## Grigf and Loss Part II

This essay was written by Joyce R. Bateman, Director, Counseling Services & Chair, Behavioral Intervention Team Ozarks Technical Community College

Part I of the Grief and Loss essay explored the common phases, symptoms and avoidance practices of the bereaved. A person may experience intense grief reactions after the death of someone close or after the loss of something important (a job, a relationship, a pet, a way of life). Although there are common feelings, thoughts, and challenges that most who are grieving will experience, each person who grieves will also experience grief in his/her own unique way. Part II of the Grief and Loss essay includes a discussion of common grieving myths, the differences between grief symptoms and depression, and strategies to assist in healing. Part II concludes with a comprehensive list of grief and loss resources.

## MUTHS ABOUT THE GRIEVER

Dr. Alan D. Wolfelt (clinical thanatologist and director of the Center for Loss and Life Transition in Fort Collins, CO) is known internationally for his educational contributions in both adult and child grief. I have had the privilege of attending numerous of Dr. Wolfelt's seminars and many of his very straight-forward, easy-to-understand publications are listed at the end of this article. One very informative article written by Dr. Wolfelt is entitled "Dispelling 5 Common Myths About Grief" (Thanatos, Fall 1989, pgs. 25-28). A portion of the text from this article is shared below.

#### MYTH #1 GRIEF AND MOURNING ARE THE SAME

No. <u>Grief</u> is the thoughts and feelings a person experiences INSIDE. The internal meaning we place on a loss. <u>Mourning</u> is how we express ourselves externally. Often in our culture, it is okay to grieve, but not mourn. "Keep it to yourself." "Keep your chin up." To heal, people need to be able to both grieve and mourn.

# MYTH #2 THERE IS A PREDICTABLE AND ORDERLY STAGE-LIKE PROGRESSION THAT MOURNERS GO THROUGH

No. A mourner's expression of grief is unique. It needs to unfold naturally-not necessarily in rigid stages. We must respect each person's unique way of mourning and allow him/her to teach us about their experience.

#### MYTH #3 WE SHOULD TRY TO MOVE AWAY FROM GRIEF INSTEAD OF TOWARD

No. Grieving in isolation or running away from our grief prevents us from healing. Yet in our society, many people do just that for fear of being called weak, crazy or self-pitying. Grieving and mourning are painful, but must be faced.

#### MYTH #4 WE SHOULD HAVE THE GOAL OF "GETTING OVER" OUR GRIEF

Not really. We actually never fully "get over" any loss. We are forever changed because of the loss. But we can recover and live in our world in a new way. We must realize that eventually, the heart wrenching pain will fade - although we never "get over" our grief, we can be reconciled to it.

## MYTH #5 TEARS EXPRESSING OUR GRIEF ARE SIGNS OF WEAKNESS

No. Although people may want to protect the griever from pain, tears are nature's way of releasing internal tension in the body as well as allowing the mourner to communicate their need to be comforted.

## DEPRESSION OR GRIEF?

Many of the symptoms and reactions common to grieving, mimic those of depression. However, one who is grieving is not necessarily going to experience full-blown, major depression. Indeed, there are differences between grief and depression that are important to understand. The following table, authored by Cook and Dworkin in the text: *Helping the bereaved* (1992), provides a very clear differentiation between uncomplicated grieving and depression.

	Uncomplicated Grieving	Clinical Depression
Loss	recognizable, current	often not recognizable
Reactions	initially intense, then variable	intense and persistent
Moods	labile, acute, not prolonged, heightened when thinking of loss	mood consistently low, prolonged, pervasive pattern
Behavior	variable, shifts from sharing one's pain to being alone, responds to some invitations, variable restrictions of pleasure	either completely withdrawn or fear of being alone, no enthusiasm for activity, persistent restrictions of pleasure
Anger	often expressed	turned inward, not necessarily expressed
Sadness	periodic weeping and/or crying	little variability (inhibited or uncontrolled expression)
Cognitions	preoccupied with loss, confusion	preoccupied with self, worthlessness, negative sense of self & future, self- blame, hopelessness
History	little or no history of depression or other psychiatric illness	probably history of depression, psychosis, or other psychiatric illness
Sleep Disorders	periodic difficulties	regular early-morning wakening
Imagery	Vivid dreams, capacity for imagery & fantasy	imagery tends to be self-punitive
Responsiveness	responds to warmth and assurance	hopelessness and helplessness limit response

## SO WHAT AM I SUPPOSED TO DO?

Simply by reading this material, you have already done something!!! You are acknowledging that yes, something is going on here and it's probably grief. Now you know some of the reasons for a person's grief, some of the reactions and symptoms that are commonly attributed to grief, and some of the common ways people avoid grief. Perhaps just knowing this information is enough to keep you on the "healthy grieving" track. If you feel like you need more assistance, the following are approaches many individuals have found helpful as they move through their grief.

#### Counseling

Counselors can assist and support people as they move through the grief process. Counseling is also an opportunity to express oneself, sort feelings (especially those which are mixed or ambivalent), hear an objective view point, and receive comfort and normalization of one's experiences. Counseling can occur individually or within a group setting. Remember, the department of Counseling Services provides free and confidential counseling services to currently enrolled students. The staff also provides referrals to community resources for all members of our college community (including employees).

#### Activities (Also Known As "Counseling Techniques")

If you have ever participated in counseling, you know that it is more than just an experience of talking to another person. Most counselors often employ "techniques" to assist clients with their issues. There are many very effective techniques that counselors may introduce during grief counseling, and many of these techniques are also ones that the griever can try on his/her own. Some of these techniques include the following:

- Creating a memory book using photos, letters, mementos.
- Using rituals, symbolic acts, materials when words are inadequate. This might include writing letters to the deceased or to the thing that has been lost to facilitate saying good-bye, journaling, writing poetry, performing a "mock service" or eulogy, disposing of objects associated with the loss in a ceremonial way.
- Doing things that pamper oneself. This might include learning meditation and relaxation, exercising, practicing positive self-talk, learning visual imagery. Many of these strategies are also very effective in helping the griever come to healthy terms with their loss.
- Identifying techniques and activities to assist in arresting intrusive/repetitive thoughts. These may include singing songs, memorizing verses or poems and reciting them, working math problems in one's head, etc.
- ✓ Using a "How Am I Doing Checklist" (Humphrey, K. M., 1993) to assess one's progress through the grief process. Some days it may seem that the griever feels as bad today as he/she did six months ago. The "How Am I Doing Checklist" is an effective, visual reminder that the griever has, indeed, come a long way in the healing process.
- Reading books and articles related to healthy grieving.

## Gathering a Support System

Healthy social support is often a critical piece in healing. The member(s) of your social support network are those who should allow you to move TOWARD your grief.

#### Medication

Generally, medications like anti-depressants or tranquilizers should not be used or used sparingly. Uncomplicated grieving is not the same as clinical depression (see information above). Of course, if the griever has previously been diagnosed with depression (or another mental illness) and medication is already a part of his/her treatment, the medication should NOT be discontinued! I am speaking specifically of the individual with no history of mental illness. Sometimes a person is prescribed a medication to help "ease the pain" of grief. As unpleasant as it can be, it truly is important that people who are grieving (in most instances) feel the pain in order to move through grief. Medications that are prescribed to dull or ease pain could actually pave the way for a complicated and prolonged grief response.

## PROVIDING HEALTHY SUPPORT TO THE GRIEVER

When someone close to you experiences a loss, it is normal and natural to desire to reach out to this person and provide healthy support. Unfortunately, it is often difficult to know what to say. It is equally hard to know what to do in order to provide this healthy support. Many who are unsure end up saying and doing nothing. This of course can contribute to the sadness the griever already feels. Doing or saying nothing also contributes to our own feelings of helplessness and inadequacy. Numerous books and articles on grief and bereavement include helpful information in this regard specifically for caregivers and loved-ones of the bereaved. The following are just some of the words that can be used and actions that can be taken by caregivers when reaching out to those who are grieving:

#### MAKE YOURSELF AVAILABLE

Can you imagine what times of the day or specific dates might be the hardest for the bereaved? Be there-at least via phone call. Have you told the bereaved that he/she can call on you whenever needed? If so, then you must be there.

#### ACTIVELY LISTEN

Those who are grieving often need to tell their story of loss many times over. Retelling the story is one very important way that the bereaved moves through the process of grieving. Even if you've heard the story twenty times, it is important that you listen as attentively the first time as you do the twentieth. There may be new details that you didn't hear before and there may be new opportunities for you to give feedback and reassurance each time you hear the story.

#### WHEN OFFERING TO HELP, BE SPECIFIC

"Call me if you need anything" may be said with good intentions, however, making specific offerings can be much more meaningful and helpful. "Can I take your children to the zoo on Friday?" or "I am going to the grocery store, can I pick you up milk, eggs, bread...anything?" or "I would like to bring dinner to your home next week. Would there be a better day than another to drop something by?"

#### AVOID MAKING JUDGMENTS OR GIVING ADVICE

Actively listening with very caring ears means that you will allow the griever to tell you how it feels. If you hear yourself wanting to tell the griever how he/she should feel or, if you have a tendency to make judgments on how other people "ought" to experience life, remember, making judgments or giving advice are not as caring as simply listening, responding, asking for more information, and allowing the griever to feel the way he/she needs to.

#### AVOID STAYING AWAY

Remember that avoiding the bereaved or staying away (which most people do when they are uncomfortable or are afraid of saying/doing the wrong thing) gives the message of "I don't care about you."

### • BE SENSITIVE TO THE WORDS YOU CHOOSE TO USE

Whenever possible, avoid the following statements (or statements/clichés similar to these):

"It was God's will."

"God needed another rosebud for His garden (or another angel)."

"Your loss is Heaven's gain."

"You can remarry." "You can have more children." "You can find another job." "You can replace your pet."

"You think you have it bad, let me tell you about..."

"You need to forget about the past and get on with life."

"Don't cry." "Don't be angry." Or any other "don't" feeling.

"I know just how you feel."

"Time will heal."

"You're STILL feeling badly?"

If you are going to say something, words from the heart (like the following) can be much more comforting: "I am sorry."

"I really care about you."

"I am not exactly sure what to say. I just wanted you to know that I only want to do and say the right thing."
And then, when appropriate, it is okay to ask the griever, "What can I do that would be helpful for you?"
"I just wanted you to know I was thinking about you."

#### BE PATIENT

The grief process does not follow a time-table. Even if you think the person should be further along in his/her grieving, it is important to allow the bereaved to grieve at the speed he/she is comfortable. As stated in one of the publications referenced below, "Offering emotional support to mourners is exhausting and demanding. Real support is never a quick-fix!"

## RESOURCES AND REFERENCES

There are hundreds of books, articles and websites devoted specifically to the topics of grief and loss. I have included a list of many of these resources below. Several of the following resources were used to develop this Grief and Loss essay and several are simply excellent resources, which I recommend both to those who are grieving and to caregivers. After reading the Grief and Loss essays and after reviewing this comprehensive resource list, you may have more questions or may feel the need to speak with a counselor. Please feel free to contact the Department of Counseling & Career Resources at OTC. We can be reached by phone (417-447-6974) or email (batemanj@otc.edu).

#### **WEBSITES**

#### Center for Loss & Life Transition.

http://centerforloss.com/

Dr. Alan Wolfelt's grief and loss articles (including those mentioned above) can be accessed at this comprehensive site.

#### Children's Grief and Loss Issues.

www.childrensgrief.net

#### Compassionate Friends.

www.compassionatefriends.org

Grief support after the death of a child. Local chapters nationwide. Nonprofit, self-help support organization.

#### GriefNet.

www.griefnet.org

An Internet community of persons dealing with grief, death and major loss.

#### Hospice Foundation of America.

www.hospicefoundation.org

#### SOS. Survivors of Suicide.

www.survivorsofsuicide.com

SOS helps those who have lost a loved one to suicide to resolve their grief and pain in their own personal way.

#### **TEXTS**

- Bozarth, A. R. (1994). Life is goodbye, life is hello. (2<sup>nd</sup> Ed.). Center City, MN: Hazeldon Publications & Educational Services.
- Caplan, S. & Lang, G. (1995). Grief's courageous journey. Oakland, CA: New Harbinger Publications.
- Cook, A. & Dworkin, D. (1992). Helping the bereaved: Therapeutic interventions for children, adolescents and adults. San Francisco: Harper Collins/Basic Books.
- Doka, K. J. (1993). Living with life-threatening illness: A guide for individuals, families and caregivers. Lexington, MA: Lexington Press.
- Doka, K. J. (1989). Disenfranchised grief. Lexington, MA: Lexington Press.
- Fahy, M. & Antonucci, E. (2001). The tree that survived the winter. Paulist Press.
- Feinstein, D. & May, P. (1990). Rituals for living and dying. San Francisco: Harper Collins Publishers.
- Humphrey, K. M. (1993). How Am I Doing Checklist.

Humphrey, K. M. (1994). Hard lessons. Counseling the grieving college student. Presentation given at ACA Annual Convention, Minneapolis, MN.

Isle, S. (1990). Empty arms. Coping with miscarriage, stillbirth and infant death. Maple Plain, MN: Wintergreen Press.

Miller, J. (2000). How can I help?/What will help me? (2nd. Ed.). Ft. Wayne, IN: Willowgreen Publishing.

Rando, T. (1984). Grief, dying and death: Clinical interventions for caregivers. Champaign, IL: Research Press.

Sanders, C. (1989). Grief: The mourning after. New York: John Wiley & Sons.

Sprang, G. & McNeil, D.S.W. (1995). The many faces of bereavement. The nature and treatment of natural, traumatic, and stigmatized grief. New York: Brunner/Mazel Publishers.

Staudacher, C. (1987). Beyond grief: A guide for recovery from the death of a loved one. Oakland, CA: New Harbinger.

Stillion, J., McDowell, E. & May, J. (1989). Suicide across the life span. NY: Hemisphere Publishing Corporation.

Walsh, F. & McGoldrick, M. (2004). Living beyond loss. (2<sup>nd</sup>. Ed.). W. W. Norton & Company.

Wolfelt, A. D. (1987). Understanding common patterns in avoiding grief. Thanatos, 2-5.

Wolfelt, A. D. (1989). Dispelling 5 common myths about grief. Thanatos, 25-28.

Wolfelt, A. D. (1991). Helping yourself heal when someone loved dies. Thanatos, 11-12.

Wolfelt, A. D. (1992). Understanding grief. Helping yourself heal. Muncie, IN: Accelerated Development Publishers.

Wolfelt, A. D. (2005). Healing grief at work: 100 practical ideas after your workplace is touched by loss. Companion Press. (this text will be released May 1, 2005).

Worden, J. W. (1991). Grief counseling and grief therapy (2nd Ed.). New York: Springer Publishing Co.

#### Journals on Death, Dying, Grief, Bereavement and Loss

American Journal of Hospice Care
Bereavement Magazine
Death Studies
Forum Newsletter (Association for Death Education and Counseling)
Loss, Grief and Care
Omega, Journal of Death and Dying
Thanatos