



NHS Education for Scotland

Transcript of 'Why grief gets stuck and how we can help' (NES Bereavement Webinar, 2021) video.

**Chair:** Dr Kenneth Donaldson, Associate Postgraduate Dean for Grief & Bereavement, NHS Education for Scotland.

**Speakers:**

- Dr Susan Delaney, Clinical Psychologist.

**Kenneth Donaldson (KD):** Hello, good afternoon, everybody and welcome to our 9th NES bereavement webinar. For those of you don't know me, I'm Ken Donaldson, Medical Director at NHS Dumfries and Galloway and one of the Associate Postgraduate Deans with the Grief and Bereavement team at NES. I'm delighted to welcome our speaker today, Susan Delaney, who is going to talk to us about prolonged grief disorder, and complicated grief. Susan is a Clinical Psychologist and Mindfulness teacher who is practice taught and published in an area of bereavement and loss for over 30 years.

She's a member of the international Train-the-Trainers group at the Center for Complicated Grief at Columbia University, New York and has trained therapists in Complicated Grief Therapy in Ireland, England and America. Susan is the editor of Irish Stories of Loss and Hope, a book about Irish bereavement experiences, told through story, art and poetry.

So welcome Susan, thank you for coming along today. So that's it for me, I shall now hand over to Susan. So again, thank you for coming along Susan and over to you.

**Susan Delaney (SD):** Thanks so much Ken and thanks to everybody for showing up for this topic. It's important. Every time I go to teach this online this year I've thought,

'Oh, I wish I could just go back to the way it used to be when we taught in person', and then I smile because I think, that's what bereaved people think every day. Wouldn't it be great if things could go back to the way they were? And for people who are stuck in their grief, they probably think that every minute. So what I'd like to present today is a little bit around this topic.

What it is, what it isn't. Where to get further information and we'll have plenty of time at the end, as Ken said for comments or questions. One word about the name what are we talking about? 'Stuck grief' is also known as 'complicated grief'.

It's been called 'complex grief' and at the moment it's been called 'prolonged grief disorder'. Maybe not the best name in the world for it, but that's what's been used, so that's what I'll be referring to it as: 'complicated grief'. I'll introduce you to the way of working that's called 'complicated grief therapy'. But I suppose in one way we could make a case to say all grief, all grief is complicated in its own way.

This is something very specific that we're speaking of, so I'd like to just share a little bit around the normal grief trajectory, and then what happens when things go a little awry.

So you know, John Bowlby I'm sure, writing back in the 1950s from what he absorbed of grief, and isn't that interesting, that he was right, everything, all the data that we have, since we know, we're hardwired to attach to people. There's people we like to be around. If you think of a little child lost in the supermarket, how they are when they find their parent, we get distressed when we're separated from people that we love.

We like to come back to that safe, that safe haven. and that connection matters to us, so we hardwire as infants for our very survival. But as human beings, we continue to attach to new people in our lives, we find mates, we have children, we have close friends. we have our go to people and psychologically, I'd say we need about five people for good functioning. You can check for yourself in a little bit. Bereavement by its nature then, disrupts the grieving person's attachment, and that kind of yearning, that and preoccupation that we either experience ourselves as bereaved people, or that we've noticed with people we work with.

It makes sense, isn't it? It's just trying to regain that attachment, that connection to the person who died, and given that that we're hardwired to connect to people, really the question is, how do we ever cope with the death of someone close to us?

Must we pause for a moment and think. Whose death would you find most difficult? And really, isn't it very difficult to imagine we could ever negotiate our way through it? Mary Oliver, the American poet, says: "To live in this life, we have to be able to do three things -

To love what is human, to hold it against our bones as if our life depended on it.

And when the time comes to let it go. Let it go", and that's what's asked of us. I say us because really aren't we all the bereaved? So really, that the question is, how do we ever navigate the grief journey? And I think this is interesting and I think it's something that's not spoken about enough. Loss triggers an instinctive healing proces, it simply happens, it's how we're set up. We're hardwired with it, with a physical immune system. I am so not mentioning the 'C' word at the moment, but let's say you're just on a bus and someone sneezes, not everyone catches the cold.

We understand that and we can say your immune system, excuse me, you know can be functioning well or it can be reduced, or we also have a psychological immune system. We call it resilience or hardiness, or our ability to come back or to bounce back from adversity.

And so, loss happens. And then there's an instinctive healing process that kicks in. So acute grief, the way we feel when we've just learned of the death of someone that matters to us and we're just walking grief. Maybe just noticing if you, if you've experienced that yourself and what happens. As you continue on your grief journey. The grief integrates. It doesn't go away. I think integrated grief is a good way to describe what happens, it's like it sort of finds its place, finds its place in our heart. It takes a while.

We have to kind of assimilate what happened, we feel the feelings. But as the grief starts to integrate, we come to accept the very painful reality: what are the consequences of this person no longer being around? What role they had in our life, what they did for us? We find a way to stay connected, because death ends a life, not a relationship.

We used to talk about closure, until we discovered it made no sense. Maeve Binchy, one of our Irish writers, said: "closure is for wardrobes not for people". If people mattered to us in life, they continue to matter to us in death. But we have to find it a different way, a different way to connect.

And the third thing we have to find a way to do is to find a way to get on with life. And to find some purpose, and joy in our life. And I use that word 'joy' a lot in grief work because I have certainly come across so many people that are living in a kind of a 'grey space'. Maybe going to work, coming home, going to bed, doing what needs doing, but existing more than living. And I think we need to set the bar higher than that. I think we make a mistake when we talk about getting over grief, or grief lessening, and this is Lois Tonkin's work and I think it's fantastic. Reading from the left to the right, we think of that ball as the grief and the jar as the person so that acute grief when we're just simply full of grief and there's no space for anything else. But the way we often talk about it as if grief gets smaller as we go through what we used to call stages of grief, the grief gets smaller and smaller. And if we had more jars at some point, you wouldn't be able to see the grief at all.

That's a bereaved person's worst nightmare. Their grief connects them to the person who died. They're not looking to get over their grief. So, the deal I make with people is to say, what if we could change things to where you could remember the person with love rather than with pain? I think that's a better kind of a contract that we can make with people when they're struggling, but this is not how grief happens.

This is probably how getting the flu works, where you feel rotten, and then you feel a little less rotten, and at some point, you go back to how you used to feel, and how you were. When someone significant dies, it's transformative, isn't it? Our life is forever changed, so we kind of switch the ball around here, starting at the same one that first one on the left, that acute grief were just full up of grief, but look what happens, this what we now call 'post traumatic growth', we can grow around our grief.

Grief may change, and it does, and it may lessen. But it gives us some sovereignty I think over our grief when we think about us being able to grow around it, and those jars could get bigger and bigger if we had more. But it leaves space for other things, the grief is still there.

For some people, it's the most important thing that ever happened in their life, but there's space now for other things as well.

We pick up again, our occupation, our hobbies, our interests and friends our relationships, and I found in working with bereaved people that this kind of model and I have them made in the office, I show them to people, that this is acceptable. But what we're talking about today is when this doesn't happen. This movement across doesn't happen. So, in terms of someone who's stuck in their grief, it's like the first jar there on the left, as if that acute grief never changes. In terms of attachment theory, if that's what you use in your bereavement work, it's like the working model is not updated.

That the bereaved person has constructed their life as if this hasn't happened. So that very early and natural reaction to hearing of someone's death when we go, no, no, no, no... 'It can't be', 'It can't be'. It's like they don't move from that, and what I also like to say to people is we know no, 'prolonged grief' is a thing. I see so many people in my practice that are trying the best they can to feel better, are getting feedback in kind of explicit or implicit ways of saying, you could, could you not try a little harder. Well, everybody has stuff going on. Truly nobody, nobody would choose to feel the way you feel when your grief is stuck. I just want to take a look at what the difference is when the grief gets stuck, so instead of that integration, let me put it all up here,

I would like to ask you, as you're looking at this, do you recognise this? Have you met this person? So rather than the integration, or someone begins to accept the consequences to find a different way to connect to the person who died and to find a way to move on with their life, instead, they are left with intrusive and troubling thoughts about the current circumstances, or what happened when the person died. That there is intense reactivity, unrelenting that yearning and longing that we said makes sense when we attach to someone. But now it becomes unrelenting, and the preoccupation with thoughts and memories of the person. Now I think you can get a preoccupation with thoughts and memories, or you can get the sort of flip side of that coin which is a kind of an avoidance, and I'll talk a little more about that in a moment.

It's two sides, somebody who is always looking at photos and somebody who can't look at photos, that's very much the same thing. So, what we have here is this trajectory is not continued. Sometimes I say to people, 'grief is like a train journey', and that's something people can understand.

Everyone's journey is unique, we stop for different amounts of time at different stations, but the momentum is forward, maybe 2 steps forward, one step back. When someone is stuck in their grief, it's like the train has derailed, it's come off the tracks, and until we work with someone to get the train back on the tracks, they're just going to feel stuck, so I think it's really important that bereaved people know it's not their fault; they're doing the best they can, and truly, nobody would choose to feel the way you feel when your grief is stuck. There is no need to read all these, I just want you to know this is what

'The International Classification of Diseases' is currently using. For some clients it helps them to see it written down, to say this is a thing, probably about 10% of people 'get stuck in their grief'.

We never consider grief stuck before six months. Now, there's nothing magic about six months, there is some research to back up that number, but it's not, it's not a magic number but that how someone is doing. The grief response is clearly exceeding what we would expect in the social, cultural, and religious norms in which that person lives. And it's important to know that when we're talking about grief being stuck, it's always about the bereaved person's reaction.

That the reactions have persisted for a long time, and that the disturbance is causing significant impairment in different parts of their life. I just want to say here we're not talking about someone having a what we call a 'grief attack' or having a 'low period', or struggling because they're coming up to two, a significant date, say the anniversary of the death, or when the baby would have been due, when they were going to get married or somebody else meeting a new partner, whatever it might be, that's all normal.

If we're talking about the grief journey, that's a pause, isn't it, at a station? And so really, I'm wanting you to keep those words in mind, that kind of relentlessness of it. Clients I've worked with simply went to work and came home and went to bed. Clients who stopped listening to all music because it was too painful.

Someone else who loved hiking but couldn't go anymore because it reminded them too much of the person. So, taking out things of potential joy from their lives and also going out of their way to avoid memories or reminders. People driving 10 to 20 miles out of their way to avoid driving by a church or hospital. Turning things off on TV if a hospital scene came on, you know you get the picture that the grief is really, really running their lives. Now, this current pyramid of bereavement care. I think it's important because we spent so much time in this field normalising grief and trying to explain to people that much of what you're feeling is grief.

Mostly, we're not prepared when grief hits because, well, we're a bit superstitious about it, aren't we? Nobody picks up leaflets ahead of time, the way we might pick up a leaflet on I don't know, 'pension plans'.

We don't want to tempt the gods; we don't learn about grief until it comes knocking on our door. So, for most people, most people are at level one they simply need some information and support. And most of that is delivered by friends and family and colleagues and their support group.

Some people need some extra support if they don't have a good support system or if they can't access it for some reason. And then this is the 10% we're talking about at the top, 'People whose grief is stuck', and they have likely gone to see someone or many people, they have talked to many people, but nothing is shifting.

So, it's really important, I don't want us in any way to start describing everyone's grief, as stuck, people find their way through grief and they have, way before there was any bereavement counsellors like me, so we don't ever want to be over-diagnosing it.

But we don't want to miss this kind of 10% of people who are stuck, and we now know. And I'll show you slide in a minute around that we need to work a little bit differently with them.

So just maybe inviting you to see, in your professional work or in your private work have you come across this person?

Maybe It's what brings you to the webinar today, and in that case, I think the good news is that we do have some ideas about how to work with grief when its stuck,

and we will be getting to that, I promise. Just a couple of important things, and again I think it's around really noticing when we meet someone 'What are we talking about?'

Grief can look like depression, because there certainly is an overlap and we know that people can have both.

People can have a major depression and have grief. But they're not exactly the same thing. With a depressive disorder people are just not interested in anything. They feel bad for most of the day. Have that kind of sense of guilt or shame that that somehow, they should be doing better.

When someone is stuck in their grief, they are very specific. All that's wrong in their life is that they're missing this loved person. So, if you fall into asking that question of them when they come to see you, how can I help you today?

Sometimes that's what you'll get back, isn't it? 'Well can you bring Johnny back?' Or 'can you bring Elizabeth back?' And that sense that if we can't do that, that nothing can change.

The pangs of emotion are all triggered by loss, it's all down to the loss.

That's the thing that would help and the preoccupation is again focused around the death. So, it's quite specific whereas if someone is suffering from depression, it's pretty pervasive.

Same thing with 'post-traumatic stress' and yes, people can have a traumatic grief, sometimes coming in on someone who has died by suicide, or if there's been a murder or sometimes a car accident. Again, there's overlaps. The difference is we know with PTSD the triggering event is always the threat, but when someone stuck in their grief, it's loss. Not so much looking at 'fear' as looking at 'sadness'. There doesn't tend to be nightmares. And there is proximity seeking, so sometimes the final resting place of that person, be it a graveyard or crematorium I've certainly worked with people

who go 3, 4, or 5 times a day, again, that proximity seeking, trying to make that connection again with the person. I've also worked with people who never go, and as I said, I think that's two sides of the same coin.

Yeah, and sometimes the referrals come across to my desk as they go too many times, or they don't go enough. And I suppose we smile and wonder how many times are you allowed to go?

So, we need to ask more questions when we meet someone. What's the meaning? What's the meaning around them going? Then really trying to understand in terms of their grief reaction, what it is they're trying to do, and many times it's that, it's trying to re-establish that link with the person who died.

And sometimes that shows up as quite an active suicidal ideation or sometimes more passive. If there's that sense, 'well, this person isn't coming back, so maybe I can go be with them' and I think it's always worth asking quite explicitly around that, we're never going to suggest suicide to people.

We're just asking something that they may well be thinking about already, so let's just ask it. Who gets stuck in their grief? We don't really know is the answer, but here's some predisposing risk factors:

Being close to the person who died. Now, there was a time, this is interesting because there was a time that we thought people got stuck in their grief when it was a kind of an ambivalent or ambiguous relationship.

Not true it turns out and the truth I think is more understandable. Yeah, it's when we're very close to someone and we miss them because they had a huge part in our life, it was likely a very rewarding relationship. A history of insecure attachment, we're always playing catch up, aren't we?

If we haven't had a secure attachment history, and I like this thought now that we used to talk about survival of the fittest, and now we talk about survival of the nurtured. We know that people who have a secure attachment in their background they are able to down regulate more easily.

That means their emotions aren't all over the place. They're able to self soothe, they're able to calm themselves down. And caregiver burden, so if there's been a long illness, an where the bereaved person was very involved in the deceased person's care, that can be another risk factor.

So, these are just things to keep in mind when you meet with someone. Other losses, if multiple people have died at the same time, or if the person has suffered other bereavements, not death related, maybe losing their job, a miscarriage, going through menopause, any of those things. So, I would say to you to take a careful history, what else are they carrying?

Because our resilience is finite. There's only so much we can carry at any time. A low acceptance of imminent death, really being ill prepared, either because, we didn't know the person was going to die, or we just couldn't accept it. Perhaps we were told by a doctor, but in our head it just didn't compute.

A violent death for obvious reasons. Finding a body. Dissatisfaction with the death notification, how that information was given to us and include this one because I think that's something we can do something about. Breaking bad news and how we can set people up to have a good bereavement or less good. COVID I'm putting with question marks; we don't know yet.

In Ireland we still have 10 people only at a funeral, and we're just not sure what the impact of that is going to be.

I think there is a sense and we're trying to scale up many of our bereavement therapists. We are expecting that more people will be showing up, feeling stuck in their grief.

Aggressive medical intervention, any ambivalence or family conflict about end-of-life treatment. Obviously, everyone is on line now and everyone has ideas around what the treatment should be.

Whether we have good social support, certainly lots the clients I've worked with don't. And in many, many circumstances the person who died was the only person, that was their attachment figure, and they'll say things like we just hung out together, we didn't really bother with other people, they were my person. Beliefs about whether the death was preventable.

You know, if there was stuff around medical treatment or whether they should have gone for chemo or not, that can start people into the rumination.

And just noticing when you're with other people; we're storytellers, aren't we? We tell ourselves a story about the death and our ability to make meaning out of what happens can serve us well.

So the difference of a bereaved person being able to say well, at least my mother died at home, or at least, John was there for the funeral. As opposed to, this makes no sense. This isn't fair.

That's one of those kinds of sticky points around rumination. I just want to leave the website on there that you have, this is Holly Prigerson and there's wonderful information on this Cornell website around prolonged grief, Holly is one of the researchers in this area and she's very generous with her information. There's lots of good information on there, one checklist, and there is many that we use, and it is called the 'Inventory of complicated grief, 'ICG'. It's a 19-question check book, and it's Holly's and it's on her website.

It's a little hidden, as I said she doesn't use it but we use it. But I really want to say to you we use it as a checklist. I found it a really, really useful checklist to do with any bereaved people, there's 19 questions and 30 is the cut-off point. Does that mean we diagnose people with prolonged grief if they score more than 30? Absolutely not. We would never be assessing based on a checklist, but it does give us pause to consider what else is going on here, but I think it's also just a wonderful checklist to use with people where you can talk about what they're struggling with.

And if they do score less than 90, then we're saying to people, 'I think this is just grief'. 'I think you're doing OK' and 'you'll find your way through'. So, I certainly encourage you to have a look at that, and the woman I learned most, I know about this from, is Kathy Shear, Professor Kathy Shear, who heads up the 'Centre for Complicated Grief' at Columbia University. Lots and lots of good information on there around COVID and around the protocol that we use in working with people. It's a 16-week protocol where we do a good assessment and then we work with people on that, and that's certainly an option that's open to you. But what Kathy and I have started doing now is distilling the information from that protocol and saying, well, what can we do if people are not trained in this? What can they start doing right now? And that's kind of what I'd like to share with you for the rest of the webinar.

It's not 'complicated grief therapy' you can still hear the older term in there, and it's not the only way to work with people who are stuck in their grief. Of course, it's not. And if you have already a way that works, keep doing it. But if like me about 15 years ago, I just started meeting people in my Hospice work that no matter how much we talked and I listened about the grief, it just wasn't moving and that's how I came to work in this way. For those of you who know your therapy, it integrates strategies from various therapy strands. There's really nothing new in it, I think.

What's wonderful about it is the way Kathy has put it together and sequenced it. My own personal experience has been that when I've used this with people who are stuck in their grief that they did better than how they would have done had we just provided supportive therapy. I'd like to show you, one of the slides they have done, they've done for now at this point actually in Columbia.

Comparing this 'complicated grief therapy' with 'individual psychotherapy'. So, without going into detail, just noticing the difference and the efficacy, 44% when people were given traditional psychotherapy. 71% improvement when people worked with this protocol. It's not 100%, of course it's not, we can't, we can't help everybody, but it's better than 44%, and so at some point I think it becomes a bit of an ethical issue of how we help people, and we do the best we can with what we have.

And when we know better, we do better. But here's a few things from the protocol that I suggest to you, you might, you might like to add them to your own tools and maybe just see, maybe even as an experiment to see how you get, we get on with it.

Ask people, ask people about their beliefs around what happened. Because when you come up with things like this, the only thing that would help me is to have this person back, hear that as the stockiness and make those things the focus of your work with the person. Grief is my main tie to the person.

We hear that a lot, that sense of I'm not going to be the one who stops talking about them or forgetting about them. We never forget about people that were connected to it's just, it's just not possible. Guarding against forgetting them, and that's where I use the balls and jars that I was showing you earlier.

That sense that they can still be very dear to us but in some ways, the best way to honour someone is to live well, and I do say that to people live for the two of you now, do the stuff that that they would like to have done.

Enjoy your life. Your life isn't over, but I think those are some of the kinds of sticky thoughts that catch people up and lead to that rumination. So, ask, ask people about them and ask them what they're avoiding. Do they go to the final resting place? Do they go a lot, do they not go, and what's that about? Not looking at photos. Looking at photos a lot? Everything left of the persons. Now, people grieve in their own way, of course they do and I'm certainly never an advocate to be suggesting to people that they get rid of belongings. I think people do that in their own time, but that's very different from the kind of belief that we hear sometimes, it's almost like 'I'm not touching their things because if they come back, they'll go mad'. Now, you know, grief, grief makes us crazy, and people say, I know they're not coming back, but there's almost something that it's like, if we don't use the word dead it's not true. So, ask people, be curious. Curiosity gets a bad rap sometimes; it's good when we're working with bereaved people.

Ask them what are the thoughts that keep them up at night and ask them what are they avoiding? So why are they avoiding because sometimes, as I was saying, the things they're avoiding are things that are potential sources of joy, and we want to bring those things back into their life.

Working in a different way. And as I said, and as I showed you on the graph, I think we need to take a little bit more control when we're working with someone.

And when I work with people, let's say this is different, this isn't traditional therapy where you show up at 2 o'clock on a Tuesday, and you talk about Ben for an hour.



We're going to work in a different way. I'm going to set you tasks, I'm going to ask you to do some home practice, so you're going to be very engaged in this work as well. That in no way means that active listening and compassion aren't important. They are the bedrock, aren't they, of any relationship, but because they don't seem to be quite enough, I'm very upfront when I work with people of saying we're going to work differently, and here are some of the things we'll do. I never spend an hour talking to someone about their grief.

We spend about half the time on that, and then we'll switch. We now know, and if you know Stroebe and Schut's work the dual process work that in grief, we must attend to our grief, but we must also attend to getting on with our life without this person.

And so, we do. We ask people if your grief wasn't quite so overwhelming right now, what might you be doing? We listen carefully when people say that they are learning to cook or they're thinking about learning to drive, or maybe things that that other person, that was their job in the relationship, and they can be tiny steps. And that's a kind of a CBT way of working, breaking things down into really, really small parts.

But I have come to believe it's a mistake to spend a full hour talking to someone about their grief when they're already spending a lot of time ruminating.

So I would invite you and I would say it in this way look, it's about half past the hour, now I know what you're talking about there is important, but if you don't mind, we might switch, because I want to, I want to check with you as well, you were going to find out about driving lessons this week, and so we make that shift. Always, always teach clients about self-compassion, and I find that clients that are stuck in their grief are particularly hard on themselves and very often the person who took care of them is the person who died.

And, you know, perhaps use the CS Lewis quote, where he says: "I never knew that bereavement felt so like fear". And that fear state, that 'fight or flight' makes it difficult for people to make good choices. So getting them to engage in very, very simple kind of self-care and I put there whether they feel they deserve it or not, that's part of the deal, as part of the contract that we draw up at the start of the work.

I always ask people to buy a notebook when we start working. Concentration is very poor in bereavement anyway, but I think there's something helpful about going and choosing a notebook that's going to be around you and your grief journey. And sometimes people get a new pen as well.

Most importantly, we get people to be curious about their grief and so we get them to monitor it. I asked them once a day to check in with their grief to notice on a scale of 1 to 10, how high their grief went.

And when it stopped being 10 if and when it came down from 10 maybe to 9, maybe to 9.5. I think this is something we should be doing with all bereaved people. Because there's that sense that grief is kind of black and unyielding now, we might know that grief shifts and changes, but I don't think bereaved people do when we use this in in the protocol with people who are stuck in their grief, we do it every single week, no matter what else were doing, we use this.

How high did the grief go and what was going on at that time? So, people start noticing what their triggers are, and noticing that they can be internal or external. I put down in parentheses there the Grief Steps App, that's something that Columbia University developed. It's a free app, only works for iPhones, but I find with the younger cohort now, when I work with older people, they don't usually like that,

so that's you know a sweeping statement, but if you have younger clients or clients that are very savvy and like being on their phone, then I think it can be really nice way to do it, they can track it on their phone and I think it helps sort of normalise as well what you're doing if there's an app for it, so getting people to monitor to monitor their grief, and I've left just an example,

I'm not go through it and what that might look like. Encouraging clients to engage in those small, rewarding activities. From my experience, it won't happen unless the clients write it down, so we sit down together and we'll say OK between now and when I see you next week, I want you to monitor your grief, and what might be a small, rewarding thing you might do for yourself, and write it down when you do it.

It can be anything from making a real cup of coffee and having it in a nice cup rather than an instant cup, A little walk, a phone call. But we're just starting to bring some of those more rewarding feelings, so they're not just feeling the unrelenting grief feelings, we're starting to add in what do little moments of joy feel like.

One client used to get up and watch the sunrise. I thought that was a really lovely one, to actually let something pleasant into your life. And again, what would you be doing if your grief wasn't overwhelming?

That's part of the dual process way of working. We work on the grief. We're also encouraging clients to open up and to consider a life that has meaning and joy that doesn't contain that person who died. Yes, they're still important, but they're not here in the same way, so we look and set an aspirational goal that doesn't relate to the bereaved person. You know sometimes it's things like doing fundraising for the hospital, or getting a bench made for them. Those are lovely things, but I'd encourage you to try to find something else, something that this person would like for themselves, a change of career, a trip they might take whatever it might be, and they may not get to do it by the time you're finished working with them.

The process is as important as the product, but we're kind of tapping into our own intrinsic motivation. What would you be doing if your grief wasn't so overwhelming? Already planting the seed that that day is coming, that it's not always going to feel like this. OK, so there are a few ideas; I hope you can add them into your current skill set and we'll just summarise them.

Here it's about 1:15 I think, and I do want to leave time for questions and for comments. Always explaining to people, I just say prolonged grief is a thing. Yeah, we now know it's a thing. We've done the research and the good news about it is we have some ideas around how better to work with it. And that's because, as I said, people often come and say, look, I've been to see ten different counsellors, they were all really lovely, but I'm still stuck, so I think we're trying to offer some obviously realistic, but offer some hope that life can again be meaningful, and please use that word joyful.

Getting clients to write down what they're going to do, so that they are very engaged in the work. It's not a once a week for an hour thing every day they are working.

They're working on their grief. I think that's a bit of a novelty and freshness to it, and sometimes people will leave thinking well, there's something I am doing for myself. Getting clients curious in their grief, I think the best way of doing that is getting them to monitor their grief.

Nothing new in that, it's been done for years in chronic pain. For example, if clients can understand 'one' is where you can hardly feel the grief and 'ten' is the very worst it ever is and just encourage them once a day to move towards their grief.

To put that number on it, to notice what's going on and then really importantly to also notice when it's no longer there. That's kind of the magic. I think you have to get people to write it down.

When I ask people about it, they'll say, well, I'll do it, but I can tell you right now it'll always be a 10.

It's not usually true. But see for yourself. Sometimes bringing another person into a meeting can be useful. I've always done that in addiction worker and family therapy. Sometimes it just gives us some more information around someone and helps them develop a kind of a buddy in their grief work.

And finally, I would say to you, look, this is not work for wusses. This is difficult. Stuck grief is difficult to experience. It's also really difficult to witness. We're not so separate from it, we're all the bereaved.

And if you've worked with people that are stuck in their grief, you'll know. That stuckness can be kind of contagious, and we can begin feeling pretty stuck ourselves thinking that, well, if I can't bring back the person who's died, I have nothing to offer.

It's not true. We can sit with, we can witness, and we can offer some of these techniques and create with that person a way to get the train back on track so that they can continue their grief journey. I'm going to leave it there. There's tons of references and the websites are on there too. I really hope you'll give them a go and I'd love to hear how you get on with them.

Thanks so much for listening.

**KD:** Thank you Susan, that was wonderful. Thanks so much.

The film was produced in April 2021 and can be found at [www.sad.scot.nhs.uk](http://www.sad.scot.nhs.uk) or <https://vimeo.com/544966205>

For more information visit [www.sad.scot.nhs.uk](http://www.sad.scot.nhs.uk) or contact [supportarounddeath@nes.scot.nhs.uk](mailto:supportarounddeath@nes.scot.nhs.uk)

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