“Responding to Grief”
Theme Group for Bereavement Support
TI 087
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### Responding to Grief (TI 087)

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Introduction & Overview
Much has changed over the past 30 years in the grief and bereavement literature, with two major shifts in particular worth noting here as preface to a new format for support of those who have lost a loved one. First, the “grief work” or “tasks” schema that dominated grief work and thinking about bereavement since Freud has been challenged recently as the sole model for appreciating how adults contend with loss. Aside from some obvious better awareness of cultural differences in the ways differing peoples respond to death of a loved one, including both religious and ethno-cultural variants, it is now thought that mourners employ different personal and social patterns in accommodating their losses (Stroebe, 1992). Further, the Freudian-based framework of letting go of bonds to the deceased has found an alternative perspective in the “continuing bonds” school of thought that takes a somewhat different stance about the dynamics of mourning our losses (Stroebe & Schut, 1999). A second new awareness is the empirical evidence that most bereaved adults not only do not profit from formal therapy for their grief, but some may be harmed by such intervention. It seems that only in the case of complicated and traumatic circumstances of death is grief work assistance beneficial (Center for the Advancement of Health, 2003).

Nearly three decades of research and the evolution of better treatment options have made for a more precise tailoring and redesign of this theme group on responding to grief (see Knott, et al, 1989). Elements affecting content and conduct have changed quite a bit, as have matters of pacing, length, therapeutic factors employed, and interaction between and within the sessions. The earlier version, “Resolving Personal Loss” (TI 042), published in The Clearinghouse, implied a homogeneity to the grief of adults, with widowed people seen as somewhat similar in their character and comportment following loss of a spouse due to any cause. Timing of the group, more concise views of mourning patterns buttressed by empiricism that was incomplete, and even flawed at times, along with a new appreciation for the benefits of narrative, social construction and not dwelling on the negative vagaries of death loss, have all contributed to a recasting of this group format and conduct as described below.
Group Logistics & Membership

The “Responding to Grief” theme group acknowledges the new research findings, as it offers a structure for assisting those who wish to reach out for social support in addressing their emotional and attitudinal responses to being recently bereaved. This group is intended for individuals whose loss occurred as a result of an expected, somewhat protracted dying of a natural disease process, as opposed to a sudden, expected and violent injury due to accident or intent to harm. It is also most helpful if the death has been no more recent than a month or two, as the early phase of accommodating such loss is usually attended by an inability in most to benefit from a mutual support exchange dynamic.

This approach to the bereavement process has seen use in hospital and hospice settings, in long-term care facilities and counseling centers and schools, and occasionally in agencies or practices dedicated to supporting the families of decedent relatives after a prolonged and expected dying trajectory. Thus, the membership is both voluntary and somewhat homogeneous, and often occurs within the context of prior care-giving relationships. It can be conducted in a flexible format, with anywhere from 6-10 weekly sessions being the usual range of time for this theme group to be offered. As long as the membership is screened for concurrent loss and to ensure non-trauma, it is acceptable to allow open membership of no more than 15 and no fewer than 5 participants. The larger end of that spectrum works well with co-facilitation. This is an adult group, with teens and even younger kids profiting from separate homogeneous composition of their own bereaved peer groups, with activities of a more flexible and age-appropriate nature fitting better there. A preliminary interview-based screening is recommended as a way to help determine the best course for inclusion or exclusion of potential members.

Objectives

The objectives for this theme group are three:

1. To appreciate the basic constellation of responses to adult death loss;
2. To provide a mutually supportive setting to enable participants to examine their own thoughts, feelings and behaviors when bereaved;
3. To help expand participants’ repertoire of coping skills for mourning.
Initial Session

The goal of the initial meeting is simply to introduce the participants to one another and the process for sharing in the group. It is intended only to lay the groundwork for ongoing meetings and to enculturate participants to a schema for the meetings that they can rely on and anticipate.

Facilitators can introduce themselves individually to arriving members as they come to the group, and then start when all are gathered with the following information or some similar opening introductions.

1. Welcome and Introductions

The facilitators offer a welcome to all, saying the name of the group “Responding to Grief,” and its theme. Then they explain briefly what their role in the group will be and, as appropriate (though not necessary), identify their own bereavement (e.g., “I lost my wife almost a year ago after a 5-year battle with leukemia”). They can also briefly note their professional background as a way of ensuring members of their qualification for the role of “leader.” In addition, they also can mention here that this is the first of “X” number of weekly (or biweekly) sessions that will be held at this time and place until (ending date). While the exact length of each session may vary slightly, it also usually helps to state that the sessions will each be about 60-75 minutes long.

Following that, the leaders invite each participant to state his or her name and place of residence (town/city) and to say whose recent death prompted the participant to come to the meeting. Some leaders have found it useful to compose membership based on homogeneity of role relationship, such as all bereaved parents (Compassionate Friends model), or all spousal or partner grievers, for example, but composition differences seem minimal, so local experience may be the best guide on this point. Besides, a good preliminary interview-based screening can usually help determine the best course for inclusion or exclusion of potential members. The self-introduction can take as little as a few minutes and as much as a half hour, depending on both size of the group and how much sharing some people want to do initially as they describe what brought them to the group. This initial activity also can serve as a partial screening for further inclusion, as the setting still may be too anxiety-provoking for some, even when there have been previous attempts to have brief interviews (usually by phone) to determine appropriateness for the group, as some facilitators prefer to do.

2. Goals of Participants

The first session then has a second round of voluntary responses to the following inquiry: “What are some of the things you each hope to come away with when we have concluded our group meetings?”
Leaders may want to take notes on participant responses so that a create a list of hoped-for outcomes for use in the Second Session can be created.

It is usually helpful to offer an example to “prime the pump,” such as stating that some members might be there because they are finding it difficult to talk about their feelings with other family and friends, or they wish to leave the group experience with some concrete strategies for getting through the weeks (or days or nights!) ahead.

This round also can vary in length according to size of the group and amount of commentary by respondents. Once that is completed, a brief psycho-educational segment is begun.

3. Psychoeducational Talk

This segment is introduced as a short description of the patterns of grieving that have been described in the research literature, and the corresponding way that the facilitators have experienced them in their work with others previously. The description goes something like this:

“While there will be individual variations in both time and intensity, the following description of what many experience in their bereavement may be of some help to you in putting a framework to your experience and anticipation of the near future. It is derived from a review of the research on adult grieving in the Western world, and has been affirmed in our experience working with mourners over the years.”

The Three Phases of Grief

One could place the experience of grief following a death loss into roughly three phases: “There is an initial phase which involves awareness and realization that the person has indeed died. This occurs upon observation or notification of the death, and lasts for only a brief period in most, usually only a few hours or a couple days. This is characterized often by a mix of feelings, such as numbness, relief, inability to do much, a feeling of need to notify others, and to make some body disposition and funeral arrangements, or even just a need to find some solitude to rest and reflect. This somewhat paradoxical set of reactions is not uncommon in many adults, and represents a natural and normative response to the death of a loved one that has been foreseen and imminent. It also has as many different manifestations as there are differences among us, so it is just a general set of observations from how people have responded in the past to an anticipated death. Are there any comments or questions?

After entertaining those, the leader can proceed to describing “…a second phase, an intermediate period, usually lasting several months to a couple years, during which we come to adapt to the circumstances of being without the presence of the dead relative in our day-to-day lives. This period involves a transition phase of coping first with the
immediate needs to deal with funeral and legal matters, then often the disposition of possessions, and assuming some of the roles they played in our lives—perhaps mundane tasks like housekeeping or bill-paying, as well as more intimate exchanges, and eventually contending with holidays and anniversaries of key events such as birthdays and reunions, etc.

“That first year seems particularly challenging for many in our society, as encounters with all the “firsts without…” call for a particularly diligent effort to cope. This is so whether the loved one who died was a spouse, an adult sibling, a grandparent or parent, or some other extended family member. Deaths of colleagues, neighbors and friends, too, can call on us to revisit the ongoing encounters with sadness and adaptation to earlier losses in our lives.

“This will include the formally recognized occasions of remembrance as well as the more frequent times when, especially early on, we have intrusive experiences, those unanticipated times when the absence hits with emotionally tugging power, and reminds us that we suffered this loss not so long ago after all. This phase is often manifest in physical ways (headaches, GI distress, and especially a lack of energy and initiative). It can also show up as psychosocially difficult moments, like meeting someone who did not know of the death, or having to deal with the well-intended friends and family who seem to need help with their sense of loss and grieving.

“Those attachments to lost loved ones defy our sense of time, our level of psychological preparedness, and our collection of social skills. While all of us share some similar patterns of mourning, each of us has our own particular ways of dealing with this longer middle period of grieving.

“Then, it appears that a third phase can be described which lasts until our own death. That one we’ll call “Accommodation” as it really isn’t a resolution or a closure of a particular kind, but more like finding a way to integrate the loss into our ongoing, daily life. It is characterized by a gradual transition to less frequent, emotionally reactive moments of less intense duration. In effect, it is how we spend the rest of our lives with the memories of our loved ones, celebrating our shared positive moments, while accepting the less warm pieces of our co-history with them. This will involve remembrances of significant dates, places and events, but overall brings a less compelling draw to mourn openly, and an easier talking about them and their legacy as we experience it. While some subsequent death losses will bring varying experiences of sadness and poignancy, such as the loss of the other parent or last grandparent, or death of one’s adult child, this phase generally involves less intense, notably fewer and briefer periods of grieving.”
4. Discussion of the Three Phases

If participants have not been asked already, the questions they usually have about those descriptions and their meaning can be fielded in a helpful fashion at this time. Often, group members will use this occasion to share brief (and sometimes not so brief!) anecdotes of their own which have been triggered by the “three phases” remarks. This segment can be finished by mentioning that, in the next meeting, there will be some description and discussion of the various forms of expression that grieving adults demonstrate.

5. Session Close

The initial session is then brought to a close by asking participants for voluntary and random expressions (a word or phrase) of how they are feeling after the first meeting together.

Again, an example helps. A facilitator may say, “For instance, I feel encouraged after our exchanges this evening—“encouraged” is my description. How are the rest of you doing?”

Then the group is reminded that it will meet again at the given time on the next scheduled date, and the facilitator says “We are adjourned until then.”
Second Session

Preparation: Create a list of hoped-for outcomes stated by the participants at the initial meeting.

1. Opening

Begin the meeting on time, but expect some stragglers to arrive late. At the outset of the meeting the facilitator may invite people to briefly comment on their overall experience since they last met, and should sample just a handful of those from a large group, while asking to hear from all, if the numbers are fewer than 10.

These statements usually are brief depictions of how they have fared overall in the days since last meeting, with occasional short stories of significant occurrences or meaningful experiences had by one or two in that period. The facilitator can model that at the outset by saying “For example, I have thought often of the members of our group and of our first meeting, and have been looking forward to us getting together again. I’m glad that time is here!”

2. Review Hoped-For Outcomes

After about 10-15 minutes (at most) for the opener, this session moves to a short review of the list of hoped-for outcomes stated by participants in the initial meeting. This can be read aloud or distributed and then highlighted for all.

The list sets the stage for identifying the agenda for the balance of the group’s weeks together. It is usually beneficial to ask participants to talk about what has been the most compelling experience they have had related to one of the desired “takeaways” on their list.

This request can be introduced by asking if anyone is willing to share his or her story about that issue and the experience/s that prompted it. Usually, a pause will lead to a volunteer blurtling out or just retelling the person’s own story of how events have led to that issue being important, and how the person hopes hope to be able to deal with it.

If this has taken less than 20 or so minutes, the facilitator can solicit another person’s response, up to about 30 minutes total time.

3. Three Main Forms of Responses

The next portion of this second meeting is facilitator input about the three main forms of responses that most adults engage in following a death loss of someone important in their life. This takes the form of a short narrative description of the following three predominant styles of coping in response to the death loss of a loved one: (a) Avoidant, (b) Immersed and (c) Incidental.
It should also be noted that these are not mutually exclusive types of behavior and thought, as most adults manifest some recurrent elements of all three, and those are not only somewhat unavoidable it seems, but they are at least salutary and often helpful, even beneficial in their effects on the griever.

(a) Avoidant behavior is usually seen fairly early on after the death, and entails minimal overt attention to the loss and its impacts. This is often in the service of attending to the “practical” demands of daily life, with some attention to settling estate matters or dealing with the decedent’s possessions. For some, this may persist to the point of impeding open attempts to talk about the loss with others, yet this is perhaps both necessary and helpful, especially in the weeks immediately following the funeral (Stroebe, Stroebe, Hansson and Schut, 2001).

(b) Immersed styles are evinced in the seeming “dedication” some show to the dead person’s memory, the events of their dying, and related consequences. While this appears to be a very self-centered absorption, often consuming significant time and energy, sometimes to the detriment of meeting life’s other, more routine demands, it too, has both compelling and often beneficial effects.

A significant and extreme example of this is the bereaved California mother (Candi Lightner) who created and grew the organization MADD—Mothers Against Drunk Driving—after losing her 13-year old daughter in 1980 to a drunk driving incident. Twenty-five years later, this organization has been credited with saving thousands of lives and altering the tragic trajectory of drunk driving fatalities nationwide.

(c) Incidental behaviors are those responses and reactions we have to the sudden, usually unexpected intrusions of sadness and reverie related to our grief and loss triggered by a stimulus event (e.g., a place, occasion, song, interaction, anniversary) that impels a necessary confrontation with the reality of being a mourner missing a lost loved one. In other words, these are episodes or incidents that are quite common, yet grow less frequent over time, while rarely disappearing from a griever’s experience altogether.

3. Discussion of the three Types

Discussion of these by participants, with familiar recall of anecdotal evidence of each type carries on for the balance of this session, and the storytelling by members is simultaneously affirming and inclusive, forging some “we-ness” among members, and assisting with their variable needs to talk and/or listen.
4. Session Close

This session also ends as the first meeting did, with solicitation of brief samplings of participants’ assessment of how they are feeling and faring at that moment, followed by a reminder of the next session, and a short mention that next time the discussion will involve exploration of what we know presently about the long-term characteristics of being bereaved.
Third Session

1. Recent Findings about Mourning

After a welcome back greeting by the facilitator/s, attention turns in this meeting to the recent findings that most people not only survive a significant death loss, but many report meaningful psychosocial development and recovery following their initial bereavement. Again, a trio of distinct terms is used to outline briefly the research evidence about mourning in the face of loss. These three trajectories can be called “resilience,” “recovery,” and “thrival.”

Here, too, our historical assumptions and practices have been challenged by methodologically improved research and altered findings about adult grieving. It is now recognized that the majority (55-70%) of people either report, are observed, or assessed to be sometimes sad and often missing their lost loved one, but in some key intrapsychic ways seem better off for weathering their mourning trials (Frantz, Farrell and Trolley, 2001; Tedeschi & Calhoun, 1995). Some evidence for this has even been gathered from prospective comparisons of eventual grievers, both pre-loss and again at 18 months post-loss (Bonanno & Kaltman, 1999).

2. Small Groups & Reporting to Large Group

A useful format for the conversation after this short presentation is to have members gather in small groups of 3 or 4 and share their reactions to the lecturette, while identifying with each other their own experience thus far (20 minutes).

We then have them nominate a reporter for their discussion, who will, in turn, share a brief summary of their small-group discussion.

This then leads to a full group discussion of the collective experience (20 minutes).

3. Return to Small Groups & Summary

Following this debriefing, participants are returned to their small group configurations to answer one last question using the same framework for reporting out afterward, this time with a new reporter volunteering to do so for each group.

The question posed is “What has helped me get through the time since my loved one’s death?”

Participants are given 10 minutes for this exchange and then another 15 minutes is given to the debriefing for all, ending with a short summary by the facilitator of the responses offered. This session’s nature sets the stage for the remainder of the theme group’s time together.
4. Session Close

The end of the session is another short round of “checking in” by each member, this time with a word or phrase to describe their present feelings about themselves or their grief.
Fourth through Final Sessions

Note:

The rest of the meetings have a shared supportive and personal story-telling character to them, using a variant of the following format:

1. **Remind group of strengths.** After the facilitators check in with everyone as in the beginning of the second session, the group is reminded of what a resourceful, experienced and caring group of concerned people they are collectively, with the ensemble being a treasure trove of experience and assistance with meaning-making, and coping with the personal and relational tests that loss calls on them to master daily.

2. **Personal Anecdotes.** Then the group members are invited to tell the group about a personal anecdote or lesson that they have come to appreciate about their bereavement. This is true narrative in the sense that the stories are not mini-lectures or teaching, but are simple renderings of their own experience with some aspect of living with their (recent) loss (Neimeyer, 1999). Each session could accommodate a few of these, with volunteers telling their own stories in turn and others engaging in discussion with them about it.

This is also where the group dynamics more fully enter in as key healing or “curative” factors (Yalom & Leszcz, 2005). Examples of the factors that are particularly germane here include the instillation of hope, universality, imparting information, interpersonal learning and catharsis.

Every group also has a range of appraised losses in their members’ experience that enables each member to find some they perceive as worse off, and others with lesser-seeming difficulties than they, always thereby finding their “place” on the continuum of loss and grief. Further, the compassionate outpouring that a mutual support gathering offers gives most a sense of old-fashioned Rogerian regard.

3. **Exchange of “Tips.”** Finally, the so-called “tips” that they can pick up from one another about both successful and not so helpful actions give members a repertoire of tried and evaluated efforts for coping. Thus, for the majority of its life, the group is a process group with constructivist foundation, using narrative to deliver the intervention. Facilitation also becomes more focused on process and less directive usually.

4. **Homework.** Occasionally the facilitators may want to offer a suggestion for an activity or “homework” such as writing a letter to the deceased, either to be filed away, shared with the group, or given to other relatives. The purpose of this activity is to enable the expression in writing of the range of feelings and things left unfinished and unsaid to the lost loved one.
Another useful adjunct like the letter is to ask the participants to choose a favorite photo of the person who has died and bring it the following week, prepared to tell the group about the picture and why it is cherished by them.

A number of these devices can be employed as deemed useful, and a good source of such ideas is Neimeyer’s (1999) *Lessons of Loss*, Chapter 9. However, experience with this design has mostly been that the narrative process is sufficient with the group once the baseline for participant process and the forming dynamics have been accomplished.

5. **Structured Leave Taking**. In the final 5 or so minutes of the last scheduled session, it has been found beneficial to have a structured leave-taking that employs both ritual and an opportunity for an appreciative evaluation to be shared by all. This can be introduced by saying simply “For our final exchange we thought it would be useful to hear briefly one last time from all of you about your summary experience over our time together. So, could you think for a moment of a word or phrase that captures how you are feeling about our work together, or what you will be taking as a benefit from your time in the group. We’ll just keep offering these brief comments one after the other quickly until each of us has spoken. Who would like to start?”

At the conclusion of that activity, which is often done while standing in a circle, the facilitator closes, saying “Thanks everyone; we are adjourned!”

**Note about elective Pre- and Post-Tests**

Some practitioners have employed pre- and post- measures using one of several grief or depression inventories to gauge the short-term impact of participation, but this is an elective feature of the group. Many use a more conventional “*post hoc* only” brief written assessment to learn what specific elements were helpful in addition to an evaluation of the overall effects of group membership.
References


