

Recognizing and Facilitating Grief and Mourning in Psychotherapy

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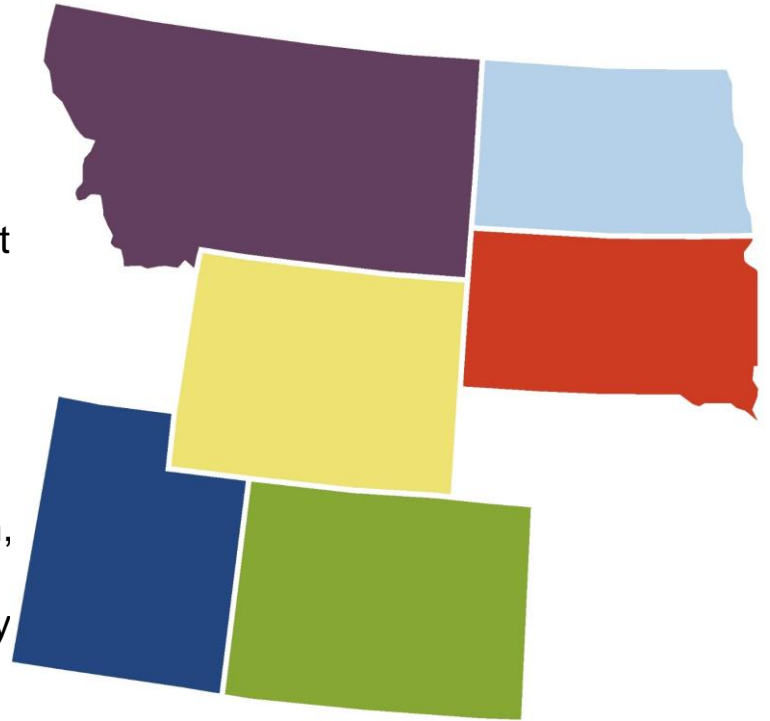
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The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

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Land Acknowledgement Statement

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.



The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED AND
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

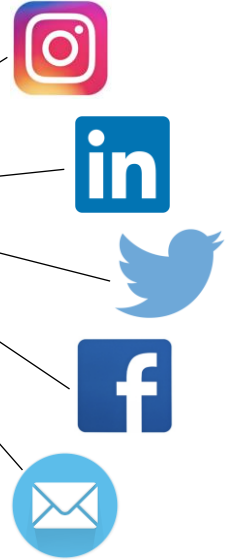
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CONSISTENT WITH
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Recognizing and Facilitating Grief and Mourning In Psychotherapy

Melanie M. Wilcox, Ph.D., ABPP



Objectives

1.

Identify

grief and mourning in therapy

2.

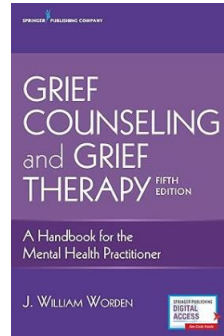
Describe

The tasks of mourning and how to facilitate them in normal grief

3.

Differentiate

Between normal grief and complicated grief



About Me



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Ph.D.

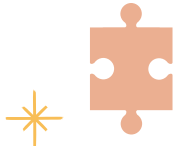
Counseling
Psychology,
UAlbany, 2015

Currently

Augusta
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Aguirre Center
for Inclusive
Psychotherapy

Also

President-
Elect, APA
Division 17





Although I will talk mostly about loss through death, much of this applies to other losses, too



1.

Identifying Grief and Mourning



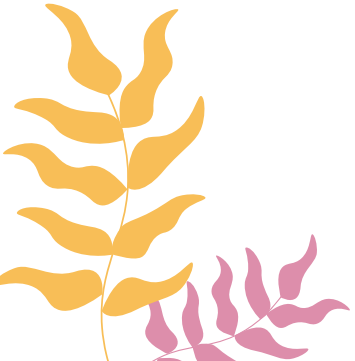
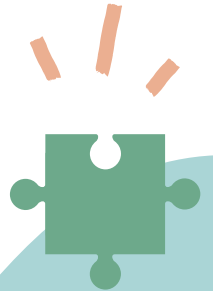
Terminology



We often use words interchangeably that have distinctive meanings – I will probably continue to do so today purely out of habit.

Grief: The *experience* of someone who has lost a love one or otherwise experienced a significant loss

Mourning: The *process one goes through* in adapting to the death of a person





Normal Grief

Normal Grief: aka *uncomplicated* grief; includes a broad range of **feelings, physical sensations, cognitions,** and behaviors that are common after a loss occurs

As a culture, we are extremely loss-averse and avoidant; we implicitly treat “normal grief” like something that does not exist (i.e. we pathologize most, if not all, grief reactions)

- This aversion and minimization of grief and mourning actually increases our likelihood of experiencing complicated grief and having negative physical and psychological health effects from it
- To do grief work well, then, is to help our clients be *counterculture* and embrace, have patience with their natural grief reaction (and/or help this grief reaction become “unstuck”
- To do *that*, we need to strive to be better about our *own* relationship to grief and mourning





Why Is Grief Normal?

Attachment

We are wired to develop bonds grounded in *safety, security, stability*

- Biologically rooted but about more than mere biological survival

“If the goal of attachment behavior is to maintain an affectional bond, situations that endanger this bond give rise to certain very specific reactions” (Worden, 2018, p. 16).

- Think of how a young child responds when a caregiver leaves... “When the attachment figure disappears or is threatened, the response is one of intense anxiety and strong emotional protest” (Worden, 2018)
 - Even animals have this reaction!



Normal ≠ Easy

Even in normal grief professional help can be really important.

- Cultural customs and spaces for grief and mourning have largely dissipated
- Hypercapitalistic norms have taken over: Gotta get back to producing
- Combined with our cultural avoidance, many people do not know how to move through the grief process and have little support to do so

Access to good professional help can help keep normal grief from turning into complicated grief



Common Feelings in Normal Grief



Sadness

Not allowing for the experience and expression of sadness can result in complicated grief



Anger

Can be turned outward or inward; turned inward, a major risk factor



Guilt

Usually irrational; if so, reality testing is important



Anxiety

From slight insecurity to panic and phobia; the more intense and intractable, the higher the risk for complicated grief



Loneliness

Can be (1) emotional [due to broken attachment] or (2) social [due to isolation]



Fatigue

Apathy, listlessness; can be difficult to get out of bed, get dressed. Neglect of self and home. Self-limiting; a concern when it's not.

Common Feelings



Helplessness

Common in early stages; higher amongst those with external locus of control



Shock

Especially in the case of sudden or traumatic death



Yearning

Very common; diminishing yearning a sign that grief is coming to an end. Lack of diminishing suggests complicated grief



Emancipation

Especially in cases of trauma/abuse



Relief

Especially if the loved one was suffering



Numbness

Especially early on; seems to protect us from emotional overwhelm

Physical Sensations

Hollowness in Stomach

Tightness in Chest

Tightness in Throat

Oversensitivity to Noise

A sense of depersonalization

Shortness of breath

Muscle weakness

Lack of energy

Dry mouth

Note that
these are all
symptoms of
fight-or-flight!



Cognitions



Disbelief

What we often call
"denial"

Rumination

Or preoccupation

Sense of Presence

Cognitive counterpart to
yearning; sensing the
person there

Confusion

Executive function
symptoms are very
normal!

"Hallucinations" Very common, usually
transient



Behavior

Sleep Disturbance

Eating Disturbance

Distractedness/Absentmindedness

Social Withdrawal

Dreams of Deceased

Avoidance

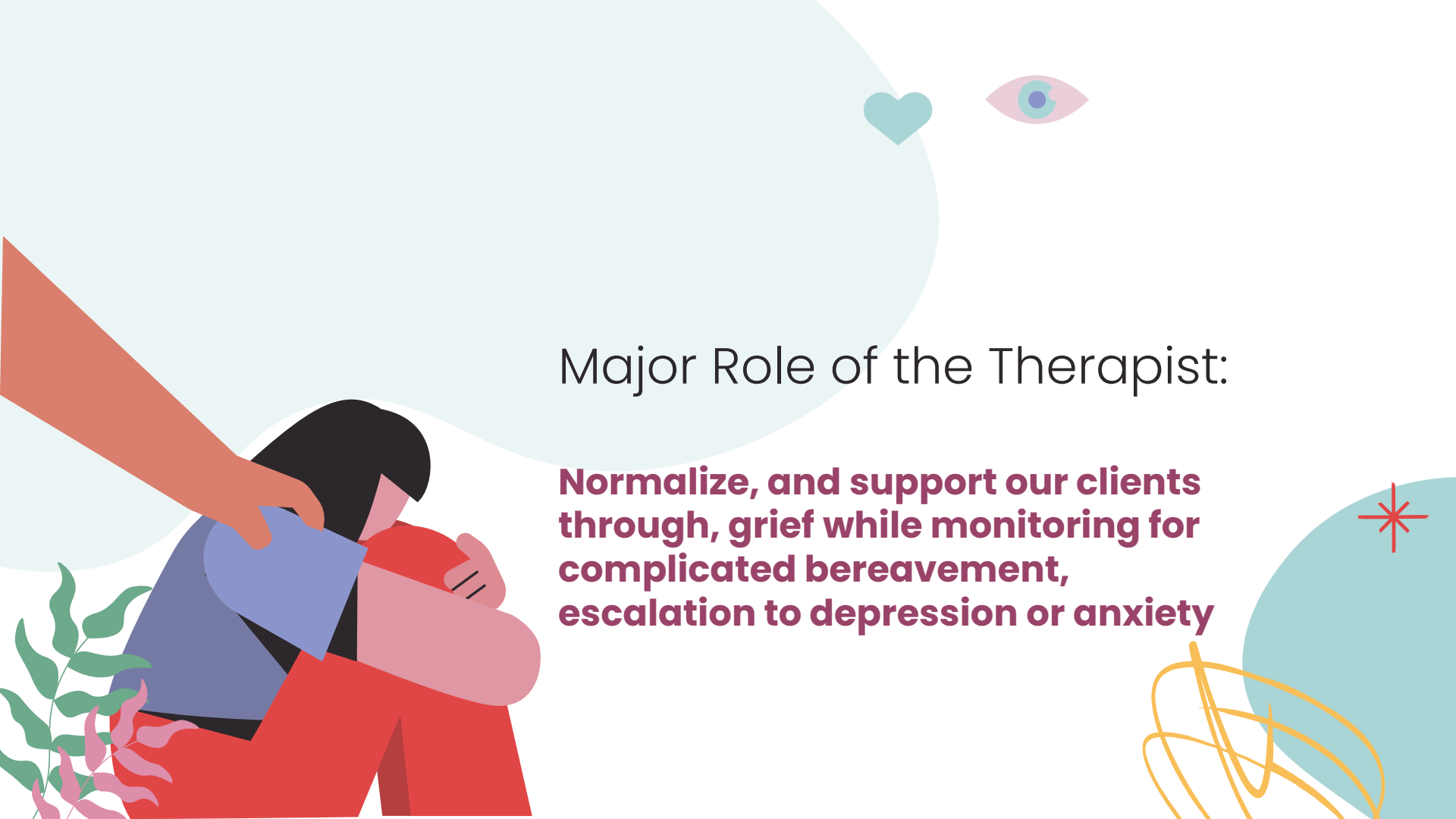
Searching and Calling Out

Restlessness

Crying

Treasuring/Visiting

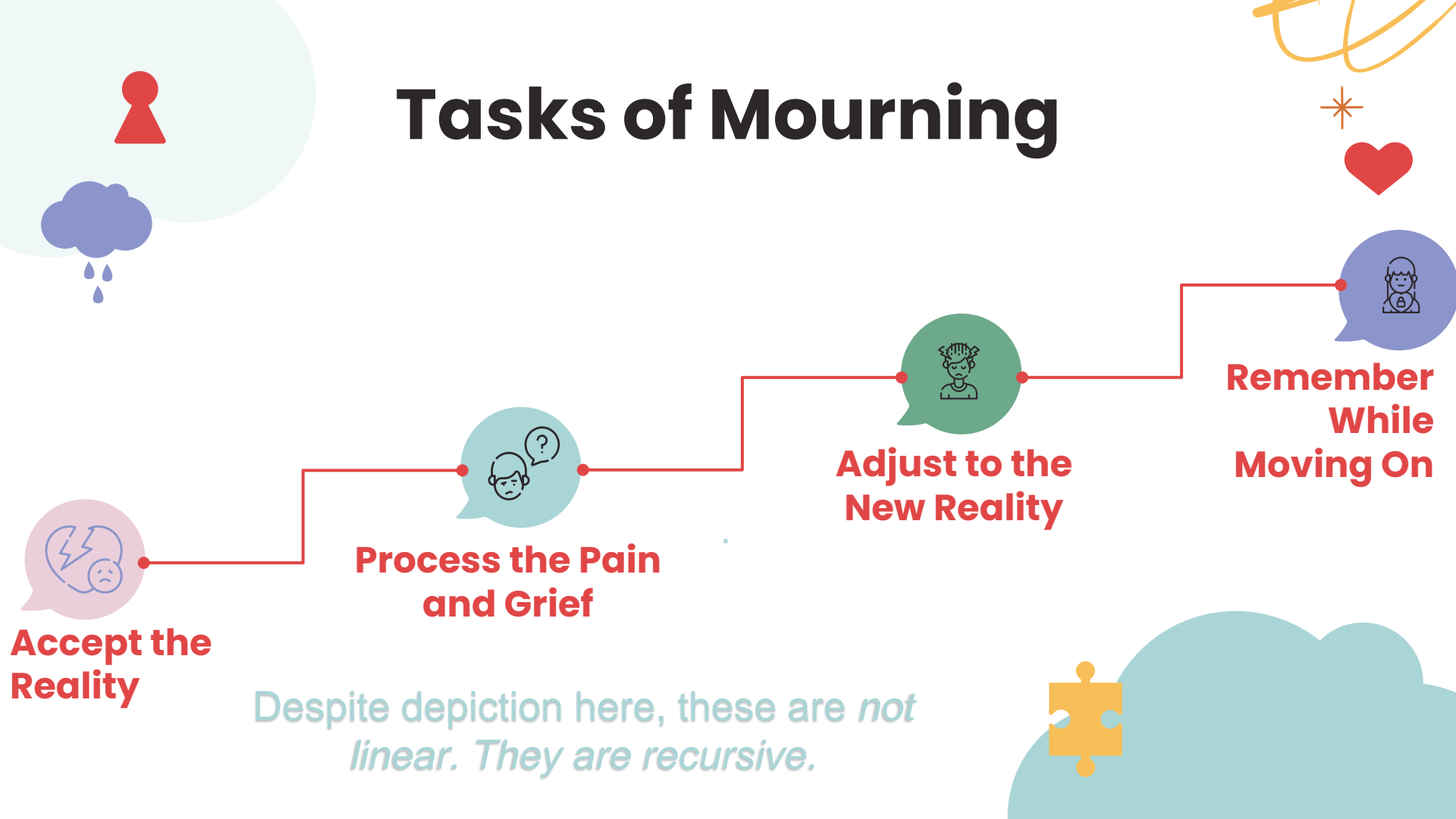




Major Role of the Therapist:

Normalize, and support our clients through, grief while monitoring for complicated bereavement, escalation to depression or anxiety

Tasks of Mourning



Task 1: Acceptance



- Coming to truly accept that reunion is not possible in this life
 - The searching behavior about which Bowlby wrote extensively is really important to this
- Mummification (preservation of belongings, spaces): Normal short-term but not long-term
- Getting rid of everything (opposite of mummification): Denies or minimizes the meaning of the loss; long-term, can lead to complicated grief
- Selective forgetting (e.g., face; voice)

This takes time and requires both intellectual and emotional acceptance; be careful not to over-rely on the intellectual





Task 2: Process the Pain

- Looks, feels very different for different people
- Intensity still shocks most people
- Anything that dulls or eliminates the pain is likely to lead to complicated grief
- Avoidant/Dismissive attachment can make resolution of Task 2 difficult
- Our cultural messages also make resolution of Task 2 difficult



Bowlby (1980): Eventually, those who avoid consciously grieving will break down; commonly, this will result in depression.



Task 3: Adjust to the World Without the Deceased



- Three areas of adjustment: External, Internal, Spiritual
- Meaning-making (essentially, posttraumatic growth) is crucial to resolving Task 3
 - AKA *reconstruction*: Redefining the self and learning new ways to engage in the world without the deceased
- Arresting of Task 3 results in failure to adapt to the loss

Bowlby (1980): “Oh how he achieves this turns the outcome of his mourning—either progress towards a recognition of his changed circumstances, a revision of his representational models, and a redefinition of his goals in life, or else a state of suspended growth in which he is held prisoner by a dilemma he cannot solve.”

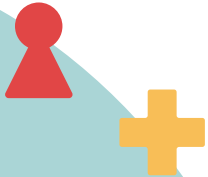




Task 4: Remember While Moving On



- AKA “continuing bonds,” in which attachments are maintained but in a different way
- Technology has allowed for new ways to do this
- For loss of romantic partners, readiness for new relationships is not dependent upon “letting go,” but rather finding a new place for that person in their life
 - A primary task with which the counselor often must help
- Best way to describe lack of resolution to Task 4 would be “not living.”



Goals of Grief Counseling

**Accepting the
Reality of the
Loss**

**Help Client
Overcome
Barriers to
Adjustment**



**Help Coping with
the Pain**

**Help Client Find
Way to Maintain
Continuing Bond
While Moving
Forward**



Principles of Grief Counseling



1. Help the client actualize the loss (i.e. Task 1)
 - Talk with them about it; help them to talk about it
2. Help the client to identify and experience feelings
 - Many seek help hoping we can make the feelings go away; we must provide psychoeducation on the grief process
3. Assist the client with living their life without the deceased
4. Assist the client with finding meaning in the loss
 - In the case of traumatic deaths, this can be especially difficult
5. Help the client to find ways to remember the deceased

Principles of Grief Counseling



6. Provide, normalize needing **time** to grieve
 - Common pain points: three months (people stop calling, visiting); first anniversary
7. Normalize for clients *normative grieving*
 - People often feel like they are going crazy; crucial that we normalize things
8. Allow for individual differences
9. Examine defenses and coping styles
10. Watch for, identify complicated grief and other pathology and treat or refer



Helpful Techniques



- Evocative and clear language (e.g., “your partner died” rather than “you lost your partner”)
- Use of symbols, tangible reminders (photos, letters)
- Writing
- Drawing
- Role-playing
- Cognitive restructuring
- Memory books (especially helpful when done collaboratively with others also grieving)
- Directed imagery (e.g., two chair technique)
- Metaphors



Grief vs. Depression



You will find similar symptoms (e.g., sadness; sleep and appetite disturbance) in both, *but* loss of self-esteem is specific to depression

Freud: In grief, the *world looks* empty and poor, but in depression, the *person feels* empty and poor

Major task of therapist: Normalize and support client through grief while monitoring for depression, anxiety, and complicated bereavement

Mediators of Mourning

1. Kinship (What was the relationship?)
2. Nature of the attachment (strength, security, ambivalence, conflicts, dependency)
3. Nature of the death
 - NASH: Natural, Accidental, Suicidal, Homicidal
 - Physical proximity
 - Suddenness/Unexpectedness
 - Violent/Traumatic
 - Preventable
 - Ambiguous
 - Stigmatized (→Disenfranchised grief)
4. Historical antecedents (previous losses, mental health history)



Mediators of Mourning



5. Personality variables

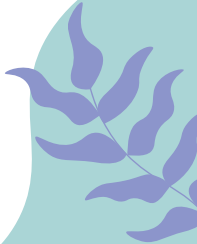
- Age, gender
- Coping style
- Attachment style
- Cognitive style
- Rumination
- Ego strength

6. Social Variables

- Social support important. Mitigates the blow but *does not* accelerate or shorten the process
- Social role involvement also a buffer
- Even *pet ownership* associated with better outcomes!

7. Concurrent losses and stressors

- Multiple losses simultaneously or recently
- Severe economic reversals





Notes on Mediators



Coping

- Problem-solving and active emotional coping related to better outcomes
- Avoidant emotional coping, passive coping (“nothing I can do”) related to poorer outcomes

Attachment

- Insecure attachment related to poorer outcomes, more complicated grief
- Therapy goal in anxious attachment: Help them stop trying to regain physical proximity and feel more secure with psychological proximity
- Therapy goal in ambivalent attachment: Help client to acknowledge and accept both their positive and negative feelings; denial of anger can complicate grief
- Therapy goal in avoidant attachment: Help them process and accept the implications of the loss
- Therapy goal in fearful: Poorest adaptation to loss; attend carefully to risk for depression, help to own, process reactions



Cessation of Grief



- Very difficult to put a time limit on grief
- Can revisit tasks of mourning even when they've been resolved in the past
- Worden: Be suspicious of anything less than a year; two years still perfectly normal
- One helpful benchmark: When the person is able to think of the person with less pain. Still sadness, but less pain.

One of the most important things we can do in grief counseling is help people understand that mourning is a long-term process and that the endpoint will not be a return to a pre-grief state



What Stops People from Grieving?



- Relational factors (e.g., ambivalent relationships)
- Circumstantial factors (e.g., the loss is ambiguous; multiple losses occur)
- Historical factors (e.g., past complicated grief; depression; early parental loss)
- Personality
- Social factors

Worden (2018, p. 137): Complicated bereavement is the intensification of grief to the level where the person is either overwhelmed, resorts to maladaptive behavior, or remains interminably in the state of grief without the progression of the mourning toward completion.



Types of Complicated Grief

1. Chronic Grief Reactions

- Excessive in duration and does not conclude
- Does not include anniversary reactions, which are normal
- Person very much aware it is happening
- “I’m not getting back to living”
- Can be stuck at any of the tasks

2. Delayed Grief Reactions

- May have had an initial reaction, but muted
- Will sometimes excessively grieve a different, later loss or to someone else’s loss (even fictional)
- Frequent mediator: Lack of social support at time of loss
- Overwhelm also a common cause; likely in cases of loss to suicide or multiple losses
- Person usually aware it is happening



Types of Complicated Grief



3. Exaggerated Grief Reactions

- Intensification of normal grief usually resulting in maladaptive behavior
- Person is usually aware that it is happening
- Can result in major psychiatric disorders, e.g. development of depression, anxiety, phobia, panic, addiction, PTSD

4. Masked Grief Reactions

- People experience symptoms that cause them difficulty, **but they do not realize that these symptoms are being caused by grief**
- Some believe this occurs due to underdeveloped ego strength resulting in self-protective defenses to circumvent the overwhelm
- Usually presents as somatic symptoms and/or maladaptive behavior
- Can also result in serious psychiatric disorders



Additional Considerations

Disenfranchised grief is that which is not socially sanctioned

- Common example: Infidelity
- Socially neglected losses: Those which society treats as non-losses (e.g., miscarriage)
- Rejection, as in the case of LGBTQ+ partnerships
- Socially unspeakable losses: Suicide, AIDS, addiction

Traumatic Bereavement occurs when the circumstances of the death are traumatic (e.g., violent)

- Significantly interferes with resolution of tasks of mourning
- These types of losses are increasing

Significant risk of complicated grief



Clues to Complicated Grief

1. Person cannot speak of the deceased without experiencing intense and fresh grief
2. Relatively minor losses trigger intense grief reactions
3. Themes of loss come up consistently
4. Unwilling to move material possessions belonging to the deceased
5. Development of somatic/medical symptoms identical to those the deceased experienced before death
6. Radical changes to one's life following a death, including detachment from friends, family, community, activities associated with the deceased
7. History of even subclinical depression with associated self-esteem features; *or*, euphoria in response to a death
8. Compulsion to imitate the deceased
9. Self-destructive impulses and actions
10. Unaccountable sadness at the same time(s) each year (not just anniversaries)
11. Phobia of death or illness



Having knowledge about the circumstances surrounding the death can help the therapist identify unresolved grief

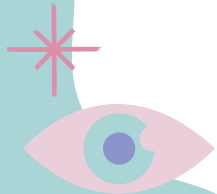


Attending to Complicated Grief

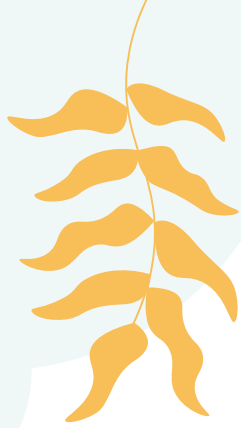


- Requires a strong therapeutic alliance
- The greater the conflict or ambivalence with the deceased, the harder this will be
- Will sometimes present as trying to distract from focus on grief
- Need to assess task(s) of mourning with which the patient seems to be stuck

Major task of therapist: Identify and resolve the conflicts of separation that are inhibiting the resolution of the tasks of mourning in individuals whose grief is chronic, delayed, excessive, or masked



Grief work is tough on
the therapist.



Make sure that you are
taking care of you.





Thank You

Questions?

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