

Rev. David Behling
Bereavement Counselor/Spiritual Advisor
AdvisaCare Home Health & Hospice
231-838-4453
dlbehling@gmail.com

Grieving

IT'S THE MOST PROFOUND EMOTIONAL PAIN WE'LL EVER EXPERIENCE

It can strike suddenly.

It grips like a vice for months, even years.

It can wreck havoc with our immune system.

It can leave us vulnerable to a variety of physical ailments including cancer and Arthritis.

It is not an illness. It is a normal lifetime experience, a process that needs to be dealt with. The process of accommodation is different for every one.

It is the process of healing from the pain of loss. The process is as natural and predictable as the formation of a scab on a cut and the subsequent itching that signals healing.

THE DENIAL OR SUPPRESSION CAN GIVE RISE TO SERIOUS CONSEQUENCES

Things that block the natural grieving process:

Well-meaning relatives and friends may tell us to be strong, think positive, and don't cry.

The clergy may paint a reassuring picture of life after death. Explaining that, "There is no reason to mourn, since the deceased is in a better place."

Prescribed tranquilizer's and antidepressant drugs may block the natural grieving process.

TO FULLY RECOVER, WE MUST ACKNOWLEDGE OUR FEELINGS

Sorrow, guilt, anger, depression, loneliness, fear, anxiety, and shame - All of these are normal emotions associated with bereavement.

BEREAVEMENT NEEDS TO BE VOICED OPENLY AND HONESTLY

Don't think of yourself as a burden and that nobody is willing to listen to you.

Only through telling our story, over and over again, do we clarify in our own minds what has happened and how we really feel about it.

Through that, we come to accept the reality of the loss so we can go on living.

Crying can also provide a healthy outlet. Crying removes toxins that are produced by emotional shock.

AVERAGE RECOVERY TIME

18 to 24 months (violent death can take 3-5 years)

Tradition holds that when a person is bereaved, he/she is relieved of responsibility. That is how the ritual of taking food to the mourners originated.

As a society, we need to be more understanding. As individuals, we need to be more patient.

Grieving takes time. There's no way to shorten its duration; but if you take care of yourself, you may be able to reduce its intensity

SIX FACTORS OF SUCCESSFUL GRIEVING

A nurturing social network - Mourners who have the support of family and friends fare better than those who don't. Women recover faster than men do because they feel free to discuss feelings.

A balanced diet.

Healthy fluid intake - Non-caffeine beverages should be taken in adequate amounts.

Dehydration can take place during bereavement; caffeine and alcohol act as diuretics.

Regular exercise.

Turn to your faith. Those who trust God during a crisis fair much better in recovery then those who don't.

Regular routines of rest - People that maintain a normal sleeping pattern are more effective than those who push themselves or try to keep busy and preoccupied at all times. Grief isn't something we can run away from.

WORKING TOWARD A HEALTHY MINDSET

The courage to let go, the will to go on living. The courage to let go, the faith that you will heal and the willingness to rejoin life fully.

Everyone has a 100 percent chance of dying. None of us is exempt from death.

Our exit from life is as important as our entrance.

Death is a confusing word in our society. Dad's battery is dead, the next day it's OK; TV cowboys shot dead on one program, then they reappear alive on another. What is real and what is fake death? We ship our terminally ill off to hospitals to die, etc.

Each cell is in the birth/growth/death cycle.

WHAT THE BIBLE SAYS ABOUT GRIEF

Isaiah 53:3-4 - Jesus was acquainted with grief and he carried our sorrows.

John 14:16 - And I will pray the Father, and He shall give you another Comforter, that He may abide with you forever.

Beatitude - Blessed are they that mourn for they shall be comforted.

Isaiah 61 - The Spirit of the Lord is upon me. He hath sent me to bind up the broken-hearted and comfort all who mourn.

Jesus mourned - John the Baptist's death and then went out and preached.

Ten Stages of Grief

The work of grief must be pursued within the heart of the mourner, and it cannot be hurried. It takes a great deal of time, usually a year or more. It may be the purest pain you have ever known. The death of a spouse has been rated the most stressful of all life change situations. What is happening to you is of all things natural. That knowledge will not lessen your pain, or minimize your grief, but it may give you courage, when possible, to give yourself up to it. That is the only way healing can begin.

1. SHOCK

Some never go through a prolonged stage of shock and are able to express their emotions immediately. Others will say "I feel numb" and no emotions or tears come. Sometimes there is denial. Gradually the bereaved become aware of what has happened, and they are able to cry or show their emotions.

2. EMOTIONAL RELEASE

One begins to feel and to hurt. Many people begin at this point. It is good to cry in grief. If one does not express this emotion, it will be expressed in some other way – on the physical or emotional level. Some people need to be induced to cry. This is particularly true of men, as our culture makes many men feel uneasy to cry.

3. PREOCCUPATION WITH THE DECEASED

The bereaved may try to think of other things but finds him(her)self unable to shift his(her) mind from thoughts about the deceased person. The widowed person continues to feel married for quite often a long period of time. This is normal.

4. SYMPTOMS OF SOME PHYSICAL AND EMOTIONAL DISTRESSES

a) These distresses may come in waves, some lasting from 20 minutes to a full hour.

The most common physical distresses are:

1) sleeplessness

2) tightness in the throat

3) choking, with shortness of breath

4) a need for sighing

5) empty, hollow feeling in the stomach

6) lack of muscular power (e.g. "–It's almost impossible to climb stairs", or "Everything I lift seems so heavy".)

7) digestive symptoms and poor appetite (e.g. – the food “tastes like sand”)

b) Closely associated with the physical distresses may be certain emotional alterations.

The most common are:

1) slight sense of unreality

2) feeling of emotional distance from people – that no one really cares or understands.

3) sometimes people appear shadowy or very small

4) sometimes there are feelings of panic, thoughts of self-destruction, or the desire to run away or “chuck it all”.

These emotional disturbances may cause many to feel that they are approaching insanity, but these feelings are normal.

5. HOSTILE REACTIONS

There is often a disconcerting loss of warmth in relationships and a tendency to respond with irritability and anger. These feelings are surprising and inexplicable to the bereaved. This often makes the bereaved feel they are going insane. Anger may be directed at the doctor, the nurse, God, or the minister (who is a representative of God). Often, too, there may be feelings of hurt or of hostility towards family members who do not, or for various reasons cannot, provide the emotional support the bereaved person may have expected from them.

6. GUILT

There is most always some sense of guilt in grief. The bereaved think of the many things they felt they could have or should have done, but didn't. They accuse themselves of negligence. Furthermore, if a person was hostile toward the deceased there will be guilt. The more hostility, the greater the guilt. It is important to note that no two people can live together without some sort of hurt being done. These hurts pop up in grief. Guilt is normal.

7. DEPRESSION

Many bereaved feel total despair, unbearable loneliness and hopelessness; nothing seems worthwhile. These feelings may be even more intense for those who live alone or who have little family. These feelings are normal.

8. WITHDRAWAL

The bereaved tend to withdraw from social relationships, and most likely, their usual daily routines are disrupted. Life seems like a bad dream. This is normal.

9. THE BEREAVED BEGIN TO RE-ENTER RELATIONSHIPS

Time and ventilation of feelings will finally produce a better situation. All of a sudden light shines through the gloom and the darkness of despair, and life comes into clearer focus. The person readjusts to his environment in which the deceased is missing and forms new relationships.

10. RESOLUTION AND READJUSTMENT TO REALITY

This gradually comes, but the scar is still there. There will come times when cycles of grief will hit the person, and there will be emotional outbursts; but this is normal.

To move through these ten stages it is necessary for the bereaved to express their tears, their angers, their guilt, their despair. The biggest obstacle to moving through the process to the 9th and 10th stage is that many people try to avoid the intense pain that is involved in the process. Therefore, it is important to ventilate all one's feelings during grief. When you do begin to emerge on the other side, to take a dim interest in things outside of yourself, you will not be the same person. You do not believe it now, but you will be better. By experiencing deep emotion, and accepting it, you will grow in warmth, depth, understanding and wisdom. You will be more truly yourself than you have ever been before.

Recovery over Time

Traumatic events usually lead to a variety of internal changes in the family. Such changes include changes in outlook on life and expectations about future, there may be a development of subtle post-traumatic reactions that continue to influence a person's life,

i. e. at anniversaries, or for some years of continued longing and searching for the lost person. Over time, however, most families, even those who lost a loved one, are able to establish new continuity, and live on with both happy and sad memories. The long and tiresome task of establishing new meanings and verifying old may go on for years. In the following I will focus on some of the challenges for families in dealing with the event, with ensuring that adults and children continue to communicate in ways that benefit them in the long run

The changes and problems that occur in families do not necessarily lead to dysfunction at work or in school, but continue to influence the family. For many, the loss of a loved one means that some life spheres never will be as before, while others will normalize over time. Some survivors are able to return to normal fairly soon, while others struggle for a long time.

Helping Grieving People

Relatives, and friends are supportive at the time of a death, during the wake and funeral, food, flowers and their presence are among the many thoughtful expressions. After the funeral, many grieving people wonder what happened to their friends.

They need their support and caring even more when the reality begins to hit and the long process of grief begins. Their help is essential, since immediate family have their hands full of grief and may find it difficult to give support to one another, or may not live nearby. Your help and understanding can make a significant difference in the healing of your friend's grief.

Unresolved grief can lead to physical or mental illness, suicide or premature death. A grieving person needs friends who are willing to LISTEN; cry with them: sit with them: reminisce: care: have creative ideas for coping; be honest; help them feel loved and needed; believe that they will make it through their grief. Ways of helping grieving people are as limitless as your imagination.

All that is necessary is a squeeze of the hand, a kiss, a hug, your presence. If you want to say something, Say "I'm sorry" or "I care."

Offer to help with practical matters: i.e. errands, fixing food, caring for children. Say "I'm going to the store, do you need bread, milk, etc.? I'll get them. It is not helping to say, "Call me if there is anything I can do."

Don't be afraid to cry openly if you are close to the deceased. Often the bereaved find themselves comforting you, but at the same time they understand your tears and don't feel so alone in their grief.

It is not necessary to ask questions about how the death happened. Let the bereaved tell you as much as they want when they are ready. A helpful question might be, "Would you like to talk? I'll listen."

Don't say, "I know just how you feel."

The bereaved may ask "WHY?" It is often a cry of pain rather than a question. It is not necessary to answer, but if you do, you may reply, "I don't know why."

Don't use cliché's like "Life is for the living." Or "It's God's will." Explanations rarely console. It's better to say nothing.

Recognize that the bereaved may be angry. They may be angry at God. The person who died, the clergy, doctors, rescue teams, other family members, etc. Encourage them to acknowledge their anger and to find healthy ways of handling it.

Be available to LISTEN frequently. Most bereaved want to talk about the person who has died.

Encourage them to talk about the deceased. Do not change the conversation or avoid mentioning the person's name.

Read about the various phases of grief so you can understand and help the bereaved to understand.

Be PATIENT. Don't say, "You will get over it in time." Mourning may take a long time. The bereaved need you to stand by them for as long as necessary. Encourage them to be patient with themselves as there is no timetable for grief.

Accept whatever feelings are expressed. Do not say, "You shouldn't feel like that." This attitude puts pressure on the bereaved to push down their feelings. Encourage them to express their feelings.

Be aware that a bereaved person's self-esteem may be very low.

When someone feels guilty and is filled with "if only's" it is not helpful to say, "Don't feel guilty." This only adds to their negative view of themselves. They would handle it better if they could. One response could be, I don't think that you are guilty. You did the best you could at the time, don't push down your feelings of guilt. Talk about it until you can let it go. Depression is often part of grief. It is a scary feeling. To be able to talk things over with an understanding friend of loved ones is one factor that may help prevent a person from becoming severely depressed.

Give special attention to the children in the family. DO NOT tell them not to cry or not to upset adults.

Suggest that the bereaved person keep a journal.

The bereaved may appear to be getting worse. Be aware this is often due to the reality of the death hitting them.

Be aware physical reactions to the death (lack of appetite, sleeplessness, headaches, inability to concentrate) These affect the person's coping ability, energy, and recovery.

Be aware of the use of drugs and alcohol. Medications should only be taken under the supervision of a physician. Often these only delay the grief response.

Sometimes the pain of bereavement is so intense that thoughts of suicide occur. Don't be shocked by this. Instead try to be a truly confiding friend.

Don't say, "It has been 4 months, 6 months, 1 year etc. You must be over it by now." Life will never be the same.

Encourage counseling if grief is getting out of hand.

Suggest that grieving people take part in support groups. Sharing similar experiences helps. Offer to attend a support group meeting with them. The meetings are not morbid. They offer understanding, friendship, suggestions for coping and HOPE.

Suggest that the bereaved postpone major decisions such as moving, giving everything away, until later, they may regret their hasty decisions. It is best for the bereaved to keep decision making to a minimum.

Suggest exercise to help work off bottled up tension and anger, to relax and to aid sleep. Offer to join them for tennis, exercise classes, swimming, a walk, etc.

Practice unconditional love. Feelings of rage, anger and frustration are not pleasant to observe or listen to, but it is necessary for the bereaved to recognize and work on these feelings in order to work through the grief, rather than become stuck in one phase.

Help the bereaved to avoid unrealistic expectations as to how they should feel and when they will be better. It is helpful when appropriate to say, "I don't know how you do as well as you do."

Don't avoid the bereaved. This adds to their loss. As the widowed often say, "I not only lost my spouse, but my friends as well."

Be aware that weekends, holidays and evenings may be more difficult.

Consider sending a note at the time of their loved one's birthday, anniversary, death or other special days.

Practice continuing acts of thoughtfulness – a note, visit, plant, helpful book on grief, attend church with them, plate of cookies, phone call, invitation for lunch, dinner, coffee. Take the initiative to call the bereaved.

Healthy/Unhealthy Grief

Symptoms of Unresolved Grief

(Note: there are problems with use of the word “unresolved”)
These symptoms are considered normal during the acute stages of grief.
However the more symptoms that persist, the stronger the likelihood of unresolved grief.

Over-activity without a sense of loss
Emulating mannerisms or symptoms of the person who died
Psychosomatic medical illness
Changes in relationships with friends and relatives
Furious hostility
Lack of emotion
Acts detrimental to social and economic existence

Agitated depression with tension, insomnia, feelings of worthlessness, bitter self-accusation, need for self-punishment
Continued daily searching—years later
Inability to discuss the deceased without crying or having the voice crack
Continued panic attacks, fear of choking, shortness of breath
Minor event triggers full-blown grief reaction
Preservation of the environment just as it was when the person was alive

Types of Unresolved Grief

Absent Grief -- as if the death never occurred—complete denial or shock
Inhibited Grief -- somatic complaints in place of grief reactions
Delayed Grief -- grief reactions are minimal or absent at first; later there are full-blown reactions following a subsequent loss
Conflicted Grief -- exaggeration of some aspects of the loss, while others are suppressed, e.g., extreme anger and extreme guilt

Chronic Grief -- the bereaved person continuously exhibits intense grief reactions which are more appropriate for early bereavement. The bereaved person keeps the deceased person alive with his/her grief.

Unanticipated Grief -- occurs after sudden loss and is so disruptive that recovery is usually complicated.

Abbreviated Grief -- a short-lived, but genuine form of grief. It may occur because of immediate replacement of the deceased or insufficient attachment to the deceased person, anticipatory grief may be a contributing factor.

Two Basic Reasons for Failure to Grieve

1. The person is unable to tolerate the pain of grief.

2. The person has an excessive need to maintain interaction with the person who died.

Examples of Reasons for Failing to Grieve

Guilt—reviewing the relationship with the person who died brings up guilt

Loss of extension of self—grief is avoided because it also means acknowledging the loss of a part of self

Reawakening of an old loss

Multiple loss

Inadequate Ego Development—the bereaved person cannot handle overwhelming feelings of rage, frustration, depression, anxiety

Miscellaneous: Belief that grieving = weakness. Belief that once crying starts = never stop.

Letting go of the pain = letting go of my loved one

How Does Society Contribute to the Failure of Some People to Grieve?

Fear of “prolonged” grief: wallow, incessant, clinging, stuck, never letting go

Expectation of brief grief: CHARGE

Disenfranchised loss

Unspeakable loss

Ascribed status of “the rock”

Lack of social/community support

The media’s presentation of the “perfect griever”

Two Ways that a Therapist Can Diagnose Complicated Grief 2

The person will come with a self-diagnosis

The person will come with a medical or psychiatric problem quite unaware that grief issues are at the heart of it.

What Society Needs to Realize

There are thousands of individual differences in grieving

Some people do well without grief work

Continuing bonds are normal

For many people grief reactions never entirely go away

Our job in supporting bereaved parents and siblings is to put up with “brain pain” by allowing people to be in pain (APTBP).

What You Can Do to Help

Tolerate individual differences = Grieving Style.

Recognize the symptoms of unhealthy grief.

Practice your approach.

Contact community resources, find what they offer, get phone numbers, emails, fees.

Meet one-on-one.

Be gentle, low key, present your observations, say little, don't argue, listen, listen, listen, listen.

Finish with concern and referral information—then drop it.

1 - From Rando, T.A. (Ed.) (1986). Parental Loss of a Child. Champaign, IL: Research Press Company.

2 - Worden, J.W. (1991). Grief counseling and therapy: A handbook for the mental health practitioner. NY: Springer Publisher.