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**Good Grief:  
What Trust and Estate Lawyers Should Know about Working With  
Clients and Grief**

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# Emotional and Psychological Issues in Estate Planning: How to Effectively and Efficiently Interact with Grieving Clients

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## Introduction

Our training, client needs, and economic realities propel us quickly to **FACTS**. We want to **FIND IT! FIX IT!! FAST!!!** However, **FEELINGS**, especially during grieving, can inhibit clients' ability to make important, time-limited tax and post-mortem planning decisions.

Thus, reality dictates that the professional must first establish trust and rapport. Although counter-intuitive, **Going Slow to Go Fast** (1) actually saves time in the long run. For example, Hood states, in his perceptive article on the estate-planning interview, that moving too rapidly to demonstrate your estate-planning knowledge and experience could result in "bottom-line" difficulties such as client procrastination and inaction. (2)

Fortunately, rapport-building skills are few in number, conceptually simple, and learnable. The trick is to practice them until the skills become automatic. Otherwise, during a busy schedule and especially during emotional interactions, we too easily revert to old and, often, ineffective habits.

The following will focus on the vitally important initial interviews during which the client is continually asking, *Can this person help me?* (3)

## Background

We anticipate that the following will aid in understanding of your mourning client. However, always keep in mind that manifestations of grief differ from individual to individual and from time to time – *no one size fits all*.

Also, similar to the field of estate planning, beliefs and recommendations involving bereavement are in a constant state of flux and subject to controversy and polemics.

### A. Definitions (adapted from 4-6)

- Grief: The psychological, behavioral, social and physical reactions to loss of someone or something closely tied to a person's identity.
- Ambiguous loss: Absence and presence are not absolutes. Even without death, the people we care about can either disappear physically or not psychologically available: *They are there and yet not there*.

Ambiguous loss represents a combination of ambiguity (lack of cognitive clarity) and ambivalence (conflicting feelings.)

Examples of ambiguous loss: (5)

- A loved one is physically missing due to:
  - War
  - Incarceration
  - Natural disasters such as earthquake and tsunami
  
- A loved one is psychologically absent due to:
  - Alzheimer's
  - Autism
  - Depression
  - Addictions such as alcohol
  
- Other common situations:
  - Adoption
  - Divorce
  - Work relocation
  - Young adults leaving home
  
- Mourning: The process by which a person adapts to loss.
  
- Anticipatory grief: Cognitive, affective, cultural, and social reactions to an impending loss. (6-8) The relationship of anticipatory grief to the mourning process is the subject of controversy. (9-11)
  
- Bereavement: The period after a loss during which grief is experienced and mourning occurs. The origin of the word bereavement is the "state of being deprived."
  
- Post-Traumatic Stress Disorder (PTSD): A debilitating condition that affects people who have been exposed to a major traumatic event and is characterized by upsetting memories of the ordeal, blunting of emotions, increased arousal, and sometimes severe personality changes (5)
  
- Resiliency:
  - Defined as the ability of adults...who are exposed to an isolated and potentially highly disruptive event, such the death of a close relation or a violent or life-threatening situation, to maintain relatively stable, healthy levels of psychological and physical function...as well as the capacity for regenerative experiences and positive emotions. (11)

- Resilient individuals may experience transient perturbations in normal functioning such as several weeks of sporadic preoccupations or restless sleep, but generally exhibit appropriate functioning across time. (11)
- Resiliency means more than coping, stoicism, or overcoming – more than an absence of psychopathology. Rather, the resilient individual is able to maintain physical and emotional health and a spirit for living life with joy – “turning lemons to lemonade.” (5)
- The studies of Bonnano and others are encouraging in that most grieverers are resilient. (11)

## B. Natural History of Grief

1. Common Signs and Symptoms Associated with Absolute or Ambiguous Loss  
The following signs are abstracted from the excellent books of Lunche (4), Boss (5) and The Dougy Center, Portland, Oregon (12).

Each client may experience some that are listed and some that are not. **These reactions can come and go without warning – like “being on an emotional roller coaster.”**

### Physical

- Fatigue, exhaustion, low energy
- Insomnia
- Tightness in chest and/or throat
- Intestinal upset such as pain, constipation or diarrhea
- Hollow feeling in stomach
- Easily startled
- Asthma
- Dry mouth
- Appetite changes
- Weakness, especially in legs
- Weight changes
- Panic attacks

### Emotional

- Shock, numbness, emptiness
- Depression
- Longing, yearning
- Anger, resentment
- Guilt, regret
- Loss of self-esteem
- Nightmares
- Desire to join the lost one
- Feeling of betrayal, disloyalty
- Relief

### Mental

- Disbelief, denial
- Confusion, disorientation
- Difficulty in focusing and concentration; absentmindedness
- Low motivation
- Dreams about and/or hearing, smelling or seeing the lost one
- Expectations of the deceased to call
- Need to tell and retell story

### Social

- Withdrawing from social activities and conversation
- Being avoided by others
- Hide feelings to “take care of others”
- Brashness and coarsening of speech, irritability
- Friction with others over trivia
- Rigidities of dressing

### Behaviors

- Crying (sometimes unexpectedly)
- Carrying special objects
- Profound dependence
- Making and keeping an altar
- Keeping belongs intact
- Involved in photos, videos, and tapes
- Talking to the lost one
- Avoiding situations or locations such as grave sites that arouse grief
- “Staying busy”
- Assuming mannerisms of the lost one

## Spiritual

- Questions to and about God
  - Where and how is the lost one now?
  - Can the lost one see me?
  - What will happen when I die?
  - Previously held belief and values can be affirmed or challenged
  - Awe, wonder
- Not knowing what “triggers” these reactions can be very frustrating. Common “triggers” are:
- Anniversaries such as the day of the loss, birth, wedding, and family celebrations
  - Stimuli derived from hearing, sight, smell, touch, and taste
  - Questions or statements from friends and family about the loss

## 2. Stages of Grief

- The Kübler-Ross model (13): The Kübler-Ross “Five Stages of Grief” comes immediately to mind to most when thinking about the natural progression of grief. However, a longitudinal study of bereavement noted some reactions that were consistent with her five-stage theory and others that were not. (14) In addition, Neimeyer repudiates the stages in *Lessons of Loss: A Guide of Coping*. McGraw-Hill, New York. 1998.

## 3. Outcomes with the Passage of Time

- Initial 0-4 months to first year of bereavement (11, 15)
  - *Minimal grief* (15-50%)
  - *Moderate disruptions in cognitive, emotional, physical or interpersonal functioning* (50-85%)
- 18 months to second year of bereavement (11, 15)
  - *Minimal grief* (85%)
  - *Chronic grief: Major depression, general anxiety, and/or PTSD* (15%)
- Delayed Grief: Defined as the occurrence of grief in individuals who did not initially exhibit mourning. Fortunately, there is no evidence to support the clear existence of Delayed Grief (11, 15)
- PTSD: Depending on the type and severity of the adverse event, prevalence ranged from 4% to 18 % (16). For example, 7.5% of Manhattan residents surveyed one month after 9/11 had PTSD. Only 1.7% had PTSD at four months and 0.6% at six months (17)

- Delayed PTSD: Unlike Delayed Grief, Delayed PTSD does occur. For example, PTSD was postponed in 5-10% of individuals involved in motor vehicle accidents (18.)

### C. “Therapeutic” Considerations

Estate lawyers are not trained nor wish to be therapists. However, armed with insights into the natural history of grief and using rapport-building skills, the lawyer can create a “therapeutic” interaction. To do otherwise might be perceived by the client as being insensitive.

A constant refrain of the bereaved is that friends, family, and co-workers often treat them as “lepers” or “fragile glassware.” Also, there can be pressure to “do something.”

Thus, a brief review of “grief work” theories (5) is in order:

- Boss believes that the pressure externally and internally on the bereaved for “closure” is a by-product of a culture that prizes knowing answers, fixing problems, moving on, and avoiding pain. (5)
- Since Freud, there has been the emphasis that all bereaved individuals must *work through* their negative thoughts, memories, and emotions about the loss. These theorists have been highly skeptical about individuals who do not show pronounced distress reactions or who only display positive emotions following loss. (11) However, in a study of widows, a lack of distress was indicative of good adjustment rather than defensive denial. Some appeared to be proud of how well they did. (19)
- Thus, there is the danger that “pathologizing” normal reactions to adversity could be counterproductive. In fact, grief interventions are typically ineffective, may impede the natural resilience processes, and can be deleterious. (20)
- Stroebe et al (21) expressed a concern that for some, too much “disclosure” increases the risk of rumination. Rumination, in turn, may impede adaptation and resiliency.

## Facts and Feelings Communication Skills during the Initial Interview

### A. Preparation

1. Prepare logistically for the next client interaction
  - Review materials before seeing the client
  - Room should be quiet and clean
  - Assure client's comfort and privacy
  - Switch off cell-phones and prevent interruptions by staff
2. Personal insights
  - Although most of our communications are appropriate and effective, there can be situations – our “Achilles Heel” (22) – that make us feel vulnerable and lead us to:
    - Anger towards the client as expressed in thoughts like *Why doesn't he let me do what I do best?*
    - Dismissive or belittling remarks about clients to colleagues and staff
    - Being bored during the client interview
    - Excessive bluntness
    - Self-deprecation
    - Being overly pleasant
    - Judging how the client should grieve
  - These reactions may be secondary to:
    - Unconscious identification with a client's appearance, age, personality, and ethnicity
    - Having a seriously ill family member or unresolved loss and grief
    - Inability to tolerate high and protracted levels of ambiguity or uncertainty
    - Fear of death or disability
    - Malpractice concerns
    - Counter –Transference: Sometimes, we experience sensations of anger, hopelessness, and sadness when talking with clients. What may be happening is that we are unconsciously mirroring (“counter-transferring”) the feelings of the client

### B. Establish initial rapport

1. Ask how the client wishes to be addressed
2. Eyes at same level or just below those of the client
3. Do not have imposing mechanical barriers between you and the client such as a large desk. Instead, consider interacting with clients around a small table or place yourself somewhat at a right angle to the client.

4. 2-3 feet between you and the client [Note: There may be cultural differences with regard to interpersonal space comfort.]
5. Have a box of tissues near client. [We do not hand the box to the crying client]
6. Use more eye contact with the client than with the files

### C. Gather Information on Facts and Feeling

#### 1. Initial Open-Ended Question

Questions like *how can I help you* are usually perceived as an invitation to begin focusing on the facts of estate planning. Instead, invite informal talk during which you might learn feelings and critical facts not covered in “fact finders.”

Examples of informal talk questions:

- New client: *Before we begin, please, tell me something about yourself*
- Return client: Mention something personal, such as *How was your vacation?*

#### 2. Then continue using Open-Ended Questions

- *What can I do for you?*
- *How do you hope that I might help you?*
- *What would you like to talk about today?*

#### 3. Reflective Listening

- After we ask questions, clients want us to really listen to their answers. Avoid interrupting to focus on “fact-finders” and educational aids such as graphic projections.
- If interrupted too quickly and often, the client rapidly learns that the lawyer prefers fact-oriented questions and wants to avoid important feelings
- Inhibit the tendency, while listening, to begin thinking about the details involved in issues such as transfer of wealth, avoidance of taxes, and the establishment of property management mechanisms. (2)
- Keep the momentum flowing by using a ratio of three reflective techniques [see # 4 on the next page] for every question asked. (23)
- **Always stay alert for the client’s verbal and non-verbal expressions of feelings. These emotions are PEARL Opportunities and need to be handled quickly by the use of a PEARL (24) [see page 14]**
- **If emotions are not acknowledged, you run the risk that the client will keep repeating (“re-cue”) the feelings and, therefore, unable to effectively interact with you. (25)**

- **The use of a PEARL may help reduce the feelings enough to learn the reasons behind the emotion and stop a “re-cue.”**

4. Reflective Listening Skills that Encourage the Client to Continue Disclosing Facts and Feelings:

A. Silence

- Very powerful skill
- Can be difficult to employ given the tendency to Find It Fix It Fast!
- Being silent takes advantage of the reality that *Nature abhors a vacuum.*

B. Reflection

- Repeat or paraphrase the client’s last words/phrases using a rising inflection
- Example: Client: *I am finding your advice today difficult to handle*  
Lawyer: *Difficult?*

C. Clarification

- *Please tell me what you meant by feeling in a fog*
- *Please tell me a little more about the experience of not being understood by your family*

D. Explore Feelings

- *What was that like for you?*
- *What concerned you (or interested you) the most about that?*
- *Tell me what went through your mind when I just told you about the need for a decision within 2 weeks?*

E. Look for a subtext behind a client’s response

- Examples of client statements that may represent a deeper concern:
  - *My brother’s attorney did not charge as much as you*
  - *Many of your questions are unnecessary at this point*

F. Explore client’s prior experience with estate planning/settlement

- *Please tell me about previous estate planning/estate settlements with other lawyers*

G. Non-Verbal Skills

- Nodding
- Tone of voice
- Smiling
- Eye contact
- Attentive posture
- Leaning closer to the client is a non-verbal signal to continue
- Touch while observing client's behavior to see if touch is okay

❖ Clients seldom verbalize their emotions directly and spontaneously. Instead, they present non-verbal clues

❖ Thus, if there are inconsistencies between verbal and non-verbal behaviors, make an “educated guess.”

- *You are saying you are coping well but I get the impression you are struggling*
- *I'm getting a sense that part of you agrees with me and part of you doesn't. How are you really feeling about this?*

Note: Even if the guess is incorrect, it shows clients that you are trying to further your understanding of their emotions. Often, they will then tell you what they are really feeling

❖ If the client has a prolonged silence, you might say *I notice that you have been silent for a while. (Pause) Please tell me what you are thinking?*

#### H. “What else”

- In order to avoid an important question from the client just as you are ready to end the meeting, ask throughout the interview *what else would you like me to know about today?*

### 5. Approaches that Inhibit the Disclosure of Facts and Feelings:

#### A. Eagerness to **Find It Fix It Fast**

#### B. “Yes/No” /Close-Ended Questions

- For example, instead of asking *Do you have anything else that I should know today?* ask *What else do you want me to know today?*

#### C. Rhetorical questions that risk putting words or ideas into the client's mouth

- *Are you sure about wanting to leave that much to charity?*
- *You really don't want to go to the trouble of setting up a living trust, do you?*

#### D. Two or more questions in the same sentence

E. Why questions

- Why questions seem to question motivation
- For example, instead, of *Why did you hesitate when I suggested that you incorporate this new approach into the planning?* use *What reasons did you have in hesitating to incorporate this new approach?*

F. Trite or canned expressions

Example: *I understand how you must feel* [Such expressions increase the risk of the client saying, *How can you understand? Have you had a son that shot himself?*]

- The only way to really get across that we are trying to understand is to demonstrate understanding through the use of an **PEARL** (see page 14)

G. Professional jargon or legalese

- *An honest tale speeds best being plainly told* - Shakespeare

H. “Rushing to Save” rather than exploring feelings

- Premature Advice
  - *How about seeing a grief counselor?*
  - *The sooner you sign the documents, the quicker you can get on with your life*
- False Reassurance. For example,
  - Client: *I am so sad. Why bother with anything?*
  - Lawyers: *Don't worry. Everything will be fine*
- ❖ The life of the griever is full of potentially guilt-inducing **shoulds** and **what ifs** that they might reveal to you.
  - *I should be strong for my loved ones*
  - *It should have been me instead.*
  - *I should have told my father that I loved him. Now, he doesn't even recognize me.*
  - *What if I had insisted that he go to the doctor?*
  - *What if I forget what my wife looked like?*
- ❖ Equally important are the **shoulds** that we might experience.
  - *I should always remain professional. Even though Jim is agonizing about the murder of his brother, I must control my emotions.*
  - *Mary should be grieving more about her husband.*

- ❖ Thus, instead of “Rushing to Save,” if the bereaved tells us a *should* or a *what if*, use a **PEARL**. (See page 14)

I. Being paternalistic, patronizing, or judgmental

- *You still have a whole future ahead of you*
- *Your marriage is good, isn't it?*
- *Don't worry; I'll take care of this*

J. Assuming that you understand what the client means without checking first

**PEARLS (24)**

Partnership

- Expression of collaboration
  - *We....*
  - *Let's ...*
- Expression of support
  - *I and my staff will be available to you throughout this difficult time*

Empathy

- Empathy is making an “educated guess” out loud as to what emotion the client is verbally/non-verbally exhibiting. Reviewing the signs and symptoms beginning on page 5 can be helpful in recognizing these feelings.
  - *I can see that the recent events have been very troubling for you*
  - *The forgetfulness that you reported must be very discouraging*
  - *Hiding your grief to protect your children must be a drain on your energy*
- Empathy can soften emotions and reduce the “re-cue” phenomenon
- We are often concerned that using Empathy will “open Pandora’s box.” In our opinion, Empathy and another PEARL increase, rather than decrease, rapport

Note Even if the “educated” guess is not correct, the client will appreciate your desire to understand and, often, will tell what he or she is actually feeling.

Apology

- Shows concern for perceived mistakes or hurts
  - *I regret that I (or others) offended/hurt/annoyed you*
  - *I apologize that I did not send you the documents as promised.*

Respect

- *I appreciate your being so honest with me about your feelings*
- *I am moved by your willingness to learn from this sad experience*

## Legitimize

- Normalizes and validates feelings and choices without necessarily agreeing with the content of what is being said
  - *Anyone would be confused (sad, angry) about this situation*

## Intentional Dialogue: Putting Yourself in the Client's Shoes (26)

1. Mirror what the client is saying. Reflect back the content of the client's message without interpreting or adding your own opinion. Be sure you've heard everything the client has to say.
  - *Let me see if I got that or What your saying is that . . .*
  - *Did I get that?*
  - *Is there more?*
  - Summarize what the client has said. This can be done in stages. It is fine to stop the client and say *I want to make sure I've understood what you've said for far. So I'd like to stop you for a moment and summarize what I understand.*
2. Validate what the client has said
  - *It makes sense to that you would feel \_\_\_\_\_ because of \_\_\_\_\_*
  - To validate does not mean that you necessarily agree. It is rather, your ability to recognize the client's subjective feelings or experience as having logic of its own.
3. Empathize with the client's situation.
  - Convey what you see or imagine the client may feel given what you have validated.
  - To put yourself in the client's shoes means that you recognize and are able to name the emotions and may even experience those emotions with the client.
  - Feelings are named in single words: sad, angry, confused, worried, overwhelmed
  - *I imagine you might be feeling \_\_\_\_\_*

## Explanation & Planning

1. Remember individuals process information differently:
  - Verbally
  - Written

- Diagrams/pictures [Helpful if there are comprehension and language barriers]
2. “Chunking & Checking”
- Give verbal information in small chunks with pauses to check patients’ feelings and understanding of the information (25)
  - Remember: *Brevity is the soul of wit* – Shakespeare

### Closing the Interview

- A. Summarize in the client’s own words
- *Let’s go over the main points to be sure that we are both on the same page*
  - *Let me see if I have this right*
- B. Screen to find out if there were any major points or concerns that were missed
- *What did we not address that you hoped we would cover today?*
  - *I hope that I have not left something out that is important to you.*
- C. If possible, escort the client to the reception room

### Additional Considerations

- A. As you gain trust with the client:
- Explore if he/she:
    - Had or is having grief counseling without implying that counseling is necessary
    - Is presently under the care of a medical physician
    - Engages in potentially rejuvenating activities such as regular exercise, meditation, yoga, and community activities.
  - Continue opportunities to gain information about feelings
    - *How has your husband’s death changed your life*
    - *What do you think the future holds for you?*
- B. Important dates: The following can be emotionally significant for the grieving client:
- Birthdates of spouse, children, and parents
  - Wedding
  - Celebrations such as Christmas, Hanukah, Thanksgiving, Passover, and Easter; the latter sometimes proving difficult because of its resurrection theme.

- Date of the death or onset of the ambiguous loss

C. Attention to yourself

Given the physical and emotional drain of interacting with grieving clients, please consider:

- Sharing from time to time the challenges of professional life with trusted and insightful friends, family, and colleagues
- One-on-one coaching to continue learning and practicing with feedback, communication skills specific to your needs
- Regular quiet time for reflection/meditation (27)
- Regular exercise

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## Grief: An Annotated Bibliography

[Compiled by Judy Barber, Gary Globber, and L. Paul Hood, Jr.]

### Background

- 1) Bonanno GA. Loss, Trauma, and Human Resilience. Have We Underestimated the Human Capacity to Thrive After Extremely Aversive Events? American Psychologist 2004; 59: 20-28

*Encouragingly, resilience in the face of loss or potential trauma is more common than often believed. Indeed, trauma interventions and critical incident debriefing may inhibit becoming resilient. The author describes the multiple and sometimes unexpected pathways to resilience*

- 2) Boss P. Ambiguous Loss: Learning to Live With Unresolved Grief. Cambridge: Harvard University Press, 1999.

*Introduction to issues of “frozen grief” caused by the uncertainty of loss. Loved one physically absent but perceived as psychologically present or loved-one is physically present but not thoroughly psychologically present.*

- 3) Boss P. *Loss, Trauma, and Resilience: Therapeutic Work with Ambiguous Loss*. New York: W.W. Norton & Company, 2006.

*Boss expands on the concepts addressed in the previous while offering clear therapeutic guidelines for the clinician. The holistic role of the family and the community in this process is emphasized.*

- 4) Bridges, W. *Transitions: Making Sense of Life's Changes*. Second Edition. Cambridge: Da Capo Press, 2004

*Defines loss in the context of life changes in relationship to the ability of the bereaved to meet the challenges.*

- 5) Cantor, RC. And *A Time To Live: Toward Emotional Well-Being During the Crisis of Cancer*. New York: Harper and Row Publishers, 1978.

*Describes the nature of ambivalent loss for patients and their families. Also addresses the potential for loss of identity in the context of hospitalization and the potential for depression and anger. Cantor articulates the importance of maintaining autonomy and the place of faith in the face of uncertainty.*

- 6) Chen PW. *Final Exam: A Surgeon's Reflections on Mortality* New York: Alfred A. Knopf, 2007

*A surgeon's reflections on how medical professionals deal with the impending death of a patient or friend. Contains an extensive bibliography of additional readings on the subject.*

- 7) Kubler-Ross E. *On Death and Dying: What the Dying Have To Teach Doctors, Nurses, Clergy and Their Own Families*. New York: Macmillan Publishing Co., Inc., 1969.

*Contains descriptions of five stages of death: denial and isolation, anger, bargaining, depression and acceptance. Through sample interviews and conversations, she gives the reader a better understanding of how imminent death affects the patient, the professionals who serve the patient, and the patient's family.*

- 8) Le Van G. Feuds, Flashpoints, and Family Councils. *Journal of Practical Estate Planning*. December 2004 - January 2005:19-25.

*Le Van illustrates how alert advisers can detect "flashpoints" of potential family difficulties during the estate planning process. Examples of grief are wonderfully described. Practical suggestions are given how an active family council can defuse these "flashpoints."*

- 9) Lunche HJ. *Understanding Grief: A Guide to the Bereaved*. Berkeley: SVL Press, 1999

*Well-written descriptions of the signs and symptoms associated with grief. Also, useful guidelines with regard to the grieving child and in seeking professional help.*

- 10) Maxim LS, Mackavey MG. Best Practices Regarding Grief and the Workplace. Journal of American Academy of Business. 2005; 110-116.

*Contains useful observations about the grief experience and how businesses would benefit from exploring employee attitudes towards time-off policies and workplace sensitivity to bereavement*

- 11) Perkins HS. Controlling Death: The False Promise of Advance Directives. Annals of Internal Medicine. 2007; 147: 51-57

*A realistic, "shades of gray" discussion of Advance Directives*

- 12) Schaffer TL. Death, Property and Lawyers. Dunellen Press 1970

*Seminal work on the psychological aspects of estate planning and client interviewing discusses critical concepts of transference and counter-transference. Contains an extensive bibliography of additional readings on the subject.*

## First Person Experiences of Grief and Trauma

- 1) Beard JA. "The Fourth State of Matter." The Best American Essays of 1997. New York: Houghton Mifflin, 1997, Pages 10-27.

*This is a story about many types of grief happening to one person all at the same time.*

- 2) Bridges W. *The Way of Transition. Embracing Life's Most Difficult Moments.* Cambridge: Perseus Publishing, 2001.

*Bridges re-accesses stages of transition in the aftermath of his wife's death. Quite moving, thoughtful and honest.*

- 3) DeWitt H, Editor. *Sorrow's Company: Writers on Loss & Grief.* Boston: Beacon Press, 2001.

*Excellent compellation of personal stories offered in three sections: Leave-taking, Bereft and Legacies. Includes quite different experiences, and viewpoints of grief from the inside, out.*

- 4) Dideon J. *The Year of Magical Thinking.* New York: Alfred Knopf, 2005.

*Much has been written about this book. At once quite personal in the detail, yet Didion's own voice is cool and analytical even as she watches herself. Her insights often cut to the core of what is needed for the bereaved in a culture where death and grief are expected to be managed in a series of predictable stages.*

- 5) Frankl VE. *Man's Search for Meaning* (Third Edition) New York: Simon & Schuster, 1984.

*Dr. Frankl describes his life amid the horrors of the Nazi death camps; stressing man's freedom to transcend suffering and find a meaning to his existence regardless of the circumstances.*

- 6) Hall D. *The Best and the Worst Day: Life With Jane Kenyon*. Boston: Houghton Mifflin Company, 2005.

*Poet Laureate of the United States, Hall shares the story of his wife's cancer, their closeness and tension as they battled for her life.*

- 7) King S. "On Impact." *The Best American Essays of 2001*. New York: Houghton Mifflin, 2001, Pages 120-131.

*Author's view of near-death and recovery from his accident when he was hit by a car while walking.*

- 8) Lewis CS. *A Grief Observed*. New York: HarperCollins Publishers, 1961.

*One of the most important intellectual theological writers and author of *The Chronicles of Narnia*, Lewis shares the grief of the loss of his wife. His descriptions of the feeling of grief are quite touching.*

- 9) Monette, Paul. *Borrowed Time: An Aids Memoir*. New York: Harcourt Brace & Company, 1988.

*A personal account of AIDS, the experience of the illness and death of a long-time partner as Monette himself experiences his own deteriorating health. Beautifully written, the book captures the universality of shock and grief.*

- 10) Rogoff M. *Sylvie's Life*. Berkeley: Zenobia Press, 1995

*Rogoff and her husband are told their newborn daughter has only a short time to live. The story is about how this couple, in spite of contrary advice, gave all of themselves to Silvie during her short life.*

- 10) Styron W. *Darkness Visible: A Memoir of Madness*. Vintage Books: New York, 1990.

*Styron describes his depression in detail and how he discovered the importance of life.*

- 11) Trillin C. *About Alice*. New York: Random House, 2006.

*Much of the book is about a couple's relationships and the perspective Trillin gained after the death of his wife, Alice.*

- 12) Ventura M. "Appointment with Yourself: Don't Mistake Your Schedule for Your Life." *Psychotherapy Networker Magazine*, November/December 2006, Pages 28-33.

*The author reports everyday feelings of loss and provides helpful perspectives.*

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