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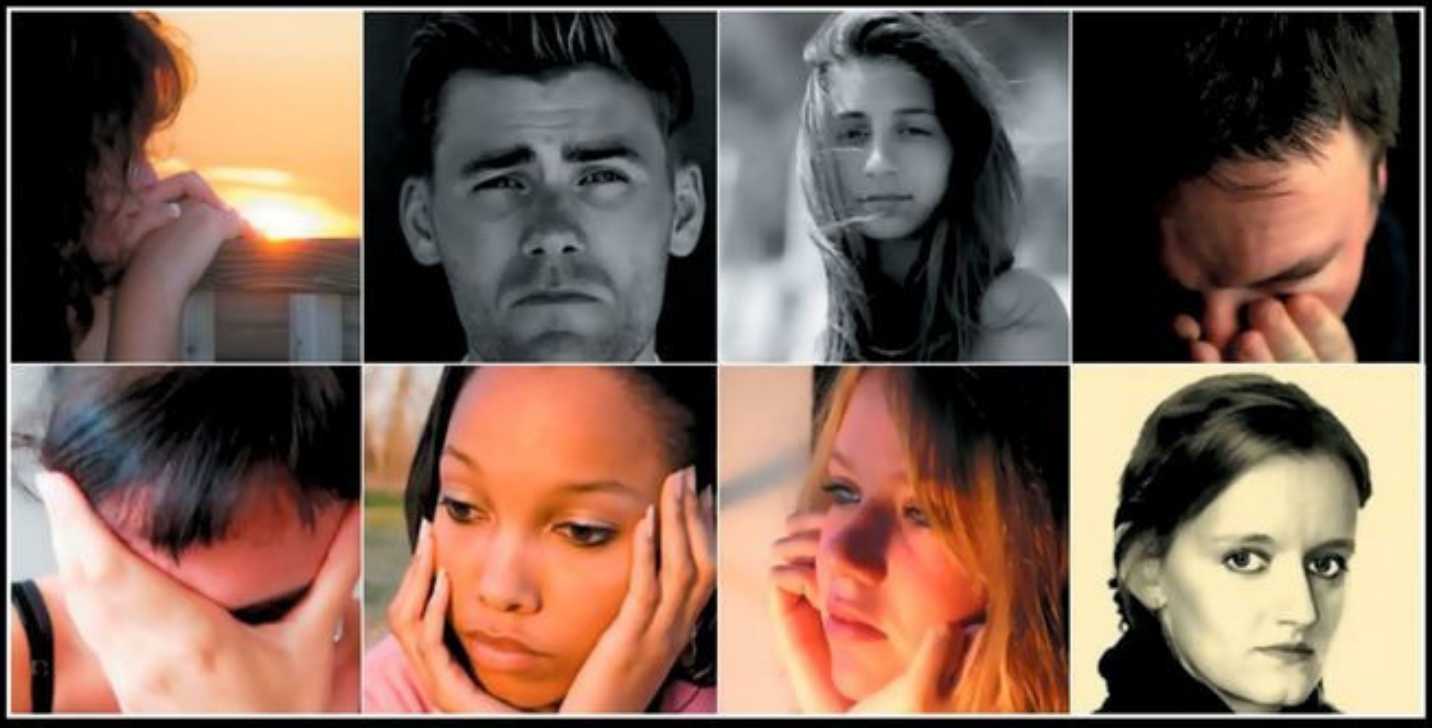
FACES of GRIEF

Overcoming the Pain of Loss

Veronica Semenova, Ph.D



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«Издательские решения»

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Faces of Grief. Overcoming the Pain of Loss / V. Semenova — «Издательские решения»,

ISBN 978-5-00-511800-4

Many books are written about grief: what it is and how to deal with it – but no loss is the same. The intensity of grief depends on many different factors. Grief varies between young and old and between cultures and religions, and depends on levels of existing dysfunction and on the nature of death (if the death was expected or sudden). It depends on previous experiences with death and attachment styles, and, of course, interpersonal factors play a very important role, as well.

ISBN 978-5-00-511800-4

Содержание

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ISBN 978-5-0051-1800-4
Created with Ridero smart publishing system

Important Note

This book is not intended as a substitute for medical advice or treatment.

Any person with a condition requiring medical attention should consult a qualified medical professional or suitable therapist.

About the Author

Veronica Semenova, Ph. D. is a private practicing psychologist working with a variety of psychological conditions, including depression, anxiety, grief, bereavement, coping with chronic and critical illness, fear of death, caregiver issues, aging issues, interpersonal and relationship issues. She is a member of the American Psychological Association, Psi Chi International Honor Society in Psychology, and the Association for Psychological Therapies.

Dr. Semenova is the author of «Learn How to Cope with Death, Loss, Grief, and Bereavement – Helpful Tips from the Cognitive-Behavioral Therapy».

Visit Dr. Semenova's website at for more information. www.vsemenova.com

Book Description

Many books are written about grief: what it is and how to deal with it – but no loss is the same. The intensity of grief depends on many different factors. Grief varies between young and old and between cultures and religions, and depends on levels of existing dysfunction and on the nature of death (if the death was expected or sudden). It depends on previous experiences with death and attachment styles, and, of course, interpersonal factors play a very important role, as well. Grief also depends on the personality of the bereaved and the type of relationship the bereaved had with the deceased. Unprocessed emotions in that relationship, conflicts, repressed feelings, and unspoken words all come out in grief and weigh heavily upon a grieving person, often complicating recovery.

In Faces of Grief, I share many stories of grief from my psychotherapy practice and explain how grief can be anticipatory, disenfranchised, or complicated. I also discuss the common myths about grief. All stories reveal the extensive work that the bereaved has to go through to enable them to come to terms with guilt, self-reproach, and the pain of grief.

I also provide practical information on how to help yourself or your grieving loved one, how to talk to children about death and grief, and what not to say to a person who is grieving. This book will be useful for anyone going through bereavement and grief, and for those supporting them.

Chapter one. Losses in our Life

«The deep pain that is felt at the death of every friendly soul arises from the feeling that there is in every individual something which is inexpressible, peculiar to him alone, and is, therefore, absolutely and irretrievably lost.»
Arthur Schopenhauer (1788—1860)

There comes a time in everyone's life when the death of a loved one – a spouse, parent, child, sibling, or a friend – enters the room. Some people experience it as kids when one of their elder relatives dies, while others do not experience loss until later on in life. In some tragic cases, early loss occurs when the parent of a young child passes away. Death is one sure thing, like birth, that happens to all living beings.

Many of us remember the first time the word death was spoken: when we found a dead insect, when a family pet died, or when an elderly relative passed away. These events generate acute curiosity. Children may observe people crying, parents mourning, or funeral arrangements being made. Parents often rush to comfort the child and offer a consoling explanation ("Don't worry: Granddad is just in a deep sleep, and his soul is traveling to heaven."). Different stories of eternal life, meeting again in heaven, being re-born or resurrected, and so on are shared with children. I imagine you've heard some of these explanations, too.

Later on, children find out that death has nothing to do with "deep sleep". By then, anxiety and fear have conquered their minds. In fact, some children are afraid to sleep as a result of "death explanations", and their parents may wonder why. If you were told that dying is like going to sleep, then it would be hard to sleep without worrying about dying.

I can't repeat this enough to parents who need to explain a death in the family to their young child: Please do not hide the truth. Children are able to cope with the knowledge of death. At different ages, this understanding is different, but the truth is better than any of the stories commonly used as explanations.

In fact, there is often a relationship between sleep and death. Sleep and the loss of consciousness that takes place when we sleep is thought by many to be a "death rehearsal" that happens to us every night. (By the way, in Greek mythology, Thanatos (death) and Hypnos (sleep) are twin brothers.)

One way or another, the myths of dying are one day dismissed. That usually happens around adolescence, as young individuals realize their own and their loved ones' mortality. The end of belief in fairy tales brings about the first existential crisis: the end of childhood and the beginning of adolescence, with the accompanying strong animosities that teenagers often display. The first loss leaves a very deep scar; and even if it happened very early on in life, the consequences of reactions to that loss (words that were exchanged by grown-ups at the time, or rituals observed) all define the ways in which future losses will be experienced and handled.

In the chapter "Grief in Children", I will describe how children see and understand death at different developmental ages and why it is important to be honest and present information about death and loss in a way that is understandable to a child, which does not foster myths, fears, or anxiety.

No matter when the next loss happens and how close the relationship was with the person who passed away, grief is a natural reaction to loss. Nobody is ever prepared for grief. You can't learn to deal with grief until the feeling overwhelms you, bringing with it sadness, anger at destiny, despair, and acute loneliness. Anger resolves over time – we learn to live with our loss, and there comes a time when it doesn't hurt as much as it did – but why doesn't the sadness go away? Why do we still hurt every time we come close to the next anniversary of our loved one's birth or death, and why does flipping through pictures or letters bring so much heartache? If grief is a natural reaction to loss, then how long is it normal for that reaction to last?

I will answer these and many more questions in this book. In fact, there are so many myths surrounding grief – what's normal and what's not, how the bereaved should be "handled", and what to say to a grieving person – that it would require a set of books just to go over all the myths and resolve many misconceptions. Whether the grieving person is you yourself or if you are reading this to find some helpful advice for someone close to you who is dealing with the loss of a loved one, I am sure this book will provide the necessary tools and support to help you through this difficult time.

Sadly, our society tends to impose rules on what is acceptable in grief and what's not. How often do you hear that mourning a loss should not exceed one year? So, according to this logic, after precisely 365 days, a grieving person is expected to magically stop crying and feeling sad? It does not happen that way. Grief, even one year after a loss, may feel overwhelming and cause depression, loneliness, anxiety, and the feeling that the deceased is still present and continues to communicate.

Not many people are able to come to terms with their loss at the end of the first year, and some people may require as much as three to four years to achieve emotional stability. With some losses, the pain is still sharp even decades later. Replacing the deceased in one's life does not end grief. For example: a new marriage does not stop a bereaved spouse from grieving, while having another child does not stop parents from grieving for their deceased child.

Many books are written about grief, what it is, and how to deal with it, but many people still struggle to come to terms with the loss of their loved ones. Indeed, no loss is the same. You cannot just come up with a soothing formula that fits everyone.

I find, in my work, that the intensity of grief depends on many different factors. Grief varies between young and old and between cultures and religions, and depends on the levels of existing dysfunction and on the nature of death (if the death was expected or sudden). It depends on previous experiences with death and attachment styles, and, of course, interpersonal factors play a very important role, as well. Grief also depends on the personality of the bereaved and the type of relationship the bereaved had with the deceased. Unprocessed emotions in that relationship, conflicts, repressed feelings, and unspoken words all come out in grief and weigh heavily upon the grieving person, often complicating recovery. It takes a long time and a lot of work to go through these feelings and identify those that cause pain.

In the chapter "Types of Losses", I will talk about differences between the loss of a spouse, a parent, a child, a sibling, or a loss through suicide. I hope that some of the examples I present in this book will show you what type of emotional pain needs to be dealt with in the process of coping with grief.

Grief may be experienced not just after the death of a loved one, but can follow any form of catastrophic personal loss. This can include the loss of a job or income, the breakup of a major relationship or divorce, imprisonment, a diagnosis of infertility, chronic or terminal illness, the loss of a home from fire, a natural disaster and/or many other tragic events in life.

The stages of grief we go through to accept the loss and to reconstruct our lives are common to any catastrophic loss: denial, anger, bargaining, depression, and finally, acceptance. We will discuss each stage in the chapter "Stages of Grief".

It is also important to note that grief can be anticipatory. In family members of terminally ill patients, this is a major factor leading to complicated grief in bereavement. Anticipatory grief can be defined as a reaction to an imminent and upcoming loss. It may manifest itself when the physical condition of the patient deteriorates and family members are faced with the necessity of final decisions and saying good-byes. I will discuss anticipatory grief in the chapter "Types of Grief".

We will also look at disenfranchised grief (grief that cannot be publicly acknowledged and loss that cannot be publicly mourned). It can be as varied as the loss of a secret lover, losses of partners in gay relationships, or losing a family member convicted of a grave crime.

And, of course, there are situations where grief stops being a normal reaction and begins interfering with the life of the bereaved or starts haunting the grieving person. This is called

complicated or pathological grief. It is very difficult to distinguish between normal and pathological grief, and the majority of bereaved people will manage to come to terms with their grief over time. However, there are some people who will experience an extreme overall reaction, persistent symptoms, or an over-intensive manifestation of one of the symptoms of grief. Why does that happen? Often it is because not all stages of grief have been processed, and because each of us is different and we all react to situations and events in different ways. In the chapter "Types of Grief", I will explain how to know when grief has turned into a complication and when to seek professional help.

Grief is a response to the dissolution of an important bond. The deeper the attachment between the deceased and the bereaved, the stronger the grief reaction can be. Evolutionary scientists often explain grief as the need to maintain important bonds in families, social groups, and communities that we as humans form over the duration of our lives. We will look at some other explanations of the grief experience which have been formed by science in the last few decades. I find that it helps my clients to understand some theories behind grieving, to see how some of the emotions and feelings they are going through can be explained through the lens of scientific knowledge. In the chapter "Types of Grief", I will briefly present some of the major theories that explain grief which I find helpful in my work.

In this book, I share many stories of grief, some of them real written with the permission of my clients and some of them fictional, inspired by the real life stories I witness around me.

I am very grateful to the clients who have shared their stories with me. They must remain anonymous, but I acknowledge that this book could not have appeared without them. All the names (and most details of their stories) have been disguised to preserve confidentiality. The emotions, though, remain intact and all stories reveal the extensive work that the bereaved had to go through to enable them to come to terms with guilt, self-reproach, and the pain of grief.

Chapter two. Myths and Truths About Grief

«While grief is fresh, every attempt to divert only irritates. You must wait till it be digested, and then amusement will dissipate the remains of it.»
Samuel Johnson (1709—1784)

The death of a loved one always brings sadness and overwhelming feelings of loss, loneliness, and despair. Before we proceed, I would like to explain a few terms used in this book, which are often confusing. refers to the of a loved one. is a reaction to bereavement: a severe and prolonged distress in response to the loss of an emotionally significant figure which may manifest itself in psychological and physical symptoms. Grief is what you feel inside. is what you show outside, it is the external display of grief. is crying in public, wearing black clothes (common for widows and other close relatives, in many cultures), and avoiding events. *Bereavement loss Grief Mourning Mourning*

But if someone does not mourn their loss publicly, doesn't cry, or doesn't want to talk, this does not mean that the person doesn't experience grief. What you show and what you feel can be two different things. Grief will usually present itself through psychological and physical symptoms. I emphasize, again, that many feelings of grief may be hidden, and a grieving person may only share a part of what they feel inside.

Symptoms of grief can be divided into affective, behavioral, cognitive, and physiological (or somatic) manifestations.

may include depression, despair, anxiety, guilt, anger, disbelief, numbness, shock, panic, sadness, anhedonia (loss of ability to enjoy pleasurable activities), and feelings of isolation and loneliness. **Affective symptoms**

may include agitation, fatigue, crying, change in social activities, absent-mindedness, social withdrawal, or seeking solitude. **Behavioral symptoms**

may include preoccupation with thoughts of the deceased, lowered self-esteem, self-reproach, helplessness and hopelessness, inability to believe in the loss, and problems with memory and concentration. **Cognitive symptoms**

may include loss of appetite, sleep disturbances (feeling lethargic or not being able to sleep through the night), loss of energy and exhaustion, physical complaints similar to those the deceased had endured when alive, drug abuse, and susceptibility to illness and disease. **Physiological symptoms**

Grief may also lead to spiritual emptiness and pessimism.

Grief symptoms can be overwhelming and distressing. However, it is important to accept them and not avoid them. It is helpful to keep in mind that all of your symptoms and reactions are common and natural, and that you are not alone.

Grief as a reaction to an immediate loss can present itself in two forms. The first one is protest, defined as a preoccupation with loss, the feeling of pain, agitation, and tension, and accepting the possibility that the deceased may reappear. The second is despair, defined as the opposite of protest and characterized by depression, persistent sadness, and a withdrawal of attention from real life. Protest and despair may come and go in phases. Often protest sets in first and then despair takes over. In both the protest and despair states, feelings of guilt, anger, and anxiety are present and are experienced by grieving individuals.

Grief symptoms may be different, depending on the type of loss. For example, the loss of a spouse awakens feelings of loneliness and abandonment, while the loss of a child evokes feelings of having failed to protect the child, and self-blame. We will look at the differences in grief, depending on the type of loss, in further chapters.

Grief has been described as an emotion; however, it is currently being regarded more and more as a disease. As this trend continues, grief will accrue more and more definitions particular to disease and will lose the definition of being an emotion.

Earlier research provides solid evidence of biological links between grief and an increased risk of illness and mortality. Bereaved individuals are at higher risk for depression, anxiety, and other psychiatric conditions, and are highly susceptible to infections and a variety of other physical illness due to a considerable weakening of the immune system. Bereaved individuals have higher consultation rates with doctors, use more medication, and are more often hospitalized. An increased risk of mortality and suicide is associated with medical conditions in bereavement.

Needless to say, people in grief will neglect their own health by not maintaining a well-balanced diet, forgetting to take necessary medications, not getting enough sleep, and not exercising. Some may abuse alcohol, smoke excessively, use drugs, or engage in other self-destructive behaviors.

Social support is very important in grief. However, a grieving person should be advised to designate their own comfortable boundaries of support (for example, by telling people what exactly they can do to help them, when, and for how long they would like to be together, or sharing that they may not want to do certain activities now, but would consider doing them later).

Finally, the grief process may be different for every individual. It is important for the bereaved to do as they feel, especially during the mourning phase: to be left alone if they so wish, or allowed to cry or to have a chance to talk to someone when they feel the need. It may be helpful to engage in activities that help commemorate their loved one: for example, through attending religious services, visiting the gravesite, praying, creating a memory book with photos and stories, or assembling a memory box with the belongings of the deceased, or by giving to a good cause such as medical research, a scholarship fund, or charity.

Grief is often compared to Post Traumatic Stress Disorder (PTSD), particularly in the acute phase of traumatic grief, which holds similar symptoms such as re-experiencing, avoidance-numbing, increased arousal, guilt, shame, changes in value systems and beliefs, and a search for meaning. Often, in traumatic grief, the relatives of the deceased are preoccupied with issues surrounding the trauma such as the pain of dying, the cause of death, and self-blame for not being able to protect/save or for having survived. Traumatic images flood the consciousness of survivors.

In grief, it is important to resolve feelings of guilt, anger, anxiety, and depression. Sadness occurs both in depression and grief. The difference is that in grief, sadness is focused on missing the person who died, while in depression, sadness is focused on hopelessness and helplessness about self, the world, and the future. Sadness is normal in grief; however, depression in a time of grief can make it very difficult to come to terms with loss and reconstruct a life going forward.

There are a lot of examples of unhelpful thinking that can block the normal bereavement process and cause emotional distress. Negative thinking can lead to the symptoms of complicated grief and depression. For example, self-blame or self-reproach can heavily impact the emotional condition of the bereaved.

In overcoming the pain of grief, it is critical to consider what is causing self-blame and other negative thinking about self, the world, life, the future, and what causes anxious and depressive avoidance behavior. Often patients with complicated grief continue to perceive their loss as “unreal” or remain preoccupied with thoughts and recollections of the deceased or the death event. Working through grief in therapy helps patients change the perception of loss into something more “real”, helps them to acknowledge their loss, and ensures the loss is recognized as permanent and not reversible. Unless this is done, thoughts of the deceased will constantly bring fresh emotional distress and sorrow.

Let’s look at some myths and negative thoughts that may be obstacles to recovery, and consider how to handle them.

Myths about Grief

«Give sorrow words; the grief that does not speak knits up the o-er wrought heart and bids it break.»
William Shakespeare, (1564—1616) Macbeth

There are many beliefs in the culture and traditions of different people about how to deal with death and grief. Many traditions are passed on to us through generations and we follow them without questioning the reasons behind them. Indeed, it is not easy to change the long-held beliefs of our families or to insist on doing things differently. But holding on to archaic knowledge at a time when we have gained so much understanding about the subject from research and therapy would be wrong. It is in the best interest of each of us – our families, loved ones, and society as whole – to embrace this new knowledge and dispel the myths that still govern our societies and often cause harm to people.

Some of the common myths I often hear are:

All losses are the same

No loss is equal. There are many different factors that affect grief. Grief varies between young and old, between cultures and religions, and depends on the type of relationship the bereaved had with the deceased (parent, child, spouse, sibling, grandparent, friend, lover), the levels of existing dysfunction, and upon the nature of death (if the death was expected or sudden). It depends on previous experiences with death and on the attachment style, and of course, interpersonal factors play a very important role. It depends on the personality of the bereaved, as well. Unprocessed emotions in that relationship, conflicts, repressed feelings, unspoken words: all these all come out in grief and weigh heavily on the grieving person, thus complicating recovery.

Mourning should last for a year

There can be no exact time frame for grief or mourning. As every loss is different, it will take every person a different amount of time to come to terms with their loss. Different cultures also may have their own rules on mourning (i.e. widows required to wear black for several months, a year, or a lifetime, or are prohibited to re-marry, and so on). Irrespective of all rules, every person will ache differently, will go through their memories of the deceased on their own terms, will arrive at forgiveness for him/herself and the deceased, and will find their own meaning in continuing to live.

Once you get over your grief, it never comes back

Stages of grief known as denial, anger, bargaining, depression, and acceptance may come and go in sequence and interchangeably. The duration and intensity of each stage may vary greatly. The stages can overlap or occur together, and a grieving individual can miss one or more stages altogether. It is also not rare for someone to go back and forth between the stages, as important pieces of information about the nature and causes of death come to light. New cycles of grief can be launched at milestone birthdays or anniversaries of the deceased or the bereaved person, and during major family events (the birth of children, the death of other family members, a family relocation, or the sale of the house where the deceased lived, for example).

It is better to avoid anything that reminds you of the deceased

Avoidance is the worst coping strategy in grief outside of denial. Even the most painful reality is better dealt with head on and with full realization of what has happened. Avoiding reminders of the deceased and denying a loved one's death will only extend the time needed to come to terms with the loss and achieve acceptance. Denial and avoidance may come naturally as the first reaction to the shocking news; however, it should not last too long, as a healthy coping pattern requires that the grieving person should work through their pain and loss to restructure their perceptions to help themselves emerge from grief. Grief also comes in cycles, so it is normal to try and avoid reminders of the deceased loved one during these periods of intense longing. However, it is more

helpful to dedicate a space and time in your life to purposefully embrace what seems to cause pain (photographs, personal belongings, letters) and celebrate the presence of the lost loved one in your life.

Feeling angry while grieving is not right

Anger is one of the healthy and normal feelings of grief. In fact, anger constitutes one of the five stages of grieving (denial, anger, bargaining, depression, acceptance). Anger is the first realization that the loss is real. Anger comes when the bereaved starts looking for something or someone to blame for the loss. It can revolve around the feeling of guilt for not protecting a loved one or not being there when they died. It is helpful to understand that anger in grief is not similar to anger in ordinary daily life. The cause of this anger can't be undone: no one can make it right. Anger in grief is not directed at anyone in particular; therefore, it can involve anyone around the grieving person and even the grieving person him/herself.

Children need to be protected from death, funerals, and grief: they can't understand it, anyway

Children at different developmental stages understand death, dying, and loss differently. However, as they mature, they often question the information previously received. Honest and clear explanations appropriate for the age of the child will help a child deal with loss and help them form a trusting relationship with the surviving significant adult. The child learns how to grieve by looking at parents, other family members, or significant adults in life. The way the child grieves the first loss and the coping mechanism and skills they learn while living through this loss will remain with them for life. If a child is shielded from any contact with pain, loss, and grief or is told fairy tales about what happened, he/she will form mental misrepresentations and misperceptions of reality that will block healthy and reasonable thinking and may become a foundation for future fears and phobias.

You can't continue a relationship or communicate with your loved one after they die

Death ends a life, but does not end a relationship. Everyone who goes through the loss of a loved one will realize this. Relationships with a loved one carry on and continue for as long as they are remembered. The heritage of a person is formed through memories, photographs, and recalling the sayings, deeds, and impact your loved one had on your life. Many bereaved people report mentally talking to the deceased. When a very close person is lost, you would know how he/she would react to events happening in your life after the loss, what they would say, and what advice they could have given you. An ongoing mental connection with the deceased proves the strength of the bond that existed and allows the bereaved to feel the connection and existence of the deceased in their life.

The intensity of your mourning and grieving proves how deeply you loved the deceased

The intensity of grief and the intensity of mourning are not the same things. Grief is your internal reaction to the loss and mourning is the external display of grief. Very often, these two do not coincide. As we know, people often differ in how they express their emotions, depending on whether they are extroverts or introverts, on how close, understood, and accepted they feel in their social circle, and on many other factors. So if someone is not mourning their loss publicly, doesn't cry, and doesn't want to talk, it does not mean that the person doesn't experience grief. What you show and what you feel can vary a lot. This is particularly true for children and adolescents who often have difficulty expressing their feelings in public, fearing judgment or feeling uncertain about how to do so simply because they have still not reached their emotional maturity.

People who have physical problems in grief must have been sick before

Grief causes many different symptoms affecting the psychological, behavioral, and physiological health of the bereaved. Physiological symptoms may include loss of appetite, sleep disturbances (feeling lethargic or not being able to sleep through the night), loss of energy and exhaustion, physical complaints similar to those the deceased had endured, drug abuse, and susceptibility to illness and disease. Previously healthy individuals may present with severely weakened health during and as a result of their bereavement. Through research in the last decades,

we now know that grief is associated with an increased risk of illness, the most common being infections due to the weakening of the immune system as well as depression, anxiety, and other psychiatric conditions. Bereaved individuals are more likely to seek medical help as both outpatients and inpatients, and may use more medication. A grieving person will usually neglect his/her own health by not maintaining a well-balanced diet, forgetting to take necessary medications, not getting enough sleep, and not exercising. Some may abuse alcohol, smoke excessively, use drugs, or engage in other self-destructive behaviors.

Funerals and rituals are socially required: they play no role in accepting death or helping us heal

Cultural and religious traditions in memorial services and funeral arrangements serve a great purpose of providing a safe and calming environment allowing the relatives and friends of the deceased to mourn their loss. They instill order in the face of shock and overwhelming pain and serve as an important step in the process of grieving. The denial of loss will usually be resolved after the funeral, as obvious facts of saying good byes and burying the body make the reality of loss hard to avoid. And finally, even though we don't like doing things that are socially required, knowing that the memorial service was attended by all those close to the deceased and the family of the deceased, who expressed condolences and grieved together with the family, also provides a soothing effect of knowing a family is not alone in its grief. The family also finds comfort in knowing that the deceased would have approved of the ceremony held in his/her memory and would have been touched by such an outpouring of kind words and memories and the support for his/her loved ones.

If you are a strong person, you will keep yourself collected, in control, and not show how upset you are by crying. Crying doesn't help.

The days are long gone when crying in public or displaying emotions was considered to be embarrassing or a sign of weakness. Today we know that even the strongest of us cry: it takes strength to express emotions, and crying holds a therapeutic effect by relieving the pressure of internal pain and releasing it through tears. Cry if you feel like crying, and don't hold back. Crying is healing, revealing that you are human, too, and that your heart is not made of stone. Allow yourself the luxury of being weak when being strong serves no purpose. Crying helps, and should never be considered a sign of weakness.

You will cry, mourning the loss of a very special person in your life: but remember that its the life that was lost; not the relationship. Your relationship with the person will continue no matter what, through memories and keeping that person in your heart.

You may mourn the loss of your hopes for the future with this person, but remember that you can go on in the future and do things you were planning to do together in the memory of your loved one.

Going on with your life means putting behind you the memories of your loved one and your life together

"Moving on with your life" means processing loss and focusing on major tasks that need to be completed in order to emerge from grief. These include accepting the reality of a changed world, taking time off from the pain of grief, adjusting to a world that doesn't include the deceased, and developing a different connection with the deceased while embarking on a new life. The deceased will not (and should not) be forgotten in order to emerge from grief. Quite the contrary: incorporating loss and memories of the loved one into one's new life after loss helps grievers move on. It may be helpful to remember the deceased by engaging in activities that help commemorate a loved one. Examples include attending religious services, visiting the gravesite, praying, creating a memory book with photos and stories, or assembling a memory box with the belongings of the deceased, or giving to a good cause such as medical research, a scholarship fund, or charity.

You need to keep yourself busy and distract yourself with other activities, rather than actively grieve your loss

Grief is a process that requires a lot of work from the bereaved. Avoiding dealing with grief will only extend a cycle that needs to be completed in order to emerge from grief. Take time to grieve your loss, and don't be hard on yourself. The grief process may turn into a roller coaster with many ups and downs if you don't process and come to terms with your feelings. The feelings you will experience are yours and yours alone. They are neither right nor wrong; they just need to be respected, expressed, and acknowledged.

I could continue this list, but I think you understand that most things that we hear when someone passes away are dysfunctional and negative beliefs that often dictate our behaviors and lead to a worsening of bereavement in grief. I hope that, with time, these negative beliefs can be left in the past where they rightly belong.

How to Help Yourself in Grief

«Only people who are capable of loving strongly can also suffer great sorrow, but this same necessity of loving serves to counteract their grief and heals them.»
Leo Tolstoy (1828—1910)

One of the strongest reasons for writing this book was to provide enough information to put the myths about grief to rest and assure grievers that everything they feel is normal, and that they have a right to behave as they feel. Holding on to myths can hinder the healing process and lead to depression and frustration. It is very important to have realistic expectations of what you may and will experience in grief.

These true expectations are:

Grieving is a natural process

It leads slowly from the pain of loss to a new life without the deceased. You don't get over it: you learn to live with it.

Your grief will change with time

It does not always decrease intensity. The grief process is much more like a roller coaster, with ups and downs happening at times when you least expect them.

You are the expert about your own grief

No one can understand your grief better than you do.

When you grieve, you grieve not only the person you have lost

You also grieve all the hopes and dreams you held for a future with the person who died.

You have the right to your own feelings

No feelings are right or wrong: they just , and you and other people around you need to respect that. Give yourself permission to feel and express all the emotions you are experiencing. *are*

Crying is one of the ways of coping with grief

Tears help us release the pain and pressure from within. Crying doesn't mean that you are weak or cannot control yourself. Tears mean that you have loved. Crying helps you heal. So go ahead and cry.

You will experience physical problems as you grieve

Our immune system is strongly influenced by our emotions. In times of acute stress, our bodies' defenses are focused on restoring emotional and physical balance, and the immune system's ability to fight bacteria, viruses, and cancer cells is impaired. Loss of appetite or overeating, lack of sleep or lethargy, and lack of physical activity are just a few critical symptoms of grief. Therefore, when in grief, it is very important to take care of yourself. Fresh air, walks, rest, physical activity, and good food are essential to keep the body functioning and the immune system strong. Try to stay away from drugs, alcohol, or tranquilizing medications as these can delay your healing. Be good to yourself.

Grief brings despair

You may feel you have nothing to live for. Sometimes you might wish your life would end, to stop the pain. Please remember that you are not alone. Many people feel and think this way, but over time their pain lessened and they found a sense of meaning and went on living. Time may not heal all wounds, but it helps.

You may blame yourself for your mistakes

Some mistakes may be real, while others are imaginary. Talk about your thoughts with others: it helps. Find a therapist who works with grief if you feel that self-blame and guilt are hindering your healing. It is possible to find forgiveness and restructure even the heaviest guilt.

It is normal to feel angry when grieving

You may feel angry at the person who died (or left you alone), at other family members, at doctors or anyone who didn't save your loved one or did not do enough to help, at other families who have not lost their loved ones – even at God and the whole Universe. Releasing your anger and working with it helps you heal. Suppressing anger leads to depression and harms you physically.

The death of a loved one can challenge your beliefs

These beliefs may be in God, in your religion, or in the justice of the Universe. There is nothing wrong with it. Many people find answers in their religion during times of grief: they find a deeper meaning of life, their faith, and overall philosophy.

The loss of your loved one may trigger grief for earlier losses that you had not resolved at the time when they occurred

Unresolved losses, guilt, and self-blame will need to be resolved as part of confronting your current loss. Think of this as a chance to heal your old wounds; to become free from carrying heavy old luggage.

Grief will evoke your own mortality issues and force you to re-evaluate your identity

Give yourself time to process these important aspects. Seek help, if necessary.

Give yourself permission to grieve

Feelings are neither right nor wrong, they need to be respected, expressed, and acknowledged.

What Not to Say to a Grieving Person

«Is it really possible to tell someone else what one feels?»
Leo Tolstoy, (1828—1910) Anna Karenina

Many grieving individuals are even more hurt by the sayings and meaningless phrases that are commonly said to someone who has lost a loved one. One of the most common is "I know how you feel, my mom/dad/cousin/friend died last year…". However, comparing tragedies and losses is never helpful. It is NOT what a grieving person needs to hear at the time of loss.

Below is a list of hurtful and damaging sayings that bring no relief to a grieving person. Some people don't even know why they say those things. Often the situation is awkward, and these words come to mind because we heard them from others, or heard our parents saying them in response to loss. Most of these sayings refer to getting over the loss quickly and offer advice on how to avoid the pain. But as I explain in this book, avoiding the pain and skipping the grieving stages (or going through them too quickly) is not a realistic expectation.

Trying to avoid the pain or reminders of loss is unhelpful, will backfire at a later stage, and will only cause more pain and destruction. Please consider avoiding common platitudes and "click phrases" and think about offering more thoughtful and meaningful support to a grieving person.

Platitudes and sayings to avoid include:

1. I know how you feel.
2. God has a plan for all of us.
3. Just look at all the things you have to be thankful for.
4. He is in a better place now.
5. God needed another angel.
6. At least he is not suffering anymore.
7. She is at peace now.
8. Everything is for the best.
9. Thank God, you/others are still alive. It could have been worse.
10. You still got your other kids/spouse/other parent.
11. Don't cry… it will not change what happened, and will only upset you.
12. This, too, will pass.
13. He lived a full life.
14. God never gives you more than you can handle.
15. You need to get on with your life.
16. You are strong, you can handle this.
17. You must be strong for the kids/for others.
18. You will get over it in time.
19. Time heals all wounds.
20. In a year everything will be ok.
21. You'll be fine, just give it some time.
22. You are young, you could always have more children.
23. You need to be a man in the house now/you need to take over his/her duties now.

All of the above phrases are not helpful, can cause further pain and demonstrate to the person that the feelings of grief he/she experiences are not valid, should not be expressed or felt. Instead of saying these, please consider helping the grieving person by offering support from the examples listed below.

How to Help a Grieving Person

«You can clutch the past so tightly to your chest that it leaves your arms too full to embrace the present.»
Jan Glidewell (1944—2013)

When you find yourself next to a grieving person, do not be afraid. The death of a loved one is a natural event in life, and can happen to any of us. There are some basic rules on what to do and say. As we discussed, many of them will depend on the stage of grief a person is going through and the type of loss experienced. Here are some common tips on what to do or say to help someone in grief.

Be present

Just be there. Give the grieving person a hug or a kiss, hold their hand, and offer them a shoulder to cry on. Say «I'm sorry», «I am here for you», «I care». Even if you don't know what to say, your presence provides comfort, and so is helpful.

Acknowledge the loss in an honest way

Do not avoid the words «died» or «killed», and do not substitute them for euphemisms like «passed away». Say «I heard that your father died. I am so sorry for your loss».

Make your presence felt by offering practical help

Do not say «Call me if there is anything I can do». Instead, say «I'm going shopping. I can bring you bread, milk, or fruits. Is there anything else you need from the store?» Volunteer to take the children to school or take care of them at your house. Come and make lunch, or help with laundry and water plants. Make your presence felt.

Make tea or coffee, sit down with the grieving person, and listen

Let the grieving person talk when they are ready. Don't ask how they feel and don't tell them how they should feel or what they should do. Instead, say: «Would you like to talk?», or just listen. This is what is needed most at this moment: quiet support.

Don't say or pretend that you know how they feel

The truth is, you don't. Comparing losses and tragedies is never helpful. Don't pity the grieving person, but do express sympathy. Being next to the grieving person can make us feel helpless and awkward. It is better if you are honest and say: «I am not sure what to say to you or how to help you, but I want you to know I care. I am so sorry for your loss».

Often, the grieving person will ask: "Why?"

This is not a question, but an expression of pain. You can't answer that either, so simply reply: «I don't know».

Do not use formulated statements

Statements like "It's all in God's hands" or "It is God's will" or "You will be alright soon" are not helpful. They can't console, they sound fake, and they can be alienating. Better say nothing or offer a hug instead.

There is no schedule for grieving

There is no timeframe of how long the mourning and grieving will take. Be patient. Stand by the grieving person. Be there to listen to them. Share fond memories of the deceased. Most grieving people will find relief by talking about the deceased, and they love to hear stories about their lost one. Do not try to change the subject, but encourage these conversations. They are truly healing.

Respect all feelings the grieving person expresses

Encourage them to cry or vent out anger. Never say «You shouldn't feel like that». Feelings are neither right nor wrong: they need to be respected, expressed, and acknowledged.

Remember: a grieving person may have low self-esteem and may blame themselves

This blame may apply for events leading to the death or for their relationship with the deceased. Encourage them to discuss this.

Help the grieving person take good care of themselves

Cook and eat together, go for walks, and encourage exercise. Rest, diet, and exercise are critical to restoring physical and mental well-being.

Do not offer tranquilizers or sleeping aids without a doctor's advice

Much like alcohol and drugs, they may offer temporary relief, but will usually only hinder the healing process.

Chapter three. Stages of Grief

«Every one can master a grief but he that has it.»
William Shakespeare, Much Ado About Nothing
(1564—1616)

Stages of grieving, as suggested by Elizabeth Kübler-Ross in 1969, are known to many as denial, anger, bargaining, depression, and acceptance. In 1970, Bowlby and Parker suggested that the stages of grieving should be described as numbness, pining, disorganization, and reorganization. Whichever model of separating the stages is examined, it is important to know that the duration and intensity of each stage may vary greatly, that stages can overlap or occur together, and that a grieving individual can miss one or more stages altogether.

It is also not unusual for someone to go back and forth between the stages as important pieces of information about the nature or causes of death, milestone birthdays, anniversaries, and events in the family can newly aggravate grief symptoms and re-launch a grief stage from the past. Getting stuck in a stage or a major variation in the process may be considered pathological and would require a call for action, such as consulting a therapist for help.

Stage 1 – Denial

Loss is always a shock, so the first reaction that follows the death of a loved one is denial of the fact that the loss has occurred. The loss seems unreal. The griever thinks he could turn back time, wake up, and everything will be as it was before the loss. It seems impossible that the person loved and lost could be no more. You know you sound irrational, but you still believe things could go back to how they were before, and that what you lost will return. It may be a way for your brain to shut down in an effort to self-preserve and block the first wave of pain. Thoughts like “He has not died”, “She will be back”, or “He could not have left me” are common in this stage.

Denial is also associated with isolation, where the grieving person will insist on being left alone and will require time to process what happened. This is absolutely normal. Give the person as much space and time as they need. A couple of days or weeks would be enough for this stage, but watch out if it lasts longer than a month. Make sure the person knows you are there for him or her, if they need to talk or just want «silent company». Suggest that you could go for a walk, drive around, visit the cemetery, or go to church together. Any shared activity could help the grieving person feel that life has not stopped and that they need to process their loss. Usually the stage of denial and isolation ends by itself as the grieving person’s mind tapers into the «unsafe» territory of loss and begins to embrace it.

Stage 2 – Anger

After you realize that you have lost something or someone who was dear to you, it is normal to start feeling angry. It is the first realization that the loss is real. When you start looking for something or someone to blame for the loss, you may feel guilty for not protecting your loved one or not being there when they died. Intense emotions enter, and you start to blame everything around you – God, the Universe, your job/or responsibilities that kept you away, doctors, the healthcare system, people who were with the deceased at the time of death – anyone or anything that could have contributed to the death or who, in your opinion, were not "good enough" to save your loved one. Questions come to your mind: "Why me?", "How could this happen to me?", "Why would God not protect me and my loved one?". Anger and rage are normal at this stage; however, anger in grief is not akin to anger in ordinary daily life. The cause of this anger can't be undone: no one can make it right. Anger in grief is not directed at anyone in particular; therefore, it can involve anyone around the grieving person, even the grieving person him/herself.

If you are dealing with someone in the anger stage of grief, let the person vent their emotions, listen to him/her, and do not advise them to calm down or control themselves. Just be there and support them while looking after them to ensure they are safe and are not contemplating hurting themselves or others.

Stage 3 – Bargaining

This stage comes when you start pondering if there was anything that you could have done differently to prevent the loss. You begin reflecting about how things could have been different: «This would not have happened if I did not do this or did not say that» or «If only we had gone to see a doctor earlier». It is a typical cognitive discussion, and in a way it is even helpful in reconstructing the events and causes leading to the death of a loved one. Often such bargaining processes help the grieving person receive approval from those around them, along with the reassurance that they could not have changed what happened, they did all they could, and that the loss was not their fault. This is one of the most critical stages of grieving and requires the most support from others. Listen to the person in the bargaining stage. Let them tell you all of their conditional thoughts, including what they think could or should have happened. Make sure to encourage them to share as much as possible, but do not interrupt them or tell them that their thoughts are irrational. Be gentle, take time to talk about everything, and reassure them that certain events in life are beyond our control. Suggest undertaking some activity that the deceased enjoyed, or always talked about experiencing, in the future. Be there when emotions start pouring out.

Stage 4 – Depression

This stage is really the time to say good-bye. You have exhausted your anger, bargaining has led nowhere, and you realize the lost loved one is not coming back. There is nothing you can do, no one you can blame, and no reasons, excuses, or negotiations that can bring the lost person back. It is the feeling of sadness, of actual irreversible loss, that is embraced during this stage. According to clinical science, depression can be categorized as low mood, insomnia or hypersomnia, fatigue, feelings of guilt, sadness, hopelessness, diminished interest in usual activities, irritability, or lack of concentration. All of these feelings are normal for grief; however, the major difference between grief and depression is that the above symptoms in grief focus on the absence of the loved person, while in depression they focus on one's self and feelings of helplessness or hopelessness about current or future situations.

What can you do when someone close to you is suffering from depression? The first rule is to not tell them that you know how it feels. The truth is – you don't. Everyone carries their own cross, and everyone's sadness is different. The best you can do is be there, silent or talking, and make your presence felt. Cook a meal, make a cup of tea, and take care of the person going through this stage. Ensure that they feel listened to and that they can talk to you about anything. Watch out for suicidal thoughts – you need to get help, in that case. Often you will hear thoughts like "I've lost any meaning in life": acknowledge that, but be firm in reassuring the person that life also can continue with the memory of the late loved one. Ask the grieving person how their loved one would have liked to have seen them at this moment, and what would they have wanted them to do.

Dealing with depression is not an easy task. There are specific chemical processes happening in the brain and body of a depressed person which are difficult to reverse. In depression, the interaction of the endocrine system with the immune and the nervous systems is altered, as neurological processes activated by chronic stress and by depression are similar. During depression, the levels of catecholamines – serotonin, noradrenaline, dopamine drop, and glutamate – raise.

Depression has been associated with the weakening of the immune system. Depressed individuals suffer from impairments of the sleep cycle such as insomnia, further reinforced by the lack of physical exercise and an alteration of eating patterns. Therefore, the critical task in this stage is to encourage the grieving person to take care of themselves and pay attention to their own health by maintaining a well-balanced diet, taking the necessary medications, getting enough sleep, exercising regularly, and avoiding excessive alcohol, smoking, drugs, or other self-destructive behavior. Exercise is particularly important as it helps restore the chemical balance in a person's brain by adjusting the levels of neurotransmitters and hormones.

Stage 5 – Acceptance

This stage is the trickiest stage of all. People may think they have accepted their loss, when really they haven't. In fact, every big milestone and every major event in life will trigger grief again, over and over. This is normal, as it is hard (or even impossible) to accept that someone so important and dear to you is gone. Some people will claim that they have accepted the loss immediately after their loved one has passed away, while others will come to this stage only after passing through all the other stages first. No matter what the timing, the real manifestation of acceptance is the calmness a grieving person will experience as they move on with their life, discovering meaning in continued living and finding the strength and motivation to move on. Acceptance of loss does not mean forgetting the person who passed away or changing your life to avoid any reminders of the loss. Acceptance is more about integrating the loss into your life and moving on while holding onto the heritage of the person you lost and using this as your strength.

Death is a given from the moment we are born. It is the one sure thing that will happen to every one of us, no matter our social position, health status, education, or political values. Grief is strengthened by the realization that we are not immune from death. Awareness of one's mortality is a conscious perception; an anticipation of the inevitable, which human beings often fear to embrace.

Integration of our own and our loved ones' mortality is a very important step in achieving psychological wellness and avoiding living in fear. The time of death is beyond our control, much as the time of birth is beyond our control before we are born. Thus, acceptance is a truly powerful and important stage in the grieving process, allowing the person to grow stronger, value life more, and honor the memories of a lost loved one by continuing this life journey.

Chapter four. Types of Losses

"The reality is that you will grieve forever. You will not 'get over' the loss of a loved one; you will learn to live with it. You will heal and you will rebuild yourself around the loss you have suffered. You will be whole again but you will never be the same. Nor should you be the same nor would you want to."
Elisabeth Kübler-Ross (1926—2004)

Some losses may be easier to come to terms with than others: for example, the death of elderly family members. Other losses, such as losses of children or young adults to accidents, illnesses, or wars, are far harder to process. When an elderly person dies, I often hear people saying that "he or she lived a good and long life". That doesn't mean that the spouse or the children will not grieve their loss. Every death takes away a part of the life of the grieving person, as well as reminding them about their own mortality and awakening the fear of death.

In general, the death of a child and the death of an elderly person have a lot of similarities and differences as far as the grief process and adapting to the loss are concerned. Due to the nature of the loss and the expectation that parents are expected to die before their children, the loss of a child is an unexpected event; while the loss of an elderly person, in contrast, is usually an expected one. This, however, does not mean that the loss of an elderly person will not evoke emotional distress and grief. The disruption of the child-parent bond causes emotional upset and bereavement irrespective of timing, when it dissolves.

In the following chapters we will look at the differences that the loss of a spouse, parent, child, or sibling bring with them. No loss is easy, so by no means should one consider that it may be easier to cope with one type of loss over the other. As we discussed before, our grief depends on the level of attachment and on the type of the relationship we had with the deceased. So the more you cared for the person while he or she were alive and the more you felt attached to and depended upon the person, the more you will grieve the loss of the attachment bond and the more difficult learning to live with that loss will be. One of the further chapters will also talk about the loss of a loved one through suicide.

Anger, despair, emptiness, and being haunted by question «why?» are some of the difficult feelings the loved ones of the deceased go through as they cope with their sudden loss.

Chapter five. Loss of a Parent

«Parting is all we know of heaven and all we need of hell.»
Emily Dickinson (1830—1886)

For a child, the death of a parent is always a traumatic experience. When the parent of a young child dies, the trauma may lead to long-term psychological harm. Other adults in the life of a child are usually preoccupied with their own grief and often can't provide timely and necessary support to a child, try to fence the child off to protect him from church services, funerals, etc. However, saying last good-byes and having a clear understanding of what happens when a person dies is critical for to child's recovery from grief and adaptation to a parent's death.

The death of a parent when a child is young does not only lead to negative outcomes. There can be positive outcomes too. Children who have lost parents at a young age may possess increased maturity, better coping skills, and be better able to communicate their feelings. They also place higher values on their relationships with other people than those who have not experienced a loss in their early lives.

The death of an elderly person is an expected, nature-driven event. Advancing age is associated with the development of many chronic conditions and an overall decline of biological and immune functions. Adult children can psychologically prepare themselves for the possible death of their elderly parents and, in most cases, are able to come to terms with the loss when it occurs. It is considered to be a normal life course event. Anticipation of the death of an elderly person, however, does not lessen the grief response, because children grow up with the feeling that parents are invincible. The death of a parent is also a major life transition that may spark an evaluation of one's own life and the sense of one's own mortality. Thus, though expected to cope with the death of a parent in a milder, less emotional way, adults may be faced with extremely powerful emotions.

The loss may seem particularly unbearable if the death of a parent occurs at an important or difficult time in the life of the adult during times of emotional stress such, as becoming a parent, divorce, changing jobs or other life-altering milestones. Circumstances of death are also known to impact the grief and bereavement process. Heavy caregiving by the child often brings stronger ties to the parent and greater emotional distress upon death. The location of the death (home, nursing home, distant living) may hold differing impacts on the emotional distress of a surviving child.

Ones relationship with a parent is the longest relationship in the person's life, and the loss of a parent often requires additional strength to be processed. Many people mention the need to be isolated to reconstruct their memories and the details of their relationship with their parent, and they may want to shut out friends and other family members to have more time alone to deal with their pain.

It is important to recognize that the loss of a parent is a profound loss that will cause severe distress, sadness and feelings of loneliness and numbness. It is often said, «as long as your parents are alive, you remain a child». With the death of a parent, childhood is officially «over» and you become next in line on the journey of life. Recognition of loss and acceptance of grief will help ease the pain and maintain ties to the deceased, giving meaning to the loss and emphasizing the continuation of life.

Maria – A Motherless Daughter

«There is something about losing your mother that is permanent and inexpressable – a wound that will never quite heal»
Susan Wiggs (1958—present)

Maria, a 32-year-old doctoral student, lost her 44-year-old mother when she was 13 years old. Her mother died 6 months after receiving a diagnosis of ovarian cancer. The tumor was diagnosed at a late stage: it had already metastasized to the liver, intestine, and lungs, and there was no possibility of any treatment. All the doctors could offer was end-of-life pain control.

Maria didn't know about her mother's diagnosis until the final weeks of her mother's life, when her mother became too weak to get out of bed. She still remembers crying every day at her mother's bedside, hugging her, and smelling her hair while her mother told her "I love you, I love you, I love you". Maria's father was heartbroken. He could not stop sobbing and seemed to have completely lost the will to live.

After the funeral was over and the hundreds of relatives and friends who came to say their good-byes left, Maria remembers feeling drained and empty. There were no more tears and no energy for crying or even talking. There was nothing to keep her connected to her friends – they all had their mothers next to them, and nobody understood what it felt like to lay your mother to rest and return to an empty house where Mum was no more…

Every item in the house and every little detail had been touched by her mother's hands. It was both a blessing and a curse to be where she once had been. Maria's life changed abruptly and forever.

Конец ознакомительного фрагмента.