

# Grief Counseling Resource Guide

A FIELD MANUAL

New York State  
Office of Mental Health

Sharon Carpinello, RN, Ph.D.  
Commissioner

---

A FIELD MANUAL

# Grief Counseling Resource Guide

**New York State Office of Mental Health**

Sharon Carpinello, RN, Ph.D.  
Commissioner

**Bureau of Education and Workforce Development**

Deborah Wagoner  
Director

Joe LeViness  
Project Director

**Authors**

Susan Wheeler-Roy, Ed.D.  
Bernard A. Amyot, M.S., M.A.

**Special Thanks To:**

Gail Meehan  
Ann Cohan

# Table of Contents

<b>Introduction</b> .....	<b>iii</b>
<b>Section 1</b> .....	<b>1</b>
Bereavement Counseling – A Framework	
<b>Section 2</b> .....	<b>3</b>
Helping Skills for the Outreach Worker	
<b>Section 3</b> .....	<b>6</b>
Personal Impact of Grief	
<b>Section 4</b> .....	<b>9</b>
Sudden Death Loss Issues	
<b>Section 5</b> .....	<b>10</b>
Secondary Loss Issues/Adaptation Strategies	
<b>Section 6</b> .....	<b>13</b>
Rituals	
<b>Section 7</b> .....	<b>15</b>
Gender Issues in Bereavement	
<b>Section 8</b> .....	<b>17</b>
Care for the Caregivers	
<b>Bibliography</b> .....	<b>18</b>

# Introduction

This manual has been developed as a guide for those who encounter individuals reacting to trauma related grief reactions in the course of their outreach work. It is hoped that this document will be helpful for both licensed mental health practitioners with limited experience working with individuals who are grieving as well as for paraprofessionals and outreach workers. Whenever a person is encountered who is experiencing severe reactions or complicating conditions for which the worker feels unqualified to address, consultation with an appropriate mental health professional and an appropriate referral for more formal services should be made.

---

## SECTION 1

---

# Bereavement Counseling – A Framework

Elizabeth Kubler-Ross has taught us that we must see the bereaved people we serve and counsel as our teachers. We need to allow them to teach us what their experience is, rather than constructing some set of goals and expectations that we expect them to meet and achieve. In *Zen Mind, Beginner's Mind*, Shunryu Suzuki wrote, “In the beginner’s mind there are many possibilities. In the expert’s mind there are few.” We are not the experts on anyone’s grief. As bereavement workers we must meet the grieving without expectations about what should happen or what they should be feeling. There are no experts in this work.

John Welshons, in his fine book entitled *Awakening from Grief*, states:

“So there is no way to apply systems, rules or emotional road maps. Our job is to be a presence, rather than a savior. A companion, rather than a leader. A friend, rather than a teacher.” (p 159)

The Companionship Model of Bereavement caregiving developed by Dr. Alan D. Wolfelt is one in which we as bereavement caregivers help people to integrate life’s losses by being present to them and observing them—companionship. He tells us that observance comes to us from ritual. It means not only “to watch out for,” but “to keep and honor, to bear witness.” Wolfelt elaborates on the companionship idea:

- ◆ Companionship is about honoring the spirit; it is not about focusing on the intellect.
- ◆ Companionship is about curiosity; it is not about expertise.
- ◆ Companionship is about learning from others; it is not about teaching them.
- ◆ Companionship is about walking alongside; it is not about leading.
- ◆ Companionship is about being still; it is not about frantic movement forward.
- ◆ Companionship is about discovering the gifts of sacred silence; it is not about filling every painful moment with words.
- ◆ Companionship is about listening with the heart; it is not about analyzing with the head.
- ◆ Companionship is about bearing witness to the struggles of others; it is not about directing those struggles.
- ◆ Companionship is about being present to another person’s pain; it is not about taking away the pain.

- ◆ Companioning is about respecting disorder and confusion; it is not about imposing order and logic.
  - ◆ Companioning is about going to the wilderness of the soul with another human being; it is not about thinking you are responsible for finding the way out.
- (Part 3-The Forum. ADEC. N/D.98)

Utilizing this model of bereavement caregiving, the helper:

- ◆ Listens in a supportive manner to individuals' concerns.
- ◆ Helps disaster survivors recognize that, in most cases, their emotional reactions are natural, normal, and to be expected.
- ◆ Assists survivors to reduce additional stress by organizing and prioritizing day-to-day and recovery-related tasks.
- ◆ Helps individuals to understand and recognize the wide range of reactions to trauma, such as numbness, frustration, confusion, anger, anxiety, sadness, and feelings of helplessness.
- ◆ Assists individuals to draw on their own strengths and develop healthy coping mechanisms that permit them to gradually resume their pre-disaster level of functioning.
- ◆ Sensitively and caringly helps individuals to grieve their losses in their own unique ways.
- ◆ Systematically draws upon an array of recovery resources for appropriate referrals.

The heart of grief counseling, according to Dr. Ken Doka, writer and lecturer in grief and loss, is *validation*. Grieving individuals need reassurance that what they are experiencing is normal. Counselors can help people understand and identify the ways they are reacting. Some people grieve through their expression of feelings. Others grieve through problem-solving, thinking, and activities. Doka, in a recent presentation (2002), maintains that there are many different ways in which individuals experience, express and adapt to loss.

---

## SECTION 2

---

# Helping Skills for the Outreach Worker

**T**hese skills are ways to show people that you are paying close attention, that you care, and that you are actively listening. The better the helper listens, the more the individual may share. This is a caring relationship and develops through mutual respect.

### Eye Contact and Facial Expression:

- ◆ Make eye contact and vary your eye contact.
- ◆ Allow your face to reflect caring.
- ◆ Avoid any gestures that hide your face from view.

### Body Language:

- ◆ Be attentive and relaxed, and use positive gestures.
- ◆ Orient one's body toward the person who is speaking
- ◆ Sit on the same level.
- ◆ Create an "open" body posture: legs and arms uncrossed, body upright and centered.

### Vocal Style:

- ◆ Use a natural vocal style. Your voice communicates emotions.
- ◆ Speak in a relaxed, warm manner.

### Verbal Following:

- ◆ Stay on the topic. Don't topic jump or interrupt. Take your cues from the grieving individual.
- ◆ Give the time he/she needs. Don't rush to respond.
- ◆ It is ok to have a pause/moments of silence to reflect.



## Verbal Skills/Interventions:

### Open Questions:

- ◆ This skill opens new areas for discussion.
- ◆ It is useful to aid the individual in exploring his/her feelings and thoughts.
- ◆ Begin open questions with “How,” “What,” “Could.”
- ◆ Avoid “Why” questions which could make the individual feel defensive.

### Examples:

“How do you feel about the situation?”

“What are some things that trouble you most?”

“Could you tell me how the job is going?”

“Could you give a concrete or specific example?”

### Paraphrasing:

- ◆ Encourages more in-depth discussion.
- ◆ Focuses on using key words of the individual and then saying back to them the most significant things that are said to you.

### Example:

*“I have been having a terrible time at work. I am so restless and just can’t seem to concentrate. My supervisor told me that I am not doing a good job and that if I don’t improve, she would fire me.”*

### Example Paraphrase:

*“You’re saying that you have difficulty concentrating and that your supervisor is displeased with your work and may fire you.”*

The helper statement above is a distilled, shortened and clarified statement which catches the essence of what has been said.

### Reflecting Feelings:

In reflecting feelings, the following steps are most essential:

1. The feeling must be named. This may be through the actual words of the individual or through observation of non-verbal communication (eyes, facial expression, posture, voice tone).
2. Use the leads: “You seem to feel...,” “Sounds like you feel...,” “I sense you are feeling...” Then ask: “Is that close?” “Is that right?”

### Examples:

“Sounds like that makes you angry.” “You feel very *discouraged* right now.”

“I sense some feelings of confusion.” “You are feeling really *sad* at the moment.”



### **Additional helpful comments/phrasing:**

- ◆ Tell me about...
- ◆ What works for you...
- ◆ How do you react when...
- ◆ I'm wondering...
- ◆ Have your feelings changed?
- ◆ What are your most difficult times?
- ◆ Could you be more specific?
- ◆ Do you feel like talking about it today?
- ◆ I encourage you to...

### **Non-Supportive Behaviors**

#### **Verbal Behaviors:**

- ◆ Responding too quickly
- ◆ Changing the subject
- ◆ Talking too much about yourself
- ◆ Asking “why” questions
- ◆ Giving advice
- ◆ Preaching, placating, lecturing
- ◆ Over-interpreting
- ◆ Asking too many questions
- ◆ Interrupting silence
- ◆ Allowing the individual to ramble on

#### **Non-Verbal Behaviors:**

- ◆ Rigid severe posture
- ◆ Taking notes
- ◆ Clock watching
- ◆ Letting your gaze wander

---

## SECTION 3

---

# Personal Impact of Grief

The grief experience impacts all aspects of the being of the individual. The manifestations listed are *more intensified* when there has been a sudden, unanticipated death. With the intensification, the period of time to process the reactions will often be longer. It is important to remember there is no timetable for processing. Grief reconciliation depends on many other factors confronting the individual in his/her life. People are not only grieving, they are also participating in life and those stressors will affect the journey of adaptation.

An individual may not experience all reactions that are listed. Reactions may change over time. What needs to be noted is that the reactions FOLLOW the loss event; it is then that a grief reaction is considered.

### Physical Reactions:

As part of the individual's way of handling the stress and anxiety of his/her loss experience, the following are possible physical reactions:

Changes in appetite:

- ◆ Overeating; binge eating
- ◆ Under-eating; loss of appetite

Sleep disturbances:

- ◆ Oversleeping; difficulty falling asleep and awakening; inability to get started/motivated for another day
- ◆ Under-sleeping; nightmares, loss-centered dreaming; interrupted sleep

Exaggeration of other physical situations:

- ◆ Blood pressure, diabetes, allergies, digestive and stomach problems, headaches/migraines

**Note:** All are often triggered by poor eating and sleeping habits, thereby affecting the immune system and the body's ability to maintain a healthy balance.

### Behavioral Reactions

Because the loss event changes the individual, behaviors, whether while alone or in social settings, also reflect the change the individual is experiencing.

- ◆ Aggressive behaviors: volume/tone in speaking; irritability; tension
- ◆ Withdrawn/passive behaviors: very quiet and introverted; short answers; limited conversation; feels unworthy of happiness
- ◆ Self-doubt increases: needs much reassurance; decisions are difficult, indifference/apathy may follow; meaninglessness; not wanting to initiate activities or leave home.
- ◆ Reckless or self-destructive behaviors:
  - Alcohol use/abuse: often to numb feelings
  - Drug use/abuse: to numb and escape the emotional reactions
  - Sexual promiscuity: to seek comfort; or to “dare” something to happen to me – such as AIDS.
  - Reckless driving or other behaviors to challenge fate/the world.
- ◆ Hyperactivity: excessive energy to act out the stress/anxiety
  - Cleaning
  - Working
  - Talking
  - Shopping
  - Attention-getting
  - Shopping/Spending
  - Home fix-it projects
  - Excessive organizing

## Cognitive Reactions

- ◆ Reduced attention span: inability to follow a conversation, to read and to stay focused; this affects many on the job regarding performance; forgetfulness
- ◆ Loss-centered thinking: focus of much of the individual’s thought process to the point of obsessiveness
- ◆ Impaired self esteem
- ◆ Idealization of the past, of the future and of the individual and the relationship lost
- ◆ Exaggerations in magical thinking (I made it happen)

## Emotional Reactions

- ◆ Self blame and guilt: “I could have..,” “I shouldn’t have...,” “If only...,” “ Why didn’t I..”
- ◆ Fears: of getting through each day; of being alone; of being a single parent; “What will I do now?”; “Will God punish me too?”; of the dark; of new places and of old favorite places; of social settings; of making the right decision(s).
- ◆ Helplessness/Hopelessness
- ◆ Anger: at life’s situation, at God, at unfairness, at the one who died, at others for being happy.
- ◆ Yearning/desiring the lost loved one and the world that *was*.
- ◆ Withdrawn; not sharing feelings with others because they don’t understand or “get it,” not able to give emotionally to others—even family members.

- ◆ Anxiety: all of the above create an accumulation of general anxiety for many grieving individuals. Trying to handle life in a new fashion means creating a new “normal.” This is all transition and for many that means anxiety until it becomes the “new” acceptable way of life.

## Spiritual/Philosophical Reactions

- ◆ Whatever one’s belief system (part of their assumptive world according to Rando) there may be challenges to that system. What *was* believed often comes into question and is examined in light of the loss and goes through its own change—strengthened or weakened—but changed. This is part of the process of grief and adaptation to the loss.
- ◆ Those with a belief in God may question: why God didn’t intervene, why did God let this happen, where is God in their paining/adjusting experience.
- ◆ Various questioning about God and one’s anger towards him, often creates guilt for the individual to work through.

The experience of grief and the mourning process involves many changes in the life of the individual. It is a period of ADAPTATION and TRANSITIONS in all aspects of the individual’s life. Therefore, it is the WHOLE PERSON that faces this forced change. Individuals seek support and encouragement as they find their way through this maze. Adapting takes as long as it needs to take. An individual’s circumstances in life, coping mechanisms, and spiritual/philosophical beliefs will all contribute to the outcome.

Learning to accept that we do *NOT* *get over* a loss, but learn to live with the loss experience, can assist individuals in accepting their grief response as a JOURNEY—as a part of their own life experience—and not see this merely as tasks to be accomplished to “get better.” The loss experience is part of the individual’s life journey in all aspects listed above—physical, behavioral, cognitive, emotional and spiritual.

---

## SECTION 4

---

# Sudden Death Loss Issues

As described in Section 3, some of the possible reactions involved in the “normal” processing of a death loss are more intensified with a sudden death loss, and tend to take much longer to process due to the overwhelming disbelief that impacts the individual. Some issues that lead to complications in reconciling the loss include the following.

- ◆ Inability to comprehend— the disbelief of the event does not allow the individual to grasp what has actually happened. There is a searching for “why” and “how” this happened in the initial period following the death-loss event.
- ◆ The ability to cope is diminished due to the shock of the event and the additional stress that has just been imposed on the individual.
- ◆ Because the death event is sudden there is a loss of safety and *security* in the survivor’s world. This affects all aspects of the person’s life and creates much anxiety as the person attempts to confront “who” was lost to his/her world.
- ◆ There was no time to say *good-bye* to the individual and this often adds hurt and emotional pain. There was no time to say or to hear “I love you,” “I’m sorry,” to reminisce or review past events—both good and bad—and for the survivor to plan a future without that individual.
- ◆ Major secondary losses, including financial, loss of friends, loss of a job, need to relocate, loss of family-unit stability, loss of faith/belief, may all impact the adjustment of the individual and how he/she reconciles the loss.
- ◆ “The assumptive world is violently shattered: Without time to incorporate the change, the mourner’s assumptive world is abruptly destroyed. Control, predictability, and security are lost, and the assumptions, expectations, and beliefs upon which the mourner has based her (his) life are violated.” (Rando 1993).
- ◆ Some losses are categorized as “ambiguous.” When a body is not or cannot be recovered, then complications will occur in the mourning process. Shifting their perceptions about absence or presence is difficult in cases such as those experienced by some with the World Trade Center disaster, with planes that have crashed at sea, with those who have a loved one missing in action. Depression, anxiety, and movement from hope to hopelessness all intensify the individual’s response almost to the point of freezing the grief (Boss 1999). Verification and proof of the death are concrete ways of making the loss real. Rituals may need to be developed to assist the mourner to move beyond this uncertainty.

---

## SECTION 5

---

# Secondary Loss Issues / Adaptation Strategies

**D**uring the mourning period, the grieving individual not only focuses energy toward the deceased, but must adapt the *self* to changes and continue life incorporating the loss —the good and bad—of the relationship. What is truly lost is examined; what roles, expectations, opportunities and hopes must be given up; and what personal adjustments must be made all comprise the transitional aspects of the grieving process.

The personal experience of grief must be processed through the eyes of the grieving individual as he/she sees his/her loss and its ramifications. Each secondary loss perceived requires its own grief response.

The following is a list of some identified aspects of the loss that may be perceived as part of the unique process.

- ◆ **Part of the Self:** That which was given to the other in love, care, concern, is immediately altered in sudden death. Where does that energy go? to whom? The unique relationship has changed; the energy from one to the other is now severed. The individual does not feel whole. Rediscovering roles and sense of purpose and how he/she is needed by others helps an individual process the change knowing the specialness can never be replaced. Wholeness can be restored over a period of time.
- ◆ **Loss of Self-Confidence:** Because the individual has difficulty seeing him/herself as a whole person he/she experiences feelings of inadequacy, which may lead to much indecision. Those who struggle with a poor sense of self will struggle more in this grief situation. Assisting the individual by reinforcing simple decision-making and helping him/her identify areas of success in daily activities helps rebuild personal confidence which can then be extended to the work-world and community/social interactions.
- ◆ **Family Structure:** The family unit undergoes forced change due to the loss of a member. The role(s) lost here must be addressed on a daily basis. Not only do we grieve the personality lost but all the roles and expected behaviors that became so much a part of daily living. Loss of a mom presents certain issues; loss of a dad presents others; loss of a child of any age will affect the dynamic of what is vs. what is desired and expected for the present and the future.
- ◆ **Desired Lifestyle:** Sudden death forces a change in marital status. Many individuals have not chosen to be “single” again; to be a single parent with all the

responsibilities and sole decision making. The emotional pain, and day-to-day struggle with the issue needs to be part of the process, respected and not minimized by being “strong.”

- ◆ **Loss of the Future and Dreams:** Survivors and the deceased had seen and planned a particular future. That is now gone and the survivor is often directionless for a time. The future is now uncertain and viewed as an obstacle; dreams are dashed regarding spending time with that individual and/or watching him/her grow and succeed. Again, role plays an important part here—who was the deceased? a spouse? an adult child? a parent? a grandparent? a sibling? a fiancé? a coworker? Loss of hope and anticipation for that lost individual are part of the grieving process.
- ◆ **Social Changes:** Often survivors now relate differently to friends, acquaintances, even family members—including in-laws. Because many individuals are unsure of how to relate to the survivor, they step back and often avoid the individual. They do not know the survivor in this changed situation; the survivor may be less confident, more emotional, not as cheery or uplifting, more temperamental, indecisive, more withdrawn. In-laws may be reminded too emotionally of who was lost and struggle with confronting that issue when the survivor is seen. Friends may have been connections through a work setting or school or religious place of worship. Some individuals are forced to relocate creating another loss of support and forcing more change. Financial situations may force a change in school for children, creating a loss of friends and teachers who knew them before and who try to journey with them through the loss.

One can see there are many issues that may be part of any loss, but are often an immediate aspect of sudden death loss. The world in all its day-to-day intricacies is impacted. Awareness of the perceptions of the one in grief is important in providing emotional support and in companioning this individual through the intense response to a reconciliation of the loss. There is often intense *yearning* for what was as well as much *frustration and anger* for the way life *IS*. Those counseling or assisting in any way must be aware of the normalcy of the *protest*. This is part of the struggle; this is part of the emotional pain of letting go of a way of life as they simultaneously are forced to create something new that they really don't want. It is often during this change into the new normal that survivors feel they will forget the loved one. They need reassurance that forgetting need not happen as they continue on their life journey. Developing a balanced view of the individual—their strengths and weaknesses—is important. Good memories can be surfaced and become a part of the survivor's journey never to be forgotten. We are a product of our experiences and these need not die when a participant in that event dies. Grieving individuals may need to be encouraged to:

- ◆ Recall humorous events
- ◆ List qualities of the deceased person that impacted them
- ◆ Review the time/events important to both
- ◆ Review the struggles in the relationship



- ◆ Identify change in self due to that other individual in their life...how did I change for the good.
- ◆ Identify how the deceased changed because I was part of their life.
- ◆ List favorite foods, scents, events, teams, holidays of the deceased, so you never forget, and to share the history of that person with others (possibly children and/or grandchildren).

All of the above are intended to reinforce that the loved one has become a part of us due to the *relationship experienced*. It is this that is grieved—the connection—the need for the individual and the need by him/her for us. This is intensified in sudden death because there was no time to plan for this change; the individual is forced into many adaptive processes at once causing an “overwhelming” aspect to the grief reaction.

---

## SECTION 6

---

# Rituals

Rituals provide us with acts to engage in for the purpose of meaning-making (Neimeyer). Dr. Kenneth Doka discusses ritual as giving extraordinary meaning to the commonplace. Ritual provides symbolic connection to the lost persons. For example, on Thanksgiving a woman makes her deceased mother's recipe for cranberry relish. Only a few people in the family enjoy this dish but she continues to prepare it because during the preparation she feels connected to her mother and feels her mother is within her and thus, present at the holiday.

Dr. Kenneth Doka has identified four functions of ritual that may help in a variety of situations:

- ◆ **Rituals of Continuity** – This type of ritual implies that the person is still part of my life and there exists a continuing bond. The Thanksgiving ritual described above is an example of this.
- ◆ **Rituals of Transition** – This marks that a change has taken place in the grief response. For example, parents who have lost a child marked a transition in their mourning by cleaning out their deceased child's room after a period of time acceptable to them.
- ◆ **Rituals of Affirmation** – This is a ritual act whereby one writes a letter or poem to the deceased thanking the person for the caring, love, help and support. This is especially useful for those who never said “thank you.”
- ◆ **Rituals of Intensification** – This type of ritual intensifies connection among group members and reinforces their common identity. For example, the AIDS Quilt, the Vietnam War Memorial, the Oklahoma City Memorial Park.

Rituals must fit the story. They must be planned ahead and thoroughly processed after completion.

Certain dates are particularly troubling and anxiety producing for the bereaved. These include birthdays, anniversaries, holidays, religious celebrations, Valentines Day, anniversary of the death and other specific family markers.

The goal is to plan ahead a remembrance ritual in order to acknowledge the day both cognitively and symbolically. Utilizing any of the above mentioned rituals will help acknowledge in some personal way the relationship and life that was shared. The day is best confronted and dealt with through ritual rather than avoided. Following is a list of rituals.

## Rituals To Commemorate

*Rituals* are effective and meaningful when they have significance to the deceased and to the survivor. The following are merely suggestions and might be altered and enhanced to appropriately accommodate the relationship involved.

- ◆ Prepare a favorite meal of the loved one and enjoy it as he/she did.
- ◆ Prepare a favorite dessert – share with family or friends.
- ◆ Watch a movie(s) enjoyed by your loved one.
- ◆ Plant flowers, a tree or a flowering bush in memory of your loved one.
- ◆ Enjoy a toast to your loved one on a birthday, anniversary or holiday.
- ◆ Light a candle and recall the comfort or guiding light he/she was for you.
- ◆ Read book(s) or article(s) on a favorite topic(s) he/she enjoyed.
- ◆ Play music appreciated by your loved one and see if you can enjoy it now.
- ◆ Attend a concert/performance that would be pleasurable to you both.
- ◆ Look through photo albums and focus on shared times and memories.
- ◆ Wear a piece of jewelry that was a favorite of the person.
- ◆ Wear cologne or perfume he/she liked on you.
- ◆ Wear an item of clothing given to you by him/her.
- ◆ Buy something for yourself he/she would like you to have.
- ◆ Enjoy lunch or dinner at a favorite cafe/restaurant.
- ◆ Visit the burial place – bring a balloon or symbolic item to leave.
- ◆ Journal some favorite stories.
- ◆ Travel to a place he/she enjoyed or always desired to visit.
- ◆ Review how your life is better because he/she was a part of it.
- ◆ Focus on the gift he/she was to you.
- ◆ Purchase flowers on the anniversary. Bring for display at church or home gathering. When people leave, have them take a flower.
- ◆ Send flowers to a close family member on the anniversary.
- ◆ Read a favorite poem(s) or book enjoyed by your loved one.
- ◆ Watch home videos and remember.
- ◆ Volunteer for an organization in memory of your loved one.
- ◆ Become an activist in the cause of death issue – by participating in a walk-a-thon, phone-a-thon, etc.
- ◆ If you kept greeting cards given to you by your loved one, take time to read them again.
- ◆ Enjoy a leisurely walk taking time to recall shared events in life together.

---

## SECTION 7

---

# Gender Issues in Bereavement

There is literature on the market focusing on gender differences in processing a loss event. These may be helpful, but often give a stereotyped view of gender in the grief process. We must recognize the uniqueness of each individual and therefore his/her personal style may be a blend of often stated gender patterns. Some of the items listed may be more “feminine” in style; others may seem more “masculine” in style. There is no right or wrong way to grieve. There is the individual’s way; whatever works for him or her is what is important. Helping individuals find successful methods can be part of the companioning model previously explained.

### Beliefs:

- ◆ Women talk about feelings with little effort.  
Men are more stoic and appear to lack feelings.
- ◆ Women tell and retell their story and the events to make sense of it.  
Men know the story is etched in their mind—no need to be reminded.
- ◆ Women seem to FEEL their way through grief—EMOTIONS are the pilot.  
Men tend to THINK their way through grief—INTELLECT is the guide.
- ◆ Feminine language is often described as intuitive, earthy, fluid or elusive.  
Masculine language is thought to be orderly, concise, controlled and goal-oriented.
- ◆ Women largely focus on CONNECTIONS and interdependence; they explore emotions.  
Men’s language focuses on independence, self-reliance with the external world as a priority for maintaining control.
- ◆ Women are encouraged to focus on affiliation, connectedness, and intimacy.  
Men are taught to be less self-disclosing, less expressive, less interdependent.
- ◆ Women seek companionship to support feelings and meet intimacy needs. They find help in groups.  
Men grieve on the inside and their work is more cognitive. They appreciate time alone to think it through.

Because some individuals choose not to talk about their feelings does not mean they do not feel; but rather they don’t have the words to express their feeling in the face of the tragedy or don’t have the need to do so. For some the event is beyond words or expression and is felt deeply. This must not be misconstrued as cold or unfeeling. The person may not be ready to live with the reality once it is expressed openly.

In their recent work Kenneth Doka and Terry Martin talk of “transcending gender stereotypes” and describe two main styles of grieving—the “intuitive griever” and the “instrumental griever.” They present a third, the “blended style griever.” Below represents the two components that comprise the “blended” style:

### **Intuitive Griever:**

- ◆ FEELINGS are intensely experienced.
- ◆ Expressions such as crying and lamenting mirror the inner experience.
- ◆ Successful adaptive strategies facilitate the experience and expression of feelings.
- ◆ There are prolonged periods of confusion, inability to concentrate, disorganization, and disorientation.
- ◆ Physical exhaustion and/or anxiety may result.

### **Instrumental Griever:**

- ◆ THINKING is predominant to feeling as an experience; feelings are less intense.
- ◆ There is a general reluctance to talk specifically about feelings.
- ◆ Mastery of oneself and the environment are most important.
- ◆ Problem-solving as a strategy enables mastery of feelings and control of the environment in creating the new normal.
- ◆ Brief periods of cognitive dysfunction are common—confusion, forgetfulness, obsessiveness.
- ◆ Energy levels are enhanced, but symptoms of general arousal caused by the loss go unnoticed.

Patterns, according to Doka, occur along a continuum. Those griever/responders near the center who demonstrate a *BLENDING* of the two styles experience a variety of both patterns. One pattern may be more pronounced than another depending upon the loss and the personal connection to that loss. This pattern suggests a need for even more choices among adaptive strategies than for the griever who is more fixed in either strategy mentioned above.

Gender may contribute to a particular style due to socialization rather than gender itself. One needs to carefully consider the style of the individual and support it. Accordingly, know there is not a right or wrong way—just the way this individual must process this particular loss. Some individuals have never dealt with a sudden death, so the way to grieve and adapt to the loss is unfamiliar to them. Patience is important; support and encouragement for where the individual is at any particular time after the loss is important

Personality and style are important—some people are less verbal than others; others think things through before reacting. Some go right into a task and take control of a situation, while others react emotionally first then gather themselves for action. Both genders may represent the “blended” pattern.

---

## SECTION 8

---

# Care for the Caregivers

**B**urnout occurs in any helping situation when there is too much work and too little support for the caregivers. If burnout is to be avoided, support must be available to the helpers through regular supervision and through sharing their work with other helpers. Group support is nurturing and can renew commitment to loss and bereavement work. Keeping a personal journal of the helper's work and feelings and reactions can help. Stories of grieving individuals' resiliency serve as powerful reminders that healing does occur.

Each worker must find what works best to help him or her keep in touch with self. Walks, family and free time, prayer, meditation, exercise, cooking, gardening, and yoga can serve as opportunities for a breathing spell from work.

Daily rituals and routines can help to ground helpers for the work ahead each day. Lighting a candle daily before beginning work, meditating, or reading a particularly meaningful passage can help center us. Keeping fresh flowers nearby and caring for one's workspace in a way that makes for an atmosphere of comfort and security can help. Even when one does not have choice or control over workspace, personalizing the space in some small way can create a caring and safe atmosphere for oneself and one's clients. Perhaps bringing a few pillows or lighting a small candle can be enough to support a sense of solidness and centeredness.

Following are a few suggestions for preventing burnout of caregivers (Corey 2001):

- ◆ Find other interests besides work.
- ◆ Learn to monitor the impact of stress at work and at home.
- ◆ Develop a few friendships that are characterized by mutuality of giving and receiving.
- ◆ Learn how to work for self confirmation and self reward as opposed to looking externally for validation.
- ◆ Avoid assuming burdens that are properly the responsibility of others.
- ◆ Take classes and workshops, attend conferences, and read to gain new perspectives on old issues.
- ◆ Form a support group with colleagues to share feelings of frustration and to find better ways of approaching the reality of difficult work.
- ◆ Make time for your spiritual growth.

# Bibliography

- Attig, Thomas. *The Heart of Grief: Death and the Search for Lasting Love*. Oxford University Press. NY. 2000.
- Boss, Pauline. *Ambiguous Loss: Learning to Live with Unresolved Grief*. Harvard University Press. MA. 1999.
- Collins, Bonnie. "Expect Miracles," *Psychotherapy Networker*. V.26, No. 5, Sept/Oct 2001, pp. 23–24.
- Corey, Gerald. *Theory and Practice of Counseling and Psychotherapy*, 6th Edition, Belmont CA: Wadsworth, 2001, pp.39–40.
- Doka, Kenneth, ed. *Disenfranchised Grief: New Directions, Challenges, and Strategies for Practice*. Research Press. II 2002.
- Doka, Kenneth. Second Annual Bereavement Conference, The Sage Colleges, Albany, NY. Oct 4, 2002.
- Dyer, Wayne. *There's a Spiritual Solution to Every Problem*. Harper Collins. NY. 2001.
- Figley, C., Bride, B., and Mazza, N. eds. *The Traumatology of Grieving*. Taylor and Francis. Washington DC. 1997.
- Golden, Thomas. *The Gift of the Masculine Side of Healing*. Golden Healing Publications. MD. 1996.
- Ivey, A., et al. *Basic Attending Skills*, 3rd Edition, Microtraining Associates, Amherst, MA. 1992.
- Kauffman, J. ed. *Loss of the Assumptive World: A Theory of Traumatic Loss*. Brunner-Routledge. NY. 2002.
- Klass, D., Silverman, P. and Nickman, S. eds. *Continuing Bonds: A New Understanding of Grief*. Taylor and Francis. Washington, DC. 1996.
- Kubler-Ross, E. and Kessler, D. *Life Lessons*. Scribner. NY. 2000.
- Martin, T. and Doka, K. *Men Don't Cry... Women Do: Transcending Gender Stereotypes of Grief*. Brunner and Mazel PA. 2000.
- Neimeyer, R. *Lessons of Loss*. Center for the Study of Loss and Transition, Memphis, TN. 2000.
- Pread, A. D. *Transcending Loss: Understanding the Lifelong Impact of Grief and How to Make it Meaningful*. Berkley Books. NY. 1997.



- Rando, Therese. *How To Go On Living When Someone You Love Dies*. Bantam Books. NY. 1988.
- Rando, Therese. *Treatment of Complicated Mourning*. Research Press. Chicago, IL 1993.
- Rich, Phil. *The Healing Journey Through Grief: Your Journal for Reflection and Recovery*. John Wiley & Sons. NY. 1998.
- Suzuki, S. *Zen Mind, Beginner's Mind*. Weatherhill. NY. 1999.
- Welshons, J. *Awakening from Grief*. Open Heart Publications. NJ. 2002.
- Wolfelt, Alan D. "Companioning vs. Treating: Beyond the Medical Model of Bereavement Caregiving– Part 1." *The Forum Newsletter*. Association of Death Education and Counseling. July/Aug1998.
- Wolfelt, Alan D. "Companioning vs. Treating: Beyond the Medical Model of Bereavement Caregiving– Part 2." *The Forum Newsletter*. Association of Death Education and Counseling. Sept/Oct 1998.
- Wolfelt, Alan D. "Companioning vs. Treating: Beyond the Medical Model of Bereavement Caregiving– Part 3." *The Forum Newsletter*. Association of Death Education and Counseling. Nov/Dec 1998.

Produced by

 Bureau of Education  
and Workforce Development

518-474-2578

Deborah Wagoner  
Director