E-Learning Module K: Loss & Grief

This Module requires the learner to have read Chapter 10 of the Fundamentals Program Guide and the other required readings associated with the topic.

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Please reference as follows:

GETTING STARTED

This e-Learning Module has been designed to consolidate key concepts from the required readings and provide an opportunity to begin applying these concepts through self-directed reflection and scenario-based work, in preparation for the case-based discussions, in-person, with other learners.
GETTING STARTED

In this module you will review the content highlights associated with Chapter 10 of your Program Guide.

It would be best if you have read Chapter 10 in advance and have the Program Guide, as well as the Domains of Issues Laminate with you as you complete this module.

You will be prompted to write down your thoughts or ideas during this module. You can do so in the ‘notes’ section at the end of Chapter 10 in your Program Guide. These notes are just for you; you are not required to share them.

Consider bringing forward any questions from the e-Learning Modules to your next Peer-to-Peer Exchange or your next Case-Based Learning Session.
TOPICS COVERED

✓ Understanding the Fundamentals
✓ Loss and Grief Issues
✓ Bereavement and Mourning
✓ Factors That Influence Grieving
✓ Types of Grief
✓ Risk Factors for Complicated Grief
✓ Children and Grief
✓ Common Myths About Grief
✓ Tasks Associated With Mourning
✓ Supportive Care Strategies
Familiarize yourself with the issues listed in the Loss and Grief domain on the Domains of Issues Laminate. These are the issues we will explore in this module.
Grief is a natural and healthy response to any loss. Every person grieves in a different and unique way.

In hospice palliative care both the person and his or her family will experience grief over the losses that occur throughout the illness journey. Grief is experienced long before the death occurs. Throughout the disease trajectory, the person may grieve over the loss of good health, the loss of abilities, loss of income, etc. The person and his or her family may grieve the loss of dreams and expectations such as completing a project, nurturing a family, career advancement.

The health care team has a crucial role in understanding loss and grief and supporting the person and his or her family.
BEREAVEMENT AND MOURNING

Bereavement is described as the state of having experienced the death of a significant other.

Mourning can be described as a process of grieving that incorporates social customs and cultural practices that an individual, family, community embrace following a death. It provides a means of outwardly acknowledging death (e.g. wearing black or having a funeral ceremony). It may also include personal and private rituals embraced by the bereaved person (e.g. honouring special times; birthdays, anniversaries).
FACTORS THAT INFLUENCE GRIEVING

Sometimes people will wonder how long the grieving process will last for them and when they can expect some relief. There is no answer to this question but some factors that affect the intensity and length of the grieving process are:

▪ The relationship with the person who died (e.g. parent, child, close friend)
▪ The nature of the death (expected, unexpected, suicide)
▪ Previous experiences with death
▪ Health and coping of the bereaved
▪ Unique characteristics of both the bereaved person and the person who died
▪ Ability or inability to use social support
TYPES OF GRIEF

As health care providers it is important to recognize both healthy grief and unhealthy grief.

The grief experience may be different when loss occurs after a prolonged illness, rather than suddenly. When someone is living with a life-limiting illness the person and family might start to grieve in response to expectation of death. This is a normal response called anticipatory grief.

This might help the person and his or her family to complete unfinished business and prepare for the actual loss.
TYPES OF GRIEF

Healthy, uncomplicated grief includes physical, emotional, spiritual, behavioural and cognitive responses.

The person may feel agitated or weak, cry, engage in aimless activities or be preoccupied with thoughts of images of the person who died.
TYPES OF GRIEF

Complicated grief involves excessive or intense feelings, emotions, and behaviours beyond a time that one would adjust to the “new normal”.

The person may present with such things as panic attacks, total loss of interest in personal activities or a deep and persistent yearning or longing for the person who died.

Although the majority of people experience normal grief after death of a loved one, as health care providers it is important to be aware of the risk factors for complicated grief.
RISK FACTORS FOR COMPLICATED GRIEF

Consider this scenario:

As a teenager Gordon left his family home to strike out on his own because of constant tension and conflict with his father. Over the years he remained loosely connected with his dad but there was never reconciliation over their differences. Gordon experienced the loss of two friends due to a car accident and decided that he could be strong and get over this tragedy without any social support. Yesterday a family friend called to inform him of the sudden death of his dad from a cardiac arrest.

- Review the list of risk factors for Complicated Grief found in Chapter 10 of your Program Guide. Document at least three risk factors for Gordon for complicated grief.
CHILDREN AND GRIEF

Even before a close family member dies, parents can introduce death as a part of everyday life by talking about death that occurs in nature, or an incident in the news.

Children typically will move in and out of grief for brief periods rather than dwelling on it for extended periods of time.
CHILDREN AND GRIEF

Tommy’s grandfather had end stage lung cancer. He developed sudden severe respiratory distress and died on the way to the hospital in the ambulance. Tommy had been visiting his grandfather that day and he witnessed his grandfather’s respiratory distress. Tommy is seven years old. It has been four weeks since his grandfather’s death. Tommy has been having recurring nightmares that his grandfather has come back as a monster to get him. Tommy seems withdrawn at times and yet at other times he is lively and outgoing.

Is Tommy exhibiting healthy or unhealthy grief? Write down the reasons for your answer.
EMOTIONAL RESPONSES TO DYING AND DEATH

Tommy is exhibiting a healthy response to grief:

- It’s healthy for children to “go in and out” of their grief as Tommy seems to be doing, e.g. withdrawn at times, yet lively and interactive at other times
- Some children at this age may have nightmares of the dead person
- Tommy could be at risk for unhealthy grief because of the circumstances of his grandfather’s death
COMMON MYTHS ABOUT GRIEF

Refer to the Common Myths about Grief in Chapter 10 of your Program Guide. Provide a short response to “dispel the myth” for the following statements:

1. The person says, “It’s been 6 months since the death of your wife, you should be in the ‘acceptance stage’ by now.”

2. The person says, “She seems so strong, I knew she’d keep her chin up and just move on.”

3. The person says, “Come on now, its time to put those tears away, they won’t bring him back and he wouldn’t want you to cry anyway.”
COMMON MYTHS ABOUT GRIEF

Suggested answers:

1. There is no predictable and orderly progression of responses related to the grief experience. Each person’s grief experience is his or her own.

2. Many bereaved people don’t give themselves permission or receive permission from others to mourn (outward rituals, emotions). Attempting to “buck up” or move away from grief results in internal anxiety and confusion. In order to heal, grief needs to be experienced as something to work through. It is not healthy to move away from it through denial or suppressing emotions.

3. Crying is nature’s way of releasing tension and should not be discouraged. It communicates to others a need to be comforted and is an indication of the griever doing the hard work of mourning.
The Four Tasks of Mourning as described in Chapter 10 of the Program Guide provides information about tasks involved in grief work. These tasks don’t necessarily occur in sequence and may even occur simultaneously:

1. Absorbing the loss
2. Working through the pain of grief
3. Coming to terms with living without the deceased e.g. taking over roles of the deceased
4. Investing in new relationships and going on to develop a new life without the person who has died
SUPPORTIVE CARE STRATEGIES

Adjusting to an environment without the person who has died is also referred to as the process of letting go. This doesn’t mean letting go of all the memories of the person or forgetting, but rather letting go of the pain and intense emotions such as anger, hopelessness and despair. There will be times that the intense emotions will surface. For example in the “Tommy” case, if Tommy marries, he may experience grief reactions that his grandfather is not at his wedding.
Mourning rituals can assist the bereaved to let go and yet remember. As health care providers we can support the grief process by suggesting certain rituals.

- Review the grief rituals outlined in Chapter 10 of your Program Guide. Reflecting on your work or your personal life, what rituals have you found to be helpful for the bereaved?
SUPPORTIVE CARE STRATEGIES

There are many ways that the health care team can help family members deal with grief and loss. Suggest to family members the following:

✓ Sleep is important but sometimes not possible. Encourage rest and relaxation such as resting quietly and listening to favourite music
✓ Exercise such as walking or yoga
✓ Reach out for help such as a peer support group (be aware of what is available in your area)
✓ Cry as often as needed; it is not a sign of weakness but a source of healing
✓ When possible avoid making major life changes in the first year after the death of a significant other
BRINGING IT TOGETHER

One of the most important factors in healing from loss is having the support of other people. As a facilitator of change in the person’s grief process, the health care provider should encourage the person to share the burden of grief.

All health care providers have a role in observing, assessing and sharing information about grief in order to make the grief process as healthy as possible.
WHAT HAPPENS NEXT

To prepare for the next e-Learning Module, you will need to read the associated Program Guide chapter in advance. In order to complete the next e-Learning Module you will need both the Program Guide and Domains of Issues Laminate with you.
This e-Learning resource is the property of:

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