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## WENDY LIU

- Bachelor of Social Work
- Grad. Cert. in Social Work: Dying, Death & Palliative Care
- Master of Couple & Family Therapy
- Worked in Forensic Medicine & Coroners Court, Palliative Care, Oncology, Aged Care
- Worked in Australia, UK & NZ
- Now in Private Practice
- 'Chanel Suit'

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## NATHAN MACARTHUR

- Master in Psychology
- Master in Social Work
- Post Graduate Diploma in Relationship Counselling
- PhD candidate
- Worked in Residential Aged Care, Hospitals and NGOs
- Now in Private Practice
- 'Bank Manager'



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# For our consideration

We will be recording this session

Introductory professionals session

Talking about sensitive topics

Mix of people with different experiences of loss

Be mindful of personal or graphic details

We don't know it all, share your insights with us

Ask us questions in chat box

Slides, follow-up email and short evaluation



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QUESTION:

*What are all the words we use to avoid saying dead, die, death?*



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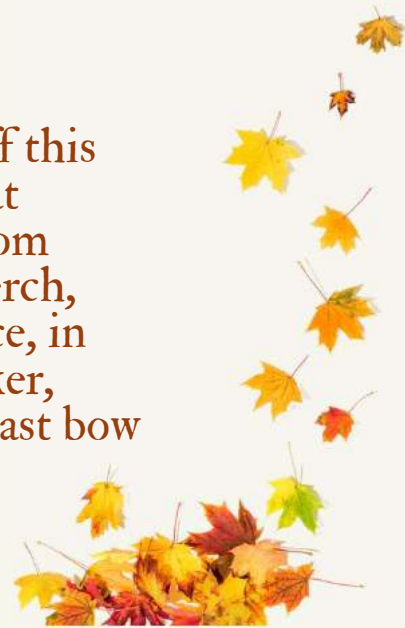
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Passed away, gone to sleep, in  
 heaven, kicked the bucket, shuffle off this  
 mortal coil, pushing up daisies, at  
 peace, bite the big one, assume room  
 temperature, croak, fall off one's perch,  
 give up the ghost, go to a better place, in  
 Abraham's bosom, meet one's maker,  
 pop one's clogs, take a dirt nap, take a last bow

=

Dying, die, dead, death



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## *Responses to Grief*

ALL THE DIFFERENT WAYS WE EXPERIENCE GRIEF

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## Emotional & Mental Responses to Grief

- Sadness
- Helplessness & hopelessness
- Anger and irritability
- Anxiety
- Longing and yearning
- Guilt
- Dread
- Not wanting to live
- Numbness
- Relief



- Forgetfulness
- Difficulty concentrating
- Rumination
- Intrusive memories
- Denial
- Vivid Dreams
- Difficulty making decisions
- A 'mental fog'

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## Physical & Behavioural Responses to Grief



- Sleep
- Appetite
- Breathing and heart rate
- Energy levels
- 'Directionless restlessness'
- Stomach upsets
- Sexual drive
- Keeping very busy
- Lack of motivation
- Avoiding contact
- Over/under eat or work
- Substance use
- Risky behaviours

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# Spiritual Responses to Grief

- Questions about meaning and purpose of life
- Increase death awareness
- Crisis or confirmation of beliefs
- Where is my person?
- Post-traumatic growth



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Adapted from:  
*Whats Your  
Grief?*



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# *How do we understand Grief?*

AN INTRODUCTION TO THEORY

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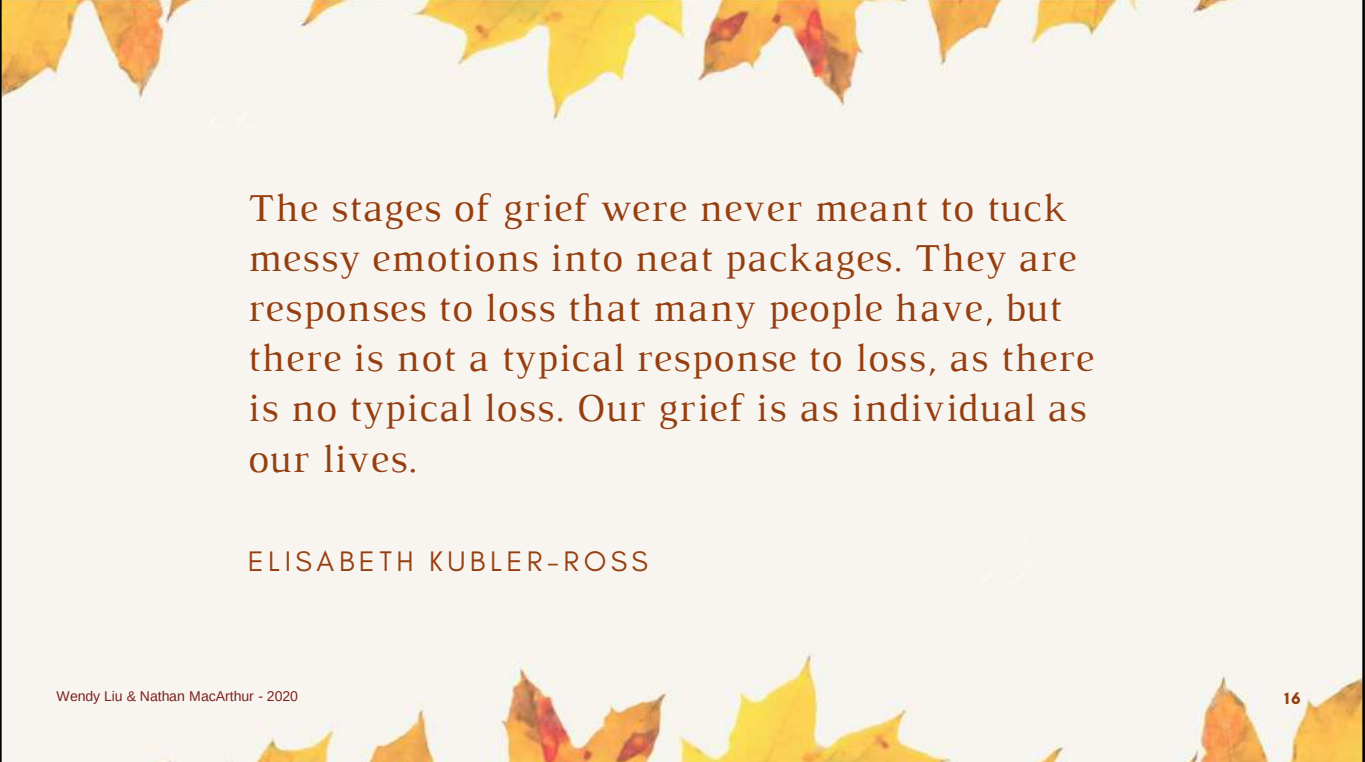


## *The Five Stages of Grief*

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The stages of grief were never meant to tuck messy emotions into neat packages. They are responses to loss that many people have, but there is not a typical response to loss, as there is no typical loss. Our grief is as individual as our lives.

ELISABETH KUBLER-ROSS

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*Models of Bereavement*

TASKS  
PHASES  
PROCESS  
INTEGRATIVE

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# Attachment Theory

*Bowlby (1969, 1980)*

- We are biologically programmed to attach in order to survive and have security
- Attachment behaviour as instinctive and developed in early life
- Bereavement as broken bonds causing distress and emotional disturbance



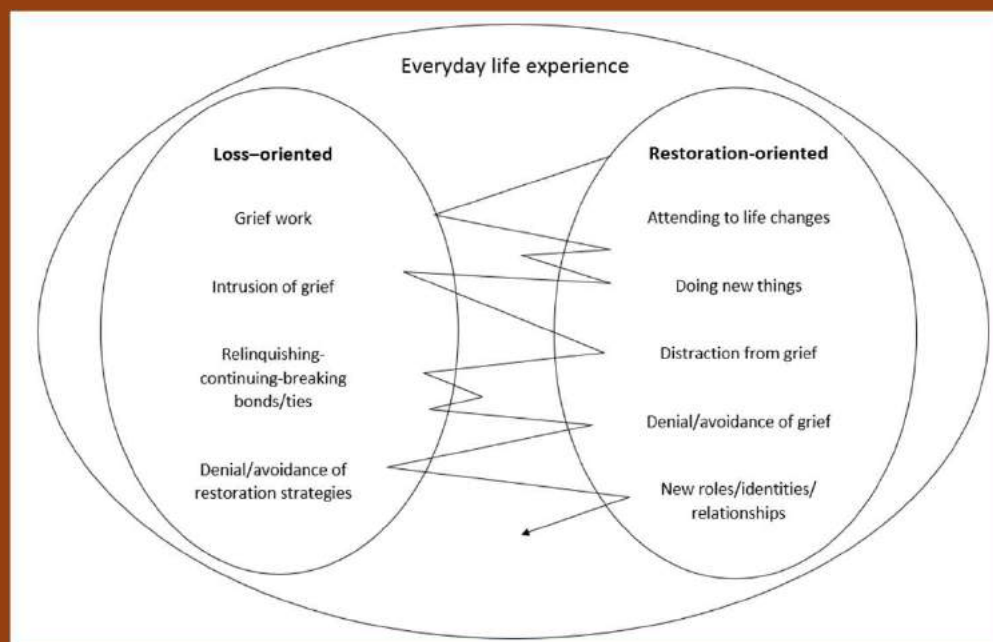
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## Dual Process Model

*Stroebe and Schut (1999)*



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# Grieving Styles

MARTIN & DOKA

## INTUITIVE GRIEF

Affective  
Emotional Symptoms  
Share Feelings  
More likely to seek and accept support

## INSTRUMENTAL GRIEF

Cognitive  
Problem-solving  
Engage in Activities  
Less likely to seek and accept support



## BLENDED GRIEF

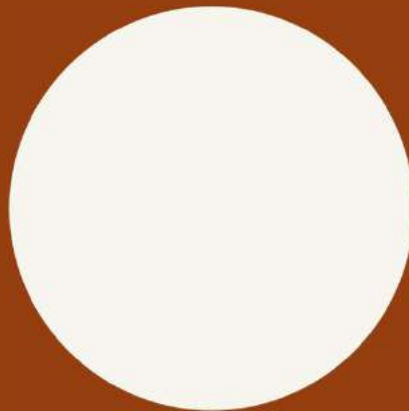
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## Growing Around Grief

Tonkin



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Growing Around Grief  
*Tonkin*



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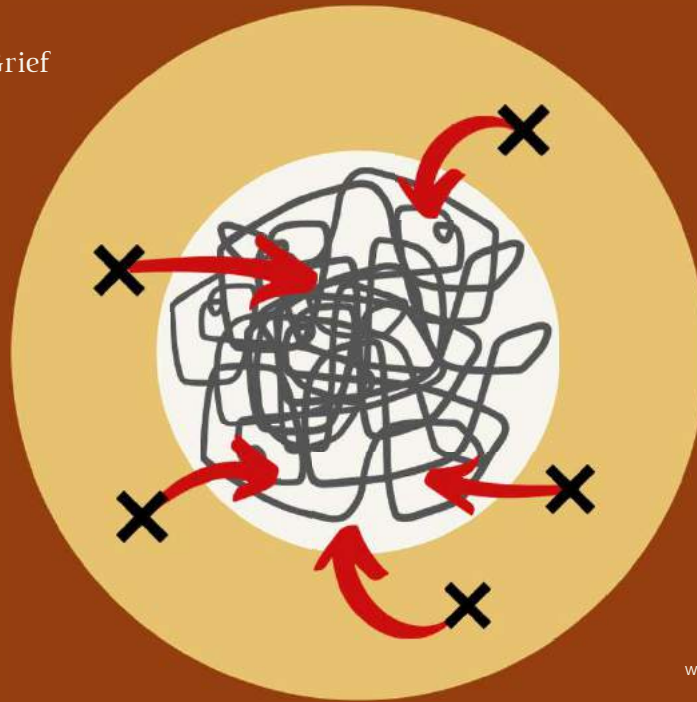
Growing Around Grief  
*Tonkin*



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Growing Around Grief  
Tonkin



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## Continuing Bonds

*Klass, Silverman and Nickman (1996)*

- Questioned linear & pathological models of grief
- Grief as ongoing
- Considers an ongoing relationship with the deceased to be normal and helpful in adjusting to loss

"Death ends a life; it does not end a relationship"

*Robert Anderson*

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# Making Sense & Finding Meaning

*Frankl (1946)*  
*Neimeyer (2001)*

- Our deepest desire is to find meaning
- Bereaved people search for personal narratives in order to make sense of changed realities
- Life stories must be rewritten and reorganised following a loss

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# Post-traumatic Growth

*Calhoun & Tedeschi 2006*

- Aspects of positive personal change following major life trauma
- E.g. increased empathy, awareness of own strength, closer relationships
- Occurs alongside suffering
- Active engagement and social support correlates with growth

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Questions?

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QUESTION:

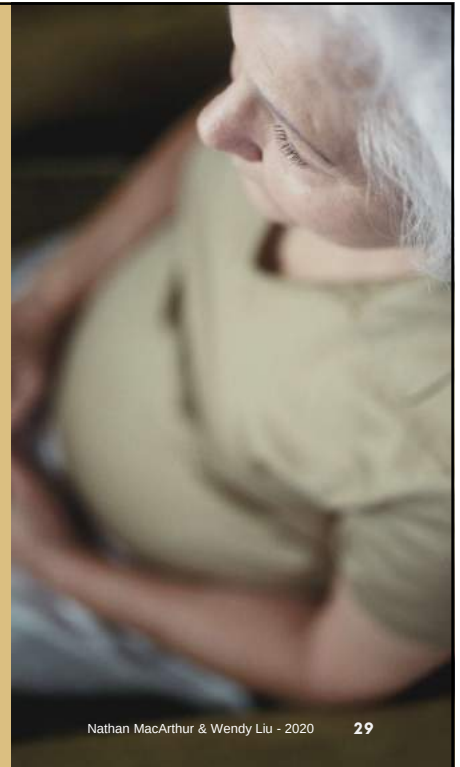
*Is Grief ever Abnormal?*

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## Complicated Grief & Prolonged Grief Disorder

- Complicated grief (CG) (Shear et al., 2011)
- Prolonged Grief Disorder (PGD) (Boelen, Paul, & Holly, 2012)
- Persistent Complex Bereavement related disorder (PCBD) (Robinaugh, LeBlanc, Vuletich & McNally, 2014)



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## Prolonged Grief Disorder

### ICD-11 CRITERIA FOR PROLONGED GRIEF DISORDER

#### A. At least one of the following:

- Persistent and pervasive longing for the deceased, or
- A persistent and pervasive preoccupation with the deceased,

#### B. Intense emotional pain:

Accompanied by intense emotional pain, for example, sadness, guilt, anger, denial, blame  
 Difficulty accepting the death  
 Feeling one has lost a part of one's self  
 An inability to experience positive mood  
 Emotional numbness  
 Difficulty in engaging with social or other activities

#### C. Time and impairment criterion

Persisted for an abnormally long period of time (more than 6 months at a minimum) following the loss, clearly exceeding expected *social cultural, or religious* norms for the individual's culture and context

Source From World Health Organization. (2019). *International Classification of Diseases ICD-11*.



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The next slide contains images of skeletal remains.  
If you do not want to view this image,  
please look away now.

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# *Normal to Abnormal*

NEIMEYER, BOELEN & PRIGERSON 2009



TIME



INTENSITY



FREQUENCY



IMPAIRED  
FUNCTION

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# *Risk & Resilience*

WHAT ARE WE ARE WE ASSESSING WHEN  
WE MEET A BEREAVED CLIENT?



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1. RELATIONSHIP TO THE DECEASED

- Strength of attachment

2. MODE OF DEATH

- Sudden/unexpected
- Traumatic/location of death/multiple deaths

3. HISTORICAL ANTECEDENTS

- Previous life crises/losses
- Childhood experiences
- Previous mental illnesses (especially depressive illness)

4. CONCURRENT FACTORS

- Include: Age, personality, cultural and familial factors, religious faith/rituals, socio- economic

5. SUBSEQUENT FACTORS

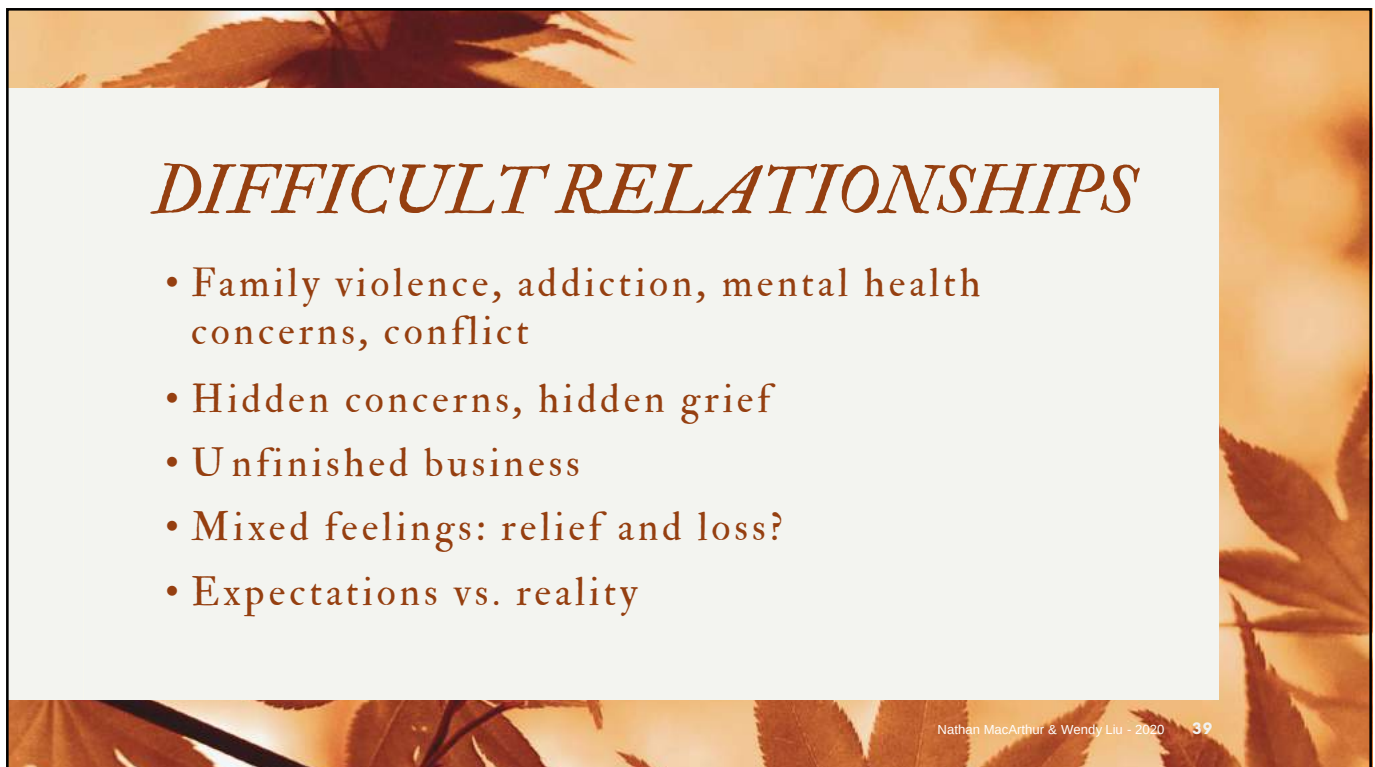
- Include: social support or isolation
- Secondary stresses: financial, other crises
- Emergent life opportunities

*(Adapted from CM Parkes 1998)*

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## *DIFFICULT RELATIONSHIPS*

- Family violence, addiction, mental health concerns, conflict
- Hidden concerns, hidden grief
- Unfinished business
- Mixed feelings: relief and loss?
- Expectations vs. reality

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## *TYPES OF LOSSES*

- Anticipatory Loss e.g. prolonged dying
- Sudden Loss e.g. unexpected or violent death
- Multiple or Accumulative Loss
- Ambiguous Loss e.g. missing person
- Disenfranchised Grief e.g. stigma, shame, publicly unacknowledged

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## *SUICIDAL IDEATION*

- parasuicide common in bereavement
- assessment of risk and intent
- safety planning
- joining

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## GRIEF IN THE TIME OF COVID

- universal experience - multiple losses and grief
- changes in service provision
- reduced social supports
- lack of access to usual coping strategies
- disenfranchised grief
- concurrent stressors
- uncertainty



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## *RESILIENCE FACTORS*

- strong social support network (which is accessed)
- hope that strength and meaning may come from the experience
- spiritual/religious beliefs that assist in coping
- ability to move between emotional responses and practical tasks

(Relf, Machin and Archer, 2010)

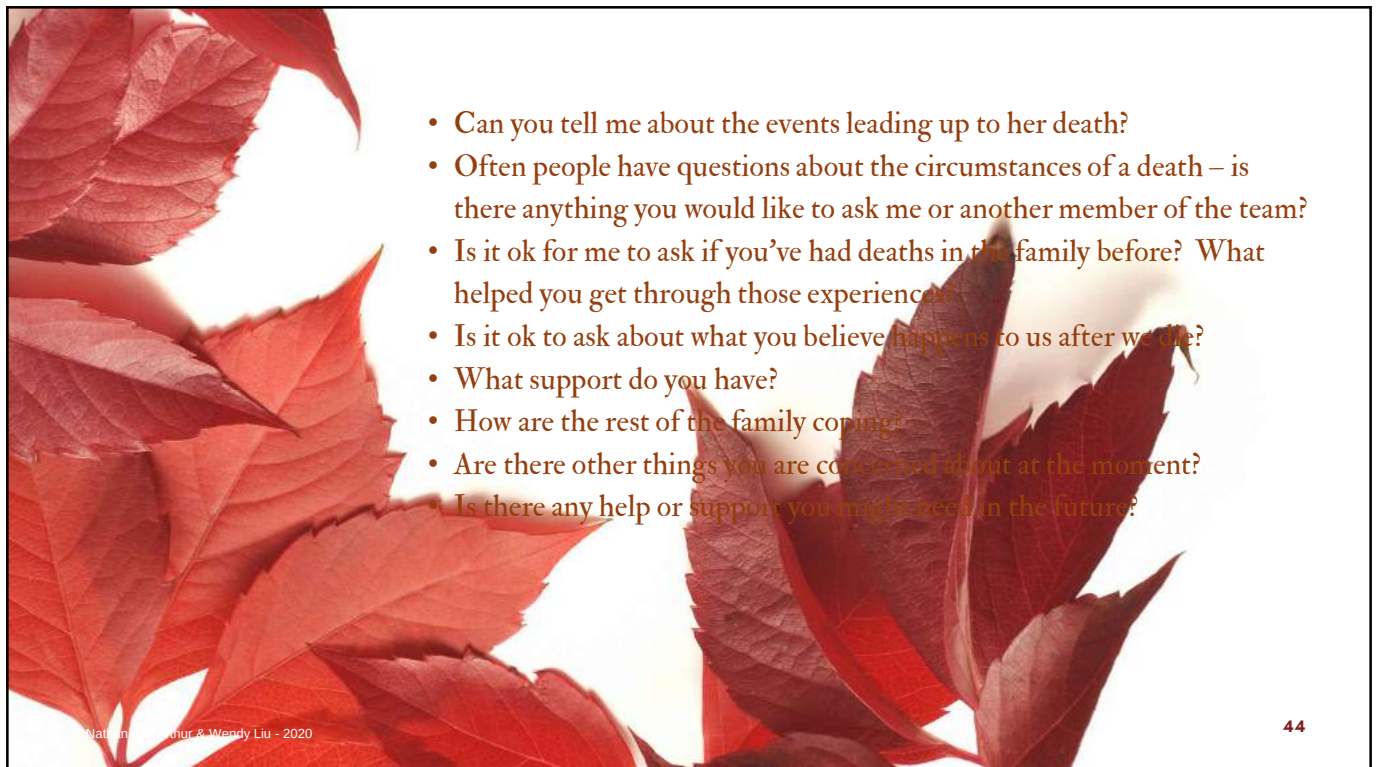
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# Questions?

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# Principles & Approaches



<p><b>PERSON CENTRED</b></p> <p>Start from where the client is Work with systems</p>	<p><b>SUPPORT, NOT FIX</b></p> <p>Companioning Model - <i>Wolfelt</i> Learning to live with loss</p>	<p><b>TUNE IN AND CREATE 'HOLDING' SPACE</b></p> <p>Empathy and safety Use of silence</p>
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# Principles & Approaches



## BE CURIOUS AND SENSITIVE

Asking permission and pacing

## PSYCHO-EDUCATION

Information and normalisation

## ATTEND TO THE PRACTICAL

E.g. legal, financial, employment

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## Be curious

- Get to know the person who died
- "Can you introduce me to...."
- Interests
- Personality
- Relationships
- Perceived positive qualities
- Perceived negative qualities
- Memories and photographs
- Legacy
- Hopes and aspirations for an imagined future

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## *Psycho-education*

- Normalisation
- Social constructs
- Grief theories
- Metaphors
- Use of other people's anonymised stories
- Sharing of others' response and suggestions

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## *The Practical*

- Holistic approach
- Poorly acknowledged
- Emotional impact
- Basic needs: food, accommodation, income
- Unique challenges: belongings, contested wills, funerals and ashes, fertility

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# *Principles & Approaches*



## WORK WITH POWERFUL EMOTIONS

e.g. guilt, blame, anger, shame

## BE CREATIVE AND HOLISTIC

Expressive Arts  
Somatic work

## BE AWARE OF SELF

Confront own reactions and values and  
their role in your work

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# *Working with Strong Emotions*

- E.g. Anger, guilt, blame, shame, despair, hopelessness
- Normal and natural in grief
- Be aware of personal responses and urge to comfort
- Social and cultural norms
- Bearing witness
- 'Stuckness'
- Exploration and Challenge



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# Techniques

## COUNSELLING TOOLKIT



### *Thought Defusion*

“I’m having the thought that...”  
 “I’m noticing that I’m having  
 the thought that...”



### *Externalising Emotions*

What colour is it?  
 What shape is it?  
 How big is it?  
 How heavy is it?  
 How does it feel against your skin?  
 What can we name it?



### *Gratitude*

3 things every day  
 Specific and concrete  
 On waking/last thing at  
 night/brushing teeth/in the shower

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# Techniques

## COUNSELLING TOOLKIT



### *Thought Challenging*

What are the beliefs or thoughts  
 I’m having?  
 What evidence is there for  
 and against these?  
 What’s another way to look at this?



### *Sensorimotor*

Working with the body  
 and self touch  
 Noticing postures  
 that support  
 “What happens when you open  
 your shoulders wide?”



### *Therapeutic Writing*

Letters to and from deceased  
 Expression of feelings in safe place  
 Used in therapy

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# Self Care



*Disenfranchised  
grief*

This applies to us too



*Funerals and  
rituals*

Acknowledgement  
of loss



*Exercise, sleep  
and diet*

Do what you can



*Writing and talking*

Expressing and sharing



*Connecting to life*

Nature, Children,  
meaning and purpose

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# Questions?

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## *Coming Up*

**NEXT ONLINE GRIEF SESSION**  
 TUESDAY, 7 JULY AT 7.00PM (AEST)  
 WEDNESDAY, 5 AUGUST AT 7.00PM (AEST)

**GRIEVING THE DEATH OF A CHILD**  
 WEDNESDAY, 22 JULY 7.00PM (AEST)

**COPING WITH ANNIVERSARIES AND SPECIAL DAYS**  
 WEDNESDAY, 5 AUGUST 7.00PM (AEST)

**COUNSELLING - INCLUDING ONLINE**

**PROFESSIONAL SUPERVISION**

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## Thank you for joining us

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