NCLEX-RN 2026 | PSYCHOSOCIAL INTEGRITY | MENTAL HEALTH NURSING

Stages of *Grief* & Loss

A high-yield, clinical-judgment guide to bereavement, mourning, and the nurse's role across the grief continuum.

1 What Grief Actually Is

DEFINITION · OVERVIEW

01 **Grief** is the internal **emotional response** to loss — a normal, expected reaction, not a disease. **Mourning** is the outward, cultural expression of grief.

02 **Bereavement** is the objective state of having experienced a loss. Loss may be *actual* (death, amputation) or *perceived* (loss of role, identity, body image, independence).

03 Grief is **non-linear** — patients move forward, backward, and sideways through stages. No fixed timeline. There is no "right" way to grieve.

Why It Matters on NCLEX

Grief affects every patient population: oncology, OB (perinatal loss), peds (chronic illness), geriatrics, mental health, and end-of-life care.

NCLEX tests your ability to **differentiate normal grief from complicated grief or major depression**, and to recognize when therapeutic presence — not advice — is the priority.

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PATHOPHYSIOLOGY · THE GRIEF CASCADE

How the Body & Brain Respond

Loss Event

Death, diagnosis, role change, separation

HPA Axis Activation

↑ Cortisol, ↑ catecholamines → stress response

Neurotransmitter Shift

↓ Serotonin, ↓ dopamine, ↑ norepinephrine

Somatic Response

Insomnia, ↓ appetite, fatigue, chest tightness

Integration

Adaptive reorganization & meaning-making

Neurobiological Highlights

HPA AXIS

Sustained cortisol elevation suppresses immune function — bereaved patients have ↑ risk of infection, MI, and cardiovascular events (Broken Heart Syndrome / Takotsubo cardiomyopathy).

LIMBIC SYSTEM

Amygdala & anterior cingulate hyperactivity drive emotional pain. Brain processes social loss with overlapping circuitry of physical pain.

SLEEP & REWARD

↓ Serotonin and dopamine disrupt sleep architecture, motivation, and appetite — mimicking depression but typically resolving over 6–12 months.

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SIGNS & SYMPTOMS · STAGES OF GRIEF

Kübler-Ross 5 Stages & Beyond

Remember: Patients do *not* move through these stages in a fixed order. They may skip stages, revisit them, or experience several at once. The NCLEX-correct answer reflects this fluidity.

D — DENIAL

"This can't be happening to me."

- Shock, numbness, disbelief
- Refusal to accept diagnosis
- Avoidance of topic
- Protective buffer — gives time to mobilize coping

A — ANGER

"Why me? Whose fault is this?"

- Rage, resentment, blame
- May target nurse, family, God
- Verbal outbursts, irritability
- Do NOT take personally

B — BARGAINING

"If I just... then maybe..."

- "If/then" statements with higher power
- Promises in exchange for cure/time
- Seeking second opinions
- Brief stage — attempt to regain control

D — DEPRESSION

"What's the point anymore?"

- Sadness, withdrawal, crying
- ↓ Appetite, ↓ sleep, ↓ energy
- Anticipatory mourning
- Quiet presence is key intervention

A — ACCEPTANCE

"I'm ready for whatever comes."

- Calm, peaceful reflection
- Planning end-of-life wishes
- Saying goodbyes
- NOT the same as happiness

Bowlby — 4 Phases of Mourning

ATTACHMENT-BASED MODEL

1. **Numbness/Shock** — disbelief, protests
2. **Yearning & Searching** — pining, anger, anxiety
3. **Disorganization & Despair** — hopelessness, depression
4. **Reorganization** — re-engaging in life

Worden — 4 Tasks of Mourning

ACTIVE TASKS, NOT PASSIVE STAGES

1. **Accept** the reality of the loss
2. **Process** the pain of grief
3. **Adjust** to a world without the deceased
4. **Find** an enduring connection while moving forward

Engel — 6 Stages

CLASSIC NURSING-TEXTBOOK MODEL

1. **Shock & Disbelief**
2. **Developing Awareness** (anger, crying)
3. **Restitution** (rituals: funeral, wake)
4. **Resolving the Loss** (reviewing memories)
5. **Idealization** (memorializing deceased)
6. **Outcome** (recovery, reintegration)

Rando — Mourning Process (6 R's)

CONTEMPORARY INTEGRATIVE FRAMEWORK

1. **Recognize** the loss
2. **React** to the separation
3. **Recollect** & re-experience the deceased
4. **Relinquish** old attachments
5. **Readjust** to the new world
6. **Reinvest** emotional energy

NORMAL

Uncomplicated Grief

Acute symptoms gradually resolve over 6–12 months. Patient maintains function, can experience moments of joy. Expected.

ANTICIPATORY

Anticipatory Grief

Begins *before* the loss (terminal diagnosis, declining dementia). May ease post-loss adjustment. Common in caregivers.

COMPLICATED

Complicated / Prolonged Grief

Intense symptoms persist > **12 months** in adults (>6 mo in children).

Impaired functioning. Now a DSM-5-TR diagnosis.

DISENFRANCHISED

Disenfranchised Grief

Loss not openly acknowledged or socially supported (miscarriage, pet, ex-partner, stigmatized death). Patient feels invisible.

MASKED

Masked Grief

Patient unaware grief is driving behaviors — somatic complaints, substance use, work compulsion.

CUMULATIVE

Cumulative / Bereavement Overload

Multiple losses in a short period (common in older adults). High suicide risk — assess carefully.

RED FLAGS — Escalate Care Immediately

- Active suicidal ideation, plan, or intent
- Hallucinations beyond brief sense of deceased's presence
- Severe weight loss, dehydration, or self-neglect
- Persistent feelings of worthlessness / guilt
- Persistent yearning / preoccupation > 12 months
- Inability to perform ADLs after several months
- New-onset substance abuse or self-harm
- Psychomotor retardation, mutism, catatonia

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PRIORITY NURSING INTERVENTIONS

What the Nurse Does First

PRIORITY FRAMEWORK — A B C → SAFETY → PSYCHOSOCIAL → THERAPEUTIC PRESENCE

Assessment Priorities

- ✓ **Assess suicide risk** directly — ask "Are you thinking of hurting yourself?" This does NOT plant the idea.
- ✓ **Identify stage** of grief — match interventions to the patient's current emotional state.
- ✓ **Screen for complicated grief** if symptoms persist > 12 months or impair function.
- ✓ **Evaluate support system** — family, spiritual care, community.
- ✓ **Assess cultural & spiritual** beliefs around death, rituals, and mourning.
- ✓ **Monitor physical health** — sleep, appetite, hydration, weight, medication adherence.

Implementation Priorities

- ✓ **Provide therapeutic presence** — silence and sitting with the patient is an intervention.
- ✓ **Encourage expression** of feelings — give permission to cry, rage, or be silent.
- ✓ **Maintain safety** — remove means of self-harm if suicidal; place on suicide precautions PRN.
- ✓ **Facilitate rituals** — funeral, prayer, religious observances, viewing the body.
- ✓ **Refer to resources** — chaplain, social work, grief support groups, hospice.
- ✓ **Educate** family about non-linear nature of grief; normalize the experience.

Therapeutic Communication — DO vs DON'T

SAY THIS	AVOID THIS
❞ *"This must be very difficult for you."*	✗ *"I know exactly how you feel."*
❞ *"Tell me what you're feeling right now."*	✗ *"At least she's in a better place now."*
❞ *"It's okay to cry — I'll stay with you."*	✗ *"Everything happens for a reason."*
❞ *"What would be most helpful for you today?"*	✗ *"You need to be strong for your family."*
❞ *(Silent, present, eye contact, gentle touch if appropriate)*	✗ *"You should be over this by now."*

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PHARMACOLOGY · WHEN DRUGS ARE USED

Adjuncts for Complicated Grief

KEY PRINCIPLE: *Medications are not first-line for normal grief. They are reserved for* **complicated grief, comorbid major depression, severe anxiety, or persistent insomnia**. *Psychotherapy and supportive care remain the cornerstone.*

SSRIs

ANTIDEPRESSANT

EXAMPLES	`sertraline` `escitalopram` `fluoxetine`
MECHANISM	Block serotonin reuptake → ↑ synaptic serotonin → improved mood, sleep, appetite.
SIDE EFFECTS	Nausea, sexual dysfunction, insomnia/somnolence, ↑ suicide risk in <25 yo (black box), serotonin syndrome.
NURSING	Full effect **4–6 weeks**; do not stop abruptly (discontinuation syndrome); monitor mood & SI; avoid with MAOIs.

SNRIs

ANTIDEPRESSANT

EXAMPLES	`venlafaxine` `duloxetine`
MECHANISM	Block serotonin AND norepinephrine reuptake → mood & energy improvement.
SIDE EFFECTS	↑ BP (monitor!), nausea, insomnia, dry mouth, headache.
NURSING	Check baseline BP; taper to discontinue; avoid in uncontrolled HTN.

Benzodiazepines

SHORT-TERM ANXIOLYTIC

EXAMPLES	`lorazepam` `alprazolam` `clonazepam`
MECHANISM	↑ GABA inhibition → rapid anxiolysis & sedation.
SIDE EFFECTS	Sedation, falls (esp. elderly), dependence, respiratory depression, paradoxical agitation.
NURSING	**Short-term only** (acute crisis, <2–4 weeks); high abuse potential; avoid with opioids/alcohol; fall precautions.

Trazodone / Sleep Aids

SEDATING ANTIDEPRESSANT

EXAMPLES	`trazodone` `mirtazapine` `melatonin`
MECHANISM	Trazodone: serotonin antagonist + reuptake inhibitor; sedating at low doses for sleep.
SIDE EFFECTS	Daytime drowsiness, orthostatic hypotension, *priapism* (rare, trazodone), weight gain (mirtazapine).
NURSING	Take at bedtime; rise slowly (orthostasis); educate re: priapism > 4 hr = emergency.

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NCLEX TEST TRAPS · COMMON WRONG ANSWERS

Where Students Lose Points

1 Stages are NOT linear or universal

TRAP ANSWER
"The patient must complete denial before reaching anger."

→

CORRECT
"Patients move through stages in their own order; they may revisit any stage."

2 Silence IS an intervention

TRAP ANSWER
"Fill the silence with reassuring statements."

→

CORRECT
"Sit quietly and offer presence — silence allows the patient to process feelings."

3 Anger is NOT personal

TRAP ANSWER
"Leave the room until the patient calms down."

→

CORRECT
"Remain calm, acknowledge feelings; do not take outbursts personally."

4 Grief vs Major Depression

TRAP ANSWER
"6 weeks of sadness after a death = MDD diagnosis."

→

CORRECT
Normal grief includes self-worth intact, moments of joy, focus on deceased. MDD = persistent worthlessness, anhedonia, suicidality.

5 Therapeutic communication ≠ fixing

TRAP ANSWER
"At least he's not suffering anymore."

→

CORRECT
"This must be incredibly painful. I'm here."

6 "Sensing" the deceased ≠ psychosis

TRAP ANSWER
"Notify provider — patient is hallucinating."

→

CORRECT
Brief auditory/visual experiences of the deceased are *normal* in early bereavement. Reassure and normalize.

7 Suicide assessment is ALWAYS priority

TRAP ANSWER
"Address sleep complaints first."

→

CORRECT
If patient expresses hopelessness, "wanting to join" the deceased, or giving away possessions → assess suicide risk FIRST.

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PATIENT & FAMILY EDUCATION

What to Teach Before Discharge

1 Normalize the Experience

- Grief is a normal response — not a sign of weakness or illness.
- Symptoms come in waves; expect "good days" and "bad days."
- Holidays, birthdays, and anniversaries may trigger fresh waves.
- Brief sense of the deceased's presence is common and not psychosis.
- There is no "right" timeline — be patient with yourself.

2 Self-Care Essentials

- Maintain sleep schedule; aim for 7–9 hours.
- Eat regular meals — even small portions.
- Stay hydrated; limit alcohol & caffeine.
- Gentle movement (walking, yoga) helps regulate mood.
- Avoid major life decisions for the first year.

3 Coping Strategies

- Journal feelings or write letters to the deceased.
- Attend bereavement / grief support groups.
- Engage spiritual or cultural practices as desired.
- Memorialize through rituals, photos, or storytelling.
- Lean on a trusted person — talk, don't isolate.

4 Medication & Treatment

- SSRIs take **4–6 weeks** — do not stop early.
- Never stop antidepressants abruptly — taper with provider.
- Avoid combining sedatives with alcohol or opioids.
- Report new or worsening suicidal thoughts immediately.
- Attend all therapy sessions — CBT & CGT are effective.

! When to Call for Help — RIGHT AWAY

! Thoughts of suicide, self-harm, or wanting to "join" the deceased

! Inability to eat, drink, sleep, or care for yourself for several days

! Persistent hallucinations or delusions about the deceased

! Use of alcohol or drugs to numb feelings

! Symptoms not improving after 6–12 months — call **988** (Suicide & Crisis Lifeline) for immediate support

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MEMORY BOOSTERS · MNEMONICS

Lock It In

DABDA — Kübler-Ross 5 Stages

The classic, NCLEX-favorite mnemonic.

D	A	B	D	A
DENIAL	ANGER	BARGAINING	DEPRESSION	ACCEPTANCE

> Patients can move through stages in **any order**, skip stages, or revisit. NCLEX rewards answers that reflect this fluidity over rigid linear thinking.

Worden's Tasks — "A.P.A.F."

Accept reality · **P**rocess pain · **A**djust to new world · **F**ind enduring connection

Therapeutic Presence — "BE QUIET"

Be present · **E**ye contact · **Q**uiet listening · **U**nderstanding · **I**nvite expression · **E**mpathy · **T**ouch (if appropriate)

Complicated Grief Red Flags — "S.A.D."

Suicidal ideation · **A**ctivities of daily living impaired · **D**uration > 12 months

6 R's (Rando) — Mourning Process

Recognize · **R**eact · **R**ecollect · **R**elinquish · **R**eadjust · **R**einvest

Built for NCLEX-RN Mental Health Mastery · 2026 Test Plan aligned

PSYCHOSOCIAL INTEGRITY · GRIEF & LOSS