

How to Help Clients Cope with Loss

Contemporary Insights into Grief

■ As a professional who works closely with seniors, you may frequently interact with those who are struggling with losses, particularly the death of loved ones. These losses may feel especially acute during holiday seasons. Here's how you can better support and "companion" clients who are coping with a loss. **BY JANE W. BARTON, MTS, MASM, CSA**

Acknowledging the losses in senior clients' lives, honoring their grief, and supporting their transformation through the grief and mourning process may be one of the greatest services a Certified Senior Advisor (CSA)[®] can provide seniors. The most obvious loss that seniors face is the death of a loved one, but the same approach can help a client cope with grief associated with other age-related losses such as a physical disability, the sale of a family home, or the move of a beloved spouse to a nursing home.

The impact of age-related losses must be seen as communal, not merely personal. Losses and the resultant grief affect family, friends, care/service providers, and the greater community. When a senior loses the ability to walk, to speak, or to think rationally,

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there is a ripple effect that disturbs everyone connected to the senior. Therefore, it behooves all involved to understand how loss transforms the lived experience.

Loss is a normal part of the aging process. We lose roles and careers, physical and cognitive abilities, and relationships through deaths, divorce, and other events. We lose our health and eventually our lives. To be human is to risk the experience of significant loss. However, loss is not easily woven into the fabric of our lives. It takes incredible courage and conviction to companion those who grieve. But in so doing, we can serve our senior clients in meaningful ways, while witnessing the unfolding of the human experience. Not only will we witness transformation, but we too will be changed.

What is grief?

To serve others well, we need a foundational understanding and appreciation of loss and grief. Sometimes writers on death, loss, and grief use different definitions of common terms, depending on the context. In this article, we use Alan Wolfelt's definitions from *Death and Grief: A Guide for Clergy*:

- *Grief* is the natural response to a significant loss such as death, a career change, or a housing transition prompted by declining health. Grief is a process that involves a variety of emotions, thoughts, and behaviors; it is a function of attachment. If we never became involved or invested in other people or things, we would have no basis for grief because there would be no perceived loss. As we choose to love others (or to have some form of love or emotional attachment to situations or things), we become vulnerable to loss and grief. Perhaps it could be said that grief is a privilege derived from our capacity to give and receive love. It is important to remember that grief is unique to each person, depending on the nature of the individual, the type of relationship with the deceased (or that which is lost), and the circumstance surrounding the death or loss. Wolfelt writes: "Grief is the internal meaning given to the external event."

There are two types of grief: normal and complicated. Normal grief is a process containing expected phases, emotions, and behaviors. Complicated grief is difficult to distinguish because many of its characteristics are similar to normal grief, but it is differentiated by the intensity and extent of the phases, emotions, and behaviors. Unless you are a trained specialist in the field of bereavement, it is wise to resist the temptation to label a client's grieving process. Instead, know the

» Grief: Do You Recognize This Horse?

To live fully and freely, we need to confront and name our losses—and help those around us do the same. The following excerpt from the story "The Horse on the Dining Room Table" by Richard A. Kalish, published as a prologue in the book *Death and Dying, Life and Living* by Charles Corr, Clyde Naber, and Donna Corr (2006), eloquently expresses that point.

A young man asks a guru, "Father, I want to know what a dying person feels when no one will speak with him, nor be open enough to permit him to speak, about his dying." The old man considered the question and responded slowly. "My son, it is the horse on the dining-room table. It is a horse that visits every house and sits on every dining-room table—the tables of the rich and of the poor, of the simple and of the wise. This horse just sits there, but its presence makes you wish to leave without speaking of it. If you leave, you will always fear the presence of the horse. When it sits on your table, you will wish to speak of it, but you may not be able to. However, if you speak about the horse, then you will find that others can also speak about the horse—most others, at least, if you are gentle and kind as you speak. The horse will remain on the dining-room table, but you will not be so distraught. You will enjoy your repast, and you will enjoy the company of the host and hostess. Or, if it is your table, you will enjoy the presence of your guests. You cannot make magic to have the horse disappear, but you can speak of the horse and thereby render it less powerful."

Our fear of death inhibits our ability to engage life and to live fully. Before you can effectively

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available resources in your community for grief services and advise your clients to seek professional counseling if needed and desired.

- *Mourning* is described by Wolfelt as “the outward expression of grief and bereavement.” Some have referred to mourning as grief gone public. The funeral or memorial services associated with a death are often considered the initial opportunity for mourning and thus the beginning of the overall healing process. A public expression of sorrow allows the community to gather and support the bereaved.
- *Bereavement*: According to Wolfelt, bereavement is “a state caused by loss such as death.” Thus, a person referred to as “bereaved” would be one in the state of bereavement—in other words, someone who has experienced a loss (typically a death loss).
- *Anticipatory grief*: Some people also feel anticipatory grief. E. Lindemann first described anticipatory grief in 1944 when studying the responses/reactions



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help clients face the reality of loss, you need to confront your own fears related to death and dying. Self-reflection is crucial to successfully helping senior clients work through their fears.

of couples dealing with terminal illness. He noted that the healthy spouse often began grieving the loss of his loved one well before the physical death. The term “anticipatory grief” embodies the psychological and emotional reactions to an anticipated loss. Sometimes, anticipatory grief can expedite the bereavement process because the survivors are better prepared and have had time to make some needed adjustments. Anticipatory grief is a common experience for seniors and their families who are challenged by a lengthy disease process such as [Alzheimer’s disease](#).

Recognizing societal attitudes related to death and dying is foundational to discussing loss, death, and grief. The majority of people in the United States are “scared to death” to acknowledge the fact that we are mortal beings. Our fear of death inhibits our ability to confront the reality of death and informs the grief and mourning process. Gerontologist Richard Kalish wrote a short story called “The Horse on the Dining Room Table” that highlights the typical human response to death: denial. The story illustrates the need to confront and name our losses—both experienced and anticipated losses—to live fully and freely. See the sidebar *Grief: Do You Recognize This Horse?* starting on page 15.

Traditional and contemporary models of grief

Models of grief provide a contextual framework that helps us interpret and

understand various responses to death and other losses. The more traditional models recognize the uniqueness of grief, while proposing some universal characteristics of grief. Harvey M. Chochinov et al. (1998) identify three traditional models of grief from different perspectives: psychoanalytic, interpersonal, and post-traumatic.

The psychoanalytic model focuses on the intrapsychic process of grief—the gradual severance of the emotional bonds with the lost person or item. The interpersonal model is predicated on J. Bowlby’s attachment theory, which views attachment as instinctual (1977). The breaking of attachments leads to a grief response of despair and disorganization. Reorganization occurs when attachment to the deceased wanes and new attachments are established. Finally, the post-traumatic model recognizes bereavement as a major life stressor, a crisis; the bereaved progress through a sequence of phases with an expectation of completion. All three models view grieving as restorative rather than transformative, focused on severing ties with the deceased. These 20th-century models consider bereavement to be a process of letting go and moving on, with the goal of returning to normal.

A more contemporary view of bereavement recognizes the transformative nature of death. We are changed by the loss and cannot simply return to our pre-grief state. Instead, grief is a process of reconstructing meaning and learning how to “be” in a different way. In his book *The Heart of Grief*, Thomas Attig stresses that we have an ongoing, although obviously transformed, relationship with the deceased (2000). He has also written about our need for “meaning making” as we re-learn the world around us. Robert Neimeyer focuses on the process of meaning reconstruction as the new paradigm for the process of grief (2001).

Both Attig and Neimeyer discount the idea that there are “universals” of grief.

» How to Honor and Serve Grieving Clients

- **Do your own work first.** To serve grieving clients well, you must first understand and appreciate your own attitudes and beliefs related to death, dying, and loss.
- **Listen well.** The bereaved need to share their stories of loss as they adapt to a variety of changes. Listening is one of the greatest gifts we can offer our clients—and sometimes it is the only thing we have to offer.
- **Be present.** As you companion grieving clients, you will witness tremendous pain and suffering. To be present to the rawness of your clients’ loss and pain requires tremendous courage and conviction. Although difficult, these are the moments during which your clients most need your presence and support.
- **Create a safe space.** As a professional, you will often be viewed as the non-anxious, objective presence by your grieving clients. By creating a safe environment in which they can express their hopes and fears, you can help facilitate their healing process.
- **Respond empathetically.** Each person grieves uniquely, so it is impossible to know how another person feels as they grieve and mourn significant losses. However, it is appropriate to offer our deepest sympathies and unwavering support.
- **Remember that it is not about you!** Anger is always fueled by another emotion: sorrow, sadness, fear, frustration, guilt, etc. As such, anger is a common reaction to loss. If you find yourself on the receiving end of a grieving client’s rage, remember that it is not about you. The anger is all about the loss and resultant changes.

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Neimeyer contends that grief is a complex pattern of adaptation that is not predictable. Grief is both a cognitive and an emotional process. After a loss, we struggle to return to “normal.” We may have difficulty fitting our transformed self back into the same familiar family, social, religious, and career systems. Our re-entry into the world requires the reconstruction of meaning since we have changed, while the people and settings around us have not been transformed to the same extent. We likely feel the tension to conserve meaning, while redefining meaning. It is a stressful time, indicative of the need to reconstruct meaning.

Stages of grief

Elisabeth Kübler-Ross was a pioneer in the field of death and dying. In 1969, her classic book *On Death and Dying* talked about a subject that previously had been taboo in Western culture. Her work highlighted the need and importance of openly discussing death with patients and their families. Kübler-Ross presented five stages of dying—denial, anger, bargaining, depression, and acceptance—that have since been adapted to the process of grief.

Although these stages of dying (and grief) provide a general basis for understanding the process, Kübler-Ross acknowledged that not everyone experiences all the stages as described. Also, the process of grieving is not linear; rather, it is spiral in nature, with no particular sequence. Although informative, Kübler-Ross’ model of stages of dying (and grief) is merely one way to depict the grieving process.

Tasks of grief/mourning

Many experts in the field of grief and bereavement prefer to describe the grieving process in terms other than stages. Lindemann describes the symptoms of grief: bodily distress, preoccupation with the dead, guilt

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- **Refer appropriately.** For CSAs, the question is not *whether* but *when* you will companion a grieving senior. If you are not a specialist in grief and bereavement, know people in your community who are. If a situation requiring specialized intervention arises, refer appropriately.

regarding the deceased, hostile reactions, and an inability to function as before. In the book *Grief Counseling and Grief Therapy*, J. William Worden builds on the work of Lindemann, describing grief in terms of phenomena: feelings, physical sensations, cognitions, and behaviors (2002).

Furthermore, Worden describes the process of grief in terms of the “tasks of mourning,” the actions needed to adapt to a loss (he uses the term “mourning” interchangeably with “grieving”). Stages imply an attitude of passivity, whereas tasks imply an attitude of proactivity. In Worden’s task-oriented model, the bereaved must first accept the reality of the loss by shaking off the shock and subsequent denial of the death. The acceptance of the death is intellectual and emotional. Second, the bereaved must have the courage to work through the pain of grief. The pain cannot be avoided or outrun. Rather, the individual must feel the pain and meet it head-on to pass through it.

Worden’s third task for the bereaved is to adjust to the environment without the deceased. This requires a new sense of self and of how one relates to the world on a daily basis. People who are bereaved often experience a loss of meaning and feel overwhelmed by unanswerable questions such as “why?” This is often described as a crisis of faith, as the bereaved needs a reconstruction of beliefs.

Finally, Worden's fourth task is to emotionally relocate the deceased and move on with life. This seems to echo Attig's idea that disconnecting from the deceased is neither advisable nor possible. And yet, someone working through grief must find a new way of loving the deceased in order to re-engage with the world. "We need to find ways to memorialize—that is, to remember—the dead loved one, keeping them with us but still going on with life," Worden writes. This is often the hardest task of mourning.

The CSA's role

To provide competent, compassionate, and beneficial care to seniors and their families, CSAs must recognize the challenges and associated losses that are part of the aging process—and be prepared to be a companion for grieving clients in their journey. CSAs assume several roles when companioning their clients: educator, listener, and professional resource.

As an educator, you can normalize the process of grieving and encourage your clients to establish realistic expectations. Help your clients who are struggling with grief to know that arbitrary time frames are not helpful and can actually be harmful. Additionally, clients and their families should not expect "returning to normal" to be a consequence of grieving. Grief is not something to "get over." Rather, in a sense, grief is a lifelong process; it has the potential to diminish in pain, but will forever remain a part of our being.

As a listener, you allow your bereaved clients to be heard. For some, that is a rare occasion in our busy society. Those who grieve often hesitate to share their pain and sorrow with others, thinking everyone is too busy or too burdened with their own concerns. Your willingness and ability to listen conveys an incredibly important message—that you care enough to be present to their pain. By listening, you will be forever changed, as will

» Mediators of Mourning

Although grief is uniquely experienced, there are circumstances and variables that influence the intensity, duration, and nature of every person's grieving process. Often, understanding the variables associated with a death provides valuable insights about the bereaved individual's response to the loss. These insights may enable you, as a CSA, to better assist the bereaved. J. William Worden (2002) describes these mediators of mourning as:

- the relationship to the deceased (parent, child, friend, etc.)
- the mode of death (violent, anticipated, sudden, etc.)
- historical precedents (past losses)
- personality variables (age, gender, beliefs, coping style, etc.)
- social variables (support system, religious resources, ethnic norms, etc.)
- concurrent stresses (relationships, career, financial, health concerns, etc.)

your clients. (See *How to Honor and Serve Grieving Clients* on page 17.)

As a professional resource, you can refer grieving clients to local qualified experts in grief and bereavement: hospice bereavement services, grief centers, grief counselors, grief support groups, and therapists. Because we all grieve uniquely, resist any temptation to judge how a person grieves. There is not a "right" way to grieve or a magical time frame for mourning. Sometimes the best advice for those who grieve is to feel what you feel, when you feel it. For those clients who want additional help, refer appropriately. (See also *Mediators of Mourning*, above.)

What to expect

To recognize and compassionately serve grieving seniors and their family members, you must be able to recognize when grief enters the room. What does it look like? How does it feel? What changes alert you to the fact that your client is grieving? As noted previously, we experience grief physically, emotionally, spiritually, and relationally. Also, all significant losses disrupt our normal rhythms of life, causing us to feel unsettled, disorganized, and disoriented. Hence, the signals of grief include changes in behaviors, health, emotions, beliefs, and relationships. The signs may be subtle or obvious. For instance, bereaved persons may feel empty or sad, develop health problems, have difficulties performing their jobs or being in social situations, or display unfocused thinking.

Since we grieve uniquely—predicated on the mediators of mourning (see *Mediators of Mourning* on page 19)—we also manifest the stress of grief in unique ways. The face of grief is ever-changing and defies description. Therefore, resist the temptation to stereotype the face of grief. Pay attention to your clients' demeanor, appearance, behaviors, attitudes, and words. If we have eyes to see and ears to hear, we will recognize the face of grief in those we serve.

As we companion those who grieve, it is important to remember that grief is not a linear journey. We cannot expect our clients to incur a loss and then seamlessly move from Point A to Point Z. Some points along the way will be revisited, perhaps numerous times. Anniversary dates, holidays, places, fragrances, foods, events, music, and seasons are just a few of the things that can trigger an overwhelming grief reaction, referred to as a sudden temporary upsurge of grief (STUG) by Therese Rando (1988). Typically short in duration, a STUG reaction can be quite disturbing to bereaved persons if they perceive this as a setback in their grieving process. By

» Learning to Live More Fully Through Intimacy with Loss

When serving as a companion to someone who is grieving the death of a loved one, we must have both the willingness and ability to “be present” to another’s pain and suffering. There is something sacred and intimate about sharing the rawness of another’s grief. This intimacy with death and loss highlights the preciousness of the moment and of life. Facing our own eventual demise can profoundly affect how we choose to live. In *Death: The Final Stage of Growth* (1975), Elisabeth Kübler-Ross captures this sentiment quite well when she writes:

Death can show us the way, for when we know and understand completely that our time on this earth is limited, and that we have no way of knowing when it will be over, then we must live each day as if it were the only one we had. We must take the time, now, to begin—one step at a time, at a pace that makes us not afraid, but rather eager, to take the next step, to grow into ourselves.

normalizing this experience for your clients, you can assure them that, although painful, this is part of the journey. Additionally, the painful reminders that trigger STUG reactions will eventually evolve into cherished memories of the deceased. (For more information about how and why holidays can cause pain to resurface among people who are grieving, see *Case Study: Facing the Holidays as a “Married Single”* and *Hope for the Holidays: How to Cope When You’re Grieving*.)

The benefit of boundaries

Professional boundaries protect both professionals and clients by defining the limits of a trusted relationship, but professional

boundaries can become blurred when a client and professional work together over an extended period of time. With some clients, professional service turns into a more personal relationship founded on mutual affection, and it may eventually evolve into friendship. Such a friendship is problematic when the professional can no longer be objective and dispassionate in providing service to the client. Professional and personal roles often present conflicting goals and responsibilities. Ultimately, a professional who is a personal friend to clients is no longer working within the agreed-upon boundaries of the professional relationship; he risks both violating the trust of the client and providing substandard service.

The need for professional boundaries is particularly important when working with seniors because seniors place such great importance on interpersonal relationships. Seniors do business with professionals with whom they connect and whom they trust. As CSAs, we must remain ever vigilant in establishing and upholding professional boundaries so that seniors do not confuse compassionate, competent care with an intention to be friends.

Maintaining professional boundaries does not preclude companionship clients through an emotional experience such as grief. Being “professional” does not equate to being uncaring and detached. To serve our clients well as professionals, we must care. At the same time, we must maintain objectivity and perspective. It is a delicate balancing act to provide competent, professional advice tempered with a compassionate, knowing heart. When you’re working with a grieving client, always be mindful of the limits of appropriate care and concern based on your professional role. If a client needs more assistance than you can give as a professional, provide the appropriate referrals to grief

experts. And remember in all cases to follow the *CSA Code of Professional Responsibility*.

Grief transforms

The human experience is a process of constant change—physical, emotional, spiritual, and psychosocial—that we call aging. It precipitates and necessitates loss. Losses of all kinds prompt the natural, emotional response we call grief. Granted, grief is not exclusively the domain of seniors; people of all ages experience losses and subsequent grief. However, as we age, the incidence of loss accelerates as we decline physically and cognitively. An understanding of loss and grief is critically important when serving seniors.

Throughout the journey of grief, we must take one step at a time: reconstructing meaning, adapting to the transformation prompted by loss, and growing into our new selves. Grief is not a journey of choice, but it’s unavoidable if life is to be meaningful.

The challenge when serving seniors who are grieving is not to determine the stage of grief in which they reside, to identify the tasks to be completed, or to evaluate how the senior is grieving. Rather, the foundational challenge is to be present to the pain of another person. It is that simple, and it is that difficult. As a CSA, you may be invited to sit at the dining room table. Are you courageous enough to view, name, and discuss the horse that ultimately confronts all of us? Have you adequately confronted and overcome your own fears about death, dying, and loss to speak freely with others about their fears?

We must carefully consider these questions if we are to serve seniors in knowledgeable and beneficial ways. Do not fear companionship those who grieve. Instead, allow them to teach you about the essence of life—about caring deeply enough to grieve and mourn. ■



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