

# Grief, Complicated Grief, and Prolonged Grief



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# DISCLOSURE



- I do not have any financial relationships with ineligible companies to disclose.
- I will not be discussing off-label use of a commercial product.
- Really, in full disclosure, I do not have anything to disclose.

## Getting Acquainted...



- We are often taught to ignore or minimize pain.
- This can be particularly true of older people.
- For those of us in the clinical or medical profession navigating grief more effectively would be helpful to our clients/patients.
- Navigating grief more effectively would likely be helpful for most of us.

# Grief



n. the anguish experienced after significant loss, usually the death of a beloved person. Grief is often distinguished from bereavement and mourning. Not all bereavements result in a strong grief response, and not all grief is given public expression (see disenfranchised grief). Grief often includes physiological distress, separation anxiety, confusion, yearning, obsessive dwelling on the past, and apprehension about the future. Intense grief can become life-threatening through disruption of the immune system, self-neglect, and suicidal thoughts. Grief may also take the form of regret for something lost, remorse for something done, or sorrow for a mishap to oneself. (<https://dictionary.apa.org/grief>).

# Raising Our Grief IQ



- We often minimize our losses, failing to process them adequately.
- The grief experience is not bound by time.
- Losing a loved one is life changing. Other losses can be too.
- As clinicians we sit with people in their most difficult moments.
- Prolonged Grief Disorder is rare (5%-10% of those who experience loss.).
- In grief, the only way is through.



# Prolonged Grief Disorder

- *In simple terms* prolonged grief disorder is mourning that does not resolve within culturally appropriate timelines (from twelve to twenty-four months) and has a significant impact on the individual's ability to function in critical life roles.



# Prolonged Grief Disorder – DSM-5-TR

## **Prolonged Grief Disorder** includes:

- A) The death, at least 12 months ago, of a person who was close to the bereaved individual (for children and adolescents, at least 6 months ago).
- B) Since the death, the development of a persistent grief response characterized by one or both of the following symptoms, which have been present most days to a clinically significant degree. In addition, the symptom(s) has occurred nearly every day for at least the last month.
  1. Intense yearning/longing for the deceased person.
  2. Preoccupation with thoughts or memories of the deceased person (in children or adolescents thoughts may focus on circumstances of the death, especially if traumatic),

# Prolonged Grief Disorder – DSM-5-TR, continued



- C) Since the death, at least three of the following symptoms have been present most days to a clinically significant degree. In addition, the symptoms have occurred nearly every day for at least the last month:
1. Identity disruption,
  2. Marked sense of disbelief about the death,
  3. Avoidance of reminders that the person is dead (in children or adolescents may be characterized by efforts to avoid reminders,
  4. Intense emotional pain (anger, bitterness, sorrow) related to the death,
  5. Difficulty reintegrating into one's relationships and activities after the death (e.g. engaging with friends, pursuing interests, planning for future),
  6. Emotional numbness (absence or marked reduction of emotional experience),
  7. Feeling that life is meaningless,
  8. Intense loneliness
- D) The disturbance causes clinically significant distress or impairment in social, occupational, or other areas of functioning.
- E) The duration and severity of the bereavement clearly exceed expected social, cultural, or religious norms for the individual's culture and context.
- F) The symptoms are not better explained by another mental disorder...



# Diagnostic Markers For Unresolved Grief



1. Speaking of the deceased causes fresh and intense grief.
2. Minor events trigger an intense grief reaction.
3. Preserving the deceased's environment.
4. Survivor making radical life changes.
5. Self destructive behavior.
6. Debilitating sadness at certain times of the year.





# Mediators Of Mourning

- ❑ Kinship: Relationship to the deceased.
- ❑ How the person died: sudden or violent.
- ❑ Ambiguous Deaths: Is the person alive or dead? Deaths where there is no body.
- ❑ Stigmatized deaths: Suicide or stigmatized illnesses.
- ❑ Personality variables: age, gender, coping style.
- ❑ Social variables: support systems, pets, etc.
- ❑ Concurrent losses and stresses: multiple losses, ripple effects.

Worden



# Grief And Older Adults – Specific Considerations



- ❑ Interdependence: Deep attachments and defined roles.
- ❑ Role adjustments: New and unfamiliar tasks.
- ❑ Multiple losses: Loss of loved ones, independence, home...
- ❑ Personal death awareness: coming face-to-face with your own mortality.
- ❑ Loneliness: Social and emotional loneliness. "Loneliness kills," one study found that lonely seniors have a 59% higher risk of physical and mental health decline and a 45% greater risk of death.





# The Tasks Of *Mourning*

- 1. Accept the reality of the loss. Critical Task: Provide time to grieve. Help the survivor actualize the loss.** One of the best ways to help them is to encourage them to talk about their loss.
- 2. To process the pain of grief. Feel the pain of the loss. Help the survivor to identify and experience the feelings of loss. Critical Task: Help the survivor to identify and experience feelings.** Help them accept and work through their pain, anger, guilt, anxiety, helplessness, fear, and loneliness. Identify masked feelings.
- 3. Adjust to the world without the deceased. Assist the survivor to live without the deceased. Critical Task: Assist the survivor in living without the deceased.** Using a problem-solving approach can be helpful. Encourage survivor to avoid big life changes for a time.
- 4. Find a way to remember the deceased while embarking on the rest of one's life journey. Withdraw emotional energy and reinvest it in another relationship. Critical Task: Help the survivor find meaning in the loss and find ways to remember the deceased.** Can include things like organ donation or memorials that help others.

(Worden)

## In Closing... The Importance of Therapeutic Presence



- Even in brief interactions, when people are struggling with some of the worst moments of their lives, you can offer therapeutic presence.
- You can sit with a person in these difficult moments, maybe not knowing what to say. You just come alongside them.
- Leverage facilitative conditions of warmth and empathy and simply be present. You don't have to say anything profound or spend a long time.



Thank You and Questions?

“I sat with my anger long enough until she told me her real name was grief.”

C.S. Lewis

# References



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