

Coping with Grief

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It's something that none of us want to go through. And yet, most of us will time and again. Grief is absolutely normal and necessary, but it can also be very painful. It is one of the emotions which makes people human. When persons grieve, it is an indication that they have attached to someone and that they are now having to go through a process of becoming unattached. In some ways, normal grief can be thought of as a positive reflection on the person grieving because it shows that they have had the ability to bond deeply to someone. They have been fully human.

In grief, a person is coming to grips with the fact of another's death. The deceased will never again be a physical part of that individual's life. In addition, the bereaved person may also be dealing with the loss of what could have been. Hopes and dreams may have been lost as well-- what a mother or father could have been like, what a spouse could have been, or what a child could have become.

While grief is a normal process, it can also greatly drain people. It can be temporarily debilitating to the point that persons can't work or function at home. It can make people more vulnerable to physical illness and to psychological problems such as depression, for as long as two years following its onset. There are changes in both the endocrine system and immune systems of the body. These changes in turn can cause higher levels of illness in grieving persons.

But though it may have some negative effects, grief is not something to be avoided. This process appears to be "hard wired" into the brain. That is, grief is common to all persons and biologically built into us. Pictures of people's faces around the world have demonstrated how some feelings appear to be the same, regardless of cultural background. Society can shape some of the ways in which we grieve, but no one has to teach us how to feel grief. The display of our grief can be shaped by messages from our families or culture. We may be taught, for instance, that is important to "be brave" and not to show feelings. Some persons may also become inhibited or afraid of expressing grief after childhood experiences of witnessing intense displays of emotions at funerals.

Grief is a process that requires time. It cannot be done "on schedule", and the busy pace of persons today can sometimes interfere with having the time for adequate grieving. Sometimes the workplace puts such demands on us that we try to "downsize" our grief or put it into a box. But it can take weeks merely to get through the initial phase of shock and numbness and to get to the point of accepting the reality of the death. The full process of grieving may require as much as one to three years. Even once the grief seems to be over, it can flare up again. The cycle of birthdays and holidays throughout the year usually provokes fresh feelings of sadness. Christmas can be a particularly painful time, as can be the birthday of the deceased and the anniversary of their death.

Here are some of the typical feelings and physical symptoms that people experience in grief:

- shock or numbness (these can serve to protect the individual at first)
- tearfulness and sadness
- loneliness
- loss of interest in normal activities
- problems with concentration and memory
- thoughts of wanting to be with the deceased (thoughts of death)
- restlessness and visiting places where the deceased frequented
- holding onto objects belonging to the deceased
- self-blame (i.e., for not having been more considerate to them or for not somehow preventing their death)
- irritability, anger, or even rage
- numbness--feeling like a robot (usually a temporary feeling)
- resentment of the happiness of others
- yearning to see the person or be with them again

Physical symptoms are also common in grief. These include

- insomnia
- fatigue
- loss of appetite
- a hollow feeling inside

But while much of grieving is painful and negative, there can be other types of feelings, too. The person may feel as if they are out from under a burden. They may be released from a tyrannical parent or spouse. When feelings of relief occur, it may cause a sense of guilt. However, these feelings also need to be viewed as normal and not shameful. Both life and death are too complicated to result in pure happiness or pure sadness.



Points to Ponder

When we go through a divorce, we are losing someone. If the divorce is out of our hands and against our wishes, is there any difference between this and the grieving that occurs when someone dies? How is our grieving the same when someone moves away from us or leaves us? How is it different from a person dying? How about if we never see the person again?

Grief and Depression--Both Similar and Different

In some ways, grief is similar to the experience of depression. Both can involve feelings of sadness and loss. Both can cause insomnia, loss of appetite and weight, fatigue, diminished concentration, and loss of pleasure and interest in usual activities. An illustration of the linkage between grief and depression is that up to 15% of bereaved elderly will have Major Depression after a loss.

And yet, grief is a natural state. Depression is not; it is by definition abnormal. Depression is something which we attempt to eliminate through counseling and other treatments. The goal with grief on the other hand, is to work through it. There are a variety of other differences between the two as well. For example, whereas depression will sometimes cause suicidal thoughts, in grief there may be only a vague desire to join the deceased "in heaven," and there are not usually any actual plans to harm oneself. In depression, there are often feelings of guilt or worthlessness. The depressed person may feel guilty about a variety of issues, many not even involving the deceased, whereas the grieving person is likely to focus any feelings of regret specifically on what they did not do for the one who has died. The depressed person may have intense slowing of their thoughts and movements. Their ability to function is more impaired. In grief, persons are usually able to return to their normal duties fairly soon, although at a lower level of efficiency.

While it is common to have mild thoughts of self blame after someone has died, it is important that the grieving person not allow negative thoughts to become excessive and illogical. Such ideas need to be challenged and confronted. Irrational guilt during the grieving process can lead to depression. It is normal for there to be expressions of remorse, feeling that one should have been a better friend, partner, parent, etc. There is often guilt over not having done certain things for the deceased. But despite the regret, the survivor's self-esteem normally remains relatively unchanged. He is not likely to feel worthless. Both worthlessness and irrational guilt, then, are possible indicators of depression.

Here are some examples of excessive negative thoughts following a death:

"If only I had done _____, he would still be alive today." This thought is usually untrue. It may feel true, but typically a close examination of the evidence reveals that, at best, it is unprovable one way or another.

"I can't live without him." This is likely to be an emotional statement rather than a realistic statement. What the person is really saying is that they know life is going to go on and that it is going to be very painful.

"I can't ever be happy again" or "I will be miserable the rest of my life" or "No one will ever love me again." This fatalistic view of the future is based on the way the person is feeling at the moment. No one knows what the future has in store for them.

"I failed him (her). I was a terrible husband (wife)." Usually, we were not the villains we make ourselves out to be. In most instances, we were just fallible human beings.

Sometimes we were helpful to the deceased and sometimes we were selfish.

Are There Stages of Grieving?

Many persons have heard about the five stages of grief proposed many years ago by Elizabeth Kubler-Ross:

1. denial of what has happened or is about to happen
2. anger at the deceased or someone else about the loss
3. bargaining with God or the universe (usually for the person to stay alive before they actually die)
4. depression
5. acceptance of the fact of dying

Since her ideas were put forward, much more has been learned about how people go through grieving. A more recent view outlined by William Worden at Harvard involves a different five steps:

1. **Accepting the reality of the loss.** This involves overcoming the initial shock of hearing about the death and coming to fully understand that the person has died. People can sometimes go into a phase of denial as to whether the loss has really occurred. Denial can be about the fact of the death and loss, or it can be about the importance of the loss to the survivor. Either type of denial must eventually be worked through.
2. **Experiencing the pain of grief.** There is emotional work to be done in going through the pain of the loss. Persons accomplish this in different ways. It is an active process that requires more than just the passage of time. Friends and family sometimes sabotage this by telling the grieving person that they need to put the death behind them or that they are feeling sorry for themselves. But persons who try to avoid this stage may eventually become depressed or end dealing with their pain in a less healthy fashion, such as using alcohol or acting impulsively.
3. **Re-orienting to the world in the absence of the person.** The survivor must now adjust to an environment in which the deceased is missing. They have to go on and develop a new life. This may involve obtaining a job, moving, or perhaps just developing new household routines.
4. **Withdrawing emotional energy from the old relationship and reinvesting it in new ones.** This does not mean that the relationship is erased from our lives. Instead, it takes on a new place in our minds and hearts. The energy which was invested in it is slowly freed up. We can be with and attach to new people in our lives, even while the old bonds may live on within us.
5. **There is also a fifth task for some persons. This involves finding a new sense of meaning if our previous spiritual and/or philosophical beliefs have been challenged.** We need to make sense of our world, and sometimes death challenges our most treasured beliefs. When someone dies a very painful death or when a child dies, we may feel that the foundations of our

world have been shaken. We may feel betrayed by God. These types of death may require that we reevaluate and renew our beliefs in some way.

Situations Which Make Grieving More Difficult

There are some circumstances which can make it more difficult to successfully work through bereavement. One of the biggest obstacles to resolving grief is long standing anger toward the deceased. Having negative feelings or a mixture of strong positive and negative feelings (termed “ambivalence”) can create problems. This can be confusing for anyone to have to sort out.

Anger can be at the deceased person or at persons associated with the death. For example, a survivor may be angry at the doctor or the hospital staff for what they did or did not do to help the loved one. A person may be angry at someone who contributed to the death, such as a drunk driver. Or the upset may be with friends or relatives who make unhelpful comments at the funeral or afterwards. Some people become angry about new responsibilities which they have to shoulder, such as dealing with financial problems, making repairs to the house, and so on. There can even be anger with the world just for continuing to go on. Anger is sometimes directed at God for taking the person or for allowing them to suffer a painful death. Individuals may also be angry at themselves for what they feel they did or did not do.

Another situation that can make grief more difficult is when a person has been overly dependent upon the deceased. This dependence can be emotional, financial, or practical. Practical dependence would include relying on the person to handle many normal everyday tasks and duties. On the other hand, the deceased may have been the more dependent person in the relationship. In that situation, the survivor, who has been diligently looking after the one who has died may no longer feel needed. They may be at a loss as to what to do next.

Grief is also made more problematic if one is already dealing with major stresses, such as another loss, a physical illness, or emotional problems. Unfortunately, some individuals may suffer the loss of two, three, or more persons in a year. As a result, each death experienced puts further burdens on one’s coping capacity. There may be no time to process one death before another occurs.

Young widows with children have a more difficult time grieving. They have not only endured the loss of a husband, but they have strong financial pressures and the needs of their children to deal with. This is made even worse if there are no close family members around to give emotional and practical support.

Another type of death which can be taxing to deal with is the one which has taken a long time to occur. When one has been caring for a terminally ill person for over six months, the likelihood is greater that grieving will be more complicated and difficult. Sometimes, long illnesses can be very draining physically and emotionally on the family of the deceased. Sometimes the care giver finally reaches an emotional resolution of being able to let go emotionally of the dying person, perhaps because they have reached a point of exhaustion. Yet the ill person may still live on for

months or years afterwards. There can be feelings of guilt when we have reached the point that we are ready to let go, but the person continues to hold on to life. In addition, in a long drawn out death, there is a greater likelihood that the deceased will have experienced discomfort and pain. If the person was in great pain, we may become preoccupied with thinking about their suffering. There may also be greater identification with the deceased, almost as if the caregiver was suffering along with them. On the other hand, deaths which are gradual do provide family and friends more opportunity to say goodbye and address any unresolved issues.

Grieving can also be more challenging when we view a death as unnatural in some way. This is more likely to be true with sudden and unexpected deaths. Some partings are easier to deal with because they seem to be within the natural order of things. The loss is tempered by the knowledge that this is simply how the world works. But when someone dies “out of order” such as a young child, it is more painful and sometimes devastating. Heart attacks and strokes are sudden but more likely to occur when the person is older, thus making the death seem more “normal” to us. But when someone dies a particularly painful or violent death we may not feel that it was natural. This can include murder, suicide, and accidental drug overdose. In a violent death, the last image in our mind of the person may be of their body in a severely altered or traumatized state. A person mourning this type of death may be more likely to need a counselor to help them process what has happened. It is not just the death which must be processed, but what the person went through as well.

Traumatic deaths pose another problem as well. They challenge our sense of meaning. Our way of seeing the world is sometimes shattered when something which isn't supposed to happen, does happen. It takes time for us to revise how we see the world and then to incorporate this new, very painful experience into our worldview. We may even have to revise some of our most deeply held beliefs to accommodate the new experience. Examples of this type of death would be the Oklahoma City bombing and the shootings which have occurred at numerous schools. Such experiences can cause survivors to question their faith, to become cynical, and to lose their sense of the world being a safe place.

Because of the stigma attached to some types of death, e.g. by AIDS and suicide, survivors may be reluctant or unable to discuss their feelings and the facts of the death with family and friends. Without the opportunity to talk about these things, it is more difficult to work through grief and to process feelings. The barrier to obtaining support may be either imagined or real. Others may or may not in reality be willing to talk and to provide support in such a situation.

Another circumstance which can make the grieving process more challenging is when a person has not had the chance to attend the funeral or to see the body. This can occur, for example, if they are overseas or a great distance away and unable to arrive in time for the funeral. It can also occur because they simply don't want to be present (which can be another form of denial). Without this experience, there may be an uncanny feeling that the person is still alive somewhere. The survivor may have a sense of expectation that they will soon receive a phone call from them or have the feeling that if they only went home (or to where the person lived) that the deceased would still be there.

Trying to Force Yourself into a Mold of How You “Should” Grieve

People differ in exactly how they express their grief and in how intensely they feel it. It is important not to try make grief fit into a particular mold. There is no one single way that people should grieve. While it is true that grief is universal and that many aspects of it seem to be built in to us, our minds are still capable of responding in a variety of ways to death. Some of these may be unexpected. For example, one study showed that approximately half of widows “saw” their deceased husband one or more times in the months following his death. It is important to realize that these kind of events do not mean that we are “crazy.” They can be totally normal if they are not prolonged nor excessively frequent. It is also important not to try to force ourselves into a particular time line for grieving. If someone has told you that you should be over your grieving by now, be wary. Your situation may be different from others'. Statements by friends or family encouraging you to get over your grief may have more to do with their needs and feelings than with your needs. They may be uncomfortable with grieving and with the issue of death and dying in general.

Trying to be “strong” for others. Some people hold in their grief because of the misguided idea that they have to be strong for the rest of the family. In this situation, “Aunt Emma” may take care of everybody but herself. There are people coming into town for the funeral, and she worries about how James, Jr. is going to take the death of his father. And so, rather than dealing with her own feelings and letting them out from time to time, she hides them. Perhaps others remark admiringly that she is the “rock” of the family, thereby reinforcing her behavior. After the funeral, there is less need for her to be strong, but she has already set a pattern of not showing her grief. She keeps holding it all in, and perhaps a few months later, she begins to develop depression or unexplainable physical problems.

To Grieve or Not to Grieve? Finding the “Middle Path”

Many mental health professionals believe that trying to avoid grief will lead to further problems. There are three current theories:

1. Avoiding grief will eventually lead to *prolonged grief*. According to this idea, when people attempt to avoid dealing with their feelings of loss, it extends the process. Feelings don't get attended to, and they therefore persist for a longer period of time.
2. Avoiding grieving leads to *delayed grief*. According to this theory, avoiding grief only postpones the inevitable. A person may not appear to be having a problem with grief, but then at a later time may be very hard hit by it.
3. Avoiding grief eventually leads to a *distortion of the grief* process, coming out as physical symptoms or depression. When a death is not attended to emotionally, it usually doesn't just disappear but rather goes underground and then later expresses itself in a different manner. This may occur so much later that the person may not even associate their new problems with the blocked grief.

There is some evidence to support each of these ideas, but the fact is that much remains to be learned about grief. Overall, current research seems to indicate that some type of middle path is

needed in terms of how much time and energy is focused on the grieving process. The middle path does not try to shut out painful feelings but does try to avoid intentionally dwelling on them. It recognizes the need for other types of life experiences. It is the path of flexibility--learning how to deal with the pain and then to withdraw and distract oneself and comfort oneself. It involves facing the emotions, even embracing them as a necessary and normal part of life. On the other hand, the middle path provides for activities and friendships to get away from grief, too. There need to be pleasurable activities that let the survivor laugh and feel good. In talking about grieving, it may seem odd to encourage laughter, yet it seems to be the body's way of taking a break from the terrible tension. It is not unusual to see people laughing even immediately after a funeral. This does not mean that they are not missing the person. Make time to be with someone who makes you laugh or find time to engage in enjoyable activities.

Indications That the Grieving Process Has Become “Stuck”

“Complicated bereavement” is a term used to describe situations when survivors are having difficulty advancing through a normal process of grieving. There are a variety of indicators that can signal that this is happening. The following are guidelines, and as you read them, keep in mind that each person is different. Nevertheless, if you find yourself in any of these categories, you may want to consider whether you have become somehow derailed from a healthy grieving process.

Excessive guilt and other irrational negative thoughts. It is possible for grief to trigger depression, and one warning sign that this may be happening is when intense negative thinking starts to occur. It is normal to regret not having done more for the deceased person. But when guilt starts to spread to a variety of issues, it can be an indication of an unhealthy level of remorse. Similarly, feeling worthless would not be a normal expression of grieving. Sometimes guilt occurs when the survivor finds a new relationship which offers some enjoyment or growth, especially if the relationship with the deceased did not offer those same opportunities. They may feel that they are being disloyal to see the new friend or partner as being better than the deceased in some aspect. This guilt can make it difficult for persons to move on with their lives.

Another type of negative thinking is viewing our loss as a punishment. We may feel that God is punishing us for something that we have done through the death of the person. This is, of course, illogical because it would mean that God is also punishing the deceased, as well as all of the persons who loved them.

Negative thoughts may also focus on the future. For example, a person might think, “I will never be happy again” or “My life is nothing without this person.” This tends to produce a sense of despair, since it means that there is nothing to look forward to.

Suicidal thoughts are another indication that grief has become unhealthy. Mild thoughts of wishing to be with the dead person are not unusual. But actually thinking of plans to harm oneself would be an indication of depression.

Inability to return to normal functioning. While it is dangerous to create a time schedule for grief, some authorities believe that people can generally return to work after a month. However, it usually takes one to three years before the grief process is complete. When a survivor is still unable to return to work after an extended period of time, it is generally an indication that the grief process has become complicated in some way.

Reluctance to acknowledge negative feelings about the deceased. It is normal to have positive and negative feelings about the people with whom we are close. However, after loved ones die we may not be able to acknowledge that we have been angry at them for one reason or another. The anger may be about what they did while they are alive, but it can also be about the fact that they have died and left us. It is okay to feel angry at the deceased. Anger has to be acknowledged and worked through with the dead just as much as with the living. Here are some of the sources of anger with which people sometimes have to deal:

A parent might have been abusive when we were younger.

A child might have caused us to make major sacrifices we didn't want to make.

A husband might have been unfaithful or abusive.

A spouse might have left us with heavy debts or messy financial situations.

If our relationship with the deceased person was a troubled one, it may be more complex to come to terms with their death. We may feel guilty for feeling relieved or taking satisfaction in the fact that they are no longer alive. The fact is that everyone's life is a mixture of the positive and negative. While cultures often say that it is bad to speak ill of the dead, we cannot really stop our feelings. We feel what we feel. If we were abused by a parent or a spouse or betrayed in some way, we cannot turn off the feelings of anger and perhaps relief. If we cannot face the feelings by ourselves or with the aid of friends, family, or a grief support group, then we may need to seek out a counselor to help us resolve such feelings.

Abusing drugs or alcohol can complicate our ability to go through grieving. These can provide a temporary relief by dulling the pain, but they are also likely to lead to depression or to a failure to cope. We need all of our psychological resources and problem solving abilities to adapt to the world when an important person dies. Escaping through drugs or alcohol is a very short sighted and unhealthy alternative.

Development of Physical Symptoms Without Any Apparent Cause. Some persons during their grieving period may develop physical pain or disability which does not appear to have a medical cause. This is sometimes an indication that grief is being expressed through bodily symptoms and that a person needs professional assistance in working through their grief.

Clinging to Objects of the Deceased or Trying to Stop Time. Some individuals attempt to freeze everything in time, so that the past can be held onto. They want to keep everything as it was when the person was alive. In some instances, people refuse to allow anything to be changed in the room of the deceased for years after the death. Life has to go on, and this cannot happen without some degree of change. New relationships have to be formed. Eventually, the clothes of

the deceased and some of their personal effects have to be put away or given away to family, friends, or others. Another way of trying to stop time is **avoiding places and things which would remind us of the deceased**. Eventually, life has to go on in pretty much the same fashion as before the death. It is not unusual to curtail activities or restrict movements to avoid those aspects of life which would remind us of the deceased while we are in the early phases of grief. But if this continues, it suggests that we haven't yet worked through our grieving. Any time that we begin to restrict our activities, there is a danger of becoming stagnant. Another type of avoidance occurs when we stop talking about our loss and make it off limits to others to discuss.

An opposite problem may occur when there are radical changes in lifestyle. It is best not to make too many changes too quickly. This may indicate a tendency to run away from grief rather than facing it. While it would not be unusual for a person to sell a house that was now too large and no longer needed, an impulsive selling of all property in order to make a hasty move to another city could well indicate that the person is trying to escape their feelings. It is important to take the time to acknowledge and face feelings of loss before moving on to make major changes in life. **Similarly, some persons rush to replace the deceased in their lives.** There may be such a need for interpersonal companionship or practical assistance that the survivor may try to replace the loved one very quickly. This may not only lead to poor choices in mates and friends but may also create anxiety because of the obligations and ties that we have hastily created. One example of this is that when people lose a child they may quickly want to have another one or adopt a child to replace the one that died.

Annual depression around the time of the death. While sadness is normal on an anniversary date, the occurrence of full blown depression each year at the time of the death can indicate that grief is still unresolved. Oftentimes, the survivor understands why the yearly depression is occurring, but there are some instances in which such awareness may be lacking.

Over-idealizing the person. Some survivors over-idealize the deceased. They remember only the positive things which were said and done. To adjust to a death it is important to remember the whole person, with their faults as well as their wonderful qualities. This includes remembering things they did which were inconveniencing or unpleasant. If we only remember their positive qualities, it is going to be more difficult to let go of them and form new relationships.

Feeling the need to continue grieving to demonstrate love for the deceased. Our grief can become a way of proving to ourselves, our family, society, or even to the deceased person how much they meant to us and how much we miss them. Continued grieving can be a way of affirming our love and loyalty. On the other hand, some experts have also noted that in a few cases, **prolonged grieving may be a way of "punishing" the deceased** for dying, by making them see how much we are suffering.

Other Indicators

There are still other behaviors which may indicate that we are having difficulty coming to terms with a death. These can include:

- Speaking about the person in the present tense (e.g., “He’s a very smart person” rather than “He was very smart”)
- Pretending the person is away on a trip
- Disposing of everything connected to the deceased
- Not speaking of the deceased at all
- Playing down the importance of the relationship
- Thinking that you are seeing the deceased in many different places (seeing a deceased spouse once or twice is relatively common and normal)
- Running away from grief through activities and work

Spotlight On...

Special Types of Grieving

Dealing with the death of a child

An especially painful type of death to grieve over is the death of a child. In previous centuries, this was not as rare an occurrence as it is today. In contemporary times, especially in industrialized societies, this is a less common event. If it occurs to us, we feel that something unnatural and totally out of the norm has happened. This in turn further heightens the grief associated with children’s deaths. Moreover, because parents generally feel a sense of responsibility for the safety and welfare of their children, there is generally more guilt associated with a child’s death, even if this is not rational.

Dealing with the suicide of friends and family

Suicide can be especially difficult to deal with. Feelings of anger and guilt tend to be more intense than with other forms of death. In addition, other persons may be less willing to be supportive. There can be feelings of shame, and neither family nor friends may be willing to talk about the death. As a result, there may be more denial and a tendency to act as if it didn’t happen. There also may be strong feelings of anger and the question of “How could he/she do this to us?”

Suicide can also create an excessive that someone else in the family will commit suicide. Finally, suicide creates more intense feelings of abandonment and rejection than other types of death. The person has made a choice to die, and whether it was truly an act of rejection or retaliation or not, it often feels that way to survivors.

Dealing with stillbirth, miscarriage, and abortion

These are other types of death for which people generally receive little or no support. Before a child gains a visible presence in the community, other people often do not recognize the importance it has had in the mother’s life. In addition, with abortion, others may not know what has happened. Thus, there is often no community or family support for the mother’s grieving. Finally, many women going through abortion are troubled by guilt. Since they have not usually

shared the fact of the abortion with others, they generally have to deal with such feelings by themselves.

FAQ: Frequently asked questions

How long will my feelings of grief continue?

Grieving does not last forever. The worst part of it can continue for several months, and it can feel “fresh” for a year or two as persons experience and go through different holidays. But it does not go on forever. You are likely to experience a gradual decrease in intensity of feelings, with new “waves” of grief from time to time. If you feel that your grieving has persisted for too long, then it is important to talk to a counselor about it.

My family (or friends) are becoming impatient with me, telling me that I should be over my grieving and that I am living in the past. What should I do?

Do not let other people dictate or influence the timetable of your grief. If after several months, your life is standing still, and you are not moving on, then there may be a problem. But family and friends may have their own needs and interests which influence their advice to you. A counselor can help you decide if your grief is not progressing or if you simply need more time. Sometimes family or friends are uncomfortable with death and grief; they are eager for us to “get over” our grief because they want to avoid the issue. Tell them that you appreciate their concern but that they cannot tell you when it is time to stop grieving.

Is it okay to be angry at the person who died? I’m angry about something they did, and I can’t get that out of my mind.

If you’re bitter at the deceased, then it is important to acknowledge those feelings. It doesn’t work well to tell ourselves what we “should” be feeling. We feel what we feel. It can be very uncomfortable to be angry at a person who has died. You may still miss them and love them. But you don’t get over feelings of anger by squelching them. You get over them by acknowledging them and working through them. Failing to acknowledge your the negative side of your relationship with the deceased may only delay resolving your grief.

Getting Personal

Think over the following questions. They may help you understand more about yourself and about how you experience grief.

1. How does your family tend to deal with grief? Did your parents let you see their feelings when they were going through it? Did they take you to funerals? If so, how did that feel? Did the funerals scare you? Or did they comfort you? If your parents did

show their grief, how did that make you feel?

2. When you are grieving, do you tend to be more sad, anxious, or angry? Or is it some other type of feeling? Do you feel empty or lost?

3. How easy is it for you to talk about your feelings when you are grieving? Is there anyone that you can discuss such feelings with? Have you avoided talking to friends or family about your grief? If so, why?

4. What have you done to move forward with your life? Have you allowed things to change since the death of the person? Or have you tried to in some way live just the same as before? Do you worry about "betraying" the deceased by moving on with your life?

5. Did the death challenge any of your religious beliefs or beliefs about life in general? Was there anything about the death which has made it especially hard for you to accept? Have you had the feeling at times that life doesn't make sense anymore or that it isn't worth living?

Things to Do: Practical Steps in the Healing Process

Talk to someone supportive

It is important to find people who will talk with you about any aspects of your grieving that you need to discuss. Try to find people who are truly understanding and who are looking after your needs rather than their own. Expressing our feelings and discussing our memories of the deceased are two of the main ways of resolving grief. By talking, we can share our inner world and our inner experiences with someone else. Talking also helps us to put traumatic experiences into perspective in our own minds. It helps us clarify what has been lost and what we want to hold onto.

It may be important for you to talk not just about the deceased but also the manner in which they died. For example, if a person died of cancer, it can be very overwhelming for family and friends watching them suffer. By talking with support persons, you can not only share feelings but also better understand exactly what you have been experiencing.

Tell your friends and family to let you know if and when they need a breather from listening to your feelings. Let them know that you appreciate the opportunity to talk to them about it but that you also respect their needs.

Participating in ritual

Before the human race developed language, actions and rituals were perhaps the only means of grieving available. Cultures still provide such rituals, such as wakes, funerals,

and so on. In some communities, churches bring food to the person's house or provide meals for the family. Although some people consider these activities to be old-fashioned and unnecessary, many mental health professionals view them as healing experiences which provide a way to share private grief with the community. This in turn helps the person to feel supported and not alone. Funerals also serve the purpose of overcoming denial and bringing home the fact that the person has died. Finally, they provide structure for the survivor at a time when everything seems to have come apart in their life.

Use visual imagery to restore your image of the deceased

This is important when the person was disfigured or emaciated at the time of their death. It can be a part of the healing process to visually "heal" or transform the image of the deceased so that the survivor isn't left with a traumatic last image. This process involves imagining what the person looked like before becoming ill or dying. It can involve the use of pictures of them when they were healthy. For example, one client was very traumatized by the memory of how her son looked when she discovered his body after he committed suicide. Visual imagery was used to help restore her memory of how he had looked before he died.

Continue with your normal activities

In grief, persons may stop doing things which used to be normal and routine. One reason for this is that some activities can remind us of the deceased. With other activities, we just may not feel we have the energy or interest to pursue them for awhile. Most of the things which people used to enjoy prior to their grieving can still bring them some pleasure. It is important not to leave these out of one's life and to gradually start going back to movies, attending organizational meetings, exercising, and so on. They were an important part of life before, and they can be again.

Develop new activities which are pleasurable. *In addition to continuing comforting routines, it is also important to initiate new activities, interests and traditions in order to start a new phase in one's life. When particular anniversaries or holidays occur which are likely to stimulate deep feelings of loss, it can be helpful to do something different than before. Instead of having Christmas, for example, in the way that it was always held, it may be helpful to celebrate it somewhere else or in a different manner.*

Consider going to a grief support group. *There are meetings and groups for grieving persons in almost every city in the United States. While they are not for everyone, they may be beneficial to you. Many of these groups are specialized, such as supporting grieving parents. Even if you don't choose to attend regularly, you are likely to gain some perspective on what you have been through. There is a chance to interact with people who have been through a similar experience and who therefore are likely to have a deeper understanding of what you are going through. In addition, there are persons*

farther along in the grief process who can provide hope, advice, and encouragement about the future to those who are recently bereaved.

Read a book on grieving or about someone else's experience with grieving. *There are many of these books. Visit a library or book store. A recommended reading list is included at the conclusion of this chapter.*

Use your imagination to have an inner dialogue with the deceased. *This can be a bridge between you and them. Focus on details of the departed person. Then when the person seems real in your mind, approach and talk to them. This is not pretending that the person is still living. It is a way of working out the problems from the relationship, dealing with any remaining conflicts, and of letting go unresolved issues. Another form of this technique is to imagine the deceased as sitting in an empty chair in the room and talking to them. Or you may prefer to write out a dialogue between you and them.*

Write a letter to the person. *Writing letters in which you express your feelings to the deceased can be helpful, and you may want to write several spaced out over the grieving process. In studies of individuals who have gone through traumatic situations, writing about the events--and most importantly the feelings associated with the events--not only made them feel better but also strengthened their immune systems. Write about your loss, and include experiences you have been through since the death. Write down what you miss about the person. Write about your regrets. What do you appreciate about them and their life now that they are gone? What did they help you to learn? What activities and values of theirs are you going to carry on? Try to make sure the letter is open and honest. You may want to express love and appreciation, but you may want to say other things, too. For example, you may want to express resentment about something.*

Pay attention to dreams you have of the person, and write them down. *Later, reenter the dream using your imagination. Understand that there are many different types of dreams. Two of the most important are wish-fulfillment and anxiety dreams. In wish fulfillment dreams, you are likely to have a positive, pleasant experience of being reunited with the person. In anxiety dreams, they may be dying, leaving you, rejecting you, and so on. If you have a dream of the deceased leaving you or rejecting you, it may suggest that you are feeling abandoned, hurt, and/or angry. Place yourself back into the dream in order to carry on a conversation with the person who has died. For example, if the person is leaving you in the dream, tell them how this makes you feel to be left behind. Be careful not to overinterpret dreams. For instance, many persons have religious beliefs about the survival of the soul past death. If the deceased is angry at you in the dream or is in pain, don't assume that this has any relationship to reality.*

Commemorate the person's life. *Create a scrapbook or shadowbox containing poems, letters, photos, and mementos of the person. If you are artistic, you may want to create drawings to express your feelings and to recall memories. Poems are another form of*

self-expression. Try to capture important, unique aspects of who they were and what set them apart from other people. Also try to represent or symbolize particular aspects of their relationship with you. This could include pictures or poems recalling activities that you did together.

The Trap of Negative Thinking and Self Blame

A very dangerous trap to fall into in grieving is thinking about “what might have been.”

“If only I had made him go the doctor sooner...”

“If only I had insisted she take her medicine...”

“If only I had treated him better...”

“If only I hadn’t made her work so hard...”

“If only I had encouraged him to retire earlier...”

In this type of negative thinking, the person tortures themselves with the idea that they could have prevented the death if they had just done something differently. The fact is, however, that many times we have no way of knowing whether or not a change in our actions would have made a difference. Sometimes we even know intellectually that it wouldn’t have led to the person staying alive, but our emotions keep telling us that we “should” have done something different.

Irrational negative thinking can turn grief into depression. To work on exaggerated negative thoughts, you can use the techniques outlined in chapter/handout #3, Coping with Negative Thinking. Here is an example of using cognitive therapy to correct excessive negative thinking in grief.

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Objective Situation (The “Event”)	Automatic Negative Thoughts	Negative Consequences	Realistic, Logical Thoughts
<p>A child dies of a major illness.</p>	<p>If only I had taken him to the doctor earlier, he would be alive today.</p> <p>If only I had taken him to a different doctor, he would be alive.</p> <p>It is my fault that he died. I killed him.</p> <p>I should have known that this doctor was incompetent.</p>	<p>Guilt Remorse Despair Depression</p>	<p>There is no evidence that taking him earlier would have led to him being cured.</p> <p>I am torturing myself with thoughts that cannot be proven or disproved. I don't know that a different doctor would have either diagnosed him more correctly or been able to treat him more effectively.</p> <p>This is nonsense to say that I killed him. The disease killed him.</p> <p>The doctor was supposed to be a good one. My friend recommended him. I had not way of knowing that he would miss the diagnosis.</p>



Time for Practice

Use the following four column sheet to work on your negative thoughts. You may need to refer to Chapter/handout #3 “Coping with Negative Thinking.”

Objective Situation (The “Event”)	Automatic Negative Thoughts	Negative Consequences	Realistic, Logical Thoughts

Other chapters from this book which you may find helpful and relevant to coping with grief include:

- Chapter 2 What is Stress and What is Coping?
- Chapter 5 Coping with Worry and Anxiety
- Chapter 6 Coping with Negative Thinking in Depression
- Chapter 7 Coping with Depression--A Look at Relationships
- Chapter 8 Coping with Grief
- Chapter 11 Coping with Trauma and Post Traumatic Stress Disorder
- Chapter 17 Understanding and Using Medications for Depression and Anxiety

Further Reading for Clients

- Fitzgerald, H. (1994). The mourning handbook: A complete guide for the bereaved. Upper Saddle River, New Jersey: Simon and Schuster.
- James, J., & Cherry, F. (1989). The grief recovery handbook. New York: HarperCollins.
- Rosoft, B. (1994). The worst loss. New York: Henry Holt.
- Tatelbaum, J. (1984). The courage to grieve. New York: HarperCollins.

Further Reading for Therapists

- Dershimer, R.A. (1990). Counseling the bereaved. Pergamon: New York.
- Sheldon, F. (1998). ABC of palliative care. British Medical Journal, 316, 456-458.
- Worden, William. (1991). Grief counseling and grief therapy: A handbook for the mental health practitioner. New York: Springer.