This document has been written for clinicians. The content was developed by the Integrative Medicine Program, Department of Family Medicine, University of Wisconsin-Madison School of Medicine and Public Health in cooperation with Pacific Institute for Research and Evaluation, under contract to the Office of Patient Centered Care and Cultural Transformation, Veterans Health Administration.

Information is organized according to the diagram above, the Components of Proactive Health and Well-Being. While conventional treatments may be covered to some degree, the focus is on other areas of Whole Health that are less likely to be covered elsewhere and may be less familiar to most readers. There is no intention to dismiss what conventional care has to offer. Rather, you are encouraged to learn more about other approaches and how they may be used to complement conventional care. The ultimate decision to use a given approach should be based on many factors, including patient preferences, clinician comfort level, efficacy data, safety, and accessibility. No one approach is right for everyone; personalizing care is of fundamental importance.
WHOLE HEALTH: CHANGE THE CONVERSATION
Coping with Grief
Educational Overview

Introduction

One hundred percent of patients will experience major losses in their lifetimes. While most people cope well with this universal experience and will not need clinical intervention, the health consequences of grief can be far-reaching. Studies have linked bereavement or grief to depression, anxiety-related symptoms and disorders, impaired immune function, poorer physical health, increased physician visits, increased use of alcohol and cigarettes, suicide, and increased incidence of and mortality from conditions such as cardiovascular disease. This module is offered to help clinicians 1) recognize the possible role of grief as a cause or in the exacerbation of clinical symptoms, 2) increase their ability to support a grieving patient within their own time limitations, comfort level, and knowledge in this area, and 3) know when to refer a patient to a grief specialist. A vignette of a Veteran named Jim provides focus for the discussion, which is based on his Personal Health Inventory and Personal Health Plan.

Note: This module especially focuses on grief related to a death loss with some pertinent information included on other types of losses. A more complete focus on other types of losses (such as disability, divorce, job loss, effects of natural disasters) is beyond the scope of this overview. However, you are likely to find the concepts and suggestions helpful and adaptable when working with a Veteran who has experienced a loss other than death.

Vignette: Jim

Jim is a 65-year-old Vietnam era Veteran. He has been divorced for 25 years. A subsequent relationship ended eight years ago. He does not have children. He lives alone. Jim works part-time in his state's lottery office. Over the years he has had a couple bouts of mild to moderate depression when relationships ended. Four years ago he had surgery for a torn meniscus in his left knee. The knee has limited a few activities he previously enjoyed, such as softball. He likes to watch sporting events and to spend time outdoors. He came into the medical center with back pain (which he has never had before), difficulty sleeping, and fatigue. No specific medical reasons for these symptoms have been uncovered. Jim did not complete the Personal Health Inventory (PHI) prior to his visit, but he willingly answered the questions when his health care practitioner suggested that they use the scheduled clinic visit to go over it together. At the end of the visit, Jim took the PHI home and completed any remaining questions. Another appointment was scheduled to review his responses and discuss a plan of action.

Jim’s mission for appointment: To learn what is causing my symptoms of back pain, difficulty sleeping and fatigue and to eliminate them or at least reduce them.
Your Personal Health Inventory

1. What really matters to you in your life?
   - My sister and her family. Being on friendly terms with the neighbors. Finding productive ways to spend my time when I retire.

2. What brings you a sense of joy and happiness?
   - Fishing or going to baseball games with my 24-year-old nephew.

3. On the following scales from 1-5, with 1 being miserable and 5 being great, circle where you feel you are on the scale
   - Physical Well-Being:
     - 1  2  3  4  5
     - Miserable  Great
   - Mental/Emotional Well-Being:
     - 1  2  3  4  5
     - Miserable  Great
   - Life: How is it to live your day-to-day life?
     - 1  2  3  4  5
     - Miserable  Great

Where You Are and Where You’d Like to Be

For each of the following areas, consider where you are now and where you would like to be. All the areas are important. In the “Where you are” box, briefly write the reasons you chose your number. In the “Where you want to be” box, write down some changes that might make this area better for you. Some areas are strongly connected to other areas, so you may notice some of your answers seem the same. Try to fill out as many areas as you can. You do not have to write in every area or in all the areas at one time. You might want to start with the easier ones and come back to the harder ones. It is OK just to circle the numbers.
**Personal Health Inventory (PHI)**

**Working the Body:** “Energy and Flexibility” includes movement and physical activities like walking, dancing, gardening, sports, lifting weights, yoga, cycling, swimming, and working out in a gym.

<table>
<thead>
<tr>
<th>Where you are: Rate yourself on a scale of 1 (low) to 5 (high)</th>
<th>Where would you like to be?</th>
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<tbody>
<tr>
<td>1 2 3 4 5</td>
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</table>

What are the reasons you choose this number?
I'm tired, and I don't have a lot of energy. When my back hurts, I just sit in a chair. I want to be able to do some outdoor activities, like camping and mowing the lawn.

What changes could you make to help you get there?
I don't know. That's why I came to see you.

**Recharge:** “Sleep and Refresh” includes getting enough rest, relaxation, and sleep.

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</table>

What are the reasons you choose this number?
I guess I'm not getting enough sleep, even though I try. I have been waking up much earlier than normal. I'm not feeling particularly refreshed by any activity.

What changes could you make to help you get there?
I don't know what to do about the sleep. I need to find some activities that I enjoy that I can do even when I'm tired and my back hurts.

**Food and Drink:** “Nourish and Fuel” includes eating healthy, balanced meals with plenty of fruits and vegetables each day, drinking enough water and limiting sodas, sweetened drinks, and alcohol.

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What are the reasons you choose this number?
If I'm going to be honest, others wouldn't consider my meals real healthy. I've started picking up more carry out food. And I'm eating more than I should. My sister has been after me to drink more water. I drink coke, and lately I'll have a beer or two at night with my carry out. I do have an apple each day, though.

What changes could you make to help you get there?
I'll try to cut back on the cokes and beer and drink more water. When I feel better, I'll cook a little more again.
**Personal Development:** "Personal Life and Work Life" includes learning and growing, developing abilities and talents, and balancing responsibilities where you live, volunteer, and work.

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<tbody>
<tr>
<td>1 2 3 4 5</td>
<td>1 5</td>
<td>My job is fine for this stage of my life. I’m planning to retire in a year or two. I’m not doing a lot of other things right now, mainly watching TV and a little reading.</td>
<td>I’ve been thinking about some things I’d like to learn and do when I retire. Kind of hard thinking about it now, though. My nephew was in an automobile accident a month ago. He may not live. Some of these things, like woodworking projects, I was going to do with him.</td>
</tr>
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</table>

**Family, Friends, and Co-Workers:** "Relationships" includes feeling listened to and connected to people you love and care about, and the quality of your communication with family, friends, and people you work with.

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<tr>
<td>1 2 3 4 5</td>
<td>1 5</td>
<td>I’m close to my sister and her family. I have a few buddies at work and some good neighbors. But I’m not spending as much time with them as I did in the past.</td>
<td>I should go to the hospital more to visit my nephew and see my sister, but, man, it’s just so hard. My throat feels so tight, it’s hard to talk, and when I’m in his room, I feel physically weak.</td>
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**Spirit and Soul:** "Growing and Connecting" includes having a sense of purpose and meaning in your life, feeling connected to something larger than yourself, and finding strength in difficult times.

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<tr>
<td>1 2 3 4 5</td>
<td>1 5</td>
<td>I’m thinking that my best years are over and some of them weren’t so great. And I’m wondering what the future will hold and if I will be healthy enough to enjoy life for a while yet. It’s hard to find purpose and meaning sometimes when you’ve seen some of the things I’ve seen in the service. And now my nephew, he’s just a kid, 24. It zaps your spirit.</td>
<td>It would be good to feel at peace. I’ll keep trying. I feel better when I’m outdoors, not in a city.</td>
</tr>
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</table>
Surroundings: “Physical and Emotional” includes feeling safe, having comfortable, healthy spaces where you work and live, quality of the lighting, color, air, and water, and decreasing unpleasant clutter, noises, and smells.

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What are the reasons you choose this number?

Always room for improvement.

What changes could you make to help you get there?

I could be better at picking up in my house. One of these days, I’ll see if I can talk my neighbor into getting rid of his burning barrel.

Power of the Mind: “Strengthen and Listen” includes tapping into the power of your mind to heal and cope and using mind-body techniques like relaxation, breathing, or guided imagery.

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What are the reasons you choose this number?

I learned some breathing exercises a while back.

What changes could you make to help you get there?

I know some guys who have tried tai chi and yoga. I could consider trying one of those.

Professional Care

Prevention: On a scale of 1-5, circle the number that best describes how up to date you are on your preventive care such as flu shot, cholesterol check, cancer screening, and dental care.

1 2 3 4 5
Not at all  A little bit  Somewhat  Quite a bit  Very Much

Clinical Care: If you are working with a healthcare professional, on a scale of 1-5, circle the number that best describes how well you understand your health problems, the treatment plan, and your role in your health.

1 2 3 4 5
Not at all  A little bit  Somewhat  Quite a bit  Very Much

☐ I am not working with a healthcare professional.
Reflections

1. Now that you have thought about all of these areas, what is your vision of your best possible health? What would your life look like? What kind of activities would you be doing?

   I’d like to be active, spending a lot of time outdoors and maybe in a woodwork shop I set up. I would be pain-free, or at least know the reason why I have pain and know how to alleviate it. I would have energy, and not be so tired. I want to be around for my sister and her family. I would be able to physically do things for them and with them, and not be someone they have to worry about.

2. Are there any areas you would like to work on? Where might you start?

   I heard that acupuncture can help back pain. Is that something I should try? My nephew’s condition is killing me. I’m worried whether he’ll live and how my sister will cope if he doesn’t. A lot of my future plans involve my nephew. My back started hurting after I learned my nephew was in the ICU. Maybe this is contributing to my symptoms.
General Information

Depression is one explanation for Jim’s symptoms. He experienced mild/moderate depression twice—the first time when he divorced 25 years ago and again when a subsequent relationship ended eight years ago. When considering a diagnosis of depression, it is important to learn what, if any, major losses the patient has experienced. Many grief symptoms are consistent with those of depression. In fact, it is likely that many patients are labeled as depressed when in reality they are grieving a major loss. One study based on survey data from more than 8,000 Americans suggests that the prevalence of major depressive disorder (MDD) may be reduced by almost one fourth if individuals who are grieving major losses such as marital dissolution, job loss, natural disasters, severe physical illness, and failure to achieve important goals are excluded from depression statistics as are those who have experienced a loss through death.

Grief reactions

Grief is more than emotion; it also encompasses behavioral, cognitive, physical, and spiritual elements. The grief experience varies widely and is influenced by many things such as a person’s age, gender, relationship with the deceased, culture, personality, previous experiences, coping skills, and social support. Cultural differences in grief are enormous, and it is very important to be aware of them to avoid compounding the individual’s distress when trying to help. What is considered typical in one culture may be seen as pathological in another.

The military has its own culture that can greatly affect the grieving process. Yet, it is important to note that there is no universal military culture. Different branches of service, different ranks, whether one enlisted or was drafted, whether one served in combat, and in which war or conflict one served all affect someone’s experience. However, one common trait seems to be stoicism. Soldiers are taught to handle anything and how to live in survival mode; they learn to disconnect from their emotions. Stoicism contributes to survival and military success but can cause problems after returning home. It may later make grieving more difficult, hindering the process.

Grief researcher William Worden has identified some grief reactions that are common in our society. Jim is showing a number of these reactions: 1) waking up too early, 2) eating too much, 3) withdrawing from others, and 4) fatigue. When he is in his nephew’s hospital room, he feels 5) tightness in his throat, and 6) muscle weakness. A study of 1,522 infantry soldiers surveyed six months following deployment to Iraq or Afghanistan in 2008 found that over 20% reported difficulty coping with grief over the death of someone close. Controlling for confounding factors, researchers found that this grief contributed to a high physical symptom score (number of symptoms and their severity). Jim is experiencing three out of the five most common symptoms reported by these soldiers: fatigue, sleep problems, and back pain. (The other two are musculoskeletal pain and headaches). While Jim’s combat experience occurred decades ago, his grief reactions may be similar. He also
feels that he has lost direction in life, and he is searching for meaning in loss—these are the types of spiritual adjustments that grieving individuals often work through. For more information on common grief reactions, see the clinical tool, Grief Reactions, Duration, and Tasks of Mourning.

**Anticipatory grief**
Jim acknowledged that his nephew’s condition is “killing” him. Jim is experiencing anticipatory grief.

Anticipatory grief occurs when a death or other loss is perceived as imminent and an individual begins grieving before the actual loss occurs. Mostly, it is a healthy experience; anticipation allows for preparation, development of coping strategies, and mobilization of assistance.

Rando has clarified that often anticipatory grief includes mourning over a series of shifting current losses as well as the eventual death, as an individual’s health, abilities, and plans for the future fade. Anticipatory grief does not lessen the grief reactions that occur following the loss. One is a reaction to the expectation of loss and steps along that pathway; the other is a reaction to the finality of the loss. Awareness of the phenomenon of anticipatory grief allows the clinician to provide on-going support according to the needs of the patient and family. As individuals anticipate the forthcoming loss of a close relationship, grief may be rekindled over a significant previous loss that was not fully grieved in the past. This may occur, for example, in Veterans with PTSD.

**Disenfranchised grief**

Disenfranchised grief—hidden sorrow—is grief experienced when a loss is not or cannot be openly acknowledged, publicly mourned, or socially supported.

The importance of the loss is identified by the person experiencing the loss and cannot be determined by the opinion of others. Examples of situations, which may lead to disenfranchised grief include the following:

- **Having an unrecognized relationship with the deceased**
  This might be an ex-spouse, same-sex partner, partner from an extra-marital affair, former friend, or co-worker. Uniformed service members—especially those who served in combat with the deceased—have been greatly under-recognized. A study of 114 Vietnam-era combat Veterans admitted to a PTSD inpatient rehabilitation unit identified that 70% scored higher (i.e., worse) on standardized measures of grief symptoms related to friends lost in combat 30 years previous than did spouses who were bereaved in the past six months. The investigators concluded that treating the symptoms of unresolved grief may be as important as treating fear-related symptoms of PTSD.
• **Experiencing types of losses that often are unacknowledged by others**
  Some examples are infertility, abortion, perinatal death, death of a companion animal, death of a very elderly person, loss of the personality in Alzheimer’s disease, loss of ability, and loss of a role or status. The grief of family and friends of a service member killed in action may be disenfranchised by someone who comments that death should be expected for those who are on active duty during a time of war. Veterans may experience disenfranchised grief after returning to civilian life and feeling pain over the deaths of enemy soldiers or civilians for whose deaths they were responsible. Fear of judgment can increase reticence in sharing these experiences with others.

• **Facing difficult or unpleasant circumstances of the loss**
  This can occur when a death involves what some perceive as stigma (e.g., suicide, AIDS, or a criminal act), or when there are circumstances of the death too horrible to face (e.g., a wartime atrocity).

• **Being excluded from social support because one is assumed by others to be incapable of grieving or perceived as not being strong enough to handle the loss, needing to be “protected”**
  Children, adults with intellectual disabilities, and the elderly can fall in this category. Given the stoicism required in the military and the efforts to desensitize soldiers to taking life, others may view military personnel and Veterans as lacking the ability to grieve.

• **Experiencing multiple losses in a short span of time, so that some have not been acknowledged**
  In the military this may involve deaths of several comrades and frequent moves with separation from one’s family for support.

Disenfranchised grievers may not recognize that their own symptoms are related to grief. An important step is helping the person verbalize the importance and meaning of the relationship (or non-death loss). Health care practitioners are in a unique position of trust to recognize disenfranchised grief and start the process of validation and support for the grieving person.
Mindful Awareness Moment
Grief

Take a few minutes to sit in a quiet, peaceful, comfortable location where you will not be interrupted. This might be by a lake, in a wooded area or flower garden, or your favorite chair at home. Take some deep breaths, close your eyes, and when you are ready, turn your attention to any losses that you have experienced. This might be the death of someone close to you, the death of a patient, the end of a friendship or relationship, a decline in health status for yourself or someone else, a lost career opportunity, the effects of a natural disaster. Think back over the past month, year, or longer.

- What comes up for you? Is there a loss that readily comes to mind?
- Are you surprised by the particular loss that comes to mind or well aware of it?
- How recent is the loss?
- Is there more than one loss that feels particularly salient?
- How painful is the loss?
- What emotions do you feel as a result of that loss?
- What thoughts do you have about the loss?
- What physical sensations are you experiencing as you think about the loss?

If you have more time or during another quiet time, continue to explore your feelings related to loss:

- In what ways (both negative and positive) does the loss affect your daily life?
- How are you supported by others related to this loss? Is your loss disenfranchised (i.e., hidden from others)?
- What do you need to help integrate this loss into your life?
  - Acknowledge this loss to yourself?
  - More time to experience and work through the pain of the loss?
  - Share your thoughts and emotions with someone else?
  - Honor the deceased individual or your loss experience through an activity such as writing, building something, planting a tree, shrub, or flowers, creating a work of art, singing a song or playing music?
- If this exercise brings up particularly unsettling thoughts and emotions, what can you do right now to help yourself feel more at peace as you continue over time to cope with the loss? What characteristics, skills, and resources do you have that give you strength as you move through the grieving process?

* See also the clinical tool, Health Care Professional As Griever: The Importance of Self-Care.
**Differential diagnosis**

Differential diagnosis requires talking with patients about known or possible losses, their reactions to those losses, and the time period involved. For someone who has had a significant loss and whose symptoms are ongoing, differentiating “typical” grief from the more debilitating “complicated grief” or from clinical depression can be tricky. It may best be accomplished via referral to a mental health professional experienced in the area of grief for further assessment and facilitation/support of mourning. Patients can experience grief reactions coincidentally with anxiety, depression, and posttraumatic stress disorder.

- **Typical grief**
  While universal, “typical” grief can be profoundly painful and disruptive and may feel anything but normal to the person who is grieving.

- **Complicated grief**
  Estimates of the prevalence of complicated grief vary widely. An estimate published in 2011 indicates that 7% of those bereaved in the general public experience complicated grief.\(^2^4\) It is possible that this statistic may be higher for Veterans, who are at risk for disenfranchised grief. In complicated grieving, symptoms are long-lasting and may intensify over time; the person has trouble accepting the death and resuming life. Something is getting in the way of the grief process and not allowing the person to adequately adapt to the loss.\(^1^0\) The Brief Grief Questionnaire developed by M. Katherine Shear MD and Susan Essock PhD\(^2^5\) is an efficient tool to screen for complicated grief in health care settings.\(^2^6\) A copy is appended on the following page. You can also refer to the accompanying clinical tool, [Screening for Complicated Grief](#).

- **Major depressive disorder (MDD)**
  Differentiating between grief and depression is complicated by lack of established criteria. The two share common symptoms. In complicated grief, longing and sadness are salient emotions.\(^2^6\) For patients with MDD, treatment such as antidepressants may help lift the depression, so that an individual is better able to focus on tasks of mourning.\(^1^0\)

- **Posttraumatic stress disorder (PTSD)**
  An individual may have PTSD if the circumstances of the death were violent or traumatic. Reactions might include: recurrent disturbing recollections of the death, avoidance of situations associated with the death, difficulty sleeping, difficulty concentrating, and angry outbursts.\(^2^7\)
To help screen for complicated grief

- Ask the five questions in the Brief Grief Questionnaire during a patient’s appointment.
- Use with adults bereaved for at least 12 months and children at least 6 months.
- Screen all bereaved individuals who seek treatment for suicide risk, mood, and anxiety disorders as well. These conditions may require treatment earlier than 6-12 months post bereavement.

**Brief Grief Questionnaire***

<table>
<thead>
<tr>
<th>Question</th>
<th>Not at all</th>
<th>Somewhat</th>
<th>A lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How much are you having trouble accepting the death of _____________?</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2. How much does your grief still interfere with your life?</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3. How much are you having images or thoughts of ____________ when s/he died or other thoughts about the death that really bother you?</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>4. Are there things you used to do when _____ was alive that you don’t feel comfortable doing anymore, that you avoid? Like going somewhere you went with him/her, or doing things you used to enjoy together? Or avoiding looking at pictures or talking about ________? How much are you avoiding these things?</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5. How much are you feeling cut off or distant from other people since ______ died, even people you used to be close to like family or friends?</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
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A score of 4 or more suggests an individual *may* have complicated grief.
(M.K. Shear, personal communication, January 2014).
*Refer the individual to a grief specialist for further evaluation.*

*Developed by M. Katherine Shear MD and Susan Essock Ph.D. Included with permission.*

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VHA Office of Patient Centered Care and Cultural Transformation
Page 12 of 27
How to Help

**Salutogenesis-oriented sessions (SOS)**
Perhaps the most important thing health care practitioners have to offer grieving patients is their compassion and understanding. Validation of the person's grief experience is important. At a minimum, one can offer sincere comments such as, “I’m so sorry for your loss” and “From what you have told me, you have really gone through a lot.” Some patients will benefit from extra attention. Rakel proposes the use of salutogenesis-oriented sessions (SOS) to facilitate health. An SOS is an office visit, longer in length than a typical appointment, with a goal of fostering hope, to explore what may be at the root of a symptom, so that it can possibly be resolved. He identifies five elements for the visit: 1) a comfortable, inviting, private physical space, 2) creating positive expectations for the session, 3) being fully present to listen to the patient’s story, 4) offering emotional support, and 5) writing out a simple plan for the future. Such a healing session could be used to help assess whether grief is causing a patient’s symptoms as well as to assist the patient with the tasks of grief.

**The PLISSIT model**
The PLISSIT model can be a guide for primary health care practitioners in assisting their patients throughout the grief process. PLISSIT is an acronym for Permission, Limited Information, Specific Suggestions, and Intensive Therapy, a model developed by Annon to address sexuality issues. It is very useful in other health care situations as well. The model includes four levels of intervention, ranging from basic to complex. It guides clinicians to support patients according to the clinicians’ own comfort level and expertise as well as the needs of patients. Referrals can be made when patients’ needs exceed clinicians’ comfort, knowledge, and time.

- **Permission**
  Clinicians can initiate the topic of loss, giving patients the opportunity to talk about the experience. Some patients may choose not to do so. In our fast-paced, multi-tasking society, adults may feel pressured by themselves or others to resume their former lifestyle with minimal disruption. Clinicians can offer “permission” to grieve as needed. For many patients, this interest and support will be the only intervention needed.

- **Limited Information**
  Limited information will be helpful to other patients. This second level requires more knowledge about grief to answer patients’ questions and dispel misconceptions. Many people know little about grief reactions until they experience them. People frequently ask if their reactions are normal and if they are going crazy. They can be relieved to learn that their reactions and the duration of their grief are similar to the experiences of others with comparable losses. If their experiences are different, they can be reassured that everyone grieves in her or his own unique ways. When appropriate, the clinician can educate patients about anticipatory grief or disenfranchised grief, so that grievers will understand that their reactions are
valid and the relationships are important ones, as well as receive reassurance that they have strength to cope. Factual information in patient handouts and a list of grief resources (e.g., support groups) may be helpful.

• **Specific Suggestions**
  Fewer patients will require some specific suggestions. This level involves advanced knowledge and skill to understand a patient’s unique situation and develop a plan. Clinician and patient can discuss the loss experience more thoroughly, collaboratively identify issues to be addressed, problem-solve, and choose helpful strategies. For example, for a patient distraught over the pain of grief, a clinician could help develop a healthy plan to work through the pain. This might involve reassuring the individual that the pain will not always be so intense, identifying one or more people who are good listeners in the person’s social circle to contact when emotions seem overwhelming, minimizing alcohol and other drugs, avoiding major decisions which one might regret later, and choosing a form of physical activity that would be doable with current energy level.

• **Intensive Therapy**
  A minority of patients will require intensive therapy. This final stage usually requires referral to a specialist in grief.

### Proactive Self-Care and Coping with Grief

...people cope with loss in different ways and therefore may have different needs for intervention and different responses to a given type of intervention.21

Many strategies exist to help individuals cope with major loss. Following are a sampling of non-pharmaceutical approaches that can be recommended to individuals who are grieving. Note that while listed here under a particular self-care area, some strategies cover several self-care areas. For example, nature is listed in *Surroundings*. Depending on how an individual spends time in nature, it may also fit under the categories of *Working Your Body, Recharge, Spirit and Soul*, and *Family, Friends, and Co-Workers* (if others accompany the individual).

1. **Working Your Body**
   - **Exercise**
     Suggest a form of physical activity that the grieving individual has enjoyed in the past or encourage the person to try a new one. Doing the activity with others may be even more helpful. [For more information, see the educational overview entitled *Working the Body*.]

   - **Massage**
     Therapeutic massage may be helpful for someone who is experiencing tension or pain from “holding grief” in the muscles.
2. **Surroundings**
   - **Nature**
     Spending time in nature can be soothing and healing.

3. **Personal Development**
   - **Leisure activities**
     Encourage activities that the individual has enjoyed in the past. As grief becomes less acute, encourage exploration of new leisure activities.

4. **Food and Drink**
   - **Healthy food**
     Encourage a good balance of healthy foods. Overeating and undereating are common grief behaviors. For more information, see the educational overview, Food and Drink.

   - **Limit alcohol and other drugs**
     Caution against using alcohol and unprescribed drugs for relief.

5. **Recharge**
   - **Good sleep hygiene**
     Educate about good sleep hygiene, if this is not something the individual generally practices. For information on insomnia, see the educational overview, Recharge.

   - **Provide reassurance**
     Reassure the grieving individual that sleep disruption, especially difficulty falling asleep and early morning awakening are common experiences during the first few months of grief. In normal grief, this symptom usually resolves on its own. If it continues, it may indicate depression.

   - **Healing touch**
     Healing touch is a form of energy medicine. Practitioners place their hands near or gently on the body to clear, energize, and balance the energy fields; the goal is to restore balance and harmony, so the receiver is placed in an optimal position to self-heal. A directory for certified healing touch practitioners can be found at http://htpractitioner.com/. For more information on healing touch, see our clinical tool on Energy Medicine.

6. **Family, Friends, and Co-Workers**
   - **Facilitating support from family and friends**
     People benefit from social support of their losses. Some grievers may be hesitant to seek the support they need. Others may need to tell the story of their loss over and over again as they come to terms with it. This need to retell may clash with the needs of people in their support system whose patience, time, and energy can
become taxed. In the first situation, encourage grievers to contact family, and in the second situation help them to identify individuals in their social circle who are particularly good listeners with time available or to locate a grief support group.

- **Grief support groups**
  Grief support groups are available in many communities and also online. Hospices are usually good sources for information on their availability. If grief is military-related, a grieving individual may want to connect with others who are familiar with military culture. Vet Centers or The Tragedy Assistance Program for Survivors (TAPS) are two possible referrals to make. There is more information in the resource section at the end of this document.

7. **Spirit and Soul**
- **Addressing spirituality concerns**
  Certain losses may challenge grievers’ spiritual beliefs, causing them to question their existential views. They may experience this as an internally chaotic time, feeling ungrounded or adrift. It can also become a time when grievers reaffirm or redefine their belief systems and grow in new directions. Those in the military may have been in situations which caused them to perform or witness behavior that was in conflict with their personal moral beliefs or religious or spiritual beliefs. A referral to a chaplain, clergy, or other spiritual leader may be helpful.

- **Rituals**
  Rituals are activities that symbolize feelings and thoughts related to a death. They honor a person and recognize a change in status from living to deceased. Some rituals demonstrate that a bond continues to exist with the deceased. Rituals may be related to one's cultural traditions, or they may be created by individuals themselves. Perhaps the most familiar rituals are those of a visitation/wake and a funeral/memorial service. Many kinds of informal rituals can be created based on the interests and needs of the bereaved. Doka notes that those who have been in the military may express grief best in cognitive and physical ways, rather than through emotions. Finding their own unique ways to memorialize loved ones may be very helpful. Examples of informal rituals include: lighting candles or toasting the deceased on special dates, sewing a memory quilt (which may be created from clothes of the deceased), building something as a memorial to the deceased individual, planting a tree or a memory garden, sharing a memory dinner to celebrate the life of the deceased, leaving a note at a memorial setting (e.g., at a Veteran's memorial).

8. **Power of the Mind**
- **Writing or journaling**
  Writing or journaling about one’s grief experience can help facilitate the expression of feelings and help focus on the meaning of the loss to the griever. If grievers have unfinished business with the deceased, they might consider expressing their
thoughts and feelings through writing a “letter” to the deceased individual. For more information, see the clinical tool, Therapeutic Journaling.

- **Forgiving**
  An unexpected death can leave a bereaved individual with “unfinished business” with the deceased. If the bereaved have a sense of previously being “wronged” by the deceased, they may benefit from working on forgiveness.

  Self-forgiveness can be an important task for previous combat Veterans. After returning to civilian life, they may feel horror at their behavior during wartime, even if they did what was required of them and it was considered heroic and a characteristic of a good soldier. Feelings of guilt can be resolved through a ritual involving confession, forgiveness, compensation (e.g., helping other Veterans), and self-forgiveness. A clinician can help by creating a safe environment in which the Veteran can share any actions that may be the cause for feelings of guilt or shame. It is important to neither push a Veteran into the topic of forgiveness, nor minimize feelings of guilt, if the Veteran brings them up. For more information, see the clinical tool, Forgiveness.

  A grief counselor who is experienced with Veterans and grief issues can be helpful for someone who wants to work on forgiving. This specialist may be a pastoral counselor, psychologist, or social worker. Mental health clinicians who have received specialty training in PTSD are usually trained in traumatic grief and guilt. They use tools such as relaxation, mindfulness meditation and guided meditation and can help Veterans overcome avoidance, a clinical symptom of PTSD that often keeps Veterans from engaging in therapy.

- **Mindfulness-based stress reduction (MBSR)**
  In the absence of personal awareness, grieving can be disenfranchised. MBSR is based on Eastern philosophies and uses meditation to calm the mind and body. It is a practice that helps individuals live in the moment and become more self-aware. For more information, see the educational overview, Mindful Awareness.

### Assessment and Developing a Collaborative Plan

During the appointment Jim’s clinician talked with him about the mind-body connection. The clinician described that stress can cause or exacerbate back pain. He educated Jim about common grief reactions and anticipatory grief. He pointed out that a number of the symptoms Jim reported were consistent with grief. He reflected back to Jim how important the relationship with his nephew was to him. (Jim had said that fishing or going to baseball games with his nephew was what brought him joy and happiness in his life. Jim was also looking forward to starting new activities—like setting up a woodworking shop—with his nephew when he retired.)
Jim and his clinician have a good relationship. Jim has often said that he trusts his clinician. Jim’s response to the section of the PHI that asks about purpose and meaning in life, “It’s hard to find purpose and meaning sometimes when you’ve seen some of the things I’ve seen in the service.” and “It would be good to feel at peace. I’ll keep trying.” caused his clinician to question if Jim has ungrieved losses from his combat years that are compounding his anticipatory grief reactions over his nephew.

Knowing that Veterans are a population at risk for disenfranchised grief, that Vietnam Veterans were not welcomed home and often did not talk about their experiences, and that as they age symptoms related to these experiences may come bubbling up, his clinician gently asked, “Jim, is there anything from your years in service that is still troubling you?” The timing was right. Jim shared a difficult story that he had not shared with others at any time in his life. The clinician noted similarities between Jim’s nephew and comrades in the service. They were about the same age. They faced possible disability or death years too soon. Jim mentioned guilt over both situations—guilt that he was surviving and some of his comrades did not and his nephew might not. He also expressed some guilt over behavior that he had witnessed in combat.

Jim’s clinician asked Jim the five questions in the Brief Grief Questionnaire. Jim scored a 3, which is not indicative of complicated grief. While Jim’s diagnosis did not indicate a strong need for a referral to a mental health specialist, he has some issues that he may want to explore to promote future health and happiness.

Together Jim and his clinician developed a personalized health plan that was do-able with Jim’s current energy level. It will be revised as needed.
Personal Health Plan

**Mission:** To increase my awareness of how grief is affecting me and to focus on ways to increase my health so that I can fully enjoy my retirement and be actively involved in the lives of my sister and my nephew.

**Brief Summary of the Plan:**

You wanted to learn what was causing your back pain, difficulty sleeping, and fatigue and end these symptoms or at least reduce them. On finding no specific reason for your back pain, we explored what has been going on in your life. It has been quite stressful! Your nephew was in a serious accident, which may cost him his life. Together we learned that you are experiencing anticipatory grief and this has reminded you of losses you experienced in the service, some of which have been hidden (known as disenfranchised grief). We have discussed the mind-body connection. At the same time, you are facing retirement and wanting to increase your health and find productive activities, so you will enjoy this time in your life and be available for your family. Your health plan focuses on ways to cope with your grief, help prevent your back pain from becoming chronic, and increasing your Whole Health.

**Overall Health Goals:**

- Increase awareness of mind-body connection when experiencing symptoms.
- Keep track of amount of sleep each night.
- Explore issues of grief and forgiveness.
- Start gentle yoga.
- Receive acupuncture treatment.
- Balance providing support for your family with taking care of yourself.
- Improve nutrition and limit alcohol intake.
- Explore new leisure activities.
- Increase the time you spend with others.

---

**Dear Jim,**

It was a pleasure meeting with you last week at the VA Medical Center. You sought consultation to learn what was causing your symptoms of back pain, difficulty sleeping, and fatigue and to eliminate them or at least reduce them.

We are committed to partnering with you to provide comprehensive treatment for your diagnosis while optimizing your well-being throughout the process. Included in this letter is your Personalized Health Plan, which represents your personal values, priorities and vision for your health based on your responses during your initial personal health planning visit.

In partnership with you, your health care team has developed team recommendations to support you on the road to optimal health and well-being. All members of your health care team can now refer to this plan as your overall strategy for your health and ensure that our treatment plans align with your priorities and with each other.

**Sincerely,**

Your Whole Health Team
### Proactive Self Care

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Working Your Body</strong></td>
<td>Your co-worker, Bob, has been encouraging you to attend a weekly yoga class with him offered at work. Ask the instructor about her credentials and tell her about your recent back pain and the limitations you have with your knee. If her responses feel right to you, join the class, or you can inquire about other classes that focus on gentle yoga.</td>
</tr>
<tr>
<td><strong>Surroundings</strong></td>
<td>A goal you have chosen is to spend time outdoors in a restful setting (your yard or near a lake) twice a week for at least 30 minutes each time.</td>
</tr>
<tr>
<td><strong>Personal Development</strong></td>
<td>Developing new leisure activities is a goal that you wanted to focus on for retirement. I do not believe that your current symptoms will limit your activities in the future. Your idea to purchase some trade magazines to research the wood-working tools you may want to purchase is a great one! You will be able to read these outdoors or in your nephew’s hospital room.</td>
</tr>
<tr>
<td><strong>Food and Drink</strong></td>
<td>Overeating is a common grief behavior. For your own continued good health, it is important to eat a balanced diet that includes fruits, vegetables, healthy fats (such as olive oil) and whole grains. It is great that you are eating an apple each day. Plan to gradually add more healthy foods to your diet. Try to have no more than one drink containing alcohol per day.</td>
</tr>
<tr>
<td><strong>Recharge</strong></td>
<td>Early morning awakening is a common grief reaction and usually resolves on its own. Continue to follow good sleep hygiene practices like you have done in the past. Keep track of how many hours of sleep you get each night. Bring this information with you to your next appointment.</td>
</tr>
<tr>
<td><strong>Family, Friends, and Coworkers and</strong></td>
<td>Your plan to phone or see your sister three times a week and visit your nephew in the hospital twice a week seems to be a good one for you. You can still be supportive without the daily hospital visits that have been so taxing. I would encourage you to chat with a neighbor at least once a week; this will help you stay involved with others. I would also suggest that you contact a Veteran’s group for support and information.</td>
</tr>
<tr>
<td><strong>Spirit and Soul</strong></td>
<td>You attend your sister’s church on holidays and like the minister, who was previously a chaplain in the military. Consider scheduling a counseling session with him. You might also want to visit High Ground, a Veteran’s Park developed by the Wisconsin Vietnam Veterans Memorial Project, Inc., whose mission is “Healing &amp; Education.”</td>
</tr>
<tr>
<td><strong>Power of the Mind</strong></td>
<td>You mentioned a need to work on forgiveness for several issues: some experiences during your military service, the way some people treated you when you returned from Vietnam, the person who caused the crash that sent your nephew to the hospital, and yourself for mistakes you have made in your life. Consider seeing a grief counselor who is experienced with Veterans and grief issues. This may be a pastoral counselor, psychologist, or social worker. A mental health clinician who has received specialty training in PTSD can help you feel comfortable engaging in therapy if that becomes an issue for you.</td>
</tr>
</tbody>
</table>
### Additional Complementary Medicine Approach

**Acupuncture**

Schedule acupuncture sessions to help prevent your lower back pain from turning into a chronic condition.

### Support Team

<table>
<thead>
<tr>
<th>Principal Professionals</th>
<th>Personal</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Acupuncturist</td>
<td>• Co-worker</td>
</tr>
<tr>
<td>• Grief counselor</td>
<td>• Neighbors</td>
</tr>
<tr>
<td>• Minister</td>
<td>• Nephew</td>
</tr>
<tr>
<td>• Primary care clinician</td>
<td>• Sister</td>
</tr>
<tr>
<td>• Yoga instructor</td>
<td>• Veterans group</td>
</tr>
</tbody>
</table>

### Professional Care

<table>
<thead>
<tr>
<th>Prevention</th>
<th>Medications/Supplements</th>
<th>Testing/Treatments</th>
<th>Referrals</th>
<th>Skill building and education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to date</td>
<td>None</td>
<td>• Acupuncture</td>
<td>• Acupuncturist</td>
<td>• Forgiving</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Grief/forgiveness counseling (future)</td>
<td>• Grief Counselor (future)</td>
<td>• Grief rituals</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Yoga</td>
<td>• Minister</td>
<td>• Leisure activities for future retirement</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Veteran’s Group</td>
<td>• Nutrition</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Spirituality</td>
</tr>
</tbody>
</table>

VHA Office of Patient Centered Care and Cultural Transformation
Page 21 of 27
Follow-up

Jim returned for a follow-up visit in eight weeks. He reports his back pain is mostly gone, his sleeping has returned to normal, and he has more energy. His nephew survived and is in a rehab facility. Jim has identified two unexpected ways to help his family and increase his own health. As his back pain decreased, he took over the care for his nephew’s dog and is now going for daily walks. He has decided to plant a garden (which he did years ago with his wife); helping with the garden will also be good therapy for his nephew. Jim’s nutrition has improved somewhat. He does not feel ready to cook most meals. But he is now motivated to eat from the salad bar at the local grocery store at lunchtime on workdays. While there, he has been purchasing oranges, berries, carrots and peapods that he adds to the meals he eats at home. He is no longer consuming alcoholic drinks daily. To his surprise, Jim has enjoyed the yoga class with his co-worker and practices a few poses at home between weekly sessions. He has had three acupuncture sessions with several more planned. Jim has obtained the contact information for a Veteran’s group in his area. Jim met with his sister’s minister twice. The sharing they did was cathartic for Jim, and he is now ready for a referral to a grief counselor to work on issues of forgiveness. With the minister’s encouragement, Jim is purchasing a legacy stone to honor his best friend in the service who was killed in action. He will place the stone in a ceremony to be held at The High Ground Veterans Memorial Park in a few months.
### Coping with Grief Clinical Tools

- Screening for Complicated Grief
- Grief Reactions, Duration and Tasks of Mourning
- Health Care Professional as Griever: The Importance of Self-Care

### Literature Recommended for Professionals

#### Journal article

#### Books


### ORGANIZATIONS OFFERING GRIEF SUPPORT

<table>
<thead>
<tr>
<th>Organization</th>
<th>Resources Offered</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>For the General Public</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AARP</td>
<td>Grief and loss resources.</td>
<td><a href="www.aarp.org/families/grief_loss">www.aarp.org/families/grief_loss</a></td>
</tr>
<tr>
<td>GriefNet.org</td>
<td>An internet community of persons dealing with grief, death, and major loss.</td>
<td><a href="www.griefnet.org">www.griefnet.org</a></td>
</tr>
<tr>
<td>The Compassionate Friends</td>
<td>Assists families following the death of a child of any age.</td>
<td><a href="www.compassionatefriends.org">www.compassionatefriends.org</a></td>
</tr>
<tr>
<td>Survivors of Suicide</td>
<td>Website created by a survivor of suicide.</td>
<td><a href="www.survivorsofsuicide.com">www.survivorsofsuicide.com</a></td>
</tr>
<tr>
<td><strong>For Military Families and Veterans</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tragedy Assistance Program for Survivors (TAPS)</td>
<td>Provides peer-based emotional support, grief and trauma resources, casework assistance, and connections to community-based care for anyone who is grieving the death of a loved one in military service to America.</td>
<td><a href="http://www.taps.org/">http://www.taps.org/</a></td>
</tr>
</tbody>
</table>
| Vet Centers U.S. Dept. of Veterans Affairs | • Offers counseling to parents, spouses, siblings, and children of service members, reservists, and National Guard who died on active duty.  
Whole Health: Change the Conversation Website

Interested in learning more about Whole Health?
Browse our website for information on personal and professional care.

http://projects.hsl.wisc.edu/SERVICE/index.php

This educational overview was written by Charlene Luchterhand MSSW, LCSW, Education and Research Coordinator, Integrative Medicine Program, Department of Family Medicine, University of Wisconsin-Madison School of Medicine and Public Health.

References


