



**Part III**

**“The Pathfinder Certificate of Completion Seminar”**

**Seminar # 20**

Issue # Eleven of 12 key Issues: Bereavement

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## *Introduction*

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Coping with the death of a loved one is a tremendous load to bear. It sparks a traumatic grief that can lead to feelings of abandonment or anger, in addition to deep sadness. During wartime, parents of fallen service members grieve the loss of the child they tried to protect. A grieving spouse or significant other may have the additional responsibility of caring for the children, helping them cope with the loss and change in their lives. Families also experience an additional sense of loss from having to move outside of their military community, which often includes a change of schools for their children. The surviving spouse or other family member may suddenly be solely responsible for the family's financial situation or simply have to face the challenges of being alone.

### **Grief Model Background:**

Throughout life, we experience many instances of grief. Grief can be caused by situations, relationships, or even substance abuse. Children may grieve a divorce, a wife may grieve the death of her husband, a teenager might grieve the ending of a relationship, or you might have received terminal medical news and are grieving your pending death. In 1969, Elisabeth Kübler-Ross described five popular stages of grief, popularly referred to as DABDA. They include:

- Denial
- Anger
- Bargaining
- Depression
- Acceptance

### **Denial**

Denial is the stage that can initially help you survive the loss. You might think life makes no sense, has no meaning, and is too overwhelming. You start to deny the news and, in effect, go numb. It's common in this stage to wonder how life will go on in this different state – you are in a state of shock because life as you once knew it, has changed in an instant. If you were diagnosed with a deadly disease, you might believe the news is incorrect – a mistake must have occurred somewhere in the lab—they mixed up your blood work with someone else. If you receive news on the death of a loved one, perhaps you cling to a false hope that they identified the wrong person. In the denial stage, you are not living in 'actual reality,' rather, you are living in a 'preferable' reality. Interestingly, it is denial and shock that help you cope and survive the grief event. Denial aids in pacing your feelings of grief. Instead of becoming completely overwhelmed with grief, we deny it, do not accept it, and stagger its full impact on us at one time. Think of it as your body's natural defense mechanism saying "hey, there's only so much I can handle at once."

Once the denial and shock starts to fade, the start of the healing process begins. At this point, those feelings that you were once suppressing are coming to the surface.

## **Anger**

Once you start to live in ‘actual’ reality again and not in ‘preferable’ reality, anger might start to set in. This is a common stage to think “why me?” and “life’s not fair!” You might look to blame others for the cause of your grief and also may redirect your anger to close friends and family. You find it incomprehensible of how something like this could happen to you. If you are strong in faith, you might start to question your belief in God. “Where is God? Why didn’t he protect me?” Researchers and mental health professionals agree that this anger is a necessary stage of grief. And encourage the anger. It’s important to truly feel the anger. It’s thought that even though you might seem like you are in an endless cycle of anger, it will dissipate – and the more you truly feel the anger, the more quickly it will dissipate, and the more quickly you will heal. It is not healthy to suppress your feelings of anger – it is a natural response – and perhaps, arguably, a necessary one. In every day life, we are normally told to control our anger toward situations and toward others. When you experience a grief event, you might feel disconnected from reality – that you have no grounding anymore. Your life has shattered and there’s nothing solid to hold onto. Think of anger as a strength to bind you to reality. You might feel deserted or abandoned during a grief event. That no one is there. You are alone in this world. The direction of anger toward something or somebody is what might bridge you back to reality and connect you to people again. It is a “thing.” It’s something to grasp onto – a natural step in healing.

## **Bargaining**

When something bad happens, have you ever caught yourself making a deal with God? “Please God, if you heal my husband, I will strive to be the best wife I can ever be – and never complain again.” This is bargaining. In a way, this stage is false hope. You might falsely make yourself believe that you can avoid the grief through a type of negotiation. If you change this, I’ll change that. You are so desperate to get your life back to how it was before the grief event, you are willing to make a major life change in an attempt toward normality. Guilt is a common wing man of bargaining. This is when you endure the endless “what if” statements. What if I had left the house 5 minutes sooner – the accident would have never happened. What if I encouraged him to go to the doctor six months ago like I first thought – the cancer could have been found sooner and he could have been saved.

## **Depression**

Depression is a commonly accepted form of grief. In fact, most people associate depression immediately with grief – as it is a “present” emotion. It represents the emptiness we feel when we are living in reality and realize the person or situation is gone or over. In this stage, you might withdraw from life, feel numb, live in a fog, and not want to get out of bed. The world might seem too much and too overwhelming for you to face. You don’t want to be around others, don’t feel like talking, and experience feelings of hopelessness. You might even experience suicidal thoughts – thinking “what’s the point of going on?”

## **Acceptance**

The last stage of grief identified by Kübler-Ross is acceptance. Not in the sense that “it’s okay my husband died” rather, “my husband died, but I’m going to be okay.” In this stage, your emotions may begin to stabilize. You re-enter reality. You come to terms with the fact that the “new” reality is that your partner is never coming back – or that you are going to succumb to your illness and die soon – and you’re okay with that. It’s not a “good” thing – but it’s something you can live with. It is definitely a time of adjustment and readjustment. There are good days, there are bad days, and then there are good days again. In this stage, it does not mean you’ll never have another bad day – where you are uncontrollably sad. But, the good days tend to outnumber the bad days. In this stage, you may lift from your fog, you start to engage with friends again, and might even make new relationships as time goes on. You understand your loved one can never be replaced, but you move, grow, and evolve into your new reality.

The prescription of medication and engagement in counseling have been the most common methods of treating grief. Initially, your doctor may prescribe you medications to help you function more fully. These might include sedatives, antidepressants, or anti-anxiety medications to help you get through the day. In addition, your doctor might prescribe you medication to help you sleep. This treatment area often causes some differences in opinion in the medical field. Some doctors choose not to prescribe medications because they believe they are doing you a disservice in the grieving process. That is, if a doctor prescribes you anti-anxiety pills or sedation pills – you are not truly experiencing the grief in full effect – you are being subdued from it – potentially interfering with the five stages of grief and eventual acceptance of reality.

Counseling is a more solid approach toward grief. Support groups, bereavement groups, or individual counseling can help you work through unresolved grief. This is a beneficial treatment alternative when you find the grief event is creating obstacles in your every day life. That is, you are having trouble functioning and need some support to get back on track. This in no way means it “cures” you of your loss, rather, it provides you with coping strategies to help you deal with your grief in an effective way. The Kubler-Ross Model is a tried and true guideline but there is no right or wrong way to work through your grief and it is normal that your personal experience may vary as you work through the grieving process.

If you or a loved one is having a hard time coping with a grief event, seek treatment from a health professional or mental health provider. Call a doctor right away if you experience thoughts of suicide, feelings of detachment for more than two weeks, you experience a sudden change in behavior, or believe.

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### *The Five Stages of Grief*

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#### **Issues the Family Faces**

#### **VIDEO ONE:**



**ASSIGNMENT VIDEO: On [www.youtube.com/](http://www.youtube.com/)**

Search Title: The Grieving Process: Coping with Death

There is no right or wrong way to deal with the loss of a loved one. The grieving process is rough—and it's different for everyone. It's not just a matter of coping with a loss, but coping with change—and that takes time.

Duration: 4:14 min

Link: <https://www.youtube.com/watch?v=gsYL4PC0hyk>

Loss can take many forms, some of which are more devastating than others. When our spouse blindsides us by asking for a divorce, when an immediate family member dies, when we get let go from our long-term place of employment or when we become disabled by chronic illness or injury—our lives can feel as if they have been upended. Indeed, loss forces us to confront five specific psychological challenges.

**1. Overcoming Paralyzing Emotional Pain:** The first and most immediate challenge we face is that of excruciating and paralyzing emotional pain. At first, the pain is so severe we might be in shock and feel as though in a haze, trapped in a terrible alternate reality from which we cannot escape. We might lose the ability to think straight or even to function in the most basic ways. The one thing that helps diminish the pain is time. Therefore, our challenge is to find ways to simply get through those first terrible hours, days, and weeks. Once the initial shock begins to fade and the new realities set in, we face our second challenge:

**2. Adjusting to Changes in Our Daily Lives:** Grief and loss can change almost every aspect of our daily routines. We might no longer have a spouse with whom to socialize, losing our jobs means we have nowhere to go each morning, becoming disabled can mean having to retrain ourselves to do the most basic tasks. To recover we face the challenge of coming to terms with the changes that were forced upon us. Only then can we begin the process of finding new ways of living and being that can substitute for those we've lost.

**3. Reformulating Our Identities:** Significant grief and loss can impact our very sense of identity—how we define who we are. We feel as if the person we once were is lost and that the person facing us in the mirror is a stranger. We might have defined ourselves by our career but lost our job (or retired), we might have defined ourselves by our couple hood but lost our spouse, or we might have defined ourselves by our physicality but become crippled by Multiple Sclerosis. To recover we face the challenge of reexamining and redefining who we are, how we see ourselves, and how we want others to view us. We have to reconstruct our identities and come to peace with our new selves and our new lives.

**4. Reconstructing Our Relationships:** It is common for people to respond to profound loss by withdrawing into themselves. We might try to hold on to a deceased loved one by talking to them in our heads throughout the day, trying to keep them alive and present in our minds. At times, we might avoid other people, as they provide stark reminders of our loss. After failing out of college or losing our jobs we might lose touch with classmates and colleagues. Unfortunately, sickness and disability often make others uncomfortable and make them withdraw from us. To recover we face the challenge of reconnecting to those who remain and forming new connections that reflect the new realities of our situation.

**5. Adjusting Our Belief Systems:** Trying to make sense of our experiences in life is a compelling human drive. Although some of us articulate it more clearly than others do, we each have our way of understanding how the world works; a unique set of beliefs and assumptions that form the lens through which we view the world and our place in it. Loss and grief can challenge these basic assumptions and make us question everything we thought we knew. We're flooded with doubts and questions, the simplest and most compelling of which is often simply—why? Our challenge is to find ways of making sense of what happened and adjusting our belief systems accordingly. And to thrive, we must find within ourselves a way to ascribe meaning to the events and discover a new purpose to drive our existence.

REF: Psychology Today: The 5 Psychological Challenges of Loss and Grief

How loss disrupts our lives and how to heal

Posted Apr 01, 2014



**Obstacles the family will likely address**

**The Children see grief having different faces:**

It is increasingly clear that not only do children grieve, but they also grieve in different ways or express their grief differently than do adults. "Kids often grieve in spurts because they can't seem to tolerate grief for long periods of time," says Susan Thomas, LCSW-R, FT, program director for the Center for H.O.P.E. at Cohen's Children's Medical Center of New York. Adults, she explains, "have one foot in grief and one foot on the outside, but kids jump in and out of grief." Children may give the appearance of coping well, when suddenly a seemingly innocuous event unrelated to the loss triggers a disproportional response. For example, says Thomas, "A child may scrape her knee and say, 'I wish Daddy were here. If he were here this wouldn't have happened.' Kids are masters at being able to distract themselves and focus on other things, but when something happens, all of the emotion they've been pushing away comes back." This coping mechanism, Thomas says, allows them to "handle the intensity of the experience."

Not only may children and adults grieve in dissimilar ways, but, McNiel says, "Children also grieve in different ways at different ages and stages of life. Their grief might be expressed in an array of emotions such as anger, sadness, fear, and sometimes relief, particularly when there had been long-

term illness or perhaps a contentious relationship with the person who died."

It's important to remember, however, DeCristofaro says, that when it comes to grief, those developmental stages are fluid and permeable. "Sometimes you'll see a 3-year-old grappling with something existential as a teenager might."

"Grief does not happen in nice, neat stages, but is unique to the person grieving and influenced by a number of factors in addition to age, including temperament and personality, the relationship they had with the deceased, the relationship they have with the surviving caregiver, the type of death, and the reaction of the adults around them," McNiel says. Grief, he adds, is not very well structured, and all children, like all adults, grieve in their own ways.



**Solutions to Issues & Obstacles**

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### *Practical Exercise One*

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**Source:**

Prigerson, H. G., Shear, M. K., Frank, E., Beey, L. C., Silberman, R., Prigerson, J., et al. (1997). Traumatic grief: A case of loss-induced trauma. *American Journal of Psychiatry*, 154(7), 1003-1009. Reprinted with permission from the American Journal of Psychiatry, Copyright 1997, American Psychiatric Association

**Module 7 Table 6: Inventory of Complicated Grief**

**PLEASE fill in the circle next to the answer which best describes how you feel right now:**

**1. I think about this person so much that it's hard for me to do the things I normally do...**

never  rarely  sometimes  often  always

**2. Memories of the person who died upset me...**

never  rarely  sometimes  often  always

**3. I cannot accept the death of the person who died...**

never  rarely  sometimes  often  always

**4. I feel myself longing for the person who died...**



never  rarely  sometimes  often  always

**5. I feel drawn to places and things associated with the person who died...**

never  rarely  sometimes  often  always

**6. I can't help feeling angry about his/her death...**

never  rarely  sometimes  often  always

**7. I feel disbelief over what happened...**

never  rarely  sometimes  often  always

**8. I feel stunned or dazed over what happened...**

never  rarely  sometimes  often  always

**9. Ever since s/he died it is hard for me to trust people...**

never  rarely  sometimes  often  always

**10. Ever since s/he died I feel like I have lost the ability to care about other people or I feel distant from people I care about...**

never  rarely  sometimes  often  always

**11. I have pain in the same area of my body or have some of the same symptoms as the person who died...**

never  rarely  sometimes  often  always

**12. I go out of my way to avoid reminders of the person who died...**

never  rarely      sometimes  often  always

**13. I feel that life is empty without the person who died...**

never  rarely  sometimes  often  always

**14. I hear the voice of the person who died speak to me...**

never  rarely  sometimes  often  always

**15. I see the person who died stand before me...**

never  rarely  sometimes  often  always

**16. I feel that it is unfair that I should live when this person died...**

never  rarely  sometimes  often  always

**17. I feel bitter over this person's death...**

never  rarely  sometimes  often  always

**18. I feel envious of others who have not lost someone close...**

never  rarely  sometimes  often  always

**19. I feel lonely a great deal of the time ever since s/he died...**

never  rarely  sometimes  often  always

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*Practical Exercise: Two*

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Module 7 Figure 4: Self-Care Assessment

**Self-Care Assessment**

Take a moment to consider the frequency with which you do the following acts of self-care. Rate using the scale below:

4 = Often 3 = Sometimes 2 = Rarely 1 = Are you kidding? It never even crossed my mind!

**Physical Self-Care**

\_\_\_ Eat regularly (no skipping meals)

\_\_\_ Eat healthfully

\_\_\_ Exercise at least 30 minutes five times a week

\_\_\_ Sleep 7–9 hours per night

\_\_\_ Schedule regular preventative health-care appointments

\_\_\_ Take time off when ill

\_\_\_ Get massages or other body work

\_\_\_ Do enjoyable physical work

**Psychological Self-Care**

\_\_\_ Read a good novel or other nonwork-related literature

- Write in a journal
- Develop or maintain a hobby
- Make time for self-reflection
- Seek the services of a counselor or therapist
- Spend time outdoors
- Say “no” to extra responsibilities when stressed
- Allow the gift of receiving (instead of just giving)

### **Emotional Self-Care**

- Stay in contact with important people
- Spend time with the people whose company is most comfortable
- Practice supportive self-talk; speak kindly in internal thoughts
- Allow both tears and laughter to erupt spontaneously
- Play with children and animals
- Identify comforting activities and seek them out
- “Brag” to a trusted friend or family member; be proud of accomplishments
- Express anger in a constructive way

### **Spiritual Self-Care**

- Make time for regular prayer, meditation, and reflection
- Seek community among friends, neighbors, or other gatherings
- Cherish optimism and hope
- Contribute to or participate in meaningful activities of choice
- Be open to inspiration
- Use ritual to celebrate milestones and to memorialize loved ones
- Be aware of the nontangible of life
- Listen to or create music

### **Workplace Self-Care**

- \_\_ Take time to eat lunch
- \_\_ Make time to address both the physical and emotional needs of residents
- \_\_ Take time to chat and laugh with co-workers
- \_\_ Seek regular supervision and mentoring
- \_\_ Set limits with residents, families, and colleagues
- \_\_ Find a project or task that is exciting and rewarding in which to be involved
- \_\_ Decrease time spent comparing work performance to others
- \_\_ Seek a support group – even if it is only one other person

**Scoring the Results:**

121-160 You're a self-care guru! Share the wisdom with everyone around you.

81-120 You're on the right track. Get creative in the areas of least scoring.

41-80 Uh-oh. There's some work to do. Hunker down and focus on yourself.

40 Are you still reading this? You're about to self-destruct. Call 911!

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***MASTER FAMILY PLAN OF ACTION FOR: "Bereavement"***

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**Complete answers and move to "Master Family Plan of Action" found in back of workbook.**

1. The family member will have a working knowledge of the Kubler-Ross Grief Cycle.
2. The family will understand the difference between, Uncomplicated Grief, Complicated Grief and Grief Related to Major Depression.
3. The family members will use the "Self Care" steps for care for themselves in managing the stress of grieving.

As part of the Master Family Plan of Action the family members will complete the review and needed "points of contact" list of agencies they will possibly need to work with in addressing this issue