



# AURORA@ COVID19-EU

ARTICULATING A UNIFIED RESPONSE TO THE COVID-19 OUTBREAK  
RECONSTRUCTION AFTER LOSS IN EUROPE



AURORA  
@COVID19-EU



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## MANUAL FOR DIRECT AGENTS

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AURORA@COVID19-EU: Articulating a Unified Response to the Covid-19 Outbreak Reconstruction After Loss in Europe 2021-1-PT01-KA220-VET-000033092



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## Presenting the AURORA PROJECT

AURORA Project is a consortium composed of public and private organizations involved in the training of practitioners to deal with bereaved with distinct levels of expertise and experience. Some partners are from the university field (UMAIA - University of Maia from Portugal, University of Salento from Italy, and University of Comillas from Spain) who joined efforts with the Psychology Service from a Portuguese University Hospital and the Danish National Center for Grief, a national reference center for grief intervention in Denmark. These partners constitute the project AURORA@COVID19-EU: Articulating a Unified Response to the COVID-19 Outbreak Reconstruction After loss in Europe (2021-1-PT01-KA220-VET-000033092) funded by the National Agency ERASMUS+.

The AURORA project aims to the construction of guidelines to support those who have suffered a loss and for the provision of training activities directed at psychologists, direct agents – namely practitioners other than psychologists and grief counselors, who meet bereaved in their professional roles – and indirect agents – namely, family, friends, wider social network and supportive community of bereaved individuals. Across these categories, a general objective of the AURORA project is to create awareness concerning the impact of the loss of a loved one, both in traumatic or natural circumstances, to create acknowledgment on the process of grief, and to improve skills to support the bereaved people.

This "Training Manual II for Direct Agents" is specifically targeted for direct agents, that is, non-mental-health practitioners, who play a fundamental role before and after death.

The pandemic scenario has highlighted, more than ever, how crucial can be the role of health care practitioners, funeral agents, priests, teachers, police officers, pharmacists and other practitioners in the community in modulating the pain of bereaved people and preventing prolonged or complicated grief reactions. However, these practitioners also report low levels of confidence in responding to grief and fear giving inappropriate responses. This can lead practitioners to avoid talking about the loss with the bereaved or even avoid interacting with them. With this manual, we aim to assist these practitioners by addressing two components which can favor compassionate, non-judgmental support to bereaved:

- *knowledge of the grief process* – this type of knowledge can help practitioners to understand what reactions to loss are common and can be welcomed and understood as an integral part of the process of elaboration and which instead can signal the need to a more specialized support;
- *basic skills* that can enable the practitioner providing adequate and effective support to the bereaved person at crucial moments (e.g., communication of death, immediately following days, return to school or work).

The manual presents two main kinds of resources: *articles and fact sheets*.

⇒ *Reading the articles*, you as a practitioner:

will get knowledge about:

- the importance to building community's knowledge and skills on grief and grief support in post COVID-19, and how your role is critical in a public health perspective;
- natural grief reactions in adults and children, which is the kind of grief most bereaved people experience;



- more complicated grief reactions, to evaluate the need for specialist psychological support;
- will get know how:
- communicate the death in a sensitive way;
  - assure a supportive conversation with the bereaved person;
  - offer a supportive and culturally sensitive helpful in the funeral rituals;
  - assure support in the health care setting *before loss*, to prevent complicate grief reactions, *immediately after loss*, and *in the following months*;
  - assure support to children and their families in the school settings;
  - sustain helpful conversations on death and grief in the educational environment;
  - support bereaved colleagues in the workplace.
- ⇒ *Reading the brief fact sheets*, you as a practitioner will delve into:
- myths and inaccuracies related to beliefs about grief and bereavement which may play a role in the limited effectiveness of interventions during bereavement;
  - main threats the pandemic scenario posed to mental health of bereaved and their ability to cope with loss.

## Article 1)

### Grief in post COVID-19 and your role as a practitioner

This article will make you aware of the challenges posed by the COVID-19 pandemic to the grief process, the importance of building community knowledge and skills about grief and grief support in the aftermath of COVID-19, and how your role as a practitioner is critical from a public health perspective.

*You, as a practitioner, will read about the importance:*

- ⇒ *of a public health perspective on grief in the aftermath of the COVID-19 outbreak*
- ⇒ *the crucial role of support in facilitating the bereavement and prevent complicated grief reactions*

### Why is important to build competence on grief in the aftermath of the COVID-19 outbreak

The COVID-19 scenario and its unprecedented conditions – e.g., massive numbers of casualties, forced separations during the last days of a patient's life, sudden and unexpected nature of death, denial of physical touch, final farewells and traditional mourning rituals – posed a threat to the mental health of the bereaved, leaving them vulnerable to intense and enduring psychological distress<sup>1-2</sup> (e.g., frustration, helplessness, powerlessness). In addition, the measures of physical distancing and home quarantine deprived family and friends of all sources of physical support and close emotional contact<sup>3</sup>. Thus, many of the protective factors for successful adjustment to bereavement and coping with death, such as family involvement, physical presence, adequate information and grieving with others, collapsed in the COVID-19 scenario<sup>4</sup>. As a result, people's ability to come to terms with the loss of a loved one and the community's ability to cope with grief and to provide the necessary social support were severely challenged<sup>5</sup>, with some predictions that the prevalence of complicated grief reactions will increase<sup>6-7</sup>.

For many reasons, building community knowledge and skills in bereavement and grief support is an ethical and public health imperative in the aftermath of the COVID-19 outbreak.

1<sup>st</sup> Individuals bereaved under the pandemic require extra attention by direct agents in years to come. Complicated grief is defined by its inability to shift and change over the years and direct agents need to be aware of this; **a bereaved can suffer complicated reactions to grief several years after loss.** The long-lasting effects of a traumatic loss have been well documented in cases of suicide, homicide and deaths related to natural disasters<sup>8-9</sup>. The inability to make sense of the tragic event inhibits integration of the loss, which can lead to emotional distress including depression, post-traumatic stress, and prolonged grief<sup>10-11</sup>. Although, fortunately, in most cases people have an extraordinary capacity for response and coping with loss, **it is imperative to prevent these tragic outcomes and to understand the role of each member of the community** in this regard.

2<sup>nd</sup> With more than a billion people bereaved, we are dealing with a public health issue. The death of one person has an impact on 9 people<sup>12-13</sup>, so it is much more contagious than the virus, and a multi-level approach is needed to address these issues. The grieving person is not **just a family or friends of the deceased, but also a health practitioner, teacher, priest, social worker, police, funeral agent.** The bereaved person is, at the same time: a parent or a child, inserted within specific family systems; a student or a worker or a member of a recreational circle inserted within other contexts of relationship and activities, which may be more or less supportive; a social actor, inscribed within specific communication networks which make available certain meanings and exclude others, which offer resources or place constraints on his/her adaptive potential.

3<sup>rd</sup> Pandemics will continue to happen<sup>14-15</sup> and we are more aware of that now. Thus, to prevent exposure to events that can be experienced as traumatic<sup>16</sup>, we need to learn from our collective errors. Providing the health system with human and material resources to respond promptly to health emergencies is a priority for government institutions, but also urge **recognizing the importance of collective efforts to make bereavement less painful and support more effective.**

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4<sup>th</sup> Grief is a natural part of life. Even in normal circumstances, bereaved are often driven to search for meaning at levels ranging from the practical ("*How did my loved one die?*") to the relational ("*Who am I now that I am no longer a spouse?*"), to the spiritual, and/or to the existential level ("*Why did God allow this to happen?*"; "*What is the point of life when things like this happen?*"; "*Why did this happen to me?*"; "*Who am I now?*")<sup>17-18</sup>. They search for meaning in their unplanned transition, not only in the personal and family sphere, but also in the wider community. **Their social network** often does not and cannot have the answers to all their questions, but it **can play a key role in the search for meaning and in shaping how the bereaved come to terms with the loss itself and with the changes in their lives.**

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## The role of direct agents

According to the compassionate community perspective and the key-idea that health is everyone's responsibility<sup>19-22</sup>, we emphasize the view that people's vulnerability and negative psychological outcomes are also socially and culturally constructed. They also depend on how death is perceived, discussed and managed at a societal and collective level, and on the kind of support people receive before and after the death of their loved ones.

The "Grief Pyramid" is a model inspired by the evidence-based public health approach to bereavement care (as advanced by NICE (UK), Samar M. Aoun and others<sup>23-25</sup>, and the Irish Hospice Foundation), and it is already applied and promoted in some European organizations and countries. For reference go to: <https://bereavement.eu/>

Overall, the model's terminology "all, some and few" refers to the different needs of bereaved individuals – ranging from a need for basic information and support to a need of a high level of specialized care – and highlights the importance of a tailored response. Research-based estimates suggest that around 10% of bereaved find that their grief remains intense and debilitating over a long period of time, requiring professional mental health intervention (tier 3 of the Pyramid).

Approximately 40% of bereaved people experience a difficult healing process and require additional psychosocial support (tier 2 and 3). Most people experience a natural and healing grieving process and only need basic information and general support (tier 1).

However, there is a tendency in modern society to treat bereavement as a psychiatric or psychological problem. This overlooks the fact that much of the support can be provided by people who are already involved in the daily lives of the bereaved (i.e., direct and indirect agents)<sup>25</sup>.

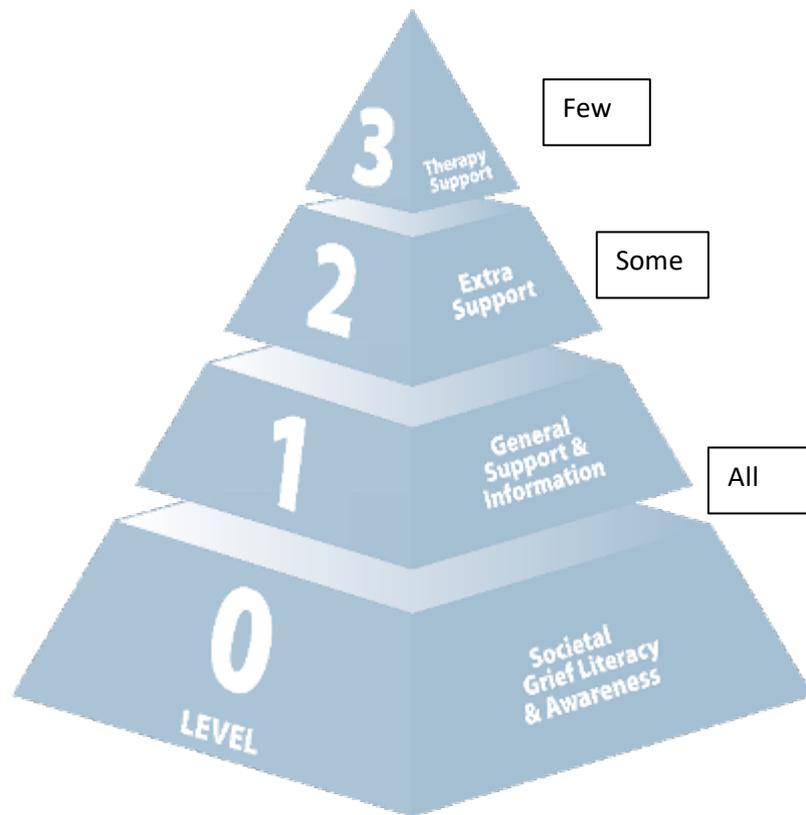


Figure 1 *The grief pyramid*

<p><b>Direct agents</b> such as health practitioners, teachers, funeral directors, clergy, police officers, firefighters, etc., <b>are part of the bereavement arena</b> and have an <b>enormously important role</b> to play in facilitating the bereavement.</p>	
<p>They are often the <b>only network that can help</b> the bereaved<sup>26-27</sup>.</p>	<p>When loss is related to the death of a family member, at least in the immediate aftermath, the bereaved individuals in a family often seem unable to support each other for fear of further overwhelming the other members by adding their own grief to what they are already experiencing. Some friends deliberately avoid mentioning the dead; others actively avoid the bereaved or want the bereaved to be as happy as they used to be, criticizing them for still grieving after a few months.</p>
<p>They often <b>meet bereaved at crucial times</b><sup>28</sup>.</p>	<p>Let's think about:</p> <ol style="list-style-type: none"> <li>the support that <b>doctors</b> and <b>nurses</b> can offer in the immediate aftermath of loss in the hospital context, being <b>present and assuring the need for understanding</b> of what has happened.</li> <li>the importance of <b>delivering bad news</b> (death) in an appropriate and sensitive manner, a very delicate task that can deeply affect the bereavement of family members. These skills are especially important for <b>doctors</b> when dealing with hospital deaths and for <b>police officers</b> when dealing with sudden, unexpected and violent deaths (e.g., homicides, road accidents, accidents at work, natural disasters).</li> <li>the <b>relief that funeral directors</b> can offer by relieving the difficulties of making practical funeral arrangements and by offering care and empathic listening.</li> <li>the <b>support that priests</b> can offer by exploring spiritual and existential concerns in a sensitive way.</li> <li>the support that <b>teachers can offer by preparing the class</b> to welcome the bereaved student back to school, providing opportunities for children to discuss what has happened, and opening dialogue and reflection about death and the afterlife.</li> <li>The <b>support that co-workers</b> can offer by validating emotions related to grief and by offering empathic listening.</li> </ol>

<p>They often <b>help the bereaved adjust to life</b> in the months following the loss<sup>29</sup></p>	<p>They can do this assessing the bereaved social support, identifying practical or financial problems and coping strategies, encouraging new relationships and goals.</p>
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## Conclusive remarks

*The loss of a loved one often represents an important break in people's lives. When, as in the case of the losses suffered during the pandemic scenario and other traumatic circumstances, the existential scenario suddenly and unexpectedly changes the ability to accept the loss cognitively and emotionally and to make sense of it is seriously compromised. As direct agent, you play a crucial role to prevent or modulate this tragic impact. The quality of the relationship with the bereaved, the way in which the death is communicated and discussed, the time and space given to their grief, the time allowed for support (e.g. in the immediate aftermath or in the medium term), as well as the degree of education about death in everyday life at school and at workplaces, are all aspects that contribute to constructing the meaning of dying and death and, therefore, to facilitating the well-being and the purpose of life.*

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## Article2)

### Understanding grief

In this article you will be introduced to the basics of grief: how we understand grief theory in Europe, what grief reactions are common with a final brief introduction to children's grief.

*As a practitioner you:*

- ⇒ *will get knowledge about grief which you can apply in your meeting with bereaved people;*
- ⇒ *will be introduced to natural grief reactions in adults and children which is the kind of grief the majority of bereaved people experience.*

### The grief process

Grief is a universal human experience. Losing a loved one is something most people will experience across their lifetime. Previously, it was a commonly held belief that in order to 'get over' the loss, the bereaved should move through different phases or stages of grief with the aim of disengage from the person they have lost. Today, the theories that we adhere to believe in more individual and dynamic grief processes. The aim is no longer to disengage from the lost loved one but to find new meaningful ways of restructuring the relationship and carry the person forward in our hearts and minds. We don't stop grieving the loss of a person we have loved, but instead we learn to live with the loss and integrate it into our lives moving forward.

One of the most influential ways of understanding grief that we adhere to today was introduced in 1999 by two Dutch psychologists, Stroebe and Shut<sup>1</sup>. The Dual-Process Model (see Figure 1) presents grief as a dynamic process in which the bereaved oscillates between **two different processes** in the period after the loss.

There is **the loss-oriented process**, where the bereaved is occupied with the classical work of mourning. This part of grief work is about feeling and dealing with longing and yearning for the deceased, as well as reorganizing the relationship with the deceased. Reorganizing means accepting that from now on that person will no longer be physically present, which means saying goodbye to physical closeness.

On the other hand, there is **the restoration-oriented process**, where the bereaved are confronted with having to live in a world without the deceased. This means that the bereaved must do new things and work out new identities and perhaps take on new roles to adjust to life. For example, if a mother of two has lost her husband, who is also the father of her children, she will naturally take on new roles and responsibilities for the family to adjust to their new circumstances.

As mentioned, the bereaved oscillates between these two processes and engages with grief in diverse ways. Both processes are seen as equally important which means that sometimes it is seen as constructive to focus on emotions other than feelings of grief and sadness to engage with everyday life in the restoration-oriented process. What is important for a natural grief progression is that the bereaved can move between the two processes.

Over time, the bereaved in their daily life are preoccupied to a lesser degree by working on the two processes, and increasingly by ordinary everyday activities. However, the two processes will always be present in a bereaved person's inner life. Many bereaved will talk about grief resurfacing throughout life at family events or anniversaries, listening to music or visiting places of importance.

Dual-Process Model explains what happens differently in the bereavement process when grief gets complicated. The core of the model is the oscillation between the two processes, which implies that the bereaved will move between confronting the loss and turn their attention to other experiences. Grief becomes complicated when the bereaved does not oscillate between the two processes, but only relates to one of them. Here the bereaved gets "stuck" in grief<sup>1-2</sup>. In Article 4, we will explain what happens if this movement does not take place and grief becomes complicated.

Figure 1: Dual process model of coping with bereavement<sup>1</sup>



## Grief reactions

### Common grief reactions

For many people, losing a loved one is one of the most emotionally challenging experiences they will endure. Grief can be overwhelming and present itself in ways that make it difficult for the bereaved individual to recognize themselves, which can increase anxiety and a feeling of being unsafe. For practitioners meeting bereaved people at work, it is important to remember that for most of the people grief is a natural, adaptive process. It is a necessary process of adjustment following the loss of a loved one with whom emotional ties have been formed.

Both clinical work and empirical studies have shown that grief is complex and can manifest itself in a wide range of emotional, cognitive, behavioral and physical reactions, as well as existential thoughts. In order to give an indication of this, examples of the variety of symptoms are shown in Table 3.

Emotional reactions	Physical reactions	Behavioral reactions	Cognitive reactions	Existential aspects
Shock	Sleep problems	Social isolation	Difficulty concentrating	Feelings of meaninglessness
Longing	Change in appetite	Dependency	Sensory disturbances	Identity loss and confusion
Sadness	Headaches	Avoidance	Confusion	Experience of injustice –
Anger	Stomachache	Agitation	Rumination	"Why me?"
Guilt/relief	Heart palpitations	Hyperactivity	Suicidal thoughts	
Fear	Physical restlessness	Ritualization		
Anxiety	Fatigue			
Insecurity				
Numbness				

**Table 3 - Examples of common grief reactions<sup>3</sup>**

In the immediate aftermath of a loss, it is natural that acute grief is marked by strong emotions, including longing, sadness and loss. At the same time, the bereaved may experience a range of other emotions and reactions that may seem overwhelming and strange, but are typical responses to loss, such as anxiety, palpitations, and sensory disturbances, such as sensing the smell, hearing the steps or feeling the presence of the deceased. Such reactions can also be observed before the death, what is known as anticipatory grief<sup>4</sup>.

### Religious and cultural differences in grief reactions

You should consider also religious and cultural differences in grief reactions. For example, while in the Western world it is usual to view depression following life events such as bereavement, in most other cultures somatic symptoms predominate to a far greater extent<sup>5</sup>. Also, the duration of grief is shaped by religion and cultural differences. For example, the Islamic religion limit the expression of grief to just the first few days following the death, for fear that the attachments of the living will hinder the soul from proceeding on its journey<sup>6</sup>; Chinese families typically do not discuss death and dying, mainly for fear of invoking bad luck<sup>7</sup>; among the Navajo, a Native American Indian people, the bereaved were not expected to show any signs of grief, nor to speak of the deceased or discuss their loss after four days from the death; underlying this is the belief that harm can come to the living if these prescriptions are not adhered to<sup>1</sup>. If you are in doubt about religious and cultural preference, be curious and ask questions.

### *Grief over time*

For the majority of people, the experience of grief changes over time, i.e., the painful feelings and overwhelming reactions decrease in both intensity and duration. The bereaved begins to understand and accept the finality of the loss and to settle into the new life without the deceased. Applying the Dual Process Model, the bereaved has managed to oscillate between the two processes and engage both with the emotional grief work and the new life without the deceased. As mentioned, most people would say that grief does not disappear, but that it changes and becomes integrated in a person's life story. 80 to 90% of bereaved people experience such a natural and healing grief process<sup>8-10</sup>. The others experience what we know as complicated grief reactions. To learn more about complicated grief please look towards article 4 in this series.

## Childhood Grief

Death of a parent or caregiver figure in childhood or adolescents is a very distressing life event. Childhood grief reactions are distinct from those in adults as they are affected by developmental and contextual factors such as the age of the child and changes in caregiving environments<sup>11-13</sup>. However, like adults (table 3), children and adolescents may express their grief in many different ways and still be experiencing normal grief reactions. For example, through emotional reactions, such as more frequent crying or bursts of anger towards their surroundings. It could also be with physical reactions, such as disturbed sleep patterns or aches and pains. Some children may change their behavior and seek isolation, emotionally and physically, from friends and family. Adolescents may engage in more risk-taking behavior, or they may choose to abandon their friends for a while and seek comfort at home with family. Children may also regress and return to earlier behaviors such as sleeping in their parent's bed or develop new fears or problems in school which were not there before the loss.



Grief therefore naturally affects how the child or adolescent functions in everyday life for a period after the loss. The examples above highlight how many ways grief can be expressed and, as practitioners, we should offer our support and acceptance for each child or adolescent's individual expression of grief. However, if the child or teenager is unable to engage in their everyday life or the life they lived before the death for a prolonged period of time, they may be experiencing what we think of as complicated grief reactions which require professional help (see article 4 for more information). Like adults, only a small minority of children will develop grief complications. Thus, it is not the reactions themselves that make grief complicated. Rather, it is their persistent and intense nature that affects the child or teenager's level of functioning much like what we see in adults<sup>11;14</sup>.

As a practitioner meeting people in grief, it is important to note that the grieving process is expressed differently from person to person, from child to child. The response will depend on personality, life history, cultural context, whom one has lost and how one has lost. For children, their developmental level and the contextual factors will further affect the grieving process. This highlights the need for an open and accepting stance towards the individual and their particular situation and grieving process.

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## Factsheet

### Myths and facts

In this factsheet, you can question some myths and inaccurate beliefs about grief and bereavement which play a critical role in the limited effectiveness of support offered to bereaved people.

**Myth:** Experience intense yearning, longing, or emotional pain, frequent preoccupying thoughts and memories of the deceased person, a feeling of disbelief or an inability to accept the loss, and difficulty imagining a meaningful future without the deceased person are signs of a mental disorder.

**Fact:** The death of someone close to us is one of the most powerful threats to our sense of ourselves and our relationship with the world, so experiencing intense emotional pain, difficulty accepting the loss, and a sense of meaninglessness are understandable and natural reactions to the loss of a loved one.

**Myth:** Most people need professional help to cope with grief.

**Fact:** Although complicated grief reactions exist and have probably increased in COVID-19, most bereaved people need basic support from their social network to cope with their grief. This means that family, friends, teachers, compassionate health care workers and others in the community can play an important role in preventing complicated grief reactions.

**Myth:** People who do not become depressed after the death of a loved one are probably denying their true feelings.

**Fact:** Some people express their pain through feelings and behaviors that you would not recognize as a typical response to loss, but this does not mean that they are not suffering as deeply as others. They may simply have different ways of expressing their pain.

**Myth:** It is more helpful for people to 'move on' with their lives than to think about memories of the deceased.

**Fact:** Thinking about memories of the deceased and sharing them with others is one of the most important needs of bereaved people. In fact, as we move through life, these memories can become more and more integral to defining who we are. Trying to ignore or repress the pain will only make it worse in the long run.

**Myth:** Children should be protected from the pain and suffering of death.

**Fact:** You cannot protect children from the pain of experiencing the loss of a loved one, but you can do much to support their pain. Provide opportunities for children to talk openly about their own feelings, concerns and thoughts about the illness or death of a loved one, validate feelings and experiences, convey the message that they are not alone, and suggest strategies for coping with their loss and grief.

**Myth:** Responses to grief are usually consistent, even when cultural differences are taken into account.

**Fact:** The way people respond to grief is shaped by cultural norms and changes over time and space.

## Article 3)

### When grief gets complicated

In this article you will learn about complicated grief, and you will get knowledge on how to initially assess grief complications as a practitioner.

You will be introduced to:

- ⇒ *complicated grief in adults and children, respectively, and what risk factors to be aware of when meeting bereaved people.*
- ⇒ *an intensity/duration model, which can be helpful when initially assessing grief complications.*

#### Complicate grief

Not all bereaved people experience a healing and adaptive grief process where the bereaved individual will slowly start to comprehend and accept the loss with their hearts and minds and finds a place in the world without the loved lost one. 10 to 20% of bereaved people experience what can be called complicated grief reactions, in which emotions and grief reactions do not subside over time but remain intense and debilitating<sup>1-2</sup>.

Complicated grief is described by people suffering from it as feeling trapped or stuck in their grief where the grief response does not evolve and change over time. Based on the Dual-Process Model, this can be seen as an indication that the bereaved person does not move between the two adjustment processes but is primarily in one of the processes (see article 2 for more information on the Dual-Process Model). As a result, grief does not enter in appropriate doses that would otherwise help with acceptance and integration of the loss; instead, the bereaved person is either overwhelmed by emotions or has completely shut off for grief and other emotions.

A complicated grief process can contribute to poor well-being, impaired functioning and social or relational problems, as well as psychological disorders, such as prolonged grief, depression and Post Traumatic Stress Disorder (PTSD)<sup>2-3</sup>. The diagnoses Prolonged Grief Disorder is now recognized as a diagnosis both in the WHO diagnoses classification – ICD-11 – and in the American classification of mental health disorders – DSM-5-TR<sup>4</sup>.

Specifically, the circumstances around losing a loved one during the COVID-19 pandemic were for many bereaved a traumatic experience which increased the risk for complicated grief reactions. The pandemic was characterized by isolation during illness and an inability for relatives or next of kin to be present at the time of death. Furthermore, bereaved family members were unable to see the body or hold proper funerals or rituals of passing. Following the death bereaved individuals experienced isolation and lack of support, which increased feelings of anxiety, depression, and prolonged grief disorder. A recent study of Gang and colleagues<sup>5</sup> estimates a higher probable prolonged grief disorder prevalence rate of 66.5% compared to the 9.8% reported in the Lundorff and colleagues<sup>6</sup> following the COVID-19 pandemic. Even after the pandemic has passed and lives have mostly returned to normal, it is still important to bear in mind that people who were bereaved during the pandemic can suffer from complicated grief reactions in years to come. As a practitioner meeting people bereaved during the pandemic, it is essential to be aware of this vulnerability.

## Risk and protective factors

The literature highlights that an individual's grief process is influenced by the availability of appropriate support in the network<sup>7</sup>. In practice, we see that the quality of network support, including support from family, friends, and direct agents (e.g., healthcare workers, teachers, priests) has a significant impact on the client's ability to cope with grief. This highlights that all of us, in our respective roles in our private and professional lives, can play a crucial role in supporting bereaved people and preventing grief complications.

Apart from the quality of the social network, the following factors shown in the Table 1 and drawn from the research are included in the overall assessment risk assessment:

Table 1: Risk and protective factors<sup>8-9</sup>

Risk factors	Protective factors
<ul style="list-style-type: none"> <li>• Traumatic circumstances surrounding the death</li> </ul>	<ul style="list-style-type: none"> <li>• Positive self-image</li> </ul>
<ul style="list-style-type: none"> <li>• Parallel or previous losses</li> </ul>	<ul style="list-style-type: none"> <li>• Socially connected</li> </ul>
<ul style="list-style-type: none"> <li>• Lacking support from social network</li> </ul>	<ul style="list-style-type: none"> <li>• Abilities to handle stress and challenges</li> </ul>
<ul style="list-style-type: none"> <li>• Guilt and blame in relation to self and others</li> </ul>	<ul style="list-style-type: none"> <li>• Good physical health</li> </ul>
<ul style="list-style-type: none"> <li>• Current or previous mental health issues</li> </ul>	<ul style="list-style-type: none"> <li>• Strong family bonds</li> </ul>
<ul style="list-style-type: none"> <li>• Complicated or dependent relationship to the deceased</li> </ul>	<ul style="list-style-type: none"> <li>• Supportive social relations</li> </ul>

Note that some of the above-mentioned risk factors (i.e., the traumatic and painful experience of not being present at the bedside and at the time of death, the lack access to social support that may ordinarily be drawn on from family and friends throughout illness, death and in bereavement, due the isolation measures) have affected many people in the context of the COVID-19 scenario. Other risk factors have been added, related to socio-economic crisis (e.g., economic uncertainty and the fear of losing a job). This is illustrated below with the Dual Process Model (explained in article 2) where COVID-19 specific stressors have been added.

Figure 1: Covid-19 specific stressors<sup>9</sup>



## Initial assessment of complicated grief

Debilitating grief symptoms and reactions in the first six months following a loss may be distressing for the bereaved but are not in themselves indicative of complicated grief (See article 3 for more information on symptoms of normal grief.) At the same time, grief is expressed in many ways, so it may be complex for practitioners meeting bereaved persons to detect when grief has become complicated.

Therefore, we look at the intensity and duration of the reactions in order to initially assess who we should refer to specialist treatment or general practitioner.

### Intensity

If the grief reactions fail to decrease over time and remain so pervasive six months after the loss that re-establishing oneself in everyday life after the loss becomes difficult, this may be an indication of a complicated grief reaction.

*Example: a young adult may find it difficult to socialize with peers in the immediate aftermath of the loss. If several months after the loss, the young person is still unable to attend school or has withdrawn completely from social interaction with peers, this may indicate the need for professional support.*

### Duration

If intense grief reactions persist beyond six months after the loss, or are persistently intense for more than six months, this may indicate complicated grief.

*Example: it is common for a bereaved individual to feel sad or angry and experience trouble sleeping on a regular basis in the period immediately following the loss. If, six months after the loss, the bereaved still feels sad or angry several times a week and has difficulty falling asleep, this may be an indication of a complicated grief reaction.*

Being aware of the intensity/duration model of grief symptoms can be helpful when meeting bereaved individuals. It can help practitioners to become aware of those who may benefit from specialized support (if you are a primary care physician, find other recommendation to assess the bereaved' s progress on the article 9). However, for many it is not within their job description to make formal assessment of complicated grief, and this model is not indented for that purpose. Instead, it is a way for practitioners to evaluate the need for referral to specialist support and, if necessary, to guide the bereaved person in this direction.

## Complicated grief in children

Theory and research on complicated grief reactions and Prolonged Grief Disorder have historically focused on adults and elderly. Children would be included in this work and thought to display grief in much the same way<sup>10</sup>. In recent years it has become apparent, that these traditional approaches to childhood grief fails to consider the unique ways that grief manifests as a function of the child's developmental stage at the time of loss<sup>10-11</sup>. Children are developing emotionally and cognitively which impacts the way they experience loss and grieve. At the same time, children in grief are very dependent on how their parents and closest relations handle the loss and support the child in their grief process. Therefore, it is likely that complicated grief has an expression and is influenced by different risk factors in children than in adults<sup>10;12</sup>.

Nevertheless, when trying to distinguish between normal and complicated grief, one looks – as with adults – to whether the child can function in their everyday lives. The intensity/duration model is also helpful when assessing children's grief although six months may be quite long for a child to be unable to function, for example, in school. Therefore, when assessing the child's state of grief attention should be paid to whether the child continues to develop in an healthy manner and maintains his or her level of functioning, e.g., attending school and developing relationships like their peers. The well-being of the bereaved parent is an important factor in how the child's grief develops. Often it is helpful to look at how the entire family is functioning when determining whether a child should be referred to specialized support<sup>11; 12</sup>.

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## Factsheet

# What complicates grief under COVID-19 pandemic

In this factsheet you will read about the major threats that the COVID-19 scenario posed to the grieving process by exposing people to traumatic, simultaneous and cumulative losses.

**Bad death and traumatic loss.** Bayod<sup>1</sup> emphasizes that there is no “good death” – that is, a death albeit painful however acceptable and understandable – during disasters, such as typhoons, landslides, earthquakes, and wars, since deaths are sudden, violent, unexpected and survivors often live the horrible experience of seeing their loved ones struggling to live, without them able to help. The COVID-19 scenario has, if possible, amplified these tragic circumstances. In Italy, Spain, Portugal, as in many parts of the world, access by relatives in care homes and hospitals was severely restricted and family members were unable to be at side of their loved one during the final days and to say goodbye. Not being physically present created worries, anxiety, stress due to uncertainty, sadness, moral concerns, a feeling of failing to support and protect their loved ones and, widely, lower general psychosocial well-being<sup>2-3</sup>. Furthermore, in the acute phase of the health emergency, the bereaved were also unable to view the body and attend burial and funerals, which are crucial moments to express emotions, facilitating connection and receive support from their social network<sup>4</sup>. In Italy, the lockdown measures decreed forbidden funeral ceremonies and closed cemeteries everywhere<sup>5</sup>, and only religious officials were allowed to be at the burial/cremation. In Spain and Portugal, funerals were limited respectively to three and 10 people plus the officiant<sup>6</sup>.

**Concurrent Loss.** The pandemic disrupted life so fully that many individuals experienced further sources of distress and uncertainty related to multiple, concurrent non-death related losses, such as loss of income, loss of jobs, loss of health care for serious health problems not related to COVID, loss of purpose due closings of day care, school, and other activities<sup>7</sup>.

**Cumulative Grief.** It occurs when death and loss accumulate faster than the pace of a person’s natural grieving process<sup>8</sup>. Cumulative grief was especially experienced by in front line health workers, assisting the death of a lot of patients, and marginalized communities due to inequitable resources for treatments.

Recent studies suggest that:

1. the grief reactions of people bereaved by COVID-19-related deaths and people bereaved due to other natural or violent causes (e.g., cases of suicides, homicides, and natural disaster) during this same period do not differ in their levels of dysfunctional symptoms, disrupted meaning, risk factors, and functional impairment<sup>9</sup>.

2. experiencing a loss during the pandemic elicited more severe acute grief reactions than before the pandemic<sup>10-11</sup> and that the levels of functional impairment of the bereaved people in the COVID-19 scenario are equal to or greater than bereaved groups with complicated grief reactions before the pandemic<sup>12</sup>.

Studies from Southern Europe<sup>6,13-17</sup> highlight the many aspects that have posed the basis for a rise in the number of individuals suffering from grief complications:

- *the feelings of guilt related to the inability to stay close to the dying family member*; the physical distance made families feel like they had not done enough to provide comfort and emotional healing (“I had abandoned my loved one”);
- *the constant rumination* related to questions such as “what went wrong?”, “Has all the possible be done to save my loved one?”, “What they felt and thought while dying alone?”;
- *the perceived ambiguous character of the death and feelings of unfairness, disbelief and difficulty to accept the reality of death*, due the unpredictability of the course of illness, the lack of clarity about treatment options and the nature of the death, the communication gaps with the hospital and the inability to see the body of the deceased;
- *the feeling of not conveying the right respect for the deceased*, due the absence of funerals or rituals to mark the death in the most acute stages of the pandemic, and the inability to properly dress the deceased, often closed in a simple bag, without clothes.
- *the constraints in giving voice to their own emotion and in receiving social and psychological support* by their close networks, due the isolation imposed by lockdown in the most acute stages of the pandemic.

It is important to stress that most of the factors cited to explain the psychological distress and suffering of the bereaved are not intrinsically related to the pandemic; the effort – made in some hospital contexts and care homes – to ensure a protected contact between patients and family members (e.g., behind a glass or via tablet or through the delivery of letters, drawings or objects to express their closeness), a timely communication by the health workers on the course of treatment to ensure the knowledge needs of the family members, the support given by some funeral agents in the search for alternative ways of celebrating funeral rituals, the time and quality of support offered by family physicians, co-workers, teachers are some examples of how the devastating condition of losing a loved one during the health emergency has been or could be modulated. As highlighted in the introduction of this manual, and as we will try to highlight in some of the articles that compose it, the direct agents, in the diversity of their functions, can play a key role in constructing the capacity of bereaved people to accept and react to the loss of a loved one.

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## Article 4)

### Giving news of death

In this article, you will read about some guidelines which can help you to face the crucial task to give news of the death of a loved one in a way that is sensitive and consistent with the situation.

*You, as a practitioner, will get suggestions on how:*

- ⇒ *preparing family members for bad news*
- ⇒ *communicating the bad news in a sensitive way*
- ⇒ *managing family members' emotions*
- ⇒ *and planning the actions following the news*

### People do not forget this moment

One of the crucial aspects related to the experience of death is how an individual is informed about the loss of a loved one<sup>1</sup>, especially when the death was due to sudden or violent causes, such as traffic accidents, homicides/suicides, overdoses, work accidents, natural disasters, terrorist acts, or COVID-19 as the latest shocking pandemic scenario. People do not forget this moment, which announces a real break in the person's life<sup>2</sup>. The way bad news is given, and subsequent actions taken, may influence the bereavement process. That is why practitioner should pay particular attention to how this important information is given<sup>3-4</sup>.

It would be desirable to communicate bad news in person; human contact guarantees respect for the person's pain and allows the victim's reactions to be regulated to satisfy their needs.

A call can serve to inform relatives that "something" has occurred and require attendance, for example, in the hospital<sup>5-8</sup>. The intention is preventing harm by communicating the news in a favourable environment when immediate support for the relative is available<sup>9</sup>.

There are circumstances in which the meeting cannot take place (e.g., during COVID-19 lockdowns) and the bad news have to be given by telephone. For instance, communicate the bad news by telephone can be recommended when there is a significant distance to travel, to prevent relatives rushing to be with their loved one. If it is the case, make sure that the person listening is in a suitable place to be able to receive bad news (e.g., it is unwise to inform of the death if someone is driving) – e.g., "Can you pull over to a useful place? As soon as it is ready you can call me at this same telephone number..."

### Fundamental steps

There are fundamental steps which can organize the process of communicating bad news<sup>9</sup>.

#### *Preparing family members for the bad news*

It is important to prepare the receiver for the seriousness of what is about to be said. The timing of the call itself, the tone of voice used, and the lack of social niceties will help alert the receiver that he/she is about to hear something important. You should intentionally slow your speech, enabling the receiver to register the importance of the conversation and hear clearly what is being said.

*Present yourself clearly as a person and as a professional.* It would be important that the notifier be a known person (someone the family has already spoken to)<sup>3</sup>; for example, a nurse who greeted the patient and informed the family about the course of the disease. If this is not possible or is not the case, it is important that the notifier introduces her/himself with name, surname, qualification and affiliation at the beginning of the meeting (or call), to immediately clarify the circumstances of the summons, and to prepare the receiver for the seriousness of what is about to be said – e.g., *“I am Mr. Grey, the head of the fire brigade who put out the fire in via Garibaldi. I have to inform you of a serious matter...”*

*Clarity who the contacted person is.* This step is important because the notifier has an idea of what to say and to whom. If you already know the person, it is preferable to find the same person to deliver the bad news to. If this is not possible, warn of the seriousness of the situation and ask who you can speak to – e.g., *“Are you a relative of...?”*; *“I have important and unpleasant news about Mr. ..., who can I talk to?”*

### **Communicating the bad news**

A brief simple narrative description is helpful to build up to what has happened – e.g., *“Her heart stopped beating, we tried to resuscitate her for some time but were not successful, I’m sorry to tell you that she has died”*; *“The doctors did everything they could, but they didn’t succeed”*.

It is important to provide general information on what happened without attributing responsibility, without distortions of reality or personal interpretations. If the notifier does not know some details, it is good to take time to inquire rather than making subjective conjectures and hypotheses. The receiver must be provided with the truth; what matters is to be as honest as possible – e.g., *“I don’t know this, but I can inform you and let you know if it’s important to you... I will contact you again in one hour.”*

### **Managing emotions**

*Offer your time:* it is the first form of containment you can provide to allow the family member to absorb the news, process what is happening and encourage the expressions of their feeling; the way you say *“I’m here, I understand how difficult this moment is for you”* is important to create a first supportive relationship for those who are struggling to understand what happened.

*Express your availability* and be prepared for the possibility that the person may need physical contact, an embrace, a handshake: being compassionate does not contradict the professionalism of the role.

Do not make general assumptions about what the family member is experiencing (e.g., I know how you feel”) and avoid using phrases suitable for “any” situation (e.g., “Now he/she is in a better place”).

*Paying attention to grief reactions* – including denial, anger, bargaining, tears, or acceptance – to guide your response *and express your empathy*. If the person is crying or screaming in response to the news, do not panic. This might be a normal reaction that you might respond to with a statement like “I recognize that it is very painful for you to hear this news”. On the one hand, you may find yourself in the situation where the family member repeatedly says: “That’s not true, it can’t be”. Here an answer might be - “I think it’s very hard for you to accept that, especially since he seemed to be making such progress”. On the other hand, someone might shut up and respond in a limited way “Thanks for letting me know”. This attitude could be connected to an experience of disorientation. Here an answer might be – “Would you like me to help you think about what you would like to do next?”.

*Offer yourself to stay for a while*, especially if they are alone. Inquire about who they can call to come over and be with them after you have left. If the bad news is being delivered over the phone, before hanging up always agree what will happen next, who they will call, etc. If you are concerned about the person’s health (e.g., you have listened to a prolonged silence) contact the emergency services and ask for an ambulance. For this, it would be important that before give the bad news you ask about the person’s address.

## Planning

The planning phase of the actions following the news received is crucial to give the bereaved some attention and control over a situation that is overwhelming them. For example, you can demonstrate your willingness to contact another relative on their behalf; also, be prepared to be patient when they find a phone number, reassuring them that any confusion they feel is normal. If the family intends to reach the deceased person (in the hospital, at the scene of the accident, ...) give the name of the person who will meet them; it would be advisable that it is the same person making the call. In addition, information on what to do next should be provided, local bereavement support services provided, and a reminder of other potential sources of support (see the tool “List of supportive associations and groups in your country”, p. 75). It is possible that, in addition to announcing the news of the death, you may be asked to hand over personal items of the deceased person to family members. Again, it is useful to plan for this moment by asking family members if they are ready to receive the clothes or other personal belongings of loved one. Take care to return the objects in an orderly manner, for example in a box (not in a rubbish bag or not wet, to avoid bad smells and, consequently, even sadder associations). When objects are handed over, it is helpful to explain what the objects are and what their condition is, especially when the best condition cannot be guaranteed. This will help family members build up a picture of what they will find and will make it easier for them to decide when to open the box or come into contact with those objects.

## From technical task to human communication

Communicate the death is not a technical task that you can manage in the same way for everyone. It implies: a) paying attention to the uniqueness of their meaning and related feelings, needs, demands; b) overcoming a position of certainty (“we know what you need”), and enhance collaborative conversations (valuing the subjective experience of the bereaved); c) taking on a process-centered approach where what matters is listening and being emotionally available and present in the relationship.

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## Audiovisual resource

IRISH Hospice Youtube Channel: <https://www.youtube.com/@IrishHospice>

Article 5)

## Offering support to the bereaved

In this article, you will learn how you can help the bereaved in dealing with the suffering and distress that they are experiencing, through supportive communication and informative and instrumental support.

*You, as a practitioner, will get suggestions on how offering:*

- ⇒ *emotional support to the bereaved through empathic listening and understanding,*
- ⇒ *validation of feeling,*
- ⇒ *gesture of closeness and*
- ⇒ *informative and instrumental support*

## Offering emotional support

Supportive communication with people coping with the grief and distress of the death of a loved one means, above all, offering emotional support – that is, communicating empathy for the pain the other person is experiencing and giving attention and care to that pain.

### ***Don't deny the loss when you meet the bereaved***

Do not act as if like nothing has happened. Express your sorrow for the loss, offer condolences. Sometimes we avoid doing it out of fear of awakening pain (which there is anyway), not knowing exactly what to say or how to behave, but there is no harm in expressing your sympathy – e.g., *"I'm sorry to hear about your father."*

### ***Pay attention***

It involves giving the bereaved a floating or undivided attention, both by making eye contact with them and by listening to the content and feelings of the bereaved.

There are many ways in which we can develop our listening skills. These include empathic understanding, suspending our judgement, and focusing on the bereaved's needs.

<p>Empathic understanding</p>	<p>This means <b>putting oneself in the shoes of the bereaved</b>. It requires staying in touch with and tolerating the suffering and pain one feels when confronted with the suffering of others, especially one's own fears and anxieties about death.</p> <p>Also means <b>accepting that the bereaved may be expressing</b> thoughts that others may perceive as inappropriate and unfair (e.g., strong anger at the various practitioners involved in the care of the deceased or, more generally, at one's support network), recognizing that anger or, more generally, irritability, are ways in which the bereaved is reacting to the painful loss they are experiencing.</p> <p><b>Acknowledgement of how bad the moment really is, can be a very powerful tool.</b></p>
<p>Suspending judgment</p>	<p>Suspend your values and attitudes regarding the content of the bereaved's expressions. Compared to your expectations, the bereaved may cry a lot (or very little), be very upset (or far too calm), talk constantly (or hardly at all), and so on. Suspending judgement <b>means recognizing that each person has her/his unique way of expressing their grief</b> and trying to <b>respect</b> that, even if it is different from what you would do.</p>
<p>Focus upon their needs</p>	<p>Letting the <b>bereaved do and talk about what they need</b>. For example, don't tell them to stop crying if they are crying; just share the moment with them without trying to minimize what is happening; don't guess or pretend to know what is right to talk about; <b>just let them take the lead in the conversation</b>.</p> <p>Some people may want to talk about spiritual or religious matters with a religious leader or spiritual person. You can tell them about the possibility of talking to a chaplain or pastoral care worker. Others who have no religious or spiritual beliefs may not want to focus on what lies ahead, but they may want to be reassured that they will have your support.</p> <p>Once again, many people think about the meaning and purpose of life. They may say things like – "Why is this happening to me?" or "What was the purpose of my life?" or express some kind of regret such as – "We had so much to do" or "He will not see his grandchildren grow up". By <b>listening</b>, you help the bereaved to <b>realize that you care</b> and are there to help. <b>Accept that very often there is nothing more you can do but be silent</b>. Just be there, communicate your closeness: "<b>I am here if you want to share your worries and fears</b>". Many people find comfort in expressing these thoughts and feelings to another person.</p>

## Respond empathically

Listening prepares you to respond empathically, to acknowledge and validate what they are going through. To respond empathically, you must keep in mind that:

1. **You don't know how exactly they feel**, so expressions such as "I know how you are feeling" can be unfortunate. Better are expressions like "**I can only imagine how you are feeling**", "**This must be a very difficult time for you**". Bereaved especially need you to be genuinely concerned about them.



2. **It's important to avoid clichés that minimize or invalidate what the bereaved are feeling.** When talking to a person who has just suffered a loss, the use of expressions such as – "She is in a better place now" or "She is in heaven", "Time heals all wounds", "Everything happens for a reason", "Try not to think, come out!" - **does not help them to feel better or to process what has happened**; on the opposite, it can make the bereaved feel that they are not fully recognized and understood in what they are going through.
3. **It is important to consider religious beliefs of bereaved.** Expressions like – "It was part of God's plan", is not only a cliché. It can also be difficult for a non-Christian to accept.
4. **It is more important to know how to speak than what to say.** Look into the bereaved person's eyes when talking to them and try to use a calm, warm and friendly tone.

Responding with empathy means responding to the content, the feeling and the meaning of what the bereaved says and does<sup>1</sup>.

1. You respond to **content** in order to **clarify the ingredients** of the bereaved experience. A good format for responses to content is – "You're saying that \_\_\_\_\_." or "In other words, \_\_\_\_\_."

2. You respond to **feeling** in order to **clarify the affect** attached to the experience. To respond to the feelings of the bereaved, you must **pay attention to their tone of voice and postural and facial expressions**, listen carefully to their **words** and, finally, **summarize** what you have seen and heard with a response that expresses the feelings. We may do this by using a simple – "You feel " formulation. You feel that \_\_\_\_\_"

*For example, John is kind of sad or "down." He feels helpless in the face of everything. He just does not know where he is going. Using an appropriate feeling word for this kind of sadness, you might formulate a simple response: "You feel discouraged".*

3. You respond to **meaning** in order to **clarify the reason** for the feeling. We may do this by using a simple – "Maybe you feel that \_\_\_\_\_ because \_\_\_\_\_"

*For example, Mary, crying harder, says: "I just don't know what I'll do without him . . . I love him so much . . . Oh God!". To respond empathically to the meaning of Mary's words, you might say: "It really hurts accepting he is gone because of how much he means to you."*

*Carol says: "He's been my life... With him gone, everything will be so empty. I'll be so alone." To respond empathically to the meaning of Carol's words, you might say: "You're frightened because you're going to be alone, having to live without him."*

### **Validate their feelings and right to grief**

Don't use expressions such as – "You shouldn't feel like that", "Don't be sad!", "You must be strong!", "Don't worry, it will pass"; **rather, put yourself in their shoes and validate how difficult the moment is** – e.g., "I can understand your feelings, it must be very hard to think that he's gone."

**Sadness, anger, fear, despair, guilt, relief** are all natural parts of the healing process of grief. By allowing the bereaved to feel and express the full range of difficult emotions, you reassure them that grief is a natural and healthy reaction and not something to be ashamed of. Furthermore, by **validating their feelings**, you affirm the **right to grieve** with those who may have felt they did not have the "luxury" of grieving because their primary concern was to care for other family members (e.g., children, parents).

### **Allow them to talk about the dead person**

A common **cultural myth** is that **not talking about death is a way of protecting the bereaved from pain**. But not talking does not make the feelings, thoughts and worries go away. You cannot avoid reality, but you can **make it easier to make a difficult journey together**.

Bear in mind that **remembering the deceased is one of the most important needs expressed by the bereaved**; sharing memories of their loved one helps the bereaved to reconstruct their relationships with them in their inner and social worlds and to feel that their bond continues<sup>2</sup>. Through sharing stories of the deceased's life, people construct new meaning in a meaningless situation<sup>3</sup>. So, show your willingness to listen to memories of experiences with the deceased person, expressions, gestures, characteristics... If you knew the deceased, share your memories. It can be very comforting for family members to feel that their beloved lives in your memories.

### **Provide gestures of closeness**

You do not always have to use words to communicate. In fact, if you find it difficult to use words to say what you want to say, **gestures of closeness such as holding the person's hand, putting your hand on their shoulder or giving them a hug** can be an effective way of letting them know that you are there and that they are not alone.

### **Consider the need of informational support**

**Informational support** involves the provision of **suggestions, advice, guidelines or concrete** information to help bereaved people **cope** with issues of personal, organizational and environmental problems. For instance, information may cover aspects related to the process of planning a funeral and how funeral service providers can manage both the ritual and legal aspects of commemoration.

## Consider the need of instrumental support

**Instrumental support** involves the provision of **tangible resources**, such as **financial assistance or the provision of services**, and can alleviate what would otherwise be an additional burden on the bereaved state by easing the difficulties of making **practical arrangements**. For instance, if the death occurs in hospital, doctors and nurses can be helpful in contacting the primary support network, the funeral director or chaplain, if desired; funeral directors, together with the priest or spiritual leader, can be helpful not only in organizing the funeral ritual, but also in contacting friends and family, and encouraging the personalization of visits and rituals; police officers can be very helpful in providing an immediate source of support for family or friends (e.g., involving neighbours) in the case of a reported accidental or other sudden death.

## Prevent isolation

Bereaved often report significant and permanent changes in their social support networks after the first days following the death of their loved one<sup>4</sup>. However, it is important to prevent isolation: **bereaved who are not isolated struggle less with psychosocial difficulties**; it is also much easier to lead a normal life and take part in social events if some continuity is maintained<sup>5</sup>.

Encourage the bereaved to talk to some at least once a day, preferably face to face. Help them think about who in their network will be good to talk to or reconnect with. Encourage them to take up old hobbies or engage with new ones before death might be perceived as a denial of the pain they are going through in the days or weeks immediately after the loss, but it might be very useful sometime later.

<i>Teachers</i>	are an important source of support, both in monitoring the social relationships of a bereaved student and in facilitating inclusion in social activities. For example, extracurricular activities such as workshops, sports activities, guided tours, etc. can be offered (see article 10).
<i>Priest or spiritual guide</i>	can invite the bereaved to volunteer or meet with other community members. They can also work with the bereaved person to plan and organise memorial services and rituals, which may also involve significant others such as relatives, friends, colleagues, neighbours and so on, to help the person reconnect with the outside world (see article 6).
<i>General practitioner or social workers</i>	can be very useful in monitoring the quality of the person's social life, for example in the case of elderly people, when the death concerns a spouse in a couple, or in families in particularly disadvantaged social conditions. In this case, useful strategies may include linking the person to other sources of support, such as voluntary associations, mutual help groups, or referring the person to a specialist to help with reintegration into the social environment.

All network members should also be aware that not all efforts, especially at the beginning, will be successful. This does not mean that attempts should be abandoned or delegated to others, but simply that they should respect the bereaved's time and share with them the usefulness of other strategies or other forms of socialization.

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## TOOL: How talk about grief

### Empathic listening technique in conversations about grief

- Be interested and curious
- Ask questions about feelings
- Show the bereaved person that you can handle their grief
- Be transparent – ask questions and double check that you understand
- Repeat what you hear
- Keeping the conversation at a slow pace
- Taking time to pause is okay

#### Less focus on:

- Action
- Solving problems
- Fixing things

## Article 6)

# Offering a supportive and culturally sensitive helpful in the funeral rituals

In this article, you will become aware of the crucial role of the funeral rituals in the grief process, and what you as a practitioner should be attentive to offer a supportive help, also considering religion and cultural differences of the bereaved people.

*You, as funeral and/or spiritual agent, will get suggestion on*

- ⇒ *the different kinds of support you can offer to the bereaved people*
- ⇒ *and how you can adopt a proactive approach to their needs.*

### Funeral establishment practitioners

The first contacts that bereaved have after the death of a loved, one once the death has been certified, will be with funeral agents. These practitioners are the first, along with health professionals, to interact with the bereaved, and therefore may unintentionally become the first source of emotional support<sup>1</sup>.

In addition, the funeral professional helps the bereaved to make a series of fundamental decisions that must be made in a short space of time and in an emotional situation of shock and disbelief most of the time. These decisions are linked to the start of the funeral ritual, and research tells us how these rituals can be of great help in initiating a normal grieving process, and in getting the bereaved to begin to accept the reality of the loss<sup>2</sup>. There are also many studies that, after the COVID-19 pandemic, indicate that the absence of farewell rituals may have been a complicating factor in grief during this period<sup>3</sup>.

Both the attitude and the use of certain communication skills on the part of funeral professionals, as well as the adaptation to the needs and wishes of the families, will therefore be fundamental in order not to become an additional stressor for the bereaved and may even be a point of support in the beginning of grief.

We can say that there are two functions covered by funeral practitioners who have a direct involvement in the possible welfare of the family at such a delicate time:

- A) Functions related to the direct treatment of the family members;
- B) Functions related to the handling, transfer and burial or cremation of the body.

### A) Functions related to direct contact with the family members

We refer to functions such as the funeral service, the reception of the deceased corpse at home/hospital, the accompaniment to the cemetery, the ongoing attention to needs during the funeral ceremony, the accompaniment to the final farewell and the process of cremation or burial, as well as the subsequent delivery of documents after the funeral or the delivery of ashes in the case of cremation.

When performing these functions, it is essential to:

1. *Listen to and validate emotions of the family and friends of the deceased.* This includes providing a safe space for the bereaved to express their emotions. In these early moments, it is not uncommon for emotions such as anger, sadness or guilt to emerge, in addition to denial. Sometimes the anger or guilt may even be directed at the professionals themselves. It can also be common to observe a complete lack of emotional expression because of the numbness caused by the state of shock. The role of the professionals is to accompany and guide them through the service, respecting and understanding their feelings and needs, even those that are not obvious.
2. *Be empathetic and sensitive to the emotional needs of the deceased's family and friends, even in episodes of emotional outbursts.* This involves active listening, being sympathetic and empathetic to the feelings and experiences of the bereaved. Showing kindness and respect is always essential to provide helpful and compassionate support during the wake and farewell.
3. *Provide information and facilitate decision making:* Funeral professionals should provide clear information about the different aspects of the farewell, such as the different options for disposition and display of the body, legal formalities and the different funeral ceremonies available. It is important that the bereaved understand all the options available so that they can make informed decisions and feel a sense of ownership of the farewell process.
4. *Provide choices and respect decisions of the deceased's family members regarding the farewell.* It is very important to put the bereaved's decisions before any financial interest. It is important to remember that everyone has their own beliefs and wishes about saying goodbye to a loved one, and it is important to respect them. In many cases, these choices will also make it easier for the family to fulfil the deceased's previous wishes, thus reducing the sense of guilt caused by not being able to fulfil some of the deceased's final wishes.
5. *Facilitate rituals and ceremonies that are meaningful to family and friends of the deceased.* This may include religious or secular rituals. These rituals can be a good starting point in the grieving process, if done with sensitivity and respect.
6. *Provide support resources:* Professionals can provide information and referrals to bereavement support resources, such as support agencies, manuals, therapeutic resources, etc.

7. *Offer personalised follow-up support:* Professionals can provide follow-up support to convey their compassion and closeness. For instance, they could make a call a few days after the funeral to see how the bereaved are coping, especially if they know that they are alone, or send a card on first anniversary of passing.
8. *Respect cultural and religious diversity:* This involves expecting the specific funeral practices of different cultures and religions and being willing to adapt to them as much as possible to provide culturally appropriate support during the time of farewell. For instance, in many African cultures, where the deceased and ancestors are sacred, as they bless and protect against curses and bad luck, rituals often turn into full-fledged celebrations with music and banquets, examples being the "return of the dead" ritual in Madagascar. It is impossible for bereavement practitioners to be well informed about the culture of every client, what is more important is that the practitioner is aware of their own cultural assumptions about grief and observes and listens to learn about the client's culture<sup>5</sup>.

## B) Functions related to the handling, transfer and burial or cremation of the body

We refer to the collection and transfer of the body (especially painful when performed at home), thanatopraxy and installation of the body in the wake, and burial or cremation of the body.

At first glance, the way in which these tasks are carried out may seem to have less relevance for the emotional impact on family and friends, since the professional hardly interacts with them and is limited to performing a practically mechanical job. However, the care in the performance of such work is essential for the beginning of mourning of family and friends who are present, in addition to the dignity of the funeral itself.

Research<sup>5</sup> tells us that for a good part of the mourners the corpse of a loved one is not simply a dead body, but continues to be the person they have lost, possessing all the personal attributes. That is, they require that it be treated as when it was alive. In that sense they need the body to be treated not only in a dignified manner, but also kindly, with sensitivity and tact.

Therefore, professionals should be aware at all times, whether the relatives are present or not, that their work should be carried out scrupulously with special attention to the handling and preparation of the body.

## Chaplains, priests, officiants and religious/spiritual ministers

Spiritual companions play a fundamental role in the beginning of the grieving process, whether they are ministers of a particular religion. Although their primary role is to provide spiritual support and to perform the rituals specific to each religion, they should not forget that they also have an important role to play in providing emotional support to the bereaved.

On many occasions, the bereaved looks for not only spiritual but also emotional comfort. In this sense, the religious/spiritual ministers, as well as those involved in the funeral, should be empathetic, listening, validating bereaved's feelings, and creating an appropriate space to listen. On the other hand, in the context of religious/spiritual accompaniment, the role of the clergy is fundamental in the preparation of funeral rites, so it is appropriate to perform them thinking not only of the spiritual transcendence of the deceased but also of the restorative function they have for the bereaved.

Some of the guidelines that should be followed by the officiants and spiritual companions are:

1. *Be empathetic, understanding and generate listening spaces.* It is possible that at this time the bereaved may deny or blame their God. The counsellor needs to be understanding and compassionate, as well as validating the feelings.
2. *Offer comfort and hope:* Through the beliefs and values of each bereaved, the religious minister should offer words of spiritual understanding and a hopeful outlook that will comfort the bereaved in times of grief, depending on the faith of everyone.
3. *Facilitate meaningful and personalized rituals and ceremonies in accordance with the bereaved spiritual beliefs and preferences.* Excessive orthodoxy in some of the rituals, without considering the emotional situation of each bereaved, could break the emotional bond, so it is recommended to pay attention to the way the rituals are performed, never losing sight of closeness and empathy.
4. *Provide support in the search for meaning:* The loss of a loved one often raises profound questions about the meaning of life and death. As chaplains or spiritual companions, you can support the bereaved in their search for meaning and purpose during grief. This involves being willing to listen to their spiritual concerns and questions, offering spiritual insights and reflections, and accompanying them on their journey of searching for meaning.
5. *Respect the beliefs of all bereaved, including lack of religious beliefs or practices.* It is essential to respect each other's spirituality.

## Funeral rituals in a health emergency scenario

During the COVID-19 pandemic, alternative ways to celebrate funeral rituals have been documented, such as online services, live streaming religious masses and virtual tributes (e.g., online book of condolence musicals, photographs<sup>3-8</sup>). So, in-person social support was replaced by remote contact with religious leaders and others significant ones (online, via telephone, letters, or videos<sup>9</sup>). When funeral was postponed or shortened, some grievors set up a memorial in their house (e.g., look at photographs of the deceased, light a candle, write a message), others hold collective ceremonies after the end of the pandemic (e.g., at hospitals) to help them to make meaning of the reality of the death<sup>3-8-10</sup>. Although some mourners identify the lack of the elements of a complete farewell, alternative funeral rituals were associated with a sense of relief<sup>3</sup>. These lessons may be helpful to bear in mind for future health emergencies which may, or may not, come.

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## Article 7)

# Supporting the family members in the health care setting before the loss to prevent complicated grief reactions

In this article, based on what we learned in the pandemic, you will get a better awareness of how the final days in hospital, when a patient dies, can impact the grief process of family members and how your role can be critical in preventing complicated grief reactions.

*You will read about ...*

- ⇒ *what families consider to be the most important elements of inpatient end-of-life care*
- ⇒ *and how you, as a health-worker, can apply this knowledge to address their needs, reduce their pain, providing opportunities for cognitive and emotional acceptance of death.*

The critical conditions of the COVID-19 health emergency meant that different visitation restrictions were imposed in hospitals and nursing homes. The inability of family members to be at the bedside of their loved one, providing help and comfort to them, and the limited opportunity to prepare and say goodbye, were critical sources of suffering (e.g., guilt and sadness of not having helped/missed those last moments with the deceased) and potentially complicated grief reactions<sup>1</sup>. We have become aware of how crucial it is for a bereaved individual to have a better understanding of how and what happens in the last days of a patient's life in hospital, and how important support from health professionals is for them<sup>2-3</sup>. Below you can read about the key components to consider providing a supportive care environment for family members and next of kind, when a person dies in a healthcare setting.

### Assure an adequate care environment and organizational characteristics

The environment in which their loved one was treated and died, and the family's sense of being welcomed, informed or listened to, can have a significant impact on their experience of loss<sup>4</sup>. A calm and secure atmosphere that promotes a sense of home and warmth, respect and compassion from hospital staff are common needs expressed by dying patients and their families<sup>5-6</sup>. You can read about the humanization of hospital settings in the report produced by the Irish Hospice Foundation on the *Design & Dignity Projects*<sup>7</sup>.

Ensuring adequate organizational characteristics is another important aspect. Hospital rules and processes need to make sense<sup>6</sup>. For example, hospital staff should ensure that they have specific, not random, spaces and time to talk with the patient's family; this is a way of expressing respect for the person and empathic understanding of their pain. Making them wait for hours, receiving them in the corridor for a few minutes, rushing them while answering phone calls or questions from others, not being prepared for the appointment, are all examples of poor organization that devalue the family's pain and their needs and right to be informed about their loved one.

*"You sit around waiting for the doctor to come in to tell you something... They say, 'I will talk to you later,' and...you don't know when later it would be.... so you don't dare leave." (a family member)<sup>8</sup>*

### Ensure good physical care

Do not underestimate the value to family members of seeing their hospitalized loved one receiving good physical care (e.g., the value of seeing their loved one shaved and groomed) alongside more specialist nursing skills. Good physical care communicates to family members that their loved one is being cared for and prevents feelings of despair and guilt for the moments they were not at the bedside.

*"They (staff) had already come in a little bit earlier and changed him (...) They had shaved him, bathed him, put him in clean pajamas before he died" (a family member)<sup>9</sup>*

### Ensure symptom management

Effective pain management, including opioids and sedatives, is a common need expressed by dying patients and their families<sup>6,9-11</sup>. Thinking about their loved one suffered is one of the most painful thoughts for the bereaved, thus it is important to assure them that you are doing everything you can to keep the patient from suffering.

*"It was important for him (patient) to have immediate care because he was very sick, and it hurt to have to wait and see him suffer. And there wasn't anything I could do to relieve that" (a family member)<sup>9</sup>*

### Ensure respectful and compassionate care

The fear or perception of a lack of attention, respect and compassion for their loved one was one of the most critical dimensions affecting their family member's experience during the COVID-19 health emergency<sup>12</sup>. Being responsive and respectful – ensuring that the patient and their family do not feel like a number, recognizing, responding to and validating emotional responses – are therefore key strategies for addressing anticipatory grief in the family of the critically ill and may later be one of several aspects preventing complicated grief reactions<sup>13</sup>. Everything matters so it is important to be aware of body language and tone of voice as well as what you say.

*"That was my mother. They (staff) need to realize that patient is a loved one of someone . . . It's not like they need to have an emotional bond with each of our relatives, but they need to have some compassion for these people" (a family member)<sup>14</sup>*

*"I thought some had a blank face, looking at my mother as just a number, number 35. So, what I did, I said, my mother is not just an old lady, my mother had a life. Of course, now she's hooked up to a million cables. I brought pictures of my mother when she was born, when she married my father in 1936, and how she looked before. And they saw her differently. It's not just a piece of meat that is sitting in that hospital bed. It's a life. That is 100% important" (a family member)<sup>14</sup>*

## Ensure effective communication and shared decision making

The absence or ineffectiveness of communication between health professionals and caregivers is reported as a critical aspect in the management of death during the COVID-19 emergency<sup>15</sup>. Families who are provided opportunities for cognitive and emotional acceptance of death, through an effective communication, show better outcomes in quality of life after the loss<sup>16</sup>. An effective communication means:

- *To be accurate on the progress of the patient's condition:* doctors, nurses and other health care professionals have a duty to give as much information as the person wants to hear about the progress of the patient's condition, the treatment, the care program, the staff caring for the patient and what may happen in the future<sup>17-18</sup>. Adequate information causes less anxiety than secrecy or conflicting information, and supports decision making; for example, it enables patients and family members to make choices about their place of care, to put their affairs in order, to seek and give forgiveness and, very importantly, to say goodbye. Consider that anticipatory grief results from uncertainty as well as trying to make sense of what is coming<sup>19</sup>; an effective communication on this aspect is, thus, crucial, to mitigate bereaved' pain.
- *To be clear:* do not use terms that a person that's not a doctor could not understand. Using a language too technical and specialized does not serve the goal of making family members understand the condition of their loved one, nor prepare them for what is to come.
- *To be timely:* it is important for the family members to receive proactive information provision and to be involved in day-to-day care planning and regular planned discussions with the healthcare team, also to avoid surprises and to have the chance to say goodbye.

- *To deliver communication with compassion.* Consider the emotional needs of family members, including the need to feel that staff care about their patients, that the best possible care is being provided and that everything possible is being done. Try to take these emotional needs into account when talking to them and reassure family members that their loved one will be comfortable and not abandoned.

Example<sup>20</sup>:

Family member: I'm worried my family member will die alone in pain and suffering.

Health-care staff: That must be a hard thing to think about. We can manage his pain and symptoms; he will have nurses caring for him.

## Listen

Careful listening helps the family members to share their feelings. This may also be helpful for you to understand their concerns. Be respectful of what family members say. Try not to rush them off. Most of the people just want to express their hopes and fears and feel understood and that they are not alone. So, just let them know you genuinely hear them. It can be as simple and quick as - "*I hear so much love right now...*"

## Touch

You do not always have to use words to communicate. When you find it hard to use words for what you want to say, touching – holding the person's hand or gently stroking the shoulder – may be an effective way to let the person know you are there, that they are not alone if this feels comfortable for you.

## Ensure family involvement in care provision

Not feel like an observer, but actively participate in patient's care is a crucial need and source of comfort for the families<sup>5-6</sup>. So, recognize and support the family role in care, also valuing their deep knowledge of the patient and their capability to advocating for patient needs.

*"They (staff) tried to get me out of the room saying this is not beautiful for your eyes... 'let's get you out of the room". And I said, 'No, I'm not going . . . this is someone I care about.' And another nurse said to me (later) that (...) she held his (patient) hand and tried to comfort him. That really hurt me because it was my role."* (a family member)<sup>21</sup>

## Family involvement in a health emergency scenario

The COVID-19 pandemic taught us something important about illness and dying during an emergency. These lessons may be helpful to bear in mind for future emergency which may or may not come.

If safe physical meetings, such as outdoor visits or meetings behind glass, are not practicable in your hospital or due to the patient's condition:

⇒ empathically recognize and validate family members' suffering for not being close to their loved one:

Example<sup>20</sup>:

Family member: Why can I not be with him while he is dying?

Health-care staff: This is a frightening time, and your reaction is common and understandable. Usually, patients and families would have more choices; this is not a usual time for any of us. Perhaps, we can think of a way to facilitate your presence even if you are physically distant.

⇒ encourage patients and family members to use alternative ways to communicate and stay in touch: e.g., record messages on a smartphone; write on behalf of the patient any notes that they want to give to their family; deliver to the patient drawings or significant objects with which the family can express its affection and closeness;

⇒ use regular video or telephone meetings when a patient is dying (twice-daily calls) to allow patients and relatives to prepare and say goodbye. Note the importance to prepare the family members to the meeting (e.g., what they want to say), set the stage (e.g., ensure the patient is comfortable), and support family at the end of the call<sup>22-23</sup>. You can find a conversation map with specific phrases to use when helping family members share last words over the phone to the following link: <https://www.capc.org/covid-19/communication/saying-goodbye/>

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## Article 8)

### Supporting bereaved people in the health care setting immediately after loss

In this article, you will read about how support family members immediately after the death of their loved one, a crucial and unforgettable moment in the life of the bereaved person.

*As a health care professional, you will learn about the importance of*

- ⇒ *expressing your personal sympathy to the family members of a patient you care for*
- ⇒ *respecting and responding to their need for information*
- ⇒ *providing time and space to grieve and ensuring continuity of care.*

## Be present

Communicating with the bereaved in the immediate aftermath of loss is undoubtedly a very delicate and potential emotional demanding task. You may be afraid of upsetting them or of not having the right words. For some health professionals these thoughts can prevent them engaging with bereaved family members out of fear of doing more harm than good. However, you must also be aware that allowing yourself to **show your humanity and offer support as a fellow human being** will be of great comfort for many bereaved.

- ⇒ Be present, simply by sitting in the room with the family members, spending a few moments with them in silent contemplation and witnessing their expression of grief.

## Accept the legitimacy of their grief reactions

Despite the best efforts of providers and careful attention to anticipatory grief, some families will experience dramatic and disturbing acute grief reactions, which may include denial (e.g., “they are not dead yet”), intense crying, anxiety, numbness, a sense of derealization and somatic symptoms. Your main challenge as a healthcare professional is to overcome feelings of awkwardness and **resist the temptation to prescribe a sedative to “fix”** a problem; that acute grief reactions, while disturbing, are not abnormal, and what appears to be denial may be a way of expressing the sense of loss.

- ⇒ **Gently confirm that their loved one is dead and acknowledge the family member's grief:**  
e.g., *"I'm sorry, she's gone. I can't imagine how painful this must be for you and your family".*

## Express your sympathy

There are a few important things that you can do to express your closeness to the bereaved and provide comfort<sup>1-2</sup>

- a. **Express your sympathy and condolences in a simple way:**

e.g., *"I'm so sorry" or "You're in my thoughts".*

- ⇒ Do not tell them that you know how they feel, even if you are sharing the painful experience of losing a loved one (every grief is unique).
- ⇒ Avoid clichés such as ‘it was for the best’, or ‘life goes on’ as they may give offence.
- ⇒ Do not give advice on how they should feel, act or get on with their lives.

- b. **Mention feelings that connect you to the person who has died and mention good memories of the person if you have had such a relationship with the deceased.** Family members want to know that their loved one mattered, that they were not just a "number" to you, and that you are able to remember their loved ones in their uniqueness<sup>2</sup>.

e.g., *"I am honored to have known your loved one" or "She will be missed in this carehome"*

*"I want you to know that it was a privilege to care for Mr/Mrs\_\_\_\_(name of the patient)" – "Mr./Mrs NAME was a very kind person/ an ironic person/a person full of interests/had a special way of saying good morning".*

## Respect and ensure knowledge needs

This aspect is particularly important for family members who have suffered a loss during the COVID-19 health emergency. Many bereaved report that the course of the deceased's illness, the period of hospitalization and the time after their loved one's death were chaotic, confusing and "seemingly unreal"<sup>3</sup>. Not being able to visit, not being informed about the care their loved one had received or the treatment decisions that had been made, not having unanswered questions about how or why their loved one died, further impaired the ability of relatives to reconstruct what had happened and thus to relate to, understand and ultimately accept the death<sup>4-5</sup>.

- ⇒ It is very important **to confirm your willingness** to talk about the patient's last days and **to respond to their questions or doubts**.

e.g. *"I was wondering if you had any questions about \_\_\_\_ (patient's name)'s care that I could answer".*

## Ensure a private environment and give permission to grieve

The end of life should be recognized as a time of the most intense human feelings. These feelings should not have to be endured in inappropriate surroundings; a busy corridor, a waiting room or a ward reception area, where others may be chatting and laughing. The impact of saying goodbye to a loved one in a space that is sensitively designed, appropriate and quiet space cannot be underestimated.

- ⇒ You should **arrange for the family to have time alone with the body to grieve in private**, avoiding the removal of the body and personal belongings to "clear the room" if this can be avoided,
- ⇒ If it is possible in your hospital to mobilize the unit team to **deal with the more practical matters** (e.g. to contact a funeral agency), inform and reassure family members of this possibility could be another way of giving them permission to grieve.
- ⇒ You may also **suggest a referral to the hospital chaplain or the family's own clergy**.

## Assess the immediate plan

⇒ Before the family member leaves the hospital, **the unit team should be mobilized to ensure that the bereaved person has a way to get home and that there is a supportive network to help them for the next several days.**

*e.g., "Do you feel that you have support, someone who can help you out or with whom you can talk about your loss?"*

⇒ You can also offer "**anticipatory guidance**", warning them that the next hours and days may be very difficult and arranging a follow-up call in 1 or 2 weeks" (Mr./Mrs\_\_\_\_, *I know your father died recently, how are you?"*), to reduce feelings of abandonment by the medical team and promote a sense of support, concern, and care<sup>2</sup>.

*"Nobody asked: 'are you able to take care of yourself; are you able to find a place to go and to mourn the death of your mother?' Where do you go, what do you do? Prepare yourself a little bit. Not to go out into the cold night"(a family member)<sup>6</sup>.*

⇒ Listen and wait for them to respond. If the family member appears to be having difficulty coping and/or lacks support, **normalize the help** they need and **provide contact information** for having additional support (you can get knowledge about the potential sources of support available in your country in the tool "List of supportive associations and groups in your country", p. 75):

*"I can see how difficult this is. I want you to know that if you need support, we have some resources and referrals that we can provide. I will give you our contact information \_\_\_\_ (e.g., counselling, social workers, online and community bereavement resources)"*

## Plan a condolence contact/ consider attending the funeral

Extending care after the death of the patient is important to prevent the bereaved from feeling disconnected and rushed out of the hospital at such a profound time<sup>7</sup>.

⇒ **Plan a condolence contact** in the form of a telephone call or a handwritten note.  
 ⇒ Depending on your relationship with the deceased and the family, **consider attending the funeral or memorial service**. For example, you could consider attending the final farewell with the patient and family if you feel this would be a natural act, sharing with them sensitive moments of hope, anger and despair.

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## Article 9)

# Providing adequate bereavement care in the months following the loss

In this article, you will read about the importance of assessing the progress of the bereaved person in adapting to the loss and in rebuilding his/her life.

*You, as primary care physician, will learn about:*

- ⇒ *the principal assessment that you should perform when you meet your bereaved patient in the months following the loss;*
- ⇒ *and the questions or the instruments that you can use to this end.*

### The importance to assess the bereaved' s progress over time

The loss of a loved one is an extremely upsetting event that can deeply challenge our sense of who we are and our ability to give meaning to life; therefore, an inability to return to baseline is not a sign of abnormal grief. A more realistic goal is for the bereaved to gradually begin to adjust their lives, slowly adjusting to the loss and seeking new relationships and pursuits. This has two crucial implications for doctors:

- first, you should not expect the bereaved to 'recover' within a set period of time, and you should reassure other family members that continuing symptoms are not abnormal if the bereaved is making progress in other ways, such as going back to work, engaging with former social leisure activities or reconnecting with friends and family.
- second, you should assess the bereaved' s progress, thus define the time course of the person's grief and how it has changed.

If progress does not occur, family physicians should assess risks for complicated grief<sup>1</sup>. The following recommendations are based on the work of Casaretti and colleagues<sup>2</sup>.

### Early bereavement (1 month following death)

*The daughter of Mr. Smith contacted the family primary care physician to arrange an appointment for her father, since he seems devastated by the death of Mrs. Smith. During that visit, Mrs. Smith reports that he has been unable to concentrate on his work and feel that "nothing makes sense"; everyday tasks such as order the house, do the shopping, pay the bills, change the litter box to the cat are becoming very difficult. He also describes an unexpected yet comforting sensation that her wife is present in the room with him.*

### *Elicit concerns about symptoms of grief*

Review recent events, to define the symptoms and emotions that Mr. Smith is experiencing, and to determine whether these symptoms are interfering with his life and preventing him from moving through the processes of grieving. You can explore these aspects with statements like these: *"You've faced a lot over the past several weeks. How has that been for you?", "How have things been different for you?", "Is there anything that has been especially troubling to you?"*.

**Be careful not to medicalize reactions of sadness, loneliness, uselessness as well as relief, guilt or cognitive challenges**, which are common and understandable responses to the loss of a loved one. Rather, offer reassurance that such symptoms are normal and understandable, if it is not disturbing to him.

### *Assess social support*

In assessing Mr. Smith's grief, you should also identify deficits in social support that are associated with prolonged or difficult grief: *"Has anyone been particularly helpful to you in the past month?"*. Assessing social support is important even when you know the bereaved person well, because the most robust social support systems may weaken during bereavement if friends and family withdraw or if the bereaved person feels uncomfortable attending social events alone. You may acknowledge their concerns about to go out social events after the death of their loved one but, at the same time, underline the value to continue relying on the sources of support they have used and considered useful in the past.

### *Identify coping resources*

You could also help Mr. Smith to review and identify sources of support and other coping resources that he has found to be comforting: *"Are there any activities that have made this period less difficult for you?", "Are there any activities that have given you a sense of self-confidence?", "Is there a particular situation in which you felt peaceful?", "Have you started a new hobby?"*. Coping resources may include spending time with family or friends or creating a memorial to her wife in the form of a scrapbook, a charitable donation, or a scholarship in the deceased name.

### *Identify practical or financial problems*

Identify practical or financial difficulties – *"Are there things around the house? With your finance?"* – may be particularly important in elderly couples, who often depend on one another for financial and domestic tasks of daily life (e.g., paying taxes, paying bills, going out shopping, cooking). Referral to a social worker may be helpful.

## Late bereavement

*Five months after Mrs. Smith's death, Mr. Smith's daughter calls the family physician to say that her father has been feeling lethargic since Mrs. Smith's death. He spends most of his time in the house and is still reluctant to return to activities that he had found pleasurable in the past.*

The responses of Mr. Smith may be features of common grief reactions, or they may be indications of complicated grief or depression, which are marked by a failure to return to pre-loss levels of performance or states of emotional well-being. Because both depression and complicated grief reactions are indications for additional counseling or psychotherapy, you as physician should arrange a follow-up visit.

### ***Assess progress of mourning – look for evidence of complicated grief***

On this visit, the physician should rule out organic causes of Mr. Smith's symptoms and should determine whether his grief is presenting itself as complicated. Because of its implications for treatment, the physician should first look for evidence of depression.

Physicians may find it difficult to distinguish grief from depression because feelings of guilt, thoughts of death, and psychomotor retardation can be features of both conditions. According to Kristensen and colleagues<sup>3</sup>:

*"A key assessment to distinguish prolonged grief from depression involves whether the thoughts and emotions continue to circle around the deceased (prolonged grief) or whether these are more free-floating and generalized and less associated with the loss itself (depression). For example, a low mood (dysphoria) in prolonged grief will be associated with the separation from the deceased, while depression will involve a more persistent and pervasive dysphoria, often in combination with pessimistic rumination and a sense of hopelessness (p. 539)".*

In addition, depression is the most likely diagnosis when symptoms are constant. Prominent suicidal ideation, profound changes in appetite or sleep, or substantial decreases in function are also markers of depression<sup>2</sup>. None of these criteria are absolute, but they should prompt consideration of antidepressant therapy and referral to a psychiatrist.

In this case, Mr. Smith is unlikely to have depression. His lethargy and sadness have been present since her wife's death. Furthermore, they are accompanied by few if any somatic symptoms, such as a change in appetite, weight, or sleep. Finally, his feelings of sadness and apathy have waxed and waned over time. It is more likely therefore that Mr. Smith's symptoms are due to complicated grief.

To this end, the physician should examine the course that the bereavement is taking and Mr. Smith's progress through "processes" of mourning, that means: firstly, recognize the loss, then begin to adjust his life accordingly and confront the loss emotionally and, later, seek new relationships and pursuits in his life. Two guidelines may be useful:

1) *Did he note some progress within the first 1 to 2 months?*

## 2) Did he see clear improvement in at least some areas by 4 months?

In this case, Mr. Smith's feelings of sadness and lethargy have persisted with little improvement, and it seems likely that her mourning has not progressed substantially.

You can find in the Appendix the list of the criteria for Prolonged Grief Disorder (PGD) proposed for DSM-5-TR<sup>4</sup> and the *Prolonged Grief scale* (PG-13<sup>5</sup>; Italian validation<sup>6</sup>; Portuguese validation<sup>7</sup>; Spanish validation<sup>8</sup>), which consists of 11 Likert type questions to measure the severity of PGD symptoms and two "yes/no" questions, examining the timing criteria and social-occupational functional impairment. A revised version of PG13-R<sup>9</sup> is available in different languages and will be soon released their validations for Portuguese, Spanish and Italian population.

### Consider referral for counseling

For people whose grief does not progress, several therapeutic options are available: for example, individualized professional counseling or a peer-led support group or a support group with a leader in which members share experiences (you can get knowledge about the potential sources of support available in your country in the tool "List of supportive associations and groups in your country", p. 75). It is important that the physician underline that clergy and social workers can be important resources as well.

### Follow-up visits

The physician should also continue to follow Mr. Smith at monthly or bimonthly intervals until his course has become clear. For bereaved people who experience uncomplicated grief, a single follow-up visit is usually sufficient. However, additional follow-up visits are required for complicated grief.

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## Appendix 1 - DSM-5-TR criteria for prolonged grief disorder

### DSM-5-TR criteria for prolonged grief disorder

- A. The death, at least 12 months ago, of a person who was close to the bereaved (for children and adolescents, at least 6 months ago).
- B. Since the death, there has been a grief response characterized by one or both of the following, to a clinically significant degree, nearly every day or more often for at least the last month:
  1. Intense yearning/longing for the deceased person
  2. Preoccupation with thoughts or memories of the deceased person (in children and adolescents, preoccupation may focus on the circumstances of the death)
- C. As a result of the death, at least 3 of the following 8 symptoms have been experienced to a clinically significant degree since the death, including nearly every day or more often for at least the last month:
  1. Identity disruption (e.g., feeling as though part of oneself has died)
  2. Marked sense of disbelief about the death
  3. Avoidance of reminders that the person is dead (in children and adolescents, may be characterized by efforts to avoid reminders)
  4. Intense emotional pain (e.g., anger, bitterness, sorrow) related to the death
  5. Difficulty with reintegration into life after the death (e.g., problems engaging with friends, pursuing interests, planning for the future)
  6. Emotional numbness (i.e., absence or marked reduction in the intensity of emotion, feeling stunned) as a result of the death
- D. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

E. The duration and severity of the bereavement reaction clearly exceeds expected social, cultural, or religious norms for the individual's culture and context.

F. The symptoms are not better explained by major depressive disorder, posttraumatic stress disorder, or another mental disorder, or attributable to the physiological effects of a substance (e.g., medication, alcohol) or another medical condition.

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## Appendix 2 - Prolonged Grief 13 scale

### PG-13 scale

<https://endoflife.weill.cornell.edu/sites/default/files/pg-13.pdf>

### PG-13-R scale

#### Prolonged Grief Disorder (PG-13-Revised)

Q1. Have you lost someone significant to you?  Yes  No

Q2. How many months has it been since your significant other died?  Months

For each item below, please indicate how you currently feel

Since the death, or as a result of the death...	Not at all	Slightly	Somewhat	Quite a bit	Overwhelmingly
Q3. Do you feel yourself longing or yearning for the person who died?	<input type="radio"/>				
Q4. Do you have trouble doing the things you normally do because you are thinking so much about the person who died?	<input type="radio"/>				
Q5. Do you feel confused about your role in life or feel like you don't know who you are any more (i.e., feeling like that a part of you has died)?	<input type="radio"/>				
Q6. Do you have trouble believing that the person who died is really gone?	<input type="radio"/>				
Q7. Do you avoid reminders that the person who died is really gone?	<input type="radio"/>				
Q8. Do you feel emotional pain (e.g., anger, bitterness, sorrow) related to the death?	<input type="radio"/>				
Q9. Do you feel that you have trouble re-engaging in life (e.g., problems engaging with friends, pursuing interests, planning for the future)?	<input type="radio"/>				
Q10. Do you feel emotionally numb or detached from others?	<input type="radio"/>				
Q11. Do you feel that life is meaningless without the person who died?	<input type="radio"/>				
Q12. Do you feel alone or lonely without the deceased?	<input type="radio"/>				

Q13. Have the symptoms above caused significant impairment in social, occupational, or other important areas of functioning?  Yes  No



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## Article 10)

### Supporting bereaved children and families in school

In this article, you will read about the critical role of the teachers in the short-term functioning and long-term success of grieving children.

*You, as teacher, will learn:*

- ⇒ *how to support the student's family on the announcement of the death;*
- ⇒ *and how to provide immediate and ongoing support for the bereaved students when they return to school.*

### Supporting the student's family on receiving news of the death

If you work in a nursery or primary school and you are the class teacher, be present and close to the student's family:

<i>Immediately</i>	<ul style="list-style-type: none"> <li>- give your condolences.</li> <li>- ask about the child to show your interest and willingness to provide the support the child needs.</li> <li>- find out details of the funeral and express your willingness to attend.</li> </ul>
<i>A few days later, call back:</i>	<ul style="list-style-type: none"> <li>- ask for details of the child's expected date of return.</li> <li>- reassure the family that it is understandable if they need to return at a different time; at the same time, express your willingness to welcome and support your student as best you can.</li> <li>- explore their spiritual beliefs and their approach to grief and remembrance in order to understand how to incorporate these beliefs into conversations and activities with your student.</li> <li>- ask for contact the child at home, by phone or by visit, to express your willingness to accommodate them and to let them know that you and their classmates are looking forward to their return.</li> </ul>

If the student is older and attends a level where there is more than one reference teacher:

<i>Immediately</i>	<ul style="list-style-type: none"> <li>- the school expresses its solidarity by sending a message of condolence to the family.</li> <li>- identify a school professional who can act as a liaison between the school and the bereaved child's family to identify ongoing needs and how they can be met.</li> </ul>
<i>Ongoing support</i>	<ul style="list-style-type: none"> <li>- the liaison must be aware of how the student is doing outside of school (for example, whether they are able to do their homework) and any major changes in their living situation that may have a direct impact on their school performance.</li> </ul>

*Help students to support the bereaved classmate*




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<i>Provide opportunities for open discussion about the event<sup>1</sup>.</i>	<p>To talk about the death and personal experiences, to share their questions, feelings and concerns:</p> <ul style="list-style-type: none"> <li>- as a teacher, you may not have all the answers.</li> <li>- you may need to consult the school's mental health professionals about how to talk to students about specific concerns.</li> <li>- remember that by answering students' questions honestly, allowing them to express their feelings, and accepting and validating their feelings, you are providing important support.</li> </ul>
<i>Discuss with classmates the importance of supporting the student who is grieving<sup>2</sup>.</i>	<p>To prevent feelings of isolation and to help them feel connected to their teachers and friends:</p> <ul style="list-style-type: none"> <li>- help them express their grief by offering personalized notes and cards, drawings, flowers, poems, etc., that their bereaved classmate can read if and when she/he wants</li> <li>- offer suggestions on how to greet the bereaved classmate when they return to school (for example, a simple "<b>I'm sorry, glad to have you back</b>").</li> <li>- It's OK not to know what to say. Sometimes saying 'I don't' know what to say but I'm here if you want to talk', can be a good way to express your support and be honest</li> </ul> <p>It is also important to remark that everyone reacts differently to the loss of a loved one: example their bereaved classmate may not want to talk about it when he returns to class or share his grief with crying. So, it's important to respect each form of expression, and that can mean doing or saying different things.</p>

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## Supporting the bereaved student when they return to school

The level of understanding of death and the needs of a bereaved student will also vary with age (see table in the appendix 1 of this article), but there are some general principles you can keep in mind.

*Welcome child privately, offering support and permission to be upset*

Be **available** and **offer the opportunity** to **talk privately** about what has happened, without coercing students to do so.

Gently invite the child to talk about phrasing the invitation in a way that gives the student the option of not answering<sup>3</sup>

For example: "I know a lot of things have changed for you since your \_\_ died. Is there anything you want to tell me about what it's been like for you?"

By actively listening, you can learn about the child's unique emotional responses and understanding of death.

For example, young children sometimes believe that they are somehow responsible for the death of a parent. By being a supportive listener, the teacher can reassure the child that the loss of the parent is not a punishment for some wrongdoing. A helpful response to a recurring question might be "You really miss your mum and want to see her again, don't you? If the children's questions are spiritual or metaphysical, such as "Why do people die when they die?" or "Is he with grandma now?", you can share your beliefs or say, "**I don't know**" and explore what they think to help them deal with their own thoughts and feelings.

Younger students (less than 6 years old) may ask when or if they will see their loved one come back, and repeat these questions many times, as they may not be at a developmental stage to cognitively grasp the finality of death<sup>3</sup>.

**Accept** that the student **may not be ready to talk** about their loss and related feelings and may respond to your gestures or words with **silence**.

It is worth noting that you are interested in them and available if they need to confide in you, although it is important that you accept this.

For example, you might say "This must be really tough (...)I am here for you.and I'll check in on you again sometimes soon".

Do not worry about **causing a painful** reaction in the child, such as **crying**. Keep this in mind:

Feeling the pain of grief is part of the healing process<sup>4</sup>.

If children quickly return to their daily routines or behave as if nothing has happened, they may not be "recovering quickly". Instead, they could be looking for other ways to deal with their feelings and may need more emotional space to process them. Silence could suggest to children that you are unaware or unconcerned about their loss, and/or that there is nothing you can do to help the student, and/or that there is no one available to talk about the death. You may be the first adult to offer a supportive listening, or the first adult the student does not fear overwhelm with his/her pain.

Don't stay silence.

Other important adults in the child's life may be distracted by their own grief.

Try to imagine **being a loving mirror**, reflecting back what the child experiences, letting the child know that someone cares<sup>4</sup>.

Acknowledge to give the bereaved child a framework to help them understand their grief and the confusing things happening in their world.

"I know it's been very hard for you since your \_\_\_\_ (family member) died" or also a longer "grief talk":  
You might feel scared, or mad, or very sad, or different, or alone. You might feel fine or even happy one minute, and then upset the next, and that's normal too. It can be kind of like riding on a roller coaster. And it might be confusing. With all this going on, you might be tired. Sometimes it's hard to think straight, or it might be hard to fall asleep. And you might have times when you feel alone or different from other kids, especially the ones who aren't grieving. Even though that might be hard, it's normal too. Also, other people in your family are going through their own grief. So, you might notice your mom and dad or your brother or sister acting different, like being sad and missing the person who died, but also, they might not have as much energy, or maybe they will get mad at you more easily. This isn't your fault; it's because they are grieving. Everyone lives with his or her grief differently, so you might not feel the same way your mom feels or act the way she's acting, but that's okay<sup>3</sup> (pp. 319-320).

Check with the child how they want their first day to be.

Make sure what he wants when he comes into class and meets his classmates

Can the other children ask them questions or not? Do they want to sit close to the teacher or be able to go outside the classroom if it gets too much?

**Communicating with the caregiver in order to understand, how the child responds at home when starting school**

This can be very useful both to emphasize your interest and your willingness to be supportive and to better understand the specific needs of your student and adapt your support to them

*His/her classmates and I welcomed (name of the student) in this way\_\_\_\_, in an attempt to express our closeness and support. But you know him/her better and can perhaps help us to be more responsive to his/her needs. How do you think he/she lived the return to class? Have he/she made any comments that may be useful to us to better respond to his/her needs? Do not hesitate to give us your feedback. It's in the common interest to do everything possible to help him/her*

**Welcome the child when entering the classroom**

There is no need for many words, but it is important to express your compassion and welcome them back

*e.g., "We know you are sad, but we are happy to have you back"*

At the end of the first day back, ask the child how they are and offer to listen.

**Consider any accommodation that may be required**

*Modify expectations and sensitivity to activities or homework that require sustained attention, concentration and cognitive demands for some time after the death.*

Some things you can do:

- Rearrange or modify class or homework assignments temporarily.
- Avoid or postpone important tests or projects that require a great deal of energy and concentration.
- Organize small-group activities that encourage student expression and promote a sense of belonging.

**Supporting the bereaved student over the time**

**Give the student permission to grieve**

*Bereavement occurs over months and years; grief reactions often last longer than 6 months. This means that children are in need of support and permission to grieve, not only when they are newly bereaved<sup>5</sup>. Often anniversaries, birthdays or Christmas bring up memories which may be difficult to process and require more energy.*

- So:
- Avoid statements which predict or prescribe a timeframe to complete the bereavement such as, "it has been a month, you should be getting over this," or "the pain will fade soon".
  - Encourage the expression of feelings about the death, the person who has died and other changes that have occurred in their lives over a period of time. Convey the message that it's understandable to be sad, angry, frightened or upset, and encourage the expression of feelings through conversation, including the reading of specific books (see Article 11), art, music, writing, puppets, toys, etc.

### **Create structure and routine for children**

*School activities can benefit a child who may feel that life has become chaotic and out of control, as such activities allow them to experience a sense of predictability and stability.*

- So:
- Organize activities where the child can work with classmates.
  - Monitor the child's performance regularly and provide additional intervention as needed and/or use educational strategies (e.g., scaffolding, mapping) to promote concentration, consolidation of memory, and increase the child's sense of predictability and achievement.
  - Provide positive reinforcement to help students stay engaged at an academic and emotional level.

### **Encourage students to adopt adaptive coping strategies**

Encourage coping strategies that involve interaction with other students: e.g., extracurricular activities that prevent isolation and provide opportunities to interact with peers.

### **Anger management with caring discipline**

*Children who are hurt by the death of a loved one may project their anger onto nearby people and objects.*

- So:
- Anger (for example, you might say "Someone important to you is dying. There have also been a lot of changes in your family. It's OK to be angry. You have the right to be!")
  - Encourage the child to find other ways to express their anger without hurting themselves or others. For example, physical outlets such as sport and play can be very helpful for many children; others may enjoy writing angry letters, drawing pictures or simply talking about their feelings.

## Checks on child's progress from time to time

Children often experience problems such as social withdrawal, anxiety and lowered self-esteem for many years after a death (Howarth, 2011).

Additional assistance should be provided when the following are noted<sup>6</sup>

- Marked loss of interest in daily activities, changes in eating and sleeping habits, wishing to be with the deceased loved one, fear of being alone, significant decreases in academic performance, increased somatic complaint, changes in attendance patterns (e.g., chronic absenteeism).
- Concerns regarding a student can be referred to a school mental health professional (school social worker or school psychologist) who can suggest appropriate supports and interventions. Staff and school personnel can be instrumental in helping a family that may feel overwhelmed or not sure how to find out what other help is available.
- Services such as grief counseling and support groups can be especially valuable for children to cope with grief and loss (you can get knowledge about the potential sources of support available in your country in the tool "List of supportive associations and groups in your country", p. 75)

## Supporting the bereaved student when the school is close, as in the COVID-19 scenario

Although the social distancing measures imposed by the COVID-19 health emergency make it difficult for schools to provide support through traditional means, meaningful support can be provided to bereaved students through phone calls, video calls, email and the internet to offer condolences, a song, a card and any other message to help the student and their families not feel isolated and alone<sup>7</sup>.

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### Appendix 1. Grief in Developmental stages

AGES	LEVEL OF UNDERSTANDING	REACTIVE BEHAVIORS	NEEDS
2 AND UNDER	<ul style="list-style-type: none"> <li>• Can sense that something is different at home.</li> <li>• Does not yet understand what death is.</li> <li>• Probably won't remember the person who died.</li> </ul>	<ul style="list-style-type: none"> <li>• Fussiness</li> <li>• Clinging to adults</li> <li>• Regressive behavior</li> </ul>	<ul style="list-style-type: none"> <li>• Non-verbal care (such as hugs and rocking)</li> <li>• Stable routine</li> </ul>
2 – 5	<ul style="list-style-type: none"> <li>• Sees death as temporary – believes person will return. Don't fear death, but fear separation.</li> <li>• Usually can't comprehend the concepts of heaven, afterlife or soul.</li> <li>• Feels sadness, but often periods of grief are interspersed with normal playing behavior.</li> <li>• Substitutes attachment from the deceased person to another person.</li> <li>• May not remember the person who died.</li> </ul>	<ul style="list-style-type: none"> <li>• Regression (bed wetting, thumb sucking)</li> <li>• Fear of separation</li> <li>• Nightmares</li> <li>• Aggression</li> <li>• Non-compliance</li> </ul>	<ul style="list-style-type: none"> <li>• Stable daily routine</li> <li>• Structure</li> <li>• Honesty, use the words "dead" and "died"</li> <li>• Answer to questions honestly but simply</li> <li>• Love</li> <li>• Reassurance</li> <li>• To be heard, so listen</li> </ul>
6 – 9	<ul style="list-style-type: none"> <li>• Begins to understand that death is permanent.</li> <li>• Develops fear of death and of others dying.</li> <li>• May feel guilt and blame self for death; see it as punishment for bad behavior.</li> <li>• Magical thinking; may see self as cause of death.</li> </ul>	<ul style="list-style-type: none"> <li>• Grief ebbs and flows</li> <li>• Compulsive care giving</li> <li>• Aggression</li> <li>• Possessiveness (e.g. of remaining parent)</li> <li>• Regression</li> <li>• Somatic complaints</li> <li>• School phobia</li> <li>• Exaggerated fears</li> </ul>	<ul style="list-style-type: none"> <li>• Ways to express their feelings (art, writing, etc.)</li> <li>• Concrete answers to questions</li> <li>• Validation of feelings</li> <li>• Love</li> <li>• Reassurance that they are not to blame</li> <li>• To be heard, so listen</li> </ul>
10 – 12	<ul style="list-style-type: none"> <li>• Has a realistic view of death and its permanence.</li> <li>• Asks specific questions about death, the body, etc.</li> <li>• Interested in the gory details.</li> <li>• Concerned with practical questions. (Who will take care of me? How will my family's life style change?)</li> <li>• Identifies strongly with deceased.</li> </ul>	<ul style="list-style-type: none"> <li>• Upset by the disruption in their lives</li> <li>• Blame others for the loss</li> <li>• Separation anxiety, some denial and/or guilt</li> <li>• Difficulty concentrating</li> <li>• Decline in school performance</li> <li>• Want to be "fixers"</li> </ul>	<ul style="list-style-type: none"> <li>• Permission and outlets to express feelings, including anger, relief, sadness, etc.</li> <li>• Validation of feelings</li> <li>• Offers of support and assistance and to know who can help them to be heard, so listen, listen, and listen</li> </ul>
13 – 18	<ul style="list-style-type: none"> <li>• Recognizes that life is fragile; death is inevitable and irreversible.</li> <li>• May worry about own death.</li> <li>• Often tries not to think or talk about the death.</li> <li>• Sometimes hides feelings so as not to look different from peers.</li> <li>• Ponders and questions religious and philosophical beliefs.</li> <li>• Often angry at the deceased or at people involved in the death (e.g. doctors).</li> <li>• Fears the future.</li> </ul>	<ul style="list-style-type: none"> <li>• Aggression, anger</li> <li>• Possessiveness</li> <li>• Somatic complaints</li> <li>• Phobias</li> <li>• Increased risk taking</li> <li>• Promiscuity</li> <li>• Increased drug/alcohol use</li> <li>• Defiance</li> <li>• Delinquent acts</li> <li>• Suicidal ideation</li> </ul>	<ul style="list-style-type: none"> <li>• A trusted adult or peer for support</li> <li>• Parental openness in sharing feelings</li> <li>• Help in learning to manage feelings</li> <li>• Continued emotional support</li> <li>• Presence of parents</li> <li>• Encouragement of efforts toward independence</li> </ul>

(Source. <https://good-grief.org/> )

## Appendix 2: Websites and Internet pages to support bereaved students in School

### English

#### COALITIONS TO SUPPORT GRIEVING STUDENTS.

- *Impact on learning:* <https://grievingstudents.org/module-section/impact-on-learning>
- *Supporting Grieving Students in Schools:* <https://grievingstudents.org/modules/teacher-training-modules/>
- *Talking with Children:* <https://grievingstudents.org/module-section/talking-with-children/>

#### ELUNA RESOURCE CENTER:

- *Things Grieving Children Want You to Know:* <https://elunanetwork.org/resources/10-things-grieving-children-want-you-to-know>
- *Grief by Age: Developmental Stages and Ways to Help:* <https://elunanetwork.org/resources/developmental-grief-responses>

#### NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS (NASP):

- *Addressing Grief: Tips for Teachers and Administrators:* <https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-safety-and-crisis/mental-health-resources/addressing-grief/addressing-grief-tips-for-teachers-and-administrators>
- *Addressing grief. Brief facts and Tips:* <https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-safety-and-crisis/mental-health-resources/addressing-grief>

#### NATIONAL CENTER FOR SCHOOL CRISIS AND BEREAVEMENT:

- *After a Loved One Dies:* <https://www.schoolcrisiscenter.org/resources/loved-one-dies/>
- *Teacher Training Module: Supporting Grieving Students in Schools:* <https://www.schoolcrisiscenter.org/resources/teacher-training-modules/>
- *The Dougy Center, When Death Impacts Your School:* <http://www.dougy.org/grief-resources/death-impacts-your-school/>

### Portuguese

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### Italian

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#### CI VUOLE UN FIORE



- *E adesso? Consigli per aiutare bambini in lutto:*  
[https://www.civuoleunfiore.org/files/ugd/96016f\\_dcf9253afd624556afd97c2c8d393577.pdf](https://www.civuoleunfiore.org/files/ugd/96016f_dcf9253afd624556afd97c2c8d393577.pdf)
- *E adesso? Consigli per aiutare adolescenti in lutto:*  
[https://www.civuoleunfiore.org/files/ugd/96016f\\_caccd92999bc4e4eb10b70fde2cd3887.pdf](https://www.civuoleunfiore.org/files/ugd/96016f_caccd92999bc4e4eb10b70fde2cd3887.pdf)

## GRUPPO EVENTI: SOSTEGNO E FORMAZIONE

- *Bambini in lutto:* <https://www.gruppoeventi.it/tempo-del-lutto/la-perdita/bambini-e-adolescenti-in-lutto/>
- *Adolescenti in lutto:* <https://www.gruppoeventi.it/tempo-del-lutto/la-perdita/adolescenti-lutto/>
- *Cosa può fare la scuola:* <https://www.gruppoeventi.it/operatori-e-lutto/insegnanti-e-operatori-scolastici/cosa-puo-fare-la-scuola/>

## NEW YORK LIFE FOUNDATION

- *Affrontare la scomparsa di una persona cara.*  
<https://assets.newyorklife.com/is/content/nylAssetsProd/after-loved-one-dies-brochure-italianpdf?uuid=bc4b2e25-d0e8-4da6-847e-f3e4ff8f8ad2>

## SOLI MA INSIEME

- *La scuola e il lutto. Come sostenere bambini e ragazzi:* <https://solimainsieme.it/la-scuola-e-il-lutto/>

## FONDAZIONE FABRETTI

- *Come parlare della morte con i ragazzi* [http://www.fondazionefabretti.it/wp-content/uploads/Come-parlare-della-morte-con-i-ragazzi\\_SNews2\\_17.pdf](http://www.fondazionefabretti.it/wp-content/uploads/Come-parlare-della-morte-con-i-ragazzi_SNews2_17.pdf)

Spanish

## THE CHILDREN'S ROOM: <https://childrensroom.org/recursos/>

- *Como puedo ayudar a mi hij/a en duelo?* <https://childrensroom.org/wp-content/uploads/2022/01/how-can-i-help-my-grieving-child-Spanish.pdf>
- *Charlas con lo niños y adolescents.* [https://childrensroom.org/wp-content/uploads/2022/01/talking\\_with\\_children-spanish.pdf](https://childrensroom.org/wp-content/uploads/2022/01/talking_with_children-spanish.pdf)
- *Ajudando a los niños y adolescents a afrontar los acontecimientos estransente de la vida.*  
[https://childrensroom.org/wp-content/uploads/2022/01/helping\\_children\\_cope\\_Spanish.pdf](https://childrensroom.org/wp-content/uploads/2022/01/helping_children_cope_Spanish.pdf)

## EUSKADI EUS

- *Materiales para trabajar las pérdidas y el duelo.*  
<https://www.eskolabakegune.euskadi.eus/es/web/eskolabakegune/materiales-para-trabajar-las-perdidas-y-el-duelo>



## COLEGIO DE MÉDICOS DE BIZKAIA

- *Guía sobre el duelo en la infancia y la adolescencia formación para madres, padres y profesorado.* <https://www.seypna.com/documentos/Gu%C3%ADa-sobre-el-duelo-en-la-infancia-y-en-la-adolescencia-1.pdf>

## EUSKADI.EUS

- *Materiales para trabajar las pérdidas y el duelo:*  
<https://www.eskolabakegune.euskadi.eus/es/web/eskolabakegune/materiales-para-trabajar-las-perdidas-y-el-duelo>

## MÒNICA DIZ ORIENTA. BLOG DE ORIENTATIÒN EDUCATIVA

- *Recursos para afrontar el tema de la muerte y el duelo con menores:*  
<https://monicadizorienta.blogspot.com/2014/01/recursos-para-afrontar-el-tema-de-la.html>

## GUÍAS Y MANUALES

- *El duelo en los niños (la pérdida del adre/madre):*  
<http://www.seom.org/seomcms/images/stories/recursos/sociosyprofs/documentacion/manual-es/duelo/duelo11.pdf>
- *Guía sobre el duelo en la infancia y la adolescencia Formación para madres, padres y profesorado:* <https://www.seypna.com/documentos/Gu%C3%ADa-sobre-el-duelo-en-la-infancia-y-en-la-adolescencia-1.pdf>

## Article 11)

### Towards grief literacy in the educational contexts

In this article, you will read about the importance to talk about death and grief in the educational contexts (e.g., school, catechesis groups, after-school daycares)

*You, as teacher or educator, will get suggestions, recommendations and tool to*

- ⇒ make death a more understandable concept,*
- ⇒ provide opportunities for children to consider their own feelings and thoughts about death and suggest strategies to cope with loss and grief*

### Why it is important to talk about death and grief in the educational environment

Why talk about death in educational contexts? Death is an undeniable reality and is always accessible to minors, not only as a fact but also as a regular content of stories, books, series, films and social networks. However, the information they receive is neither organized nor coherent, and in many cases can be confusing, misleading or even harmful. More importantly, they rarely have the opportunity to express their emotions and feelings in safe contexts that guarantee them adequate support.

By the age of 16, five per cent of students will experience the death of a parent. By the time they finish high school, 90% will experience the death of a family member or close friend<sup>1</sup>. In addition to death, it is important to note that grief is a reaction and can be experienced by students who are injured and no longer play a major sport, who have a close friend move away, who suffer the end of a romantic relationship, or other triggers<sup>2</sup>. Helping children to understand and process loss and grief can help them to learn and develop coping skills before someone they know dies. In addition, introducing activities to talk about loss and grief into the school curriculum and other educational settings for children can help prevent feelings of isolation when a child is faced with the death of a family member, increase their confidence that they will be understood, and strengthen the classroom's ability to provide emotional support<sup>3</sup>.

In the West, we are currently facing a curious and delicate cultural paradox, which has been exacerbated in the aftermath of the COVID-19 pandemic. Aware that as a society we live with our backs turned to illness and death, denying them and living as if they could never reach us, and for several generations having removed from our homes the coexistence with both realities thanks to a first class hospital system, we have decided to "palliate" this situation by delegating to educators the task of bringing this reality closer to our children, while as a society we continue to live in the same way and without changing anything at all... So, dear educator to whom we address these words, do not fight against the current, be moderate in your objectives and focus exclusively on opening to your pupils a small space of safe dialogue.

## Before start to educate on loss and grief

There are a series of basic considerations that should not be forgotten, as they condition everything that can be said and done about how to explain and help children and adolescents to talk and reflect on death in educational contexts.

1. They are not adults, so they do not experience things in the same way as we do and, therefore, we cannot directly apply what we know about death and grief or what has helped us. That is to say, **it is us who have to adapt and not them to us**. And we must do it according to their age, circumstances and maturity. Education on loss and grief requires that a trustful relationship is constructed with the students, since they must feel free to express their feelings and to be respected and supported.
2. The main responsible for the emotional, ethical, religious and spiritual education of minors are their parents. They are also the ones who best know the personal and family circumstances that their children may have lived or are living in this regard. Therefore, **both the educator and the center must be perfectly coordinated with the parents** and have their express authorization before approaching any activity that could emotionally alter their children or generate doubts and conflicts with respect to the way in which the family deals with the subject of death. Teachers and educators need to let other staff and parents know that we are dealing with loss and grief issues, also to explore possible cultural differences on grief and rituals, which must be considered in discussing grief.
3. It is very important before approaching this topic to detect if there is a child in the group who has recently lost a loved one or has a family member in the terminal phase. In such a case, given the **high risk that the child may be emotionally overwhelmed** in the classroom, it is advisable to ask him or her if they are teenagers, or their parents if they are younger, if they feel strong enough and want to be in class that day. We must keep in mind that if something like this happens it is not easy for the educator, the group and the affected person to handle such a situation that, logically, will focus and alter the whole dynamics of the class.
4. Above any other objective, the best thing you could offer the children would be a context where they could feel free to ask questions and express themselves with total freedom. **A climate of trust and maximum respect** is not easy to achieve, but it is fundamental. That is why it is important that you have previously shown yourself as an emotionally close and reliable person, otherwise it will be difficult for them to feel comfortable expressing themselves. Secondly, seriously consider the possibility of working in small groups, as they are less threatening and facilitate more honest communication. Moreover, if the situation permits, and especially in the case of adolescents, consider the activity as voluntary and group the children according to their affinities and level of mutual trust. Where there may be negative attitudes, quarrels and quarrels, the child will feel that anything he or she says can later be used against him or her, so he or she will not open up easily.

5. Explore your own feeling about loss. It is important for teachers and educators to explore their own feelings about loss before they start to teach in this area, since a teacher's own loss experiences may make it a difficult issue to discuss effectively about loss and grief with their students. It is possible that you need to **return to your own losses with new eyes** and awareness of your experience. For instance, it is possible that your teachers or other caregivers did not talk with you about the death of your loved one, that nobody offered support to your pain, that people said you to be strong and do not cry. There are many reasons why this may have happened (e.g., family members who shared your loss, too overwhelmed to explore your feelings, fears, and concerns; culturally and socially shared myths about what to do or how to react to a loss to move on), but this does not mean that your experience should be the same of others. Particularly, to educate about loss and grief, you need to be aware that that tears and strong feelings are natural reactions of grief and recognize that talk about death and related feelings do not worsen the pain, rather they may serve to help the student to receive empathy and support.

## How to propose a structured activity to talk about death and grief

When death becomes dramatically present in the group of minors – either because of the death of a classmate, because they live in contexts of extreme violence or because of situations such as the recent pandemic – talking about it should be considered an obligatory issue. It should be done because they are already suffering it and talking about it, but without effective resources to face their emotions, doubts and fears and – in the case of the youngest ones – without knowing how to differentiate fantasy from reality in many cases. In any case, as mentioned, helping students to talk about the issues of death and grief is also important when death does not become dramatically present, since the experience of loss is, in any case, a common experience in everyday life.

1. To start the activity it is convenient to have some **type of material** that favors the approach to the topic and that is **appropriate for the age** of your students and the objectives that you have set for each work session (stories, readings, films, documentaries, testimonies). Do not tire of updating and improving this material to constantly adapt it to the needs of your students. Be attentive to the reactions and interest it provokes, and even ask what your more astute students thought of it.
2. After reading or viewing the material, open a **space for dialogue and reflection**, where children can ask questions, talk about their experiences and express their concerns, beliefs, doubts and emotional states. Don't forget that the most important thing is that they feel that they can speak and express themselves freely, and that talking about death and what it brings up is good and normal. You can always encourage them to open up if, prior to the sharing, this reflection has been done in small groups or in pairs. If you are going to work with children under 6 years old, it is advisable to support the verbal expression with the previous realization of drawings, or with games and representations that facilitate the children to say what they think and feel.



3. Be very **clear about the objectives** you intend to achieve in each session and focus on them. Everything that worries your students should be dealt with, but it is important to do it in an orderly manner and to dedicate the necessary time to it. Mixing some topics with others, that lack of time that prevents everyone from expressing themselves, or that some contributions or concerns are addressed, and others are not, will only serve to increase confusion. Students could then feel not listened to if only some participated and not necessarily those who need it most. Therefore, schedule the sessions you consider appropriate and explain the program to your students, but do not close the possibility of extending them if the group somehow demands it. Some objectives are covered by Jimerson and colleagues<sup>4</sup> as in the following:
  - a) Give children important facts about dying at an appropriate developmental level. This information may include helping them accurately understand what it means to be dead. For younger students, this explanation might include helping them understand that the person's body has stopped working, and that it will never again work. Also acknowledge what we don't know – e.g., what happens to the soul when we die. Leave an open mind to students' own ideas and imagination.
  - b) Acknowledge the feelings associated with grief and that grief can be difficult, confusing, and variable, with the range of emotions changing day to day.
  - c) Modeling ways of communicating thoughts and feelings related to loss and grief with others.
  - d) Set an example of healthy grieving by being open about feelings of sadness about the death.
  - e) Share how they are incorporating the loss into their life in a meaningful way, for instance, celebrating the individual's life and contributions, and highlight the positive memories and meaning that the deceased individual contributed to their lives.
  - f) Look at how cultural and religious rituals affect grief reactions. With multicultural classrooms, the children may share different religious beliefs and cultural practices regarding loss and grief. Teachers can explore these cultural and religious differences together with the students and use such a diversity to support a range of responses about death and grief.
  
4. The needs change **according to the age** of your students but, in all cases, it is important that they understand that it is normal to feel sadness, anger or fear or other more difficult emotions such as guilt or relief for example after a difficult illness and that it is very good to allow them to express them with people they trust.

4.1 With children between **3-6 years** the priority would be to clarify what death is, what it consists of and its fundamental causes. At this age it should be clear to them that death is a natural, inevitable and permanent process, but it should be done without inducing unnecessary fears and obsessions, as well as helping them to eradicate any kind of pernicious belief: When a person or an animal dies, it stops breathing, its heart no longer works and it does not think or feel anything. They will never be with us again. Ghosts do not exist. There is no trick or anything we can do to bring him back, nor is death a punishment for his or our actions. He is not asleep. Sleep is good and necessary to live, there is no risk of dying just because you go to sleep. Most people die when we are very old and have lived a long time, and although sometimes there are people who die in accidents or serious illnesses, most of the time we can be cured with medicines... Always use a clear, simple and very concrete language.

4.2 Between the ages of **7-12 years**, children already have a more realistic view of death and it is more likely that they have come into contact with it in some way. It would be important to help them understand the importance or the role of cultural and religious rituals in the grieving process in order to facilitate their participation and benefit from them. Logically, and as we have already pointed out, if necessary, this should be done in accordance with their family beliefs and values. In addition, at this age children ask more complex questions such as what is there after death, why are we alive..., which justifies that they should be addressed in line with their family education. In any case, it is a good evolutionary moment to teach them to face the death of loved ones. The pain of loss is proportional to the affection we feel for the person who dies, so it is inevitable, and "mourning" helps to move on. Sometimes it does not arise at the moment and each person expresses it in his or her own way, and all of them are allowed. It is important to help them to pay attention to all the positive experiences that we share with each important person in our lives and how these experiences are a gift that we will keep forever in our memory and that we should thank those who have given them to us when they leave us. Therefore, the most important thing is to know how to take advantage of every opportunity to enjoy those we love so as not to regret it when they are gone.

4.3 In adolescence, between **13-16 years** of age, the fundamental question to face is death itself and the meaning of life. None of these questions has a simple or unique answer for any adult. Therefore, it is simply a matter of helping them to be open to a search for meaning that, like all of us, can take a lifetime. Helping them to have an open and humble attitude towards other people's approaches helps them to live together, but also to make the personal process richer and deeper. It is no less important to understand that having a full life is important to be satisfied when the time comes. It is also the time to approach the complex feelings that can flood us when we are faced with a death that we experience as unjust because it is sudden and unexpected, the result of a terrible illness or an accident, or worse, of a violent act. Undoubtedly, in these times, it has become urgent and a priority to address suicide with adolescents. Death dressed in a romantic halo, as a "solution" to certain problems, or as a strategy to attract attention, as a form of revenge, or to be missed..., are terrible and absurd perspectives that flood the social networks and blind minors in the darkest moments of their short lives, when what they need is to see the light and understand the value of life, of a life that is yet to be lived and full of opportunities.

## Some teaching ideas

### *Topics for discussion*

There are many aspects of loss and grief that can be explored in educational setting, included:

*“What is death? How and why does it happens?”*

*“What is loss and how does it make me feel?”*

*“How can I help my friend who has just experienced a loss?”*

### *Use the cycle of life in nature*

Nature (and the students’ experience of having saw flowers bloom and trees grow and shed their leaves and so on) provides many opportunities for children to observe and make sense of the cycle of life and to make death a more acceptable topic of conversation and a more understandable concept<sup>5</sup>.

1. Encourage the child to collect examples of many different types of objects that are living (e.g., bugs, plants, fish, etc.), dead (e.g., fallen leaves, bugs, sticks, etc.) and inanimate objects (e.g., toys, computers, bottles.)
2. Have the children sort the objects and/or pictures into these three categories. Discuss the characteristics of things that are alive, things that are dead, and how this relates to people. Ask questions such as “How do we know this is alive or dead?”; “Where does this live?”; “What happens when it dies?” For inanimate objects, the concept is that these are neither alive nor dead. “Is something alive if it moves?” (e.g., a wind-up toy); “Is something alive if it is warm?” (e.g., a glass of warm water).
3. Depending on the interest of the child, this could be an ongoing activity of collecting and categorizing objects. Encourage the child to think about the cycle of life, what all living things have in common, and what all dead things have in common.

### *Ask what they already know*

The concept of dead people is not new to children. They are exposed to death when they watch a film or a cartoon, whose protagonist loses an affection, as happens in the Lion king or in Cinderella. Other times, children hear about death in the news of a celebrity or a public tragedy. Again, many children have experienced the loss of a pet. Ask a child what they know about death, what they’ve heard and what they think. And then be prepared to answer honestly without clichés or abstract metaphors.

### *Use children’s literature*



An excellent way to introduce the topic is using children's literature that deals with loss and grief. Many books tell stories very close to the experience of the students, so children's literature can provide opportunities for children to consider their own feelings and responses about a topic<sup>6</sup>, validate emotions and experiences<sup>7</sup>, suggest possible solutions to students' problems and strategies to cope with student's loss and grief<sup>8</sup>. Also, children may feel more comfortable talking about the characters rather than themselves.

By listening to each other as they relate their experiences and feelings, children can learn about the normality of the grief response, understand that they are not alone in feeling this way when they experience a loss, observe and learn how teachers and peers manage their grief.

### Selecting a book

There are some guidelines you should consider when selecting a book<sup>9</sup>:

- the language, content, and plot must be sensitive to the child's level of understanding. For instance, a book about the death of a pet is a useful starting point for younger students, as for many children the first intense experience with grief is associated with the death of a beloved pet, considered part of the family.
- the story must be sensitive to the different students' religious beliefs and cultural background.
- the story should portray the emotional aspects of coping with death, including a variety of realistic feelings such as sadness, anger, denial, guilt, and confusion.
- characters in the story should model healthy coping skills and realistic expression of emotions.
- the story's ending should provide comfort, positive support, and hope for the future.

### Developing a discussion

Milton<sup>8</sup> provides few stimulus examples to develop a discussion with children starting by a story on the death of a pet. You can adapt the stimulus to the book you have selected.

- Read a story about a pet that dies and ask the children to discuss about.
  - *What happened to the pet? (death, burial - be prepared for some curiosity about the effects of death)*
- Explore their personal experience:
  - *Have you ever had a pet that died?*
  - *How did it die, did you bury it etc.?*
- Discuss with the students the reactions and feelings of the main characters as they respond to the loss (e.g., refusing to eat, feeling guilty):
  - *How did the people / child in the story feel?*
- Explore and validate their feelings and thoughts about their personal experiences:
  - *How did you feel when your pet died?*

You can list these feelings on the board to highlight how many and different feelings can be associated to a loss. You can also share your own feelings about the death of your pet.

- Discuss with the students about the support others give to the character:
  - *What made them feel better?*
  - *What helped them with their feelings?*
- Ask about the support that they have received and/or that they needed:
  - *Did anyone do/say anything to help you at this time or did you do anything that help you?*

- *Was anything said or done that was not helpful?*

You can list their suggestions and also share your own suggestions of what you find helpful or not helpful.

- Discuss with the children about the problem-solving strategies the character uses as she / he starts to accept the loss (e.g., need to talk with someone, need to release emotions, need to have answers to questions such as 'What is it like to be dead?' and 'What happens at a funeral?')
- Ask about the ways they may support someone suffering the loss:
  - *How could you help someone who is upset because his/her pet has died?*

Discuss and compare the feelings and coping strategies of the characters in the book with their own responses.

- To finish the session, have a relaxing activity to diffuse any tension and stress in the group. Remind the children that if they feel upset about the things they have been discussing, they can come and talk to you.

### **Consider the opportunity to visit an hospice**

Children might benefit from visiting the local hospice. Kellehear<sup>13</sup> recalls the pioneering experience of the St Christopher's Hospice, in South London. Groups/classes, ranging from 9- to 10-year-olds to teenagers of 15 and 16 years, were accompanied to visit patients and encouraged to ask any questions that addressed their different fears and curiosities, about the disease, the changes related to it, the end of life. Once they returned to school, students and teachers discussed their experiences and often produced artwork or performances based on their learning. In turn, this displayed art or public performances helped audiences that attended to reflect and discuss the student's experiences even further. Several important health promotion outcomes were reached through this project: changed attitudes from uncertainty and anxiety to familiarity and confidence, normalizing the experience of death and dying, and the creation and sustaining of healthy relationships between the dying and the broader community.

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## Appendix 1: Recommended Books to work with children on loss and grief

English

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### THE COMPASSIONATE FRIENDS

Books. <https://www.compassionatefriends.org/books/>

### NASP

*Recommended Books for Children Coping With Loss or Trauma.*

<file:///C:/Users/Asus/Downloads/Books for Children Dealing With Loss or Trauma.pdf>

Portuguese

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Italian

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### LEGGIPRIMA





AURORA

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La morte e il lutto nei libri per bambini. <https://leggimiprima.it/2020/05/17/la-morte-e-il-lutto-nei-libri-per-bambini/>

#### UNO SGUARDO DAL CIELO.

Lecture consigliate per bambini e ragazzi: <https://www.unosguardoalcielo.com/category/letture-consigliate-bambini/>

#### MILK BOOK

Libri per bambini sulla morte. <https://www.milkbook.it/letture-per-bambini/libri-sulla-morte/>

#### VARESE PER I BAMBINI.

Lecture consigliate per introdurre il tema della morte ai bambini.

<https://www.vareseperibambini.it/rubrica/libri-per-bambini/543-storie-di-chi-rimane-e-di-chi-non-c-e-piu-da-leggere-insieme-e-da-soli.html>

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Non lasciarmi solo. L'adolescente di fronte al lutto. <http://panizzi.comune.re.it/allegati/Morte.pdf>

Spanish

#### EDUCACION DOCENTE

Cuentos para trabajar el duelo y las pérdidas con los niños: <https://educaciondocente.es/blog/cuentos-para-trabajar-el-duelo-y-las-perdidas-con-los-ninos/>

#### SAN JOAN DE DÉU

El día que Ferran desapareció: <https://faros.hsjdbcn.org/sites/default/files/ferran-ya-no-esta.pdf>

#### EMOCIONARADIO

El Árbol de los recuerdos de Britta Teckentrup. [https://www.youtube.com/watch?v=V\\_Gvc8CU9tI](https://www.youtube.com/watch?v=V_Gvc8CU9tI)

Cuento:

<https://faros.hsjdbcn.org/sites/default/files/ferran-ya-no-esta.pdf>

[https://www.youtube.com/watch?v=V\\_Gvc8CU9tI](https://www.youtube.com/watch?v=V_Gvc8CU9tI) (Video)

<https://cuentosparacrecer.org/blog/el-taller-de-las-emociones-acompanar-el-duelo-infantil/>

<https://educaciondocente.es/blog/cuentos-para-trabajar-el-duelo-y-las-perdidas-con-los-ninos/>

<https://www.fundacionmlc.org/salud/psicologia-de-duelo/sensibilizacion-y-difusion-del-conocimiento-del-duelo/>



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AURORA@COVID19-EU: Articulating a Unified Response to the Covid-19 Outbreak Reconstruction After Loss in Europe 2021-1-PT01-KA220-VET-000033092

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[https://www.sanidad.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/img/20.04.09\\_Acom\\_Duelo.jpg](https://www.sanidad.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/img/20.04.09_Acom_Duelo.jpg)

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## Article 12

# Supporting bereaved employees or colleagues in the workplaces

In this article, you will read about the importance to support bereaved employees or colleagues in the workplaces and how you, as manager or coworker, can offer compassionate responses.

*You, as manager or coworker, will learn:*

- ⇒ *about the impact of bereavement on the individual's ability to work and general wellbeing*
- ⇒ *how to support your employee or colleague through empathic listening and flexible working options*
- ⇒ *about the importance to offer further social care to professionals who are daily exposed to death (e.g., health care workers, policemen)*

### Bereavement and its impact in the workplace

Nearly two million people in employment suffer intense grief per year in UK – alongside those grieving from prior years<sup>1</sup>. Recent research suggests that, as result of pandemic, as many as 24% of employees are bereaved in any one year<sup>2</sup>; so, grief is likely to be a painful reality than it has been in the past.

Acute grief puts individuals at risk of related physical and mental health conditions and might impairs the individual's ability to work. Acute grief might also motivate withdrawal from work, which can become meaningless and unfulfilling. It is estimated that, of the nearly two million people experiencing intense grief while in employment, around 95,000 people (5%) will leave their jobs after six months and not work for the remainder of the year<sup>2</sup>. More than half (56%) of employees would consider leaving their employer if treated badly following a bereavement.

### Why is important to offer support to the bereaved in the workplaces

Grief is often a workplace taboo<sup>3</sup>, not recognized, ignored, hidden or denied, marked by silence from others or demands to catch up<sup>4</sup>. However, support from others, also in the workplace, is necessary to heal from loss. A supportive workplace can provide a context for mourning and be a bridge between grief and the attempt to readjust their own life<sup>5</sup>. At times, work itself is healing when it provides a way to continue the relationship with the deceased person and creates meaning for the bereaved. Emotional support from colleagues, flexible working options and institutional support such as grief counseling help to create a compassionate organization.

## Supportive and compassionate responses by managers and coworkers

### *Acknowledge the loss*

Offer condolences when hear that your employee or colleague has suffered a significant loss, be it that of a family member, a friend or even, in the case of care contexts, a patient. Do not avoid the subject. Do not be afraid of not knowing how to do it and with what words. The most helpful help that you can offer is your willingness to listen and help. A simple and compassionate expression of sympathy in person, by phone or as a written message often helps. With the agreement of the bereaved, arrange a corporate representation during the funeral

### *Offer your support*

Some people might fulfill their duties and attend meetings as soon as they return to work after a major loss, but this does not mean that they have already grieved and do not need to talk about or to receive support. Let them know that they can discuss their loss with you if they feel comfortable and can ask for your help.

*e.g., "I wish I had the right words, just know I care."*

*"I don't know how you feel, but I am here to help in any way I can."*

*"I am here, keep me in mind if you need."*

### *Understand that everyone grieves differently*

The grieving process is highly personal; people have different ways of coping with grief and require different types of support. So, avoid expressions such as "Be strong", "The work will help you" or "You should stop to work" which suggest how they should feel, react or cope with grief. Rather, pay attention, genuine concern and gives the colleague a safe space to decide what they require.

### *Listen and validate their feelings*

Create time and space/place to listen to their pain and validate what they are saying and feeling, including their self-declared limitations to be concentrated on the work or fears for the impact that the situation has on their life and for the future. Share with the bereaved the awareness that grief is a normal reaction to the death of loved one and that feeling to be unable to focus or handle certain work tasks is understandable. In the health care setting, contrast the idea that it is unprofessional or weak to feel sad for the death of a patient they cared for<sup>6</sup>.

*e.g., "I can understand your feelings, I know you've worked hard with him; it must be hard to think that he's gone"*

### ***Offer flexible working options***

Facilitate leave time and consider the need for a lighter workload to reduce stress or deal with practical matters related to the loss. So, check in with them to make sure of the right balance in terms of working hours, types of tasks they are performing, and location (e.g., consider remote work)<sup>7</sup>.

### ***Follow up***

A general deterioration in psychological wellbeing is common among bereaved in the months following the loss. As mentioned, grief may also contribute to employees underperforming for a while. It is unrealistic to expect things to 'get better' and reduce in a linear way. So, follow up with the person regularly to see how they are doing and let them know that you are there whenever they need.

If it is appropriate, find out what resources and support are available in your workplace for additional support (e.g. grief counselling help).

### **Additional support for practitioners daily exposed to the death**

For some practitioners, the relationship with death is daily, although not related to the loss of a loved one. Think of funeral agents, health workers working in intensive care and resuscitation units or retirement homes, policemen who are exposed to myriad incidents involving death or that have a high risk of dying. Moreover, in the case of policemen, the direct or indirect exposure to a "death saturated" atmosphere is often prolonged<sup>8</sup>. Direct exposure occurs, for instance, in officers' responses to crime scenes, the reports they write afterward, and providing testimony in criminal trials related to these cases. Indirect exposure can occur for example, through the memorial featuring with the images of police officers who have sacrificed their lives in the line of duty or the emphasis placed on survival in police training, as well as in the equipment that officers carry during their shifts.

The frequent experience of loss and death may negatively impact practitioners' lives and performance in multiple ways. For instance, it is not uncommon for officers to feel anger and irritability toward the perpetrators of violent crimes; it is not uncommon for policemen who experience the loss of a colleague or civilian or for health workers who experience the loss of a patient experience guilt and other emotional reactions and stress responses, which may result in burnout after cumulative losses<sup>9</sup>; this condition, in turn, may compromise their capacity to provide ethical support to the bereaved families that they meet in their work. In addition, daily exposure to death may force practitioners to confront their own mortality, which can lead to a sense of existential angst<sup>10</sup>.

For all these reasons, it is particularly important to offer additional social care to practitioners daily exposed to death. Below, some forms of social support and their main goals are listed.

1. *Gratitude letters by the institution for which they work* (e.g. head of department in hospitals, head of department in a nursing home, head of office in a police station)<sup>11-12-13</sup>  
⇒ to recognize the value of their services and help them to feel satisfied and appreciative for helping those who suffer and maintaining community welfare.
2. *Psychoeducation about loss and death*  
⇒ to help them and their families to understand which reactions to death- or loss-related situations are to be expected and when therapy may be integral to the grief process.
3. *Periodic psychological assessments by mental health professionals.*  
⇒ to identify those who may be experiencing, or who may be at high risk for, prolonged grief symptoms and, in the case, orient them to appropriate grief clinical treatment to overcome any potential challenges, which will help to ensure that they are able to continue to perform their duties efficiently<sup>14-15</sup>.
4. *Peer support groups*  
⇒ to offer a safe context surrounded by peers who are willing to listen to their concerns and provide them with empathic feedback<sup>16</sup> (you can get knowledge about the potential sources of support available in your country in the tool "List of supportive associations and groups in your country", p. 75)
5. *Spiritual and religious practice*<sup>17-18</sup>.  
⇒ The role of chaplains and other spiritual or religious leaders can be vital in helping some professionals to elaborate and explore on any existential or spiritual/religious concerns raised by exposure to death and loss in general.

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## Appendix 1: Websites and internet pages to support employers in the workplaces

English:

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### IRISH HOSPICE FOUNDATION

Grief in the workplace: <https://hospicefoundation.ie/our-supports-services/bereavement-loss-hub/grief-in-the-workplace/>

### HEALTH SERVICE EXECUTIVE.

Coping with death and grief as a healthcare worker: <https://www2.hse.ie/mental-health/life-situations-events/bereavement/healthcare-worker-grief/>

### HETSL.CH

Bereavment in the workplace: [https://www.hetsl.ch/fileadmin/user\\_upload/ecole/reseau/avif/Brch\\_Deuil\\_ENG\\_web.pdf](https://www.hetsl.ch/fileadmin/user_upload/ecole/reseau/avif/Brch_Deuil_ENG_web.pdf)

### NYC HEALTH

Grief and Loss in the Workplace During COVID-19  
<https://www.nyc.gov/assets/doh/downloads/pdf/imm/workplace-grief-and-loss.pdf>

### UNIVERSITY AT BUFFALO SCHOOL OF SOCIAL WORK

Self-care starter kit: <https://socialwork.buffalo.edu/resources/self-care-starter-kit.html>

### INCLUSIVE EMPLOYERS.

A guide to grief support in the workplace. <https://www.inclusiveemployers.co.uk/blog/supporting-colleagues-who-are-grieving/>

### MARIE CURIE

Respecting and supporting grief at work How employers can better support their staff through personal loss. [https://www.mariecurie.org.uk/globalassets/media/documents/how-we-can-help/bereavement-hub/respecting-and-supporting-grief-at-work\\_sep-2021.pdf](https://www.mariecurie.org.uk/globalassets/media/documents/how-we-can-help/bereavement-hub/respecting-and-supporting-grief-at-work_sep-2021.pdf)

Portuguese

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Italian

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### HETSL.CH

Il lutto nel mondo del lavoro. Guida per le aziende:  
[https://www.hetsl.ch/fileadmin/user\\_upload/ecole/reseau/avif/Brch\\_Deuil\\_IT\\_web.pdf](https://www.hetsl.ch/fileadmin/user_upload/ecole/reseau/avif/Brch_Deuil_IT_web.pdf)



AURORA  
@COVID19-EU

AURORA@COVID19-EU: Articulating a Unified Response to the Covid-19 Outbreak Reconstruction After Loss in Europe 2021-1-PT01-KA220-VET-000033092

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## NYC HEALTH

*Dolore e lutti sul posto di lavoro durante il COVID-19*  
<https://www.nyc.gov/assets/doh/downloads/pdf/imm/workplace-grief-and-loss-it.pdf>

Spanish

## FUNDACIÓN MARIO LOSANTOS DEL CAMPO

<https://www.fundacionmlc.org/>

## CENTRO DE HUMANIZACIÓN DE LA SALUD (CAMILOS)

<https://www.humanizar.es/>

## INSTITUTO IPIR DUELO Y PÉRDIDAS | FORMACIÓN A PROFESIONALES. ATENCIÓN A FAMILIAS

[www.ipirduelo.com](http://www.ipirduelo.com)

<b>TOOL: List of supportive associations and groups in your country</b>				
<b>NOME</b>	<b>BREVE DESCRIZIONE</b>	<b>TARGET/SERVIZI</b>	<b>REGIONE</b>	<b>CONTATTI</b>
<b>ASSOCIAZIONE VIDAS</b>	Associazione di volontariato laica, fondata da Giovanna Cavazzoni a Milano nel 1982. Offre assistenza sociosanitaria completa e gratuita alle persone affette da malattie in guaribili a domicilio, in degenza e day-hospice in Casa VIDAS e in Casa Sollievo Bimbi. Un servizio garantito grazie al lavoro delle proprie équipes multidisciplinari, formate da figure professionali specializzate in cure palliative affiancate da volontari selezionati e formati per l'accompagnamento al malato.	Supporto psicologico individuale Supporto psicologico on-line Servizio di orientamento al lutto fornisce tutti i riferimenti dei gruppi di auto-mutuo aiuto attivi in diverse zone della città e della regione. Sportello psicologico a distanza Il servizio è aperto a cittadini e operatori sanitari.	<b>LOMBARDIA / ONLINE</b>	Supporto psicologico individuale  EMAIL: <a href="mailto:psicologia@vidas.it">psicologia@vidas.it</a> . tel.: 02.3008081  Sportello psicologico a distanza: Tel. 3440950392.  Pagina web: <a href="https://www.vidas.it">https://www.vidas.it</a>
<b>ASSOCIAZIONE CI VUOLE UN FIORE per Margherita</b>	L'associazione si occupa di lutto familiare, sostegno genitoriale, educazione civica, sicurezza stradale e progetti benefici. Dal 2014 accoglie bambini e adolescenti in lutto e le loro famiglie, e attraverso l'arte terapia e il supporto psicologico.	A chi è rivolto il servizio: Minori dai 3-18 anni di età che vivono disagio e dolore a causa della perdita di una persona importante. I rispettivi familiari dei minori, Scuole di ogni ordine e grado ove vi sia la necessità di sostegno per i docenti, insegnanti e/o alunni. Il servizio, Tornare a Sorridere, prevede attività di aiuto, sostegno, arte terapia e psicoterapia.	<b>LOMBARDIA</b>	EMAIL <a href="mailto:info@civuoleunfiore.org">info@civuoleunfiore.org</a>  tel. 338 75 97 561  Pagina web: <a href="https://www.civuoleunfiore.org">https://www.civuoleunfiore.org</a>

<p><b>SOLI MA INSIEME: UN SITO PER BAMBINI E RAGAZZI IN LUTTO</b> (Gestito da due organizzazioni no profit: FILE - Fondazione Italiana di Leniterapia Onlus di Firenze e Gruppo Eventi - Formazione e Sostegno di Roma)</p>	<p>SOLI MA INSIEME ha come obiettivo principale quello di aiutare bambini e ragazzi ad attraversare il difficile tempo del lutto stimolandoli ad esprimersi, interrogarsi, ricordare chi hanno perso e scoprire le loro possibilità di ripresa. Il sito ha un intento di informazione e di orientamento. SOLI MA INSIEME vuole offrire un aiuto anche agli adulti - familiari, amici e insegnanti - per comprendere le reazioni di bambini e ragazzi, valutare cosa e come dire e, soprattutto, come stare loro vicino.</p>	<p>Il sito è rivolto a quattro diversi destinatari: bambini (6 -11 anni), ragazzi (12 - 16 anni), adulti e insegnanti che sono accanto ad un bambino o ragazzo in lutto.</p>	<p><b>ONLINE</b></p>	<p>EMAIL <a href="mailto:info@solimainsieme.it">info@solimainsieme.it</a></p> <p>Pagina web: <a href="https://solimainsieme.it">https://solimainsieme.it</a></p>
<p><b>GRUPPO EVENTI: SOSTEGNO E FORMAZIONE</b></p>	<p><b>Sostiene chi ha perso una persona cara e significativa con l'attivazione di gruppi di auto-mutuo aiuto vis à vis e online.</b> Cura la <b>formazione degli operatori socio-sanitari e dei volontari</b> che intendono adoperarsi a sostenere le persone in lutto.</p>	<p>Gruppi di auto-mutuo aiuto in cui ci si incontra di persona ("gama vis-à-vis") e "gruppi web" i cui partecipanti si incontrano su una piattaforma web (Jitsi o Zoom).</p>	<p><b>LAZIO/ ONLINE</b></p>	<p>EMAIL: <a href="mailto:info@gruppoeventi.it">info@gruppoeventi.it</a></p> <p>Tel: 06 86207554 - 06 2305265</p> <p>Pagina web: <a href="https://www.gruppoeventi.it">https://www.gruppoeventi.it</a></p>
<p><b>Gruppi di mutuo- aiuto (per visualizzare tutti i gruppi di mutuo aiuto presenti in Italia, divisi per regione: <a href="http://www.ilrumoredellutto.com/elenco-dei-gruppi-di-auto-mutuo-aiuto-in-italia/">http://www.ilrumoredellutto.com/elenco-dei-gruppi-di-auto-mutuo-aiuto-in-italia/</a> )</b></p>				
<p><b>Deleofund Onlus</b></p>	<p>È un'associazione scientifica e assistenziale, composta da medici, psicologi, volontari e persone che hanno affrontato l'esperienza della perdita improvvisa e traumatica di una persona cara.</p>	<p>Gruppo di discussione facebook per i lutti da COVID19; Gruppi mutuo-aiuto; Live chat; colloqui psicologici; colloqui psicologici via Skype.</p>	<p><b>VENETO E ONLINE</b></p>	<p>EMAIL <a href="mailto:numeroverde@deleo.fundonlus.org">numeroverde@deleo.fundonlus.org</a></p> <p>Numero verde gratuito: 800168678</p> <p>Pagina web: <a href="https://www.deleofund.org">https://www.deleofund.org</a></p>



<p><b>"FUORI DAL BUIO" - c/o Associazione "Raphael" Onlus</b></p>	<p>Offre un gruppo di sostegno al lutto, alla presenza di un facilitatore</p>		<p><b>PUGLIA</b></p>	<p>EMAIL: <a href="mailto:ornellascaramuzzi@virgilio.it">ornellascaramuzzi@virgilio.it</a></p> <p>tel.: 080 5044294; 338 9155818</p>
<p><b>ASSOCIAZIONE ONLUS "Figli in Paradiso: ali tra cielo e terra"</b></p>	<p>Si impegna ad essere accanto alle famiglie in lutto per aiutarle ad uscire dalla solitudine.</p>	<p>Il Gruppo è un luogo di accoglienza, incoraggia l'espressione delle esperienze, crea un senso di appartenenza, stimola nuove conoscenze e nuovi modi di guardare alle cose, ripristina la fiducia in sé stessi e contribuisce al recupero della speranza.</p>	<p><b>PUGLIA</b></p>	<p>TELEFONO Presidente Ass. Virginia Campanile - 338 8539401</p> <p>EMAIL <a href="mailto:virginia.campanile@gmail.com">virginia.campanile@gmail.com</a></p> <p>Pagina web: <a href="http://www.figliinparadiso.it">http://www.figliinparadiso.it</a></p>
<p><b>Associazione Fabio Sassi ONLUS</b></p>	<p>L'Associazione offre sul territorio un programma di supporto al lutto: un colloquio per tutte le persone che a motivo di una malattia, hanno vissuto la perdita di una persona cara e desiderano essere aiutate nel comprendere e dare il nome al dolore che vivono.</p>	<p>Presenza in carico individuale; Gruppo di psicoterapia; Gruppo Oltre (Gruppo di Auto Mutuo Aiuto per familiari in lutto).</p>	<p><b>LOMBARDIA</b></p>	<p>Tel. 039 9900871 (10.00 - 15.00 da lunedì a venerdì)</p> <p>Pagina web. <a href="http://fabiosassi.it/it/sostegno-al-lutto.html">http://fabiosassi.it/it/sostegno-al-lutto.html</a></p>
<p><b>Samot Onlus</b></p>	<p>Presso la Sede di Palermo è attivo il servizio di supporto al lutto per i familiari che hanno vissuto la perdita di un loro caro.</p>	<p>Incontri di Gruppo</p>	<p><b>SICILIA</b></p>	<p>EMAIL: <a href="mailto:marilena.mauro@samotonlus.it">marilena.mauro@samotonlus.it</a></p> <p>Tel. 3929397970 – 091302876</p> <p>Pagina web: <a href="https://samotonlus.it/supporto-al-lutto/">https://samotonlus.it/supporto-al-lutto/</a></p>



<p><b>Lutto e Crescita- Grief&amp;Growth Istituto di intervento, formazione e ricerca sul potere trasformativo della perdita e del trauma</b></p>	<p>L'Associazione offre tre diversi percorsi di supporto psicologico, rivolti a chi si trova ad affrontare un'esperienza di perdita:</p>	<p>Consulenza gratuita (10 incontri + follow-up) alla quale può seguire, se necessario, l'invio a gruppi di Mutuo Aiuto, psicoterapia breve mirata (in strutture gratuite pubbliche e private; ad esempio i centri CEPI <a href="http://irpir.it/cepi/">http://irpir.it/cepi/</a>), psicoterapia specifica per lutto complicato; Formazione per psicologi e psicoterapeuti Ricerca</p>	<p><b>LAZIO</b></p>	<p>EMAIL: <a href="mailto:luttoecrescita@gmail.com">luttoecrescita@gmail.com</a>  TEL: 3293671785  Pagina web: <a href="http://www.luttoecrescita.it">http://www.luttoecrescita.it</a></p>
<p><b>ASSOCIAZIONE LA STANZA BLU</b></p>	<p>Sostegno al lutto perinatale e nell'infanzia</p>	<p>Il percorso psicoterapeutico, della durata massima di un anno, prevede colloqui con una frequenza da valutare caso per caso.</p>	<p><b>LOMBARDIA</b></p>	<p>EMAIL <a href="mailto:info@lastanzablu.com">info@lastanzablu.com</a> <a href="mailto:pec@pec.lastanzablu.com">pec@pec.lastanzablu.com</a> Tel: +39 391 1771414  Pagina web: <a href="https://www.lastanzablu.com">https://www.lastanzablu.com</a></p>
<p><b>PROGETTO: Associazione Amici per la Vita e Centro per le famiglie dell'Unione del Sorbara</b></p>	<p>L'Associazione Amici per la Vita in collaborazione con il Centro per le famiglie dell'Unione del Sorbara offre un percorso di gruppo dedicato a chi sta affrontando il dolore di una perdita.  Il gruppo si riunisce due volte al mese, è gratuito e aperto a tutti coloro che hanno subito la perdita di una persona cara.</p>	<p>Incontri di Gruppo</p>	<p><b>EMILIA ROMAGNA</b></p>	<p>Tel. 348 5294578</p>



ASSOCIAZIONE MARIA BIANCHI	L'attività dell'associazione è diretta ad offrire: sostegno a familiari ed amici nel periodo di lutto precedente e successivo al decesso; sensibilizzazione dell'opinione pubblica sui temi riguardanti la terminalità, il dolore, il sostegno emotivo; formazione di personale curante, operatori socio-sanitari, psicologi, volontari, familiari di malati; assistenza relazionale ai malati inguaribili.	fornire sostegno alla persona a livello relazionale; aiutare i familiari o chi per essi a livello relazionale; sostenere la famiglia durante la malattia del congiunto e nel periodo di lutto; restituire dignità e significato alla vita del malato, sino alla fine rendere umana e solidale l'assistenza relazionale.	LOMBARDIA	EMAIL: <a href="mailto:assmariabianchi@hotmail.com">assmariabianchi@hotmail.com</a>  Tel: 348-3623379  Pagina web <a href="https://www.mariabianchi.it">https://www.mariabianchi.it</a>
PIATTAFORMA LASAE	Piattaforma online per il supporto alla perdita	<p><b>Una guida sul PRATICO</b> Orientare e informare sulle questioni pratiche e concrete che la morte di una persona si porta con sé. Dalla preparazione del funerale a cosa succede con i conti bancari, dal controllo sulle assicurazioni alle conseguenze fiscali, dalla gestione degli oggetti all'eredità digitale, passando per volture e amministrazione degli immobili.</p> <p><b>Un appoggio EMOTIVO</b> Far conoscere, avvicinare e stimolare le persone ad aprirsi a ricevere un supporto, tra i tanti percorsi disponibili: coaching, terapia online, counseling, percorsi spirituali, mindfulness, gruppi di auto mutuo aiuto, psicoterapia.</p> <p><b>Un percorso TRASFORMATIVO</b> Come ci cambia la morte? Uno spazio di riflessione dove condividere storie, per accompagnare una trasformazione personale che sfocia spesso in un cambio di rotta e di postura, sia dal punto di vista personale che professionale.</p>	ONLINE	<a href="https://lasae.it">https://lasae.it</a>

<p>FONDAZIONE FABRETTI</p>		<p>Sportello telefonico di ascolto; Gruppi di Auto Mutuo Aiuto.</p>	<p>PIEMONTE / TELEFONO</p>	<p>EMAIL <a href="mailto:info@fondazionefabretti.it">info@fondazionefabretti.it</a></p> <p>tel: 348 8457693 / 011 5812314</p> <p>Pagina web <a href="http://www.fondazionefabretti.it">http://www.fondazionefabretti.it</a></p>
<p>ASSOCIAZIONE ONLUS VALENTINA PENELLO</p>	<p>Il Gruppo di Auto Mutuo Aiuto (G.A.M.A.) per il lutto è un piccolo gruppo di persone che condividono la stessa condizione di sofferenza legata alla perdita di una persona cara e fondano su questo aspetto la propria appartenenza al gruppo. Essere tra persone sconosciute, ma che vivono una condizione comune, rende possibile esprimere e condividere sofferenze, bisogni, esperienze, conquiste, mutamenti e speranze, verso un cambiamento che si teme di non saper sostenere ed affrontare. Partecipare ad un gruppo significa compiere uno sforzo individuale (auto-aiuto) per rompere la solitudine e il silenzio con cui si vive in genere l'esperienza del lutto, recuperando una ritualità di condivisione e di elaborazione comunitaria (mutuo aiuto).</p>	<p>Obiettivi del Gruppo di Auto Mutuo Aiuto: Aiutare i partecipanti ad esprimere i propri sentimenti senza il timore di essere giudicati; Sviluppare la capacità di riflettere sulle proprie modalità di comportamento, soprattutto qualora esse siano orientate a non superare il dolore della perdita; Aumentare le capacità individuali nel far fronte ai problemi; Incrementare la stima di sé, delle proprie abilità e risorse, lavorando su una maggiore consapevolezza personale; Facilitare la nascita di nuove relazioni, combattendo così il senso di solitudine generato dalla perdita, ridando dignità alla sofferenza, che diventa condivisibile; Promuovere uno stile di vita a sostegno della salute individuale, familiare e sociale. Gli incontri, gratuiti, si svolgono in sedi appropriate sempre facilmente raggiungibili</p>	<p>VENETO</p>	<p>EMAIL: <a href="mailto:gruppoama@valentinapenellonlus.org">gruppoama@valentinapenellonlus.org</a></p> <p>Telefono: 348/6043240</p> <p>Pagina web <a href="https://valentinapenellonlus.org">https://valentinapenellonlus.org</a></p>

## LISTA DE ASOCIACIONES DUELO EN ESPAÑA

Fundación Mario Losantos del Campo

<https://www.fundacionmlc.org/>

Centro de Humanización de la Salud (Camilos)

<https://www.humanizar.es/>

[Instituto IPIR Duelo y Pérdidas | Formación a profesionales. Atención a familias.](#)

[www.ipirduelo.com](http://www.ipirduelo.com)

Redpal Andalucía:

<https://www.redpal.es/comunidades-compasivas/>

Comunidades compasivas ayuntamiento de Madrid:

<https://madridsalud.es/prevencion-del-duelo-complicado-no/>

Fundación ASISPA

<https://fundacionasispa.org/proyectos-destacados/>

Fundación Porque viven (Paliativos pediátricos)

<https://porqueviven.org/>

Centro de atención al duelo del Instituto Fundación San José (Hermanos San Juan de Dios)

<https://fundacioninstitutosanjose.com/cuidados-paliativos/atencion-al-duelo/>

Fundación Metta Hospice

<https://fundacionmetta.org/>

Fundación LaCaixa, atención a enfermedades avanzadas:



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<https://fundacionlacaixa.org/es/atencion-integral-personas-enfermedades-avanzadas-descripcion>

Nirakara, curso de Acompañamiento contemplativo en la muerte

<https://nirakara.org/curso-presencial/acompanamiento-contemplativo-en-la-muerte/>

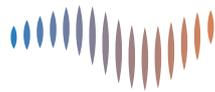
Asociación ALHELI de Málaga

<https://asociacionalheli.org/>

ASOCIACIÓN VIUSEPA - VIUDOS Y SEPARADOS DE VALLADOLID;

ASDA Asociación separados, viudos y divorciados (Alicante);

Confederación de Federaciones y Asociaciones de Viudas Hispania: <https://viudashispania.org/>



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(2021-1-PT01-KA220-VET-000033092)



## PARTNERS

