve *right*

Grief is not linear but more of a spiral process as people revisit aspects of grief again and again, but hopefully with less intensity and with new insights and coping strategies each visit.

Tools for The Work The following are some specific tools and techniques which may be helpful in focusing storytelling, remembering and assisting with good-byes and new beginnings

1. The linking object: ask the person to bring an object/song/ picture/poem that reminds them of the deceased to the meeting. This will help them to focus their story and, over time, notice the difference in the significance of the object, the *"meaning"* it has for them. This can be a reassuring reminder that they are moving ahead in the work.

2. **Using visualization to facilitate good-byes:** this technique can be used for all tasks and helps to concretize the work.

- Invite the mourner to imagine the deceased in their mind's eye. Probe questions can increase the vividness of the experience by having the mourner focus on smell, clothes worn, hairstyle etc.

- Ask the mourner to simply sit and notice what it is like to be with the deceased.

- Prompt the mourner to talk to the deceased in the present tense, expressing: ***appreciations***, ***resentments***, ***regrets***, naming any ***unfinished business*** and any '***ghosts***' which are present (is the mourner reminded of other losses in this situation?).

3. **Post death Rituals** (see pdf file on working with ritual)

Complex Grief

Given the nature and complexity of Covid-related deaths you may find mourners show

- *chronic or exaggerated grief responses with extreme reactions over a prolonged period of time*
- *delayed grief reactions and apparently absent mourning*
- *radical changes in lifestyle, avoidance of activities, places and people associated with the deceased*

- *clinical depression over time or false euphoria*

Challenges For The Facilitator *(Adapted from T. Rando)*

• Be wary of "assuming that all the reactions being witnessed in response to the current loss actually pertain exclusively to it"

• It is common to "wish to proceed to a "real" intervention" and not to allow the client to move at their own pace, often from a desire to "reduce the mourner's pain as quickly as possible"

• The mourner may want to "maintain his/her pain as a connection to the deceased"

• A facilitator's "reticence to add to the mourner's pain" may result in not inviting the questions that may help them to explore their distress within the supportive environment

• Bering in mind that the mourner is an individual human being, and "***not merely (a) person in terms of (their) role as a mourner.***"

Working with Multiple Loss[19]

Multiple death is one of the factors that may be associated with a traumatic death experience and complicated grief.

The most critical feature in multiple loss is that of *"psychic numbing"*. This refers to "a diminished or absent capacity to feel, an insulation from the self and the world." Psychic numbing may be partial or complete, temporary or permanent and occurs "as a result of a high level of pain, loss of the support system, and demands and conflicts occasioned by simultaneous multiple mourning."

Facilitator interventions in multiple loss can help the mourner separate the individual deaths by identifying, differentiating and labeling the particular issues specific to each death.

Helping to keep the individual focused while at the same time encouraging them to increase their ability to tolerate "shades of grey" in the working through can be enormously helpful. Reminding them about *normal* ambivalence, guilt, and imperfection in human relationships may allow them to select a loss on which to focus which is where they *need* to go and may not be the same as where they think they *should* go.

Intervention for an individual experiencing multiple loss may be geared to managing the overwhelming stress experienced *before* grief work can be commenced - otherwise the task is too much for any one heart to bear.

- The first step in facing the pain associated with multiple loss is for individuals to *acknowledge all the losses* that have occurred so they can begin to move through the process of grief.

- In general, interventions for responding to multiple loss *focus upon a central loss and work it through* so the bereaved can have an experience of completing one grief process.[20] This requires dealing with the feeling of not knowing where to begin and helping a person focus. The mourner needs a great deal of trust in the care provider to support him/her in relinquishing defenses and facing enormous pain.

- People may be dealing with a diminished capacity to feel as they have insulated themselves psychically to continue to function in the world.

- Plan on *repeatedly* hearing stories about the way things used to be and who the lost ones were.

- Secondary losses may be explored as they often go unrecognized in multiple loss, e.g. loss of social supports, loss of sexual freedom, loss of ability to have children, loss of hope for the future. Gently enquiring about these can invite the story

- The “shattering” of the "assumptive world" is common in multiple loss and Covid loss. This is more than adjusting to the world without a loved one. The purposes in living and reasons for suffering may come up for examination as losses mount in a world which is significantly altered from pre-virus times

- Promote self-mastery: help people to see they can learn how to grieve while remaining life empowered. Bereaved individuals often feel victimized and helpless. It helps people live through experiences if they comprehend that their stress is related to "loss" and if they perceive their reactions as "grief responses". Having an appropriate cognitive framework decreases anxiety and gives a greater sense of control which improves coping abilities.[21]

- Normalise and help people to effectively work with anger by teaching constructive techniques for anger release if required. Yelling at and hitting a futon may work for some is more effective and less destructive than venting at family members

- Desensitize and reframe "survivor's guilt". The term was coined by Niederland to describe survivors of the Holocaust. He observed that people who had survived when so many around them had died manifested symptoms of depression, anxiety and psychosomatic conditions.[22]
  The "guilty" individual may need to isolate *exactly how* s/he feels responsible and then act to absolve these feelings if they are not based in fact.

  Rituals can assist. Being encouraged to "take on" attributes or roles of those who have died promotes a continued sense of responsibility and devotion that can help dilute the guilt of the survivor, and afford the opportunity to carry the legacy of those who have died into the world: although their bodies have died, their essence can live on. Guilt is a universal response to the loss of a loved one. Resolution may require internal self-forgiveness, restitution, and a letting go of the hold on the guilt. Finding ways to make “restitution” may help with

guilt. If, for example, the mourner feels "guilty" for being "selfish" they may wish to engage in conscious acts of service such as volunteering but *only when they feel ready and not in response to a "should" from the facilitator*.

- Hope is an essential component of healing. Establishing new goals, hopes and dreams can and must be created in the midst of this crisis. Encourage people to *look forward to something,* no matter how small!

Crooks, writing at the height of the AIDS epeidemic offered: ***"It's going to be really strange when they announce a cure.*** (i.e. when it is over) ***On the one hand it will be great, but on the other, the people will finally be able to stop and will have to come to terms with the incredible amount of death that has occurred. I think that will be very scary".***[23]

Self-Care for The Facilitator

Stressors of Working with the Bereaved:

- Working with the bereaved requires a lot of patience; the pace of work is slow. This can naturally lead to frustration on the part of the facilitator who may be tempted to push the mourner too fast in treatment or insufficiently work through the resistance first.

- Efforts stalled by the mourner's anger, ambivalence, guilt, dependency or codependency can be particularly grating. Your task it to balance supporting them with inviting them into greater clarity about how they are really doing while respecting the pace at which they can work.

- The facilitator may also become a target for hostility as the mourner vents anger at them. Try not to take it personally: it is the displaced anger of grief.

- Guilt may also be problematic; and it is not uncommon to try to achieve progress or 'rescue' the mourner by minimizing, rationalizing, or stripping the guilt from the mourner. Any of these actions can result in the mourner ultimately feeling less supported.

- Mourners whose grief is absent, delayed or inhibited can be powerfully persuasive about not needing to emote or deal with grief at all. Conversely, people in chronic mourning can be utterly convincing about (and convinced of) their inability to stop.

Death-Related Stressors:

- The critically important qualities of genuineness and empathy create a degree of vulnerability in the facilitator, which may compromise the ability to lend therapeutic support. Additionally, the realization that the assumptive world can be irrevocably and viciously shattered can be terrifying. As is true for the mourner, the recognition of the injustice in these types of death can leave the caregiver cynical and hardened, hence the importance of support

- Support workers in the time of Covid are also impacted by what can feel like the surreality of these times.

- Facilitators may experience compassion fatigue characterized by:
  -depression, anxiety, hypochondria,
  -combativeness, sensation of being on fast forward, inability to concentrate
  -still caring & emotionally involved
  -greater difficulty processing emotions
  -powerful memories/flooding

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(In addition to footnotes)

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Footnotes

More Resources at www.IFSCA.ca

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