Danielle K. Glorioso: [Music] Today, I'm going to be sharing something that combines my role as the executive director at the Stein Institute with the research that I've led on resilience and combines my other role as a licensed clinical social worker and a grief therapist. For the past 15 years, my clinical work has been solely focused on grief and loss.

I have a small private practice where I work with people who have lost someone and those who struggle with something called prolonged grief, which is something I'm going to cover with all of you today. This topic is so near and dear to my heart. It's the work that feels really meaningful and important.

Whenever I have the chance to speak about grief and loss, it's just the kind of thing that really fills my heart. To get started, I want to explain why it fills my heart. My interest in grief and loss came from a personal place. I very sadly and tragically lost my brother Brian, to suicide in 2006. Tragic, terrible, awful, all the words.

At the time, I was in graduate school, studying to become a social worker and thinking about what my focus would be as a social worker. Soon after my loss, I realized I did not know how to manage the complexity and the myriad of emotions that comes with grief. I knew that that had to be where I was going to put my energy. But first, I had to start with healing myself.

So much of what I know in grief and loss did not come through a textbook. It came through my own experience of the mourning process. Then I've also had the great opportunity to train under some legends at the University of Columbia Center for Prolonged Grief. It's been a great opportunity to make a difference in the lives of those.

I'm guessing, let's see if I show of hands, how many of you have been impacted significantly by a loss in your life? Pretty much everyone. I think the reality is the longer we live, the more likely we are to lose somebody near and dear to us. I don't know about all of you, but nothing prepared me for the magnitude of the emotions during my loss.

It is with that humility that I share some of the story of grief and adaptation and how the work of resilience can help us cope with, manage, and adapt to, and integrate a loss. I always start my grief talks with this quote because this was a quote I stumbled upon very early in my own grief journey, and it really described so much for me. There is no grief like the grief that does not speak.

At the time, I was holding in all of my emotions. I don't know about you, but grieving is like a thumbprint. There are no two that are exactly alike, and we're all going to go through our own unique process. Many of us have similar themes or similar ways to cope, but it's all different and unique to us in ourselves and in our internal world.

For me, I dealt with it by pushing it down and just moving along. When I saw this quote, it made me realize the importance of sharing my story and opening up to others so that I could do my own healing. As a grief therapist, the one thing that stands out always is the most important thing for us in managing and coping with the loss is finding a way to have somebody help us bear witness to that pain and not go through it alone.

That's why this speaks so clearly to me, both as a griever and as a grief therapist. I also want to share today that I'm here today as a clinician, not as a researcher. I'm going to be sharing a lot of anecdotes about the clinical phase of grief and managing grief and loss. Let's just start with the basics, grief. What is it? We all know we've all heard of it.

But when we're working in clinical settings, we want to all have a level playing ground of what it means. It's universal, but how we understand it is not. This is just a quick Google search of grief. You can see there's lots of different definitions and lots of different ways to look at grief. Some people talk

about stages of grief. There's lots of different ways to look at grief. But Simply put, grief is a response to loss.

For purposes of this talk today, I'll be using grief in the form of losing someone we love to death and dying. But grief is also the loss of things we hold dear to us. Maybe loss of our license or loss of the home that we once loved, or loss of a relationship that really mattered to us, loss of a job that we really cared about. Grief comes in all forms.

So much of what I talk about today can be applied to any form of loss that you have in your life, not just somebody to death. Grief is a response to loss. It's complex. It's the form that love takes when someone dies. It's permanent after we lose someone, yet it's ever changing and evolving. We're not trying to get rid of grief. We're just trying to learn how to work with it, understand it, and manage it. Like I said earlier, it's universal.

All of us in the room who raise their hand, we all have that experience of grief that unites us, but how it impacts us is going to be different. How we carry it, how we manage it is going to be different. It's unique to each and every one of us, even though it's universal to all of us. It naturally contains mixed feelings and thoughts. It's also a stress response, which makes that even more complicated.

The loss of someone close can become one of the most challenging things we face as humans. I don't know about all of you, but my loss was certainly one of the most transformative experiences of my life. I say that with a great sense of humility because it was so challenging to navigate, and it really turned my world upside down so much so that I've thought about my life in two pieces before we lost Brian and after we lost Brian.

my life been fragmented ever since. Certainly, there was a large range of stressful responses that I had to deal with, and I'm sure many of you have, too. For those of you who have lost a partner, you could be dealing with the challenges and stressors of loss of companionship, the sense of protection you might have got from that attachment relationship that you had, your sense of self, because so much of our life.

Whether it's how we identify as being a daughter or being a mother or being a partner, we could lose our sense of self, our sense of identity, our sense of stability. Close attachments help us regulate our internal world. Maybe loss of a caregiver role, which is difficult and complicated, but also provides great meaning and importance to be able to caregive for someone we love.

Then it can also impact other restoration focused activities like challenging family dynamics can happen after a loss. I see that a lot. Exclusion from social groups. Meaning people might not invite you to couples events anymore, or you might not feel like you fit in in certain social circumstances anymore. Those people who lost a child maybe feel like they can't hang out with the friend group that used to know each other through their children.

Difficulties meeting responsibilities. After a loss, our life can feel like a big bomb blew up in it, and we don't know how to put the pieces back together. Tending to day to day activities can be really challenging and increased uncertainty about the future. I want to set the stage from the attachment standpoint, because this was a concept that really helped me when I was going through my grieving process.

I don't know about all of you, but when I had my loss, it felt like my whole internal world was upside down. I had difficulty eating, difficulty sleeping, difficulty focusing, concentrating. I developed something called grief brain. You experienced that? Grief brain is just that feeling that you can't put the pieces together as fast as you used to. Cognitive days I was in.

This difficulty doing all of the basics that I was completely unprepared for. Did any of you deal with

any of those things? Difficulty eating, sleeping, focusing, concentrating? Simple tasks became hard. It all comes back to the attachment theory and how it applies to loss. When we think about attachments, we are hard wired as human beings to seek proximity to others.

We create these strong attachments with relationships in our life. They help create an internal homeostasis in our life. When we have that loss, our whole internal physiology gets disrupted, and it's all upside down. As we go through the mourning process, It actually serves as a really important time for us to learn how to adapt for our internal physiology to start to re regulate again. That can take a long time.

I didn't understand that when I was grieving. I just knew that everything inside felt complicated and awful and I didn't know how to manage it. Had I known this piece, it would have helped me make sense of what I was going through. It wouldn't have taken away the pain, but it would have given me context to better understand what was going on and maybe not keep judging myself for it.

I don't know about those in the room. Did any of you judge your grief? I should be better. I should be this, I should grieve more, I should grieve less. My friend is doing much better than I am with my loss. There's just so many things because you don't quite understand what's going on. From that context, it helped me make sense of it. The stages of grief, have you all heard of this before?

This has been debunked long ago. The stages of grief is I wish that it was that simple. I wish that we could also move through these nice little stages. But these are great themes, though, because these themes are really common in grief. We don't go through them in any specific stage, but I'm guessing that many of you in the room experience one or two or maybe all, but just not in any particular order.

Denial, anger, bargaining, depression, and then acceptance. These are all pieces that I see in the mourning process with the people that I work with. Now I want to talk a little bit about acute grief, integrated grief, and prolonged grief. When we think about grief, grief is not something to get resolved or something to move on from. Grief is something that we want to try to integrate in our life.

The way that I think about grief is like, at the beginning, we have the grief that creates these sharp edges that are constantly stabbing us and hurting us, and it's just so painful. Over time, as we move through the mourning process, we find a way to integrate and adapt the loss, and perhaps the sharp edges of the grief start to dull some so that we can carry the grief with us a little easier.

As a grief therapist, my job is not to take away someone's grief. Grief is lifelong. It's not something that we want to get rid of, but it is something we want to learn how to carry and manage and live with. When we think about acute grief, acute grief is exactly what it says. It's that initial form of grieving that happens shortly after the loss.

This is the form that looks intense, dominating in the mind of the bereaved person. This is that phase I was telling you about where maybe your internal world feels so upside down. Difficulty eating, sleeping, focusing, concentrating, perhaps can't go to work. You're learning how to navigate this new life and also come to terms with the reality.

The acute grief, oftentimes, we will be detached from the reality and we will feel people say I feel numb. It feels surreal. That's acute grief. In time, most people as they move through the mourning process, they move into something that we call integrated grief. Integrated grief is that quieter form of grief. It's where the grief, the sharp edges of the grief have dulled a bit, and we are able to carry it with us.

Now, there'll still be moments when the grief gets activated and we can still feel 10/10 grief, and then we know how to manage it and we can bring it back down again. It's not at the front and center of our life. It's right in the middle of our life. But for a certain percentage of people, we can develop

something called prolonged grief. How many of you in this room have heard of that term?

Only a few of you. Prolonged grief is something that we've been studying for decades, but it only recently was acknowledged in the DSM. I'm not surprised that you haven't heard of it. But my guess is that some of you maybe have struggled with it or know somebody that has struggled with it. Prolonged grief is a form of persistent grief that doesn't resolve in time.

Have you ever yourself or somebody else known somebody who was grieving and maybe years later, they seem and appear just as stuck as they did right after the loss and maybe feels just as acute. Years later, there's a name for that. It's called prolonged grief. Roughly and there's different ranges, estimates of those who struggle with prolonged grief, but it's anywhere between 8% and upwards of 15% of people can develop prolonged grief.

When you think about that number doesn't sound that big, but when you think about how many people a year lose someone, 10-15% could develop prolonged grief, that's not small. A few other things to keep in mind when it comes to grief that can feel challenging and can really make our internal world feel, again, upside down, because grief is this back and forth place where we want to hold on to the grief.

We feel like it helps us stay closer to the person we love, so we don't want to let it go. But we also are suffering so much that we want the pain to go away and we want it gone. We want to feel free of the pain, but we also feel as though we should never let go of that pain. We want to move on with our life or engage in life, but we also judge ourselves about what would it mean if I could start to live again.

It's that back and forth, feeling the need to be around other people, but then not knowing how to manage being around other people. That tug of war again with isolating versus feeling like, I need people, knowing that the loss is real, but emotionally not being able to come to terms with it. Maybe telling ourselves that, oh, they're just away for the weekend and they're going to come back any moment.

That's something we call magical thinking, where you tell yourself at the beginning that Intellectually, they're gone, but your emotional mind can't handle it. You make up stories in your head that maybe they're somewhere else, and they'll be coming back soon to just help manage and cope with the pain.

Then there will be this tug of war of craving closeness to the person who died, but then also trying to avoid any reminder of them in your home. But then also craving that closeness and wanting to immerse yourself in anything related to the person you lost. Not wanting to stop to think about what we've lost, but feeling frustrated that that's all we have or the thoughts.

You can see that this back and forth tug of war can really play a stressful role in our lives as we're trying to mourn the loss and try to come to terms with this new reality without our loved one in it. Adapting to loss is really what the mourning process is all about.

We as grief therapists, we're focused on these two things, helping clients come to terms with and accept the reality of the loss and all that it means, and helping people restore their capacity for well being. Whether you're in therapy or not, these are two things I want you to keep in mind. If you're coping with a loss right now or you know somebody that is, or if you have a loss in the future, I want you to think about this.

These are the two most important things. Accepting the new reality. The way that I think of it is this. We have our intellectual mind and our emotional mind. Immediately, we understand intellectually that the loss has happened. It's our emotional mind that cannot come to terms with it right away. It is too big, too great, too complicated to come to terms with it emotionally.

The mourning process is a series of fits and starts between back and forth of facing the reality that they're gone and then totally retreating from it and facing it, taking a break. Because it's just too painful. The magnitude of it is just too big.

Danielle K. Glorioso: Accepting the new reality, what does that look like? It means accepting the finality of the loss and the permanence of it. As a sentence, it sounds so simple. But in practice, that is so hard to do. I'm sure all of you can think about your loss and try to remember how hard it was to accept the finality of the loss. That is a massive emotional undertaking and it's really difficult. We have to also accept that we have a changed relationship to the person we lost. They're no longer here. They're no longer the ones doing the groceries or the laundry or the thing the day to day.

Danielle K. Glorioso: Now we have to find a new way to connect with them. Then there's all the other changes that come with the loss that we have to come to terms with, too, that our new roles in society, maybe now we have to take on tasks that we didn't have to do before. I lost my brother, and now I have to manage my parents alone without my brother to help me. There's so many little things that have to come with accepting the reality. But at the same time, it's not just about accepting the reality. We need to find a way to restore our capacity for well being. This is where the resilience work is going to come in in just a little bit.

Danielle K. Glorioso: But what does restoring capacity for well being look like? Well, for some people, right away, they can get back to engaging in life and doing things. But for many of us, that takes time. We are far too overwhelmed to be able to really enjoy life. We have to first accept possibilities for purpose, meaning and joy and satisfaction. Again, this is a slippery slope because if we are early in our loss, the idea that we could have meaning or satisfaction, again, might be almost insulting to somebody. Try working with somebody who's lost a child, say to suicide, and ask them to imagine that their life could have meaning, joy, and satisfaction in those early months after the loss.

Danielle K. Glorioso: They would be almost insulted by it. This is something that really can take a lot of time for people. It's possible, but it's delicate. We want to help people have a sense of competence, feeling like they can do these things on their own now, and the promise of satisfying and meaningful relationships. Many grievers will isolate, not all, but many. How do we find our way back to important relationships? Not to mention the fact that sometimes relationships in our life have let us down. I don't know if any of you had that, but some people just don't know how to engage with grievers. Well meaning friends or family might avoid us.

Danielle K. Glorioso: Has that happened to any of you? That feels like a secondary loss when that happens, especially the people we expect to be there for us, but it's hard. People don't know how to interact with grief. Grief it's just such a slippery slope for people. When we can accept the reality of the loss and restore capacity to thrive, we can move into what we call integrated grief. What does integrated grief look like? It's where grief is transformed and finds a place in our life that sits here, but doesn't dominate our thoughts all the time. It comes up but then it comes back down.

Danielle K. Glorioso: Maybe you're listening to a song in the car, you feel the grief, it gets intense, but now you feel the intense grief and then it just settles back down again. It doesn't dominate the rest of your day, sets you off balance or off kilter. Now you can find a way to get back to a steady state. Your internal physiology is now re-regulated. The intense thoughts and memories start to recede and they're more distant, but you can still access them. You can still tell stories about your loved one and engage with it in a way that feels more manageable.

Danielle K. Glorioso: Emotions become bittersweet but regulated. That's really important because at the beginning, it mostly just feels bitter. It's just so painful. The memories are so painful. It's all we have, but it's a reminder of what we don't have, and that can really be challenging. You can see how complicated this is. It's like a constant tug of war that grievers are going through, and we're not

always realizing that that's what we're dealing with. Then also, we find a way to reconnect with others. Continuing bonds, staying connected after a loss. Have any of you heard of this term continuing bonds? You have. Fantastic.

Danielle K. Glorioso: Continuing bonds, and again, this is a concept or an idea that for some people, immediately after the loss, it might almost feel too sensitive a topic. What do you mean I could stay connected with my loved one after I've lost them? I want them here. I don't want this other thing. Allow me to think that that's going to be something I want. But in time, the idea of continuing bonds is how do we quite literally continue the bond with someone we've lost after they've passed? It's an ongoing in a relationship that we maintain with someone who's died. The idea is that our relationship has changed in its form, but it's not gone.

Danielle K. Glorioso: The relationship continues to have connections through memories, values, rituals, and then we are able to connect with them without feeling that overwhelming intensity of feelings. I can just say that I'm guessing some of you do you feel as though, like you still sometimes talk to the person you lost? Ever do that? Just have a conversation with them. The way that we continue bonds is going to be different for everybody. But I'm here to say through my own experience that on some days, I feel closer to my brother than I ever have, and I can't believe I would say that out loud. But there's so much of my life now that is integrated into him and the work that I do that I'm constantly feeling his presence.

Danielle K. Glorioso: I don't know, for those of you who have felt the presence of your loved one after you've lost them, it's a really comforting and beautiful thing. It's not as good as having him here. I would much rather have him here. But it's so wonderful to feel his presence. On difficult days when I'm stressed or I have something hard to face, I ask him for help and support, and I feel like he helps me through all the time. He does not let me down. This is a really important piece for grievers. If there's anything you take away when you leave here today, it's going to be this point.

Danielle K. Glorioso: The dual process model. This is a model that was developed, and it really is about how we can learn to cope and manage the intense feelings of grief. The whole idea is, as we're moving through the mourning process and we are overwhelmed by intense feelings, some people will do one of two things. They'll either totally avoid their feelings. That was me, or they will feel the intensity of the feelings all the time with outbreak. If we want to go through the mourning process, what's the best way to say this most efficiently, if I should say, it's to do this process, the due process, which is to touch the pain all four corners of that grief, touch all four corners of that painful emotion and then totally put it away and take a break from it and do restoration oriented things.

Danielle K. Glorioso: It doesn't matter what it is. Now, at the beginning, this is impossible to do. It's like anything, you have to build the muscle up. But the idea is, some people will say, Well, putting it away, that just sounds like distraction. The word distraction sounds unhealthy, and I don't think I should be distracting. I'll remind people, it's not distraction, it's respite. Your body needs a break from the intensity of those emotions to restore itself and come back to the painful place. This back and forth, an oscillation between touching the intense painful emotions and putting them away, is a key piece to moving through the mourning process.

Danielle K. Glorioso: I will say, I applied this to everything in my life. Stressed out, touch it, put it away. Disappointing news, touch it, put it away. Just this back and forth of facing it and then taking a break from it. Really helpful. If you or anyone you know is struggling with a loss, I would encourage you to tell them about the dual process model. All you need to remember is touch it, put it away. Just this back and forth. It really will make such a difference. This is especially for people who have been avoiding pain because they're just doing all the putting it away, not really much of the touching it. What we know about grief is that it waits for us. If we avoid it, time does not heal all wounds.

Danielle K. Glorioso: Grief waits for us, and it's insidious. As it's waiting, it's festering. It's like a pot that's got lid on it. It's just building. We really need to let the air out of that pot and do the touch it, put it away if we are avoiding. Grief in older adults, as we know, the longer we live, the more likely we are to have many significant losses. Most people in this room raise their hand when I've asked how many of you have had a meaningful or significant loss in your life. Most people. What's the impact on older adults? I want you to think about the impact it's had on your life. I'm wondering if this stands out at all. We know that with older adults, most people tend to deal with grief and loss and move through just fine. We're resilient. It's painful.

Danielle K. Glorioso: It's difficult, but we find a way to navigate it. But that doesn't mean it doesn't come without some scars or some challenges as we do that. Here are the four areas that we the research shows us impact on older adults. Physical health. How many of you felt some impact on your physical health when you were going through your loss? A few of you did. The research shows us that it's not just like, we feel crummy. People who are grieving have increased infections, stress immune imbalance, and higher mortality, the widowhood effect. Have you ever known somebody that lost somebody and then, within six weeks or within a year, the spouse passes too? Physical health is compromised when we're old adults and we're grieving intensely.

Danielle K. Glorioso: Mental health. One in five people experience prolonged grief. This is older adults, 65+, and up to 30% can face depression and loneliness. Any of you struggle with any of these things? That's why grief is such an intense experience. There's so many complicated emotions and feelings. If you're raising your hand like this, that means you're going through a lot. Adapting to loss really is one of the most difficult things we can face as human beings. It's not small. Cognition is impacted in older adults. Attention and memory can decline. It can come back, but it does decline.

Danielle K. Glorioso: Resilience factors. Psychological strengths can be impacted, social engagement can be impacted, and doing things that we once loved or that had meaning in our life can also be impacted. I'm guessing, would you raise your hand to that one? Although you're here. All of you are here, which means that you're still engaging in things that maybe are meaningful or significant to you. That's important. I put this slide in because I'm guessing that some of you have been caregivers. Grieving caregivers is an important thing that I want to cover for just a moment. Here are two things that caregivers will often say that they face. I'm wondering if those of you in the room who were caregivers or are currently caregivers, if you faced this.

Danielle K. Glorioso: There's a term called ambiguous grief. Have you heard of this term? It's ambiguous loss is the type of thing you feel when the person might still physically be here. But they're not in the same way. When we are caregiving for somebody with Alzheimer's and dementia, say, and let's just say that their road is a long one, eight, nine years, we might be grieving on a weekly, daily basis because what they once could do the next day they can't. Maybe what they once could remember the next day they can't. They're still here but the grieving process has begun for us, and that's ambiguous grief because it's not always something that other people can see.

Danielle K. Glorioso: But when we're caregiving and maybe our loved one can no longer go to movies with us anymore, that's another loss. Maybe they can't go see the kids with me anymore. That's another loss. It's ambiguous grief, but it's also really challenging, especially when they have a long road of caregiving, which means that we are constantly grieving. Anticipatory grief. This is feelings of loss that start to come before the loss happens. Again, you might see this in caregiving for people with Alzheimer's and dementia. But what I want to point out that is so important is that just because we have anticipatory grief, we know in time what the outcome will be, doesn't help us prepare for the moment.

Danielle K. Glorioso: Anticipating the loss is not preparing for the loss. Many times people are overwhelmed by the intensity of emotions that come when the finality of the loss happens. They'll

say, I wasn't prepared. I know I should have seen this coming. I was not allowing myself to look at it, notice it, or see it. It was too painful. I was in the moment of caregiving. That's why people who caregive are more likely to develop higher levels of prolonged grief in caregivers. I'm going to move into prolonged grief now. Prolonged grief, just a handful of you had heard of it. Essentially, it's people who stay stuck in an acute phase of grief indefinitely. Time does not heal all wounds, and actually, the opposite happens.

Danielle K. Glorioso: As time goes on, the grief feels more and more intense. That's in part because the statute of limitations is up. Maybe we feel like our friends don't want to hear about it anymore. My friend is tired of hearing me talk about my loss. Now you have to hold it in. You don't have the same level of support or understanding. It can make things become more and more difficult. We're isolating more, and over time, our life can feel extremely difficult. I've worked as a prolonged grief disorder therapist. I've worked with people who are 20+ years since the loss and grieving just as intensely as they were, after the loss. I have a story of a woman that I worked with who was near 80. She lost her son 24 years before I met her to suicide.

Danielle K. Glorioso: She used to be somebody that traveled all the time. She was somebody that was a professor, and she was an artist and an advocate and really engaged in local politics. After the loss happened, she stopped doing all things. She kept her son's home exactly as it was. She owned the home, and it was down the street. She didn't move a thing in the house, and she would no longer drive by it, so she'd have to go out of her way to drive when she was going to go to the grocery store. This is over 20 years from the loss. She couldn't engage with her living child and grandchild because she was so bereaved that it was hard to show, like, up and be normal. She missed all these years with her family members.

Danielle K. Glorioso: When she finally found me, we went through prolonged grief disorder therapy, which I'm going to tell you about in just a minute. In time, she was back to doing many of the things. All the things that she thought she could never do again. One of the things that she was a big sports fan, and one of the things she wanted to be able to do was she was a season ticket holder to a team in Chicago area. She had sent me a postcard from going to a game in the Chicago area. It was just a sign of, her reengaging in life and living life. People who have prolonged grief can suffer intensely for a long time and not even know that they have a name for it.

Danielle K. Glorioso: She just thought she was really broken. She didn't know that she was struggling with something that had a name, and it also had a treatment. What this demonstrates here is generally, after a loss bereavement, we move into something called acute grief, which we've talked about today. Sometimes in the first six months or so, we can move into something called defensive coping mechanisms. This is just ways to help us survive the moment, get through the services, get through the bills, and all the things. But in time, we move into adaptation and integrated grief.

Danielle K. Glorioso: But for those with prolonged grief, we get stuck right here, and we don't move to integrated grief. The way that I think about prolonged grief is to illustrate it as a train track. When we think about the grieving process as a train track, the mourning process. All of us are going through the mourning process like a train track. But for those who develop prolonged grief, something has got them off track, and the cart is spinning its wheels indefinitely.

Danielle K. Glorioso: For most people who spin their wheels like that, unless they get some help, they'll stay there indefinitely, like the woman I just told you about. Prolonged grief disorder therapy is about helping that client get their car back on the track and move through that mourning process again. We have to identify what the stuck points are. What are the things that are keeping us stuck in the loss? What are the things that bother us in the loss? What are the coping mechanisms that we've utilized that have perhaps made it a right place to be stuck indefinitely like that?

Danielle K. Glorioso: Prolonged grief is not a completely different way of grieving. It's just an intense, prolonged way of grieving. The defensive coping can persist over time and keep us stuck. Adaptation is impeded, preventing the evolution of grief for us to move through that mourning process. We have to do a little detective work together to identify what's got us stuck. Then we want to help people move through the grieving process and remove the impediments that can help facilitate adaptation. Like I said, prolonged grief was entered into the DSM not long ago, which was a little controversial because we don't want to pathologize grief.

Danielle K. Glorioso: Reach is natural, instinctive. We all experience it. There's nothing wrong with grief. But when it persists for long periods of time, we want to make sure that we have a framework to be able to treat people and help people. That's why I'm a fan of this because I want to see it help more people, and the more it's recognized, the more people we can make a difference in.

Danielle K. Glorioso: Here's just some overview of what prolonged grief is. At least three of the following disrupted identity, marked sense of disbelief, avoidance of reminders, intense emotional pain, difficulty engaging in life, emotional numbness, feeling that life is meaningless, and intense loneliness. This is at least a year since the loss. For many people that I see that are maybe two years from the loss, let's just say they lost a child, I wouldn't diagnose them with this because what would we expect for somebody who's lost a child?

Danielle K. Glorioso: I would not expect full integration of the loss of a child at two years. As clinicians, we use our judgment. But it's got to be at least a year. Why do some people develop prolonged grief when others don't? We don't totally know why, but we know that there are some themes and some risk factors that can contribute to it. Some of the individual variables would be history of depression, anxiety, prior losses can make us more vulnerable to prolonged grief. Difficult relationships with early caregivers, so maybe our attachment styles are anxious or challenged. Of course, the relationship to the person we lost makes a difference, who died, how close we were to them, how identity defying they were.

Danielle K. Glorioso: If we have a partner that we've spent 50, 60 years with, and our whole world and identity was wrapped up in that, you can imagine how complex that is to come to terms with something that we've held dear for 60 years. Caregiving for someone with Alzheimer's or dementia. That's also a risk factor I told you guys about. Circumstances of death. We know that people who die by suicide or homicide, their family members are more likely to develop prolonged grief. Also the context. What are our social situations? Are we having financial challenges after the loss? Those types of things can also impact whether or not we develop prolonged grief.

Danielle K. Glorioso: I've already mentioned this point about caregivers and prolonged grief, but studies have shown that dementia caregivers are at higher risk for prolonged grief, estimated up to 20%. Let's think about that for a minute. You think about how many people struggle with Alzheimer's and have family caregivers in this country, up to 20%, that's a big number.

Danielle K. Glorioso: Here are factors that are associated with negative bereavement outcomes in caregivers. Why do we think that caregivers might develop prolonged grief? Again, there's so many reasons why, but here are just a handful. When we are married to the person we caregive for, that contributes. That's what the research shows us. If we derive benefit from the caregiving experience, we find it meaningful. We find it significant. We find it an honor to help our loved one, then we've lost that meaning and purpose when we lose them, too.

Danielle K. Glorioso: If we have compromised physical or mental health before the death, so we know that caregiving puts a physical and mental health toll on caregivers. That's well documented. The trauma of witnessing a long-term dying can be hard, especially with somebody we love so dear, it can be so painful to watch. The last part is the part I pointed out already, low preparedness for the death.

Even while we were caregiving, we were not preparing for the death. We were in the trenches trying to care for them, not preparing for what it might be like when we lose them.

Danielle K. Glorioso: For those who have prolonged grief, I'm here to tell you, as a trained prolonged grief disorder therapist, it's the most meaningful and impactful therapy I've ever done as a therapist. I've worked with people for 15 years now, and I have seen it change the life of almost every single client I have ever worked with. The thing I love so much about it is it's 16 sessions. It's not a never ending treatment. This can really give hope to somebody who's suffering.

Danielle K. Glorioso: Imagine you've been suffering for 22 years, you think nothing can help you. Then someone says, I have a treatment that will take about 16 weeks. For somebody who's suffering, they can wrap their brain around that, and that feels like something that's tangible. We have milestones that are introduced in procedures that we do in the therapy, and it's really designed around that one place that I showed you, which is to help people come to terms with the reality and to integrate the loss.

Danielle K. Glorioso: In a nutshell, this is what we focus on in prolonged grief disorder therapy. Helping people learn to accept their grief and manage their emotions so hard. Help people see a promising future can feel impossible for many of them. Could you imagine the woman I told you about? There was no chance she could see a promising future. All she could see was pain and suffering for the last 20 something years. Help strengthen relationships. Learn to narrate the story of the death. When we think about loss, the moment that everything changed in our life is the moment that they died.

Danielle K. Glorioso: That story can be extremely activating. In this therapy, we have our clients tell the story and visualize where they were the moment they learned their loved one died and share that story week after week. The idea is to help take something that's unthinkable and make it thinkable. We want to learn to live with reminders, maybe be able to look at photographs again, or maybe be able to engage in things. Like, I had to help the woman be able to drive by that house again. You can imagine how difficult that was, so it's really helping people connect to the things they've been avoiding, which is very painful and difficult. Then also connect to memories of the person who died. For some people that can easily do that others, it's just too hard.

Danielle K. Glorioso: Now we're going to move into resilience. First part was just focused on grief and loss. Now we're going to focus on resilience and the importance of resilience and moving through the grieving process. I'm paying attention to the time, so I'm going to keep us moving forward. Resilience. All of you have heard the term resilience. How resilient would all of you say you are? Like highly resilient?

Danielle K. Glorioso: Great. In your experience, you probably are aware that people who are resilient, it's not that you don't feel pain. It's not that you don't suffer. It's not that you have absence of hard times or challenges. It's our ability to bounce back from that challenge that makes people resilient. Does that sound right to you as well. You've all had hard times, highly resilient people, probably have had a lot of hard times, actually.We might still go through the grieving process like everybody else, but our ability to bounce back is what makes it different.

Danielle K. Glorioso: At the Stein Institute, I started focusing on resilience about 10 years ago because I learned, I don't know if you guys knew this. I didn't know this, and I worked in aging, that people who have high levels of resilience live on average seven years longer. Is Tiger longevity, isn't that amazing? I didn't know that, and I worked in aging for about 10 years before I learned that fact. Maybe you all knew that already.

Danielle K. Glorioso: What are the core components of resilience? I'm guessing that all of you in this room can relate to this, emotional regulation, so being able to manage our feelings effectively without

becoming too overwhelmed. It doesn't mean you don't experience overwhelmed, but you know how to bounce back from and manage the overwhelmed, so the overwhelmed doesn't take over for weeks on end. It maybe comes in, comes out, comes in, comes out.

Danielle K. Glorioso: Cognitive flexibility. This is so important. We don't have very rigid black or white thinking when you're resilient. You're able to see things through various lenses without getting stuck in seeing it from just one little angle. Cognitive flexibility is really important because an example of this with grief would be somebody telling themselves, It is all my fault. It's all my fault. It's all my fault. They struggle to see it through any other lens besides it's all my fault.

Danielle K. Glorioso: People with high levels of resilience have a lot of social support in their life. It doesn't mean they have tons and tons of friends, but the relationships they do have meet their needs. People who are highly resilient are value driven activities are really important, and they connect with making meaning in their life. Why does resilience matter? Well, I already gave you that one little teaser, but people with high levels of resilience, the research shows us have better psychological outcomes, so not surprising, lower levels of depression, anxiety. They have greater levels of social support and gratitude and spirituality. Stronger immune systems. This is amazing to think.

Danielle K. Glorioso: Longer life expectancy, stronger social ties, better prepared for life's unpredictability, less likely to do that like why me. We might do why me for a little bit, of course, we're human. But we can quickly bounce back from the why me, why me versus getting stuck in that place. The other thing I love about resilience is it's not just a stable trait. It's a skill that we can be enhanced. It's like a muscle. It's something that can grow. For those of you who didn't raise your hand that you're highly resilient, those of you who may be low level of resilience or mid level, you can improve your resilience. In fact, I'm going to show you a couple of slides on a study we've done at UCSD to help people enhance resilience.

Danielle K. Glorioso: Resilience is dynamic, not fixed. Some certain parts of our life, we might feel way more resilient than others. It's not a stable trait. It changes with life experience, but it's like a muscle. We can grow it with use, and small actions like reflection, self-care, connection can build our resilience. Routine goal setting, engaging and making meaning can be really important in harnessing that skill.

Danielle K. Glorioso: I'm going to move on from this because we're going to run out of time. About 10 years ago, when I connected the dot that longevity and resilience were hand in hand, I came up with the idea to try to develop an intervention to see if we could help enhance resilience in older adults. The social worker side of me wanted to see if we could make a difference with older adults in that setting, so I got funding.

Danielle K. Glorioso: I created a program three sessions long, didn't know if it would work, just looked at the literature and all the components of resilience, put together a three session program. We did it in two communities here in San Diego, one in Arizona and one in Illinois. We looked at the data, and I was so nervous. I was thrilled to see that the results were incredibly impressive. Over COVID, we went back and did a 2.0 version, which became a six session intervention, delivered on Zoom because it was COVID.

Danielle K. Glorioso: But this program is done in group settings or one on one. I'm going to go over the results of that for you in just a second. But what does it entail? Information and group discussions, all the pieces and components of resilience that matter. Aging as a continued time of growth, value making, gratitude, life reflection, purpose, meaning making, gratitude journaling, mindfulness meditation, savoring and gratitude practice.

Danielle K. Glorioso: Here are the results. Those who finished the study had decreased levels of perceived stress, decrease in depressive symptoms, decrease in loneliness, while an increase in

higher wisdom scores, increase in resilience levels, and an increase in self-compassion. Right now, this is being used in various senior living communities across San Diego, and it's also been used in Israel and in England.

Danielle K. Glorioso: I'm going to wind down the segment now. Things to consider when we want to bring together the science of resilience and how it might help us manage through the grieving process. Facilitating adaptation, we need support. We don't grieve well alone. I want you to remember that. We do not grieve well alone. The dual process model, the touch it, put it away. I want you to think about that. Touch painful things.

Danielle K. Glorioso: Grief is not linear. When you have a grief moment that sort of gets activated, I want you to remember grief is not a straight line. There's going to be moments when it gets activated. It's not going backwards. It's just the process. It's up and down. It's not something to be resolved. It's something to learn to live with. Anticipatory loss. Here's some key pieces to think about. If you're caregiving right now and you're in the midst of this, acknowledge your current grief and what that means every day because every day there's some form of grief you're living with that maybe is just being pushed away because we're in survival mode.

Danielle K. Glorioso: Remember that anticipation is not preparedness. We want to help you confront the reality of what's happening and then put it away. Confront it and put it away. Prioritize your own well being. I know that's easier said than done. I don't minimize how hard it is to find time for ourselves when we're caregiving and mobilize support early and often. Helping others. This is a big one, too. Many of us don't know what to do when we have a friend or family member that dies. Normalize the diverse grief responses, we're all different.

Danielle K. Glorioso: This is my grandmother and my two kids. When she got sick, we flew home to be with her, and I think it was the best medicine for her. It really was. Don't fear acknowledging the loss to other people. This can be hard, but I always say err on the side of, say something. How are you? How have you been since the loss? How are you doing? How are you managing? Avoid judging or comparing people's grief. Prioritize presence over perfection. That's why we went. Wanted to be near her. We knew it would help. Engage in a daily routine, continue doing things that are meaningful. I'm racing through you guys. I'm sorry.

Danielle K. Glorioso: I know we're going to run out of time in just a minute. Be attentive to signs of prolonged grief, either with yourself or with friends and family members. Now you know what prolonged grief is, you might see it in people you care about, and you can tell them that it exists, or maybe you see it in yourself. I'm sorry I raced through that end part, but with that, I want to thank all the people on my team who has helped me through the years to develop this work as a grief therapist. This is our team at the Stein Institute. Right across campus. With that, I want to thank you all.