

Introduction to Wendy and Nathan
Things to Consider
Grief and its Impacts
Theories of Grief

Risk and Resilience

Self Care

Approaches and Techniques

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WENDY LIU

- Bachelor of Social Work
- Grad. Cert. in Social Work: Dying, Death
 & Palliative Care
- Master of Couple & Family Therapy
- Worked in Forensic Medicine & Coroners Court, Palliative Care, Oncology, Aged Care
- Worked in Australia, UK & NZ
- Now in Private Practice
- 'Chanel Suit'

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NATHAN MACARTHUR

- Master in Psychology
- Master in Social Work
- Post Graduate Diploma in Relationship Counselling
- PhD candidate
- Worked in Residental Aged Care, Hospitals and NGOs
- Now in Private Practice
- 'Bank Manager'



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For our consideration

We will be recording this session

Introductory professionals session

Talking about sensitive topics

Mix of people with different experiences of loss

Be mindful of personal or graphic details

We don't know it all, share your insights with us

Ask us questions in chat box

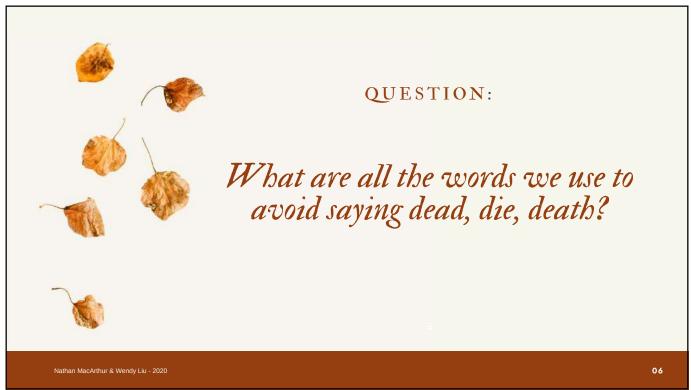
Slides, follow-up email and short evaluation



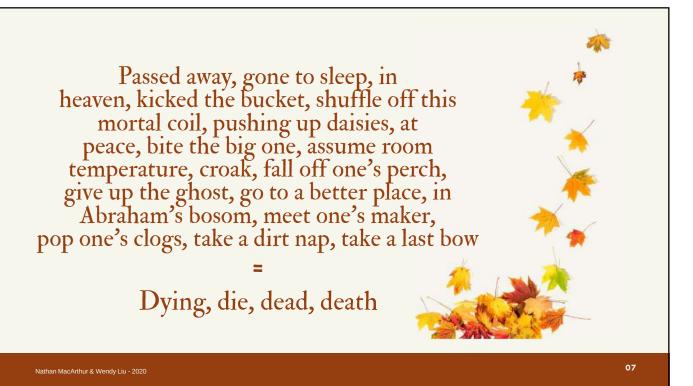
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Responses to Grief

ALL THE DIFFERENT WAYS WE EXPERIENCE GRIEF

Emotional & Mental Responses to Grief

- Helplessness & hopelessness
- Anger and irritability
- Anxiety
- Longing and yearning
- Guilt
- Dread
- Not wanting to live
- Numbness
- Relief



- Forgetfulness
- Difficulty concentrating
- Rumination
- Intrusive memories
- Denial
- Vivid Dreams
- Difficulty making decisions
- A 'mental fog'

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Physical & Behavioural Responses to Grief

- Sleep
- Appetite
- Breathing and heart rate
- Energy levels
- 'Directionless restlessness'
- Stomach upsets
- Sexual drive

- Keeping very busy
- Lack of motivation
- Avoiding contact
- Over/under eat or work
- Substance use
- Risky behaviours

Spiritual Responses to Grief

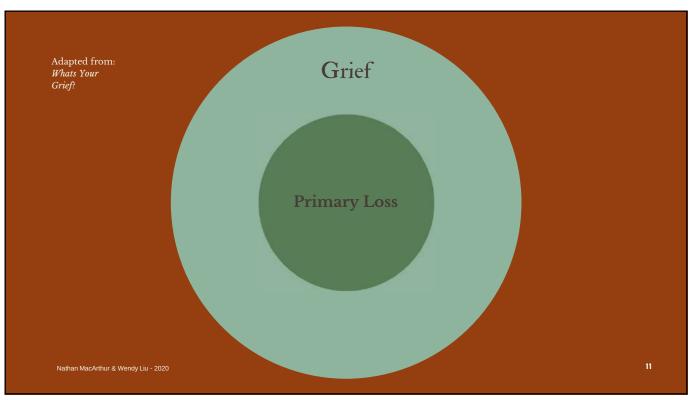
- Questions about meaning and purpose of life
- Increase death awareness
- Crisis or confirmation of beliefs
- Where is my person?
- Post-traumatic growth

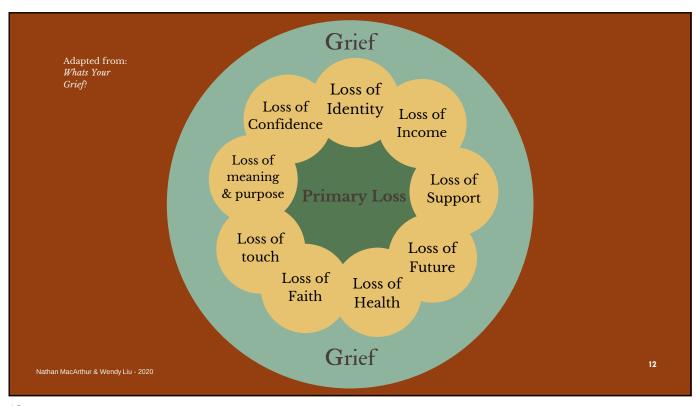


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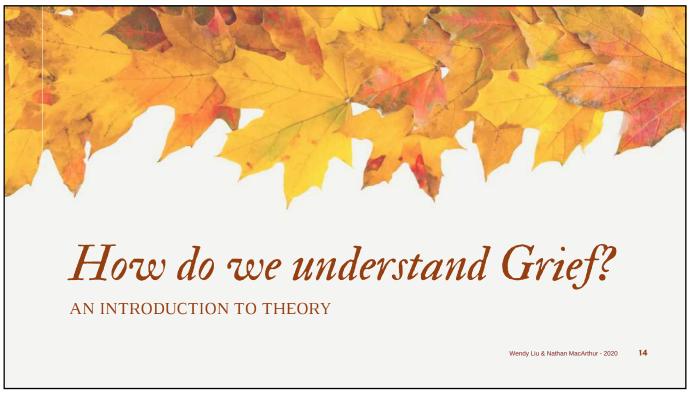
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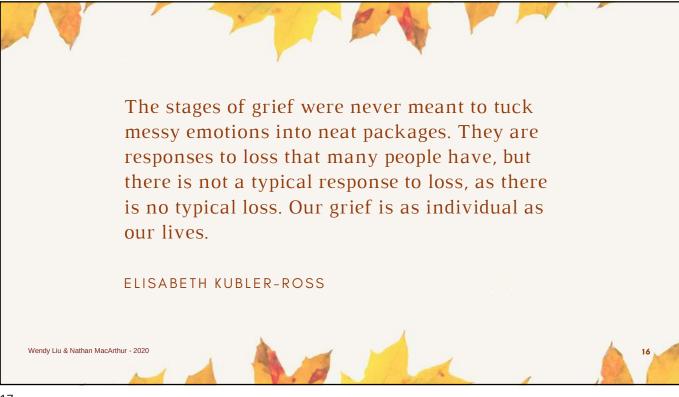












Models of Bereavement

TASKS

PHASES

PROCESS

INTEGRATIVE



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Attachment Theory

Bowlby (1969, 1980)

- We are biologically programmed to attach in order to survive and have security
- Attachment behaviour as instinctive and developed in early life
- Bereavement as broken bonds causing distress and emotional disturbance



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Dual Process Model

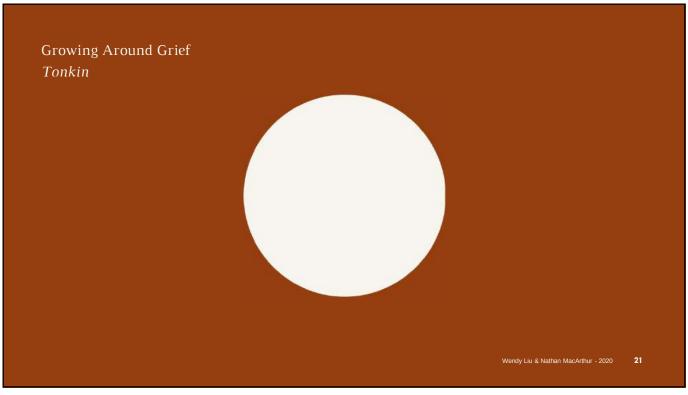
Stroebe and Schut

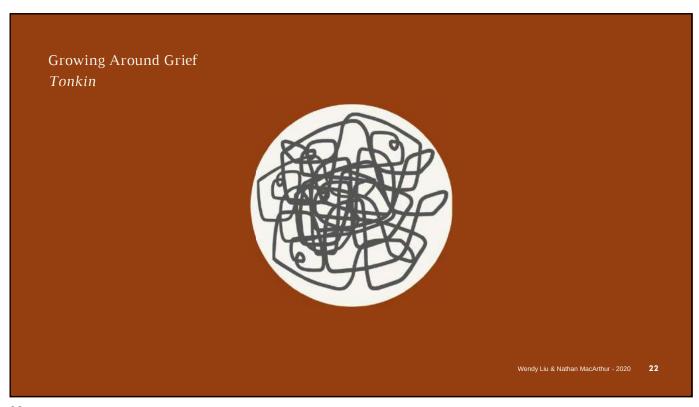


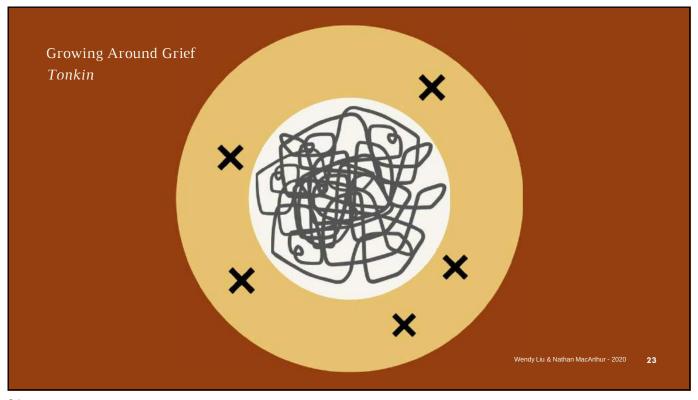
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Continung Bonds Klass, Silverman and Nickman (1996)

- Questioned linear & pathological models of grief
- Grief as ongoing
- Considers an ongoing relationship with the deceased to be normal and helpful in adjusting to loss

"Death ends a life; it does not end a relationship" Robert Anderson

Making Sense & Finding Meaning

Frankl (1946) Neimeyer (2001)

- Our deepest desire is to find meaning
- Bereaved people search for personal narratives in order to make sense of changed realities
- Life stories must be rewritten and reorganised following a loss

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Post-traumatic Growth

Calhoun & Tedeschi 2006

- Aspects of positive personal change following major life trauma
- E.g. increased empathy, awareness of own strength, closer relationships
- Occurs alongside suffering
- Active engagement and social support correlates with growth

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Complicated Grief & Prolonged Grief Disorder

- •Complicated grief (CG)(Shear et al., 2011)
- •Prolonged Grief Disorder (PGD)(Boelen, Paul, & Holly, 2012)
- •Persistent Complex Bereavement related disorder (PCBD) (Robinaugh, LeBlanc, Vuletich & McNally, 2014)



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Prolonged Grief Disorder

ICD-11 CRITERIA FOR PROLONGED GRIEF DISORDER

A. At least one of the following:

- Persistent and pervasive longing for the deceased, or
- A persistent and pervasive preoccupation with the deceased,

B. Intense emotional pain:

Accompanied by intense emotional pain, for example, sadness, guilt, anger, denial, blame

Difficulty accepting the death

Feeling one has lost a part of one's sell

An inability to experience positive mood

Emotional numbness

Difficulty in engaging with social or other activities

C. Time and impairment criterion

Persisted for an abnormally long period of time (more than 6 months at a minimum) following the loss, clearly exceeding expected *social cultural*, *or religious* norms for the individual's culture and context

Source From World Health Organization. (2019). International Classification of Diseases ICO).





The next slide contains images of skeletal remains.

If you do not want to view this image,
please look away now.

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NEIMEYER, BOELEN & PRIGERSON 2009



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FUNCTION

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Risk & Resilience

WHAT ARE WE ARE WE ASSESSING WHEN
WE MEET A BEREAVED CLIENT?



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**DIFFICULT RELATIONSHIPS*

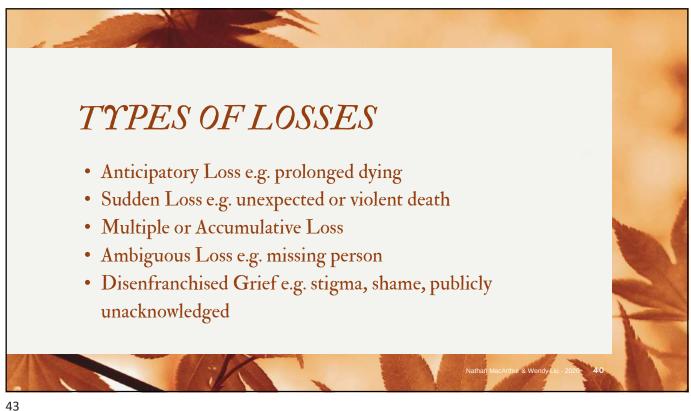
• Family violence, addiction, mental health concerns, conflict

• Hidden concerns, hidden grief

• Unfinished business

• Mixed feelings: relief and loss?

• Expectations vs. reality



SUICIDAL IDEATION • parasuicide common in bereavement • assessment of risk and intent • safety planning • joining

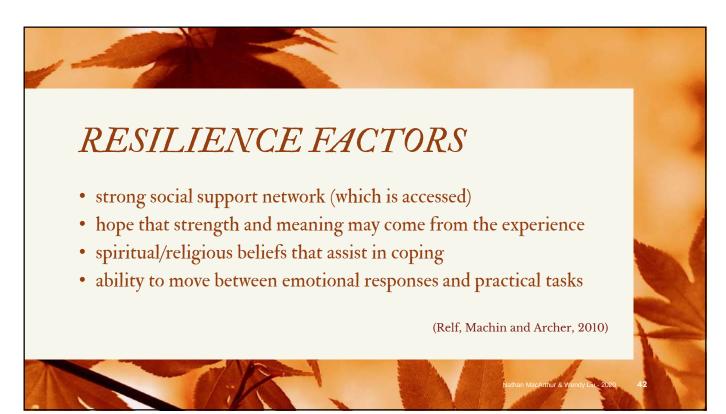
GRIEF IN THE TIME OF COVID

- universal experience multiple losses and grief
- changes in service provision
- reduced social supports
- · lack of access to usual coping strategies
- disenfranchised grief
- concurrent stressors
- uncertainty



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Can you tell me about the events leading up to her death?
Often people have questions about the circumstances of a death – is there anything you would like to ask me or another member of the team?
Is it ok for me to ask if you've had deaths in the family before? What helped you get through those experience
Is it ok to ask about what you believe has been considered us after worth?
What support do you have?
How are the rest of the family copyright.
Are there other things you are considered us are considered using the family copyright.
Is there any help or support



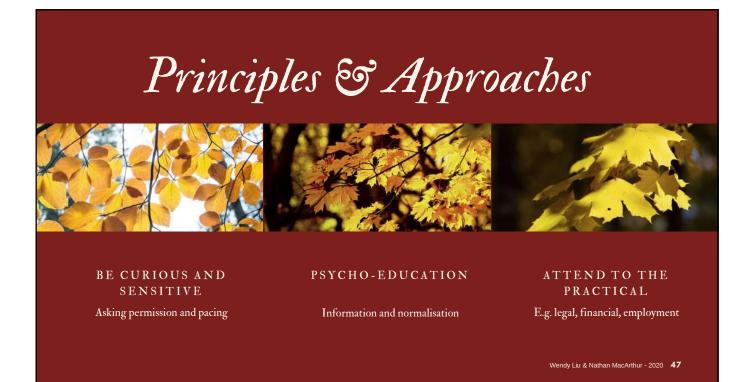
Questions?

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Be curious

- Get to know the person who died
- "Can you introduce me to...."
- Interests
- · Personality
- Relationships
- Perceived positive qualities
- Perceived negative qualities
- Memories and photographs
- Legacy
- · Hopes and aspirations for an imagined future

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Psycho-education

- Normalisation
- Social constructs
- Grief theories
- Metaphors
- Use of other people's anonymised stories
- Sharing of others' response and suggestions



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The Practical

- Holistic approach
- Poorly acknowledged
- Emotional impact
- Basic needs: food, accommodation, income
- Unique challenges: belongings, contested wills, funerals and ashes, fertility



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Principles & Approaches





WORK WITH
POWERFUL EMOTIONS

e.g. guilt, blame, anger, shame

BE CREATIVE AND HOLISTIC

Expressive Arts Somatic work BE AWARE OF SELF

Confront own reactions and values and their role in your work

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Working with Strong Emotions

- E.g. Anger, guilt, blame, shame, despair, hopelessness
- Normal and natural in grief
- Be aware of personal responses and urge to comfort
- Social and cultural norms
- Bearing witness
- 'Stuckness'
- Exploration and Challenge



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Techniques

COUNSELLING TOOLKIT



Thought Defusion "I'm having the thought that..." "I'mnoticing that I'm having the thought that..."



Externalising Emotions What colour is it? What shape is it? How big is it? How heavy is it? How does it feel against your skin? What can we name it?



Gratitude 3 things every day Specific and concrete On waking/last thing at night/brushing teeth/in the shower

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Techniques

COUNSELLING TOOLKIT



Thought Challenging What are the beliefs or thoughts I'm having? What evidence is there for and against these? What's another way to look at this?



Sensorimotor Working with the body and self touch Noticing postures that support "What happens when you open your shoulders wide?"



Therapeutic Writing Letters to and from deceased Expression of feelings in safe place Used in therapy

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Coming Up

NEXT ONLINE GRIEF SESSION

TUESDAY, 7 JULY AT 7.00PM (AEST) WEDNESDAY, 5 AUGUST AT 7.00PM (AEST)

GRIEVING THE DEATH OF A CHILD

WEDNESDAY, 22 JULY 7.00PM (AEST)

COPING WITH ANNIVERSARIES AND SPECIAL DAYS

WEDNESDAY, 5 AUGUST 7.00PM (AEST)

COUNSELLING - INCLUDING ONLINE

PROFESSIONAL SUPERVISION

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Thank you for joining us

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