



## How Can We Help Grieving Individuals?

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Grief refers to the feelings that are precipitated by loss. The early reactions that we see in grieving individuals occur during a period of “Numbing.” Initially, the individual may present in shock. There may be a highly anxious, active response with an outburst of extremely intense distress or perhaps a seemingly stunned, emotionally-numb response.

During this early phase, you may likely observe denial—an inability to acknowledge the impact of the event or perhaps, that the event has occurred. The individual may evidence dissociation, in which he may seem dazed and apathetic, and he may express feelings of unreality. It is not unusual for people to make statements such as, “I can’t believe it,” “This is not happening,” “This has got to be a bad dream,” etc. Finally, there may be periods of intense emotion (e.g., crying, screaming, rage, anger, fear, guilt, etc.). Recognize that these kinds of reactions to a traumatic loss are normal responses.

Within hours or perhaps days of the loss, “Yearning and Searching” may be observed. Here, the individual begins to register the reality of the loss. There may be a preoccupation with the lost individual. Symptoms may include, but not be limited to, insomnia, poor appetite, headaches, anxiety, tension, anger, guilt, etc. Sounds and signals may be interpreted as the deceased person’s presence.

Within weeks to months following the loss is a period of “Disorganization.” Here, feelings of anger and depression are exhibited. The individual may likely pose questions (e.g., “Why did this have to happen?”) and evidence periods of “bargaining” (e.g., “If only I could see him just one last time.”). Finally, in the months or even years following the loss is a time of “Reorganization.” Here, the individual begins to accept the loss—often cultivating new life patterns and goals.

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There are no “cookbook” approaches to helping people who are struggling with loss. Perhaps the most important variable is “being there” for the person. Attempt to connect with the him using the ATSM model. Encourage expression of thoughts and feelings without insistence. Recognize that although relatives and friends intend to be supportive, they may be inclined to discourage the expression of feelings-particularly anger and guilt. Avoidance of such expression may prolong the grieving process and can be counterproductive. Allow periods of silence and be careful not to lecture.

When working with grieving individuals, avoid cliches such as “Be strong,” and “You’re doing so well.” Such cliches may only serve to reinforce an individual’s feelings of aloneness. Again, allow the bereaved to tell you how they feel and attempt to “normalize” grief reactions. Finally, don’t be afraid to touch. A squeeze of the hand, a gentle pat on the back or a warm embrace can show you are there and that you truly care.

### **Practical Guidelines for Assisting the Grieving Individual**

- Provide opportunities for ventilation of emotions.
- Provide support and availability at funeral.
- Practice active and empathic listening (e.g., show acceptance of the feelings and experiences of the griever).
- Provide the individual with an opportunity to reminisce and reflect on their deceased significant other.
- Keep tissues visible and available.
- Encourage the individual to maintain proper care and nurturance for themselves.
- Educate the individual regarding the reactions that they may experience over the next few weeks and/or months (e.g., sleep difficulty, anger, etc.).

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- Assist with out-of-work interventions/referrals if indicated. Consider referral to an Employee Assistance Program (EAP).
  - Refer for medical consultation in the event of severe insomnia or physical reactions (e.g., migraine headaches).
  - Remain mindful for signs that the individual is not coping well (e.g., suicidal threats) and seek medical and/or familial involvement.
  - Be mindful of your own feelings surrounding death and know your limitations in your effort to assist the individual.