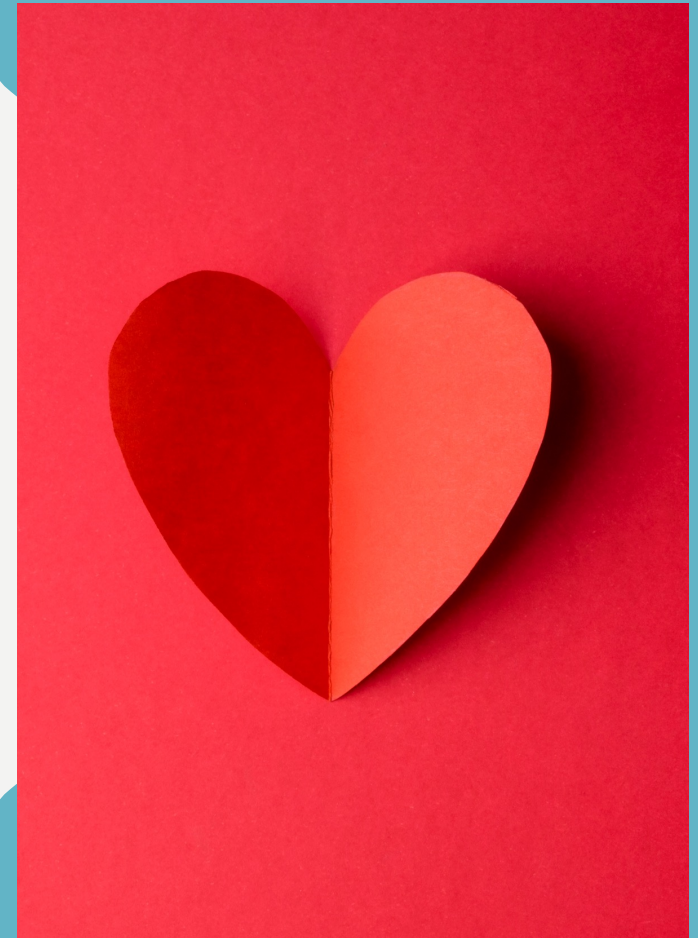


GRIEF AND GROWTH

EMOTIONAL HAZARDS OF
MEDICAL SOCIAL WORK
AND PROMOTING OUR OWN
RESILIENCY

ELIZABETH CLEARY, PH.D.



AGENDA

The Experience of Grief in Medical Social Work
Language

Theories of Grief

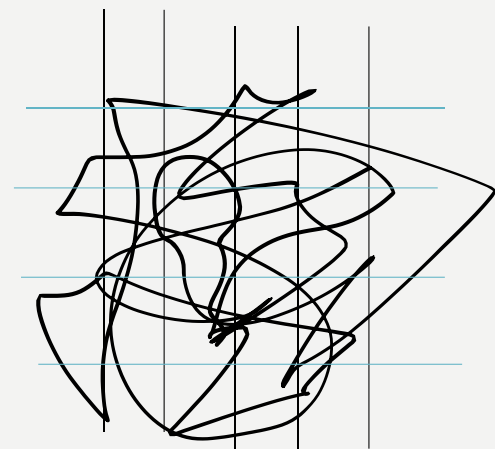
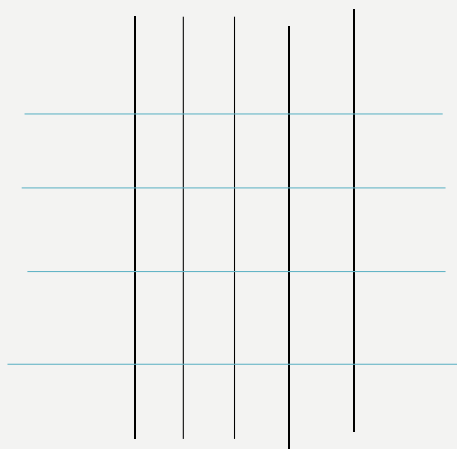
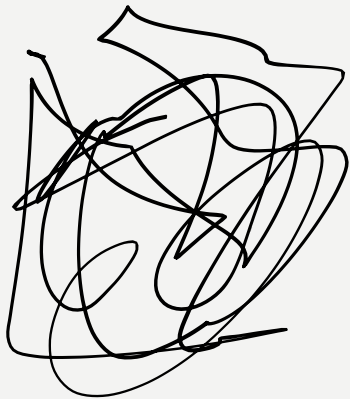
Growth – Theory and Practice

Supporting Grief in the Workplace

Personal Resilience and Meaning-Making

Questions and Discussion







WHY ME?

GRIEF IN MEDICAL SOCIAL WORK



PERSONAL LOSS



LOSS OR SUFFERING OF
PATIENTS/ CLIENTS/
CAREGIVERS



AWARENESS AND
EXPERIENCE OF
LIMITATIONS AND
INEQUITIES




SUPPORT FOR
COLLEAGUES,
STUDENTS



GLOBAL LOSS AND
SUFFERING





“Being present to suffering on a daily basis places huge demands on our psyches, our souls, and our very being.”

- Arbore, Katz, and Johnson, 2006



TYPES OF LOSES

- Death of partner/spouse, child, pregnancy loss, sibling, parent, grandparent, extended relative, friend, colleague, patient/client – all due to any cause
- Divorce, break-up, or end of a relationship
- Death of pet
- Diagnosis of illness
- Loss of an aspect of physical or cognitive functioning
- Loss of job, academic/career goals
- Changes in identity
- Relocation, loss of home/housing
- Loss of sense of safety, security, trust
- Grief in response to generational trauma, racism, homophobia, classism, ableism, injustices, violence, disasters, climate change, human rights violations and/or other

LANGUAGE

- Loss
- Grief
- Bereavement
- Anticipatory Grief
- Ambiguous Loss
- Disenfranchised Grief



CORRELATES OF GRIEF

Physical

- Appetite
- Sleep
- Energy
- Pain /discomfort
- Sense of presence of deceased

Emotional

- Sadness
- Crying
- Longing
- Loneliness
- Anger
- Irritability
- Guilt
- Survivor's guilt
- Worry, anxiety
- Relief
- Enjoyment
- Unreality
- Intrusive thoughts or images

Cultural

- Bereavement practices or rituals
- Beliefs around death and after death
- Beliefs and stigma around cause of death
- Societal/ cultural expectations for grieving

9

Social

- Emotional and tangible support
- Social engagement or isolation
- Others' experience of grief
- Need to support others

Occupational

- Motivation
- Focus, attention
- Emotional reserves
- Compassion fatigue
- Efficacy
- Support
- Workplace culture
- Workplace accomodation

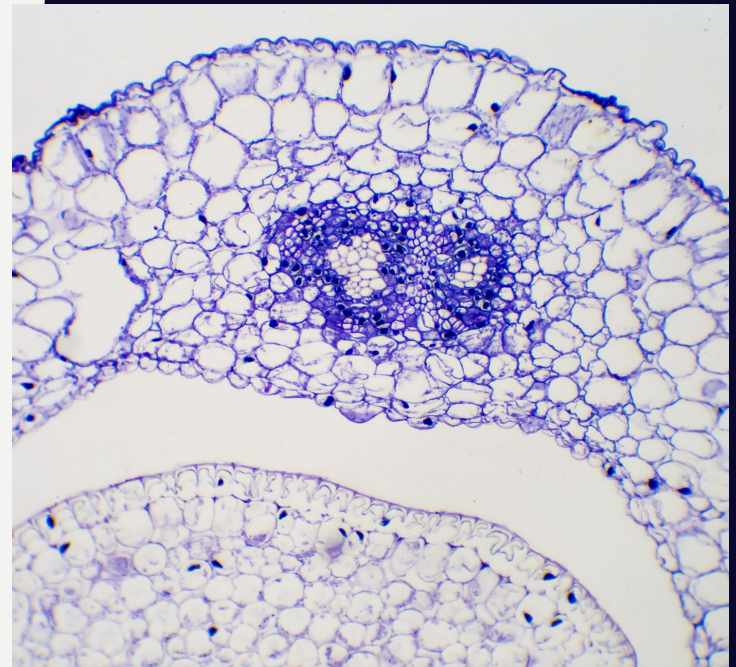
BIOLOGY OF GRIEF

Experientially and clinically: Grief is tiring and is felt physically.

Theoretically: Grief is cognitively and emotionally intensive and consuming. Loss often activates the sympathetic nervous system.

Empirically: Bereaved individuals exhibit higher rates of physical health problems, hospitalizations, medication, and disability than non-bereaved. Demonstrate increased susceptibility to illness, disease, and mortality.

Stroebe, M., Schut, H., & Stroebe, W. (2007) Health Outcomes of Bereavement. *Lancet*, 370, 1960-73.



BIOLOGY OF GRIEF

“Grief is mediated by a distributed neural network that subserves affect processing, mentalizing, episodic memory retrieval, processing of familiar faces, visual imagery, autonomic regulation, and modulation/coordination of these functions.

This neural network may account for the unique, subjective quality of grief and provide new leads in understanding the health consequences of grief and the neurobiology of attachment.” – Gundel et al., 2003



Article

Functional Neuroanatomy of Grief: An fMRI Study

Harald Gündel, M.D., Mary-Frances O'Connor, Ph.D., Lindsey Littrell, B.A., Carolyn Fort, B.S., and Richard D. Lane, M.D., Ph.D.

Published Online: 1 Nov 2003 | <https://doi.org/10.1176/appi.ajp.160.11.1946>



Freud - Broken Bonds



Five stages of grief – Elizabeth Kubler-Ross



Dual-Process Model of Grief – Stroebe and Schut



Task-Based Model – Worden



Continuing bonds and meaning-making

THEORIES OF GRIEF

THE FIVE STAGES OF GRIEF ELIZABETH KUBLER-ROSS

February 21, 2007

An Empirical Examination of the Stage Theory of Grief

Paul K. Maciejewski, PhD; Baohui Zhang, MS; Susan D. Block, MD; [et al](#)

» [Author Affiliations](#) | [Article Information](#)

JAMA. 2007;297(7):716-723. doi:10.1001/jama.297.7.716

Denial

Anger

Bargaining

Depression

Acceptance

DUAL-PROCESS MODEL OF GRIEF – STROEBE AND SCHUT

Dual Process Model of Coping with Bereavement

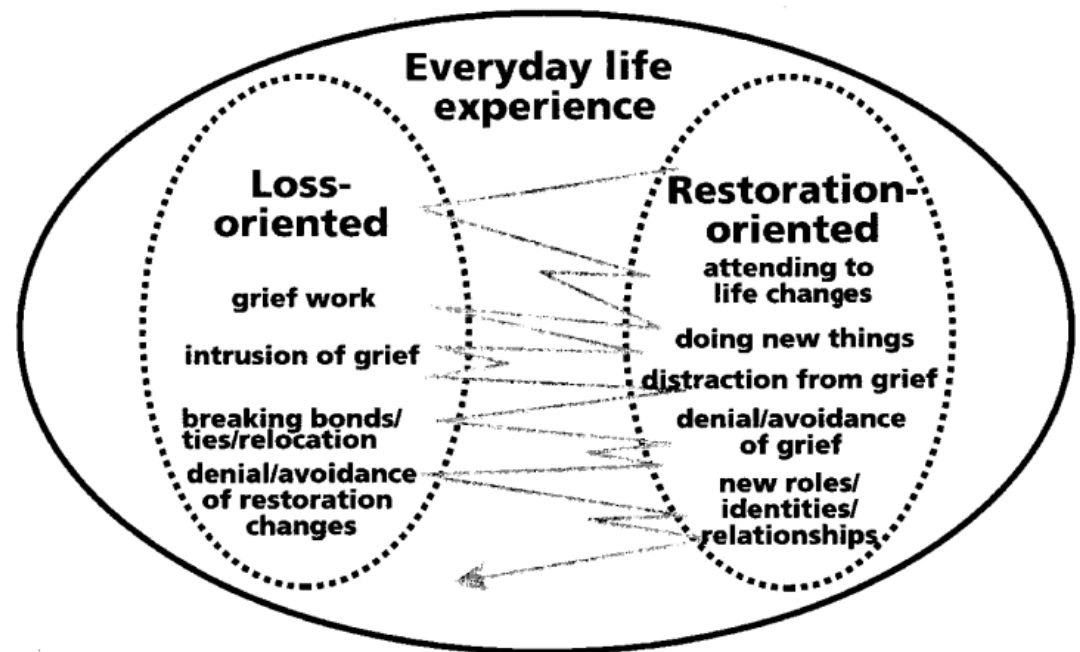
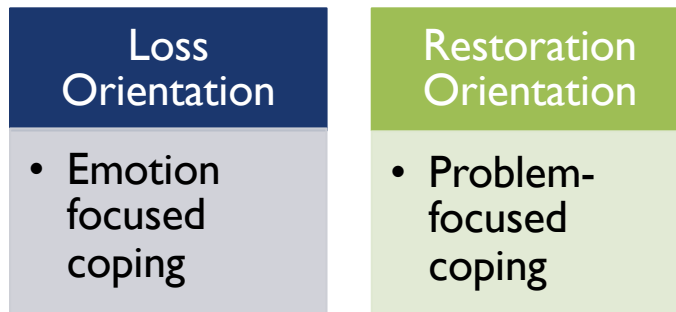


FIGURE 1 A dual process model of coping with bereavement.

WORDEN'S FOUR TASKS OF MOURNING

To accept the reality
of the loss

To process the pain
of grief



To adjust to a world
without the
deceased

External: How has the death affected everyday life?

Internal: How has the death affected feelings about self and abilities?

Spiritual: How has the death affected spiritual beliefs and views of the world?

To find an enduring
connection to the
deceased in the
midst of embarking
on a new life

Worden, J. W. (2009). Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner, Fourth Edition, Springer, N.Y.

CONTINUING BONDS AND MEANING-MAKING

- A relationship doesn't end at death
- Continues to be dynamic, changing
- Value in rituals, traditions, ongoing conversation
- “Making sense” of the loss may or may not happen
- Making meaning can include identifying benefits and positive changes for those living
- Finding meaning in the impact or legacy of the deceased



GROWTH AND RESILIENCE FOLLOWING LOSS

POST-TRAUMATIC GROWTH (TEDESCHI & CALHOUN)



PERSONAL
STRENGTH



NEW
POSSIBILITIES



IMPROVED
RELATIONSHIPS



APPRECIATION
FOR LIFE



SPIRITUAL
GROWTH

- Education
- Emotion regulation
- Disclosure
- Narrative development
- Service

RESILIENCY

Resilient people believe that:

- Meaning can be found in all experiences
- Life is purposeful
- Change is inevitable
- We continually develop and grow
- Life's challenges add value and build character, fortitude, compassion, and wisdom
- We can handle difficulties

From UCLA Staff & Faculty Counseling Center Manager's Tool Kit III



GRIEF IN THE WORKPLACE

- Workplace norms
- Institutional policies
- Support for individuals
- Support for team
- Grief as a social justice issue





WORKPLACE NORMS, PRACTICES, & DISCOURSE

- Is grief named and talked about as a shared experience?
- Is grieving allowed to be visible?
- Bereavement leave policy?
- Can you offer flexibility in work schedule, location, and tasks?
- Are there practices for processing and honoring losses?

PATHWAYS TO GROWTH



Education



**Emotion
regulation**



Disclosure



**Narrative
development**



Service

EDUCATION

- Article, podcast or book club
- Speaker
- Continuing education



EMOTION REGULATION

Mindfulness

Breathing

Affect labeling

Opportunities for
emotional
processing

Discussion and
awareness of
personal
preferences

Emotional
variation

DISCLOSURE



MODELING FROM
LEADERSHIP



INTENTIONAL
CHECK-INS



RESPECT
BOUNDARIES



CULTURE OF
SUPPORT

COLLEGIAL SUPPORT FOR WORKPLACE GRIEF

- Helping someone feel seen, understood, validated, and cared for
- Respecting boundaries and preferences
- Modeling flexible thinking
- Modeling acceptance of difficult emotions
- Modeling emotion regulation strategies
- Modeling self-compassion
- Building a coherent, fair narrative
- Reduce suffering, if not pain
- Help effectively elicit support from others
- Support taking steps towards continued meaningful engagement





I also do not think that other people can give advice to someone who is grieving.

Other people cannot tell us what grief will feel like to us. In fact, I think advice is exactly what makes grieving people hold at arm's length those who would like to help them.

People are experts on their own grief, their own life, their own relationships. I can show them how grief is like learning and explain what helps or hinder our capacity to learn.

As a fellow human being, I can share with them the personal things I have done in moments when I was overwhelmed with grief, or time when I was not at all overwhelmed and felt stigmatized because of that.

Much of what psychotherapy does is to give people the opportunity, the courage, and the possibility to experience their emotions, their relationships, and their inner thoughts in a different way than they have before.

- Mary Frances O'Connor. *The Grieving Brain*



NARRATIVE DEVELOPMENT

- How does the grief of others appear in our work?
- What is our mission in attending to others' grief?
- How does our personal grief intersect with our work?
- What are our beliefs about grief? What do we want to uphold and what do we want to challenge?
- How can we best support each other as a team? What can we count on each other for?

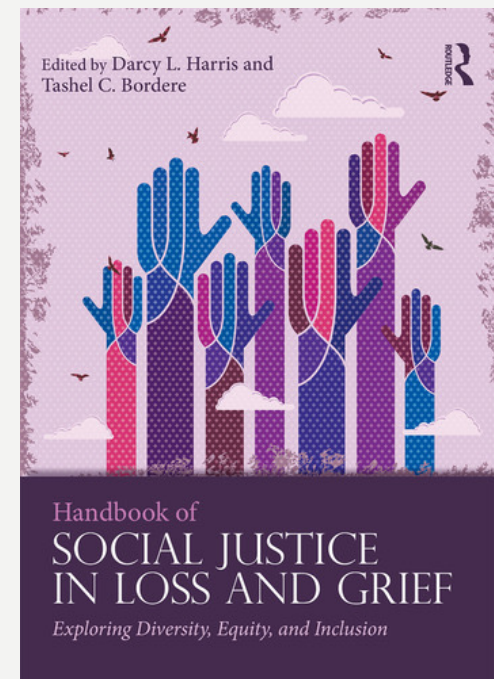
SERVICE



- How does grief connect us to others?
- How does grief broaden our emotional range?
- Are we providing grief support and/or using the language of grief?
- Are we grief advocates?
- How can I support you?

GRIEF IS A SOCIAL JUSTICE ISSUE

- Origins of grief theories
- Inclusion in grief research
- Grief support often limited to death loss
- Norms and representations of grieving as exclusionary
- Individual losses as collective losses
- Loss can compound trauma
- Implicit biases
- Differences in privilege
- Psychological safety as a prerequisite to grieving



“As I’ve considered vulnerability in the context of grief, I’ve come to realize that vulnerability requires a sense of safety that is not equally distributed in our society. Some people are too busy to be vulnerable. Some of us are too female, too poor, too gay, or too Black for vulnerability – there’s no space in our lives for it; vulnerability is something we were not taught, never learned, or had to unlearn given life’s challenging circumstances. How do you begin to access the vulnerability that grief requires in the absence of safety and security? If day-to-day living often feels like a battle, grieving seems like a luxury.”

- Marisa Renee Lee, *Grief is Love*



PERSONAL RESILIENCE AND MEANING-MAKING

- What we can apply from:
 - CBT for Grief
 - ACT for Grief
 - Meaning-Centered Psychotherapy for Grief



CBT FOR GRIEF

Cognitions

- Unreasonable expectations around grief or adjustment
- Guilt, blame
- Rumination about why
- Avoidance
- Hopelessness about the future
- Fear, anxiety, worry for self or others
- Identity

Behaviors

- Care of self
- Social connection
- Meaningful activities
- Addressing avoidance
- Mourning rituals
- Planning and investing in the future

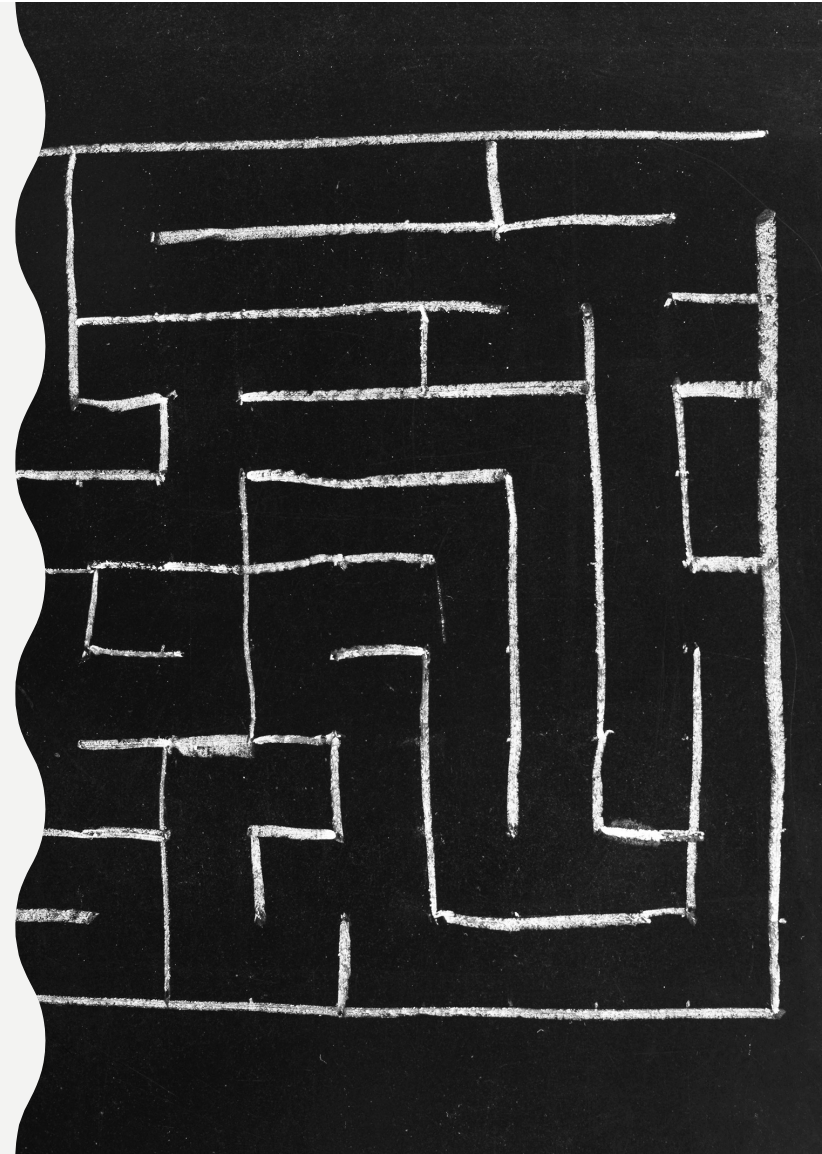
GRIEF-RELATED RUMINATION

Rumination: passive, negative, repetitive

Five themes of grief-related rumination (Stroebe & Schut, Boelen & Eisma)

- one's own grief reactions
- injustice / unfairness
- meaning and consequences of loss
- relationships: reactions of others to one's grief
- what-ifs (counterfactual thoughts)

Avoidance hypotheses: ruminating is less painful than feeling



ADDRESSING RUMINATION



Education and
conceptualization



Mindfulness, affect
labeling, exposure



Productive v.
unproductive thinking



Focused distraction,
valued action

GUILT AND SELF-BLAME

01

If you could have X, would you have? Then you couldn't have, because you would have.

02

If you picture a best version of your person who is unburdened by suffering, what do you think they would say to you?

03

Kristen Neff's three-step compassion exercise

04

On a scale of 1-100 providers / caregivers / partners / siblings / etc. where would you put yourself?

05

How would you counsel a friend or colleague?

ACT FOR GRIEF

Pain is part of life

Suffering arises from:

- Avoiding or trying to control painful experiences
- Lack of clarity around values or actions towards them
- Fusion with narratives, cognitive inflexibility

Encourages acceptance of grief experience and continued engagement with life



ACT FOR GRIEF

PROCESS



Experiential avoidance



Cognitive Fusion



Lack of values clarity
and action



Self as context,
attachment to
conceptualized self

PRACTICE

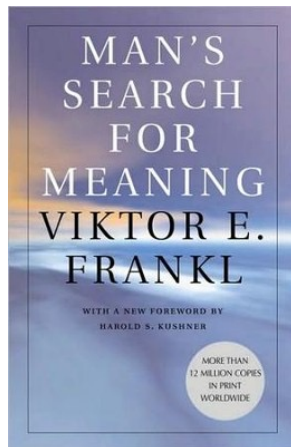
Mindfulness, experiential
exposure, building of
acceptance.

Normalize and non-
judgmentally respond to
thoughts.

Clarify values and identify
corresponding action.

Building a sense of adaptive self,
observing self. Self-narrative as an
edited one and exploring others. What
of self is stable, continuous?

MEANING-CENTERED PSYCHOTHERAPY FOR GRIEF



Palliat Support Care. 2019 February ; 17(1): 2–12. doi:10.1017/S1478951518000925.

An Open Trial of Meaning-Centered Grief Therapy: Rationale and Preliminary Evaluation

Wendy G Lichtenthal, Ph.D.^{1,2}, Corinne Catarozoli, Ph.D.², Melissa Masterson, M.A.¹, Elizabeth Slivjak, B.A.¹, Elizabeth Schofield, M.P.H.¹, Kailey E. Roberts, Ph.D.¹, Robert A. Neimeyer, Ph.D.³, Lori Wiener, Ph.D.⁴, Holly G. Prigerson, Ph.D.², David W. Kissane, Ph.D.^{5,6}, Yuelin Li, Ph.D.¹, and William Breitbart, M.D.^{1,2}

Adaptation of William Breitbart and colleagues' Meaning-Centered Psychotherapy

Incorporates Viktor Frankl's key concepts, focusing on the ability to choose one's attitude toward suffering

Originally developed for parents who lost a child to cancer

16 session manualized treatment using didactics, reflection questions, and experiential exercises

SOURCES OF MEANING



Creative: Actively engaging in life through roles, work, deeds, accomplishments

Experiential: Connecting to life through relationships, beauty, nature, humor

Attitude: Choosing the attitude one takes toward life's challenges (e.g., loss, mortality)

Historical: making connections between the past, present, and future

MEANING-CENTERED SUPPORT



1

Highlight existing
sources of meaning
whenever heard

2

Underscore ability
to co-exist with
suffering whenever
heard

3

Emphasize and
reinforce self-
compassion

4

Explore and reflect
on the deceased's
unique qualities
and impact

5

Identify and
reinforce strategies
for continued
coping

LIVING LEGACY PROJECT

- Creating a photo album, video, playlist, reading list, scrapbook.
- Being active in a cause connected to your people
- Engaging in activities that reflect changes in priorities or goals
- Pursuing something you've always wanted to do

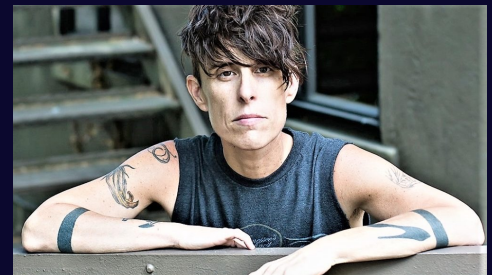
“While much has been beyond your control, how you face your challenges, how you live your life, and how you stay connected to your [person] is within your control.”





Excerpt from Andrea Gibson

You Better Be Lightning



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QUESTIONS AND DISCUSSION

1. HOW DOES YOUR ORGANIZATION OR TEAM
ACKNOWLEDGE AND SUPPORT GRIEF?
2. WHAT HELPS YOU EXPERIENCE AND CARRY GRIEF?
3. WHAT CHANGE IS NEEDED?