

Understanding your Emotion about Grieving – part 1

"big death" and "little death"

Grieving is usually associated with the death of someone important in your life. This can be referred to as "big death", since it usually involves a family member or friend. However, life is full of "little deaths" as well. They occur unexpectedly and take many forms such as: the unexplained loss of a job; the loss of a pet; loss of a budding romance; or an expectation of someone that is not fulfilled. Little deaths also can consist of such things as an investment that goes awry, or a dent in the fender of your new car. And there is always the unexpected illness or injury that forces an immediate alteration in one's lifestyle and relationships.

Although this article focuses on the "big death", most of the processes described here also apply to "little deaths". These "little deaths" can elicit grief, anxiety, and depression that is every bit as painful and profound as grief associated with "big death. "Little deaths" can only be measured by determining the extent to which they are disruptive to lifestyle. It is important to note that "little deaths" for some people have more profound effects than "big deaths".

For instance, I know an eminent orthopedic surgeon who walked into his surgery one day and turned around and walked out. He was so overcome with anxiety that he might do the wrong thing, that he closed his practice and collected a support group to help him overcome his grief and pain from this "little death" experience.

Responses to "big death" and grieving

There are many who subscribe to a "mature" attitude toward death. This attitude describes death as simply the cessation of bodily functions and the end of identity. These attitudes are mixed with a variety of beliefs of an afterlife, reincarnation, heaven, hell, and even the wandering of the soul of the deceased in some form of hyperspace.

With such diverse beliefs and concepts, family, friends, physicians and caregivers must come together to deal with the reality of imminent death. One area where clashes in ideas can occur is with regard to the prolonging of life when someone is extremely ill. Some people believe that every effort must be made to prolong life, regardless of the discomfort to the patient or the extreme heroics it may call for. Others feel that death is a natural event that is merely a part of life.

Like many other important behaviors, the process of grieving and dealing with death is culturally determined. In many cultures the gothic trappings of funerals and the rituals of burials tend to be very specific. Even the clothing of those in mourning, and the manner in which they should conduct themselves is stipulated. The response to death is also

heavily influenced by society's attitudes and beliefs and is echoed in media such as movies and television.

Grief across the life-span

There are some very different concerns about grieving among adults, in comparison to adolescents and children. In this discussion we will confine ourselves primarily to adult grieving. Regardless of the grieving person's age, counseling must allow for the different belief structures that underlie the grieving process, as well as the individual nature of grief.

There are many adults today, who as children never participated in the death and burial of a parent, thereby missing out on a chance to resolve the death. Some of these people still harbor the notion that the parent is out there somewhere, and will return some day.

The start of grieving

Grieving can start when there is awareness that some valued person is approaching death. For couples, there are many facets of life involved in the loss of a spouse. They include going shopping together, getting ready for bed, waking up in the morning, discussing the children, planning the future, decorating the house, traveling together, doing enjoyable things together and sharing affection and love. Grieving starts when it becomes clear that these activities are coming to an end. The process of grieving is also intertwined with the pressure of making decisions about how to care for the dying person.

Although everyone grieves in their own way, the grieving process often includes physiological changes, depression, crying and moaning, or very silent withdrawal. Sometimes the survivor goes on as though nothing important has really happened. This happens more easily if the survivor has had a somewhat independent life with many activities. Because each person has a different approach to grieving, problems may develop if a person grieves in a way that does not match the expectations of their family members or friends.

If the illness of the departed person is prolonged, the grieving process may be over when that person dies. In some instances, it is possible that the survivor feels more relief rather than grief when the person dies.

The process of grieving

The extent of grief and mourning is also associated with how much of one's world is tied up with the loss. The death of a spouse can activate the most profound kind of grief. Grief for adults usually consists of many conflicting emotions. There is anger, powerlessness, relief, guilt, withdrawal and isolation.

Most people feel the need to engage in the grief process no matter what the level of their loss. The grieving process can be considered in two parts. The first has to do with adjusting to the imminent loss of a loved one, and the second with the future life of the survivor. These are intertwined so deeply that it is almost impossible to keep them apart. The loss of a spouse or partner may not be a profound cause of grief if there has been a prolonged illness, but the contemplation of the reality of ongoing life may be overwhelming.

Bill Moyers, a well-known television commentator in the US, says: "America is a wonderful place to get medical care but a terrible place to die." He is referring to the small number of physicians who believe in what is called "Palliative Care" and know how to help families make difficult decisions about dying loved ones. In general, physicians are trained to try anything that will prolong life. Unless the responsible person is prepared to make difficult decisions, the dying process may proceed without much dignity and often with considerable pain.

It is important that family and friends should participate in every phase of the dying process. If there has been little discussion about the wishes of the person who is ill, then there are a host of decisions that need to be made. If there is a sudden death, this process is shortened, but it is nevertheless, equally important.

Preplanning for loss

Nothing can help the survivors avoid grief. However, the grieving process is greatly helped if lengthy discussions about preparation for the eventual event take place when both partners are in good health. (These discussions include topics such as funeral arrangements, finances, use of life support systems and when they are to be stopped.) Discussing these matters in advance helps the surviving family members.

All immediate family members should participate in this discussion, or at least be informed about their outcome. There can be a living will and a durable power of attorney. Copies of these documents should be made available to physicians and attorneys. It is necessary to research the legal status of the area in which you live since many countries and or states or regions within countries have different kinds of legislation about these decisions. For instance, in my state, New Mexico (US), a written and signed statement by the dying person is sufficient, and the physician is required to follow these instructions.

Funeral arrangements can be made well ahead of time when both partners are in good health. It is good practice to plan ahead, before the need arises. Do some research and comparison-shop. Get a written contract with cancellation and refund provisions.

People who have completed these tasks in advance attest to a "peace of mind". If they haven't been done, it is time to call legal and financial professionals to get things in order.

After the loss

Expressions of grief such as crying, outbursts, moaning and silent meditation can go on for a long time. Grieving persons must be left to their own choice about how they will grieve. Another aspect of grieving occurs after a few weeks, when family and friends have departed and the details of the funeral are over.

The survivors are now alone with the tasks of getting rid of clothing and often making financial decisions. Many people feel the urge to make important decisions as soon as possible. This turns out to be a bad idea if all of the tasks of grieving have not been processed.

When grieving is too brief

Most experts advise waiting awhile before making critical decisions but a part of the griever may be determined to get on with life. The survivor may proceed with important decisions and terminate the grieving process much too soon. When this happens, the loss may be forgotten but unresolved psychological issues may remain.

If the grieving process is pushed out of one's mind to soon, anguish can begin to supplement grief. Along with anguish, a person might experience depression, physical difficulties such as trouble with breathing, fatigue, sleep disturbances and restlessness.

Improper resolution of grief can also make it difficult for the person to properly bond towards others in the future.

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When grieving is too lengthy

If the grieving and anguish continue for a long time, prolonged depression, continued physiological changes, and deeper withdrawal into thoughts and memories of the lost spouse continue.

Friends and family can trust their own intuition when they suspect the grieving process is too lengthy. If they feel helpless to intervene, then some kind of bereavement counseling is recommended. This choice can be discussed with the grieving person.

It is difficult for a survivor to complete necessary tasks when there is withdrawal and isolation. But good communication and relations with others helps the grieving person resume their normal functions more easily.

A more detailed discussion of how to help a grieving person is presented in Part 2 of this article.

Understanding your Emotion about Grieving – part 2

Introduction

When a friend or loved one grieves, it can be frustrating for those of us who want to help. Here are some suggestions for those who want to know what they can do to help those who are grieving. In Part 1, I discussed various aspects of grief. Here I discuss what to do when someone is grieving.

What to do

So much of grieving is determined by family background. That means that a grieving person may not be able to recognize how much of their feelings are due to their own ways of being and how much are due to their familial and cultural background. If the survivor is left alone and estranged from, or without, family, it may be possible to get help from a hospice counselor or a visiting nurse.

Letter to the departed

One tool that has been very helpful to many people is to ask the grieving person to write a lengthy letter to the person who is gone. This is a private document, and the grieving person is advised to write everything down. Sometimes the writer will imagine that the departed spouse will hear all the things that are being written. Sometimes these documents become large books. Sometimes they are re-read many times by the writer. At some point the document is put away in a safe place and often forgotten. Sometimes the writer offers the document to a trusted friend who can read what was written and understand better the issues the grieving person is struggling with. I recommend this tool for anyone grieving, who is willing to take the time to put their thoughts and feelings into writing.

Making decisions about the future

At some point after the loss, it is time to start making decisions about where to live, how to live (lifestyle), financial resources and finding new friends. A family member or

caregiver who is available may be necessary to help with this transition. The grieving person cannot even think about finding a new partner or making a new life in the middle of grieving. With the passage of time and the gradual return from withdrawal the grieving person can find new friends, and maybe even romance and a new partner. At the appropriate time it is possible to involve the grieving person in evaluating their progress in the grieving process, and seeing what yet needs to be done.

Seeing behind a "Strong Front"

The course of grieving is an individual process and no two people will grieve in the same way. Even if some people go on with their life as if nothing had happened, the grief is still present in their feelings, dreams and physiological changes. This stoic approach to grief is frequently designed to maintain a good social front and not be a burden to friends and family - especially the children. If someone asks, the grieving person is usually willing to talk about what they are experiencing. Thoughtful people, children and other family make a point of being around for days or weeks at a time. Nothing is said and nothing is expected. They are just there because they care and are willing to be helpful if the need arises.

Well meaning advice

Well intentioned people may respond to another person's grief by giving all kinds of "good advice". This may or may not be graciously accepted by the grieving person. Some may take such advice in stride and others may react with anger or upset, especially if they find the topic too painful.

One common serious error is to assume that you know what a grieving person is experiencing. If there is enough trust, he or she will tell you things you couldn't even imagine. They will dissect their own anger, guilt, and confusion in the processing of trying to be understood. However, "good advice" doesn't always help and in fact may make the situation worse. But listening with concern does help a lot, however.

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Blocks to successful grieving

A "big death" or a "little death" requires some period of mourning or grieving in order to integrate the loss into one's life. If this doesn't happen, then the loss will affect well-being and influence daily decisions.

You may ask, "Why would a person avoid the process of successful grieving?" There are a host of reasons why this is so. Some of them are listed below.

Sometimes a person may not expect to mourn loss other than from a "big death". More often feelings of anxiety, anger, rejection, and guilt may complicate or obscure the underlying grief. It is also possible that emotional blocks due to previous unresolved losses may prevent the person from dealing with the new loss.

Sex roles or cultural conditions can block the normal expression of feelings. The impulse to trivialize the loss can be a double insult. The inability to ask for help, or the need to put on a good front with family or friends, just intensifies the failure of the process.

Grief creates a frightening sense of helplessness. It also creates the anxiety of traveling through unknown territory. Fears are very close to the surface and are difficult to control. If a person is afraid of new feelings and new experiences, one possible response might be to just ignore the loss and shift their attention on to something else. All of these may threaten a person's self-image, and in turn, make him or her reluctant to ask for help.

How does it end ?

Because everyone is different, the process of recovery may be brief or lengthy, as there is no fixed time frame that fits everyone.

When one keeps an open mind, grief provides insights never experienced before and sharpens spiritual awareness. This is a tough way to learn about life, but the opportunity to learn is there if one is open to it.

There are indicators that signal the slow recovery from grief and grieving. If grieving has been masked under a frenzy of activities, there is a slowing down of excessive activity. A stoic social front may begin to break down a little. The grieving person may become more comfortable in asking for help and accepting it. The person begins to be aware that recovery is a choice and that bereavement offers an opportunity for growth. Eventually, the grieving person discovers that he or she is able to engage in new relationships that are rewarding.

After grieving has diminished to a point where bodily functions have returned to normal, and where one can think clearly, the grieving person may experience this in terms of a feeling of more energy and the ability to make "good" decisions once again.

At this point, it becomes time to think about the living and not the dead. It is very helpful if the grieving person brings friends and family into her or his world and has regular contact with them.

Feelings of loss, especially with regard to a loved one, can never completely go away. There will always be moments when we will miss them. But there does come a point in the process when the grieving person makes an effort to live each day fully and enjoy it - despite the loss.. Then the end is in sight.

By Verne Kallejian Ph.D

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