

## **HANDOUT: “Living with A Grieving Heart: A Family Physician’s Insight” – Marriane Bette MD**

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### Grief Counseling Early On

**PATIENT:** The patient is in shock and disbelief. This may last awhile.

Grievers need to tell their story of loss often, over and over.

**PROVIDER:** Understand the depth of the loss to the patient

Take emotional vital signs: sleeping, eating, isolating/socializing, support network

Assess for risk of MI or suicide

Engage in empathetic healing

Closing your computer

Looking into their eyes

Holding hands

Offering a hug

Being fully present

**DO NOT SAY:**

I know how you feel

Everything will be OK

You have so much to be thankful for

Time heals all wounds

It's God's will

Make notes in the chart to cue yourself at future visits:

Name of the deceased

Age of the deceased

Relationship to the patient

Cause of death

The message is: This is a significant loss and we need to stay connected while you are grieving.

I want to know where you are with all of this no matter how brief our visits.

The timing of the next appointment should be based on need and risk. The patient may tell you what they need and when they would like to come back. If they are unsure, you decide when to have the next check in, depending on their level of shock/disability to function. I often have acute grievors come back in a week, then maybe two and then a week. Be sure to get an appointment on the books. Do not leave it open-ended.

LISTEN. LISTEN. LISTEN. LISTEN. LISTEN. LISTEN. LISTEN.

## Grief Counseling Later On

PATIENT: Where are they in their grieving process? "How are you managing now?"  
Your patient is having a profound and transformational human experience.

PROVIDER: Once again listen, check emotional vital signs:  
    sleep, eating, crying, Isolating/socializing  
    Where are they in processing the reality of their loss?  
    What are they adjusting to? ("What is your day like?")

Encourage CALM: yoga, Tai chi, prayer, meditation, music, physical contact, connecting with nature (whatever works for them)

Encourage ROUTINES: eating, sleeping, exercising

Suggest decisions be made / advice be sought during best part of the day

Encourage "Grief breaks"

Remind the patient to ask for help: "make a list"

Cheerlead as grief fluctuates. Reframe / shift the perspective by changing patterns of sad thoughts to thinking of things that bring joy. Remind the patient how far they have come.

Divergent thinking can diminish the impact of loss by reminding the griever of " and "THEN" thinking. Or: "I am not going to think about that right now"

    "It won't always be this hard."

- Remind them that difficult times are expected but are only there for a visit.  
    "They don't live here anymore."
- Reminding the pt that they will be whole and happy again. It will look different.
- They are not doomed to unhappiness.
- They are not alone.
- Everyone else is *not* having a wonderful life.
- Windshield / rear view mirror
- With practice life gets easier.
- It's OK to be happy

Grief groups or therapy are helpful

Schedule preventive care visits at times that may be challenging: anniversaries, holidays, birthdays.

HAPPINESS definition: Letting go of what you thought your life should be, and embracing and engaging in all that it is now. (Write it down as if in a prescription).

## Grief Over Time

PATIENT: Many parts of life have adjusted to a new normal but they will continue to experience grief fluctuations. Not isolating (?Dating?). Not feeling victimized by their loss.

PROVIDER: Support the patient and highlight the profound emotional growth

- Remember the patient will never “get over it”
- They will be happy if they want to. Encourage a full and caring life.
- Volunteering is healing: the focus is on others
- Kindness triggers oxytocin, promoting trust and bonding
- People have the capacity to change and connect up until their last breath
- “It is never too late to be the person you wanted to be”
- The patient has gained a compassion, caring awareness that can only come from loss

GRATITUDE is a powerful antidote to loss – concentrate on all you have in life.

Make a grateful list and refer to it on bad days.

Tell someone how much they mean to you.

Inspire someone. Share stories that teach resilience.

Being positive fosters gratitude for all life has to teach us.

A FEW REFERENCES:

- Living with a Dead Man – <https://emeraldlakebooks.com/elblwdm>
- Living with a Grieving Heart <https://emeraldlakebooks.com/elblwgh>
- Claire Bidwell Smith podcasts and books\*\* (excellent)
- 8+1/2 Minute Joy Workout (also excellent)
- Sesame Street books
- Worden.J.W.2009 Grief Counseling and Therapy A Handbook for the Mental Health Practitioner, Fourth Ed, Springer, N.Y
- Hope Questions for Spiritual Assessment Am Fam Physician. 2001;63(1):86-87.

More in depth, but worth your time:

The Body Keeps the Score: Bessel van der Kolk MD

The Myth of Normal: Gabor Mate MD

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bettemarianne on Instagram. Postings are up lifting.

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