



Grieving Process



Artist Statement
Grieving Process
Life Cycle: Winter

For this artwork, I thought back on my own experience and gift of being with my grandmother when she walked on...and remembered her last teachings to me. The most important aspect I remember was that everyone was allowed to grieve, from all my elders to our youth...even my Grandmother. Our family came together at different times to comfort each other and I think it should be this way for all people. And in grieving our loss a wonderful gift to provide to our relative, friend or patient, is what was once provided to all of us, physical and emotional care, love, understanding and patience. It is a beautiful thing to see your relative off to the next world with your love regardless of the situation. It is also beautiful then...to recognize the path we each must take for ourselves through the grieving process.

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August 12, 2010



Loss, Grief & End-of-Life Comfort Care

GOALS

Participants will gain a greater understanding of loss and grief by discussing the grieving process, end-of-life comfort care, and healthy coping skills.

OBJECTIVES

At the end of this section, each participant will be able to:

IDENTIFY feelings associated with the grieving process

IDENTIFY conditions affecting loss and grief

IDENTIFY ways to support people experiencing loss and grief

DISCUSS end-of-life comfort care

**Loss, Grief &
End-of-Life
Comfort Care**

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Loss, Grief and End-of-life Comfort Care

Check Your Understanding

Loss, Grief & End-of-life Comfort Care

Check Your Understanding

	<i>TRUE</i>	<i>FALSE</i>
1. Being diagnosed with cancer may cause feelings of personal loss.		
2. All people respond the same way to a loss.		
3. A person's reaction to loss and grief can be influenced by past losses.		
4. Children of all ages can experience grief in response to loss.		
5. Grief is a process of healing.		
6. Family members may be in different parts of the grieving process at the same time.		
7. Grief only lasts six months.		
8. The goal of palliative care is to provide the best quality of life for people as they near the end of their life.		

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Loss & Grief



Loss and Grief

Life is a sacred journey. It is about change, growth, discovery, movement, transformation, and continuously expanding your vision of what is possible; stretching your soul, learning to see clearly and deeply; listening to your intuition and taking courageous challenges at every step along the way. – Anonymous

Our lives are connected to and surrounded by people, animals, places, and things that are meaningful to us. In life, however nothing stays the same forever. People, animals, belongings, or places may change. People we care about may die or move away.

Loss can mean many different things to many different people. We may grieve the loss of a relationship, our independence, our health, our hopes and dreams. We may also grieve the loss of a physical belonging. When you lose a special belonging you may feel loss. Loss can be felt by one person or by a group. When a loved one or an elder dies, the entire community may grieve.

In July, a 64-year old man was hospitalized due to lung cancer. The cancer affected his physical strength and ability. When he returned to his community, he moved in with his daughter and her family who now had the responsibility to help care for his physical needs.

His role in the community changed. As his role changed, both he and his family may grieve the loss of how things used to be. Part of the grieving process of healing is looking for ways to celebrate each of our new roles and responsibilities. Consider new possibilities that emerge as roles and identities change.

GRIEF IS A NATURAL PROCESS

Grief is one of the ways people react to losing someone or something they care about. How long and how deeply a person grieves varies depending upon the importance of the loss, past experiences, and the way an individual or family copes. Grief also changes with time. As people change and grow over time, their perception of loss may change.

This is especially true for children, whose understanding and experience of the feelings of grief will change as they grow and develop. Children may re-experience the initial grief each time they pass through a new developmental stage, such as going from pre-school to school-age or moving into the teenage years.

A song, a word, a smell, a piece of music may also trigger a memory or an emotional response to a past feeling of loss. “Grief bursts” are normal reactions that bubble to the surface as people are reminded of a person, animal, belonging, or place that had special meaning and is no longer the way it used to be.

Be kind and gentle with yourself as you reflect upon your loss. We each deal with sadness or grief in our own ways. Give yourself permission to grieve. Grieve for your losses and then allow yourself to dream new dreams.

The Grieving Process

Grief is often thought of as a process. During the grieving process people may experience: denial, anger, bargaining, depression, acceptance, and hope. These feelings and behaviors can occur in any order.

Each person’s journey through the grieving process is unique. There is no right way or wrong way to grieve; there is only each person’s way. An ancient African saying states, “There is no way out of the desert except through it.” This could be said about grief. Understanding the grieving process provides a generalized map of the grieving experience, but each person will walk a different path. Each person will choose her or his own pace and will navigate using the tools provided by his or her culture, experience, and beliefs.

Family members may grieve differently and at a different pace as they experience their loss. As time passes, the intense pain associated with loss and grief will decrease.

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Grief is a Natural Process

How long and how deeply a person grieves varies depending upon their loss, past experiences and the ways they cope.

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The Grieving Process

*Healthy
methods of
coping support
a person
through their
grieving
journey.*

Table 7.1: The Grieving Process

Table adapted from the Alaska Community Health Aide Manual 2005

STAGES OF GRIEF:	FEELINGS & BEHAVIOR:	Ways to help:
<p>DENIAL Gives a person time for information to sink in, usually temporary.</p>	<ul style="list-style-type: none"> ▪ numbness ▪ shock ▪ disbelief 	<ul style="list-style-type: none"> ▪ Listen, give support. ▪ Try not to force the truth on the person unless it is really necessary. ▪ Understand denial will stop when the person is able to deal with the information. ▪ You may need to give this information again.
<p>ANGER A way to express pain and guilt.</p>	<ul style="list-style-type: none"> ▪ crying ▪ anxiety ▪ tension ▪ pain ▪ feelings of guilt ▪ hostility towards staff, family, friends, or Spiritual Being 	<ul style="list-style-type: none"> ▪ Listen, give support. ▪ Let them know it is OK to be angry. ▪ Try not to take their anger personally. ▪ Help direct anger into safe activities: exercise, physical activities, writing
<p>BARGAINING Attempts to reverse, delay, or change the loss.</p>	<ul style="list-style-type: none"> ▪ hopelessness ▪ bargain with Spiritual Being ▪ afraid to accept what has happened 	<ul style="list-style-type: none"> ▪ Listen, give support. ▪ Feelings of fear and helplessness are normal responses.
<p>DEPRESSION Normal part of adjusting to loss, usually temporary.</p>	<ul style="list-style-type: none"> ▪ having no hope ▪ despair ▪ emptiness ▪ need and desire to cry ▪ withdrawal, apathy ▪ emotionally painful 	<ul style="list-style-type: none"> ▪ Listen, give support. ▪ Acknowledge sadness without trying to cheer them up. ▪ Social activities may be helpful to get person's mind off loss. ▪ When depression is severe, watch and listen for suicidal comments and ideas. Report concerns.
<p>ACCEPTANCE Adjusting to the loss and returning to normal activities.</p>	<ul style="list-style-type: none"> ▪ peace ▪ emotional calm ▪ joy in life may return ▪ adjusting to reality 	<ul style="list-style-type: none"> ▪ Listen, give support. ▪ Acknowledge the change and let them tell you about it. ▪ Praise the person for the courage and strength it takes to face reality.
<p>HOPE The experience of optimism with plans and goals.</p>	<ul style="list-style-type: none"> ▪ realistic plans ▪ belief in life 	<ul style="list-style-type: none"> ▪ Support goals and feelings that provide hope and comfort.

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The Grieving Process

As time passes, the intense pain associated with loss and grief will decrease.

Denial

Denial is one way people can temporarily protect themselves from a loss. Common feelings include shock, disbelief and numbness. When describing how she felt after her husband's death, one woman said, "It seemed like it was happening to someone else." Denial gives us time to adjust. However, if it lasts too long it can be harmful. Denial becomes unhealthy when it keeps people from taking care of themselves.

Anger

A person may begin to feel the reality of the loss and tries to get rid of it or blame others. Health care providers, family, friends, or a Spiritual Being may be the target for a person's anger. It is common to feel rage, anxiety, or pain. It is helpful for people to find and use healthy ways to express anger, which do not harm the individual or other people. Anger kept inside a person can cause physical problems.

Bargaining

Bargaining is an attempt to postpone loss. The person tries to negotiate, often with their "Spiritual Being" in an effort to hold on to something important, or to change the loss to ease the pain. Bargaining includes a prize offered "for good behavior." People often set a "deadline" (one more day, the son's wedding), and include a promise that she or he will not ask for more if this wish is granted.

Depression

A person deeply feels the loss or anticipated loss. Feelings may include isolation, emptiness, and a lack of hope. The person may withdraw from people and activities they used to enjoy. A person may be overly tired, choosing to sleep all the time or experience a lack of appetite, not wanting to eat. Normal activities may require a lot of energy. Although these feelings are normal, depression is dangerous if a person forgets to take care of herself or himself, or becomes suicidal. Reinforce that the experience of depression is not a sign of weakness and a person should not feel embarrassed to talk about and share their feelings.

Acceptance and Hope

A person begins to understand and accept the loss or approaching loss. People begin to eat normally, sleep without difficulty, and return to work. It becomes easier to make decisions. This change can be subtle; good days start to outnumber the bad. A person can start to experience joy and meaning in their lives again. Acceptance does not mean forgetting, but rather using those memories to create a new life. People who are dying begin to make peace with themselves and their loved ones, and prepare to move on.

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Conditions Affecting Loss & Grief

*People move
through grief in
their own way
at their own
pace.*

Conditions Affecting Loss & Grief

Sudden or Gradual Loss

Is the loss new or sudden? Has the person or family had time to work through their feelings of grief? If a person has time to prepare for the death of a loved one the grieving process may be shorter. Usually, when a person has been sick for a long while, there is time to say and do the things that need to be done before a person dies. When a person dies suddenly the family may not get to say “good-bye” or tell the person they are loved and will be missed. They may feel guilty if they were not with the person when they died. These and other kinds of “unfinished business” can make the grieving process more difficult.

Stage in Life

Consider how the grief will be different for each of two women in their late twenties who need a hysterectomy for cervical cancer. L.J. is 28 years old, happily married with a supportive husband and three children. She did not want to have any more children. Her main concerns are for the care of her children while she is in the hospital and the side effects from abdominal surgery. K.T. is also 28 years old and has never been pregnant. Her feelings of loss and grief about her hysterectomy may be influenced by her feelings about wanting to have children.

Age

Children and young people also grieve. Sometimes adults are so lost in their own grief that the grief of the young is not noticed. Young people of any age may grieve for a long time, continually leaving and coming back to their feelings of grief. Each person’s reaction to loss is unique depending upon the relationship and degree of attachment. Whenever possible, it is helpful to prepare a child for a future loss or death. What is expected is often easier to cope with. Children often wonder: Did I cause this illness or death to happen?, Will this happen to me?, Who will take care of me now?

Past Loss and Grief

A current loss may remind a person of a past experience. In addition to coping with the current situation one may re-experience the grief of a past loss. For example, a woman severely damages her car in an accident but suffers only minor cuts and bruises. During the next few weeks she becomes depressed. This accident reminds her of a childhood accident in which a friend was killed. She is grieving again for the loss of her friend as well as coping with her present situation.

Coping with Loss & Grief

Healthy coping methods help a person move through the stages of grief while unhealthy behavior can result in a person getting stuck in their grief process. Moving through the grief process requires work, time and effort, and may be painful. Grief is not something we get over but something we begin to understand. Unhealthy ways to cope with loss and grief may include: substance abuse, verbal abuse, physical violence, sleeping all the time, not eating, or not caring for one's basic health needs. If grief is kept bottled up inside a person it may result in physical illness.

There are emotional, physical, social, cultural, and spiritual ways to cope with loss and grief that support a healing journey. Healthy ways to cope with loss and grief include taking care of yourself in all areas of your life.

Ways to cope include:

EMOTIONAL

- Accept the reality of your experience
- Forgive
- Accept mistakes
- Talk
- Share your feelings
- Journal, Draw
- Laugh
- Cry
- Recognize how important you are

PHYSICAL

- Get enough sleep
- Exercise
- Eat a well balanced diet
- Drink lots of water
- Avoid alcohol, tobacco and other harmful chemicals

SOCIAL/CULTURAL

- Participate in community events
- Attend support groups
- Visit with friends and family
- Learn to trust
- Listen to your elders, traditions and culture
- Create a balance in your life

SPIRITUAL

- Healing ceremonies
- Talking circles
- Dancing, Singing
- Being in Nature
- Prayer, Meditation, Relaxation
- Celebrate life's journey

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Coping with Loss & Grief

Feelings:

Know them

Name them

Show them

Share them

—Liz Sunnyboy

Traditional Healer

**Loss, Grief &
End-of-life
Comfort Care**

*Helping
People Grieve*

*Grief Shared
is Grief
Diminished.*

Helping People Grieve

Often it is difficult and awkward to be with those who are grieving. As a caregiver you may feel or see people's pain and feel helpless, not knowing what to say or do. Sometimes the most important gift we can give someone who is hurting is to just be present in the moment with her or him. We are human beings and not human doings. Sometimes it is a hug, a simple touch of the hand, listening with our heart, or just being together that provides comfort and support as a person journeys along their healing path.

Identify

What has helped this person successfully cope with loss in the past? Help them to draw upon their past experience to deal with their current loss.

Be Available

The grieving process takes a long time: from months to years. After the ceremony, potlatch or funeral, people often leave the grieving person alone and they may feel very isolated. Check in on a regular basis and ask how they are doing. Offer your friendship.

Accept Expressions of Grief

Acknowledge the person's emotions and feelings. Don't try to take away their emotions. Share tears and laughter. People experiencing loss and grief may feel sadness, anger, resentment, guilt, confusion, relief, shame, fear, helplessness, loneliness, isolation, depression, or have difficulty making decisions. Allow people to openly express their feelings as long as it does not cause them or others harm.

Listen

Allow people to talk openly about their loss. Listen with your heart. This is an important part of the healing process and will help them move through their grief. Sometimes the most helpful thing a person can do is to listen, without offering advice or trying to cheer them up. Listening is more important than talking. You cannot take away their pain or loss but you can listen. There is healing in the telling of their story.

Encourage People Who have Experienced a Loss to Take Care of Themselves

Offer encouragement to help them create balance in their life.

Mark Your Calendar

Special occasions often bring back strong feelings of grief. During birthdays, holidays, anniversaries, and other special times it is common for people to revisit their grief. This is normal. This can be a special time to share and celebrate memories. A call, visit, or card provides comfort and support.

Loss, Grief & End-of-life Comfort Care

Care for Caregivers

Care for Caregivers

Working with patients and families facing loss and grief and end-of-life decisions is very emotional. You may know the patient and family, which makes your role more stressful. In addition to helping the patient and family cope with their loss and grief, you have to cope with your own feelings and reactions. It is important to recognize your own needs and limitations, to take care of your own loss and feelings of grief.

When you take care of someone who is dying, he or she will die. As a health care provider the goal is usually to treat people or cure them. Caring for a dying patient requires you to let go of wanting to cure a person or make them better. The goal now becomes to have the best possible death experience. Be kind and gentle with yourself. Listen to your inner voice. Do the best you can and know that is enough.

HELPFUL SUGGESTIONS:

- Remember, the goal when caring for a person at the end of their life is not to provide a cure, but to help the patient and family reduce the stress of the illness, provide comfort, reduce pain, and adapt to changes in the patient's strength and ability to care for herself or himself.
- End-of-life care is a team effort. As a community health worker, you are not responsible to provide total end-of-life care. Clear expectations for your role and limitations need to be discussed with the family and the person's primary health care provider.
- It is OK to ask for help for yourself. Reach out for help and support, even before you think you need it.
- Talking with your supervisor, other caregivers, a minister, a spiritual healer or a counselor can help you cope with the emotional stress of end-of-life care. It is OK to express emotions, to cry, and to be sad.
- Learn to say "No". There are physical and emotional limits to what you can do for others.
- Find and use resources that teach you about loss and grief, the dying patient, and palliative and end-of-life comfort care.
- When people are grieving they can be angry and vent their feelings. Try not to take their anger personally.
- In order to care for others you need to charge your own batteries. Think about what brings passion and meaning to your life and fills you with joy. Laugh and celebrate those moments every day to prevent burnout.

Loss, Grief & End-of-life Comfort Care

*What is
Palliative Care?*

*Death forces
you to look at
your own life
and makes you
learn how to
live all over
again in a
completely
different way.*

*– Tanya Matchian,
CHP*

What is Palliative Care?

Palliative care focuses on the dignity and quality of life, recognizing that death is part of the life cycle. Palliative care strives to help people have a pain-free life and to manage other symptoms so their days may be filled with comfort and dignity.

The goals of palliative care are to:

- Provide comfort by controlling pain and other symptoms.
- Help the patient and family understand the medical, physical, emotional, and spiritual issues of a life-threatening illness.
- Assist the patient and family in maintaining quality of life.

A cure may not be possible for all people with cancer. When all available curative treatments have been tried and are unsuccessful, the focus of care changes. The primary concern becomes quality of life. The goal is to provide support and care for people in the last phases of an incurable disease so they can live as fully and comfortably as possible. Treat people with respect and provide for the best quality of life until she or he takes their last breath and dies.

The Dying Process

For most dying patients, death is quiet and peaceful. They gradually get weaker and weaker until it is hard for them to do anything for themselves. They may spend most of their time sleeping. At some point their breathing changes, then slows down, and finally stops.

Death is as unique as the person experiencing it. Death comes in its own time and way. The following are common stages associated with the dying process.

Changes that may occur as a person approaches death.

1 to 3 months

- May begin to withdraw from the world and people in it, including family and friends.
- May stay in bed most of the time.
- May not feel like talking as much. Sitting quietly with a person and holding their hand or reliving happy memories can bring comfort and support.
- Loss of appetite. It is OK for the person to stop eating. Do not try to force them to eat or drink. Their physical body processes are working slower. They may need spiritual energy now, not physical.

1 to 2 weeks

- Sleeps almost all the time. Rarely opens eyes.
- May be disoriented, confused, or agitated. Picks at clothes and bedcovers.
- Talks to people we cannot see.

Physical changes include:

- Body temperature may increase or decrease.
- Pulse may increase or decrease.
- Breathing becomes irregular.
- More mucous in the throat, may sound congested.
- Drop in blood pressure.
- Increased sweating.
- Not eating, offer sips of water or juice.
- Body feels tired or heavy.
- Color becomes pale or bluish.
- Sleeps, but responds to voice or touch.

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The Dying Process

Saying good-bye to a loved one is never easy.

Sometimes we find ourselves at a loss for the right words to express our feelings.

Five ways to help say goodbye:

I love you

Thank you

Forgive me

I forgive you

Good bye

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May I Go?

Hospice of Anchorage

May I go now?

Don't you think the time is right?

*May I say good-bye to pain-filled
days and endless lonely nights?*

*I've lived my life and done my
best, and an example tried to be,*

*So I can take the step beyond
and set my spirit free?*

*I didn't want to go at first, I fought
with all my might!*

*But something seems to draw me
now to a warm and loving light.*

I want to go!

I really do!

It's difficult to stay.

*But I will try as best I can to live
just one more day-*

*To give you time to care for me
and share your love and fears*

*I know you're sad and are afraid
because I see your tears.*

*I'll not be far, I promise that, and
hope you'll always know*

*that my spirit will be close to you,
wherever you may go.*

Thank you so for loving me.

You know I loved you too.

*That's why it's hard to say good-
bye and end this life with you.*

*So hold me now, just one more
time, and let me hear you say,
because you care so much for me,
you'll let me go today.*

Changes that may occur as a person approaches death.

Hours to Days

- Most people die within 3 to 14 days after they stop drinking and eating.
- May have a surge of energy, asking for favorite meal, visiting with friends or family, or talking clearly.
- Blood pressure drops.
- Eyes are half open, glassy, with tears.
- Breathing is irregular, stops and starts. Congestion sounds worse.
- Restless or no activity.
- Body feels cold and skin color changes: hands and feet may be purple, knees, ankles and elbows turn blotchy.
- Decreased urine output.
- May wet or soil bed.
- May become unresponsive, in a coma, as death nears.

Minutes

- Cannot be awakened.
- Breathing is very irregular, with gasps.
- Breaths are far apart, almost as if breathing has stopped.
- Heart stops and the physical body is now empty of its spirit.

End-of-life Comfort Care

Death is a natural part of the life cycle for every living being. Each person approaches the end of her or his life in his or her own unique way. A person may choose to die at home in the village. If you have a person who is expected to die at home with family and friends, the following suggestions may provide comfort during this transition. It is important to support the person to live fully until she or he dies. Providing comfort care may include assessing and managing pain to promote the best quality of life possible. Also, it is important to honor and respect each person's beliefs and customs. Ask the person to share what is important to her or him during this phase of his or her life.

End-of-life Comfort Care Adapted from Community Health Aide Manual 2005

Body Changes	What to Do
<p>Appetite</p> <ul style="list-style-type: none"> • Little or no interest in eating or drinking. • Dry mouth. 	<ul style="list-style-type: none"> • Offer but do not force food or drink. • Do not use guilt to get person to eat or drink. • Ice chips or snow may help if the person's mouth is dry and uncomfortable. • Moisten the lips with Vaseline or a cool wash cloth. • Freeze a wash cloth and let the person suck on the edge.
<p>Sleeping</p> <ul style="list-style-type: none"> • Person will spend more time sleeping and become more difficult to awake. 	<ul style="list-style-type: none"> • Sit with person. • Talk or sing to the person. • Share or make special memories. • Hold their hand. • Rub their feet.
<p>Restlessness</p> <ul style="list-style-type: none"> • Pulling at bedsheets or clothes • Trying to get out of bed. • Moving about from side to side 	<ul style="list-style-type: none"> • Do not try to stop person from doing this. • Lightly massage their hand or forehead or rub their feet. • Read out loud. • Play music. Sing. • Keep person safe from falling out of bed.
<p>Confusion</p> <ul style="list-style-type: none"> • May be confused about time, place and who people are including family and close friends. 	<ul style="list-style-type: none"> • Remind person of who you are. • Person may talk to people you cannot see. Listen, it may be important.
<p>Seeing, Hearing, Speech</p> <ul style="list-style-type: none"> • Hearing and eyesight not as good. • Eyes glaze over, may have tears. • Speech difficult to understand. 	<ul style="list-style-type: none"> • Speak in normal voice tones. • Person may hear even if it looks like she or he is sleeping or unconscious. Always talk as if you are being heard and understood. There is no wrong thing to say, when what you say is from your heart. You will feel better if you take the chance to talk and hearing your words may comfort the person. • Keep bright lights from shining in eyes.
<p>Bladder and stool</p> <ul style="list-style-type: none"> • Loss of control of urine or bowels. • Decreased urine or dark urine. • Hard or no stools. • Tarry looking stools 	<ul style="list-style-type: none"> • May use adult diapers, rubber sheets, mattress pad. • Ask doctor if a catheter would be helpful. • Use A and D ointment to protect the skin.

<p>Breathing</p> <ul style="list-style-type: none"> • Gurgling sounds in chest and throat • Breathing is irregular, shallow and even stops for 5 to 30 seconds, then person takes a deep breath. Fast, shallow, “panting”. • A moaning sound when breathing out. 	<ul style="list-style-type: none"> • Raise head of bed and turn her or him to their side. • Person is usually not in pain. These are normal noises associated with dying.
<p>Skin</p> <ul style="list-style-type: none"> • Arms or legs may become cold or hot, or change color. 	<ul style="list-style-type: none"> • Keep person warm but not overheated. • Change sheets or clothes if person is sweating.
<p>When Death Happens</p> <ul style="list-style-type: none"> • Breathing and heartbeat stop. • Cannot wake person. • Eyelids may be partially open with eyes in a fixed stare. • Mouth may fall open slightly. • Anything left in bladder or rectum may be released as muscles relax. • The body may spasm after breathing stops. • You may hear a burp or a fart. 	<ul style="list-style-type: none"> • Caring for the body after a person has died varies among cultures. Be respectful and supportive of the person’s wishes before they died. • Learn how families and communities support each other during times of death. • Report to your referral doctor, who will ask at what time and where the person died.

Check Your Understanding answers: 1)T, 2)F, 3)T, 4)T, 5)T, 6)T, 7)F, 8)T