

## Grief 101

### November 1999/June 2004 - Grief

How often do you have been told that someone has recently experienced the death of a loved one, lost their job, or were just diagnosed with a serious illness and you are at a loss for words? What can you say?

What about when we are the one experiencing the loss? What is “normal” grief? What is “complicated grief?”

In this issue of Wellness Wisdom, you will receive answers to the most commonly asked questions.

### What is loss?

There are two main types of loss: Physical and Psychosocial.

Physical loss is the loss of something tangible or touchable. A tangible loss may be a person, a home, part of the body, or family pet.

Physical loss is more likely to be acknowledged by those around us. Most resources (i.e. books, seminars, tapes and groups) are developed around physical loss. Most workplace bereavement policies acknowledge and cover the loss of a person, often for only for 1-3 days. Some policies do not cover the loss of anyone except immediate blood family and the policies can create another loss because extended “family” and friends sometimes have more positive impact in our lives than people that are blood relatives. Those who no longer have living family members often “adopt” new families to help fill those roles.

Psychosocial loss (or symbolic loss) is the loss of something intangible. This might be a divorce, retiring, layoffs, a chronic illness or a miscarriage. These losses frequently involve the “not-so-obvious losses,” such as: loss of security, loss of identity, loss of youth, loss of dreams. These intangible sorts of losses can be particularly painful for many reasons.

First, people aren't as apt to validate the impact of psychosocial loss. Secondly, with intangible losses the bereaved rarely have rituals or ceremonies to assist in processing the loss. These rituals and ceremonies, such as funerals, memorials, even wakes and roasts, assist us in placing acknowledgement and honoring our losses or our gains.

Most grief involves both types of loss. The loss of a loved one may also cause a loss of identity, security, physical nurturing, or comforting rituals – such as phone calls, anniversary or holiday celebrations or even the need to be needed.

### What are some common responses to loss?

- Pain, sadness, sorrow – sometimes waves of it coming “out of the blue”
- Anxiety, agitation, anger, frustration
- Hot flashes, shortness of breath, smothering sensation
- Dry mouth, dizziness, chest pains, and heart palpitations
- Muscle tension, aches, muscle twitches, headaches
- Feelings of being overwhelmed
- Ambivalence
- Disorganization, confusion, distractibility, difficulty with concentration and decision

making, decrease of productivity

- Preoccupation with or avoidance of the loss
- Lowered self-esteem, feelings of inadequacy
- Pessimism
- Decreased interest, motivation and initiative
- Regression, particularly for children (i.e. – a child that has been potty trained before the loss may begin to bed wet or suck thumb after the loss)
- Tendency to sigh (this enables the mourner to get more oxygen)
- Too little or too much sleep
- Too little or too much appetite
- Binging on high carbohydrate foods or “comfort foods”
- Avoidance or lack of interest in people, places or activities
- Extreme busy-ness, can’t slow down
- Fear of going out, open places or new activities
- Shock and numbness
- Exaggerated startle response
- Frequent dreams about the loss
- Feelings of unreality, “going through the motions”
- Forgetfulness
- Cognitive dissonance, meaninglessness, aimlessness
- Increase in spirituality or meaning
- A sense of spiritual confusion, alienation, rejection
- Increase in self-destructive behaviors
- Clinging behavior or isolation
- Jealousy or anger toward others without loss
- Extreme fatigue or agitation
- Problems with coordination
- Unexpected tearfulness
- Gastrointestinal and muscular pains
- Hair loss

### **What is complicated grief?**

Complicated grief means a loss fraught with complication. Examples of a complicated loss are: murder or other violent crime; protracted legal issues around the loss; an accident; a suicide; a natural disaster; a presumed death with no body found; any loss of a child; a preventable death; infidelity before the divorce or issues involving betrayal. The loss of an unhappy, volatile or complicated relationship can be particularly difficult and often takes much longer to grieve than a good relationship. Grieving is also complicated when the situation around the loss is traumatic. Each additional loss increases the likelihood that the process will become complicated, particularly if the losses occur within one to five years of one another.

The healing process of complicated grief is particularly difficult to do without professional assistance. A trained professional may offer individual or group counseling, or both, after such a loss. A physician may recommend short-term sleep or anxiety medications or longer-term antidepressants after such a loss.

People cannot simply “think” their way through grief. Complicated or traumatic deaths are even stored, in the body, differently than non-traumatic events.

### **How long does grieving take?**

Therapists are frequently asked, “How long will it take for me to get over this loss?” There is no ONE answer. With the loss of a loved one, the loss can be felt for decades. Over time, the grief may change in

intensity, and re-intensify during milestones or would-have-been-milestones such as: the 90th birthday of the deceased, or when we reach the age the deceased was at the age of death. Other milestones might be more related to the bereaved: experiencing the birth of a child, hitting a special age (16, 21, 40, 50), or other significant events in which the deceased will be sorely missed.

Anniversary dates are often painful for someone who has experienced a loss. An anniversary date is any date, season or holiday that reminds the bereaved of their loss. These dates can be particularly painful for the first 12 to 24 months. Though painful, these are normal and healthy parts of the grieving process. Depression or anxiety is common during anniversary times, even if the person is not consciously aware of the significance of the date. The subconscious mind doesn't forget.

### **How Can I Deal With My Grief?**

Anniversary dates can be used as a time of celebration. The deceased may be honored by the planting of a tree, lighting of a candle, having a letter written to the (obviously, not one you could "send"), buying their favorite flowers or celebrating their life and lessons you received from having them with you as long as you did. Celebrate their birthday with a cake for the rest of the family, give a gift to someone that carries on the same lessons the person taught when they were living. Many holidays are merely celebrations of events that were ways of dealing with bereavement. Easter, George Washington's birthday, Memorial Day, Good Friday and Easter are some examples of this. Develop your own celebratory rituals of honor.

### **How Can the Bereaved Be Helped?**

All too often, the support system expects the bereaved to "get over it" in a month or less. Sadly, bereavement policies barely cover the time it takes to make funeral arrangements and to attend the funeral. There may be other issues around a death not covered by bereavement policies, such as: legal matters, wills, probate, closing or transferring accounts and/or real estate, initiating insurance claims or disposing of personal effects of the deceased.

It isn't uncommon for a grieving person to spend weeks in profound shock. During this time, people are on automatic pilot and have extreme difficulty with the most mundane needs. Sleeping and eating is frequently disrupted; the immune system is being stressed – making them vulnerable to illness. Concentration is difficult, if not impossible during this time. Bereaved people are at much higher risk for accidents and mistakes, because this time of grief is physiologically dangerous. They cannot simply "snap out of it."

As a supporter of the bereaved, there are no "magic words" to make the pain disappear. The bereaved need to be heard, receive support, "Just thinking of you" notes, and not to have their grief minimized with comments such as: "Well, she was old" or "Death is a part of life" or "It was God's will." All these statements may have an element of truth, but do nothing to ease the pain of grief.

### **When Should Professional Help Be Sought?**

Seeking professional help during bereavement is always a good idea. At the very least, a professional is a neutral person trained to listen and assist in the grieving process. Family and friends often have difficulty listening to repeated stories (which is also normal and healthy part of the grieving process) and, therefore, may do and say things to shut down that process. It is important to note that family and friends may also be grieving. Since we all grieve in different ways and at different speeds, being the primary emotional support of a grieving person while you are also grieving the loss can be very stressful. 24-hour Crisis Lines are particularly useful for those who are not willing or ready to get counseling.

In addition, anytime there are extenuating circumstances surrounding a loss, professional help is a wise preventative measure. If someone is not able to function after the loss or is turning to unhealthy coping behaviors (such as alcohol or drugs), professional help is critical. Grief is a natural life process and cannot and should not be avoided. When grieving is done fully, life can take on new positive meaning, with valuable lessons learned.

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